

Amend CSHB 2196 by adding the following appropriately numbered SECTIONS to the bill and renumbering subsequent SECTIONS of the bill appropriately:

SECTION ____ . Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 115 to read as follows:

CHAPTER 115. TASK FORCE FOR CHILDREN WITH SPECIAL NEEDS

Sec. 115.001. DEFINITIONS. In this chapter:

(1) "Children with special needs" means children younger than 22 years of age diagnosed with a chronic illness, intellectual or other developmental disability, or serious mental illness.

(2) "Commission" means the Health and Human Services Commission.

(3) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(4) "Task force" means the Interagency Task Force for Children with Special Needs established under this chapter.

Sec. 115.002. TASK FORCE FOR CHILDREN WITH SPECIAL NEEDS.

The governor, or the governor's designee, shall oversee the task force created and administered by the commission to improve the coordination, quality, and efficiency of services for children with special needs.

Sec. 115.003. DUTIES. The task force shall:

(1) not later than September 1, 2010, coordinate with federal agencies to compile a list of opportunities to increase flexible funding for services for children with special needs, including alternative funding sources and service delivery options;

(2) conduct a review of state agency policies and procedures related to service delivery for children with special needs;

(3) perform a needs assessment, including public hearings to identify service delivery gaps, system entry points, and service obstacles; and

(4) develop a five-year plan to improve the coordination, quality, and efficiency of services for children with special needs under Section 115.004.

Sec. 115.004. TASK FORCE PLAN. (a) In developing the five-year plan under this chapter, the task force shall:

(1) identify the party responsible for each action set forth in the plan and set deadlines for implementation of each recommendation;

(2) create benchmarks to measure progress toward goals and objectives;

(3) consult with the Legislative Budget Board to coordinate relevant cost studies and account for long-term savings of short-term child investments;

(4) consult with personnel from other states to identify best practices;

(5) consult with the state demographer and relevant federal agencies to account for future demographic trends;

(6) consult with pediatric specialists and other health care providers to determine best medical practices;

(7) coordinate with mental health and developmental disability advocates; and

(8) develop a timeline for plan implementation.

(b) The plan created under this chapter must provide recommendations to:

(1) maximize the use of federal funds available to this state for the purposes described by Section 115.002;

(2) reduce the number of families who experience crisis due to insufficient and ineffective interventions or services or lack of coordination and planning of interventions or services;

(3) improve families' ability to navigate the system through improved coordination between service providers and increased outreach;

(4) remove barriers to local coordination of services and supports;

(5) evaluate the feasibility of creating an interagency legally authorized representative program to provide support services for children with special needs;

(6) improve early detection and intervention services;

(7) increase the number of community-based options for children with special needs;

(8) improve accountability for each agency represented on the task force and other service providers;

(9) reduce existing fragmentation of service delivery to reflect best practices and eliminate ineffective interventions;

(10) reduce service gaps and overlap;

(11) improve data management;

(12) prevent unnecessary parental relinquishment of custody;

(13) create a core set of quality measures to determine quality of care and improvements to quality of life; and

(14) improve availability of high-quality community-based acute and long-term care services and supports.

Sec. 115.005. MEMORANDUM OF UNDERSTANDING. The governor's office and each agency represented on the task force shall enter into a memorandum of understanding to implement the task force's duties under this chapter.

Sec. 115.006. REPORT. (a) The task force shall submit a biennial report on the progress of each agency represented on the task force in accomplishing the goals described by Section 115.002 to the governor, lieutenant governor, and speaker of the house of representatives.

(b) The report must include:

(1) stakeholder input, including testimony from parents in each health and human services district;

(2) progress toward meeting each goal outlined in the plan under Section 115.004;

(3) current barriers that prevent accomplishing each goal listed in Subdivision (2);

(4) additional resource needs;

(5) current resources that could be redirected for more efficient and effective use;

(6) amendments to the plan under this chapter;

(7) recommendations and proposed legislation to help fulfill the goals of this chapter; and

(8) feasibility statements on related

recommendations.

(c) The task force shall publish the report on the commission's website.

Sec. 115.007. COMPOSITION. (a) The task force consists of:

(1) the commissioner, the executive director or director, or a deputy or assistant commissioner of:

(A) the commission, designated by the executive commissioner;

(B) the Department of Aging and Disability Services, designated by the commissioner of that agency;

(C) the Department of Assistive and Rehabilitative Services, designated by the commissioner of that agency;

(D) the division of early childhood intervention services, designated by the commissioner of the Department of Assistive and Rehabilitative Services;

(E) the Department of Family and Protective Services, designated by the commissioner of that agency;

(F) the Department of State Health Services, designated by the commissioner of that agency;

(G) the Texas Education Agency, designated by the commissioner of that agency;

(H) the Texas Youth Commission, designated by the executive commissioner of that agency;

(I) the Texas Juvenile Probation Commission, designated by the executive director of that agency; and

(J) the Texas Correctional Office on Offenders with Medical or Mental Impairments, designated by the director of that office; and

(2) eight nonvoting members who are:

(A) a representative of a local mental health authority or a local mental retardation authority, appointed by the governor;

(B) two members of the house of representatives, appointed by the speaker of the house of representatives;

(C) two senators, appointed by the lieutenant governor; and

(D) three parents or consumer advocates, one each appointed by the commission, the Texas Education Agency, and the Texas Youth Commission.

(b) The members of the task force appointed under Subsection (a)(2)(D) may serve a five-year term or may elect to serve for a shorter period.

Sec. 115.008. MEETINGS. (a) The task force shall meet at least once each quarter.

(b) The task force shall provide an opportunity for statewide public participation in at least two meetings in each calendar year.

(c) All meetings of the task force shall be conducted in accordance with Chapter 551, Government Code.

Sec. 115.009. INTERAGENCY COORDINATOR; STAFF. (a) The governor shall appoint an interagency coordinator from the commission as the presiding officer of the task force.

(b) The interagency coordinator shall hire a full-time director and administrative assistant to support the duties and functions of the task force.

Sec. 115.010. TASK FORCE DIRECTOR. The task force director hired by the interagency coordinator under Section 115.009 shall:

(1) prepare on behalf of the task force the plan and reports required under this chapter;

(2) work with each task force representative to schedule meetings and deadlines relevant to the representative's agency; and

(3) work with the interagency coordinator to assign subcommittee leadership positions under Section 115.011.

Sec. 115.011. SUBCOMMITTEES. (a) The interagency coordinator, assisted by the task force director, shall establish subcommittees to address:

(1) early childhood detection and intervention;

(2) education;

(3) health care;

(4) transitioning youth;

(5) crisis prevention and intervention;

(6) juvenile justice;

(7) long-term, community-based services and supports;
and

(8) mental health.

(b) Each subcommittee shall include at least one task force member to serve as chair. Consistent with the purpose of each subcommittee, members shall consult with relevant subject matter experts, relevant advocacy organizations, staff from related agencies, and parents or consumers who have used related services.

(c) Each subcommittee shall report the subcommittee's findings and related recommendations at a task force meeting at least once each year. On a biennial basis, the subcommittee shall provide a written report with findings and recommendations not less than two months before the scheduled release of the task force report under this chapter.

SECTION _____. (a) As soon as practicable after the effective date of this Act:

(1) the governor shall appoint the interagency coordinator of the Interagency Task Force for Children with Special Needs as required by Section 115.009, Health and Safety Code, as added by this Act; and

(2) the lieutenant governor, speaker of the house of representatives, and executive commissioner, commissioner, executive director, or director of each entity listed under Section 115.007, Health and Safety Code, as added by this Act, shall appoint the members of the Interagency Task Force for Children with Special Needs established by Chapter 115, Health and Safety Code, as added by this Act.

(b) The Interagency Task Force for Children with Special Needs shall hold an organizational meeting not later than September 30, 2009.

(c) The interagency coordinator shall appoint the subcommittees created under Section 115.011, Health and Safety Code, as added by this Act, not later than December 1, 2009.

(d) The plan required under Chapter 115, Health and Safety Code, as added by this Act, must be submitted to the 82nd Legislature not later than September 1, 2011.