

BILL ANALYSIS

C.S.H.B. 2303
By: Truitt
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Prior to the reorganization of Texas health and human service agencies, a community center's plan was approved by the Texas Department of Mental Health and Mental Retardation (TDMHMR), and center plans included all functions performed by a community center regardless of whether it was under the direct purview of TDMHMR. Community centers historically contract with, receive funding from, and perform functions for a multitude of local, state, and federal agencies to meet statutory requirements and provide a continuum of care to local residents.

With the reorganization, the Department of State Health Services (DSHS) and the Department of Aging and Disability Services (DADS), rather than TDMHMR, are both involved in the review and approval process for local center plans. Each agency has authority over only the specific services and populations within their respective purviews, but community centers continue to coordinate and develop other resources and services beyond the scope of DSHS and DADS.

DADS responsibilities include service systems for people with mental retardation and other developmental disabilities. Community centers historically have developed services for and delivered services to people with mental retardation and related conditions, including conditions now within the definitional scope of developmental disabilities. As a result of the health and human service agencies reorganization, entities involved in the local management and delivery of community-based services for people with disabilities, such as community centers, are required to improve coordination and access to services across a broad array of disabilities, including developmental disabilities.

C.S.H.B. 2303 clarifies legislative intent and authorizes a community center to provide health and human services and support through contracts with local, state, and federal agencies, in addition to operating for the purposes and to perform the functions defined in the center's plan. The bill authorizes a community center to provide services to persons with developmental disabilities.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

Section 531.0055, Government Code, as amended by Chapter 198 (C.S.H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, expressly grants to the executive commissioner of the Health and Human Services Commission all rulemaking authority for the operation of and provision of services by the health and human services agencies. Similarly, Sections 1.16-1.29, Chapter 198 (C.S.H.B. 2292), Acts of the 78th Legislature, Regular Session, 2003, provide for the transfer of a power, duty, function, program, or activity from a health and human services agency abolished by that act to the corresponding legacy agency. To the extent practicable, this bill analysis is written to reflect any transfer of rulemaking authority and to update references as

necessary to an agency's authority with respect to a particular health and human services program.

C.S.H.B. 2303 amends the Health and Safety Code to add to the statement of state policy regarding the purpose of state community centers that the centers are authorized to provide requested services to persons with developmental disabilities in addition to persons with chemical dependencies. The bill defines "person with a developmental disability" to mean an individual with a severe, chronic disability attributable to a mental or physical impairment or a combination of mental and physical impairments that meets certain conditions.

C.S.H.B. 2303 makes conforming changes related to a center's authority to provide health and human services to a person with a developmental disability in addition to services described in a center's plan as provided by a contract with or grant from a local, state, or federal agency.

EFFECTIVE DATE

On passage, or, if the act does not receive the necessary vote, the act takes effect September 1, 2009.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 2303 differs from the original by specifying that a center's authority to provide services in addition to services described in the center's plan applies to the provision of health and human services as provided by a contract with or a grant received from a local, state, or federal agency, whereas the original gave the center authority to provide any other related services under a contract with or grant received from a state or federal agency.