

By: Zaffirini

S.B. No. 2407

A BILL TO BE ENTITLED

1 AN ACT  
2 relating to the provision of services to individuals with mental  
3 retardation.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Section 55.33(a), Family Code, is amended to  
6 read as follows:

7 (a) If the juvenile court or jury determines under Section  
8 55.32 that a child is unfit to proceed with the juvenile court  
9 proceedings for delinquent conduct, the court shall:

10 (1) if the unfitness to proceed is a result of mental  
11 illness or mental retardation:

12 (A) provided that the child meets the commitment  
13 criteria under Subtitle C or D, Title 7, Health and Safety Code,  
14 order the child placed with the Department of State Health Services  
15 or Department of Aging and Disability Services [~~Texas Department of~~  
16 ~~Mental Health and Mental Retardation~~] for a period of not more than  
17 90 days, which order may not specify a shorter period, for placement  
18 in a facility designated by the appropriate department; or

19 (B) on application by the child's parent,  
20 guardian, or guardian ad litem, order the child placed in a private  
21 psychiatric inpatient facility for a period of not more than 90  
22 days, which order may not specify a shorter period, but only if the  
23 placement is agreed to in writing by the administrator of the  
24 facility; [~~or~~]

1           (2) if the unfitness to proceed is a result of mental  
2 illness and the court determines that the child may be adequately  
3 treated in an alternative setting, order the child to receive  
4 treatment for mental illness on an outpatient basis for a period of  
5 not more than 90 days, which order may not specify a shorter period;  
6 or

7           (3) if the unfitness to proceed is a result of mental  
8 retardation and the court determines that the child may benefit  
9 from treatment or habilitation services in an alternative setting,  
10 order the child to receive the treatment or services on an  
11 outpatient basis for a period of not more than 90 days.

12           SECTION 2. Section 55.52(a), Family Code, is amended to  
13 read as follows:

14           (a) If the court or jury finds that a child is not  
15 responsible for the child's conduct under Section 55.51, the court  
16 shall:

17           (1) if the lack of responsibility is a result of mental  
18 illness or mental retardation:

19           (A) provided that the child meets the commitment  
20 criteria under Subtitle C or D, Title 7, Health and Safety Code,  
21 order the child placed with the Department of State Health Services  
22 or Department of Aging and Disability Services [~~Texas Department of~~  
23 ~~Mental Health and Mental Retardation~~] for a period of not more than  
24 90 days, which order may not specify a shorter period, for placement  
25 in a facility designated by the appropriate department; or

26           (B) on application by the child's parent,  
27 guardian, or guardian ad litem, order the child placed in a private

1 psychiatric inpatient facility for a period of not more than 90  
2 days, which order may not specify a shorter period, but only if the  
3 placement is agreed to in writing by the administrator of the  
4 facility; ~~[or]~~

5 (2) if the child's lack of responsibility is a result  
6 of mental illness and the court determines that the child may be  
7 adequately treated in an alternative setting, order the child to  
8 receive treatment on an outpatient basis for a period of not more  
9 than 90 days, which order may not specify a shorter period; or

10 (3) if the child's lack of responsibility is a result  
11 of mental retardation and the court determines that the child may  
12 benefit from treatment or habilitation services in an alternative  
13 setting, order the child to receive the treatment or services on an  
14 outpatient basis for a period of not more than 90 days.

15 SECTION 3. Article 46B.010, Code of Criminal Procedure, is  
16 amended to read as follows:

17 Art. 46B.010. MANDATORY DISMISSAL OF MISDEMEANOR CHARGES.  
18 If a court orders the commitment of or participation in an  
19 outpatient treatment program by a defendant who is charged with a  
20 misdemeanor punishable by confinement and the defendant is not  
21 tried before the date of expiration of the maximum period of  
22 restoration under this chapter as described by Article 46B.0095,  
23 the court ~~[on the motion of the attorney representing the state]~~  
24 shall dismiss the charge on its own motion or on the motion of any  
25 interested party.

26 SECTION 4. Section 531.02442(a), Government Code, is  
27 amended by amending Subdivision (1) and adding Subdivision (4) to

1 read as follows:

2 (1) "Institution" means:

3 (A) a residential care facility operated or  
4 maintained by the department [~~Texas Department of Mental Health and~~  
5 ~~Mental Retardation~~] to provide 24-hour services, including  
6 residential services, to persons with mental retardation; or

7 (B) an ICF-MR, as defined by Section 531.002,  
8 Health and Safety Code.

9 (4) "Department" means the Department of Aging and  
10 Disability Services.

11 SECTION 5. Section 531.02442, Government Code, is amended  
12 by amending Subsection (b) and adding Subsection (f) to read as  
13 follows:

14 (b) In addition to providing information regarding care and  
15 support options as required by Section 531.042, the department  
16 [~~Texas Department of Mental Health and Mental Retardation~~] shall  
17 implement a community living options information process in each  
18 institution to inform persons with mental retardation who reside in  
19 the institution and their legally authorized representatives of  
20 alternative community living options. A person with mental  
21 retardation residing in an institution or the person's legally  
22 authorized representative must participate in the community living  
23 options information process.

24 (f) Each year the department shall:

25 (1) update materials used during the community living  
26 options information process; and

27 (2) provide training regarding the community living

1 options information process to staff members involved with the  
2 process at each institution and each local mental retardation  
3 authority.

4 SECTION 6. Section 531.02443, Government Code, is amended  
5 by amending Subsection (d) and adding Subsections (g) and (h) to  
6 read as follows:

7 (d) The contract with the local mental retardation  
8 authority must:

9 (1) delegate to the local mental retardation authority  
10 the department's duties under Section 531.02442 with regard to the  
11 implementation of the community living options information process  
12 at a state school;

13 (2) include performance measures designed to assist  
14 the department in evaluating the effectiveness of a local mental  
15 retardation authority in implementing the community living options  
16 information process; ~~and~~

17 (3) ensure that the local mental retardation authority  
18 provides service coordination and relocation services to an adult  
19 resident who chooses, is eligible for, and is recommended by the  
20 interdisciplinary team for a community living option to facilitate  
21 a timely, appropriate, and successful transition from the state  
22 school to the community living option;

23 (4) require the local mental retardation authority to  
24 coordinate tours and visits to community living options for an  
25 adult resident or an adult resident's legally authorized  
26 representative; and

27 (5) ensure that a local mental retardation authority

1 employee working with an adult resident, the adult resident's  
2 family members, the adult resident's legally authorized  
3 representative, or any person designated by the adult resident or  
4 the adult resident's legally authorized representative is an active  
5 voting member of the adult resident's interdisciplinary team.

6 (g) A local mental retardation authority that performs  
7 duties required by the community living options information process  
8 under Section 531.02442 or this section shall annually submit a  
9 report to the Department of Aging and Disability Services regarding  
10 the outcomes of the community living options information process as  
11 performed by the local mental retardation authority. A report  
12 required by this section must include:

13 (1) the number of individuals in a state school who  
14 indicated a desire to pursue an alternative community living option  
15 and the status of the individual's transition to the community;

16 (2) for an individual who is not transitioned to an  
17 alternative community living option from a state school after  
18 indicating a desire to pursue that option, the reasons why the  
19 option was not approved or the transition did not occur;

20 (3) the number of times the local mental retardation  
21 authority performed duties under Section 531.02442 or this section  
22 for individuals and the number of individuals for whom the  
23 authority performed this function;

24 (4) the number of individuals transitioned to an  
25 alternative community living option after the local mental  
26 retardation authority performed the community living options  
27 information process for the individual;

1           (5) the responses to satisfaction survey questions;  
2 and  
3           (6) any other relevant information as determined by  
4 the department.

5           (h) The department shall annually submit a report to the  
6 legislature regarding the community living options information  
7 process, including aggregate information regarding outcomes based  
8 on the reports submitted to the department by local mental  
9 retardation authorities and as determined by the department during  
10 surveys under Chapter 252, Health and Safety Code. The report must  
11 also include:

12           (1) information provided by interdisciplinary teams  
13 during commitment proceedings under Subtitle D, Title 7, Health and  
14 Safety Code, regarding the community-based supports and services  
15 that are needed to support individuals successfully in the  
16 community;

17           (2) a plan for developing the missing community-based  
18 supports and services that are identified by the interdisciplinary  
19 teams to ensure that individuals committed to a state school may be  
20 placed in the community, including a timeline that clearly states  
21 objectives and deliverables for the development of those supports  
22 and services; and

23           (3) any legislation that is needed to implement the  
24 department's plan under Subdivision (2).

25           SECTION 7. Subchapter B, Chapter 531, Government Code, is  
26 amended by adding Section 531.02446 to read as follows:

27           Sec. 531.02446. DIVERSION PROTOCOLS TO PREVENT COMMITMENT

1 TO CERTAIN INSTITUTIONS. (a) The executive commissioner by rule  
2 shall develop protocols to divert adults and children with mental  
3 retardation from commitment to a state school.

4 (b) The executive commissioner shall ensure that the  
5 diversion protocols are designed to:

6 (1) eliminate the commitment to state schools of  
7 individuals younger than 22 years of age; and

8 (2) direct adults and children with mental retardation  
9 towards the least restrictive living environment appropriate for  
10 the person.

11 (c) The department shall develop the diversion protocols  
12 with the advice and assistance of the Promoting Independence  
13 Advisory Committee and representatives of family members or legally  
14 authorized representatives of adult residents of state schools,  
15 persons with mental retardation, state schools, and local mental  
16 retardation authorities.

17 (d) As part of the diversion protocols, the executive  
18 commissioner shall contract with a nonprofit entity for the  
19 provision of temporary, emergency living arrangements for children  
20 at immediate risk of commitment to a state school.

21 (e) An entity awarded a contract under this section must  
22 provide temporary, emergency living arrangements at homes, with no  
23 more than six children placed in the home.

24 SECTION 8. Section 252.002(2), Health and Safety Code, is  
25 amended to read as follows:

26 (2) "Department" means the [~~Texas~~] Department of Aging  
27 and Disability [~~Human~~] Services.



1 SECTION 9. Section 252.040, Health and Safety Code, is  
2 amended by adding Subsection (j) to read as follows:

3 (j) The department shall determine during a survey whether a  
4 facility has properly implemented the community living options  
5 information process required by Section 531.02442, Government  
6 Code.

7 SECTION 10. Section 533.0355(b), Health and Safety Code, is  
8 amended to read as follows:

9 (b) In adopting rules under this section, the executive  
10 commissioner must include rules regarding the following local  
11 mental retardation authority responsibilities:

- 12 (1) access;
- 13 (2) intake;
- 14 (3) eligibility functions;
- 15 (4) enrollment, initial person-centered assessment,  
16 and service authorization;
- 17 (5) case management services for individuals  
18 receiving services under a Home and Community-based Services (HCS)  
19 waiver program;
- 20 (6) utilization management;
- 21 (7) [~~(6)~~] safety net functions, including crisis  
22 management services and assistance in accessing facility-based  
23 care;
- 24 (8) [~~(7)~~] service coordination functions;
- 25 (9) [~~(8)~~] provision and oversight of state general  
26 revenue services;
- 27 (10) [~~(9)~~] local planning functions, including

1 stakeholder involvement, technical assistance and training, and  
2 provider complaint and resolution processes; and

3 (11) [~~(10)~~] processes to assure accountability in  
4 performance, compliance, and monitoring.

5 SECTION 11. Sections 593.013(a), (b), (c), (e), and (f),  
6 Health and Safety Code, are amended to read as follows:

7 (a) A person may not be admitted or committed to a  
8 residential care facility unless an interdisciplinary team from a  
9 local mental retardation authority serving the county in which the  
10 application was filed recommends that placement.

11 (b) The [~~An~~] interdisciplinary team shall:

12 (1) interview the person with mental retardation, the  
13 person's parent if the person is a minor, and the person's guardian;

14 (2) review the person's:

15 (A) social and medical history;

16 (B) medical assessment, which must [~~shall~~]  
17 include an audiological, neurological, and vision screening;

18 (C) psychological and social assessment; and

19 (D) determination of adaptive behavior level;

20 (3) determine the person's need for additional  
21 assessments, including educational and vocational assessments;

22 (4) obtain any additional assessment necessary to plan  
23 services;

24 (5) identify the person's habilitation and service  
25 preferences and needs; [~~and~~]

26 (6) recommend services to address the person's needs  
27 that consider the person's preferences; and

1           (7) determine and recommend the community-based  
2 supports and services needed to support the individual successfully  
3 in the individual's home.

4           (c) The interdisciplinary team shall provide an opportunity  
5 to participate in team meetings to ~~[give]~~ the person, the person's  
6 attorney, the person's legally authorized representative, the  
7 person's parent if the person is a minor, ~~[and]~~ the person's  
8 guardian, and any person designated by the person who is the subject  
9 of the meetings or designated by the person's legally authorized  
10 representative ~~[an opportunity to participate in team meetings].~~

11           (e) The interdisciplinary team shall prepare a written  
12 report ~~[of its findings and recommendations that is]~~ signed by each  
13 team member and containing the team's findings and recommendations.

14 The report must:

15           (1) describe the proposed form of supports and  
16 services for the person;

17           (2) identify the least restrictive alternative for the  
18 person regardless of whether the alternative is available;

19           (3) include a statement as to whether a proposed form  
20 of supports and services is available;

21           (4) if community supports and services are  
22 recommended, include a statement as to whether the proposed mental  
23 retardation supports and services are available in the community in  
24 which the person will reside; and

25           (5) describe what steps the local mental retardation  
26 authority and the department will take to develop the proposed  
27 mental retardation supports and services that are not available,

1 including a timeline that clearly states objectives and  
2 deliverables for the development of those supports and services.

3 (f) The interdisciplinary team ~~and~~ shall promptly send a  
4 copy of the report and recommendations to the person, the person's  
5 parent if the person is a minor, ~~and~~ the person's guardian, the  
6 person's attorney, and the person's legally authorized  
7 representative and, if ~~[-~~

8 ~~[(f) If]~~ the court ~~[has]~~ ordered the team's  
9 ~~[interdisciplinary team]~~ report and recommendations under Section  
10 593.041, ~~[the team shall promptly send a copy of the report and~~  
11 ~~recommendations]~~ to the court as provided by that section ~~[-, the~~  
12 ~~person with mental retardation or the person's legal~~  
13 ~~representative, the person's parent if the person is a minor, and~~  
14 ~~the person's guardian].~~

15 SECTION 12. Section 593.041, Health and Safety Code, is  
16 amended by amending Subsection (d) and adding Subsection (d-1) to  
17 read as follows:

18 (d) A person may not be committed to the department for  
19 placement in a residential care facility under this subchapter  
20 unless ~~[a report by]~~ an interdisciplinary team from a local mental  
21 retardation authority serving the county in which the application  
22 was filed has completed a report recommending the placement ~~[has~~  
23 ~~been completed]~~ during the six months preceding the date of the  
24 court hearing on the application. If the report and  
25 recommendations have not been completed or revised during that  
26 six-month period and filed at the time the application is made, the  
27 court shall order the report and recommendations on receiving the

1 application.

2 (d-1) The report and recommendations must be filed before  
3 the date of the court hearing on the application unless the court  
4 determines that an emergency admission, emergency services, or  
5 respite care is necessary.

6 SECTION 13. Section 593.052, Health and Safety Code, is  
7 amended by amending Subsections (a) and (b) and adding Subsections  
8 (a-1), (b-1), and (d) to read as follows:

9 (a) A proposed resident may not be committed to a  
10 residential care facility unless:

11 (1) the proposed resident is a person with mental  
12 retardation;

13 (2) clear and convincing evidence is presented showing  
14 that because of retardation, the proposed resident:

15 (A) represents a substantial risk of physical  
16 impairment or injury to the proposed resident [~~himself~~] or others;  
17 or

18 (B) is unable to provide for and is not providing  
19 for the proposed resident's most basic personal physical needs;

20 (3) the proposed resident cannot be adequately and  
21 appropriately habilitated in an available, less restrictive  
22 setting; and

23 (4) the residential care facility provides  
24 habilitative services, care, training, and treatment appropriate  
25 to the proposed resident's needs.

26 (a-1) In finding that a proposed resident meets the  
27 commitment criteria prescribed by Subsection (a), the court must

1 specify which criterion listed in Subsection (a)(2)(A) or (B) forms  
2 the basis for the decision.

3 (b) If it is determined that the requirements of Subsection  
4 (a) have been met and that long-term placement in a residential care  
5 facility is appropriate, the court shall commit the proposed  
6 resident for care, treatment, and training to a community center or  
7 the department when space is available in a residential care  
8 facility. In determining whether long-term placement in a  
9 residential care facility is appropriate, the court shall consider  
10 the least restrictive alternative identified by the  
11 interdisciplinary team under Section 593.013.

12 (b-1) An order for long-term placement in a residential care  
13 facility must state that the commitment for care, treatment, and  
14 training is authorized for a maximum of a 12-month period.  
15 Notwithstanding Chapter 594, the facility administrator shall  
16 discharge the resident at the end of the 12-month period unless a  
17 new order committing the person to a residential care facility has  
18 been issued under this chapter. Not later than the 30th day before  
19 the date a resident is scheduled to be discharged under this  
20 section, the facility administrator shall notify a representative  
21 for the local mental retardation authority that serves the area in  
22 which the facility is located or in which the resident will reside  
23 after discharge of the resident's scheduled discharge. The notice  
24 must include the date the resident is scheduled to be discharged and  
25 shall include a request that the authority prepare a transition  
26 plan for placing the resident in the community served by the  
27 authority. A local mental retardation authority that receives a

1 request under this section shall prepare a transition plan for the  
2 resident and assist the facility in implementing the plan.

3 (d) To be clear and convincing under Subsection (a)(2)(A),  
4 the evidence must include evidence of a recent overt act that tends  
5 to confirm the likelihood of substantial risk of physical  
6 impairment or injury to the proposed resident or others.

7 SECTION 14. Subchapter B, Chapter 161, Human Resources  
8 Code, is amended by adding Section 161.033 to read as follows:

9 Sec. 161.033. STATE SCHOOL REQUIREMENTS FOR LONG-RANGE  
10 PLAN. In developing the long-range plan required by Section  
11 533.032, Health and Safety Code, the department shall:

12 (1) include strategies for downsizing state schools  
13 and transitioning more state school residents to community-based  
14 care;

15 (2) describe initiatives for achieving cost  
16 efficiencies relating to the strategies required by Subdivision  
17 (1); and

18 (3) estimate the fiscal impact of each strategy and  
19 initiative, including the impact on department funding and the  
20 number of full-time equivalent department employees and the cost  
21 implications to other health and human services agencies.

22 SECTION 15. Subchapter D, Chapter 161, Human Resources  
23 Code, is amended by adding Section 161.077 to read as follows:

24 Sec. 161.077. POSITIVE BEHAVIOR SUPPORT TRAINING AND  
25 TECHNICAL ASSISTANCE PROJECT. (a) In this section:

26 (1) "Challenging behavior" means a behavioral pattern  
27 or a particular behavioral trait or a combination of behavioral

1 traits exhibited by a child with mental retardation that impairs,  
2 directly or indirectly, the emotional or physical well-being of the  
3 child or persons supporting the child.

4 (2) "Child with intense behavioral support needs"  
5 means a child with mental retardation who regularly exhibits  
6 challenging behavior.

7 (3) "In-home behavior mentor" means a person with  
8 expertise and experience in implementing a positive behavior  
9 support plan under the direction of a positive behavior support  
10 specialist.

11 (4) "Positive behavior support plan" means a strategy  
12 for reducing the incidence of challenging behavior in a child with  
13 intense behavioral support needs.

14 (5) "Positive behavior support specialist" means a  
15 person with expertise and experience in developing and supervising  
16 the implementation of a positive behavior support plan.

17 (b) The department shall establish a positive behavior  
18 support training and technical assistance project to:

19 (1) develop a positive behavior support plan for  
20 children with intense behavioral support needs;

21 (2) implement the positive behavior support plan;

22 (3) provide flexible community support to or on behalf  
23 of eligible children;

24 (4) provide at least 30 days of respite per year on  
25 behalf of eligible children;

26 (5) provide crisis support to or on behalf of eligible  
27 children; and



1           (6) coordinate specialized case management services  
2 for eligible children.

3           (c) The executive commissioner shall adopt rules  
4 implementing the project. The rules must:

5           (1) require a positive behavior support specialist to  
6 supervise the provision of a positive behavior support plan;

7           (2) provide that the services of a positive behavior  
8 support specialist and an in-home behavior mentor supplement, and  
9 may not duplicate, the services provided by:

10           (A) a person licensed to provide home and  
11 community support services or other residential services to persons  
12 with mental retardation; or

13           (B) a birth family, foster family, or companion  
14 care family;

15           (3) ensure that coordinators providing specialized  
16 case management services have limited caseloads; and

17           (4) describe the circumstances in which flexible  
18 community support and crisis support are available to strengthen  
19 family stability and create a healthy environment for the child  
20 with intense behavioral support needs as well as the persons  
21 supporting the child.

22           SECTION 16. (a) The Health and Human Services Commission  
23 and the Department of Aging and Disability Services shall jointly  
24 conduct a study regarding the feasibility of providing medical  
25 assistance for long-term services and supports through the Medicaid  
26 managed care program under Chapter 533, Government Code, to persons  
27 with mental retardation who are eligible for that assistance.

1           (b) Not later than December 1, 2010, the Health and Human  
2 Services Commission and the Department of Aging and Disability  
3 Services shall submit a report regarding the results of the study to  
4 the standing committees of the senate and house of representatives  
5 having primary jurisdiction over the Medicaid program. The report  
6 must include:

7           (1) a cost-benefit analysis of providing medical  
8 assistance to persons with mental retardation in the manner  
9 described by Subsection (a) of this section;

10           (2) a proposal for the implementation of the provision  
11 of that medical assistance if implementation is feasible; and

12           (3) a description of any legislative action necessary  
13 to provide that medical assistance if implementation is feasible.

14           SECTION 17. (a) Not later than September 1, 2011, the  
15 Department of Aging and Disability Services shall file an  
16 application for a new commitment order for each person who:

17           (1) was committed to a residential care facility in a  
18 proceeding that began before September 1, 2009;

19           (2) is currently residing in a residential care  
20 facility; and

21           (3) has resided in a residential care facility for at  
22 least one year.

23           (b) In filing the applications as required by Subsection (a)  
24 of this section, the department shall prioritize the applications  
25 based on the length of time a person has resided in a residential  
26 care facility.

27           SECTION 18. (a) Not later than January 1, 2010, the

1 executive commissioner of the Health and Human Services Commission  
2 shall develop and implement the diversion protocols required under  
3 Section 531.02446, Government Code, as added by this Act.

4 (b) Not later than January 1, 2010, the executive  
5 commissioner of the Health and Human Services Commission shall  
6 adopt rules relating to the provision of case management services  
7 for individuals receiving services under a Home and Community-based  
8 Services (HCS) waiver and shall ensure that this function is  
9 transferred to local mental retardation authorities as quickly as  
10 possible without disrupting the provision of services.

11 SECTION 19. As soon as practicable after the effective date  
12 of this Act, the executive commissioner of the Health and Human  
13 Services Commission shall apply for and actively pursue a waiver or  
14 an amendment to this state's waiver under Section 1915(c) of the  
15 federal Social Security Act (42 U.S.C. Section 1396n(c)) or other  
16 authorization from the federal Centers for Medicare and Medicaid  
17 Services or any other federal agency authorizing the provision of  
18 Home and Community-based Services (HCS) at group homes in which  
19 five or six individuals with mental retardation reside and receive  
20 those services.

21 SECTION 20. (a) The change in law made by this Act in  
22 amending Chapter 593, Health and Safety Code, applies only to a  
23 proceeding relating to a person with mental retardation that begins  
24 on or after the effective date of this Act. A proceeding that  
25 begins before the effective date of this Act is governed by the law  
26 in effect on the date the proceeding began, and that law is  
27 continued in effect for that purpose.

1           (b) The change in law made by this Act in amending Article  
2 46B.010, Code of Criminal Procedure, applies to a defendant against  
3 whom proceedings are initiated under Chapter 46B of that code  
4 before, on, or after the effective date of this Act.

5           (c) Section 55.33, Family Code, as amended by this Act,  
6 applies to a child whose fitness to proceed is the subject of a  
7 hearing under 55.32, Family Code, before, on, or after the  
8 effective date of this Act, regardless of when the conduct that is  
9 the subject of a petition alleging delinquent conduct occurred.

10          (d) Section 55.52, Family Code, as amended by this Act,  
11 applies to a child who is found not to be responsible for the  
12 child's conduct under Section 55.51, Family Code, before, on, or  
13 after the effective date of this Act, regardless of when the conduct  
14 that is the subject of a petition alleging delinquent conduct  
15 occurred.

16          SECTION 21. This Act takes effect September 1, 2009.