

SENATE AMENDMENTS

2nd Printing

By: Truitt

H.B. No. 2196

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the establishment of a workgroup to study and make
3 recommendations on the integration of health and behavioral health
4 services.

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

6 SECTION 1. (a) The executive commissioner of the Health and
7 Human Services Commission shall establish a workgroup to recommend
8 best practices in policy, training, and service delivery to promote
9 the integration of health and behavioral health services in this
10 state.

11 (b) The executive commissioner of the Health and Human
12 Services Commission shall appoint members to serve on the
13 workgroup. The workgroup must include:

14 (1) at least one representative of the Department of
15 State Health Services;

16 (2) at least one representative of the Department of
17 Aging and Disability Services;

18 (3) at least one representative of the Department of
19 Family and Protective Services;

20 (4) at least one representative of the Health and
21 Human Services Commission;

22 (5) a representative of the Texas Department of
23 Insurance;

24 (6) a representative of a state organization that

1 represents community mental health and mental retardation centers;

2 (7) a representative of a state organization that
3 represents federally qualified health centers;

4 (8) a representative of a state organization that
5 represents substance abuse providers;

6 (9) at least one representative of state associations
7 that represent medical and behavioral health professionals;

8 (10) a representative of a mental health philanthropy
9 that is an administrative unit of a public institution of higher
10 education in this state and that agrees to provide administrative
11 support to the workgroup; and

12 (11) additional members who are recognized experts in
13 integrated health care in the state, who have direct experience
14 with the provision of integrated health care, or who represent the
15 interests of consumers, communities, family members, advocates,
16 business leaders, medical and behavioral health providers, and
17 insurers.

18 (c) The workgroup shall study and make recommendations on
19 the integration of health and behavioral health services in this
20 state. The workgroup may request any information it needs from
21 state agencies, and the state agencies shall comply with the
22 request.

23 (d) The executive commissioner of the Health and Human
24 Services Commission shall:

25 (1) not later than October 1, 2009, establish the
26 workgroup as required under Subsection (a) of this section; and

27 (2) not later than August 1, 2010, file with the

1 appropriate committees of the senate and the house of
2 representatives a report that describes the best practices for
3 health and behavioral health integration, barriers to implementing
4 the best practices in this state, and policy considerations for
5 improving integrated service delivery to the citizens of this
6 state.

7 (e) This section expires and the workgroup created under
8 this section is abolished on August 31, 2010.

9 SECTION 2. This Act takes effect September 1, 2009.

ADOPTED

MAY 13 2009

Atty Gen
Secretary of the Senate

By: *DeWitt*

H.B. No. 2196

Substitute the following for H.B. No. 2196 :

By: *DeWitt*

C.S. H.B. No. 2196

A BILL TO BE ENTITLED

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12 Services Commission shall appoint members to serve on the
13 workgroup. The workgroup must include:

14 (1) at least one representative of the Department of
15 State Health Services;

16 (2) at least one representative of the Department of
17 Aging and Disability Services;

18 (3) at least one representative of the Department of
19 Family and Protective Services;

20 (4) at least one representative of the Health and
21 Human Services Commission;

22 (5) a representative of the Texas Department of
23 Insurance;

24 (6) a representative of a state organization that

1 represents community mental health and mental retardation centers;

2 (7) a representative of a state organization that
3 represents federally qualified health centers;

4 (8) a representative of a state organization that
5 represents substance abuse providers;

6 (9) at least one representative of state associations
7 that represent medical and behavioral health professionals;

8 (10) at least one representative of a statewide
9 organization that promotes mental health and prevention of mental
10 disorders and advocates and educates to improve the care and
11 treatment of persons with mental illness;

12 (11) at least one consumer member of an organization
13 that represents consumers of mental health services;

14 (12) at least one representative of an organization
15 that represents family members of consumers of mental health
16 services;

17 (13) a representative of a mental health philanthropy
18 that is an administrative unit of a public institution of higher
19 education in this state and that agrees to provide administrative
20 support to the workgroup; and

21 (14) additional members who are recognized experts in
22 integrated health care in the state, who have direct experience
23 with the provision of integrated health care, or who represent the
24 interests of consumers, communities, family members, advocates,
25 business leaders, medical and behavioral health providers, and
26 insurers.

27 (c) The workgroup shall study and make recommendations on

1 the integration of health and behavioral health services in this
2 state. The workgroup may request any information it needs from
3 state agencies, and the state agencies shall comply with the
4 request.

5 (d) The executive commissioner of the Health and Human
6 Services Commission shall:

7 (1) not later than October 1, 2009, establish the
8 workgroup as required under Subsection (a) of this section; and

9 (2) not later than August 1, 2010, file with the
10 appropriate committees of the senate and the house of
11 representatives a report that describes the best practices for
12 health and behavioral health integration, barriers to implementing
13 the best practices in this state, and policy considerations for
14 improving integrated service delivery to the citizens of this
15 state.

16 (e) This section expires and the workgroup created under
17 this section is abolished on August 31, 2010.

18 SECTION 2. This Act takes effect September 1, 2009.

ADOPTED

MAY 13 2009

Atty Gen
Secretary of the Senate

FLOOR AMENDMENT NO. 1

BY: *Lucio*

1 Amend ~~CH.B.~~ No. 2196 by adding the following appropriately
2 numbered SECTIONS to the bill and renumbering subsequent SECTIONS
3 of the bill appropriately:

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

6 CHAPTER 115. TASK FORCE FOR CHILDREN WITH SPECIAL NEEDS

7 Sec. 115.001. DEFINITIONS. In this chapter:

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

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

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

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

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

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

23 Sec. 115.003. DUTIES. The task force shall:

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

29 (2) conduct a review of state agency policies and

1 procèdures related to service delivery for children with special
2 needs;

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

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

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

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

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

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

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

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

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

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

27 (8) develop a timeline for plan implementation.

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

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

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

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

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

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

13 (6) improve early detection and intervention
14 services;

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

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

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

21 (10) reduce service gaps and overlap;

22 (11) improve data management;

23 (12) prevent unnecessary parental relinquishment of
24 custody;

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

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

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

1 duties under this chapter.

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

7 (b) The report must include:

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

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

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

14 (4) additional resource needs;

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

17 (6) amendments to the plan under this chapter;

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

20 (8) feasibility statements on related
21 recommendations.

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

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

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

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

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

31 (C) the Department of Assistive and

1 Rehabilitative Services, designated by the commissioner of that
2 agency;

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

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

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

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

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

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

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

19 (2) eight nonvoting members who are:

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

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

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

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

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

1 shorter period.

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

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

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

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

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

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

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

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

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

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

27 (1) early childhood detection and intervention;

28 (2) education;

29 (3) health care;

30 (4) transitioning youth;

31 (5) crisis prevention and intervention;

- 1 (6) juvenile justice;
2 (7) long-term, community-based services and supports;
3 and
4 (8) mental health.

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

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

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

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

22 (2) the lieutenant governor, speaker of the house of
23 representatives, and executive commissioner, commissioner,
24 executive director, or director of each entity listed under Section
25 115.007, Health and Safety Code, as added by this Act, shall appoint
26 the members of the Interagency Task Force for Children with Special
27 Needs established by Chapter 115, Health and Safety Code, as added
28 by this Act.

29 (b) The Interagency Task Force for Children with Special
30 Needs shall hold an organizational meeting not later than September
31 30, 2009.

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

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

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

May 13, 2009

TO: Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: HB2196 by Truitt (Relating to the establishment of a workgroup to study and make recommendations on the integration of health and behavioral health services.), **As Passed 2nd House**

No significant fiscal implication to the State is anticipated.

The bill would require the executive commissioner of the Health and Human Services Commission (HHSC) to establish a workgroup to recommend best practices in policy, training, and service delivery to promote integration of health and behavioral health services in the state. The executive commissioner would be required to form the workgroup by October 1, 2009 and to submit a report by August 1, 2010 to the appropriate committees of the Senate and House of Representatives. It is assumed that costs would be minimal and can be absorbed within existing resources.

The bill would require the HHSC to hire a full-time director and administrative assistant to support the duties and functions of the new Interagency Task Force for Children with Special Needs. It would also require HHSC to provide administrative support related to quarterly meetings of the task force. The costs associated with performing these duties are assumed to be within the agency's available resources. It is assumed that the new staff would be accommodated within the existing full-time equivalent cap. Costs for task force members to attend quarterly meetings and participate in planning and reporting are assumed to be minimal.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JOB, SD, CL, PP, MB

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

May 6, 2009

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: **HB2196** by Truitt (Relating to the establishment of a workgroup to study and make recommendations on the integration of health and behavioral health services.), **Committee Report 2nd House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would require the executive commissioner of the Health and Human Services Commission to establish a workgroup to recommend best practices in policy, training, and service delivery to promote integration of health and behavioral health services in the state. The executive commissioner would be required to form the workgroup by October 1, 2009 and to submit a report by August 1, 2010 to the appropriate committees of the Senate and House of Representatives. It is assumed that costs would be minimal and can be absorbed within existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JOB, CL, PP, MB

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

May 1, 2009

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: **HB2196** by Truitt (Relating to the establishment of a workgroup to study and make recommendations on the integration of health and behavioral health services.), **As Engrossed**

No significant fiscal implication to the State is anticipated.

The bill would require the executive commissioner of the Health and Human Services Commission to establish a workgroup to recommend best practices in policy, training, and service delivery to promote integration of health and behavioral health services in the state. The executive commissioner would be required to form the workgroup by October 1, 2009 and to submit a report by August 1, 2010 to the appropriate committees of the Senate and House of Representatives. It is assumed that costs would be minimal and can be absorbed within existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JOB, CL, PP, MB

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

March 16, 2009

TO: Honorable Lois W. Kolkhorst, Chair, House Committee on Public Health

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: HB2196 by Truitt (Relating to the establishment of a workgroup to study and make recommendations on the integration of health and behavioral health services.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill would require the executive commissioner of the Health and Human Services Commission to establish a workgroup to recommend best practices in policy, training, and service delivery to promote integration of health and behavioral health services in the state. The executive commissioner would be required to form the workgroup by October 1, 2009 and to submit a report by August 1, 2010 to the appropriate committees of the Senate and House of Representatives. It is assumed that costs would be minimal and can be absorbed within existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: JOB, CL, PP, MB