By: Zaffirini

A BILL TO BE ENTITLED

AN ACT

2 relating to the Children's Policy Council, including the transfer 3 of the duties and activities of the consortium that oversees the 4 Texas Integrated Funding Initiative to the Children's Policy 5 Council.

6

1

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

7 SECTION 1. Sections 22.035(a) through (g) and (i) through 8 (1), Human Resources Code, are amended to read as follows:

(a) A work group to be known as the Children's Policy 9 Council shall assist the Department of Aging and Disability 10 Services [department], the Health and Human Services Commission 11 12 [commissioner of health and human services], the [Texas] Department of <u>State</u> Health <u>Services</u>, the [<u>Texas</u>] Department of <u>Assistive and</u> 13 14 Rehabilitative Services [Mental Health and Mental Retardation], and the Department of Family and Protective [and Regulatory] 15 Services in developing, implementing, and administering family 16 support policies for children with disabilities relating to: 17

18 19 (1) [and related] long-term services and supports;

(2) health services; and

20 (3) mental [care and] health services [programs for 21 children].

(b) The <u>executive</u> commissioner of <u>the Health and Human</u>
 <u>Services Commission</u> [health and human services] shall appoint the
 members of the work group, which must include the following:

S.B. No. 1817 an individual [a person] who is younger than 25 1 (1)2 [22] years of age and who receives [is a consumer of] long-term services and supports or [care and] health services [programs] for 3 children with disabilities; 4 5 an individual who is younger than 25 years of age (2) 6 and who receives or has received mental health services; 7 (3) relatives of children with disabilities who: 8 (A) receive [consumers of] long-term services and supports; 9 10 (B) receive health services for children with disabilities; or 11 12 (C) receive or have received mental health services [care and health programs for children]; 13 14 (4) $\left[\frac{(3)}{(3)}\right]$ a representative from an organization that 15 is an advocate for children who receive [consumers of] long-term services and supports or [care and] health services [programs] for 16 17 children with disabilities; [(4) a representative from a state agency that 18 provides long-term care and health programs for children;] 19 a representative from an organization that is an 20 (5) advocate for children who need mental health services; 21 (6) an individual [a person] from a private entity 22 that provides long-term services and supports or [care and] health 23 24 services [programs] for children with disabilities; 25 (7) an individual from a private entity that provides 26 mental health services for children; (8) an individual [(6) a person] from a public entity 27

1 that provides long-term services and supports or [care and] health services [programs] for children with disabilities; 2 (9) an individual from a public entity that provides 3 mental health services for children; 4 (10) an individual [(7) a person] with expertise in 5 the availability of funding and the application of funding formulas 6 for children's long-term services and support, [care and] health 7 services for children with disabilities, or mental health services; 8 9 (11) an individual representing an organization that assists families with transitioning children with disabilities 10 from institutions to families; 11 12 (12) [(8)] a representative from а faith-based organization; 13 14 (13) [(9)] a representative from a nonspecialized 15 community services organization; and 16 (14) [(10)] a representative from a business that is 17 not related to providing services to persons with disabilities. (c) A majority of the members of the work group must be 18 composed of the individuals described by Subsections (b)(1) and (2) 19 and the relatives of children with disabilities described by 20 Subsection (b)(3) [consumers of long-term care and health programs 21 22 for children]. An individual [A person] may not be appointed as a 23 (d) 24 relative of a child with disabilities under Subsection (b)(3) [consumer of long-term care and health programs for children] if 25 26 the individual [person]: 27 (1) is an employee of a state agency that provides

S.B. No. 1817

1 long-term services and supports, [care or] health services for 2 children with disabilities, or mental health services for children; 3 or

4 (2) contracts with a state agency described by
5 Subdivision (1) to provide long-term <u>services and supports</u>, [care
6 or] health services for children with disabilities, or mental
7 health services.

8 (e) The <u>Health and Human Services Commission</u> [department 9 and the Texas Department of <u>Health</u>] shall [equally] provide 10 administrative support, including staff, to the work group.

(f) A member of the work group serves at the will of the <u>executive</u> commissioner of <u>the Health and Human Services</u> Commission [health and human services].

14 (g) The <u>executive</u> commissioner of <u>the Health and Human</u> 15 <u>Services Commission</u> [health and human services] shall appoint a 16 member of the work group to serve as a presiding officer. <u>The</u> 17 <u>presiding officer must be an individual appointed as a relative of a</u> 18 <u>child with disabilities under Subsection (b)(3).</u>

A member of the work group receives no additional 19 (i) compensation for serving on the work group. <u>Individuals described</u> 20 by Subsections (b)(1) and (2) [Consumers] and relatives of children 21 with disabilities described by Subsection (b)(3) [consumers] 22 23 serving on the work group shall be reimbursed for travel and other 24 expenses necessary for participation as provided in the General Appropriations Act. Other members of the work group may not be 25 reimbursed for travel or other expenses incurred while conducting 26 27 the business of the work group. Reimbursement under this

subsection shall be paid equally out of funds appropriated to the
 <u>Department of Aging and Disability Services</u> [department] and funds
 appropriated to the [Texas] Department of State Health Services.

4 (j) The work group shall study and make recommendations in5 the following areas:

6 (1) [access of a child or a child's family to effective
7 case management services, including case management services with a
8 single case manager, parent case managers, or independent case
9 managers;

10 [(2)] the transition needs of children who reach an 11 age at which they are no longer eligible for services at the [Texas 12 Department of Health, the] Texas Education Agency[₇] and other 13 applicable state agencies;

14 (2) [(3)] the blending of funds[, including case
 15 management funding,] for children needing long-term services and
 16 supports, [care and] health services, and mental health services;

(3) [(4)] collaboration 17 and coordination of children's services between the Department of Aging and Disability 18 19 Services [department], the [Texas] Department of State Health Services, the [Texas] Department of Assistive and Rehabilitative 20 Services, the Department of Family and Protective Services [Mental 21 Health and Mental Retardation], and any other agency determined to 22 be applicable by the work group; 23

24 <u>(4)</u> [(5)] budgeting and the use of funds appropriated 25 for children's long-term [care] services <u>and supports</u>, [and 26 children's] health services<u>, and mental health services</u>;

27 <u>(5)</u> [(6)] services and supports for families

1 providing care for children with disabilities;

2 <u>(6)</u> [(7)] effective permanency planning for children 3 who reside in institutions or who are at risk of placement in an 4 institution;

5 (7) barriers to accessing community services that lead
6 to the institutionalization of children with disabilities;

7 (8) barriers to enforcement of regulations regarding8 institutions that serve children with disabilities; and

9 (9) the provision of services under the medical 10 assistance program to children younger than <u>22</u> [23] years of age 11 with disabilities or special health care needs under a waiver 12 granted under Section 1915(c) of the federal Social Security Act 13 (42 U.S.C. Section 1396n(c)).

14 (k) Not later than September 1 of each even-numbered year, 15 the work group shall report on its findings and recommendations to 16 the legislature and the <u>executive</u> commissioner of <u>the Health and</u> 17 Human Services Commission [health and human services].

(1) After evaluating and considering recommendations reported under Subsection (k), the <u>executive commissioner of the</u> Health and Human Services Commission shall adopt rules to implement guidelines for providing long-term <u>services and supports</u>, [care and] health services, and mental health services to children with disabilities.

24 SECTION 2. Section 531.159(f), Government Code, is amended 25 to read as follows:

(f) The commission by rule shall develop procedures by whichto conduct the reviews required by Subsections (c), (d), and (e).

In developing the procedures, the commission shall seek input from the work group on children's long-term <u>services and supports</u>, [care <u>and</u>] health <u>services</u>, and <u>mental health services</u> [programs] established under Section 22.035, Human Resources Code.

5 SECTION 3. Subchapter G-1, Chapter 531, Government Code, is 6 amended by adding Section 531.2505 to read as follows:

7 <u>Sec. 531.2505. DEFINITION. In this subchapter, "council"</u>
8 means the Children's Policy Council established under Section
9 <u>22.035, Human Resources Code.</u>

10 SECTION 4. Section 531.251, Government Code, is amended to 11 read as follows:

Sec. 531.251. [PILOT PROJECT CONSORTIUM;] EXPANSION PLAN. 12 The council shall establish a subcommittee on the system of 13 (a) care [commission shall form a consortium] to develop criteria for 14 15 and implement the expansion of the Texas Integrated Funding Initiative [pilot project] and to develop local mental health care 16 17 systems in communities for minors who are receiving residential mental health services or who are at risk of residential placement 18 to receive mental health services. [The consortium must include 19 20 representatives of the Texas Department of Mental Health and Mental Retardation, Department of Protective and Regulatory Services, 21 Texas Education Agency, Texas Youth Commission, Texas Juvenile 22 Probation Commission, and Texas Commission on Alcohol and Drug 23 24 Abuse and an equal number of family advocates.]

25 (b) The commission and the <u>subcommittee on the system of</u> 26 <u>care</u> [consortium] shall:

27

(1) develop a model and guidelines for the delivery of

1 mental health services and support to a minor, initiated before the 2 person's 18th birthday, including best practices in the financing, 3 administration, governance, and delivery of those services;

4 (2) establish a plan to expand the Texas Integrated
5 Funding Initiative [so that the initiative may operate in up to six
6 communities]; and

7 (3) identify appropriate sources of state and federal
8 funding to finance mental health services under the initiative from
9 a central fund for expansion communities.

10 (c) The subcommittee on the system of care must present to 11 the council each model, guideline, plan, program, or recommendation 12 the subcommittee develops. A model, guideline, plan, program, or 13 recommendation may not be disseminated unless it is approved by the 14 council.

15 SECTION 5. Sections 531.252(a) and (b), Government Code, 16 are amended to read as follows:

(a) The commission [by rule] shall establish a
request-for-proposal process to select expansion communities to
participate in the initiative. <u>The commission may work with the</u>
Department of State Health Services to establish this process.

(b) The commission and the <u>council</u> [consortium] shall develop criteria to evaluate proposals for selecting expansion communities to participate in the expanded initiative. The criteria must:

(1) reflect the underlying principles of the Texas
26 Integrated Funding Initiative;

27 (2) emphasize services that are culturally competent,

S.B. No. 1817 family-centered, and seamless; 1 (3) identify populations to be served under the 2 3 proposals; 4 (4) establish for the expansion communities service 5 outcome goals related to minors who are receiving residential mental health services or who are at risk of residential placement 6 to receive mental health services, including: 7 8 (A) decreasing incidents of abuse or neglect of the minors; 9 10 (B) reducing recidivism rates of juvenile 11 offenders; 12 (C) increasing school attendance and progress of 13 the minors; 14 (D) reducing the rate of placement of the minors 15 in residential treatment; 16 (E) increasing the rate of reunification of the 17 minors with their families; (F) improving the emotional, behavioral, 18 and 19 social adjustment of the minors; and 20 improving the stability of placements of the (G) 21 minors; (5) provide for locations 22 of participating communities in urban, suburban, and rural settings; and 23 24 (6) specify information that must be provided in a proposal for a community, including: 25 26 (A) information on the costs of the activities 27 proposed; and

1 (B) the characteristics of minors in the 2 community who are in residential care for mental health services or 3 who are at risk of being placed in residential care to receive 4 mental health services.

5 SECTION 6. Sections 531.253 and 531.254, Government Code, 6 are amended to read as follows:

Sec. 531.253. SELECTION OF EXPANSION COMMUNITIES. 7 The 8 commission and the <u>council</u> [consortium] shall <u>develop a process to</u> proposals for expansion communities 9 review and approve 10 participation of <u>additional</u> [not more than six] communities to participate in the initiative. The selected communities must be 11 those that best meet the criteria developed under Section 531.252. 12

Sec. 531.254. SYSTEM DEVELOPMENT COLLABORATION. The commission, the <u>subcommittee on the system of care established by</u> <u>the council</u> [consortium], and the expansion communities shall collaborate to develop and shall share technical assistance and training resources to aid communities in developing local systems for delivering mental health services to minors.

SECTION 7. Sections 531.255(a), (b), and (c), Government Code, are amended to read as follows:

(a) The commission and the [Texas] Department of <u>State</u>
 [Mental] Health <u>Services</u> [and Mental Retardation] jointly shall
 monitor the progress of the expansion communities.

(b) The commission, the <u>subcommittee on the system of care</u> <u>established by the council</u> [consortium], and the expansion communities shall collaborate to develop a system to evaluate the success of the expansion communities in achieving outcome goals for

1 the minors the communities serve, including outcome goals developed 2 under Section 531.252. An evaluation under the system must include 3 information on cost avoidance and net savings that result from 4 participation in the initiative.

5 (c) Each expansion community shall identify the baseline information to compare with the information on outcomes 6 in evaluating the achievements of the community. 7 A community is 8 responsible for collecting and reporting outcome information to the Department of State Health Services [commission] in accordance with 9 10 the requirements of the evaluation system developed under Subsection (b). 11

SECTION 8. Section 531.421(3), Government Code, is amended to read as follows:

14 (3) <u>"Subcommittee on the system of care"</u>
15 [<u>"Consortium"</u>] means the <u>subcommittee on the system of care</u>
16 <u>established by the Children's Policy Council</u> [consortium] that
17 oversees the Texas Integrated Funding Initiative under Subchapter
18 <u>G-1</u> [G, Chapter 531, as added by Chapter 446, Acts of the 76th
19 <u>Legislature, Regular Session, 1999</u>].

20 SECTION 9. Section 531.422(c), Government Code, is amended 21 to read as follows:

(c) Each community resource coordination group shall submit the report described by Subsection (b) to the <u>subcommittee on the</u> <u>system of care [consortium]</u>. The <u>subcommittee [consortium]</u> shall provide a deadline to each group for submitting the reports. The time frame for completing the reports must be coordinated with any regional reviews by the commission of the delivery of related

1 services.

2 SECTION 10. Section 531.423, Government Code, is amended to 3 read as follows:

4 Sec. 531.423. SUMMARY REPORT BY SUBCOMMITTEE ON THE SYSTEM 5 OF CARE [TEXAS INTEGRATED FUNDING INITIATIVE CONSORTIUM]. (a) The subcommittee on the system of care [consortium] shall create a 6 summary report based on the evaluations in the reports submitted to 7 8 the <u>subcommittee</u> [consortium] by community resource coordination groups under Section 531.422. The subcommittee's [consortium's] 9 10 report must include recommendations for policy and statutory changes at each agency that is involved in the provision of systems 11 12 of care services and the outcome expected from implementing each recommendation. 13

(b) The <u>subcommittee on the system of care</u> [consortium] shall coordinate, where appropriate, the recommendations in the report created under this section with recommendations in the assessment developed under S.B. No. 491, Acts of the 78th Legislature, Regular Session, 2003, and with the continuum of care developed under S.B. No. 490, Acts of the 78th Legislature, Regular Session, 2003.

(c) The <u>subcommittee on the system of care</u> [consortium] may include in the report created under this section recommendations for the statewide expansion of sites participating in the Texas Integrated Funding Initiative under Subchapter <u>G-1</u> [G, Chapter 531, as added by Chapter 446, Acts of the 76th Legislature, Regular Session, 1999,] and the integration of services provided at those sites with services provided by community resource coordination

1 groups.

2 (d) The <u>subcommittee on the system of care</u> [consortium] 3 shall provide a copy of <u>a</u> [the] report created under this section 4 <u>and approved by the Children's Policy Council</u> to each agency for 5 which the report makes a recommendation and to other agencies as 6 appropriate.

7 SECTION 11. Sections 531.256 and 531.257, Government Code, 8 are repealed.

9 SECTION 12. (a) Not later than January 1, 2012, the 10 following are transferred from the consortium that oversees the 11 Texas Integrated Funding Initiative under Subchapter G-1, Chapter 12 531, Government Code, to the Children's Policy Council described by 13 Section 22.035, Human Resources Code:

14 (1) the powers, duties, functions, programs, and15 activities of the consortium;

16 (2) all obligations and contracts of the consortium 17 that are related to a power, duty, function, program, or activity 18 transferred under this subsection;

(3) all property and records in the custody of the consortium that are related to a power, duty, function, program, or activity transferred under this subsection and all funds appropriated by the legislature for that power, duty, function, program, or activity; and

(4) all personnel of the consortium whose functions
predominantly involve powers, duties, functions, programs, and
activities transferred under this subsection.

27 (b) A form adopted by the consortium that relates to a

power, duty, function, program, or activity transferred under
 Subsection (a) of this section is a form of the Children's Policy
 Council and remains in effect until altered by the Children's
 Policy Council.

(c) A reference in law to the consortium that relates to a
power, duty, function, program, or activity transferred under
Subsection (a) of this section means the Children's Policy Council.
SECTION 13. This Act takes effect September 1, 2011.