

1-1 By: Truitt, et al. (Senate Sponsor - Janek) H.B. No. 2439
1-2 (In the Senate - Received from the House April 26, 2007;
1-3 May 1, 2007, read first time and referred to Committee on Health
1-4 and Human Services; May 11, 2007, reported favorably by the
1-5 following vote: Yeas 8, Nays 0; May 11, 2007, sent to printer.)

1-6 A BILL TO BE ENTITLED
1-7 AN ACT

1-8 relating to the functions of local mental health and mental
1-9 retardation authorities.

1-10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-11 SECTION 1. Section 533.031, Health and Safety Code, is
1-12 amended by adding Subdivisions (4), (5), (6), (7), and (8) to read
1-13 as follows:

1-14 (4) "Commission" means the Health and Human Services
1-15 Commission.

1-16 (5) "Executive commissioner" means the executive
1-17 commissioner of the Health and Human Services Commission.

1-18 (6) "ICF-MR and related waiver programs" includes
1-19 ICF-MR Section 1915(c) waiver programs, home and community-based
1-20 services, Texas home living waiver services, or another Medicaid
1-21 program serving persons with mental retardation.

1-22 (7) "Section 1915(c) waiver program" means a federally
1-23 funded Medicaid program of the state that is authorized under
1-24 Section 1915(c) of the federal Social Security Act (42 U.S.C.
1-25 Section 1396n(c)).

1-26 (8) "Qualified service provider" means an entity that
1-27 meets requirements for service providers established by the
1-28 executive commissioner.

1-29 SECTION 2. Section 533.035, Health and Safety Code, is
1-30 amended by amending Subsections (a), (c), and (e) and adding
1-31 Subsections (b-1) and (e-1) to read as follows:

1-32 (a) The executive commissioner shall designate a local
1-33 mental health authority and a local mental retardation authority in
1-34 one or more local service areas. The executive commissioner
1-35 ~~[board]~~ may delegate to the local authorities the ~~[board's]~~
1-36 authority and responsibility of the executive commissioner, the
1-37 commission, or a department of the commission related to ~~[for the]~~
1-38 planning, policy development, coordination, including coordination
1-39 with criminal justice entities, resource allocation, and resource
1-40 development for and oversight of mental health and mental
1-41 retardation services in the most appropriate and available setting
1-42 to meet individual needs in that service area. The executive
1-43 commissioner may designate a single entity as the local mental
1-44 health authority and the local mental retardation authority for a
1-45 service area.

1-46 (b-1) This subsection expires September 1, 2009, and
1-47 applies only to the determination of payment methodologies for
1-48 mental health services and not to rate setting or the payment rates
1-49 for intermediate care facilities for the mentally retarded, Section
1-50 1915(c) waiver programs, mental retardation service coordination,
1-51 and other Medicaid services. Before the Department of State Health
1-52 Services institutes a change in payment methodology for mental
1-53 health services, the department shall:

1-54 (1) evaluate various forms of payment for services,
1-55 including fee-for-service, case rate, capitation, and other
1-56 appropriate payment methods to determine the most cost-effective
1-57 and efficient form of payment for services;

1-58 (2) evaluate the effect of each proposed payment
1-59 methodology on:

1-60 (A) the availability of services in urban and
1-61 rural service areas;

1-62 (B) the availability of services for persons who
1-63 are indigent;

1-64 (C) the cost certainty of the delivery of

2-1 Medicaid rehabilitation mental health services; and

2-2 (D) the ability of the local mental health
2-3 authority to meet unique local needs and develop and manage a
2-4 network of providers;

2-5 (3) determine the implementation and ongoing
2-6 operational costs for the state and local mental health authorities
2-7 associated with each proposed payment methodology;

2-8 (4) develop an implementation plan, with the advice
2-9 and assistance of the local authority network advisory committee,
2-10 for any new payment methodology for mental health services that
2-11 integrates the department's findings under Subdivisions (1), (2),
2-12 and (3); and

2-13 (5) report the department's findings and the
2-14 implementation plan for any new payment methodology for mental
2-15 health services to the executive commissioner and the legislature
2-16 not later than January 1, 2009.

2-17 (c) A local mental health and mental retardation authority,
2-18 with the [department's] approval of the Department of State Health
2-19 Services or the Department of Aging and Disability Services, or
2-20 both, as applicable, shall use the funds received under Subsection
2-21 (b) to ensure mental health, mental retardation, and chemical
2-22 dependency services are provided in the local service area. The
2-23 local authority shall consider public input, ultimate
2-24 cost-benefit, and client care issues to ensure consumer choice and
2-25 the best use of public money in:

2-26 (1) assembling a network of service providers; [and]
2-27 (2) making recommendations relating to the most
2-28 appropriate and available treatment alternatives for individuals
2-29 in need of mental health or mental retardation services; and

2-30 (3) procuring services for a local service area,
2-31 including a request for proposal or open-enrollment procurement
2-32 method.

2-33 (e) Subject to Section 533.0358, in [In] assembling a
2-34 network of service providers, a local mental health [and mental
2-35 retardation] authority may serve as a provider of services only as a
2-36 provider of last resort and only if the local authority
2-37 demonstrates to the department in the local authority's local
2-38 network development plan that:

2-39 (1) the local authority has made every reasonable
2-40 attempt to solicit the development of an available and appropriate
2-41 provider base that is sufficient to meet the needs of consumers in
2-42 its service area; and

2-43 (2) there is not a willing provider of the relevant
2-44 services in the local authority's service area or in the county
2-45 where the provision of the services is needed.

2-46 (e-1) A local mental retardation authority may serve as a
2-47 provider of ICF-MR and related waiver programs only if:

2-48 (1) the local authority complies with the limitations
2-49 prescribed by Section 533.0355(d); or

2-50 (2) the ICF-MR and related waiver programs are
2-51 necessary to ensure the availability of services and the local
2-52 authority demonstrates to the commission that there is not a
2-53 willing ICF-MR and related waiver program qualified service
2-54 provider in the local authority's service area where the service is
2-55 needed.

2-56 SECTION 3. Section 533.0351, Health and Safety Code, is
2-57 amended to read as follows:

2-58 Sec. 533.0351. LOCAL AUTHORITY NETWORK [TECHNICAL]
2-59 ADVISORY COMMITTEE. (a) [In this section, "local authority" means
2-60 a local mental health or mental retardation authority.

2-61 [~~(b)~~] The executive commissioner shall establish a
2-62 [~~nine-member~~] local authority network advisory committee to advise
2-63 the executive commissioner and the Department of State Health
2-64 Services on technical and administrative issues that directly
2-65 affect local mental health authority responsibilities.

2-66 (b) [~~(e)~~] The committee is composed of equal numbers of
2-67 representatives of local mental health authorities, community
2-68 mental health service providers, private mental health service
2-69 providers, local government officials, advocates for individuals

3-1 with mental health needs, consumers of mental health services,
 3-2 family members of individuals with mental health needs, and other
 3-3 individuals with expertise in the field of mental health [~~and one~~
 3-4 ~~member representing the public]~~ appointed by the executive
 3-5 commissioner. In addition, the executive commissioner may appoint
 3-6 facilitators to the committee as necessary. In appointing the
 3-7 members, the executive commissioner shall also ensure a balanced
 3-8 representation of:

- 3-9 (1) different regions of this state;
- 3-10 (2) rural and urban counties; and
- 3-11 (3) single-county and multicounty local mental health
 3-12 authorities.

3-13 (c) Members [~~(d) Except for the member representing the~~
 3-14 ~~public, members]~~ appointed to the advisory committee must have some
 3-15 knowledge of, familiarity with, or understanding of [~~expertise in~~
 3-16 ~~the day-to-day operations of a local mental health authority.~~

3-17 (d) [~~(e)~~] The advisory committee shall:
 3-18 (1) review rules and proposed rules and participate in
 3-19 any negotiated rulemaking process related to local mental health
 3-20 authority operations;

3-21 (2) advise the executive commissioner and the
 3-22 Department of State Health Services regarding evaluation and
 3-23 coordination of initiatives related to local mental health
 3-24 authority operations;

3-25 (3) advise the executive commissioner and the
 3-26 Department of State Health Services [~~and assist the department]~~ in
 3-27 developing a method of contracting with local mental health
 3-28 authorities that will result in contracts that are flexible and
 3-29 responsive to:

3-30 (A) the needs and services of local communities;
 3-31 and

3-32 (B) the department's performance expectations;
 3-33 (4) coordinate with [~~and monitor the activities of]~~
 3-34 work groups whose actions may affect local mental health authority
 3-35 operations;

3-36 (5) report to the executive commissioner and the
 3-37 Department of State Health Services [~~board]~~ on the committee's
 3-38 activities and recommendations at least once each fiscal quarter;
 3-39 and

3-40 (6) work with the executive commissioner or the
 3-41 Department of State Health Services as the executive commissioner
 3-42 directs.

3-43 (e) [~~(f)~~] For any written recommendation the committee
 3-44 makes to the Department of State Health Services [~~department]~~, the
 3-45 department shall provide to the committee a written response
 3-46 regarding any action taken on the recommendation or the reasons for
 3-47 the department's inaction on the subject of the recommendation.

3-48 (f) The [~~(g) Except as provided by this subsection, the~~
 3-49 committee is subject to Chapter 2110, Government Code, except that
 3-50 the committee is not subject to Section 2110.004 or 2110.008,
 3-51 Government Code. The committee is abolished [~~automatically~~]
 3-52 on September 1, 2017 [~~2007~~], unless the executive commissioner [~~board~~]
 3-53 adopts a rule continuing the committee in existence beyond that
 3-54 date.

3-55 (g) The Department of State Health Services may reimburse
 3-56 consumers of mental health services and family members of
 3-57 individuals with mental health needs appointed to the committee for
 3-58 travel costs incurred in performing their duties as provided in the
 3-59 General Appropriations Act.

3-60 SECTION 4. Subchapter B, Chapter 533, Health and Safety
 3-61 Code, is amended by adding Section 533.03521 to read as follows:

3-62 Sec. 533.03521. LOCAL NETWORK DEVELOPMENT PLAN CREATION AND
 3-63 APPROVAL. (a) A local mental health authority shall develop a
 3-64 local network development plan regarding the configuration and
 3-65 development of the local mental health authority's provider
 3-66 network. The plan must reflect local needs and priorities and
 3-67 maximize consumer choice and access to qualified service providers.

3-68 (b) The local mental health authority shall submit the local
 3-69 network development plan to the Department of State Health Services

4-1 for approval.

4-2 (c) On receipt of a local network development plan under
 4-3 this section, the department shall review the plan to ensure that
 4-4 the plan:

4-5 (1) complies with the criteria established by Section
 4-6 533.0358 if the local mental health authority is providing services
 4-7 under that section; and

4-8 (2) indicates that the local mental health authority
 4-9 is reasonably attempting to solicit the development of a provider
 4-10 base that is:

4-11 (A) available and appropriate; and

4-12 (B) sufficient to meet the needs of consumers in
 4-13 the local authority's local service area.

4-14 (d) If the department determines that the local network
 4-15 development plan complies with Subsection (c), the department shall
 4-16 approve the plan.

4-17 (e) At least biennially, the department shall review a local
 4-18 mental health authority's local network development plan and
 4-19 determine whether the plan complies with Subsection (c).

4-20 (f) As part of a local network development plan, a local
 4-21 mental health authority annually shall post on the local
 4-22 authority's website a list of persons with whom the local authority
 4-23 had a contract or agreement in effect during all or part of the
 4-24 previous year, or on the date the list is posted, related to the
 4-25 provision of mental health services.

4-26 SECTION 5. Section 533.0355, Health and Safety Code, is
 4-27 amended to read as follows:

4-28 Sec. 533.0355. LOCAL MENTAL RETARDATION AUTHORITY
 4-29 RESPONSIBILITIES [~~ALLOCATION OF DUTIES UNDER CERTAIN MEDICAID~~
 4-30 ~~WAIVER PROGRAMS~~]. (a) The executive commissioner shall adopt
 4-31 rules establishing the roles and responsibilities of local mental
 4-32 retardation authorities [~~In this section, "waiver program" means~~
 4-33 ~~the local mental retardation authority waiver program established~~
 4-34 ~~under the state Medicaid program~~].

4-35 (b) In adopting rules under this section, the executive
 4-36 commissioner must include rules regarding the following local
 4-37 mental retardation authority responsibilities:

4-38 (1) access;

4-39 (2) intake;

4-40 (3) eligibility functions;

4-41 (4) enrollment, initial person-centered assessment,
 4-42 and service authorization;

4-43 (5) utilization management;

4-44 (6) safety net functions, including crisis management
 4-45 services and assistance in accessing facility-based care;

4-46 (7) service coordination functions;

4-47 (8) provision and oversight of state general revenue
 4-48 services;

4-49 (9) local planning functions, including stakeholder
 4-50 involvement, technical assistance and training, and provider
 4-51 complaint and resolution processes; and

4-52 (10) processes to assure accountability in
 4-53 performance, compliance, and monitoring. [A provider of services
 4-54 under the waiver program shall:

4-55 [(1) develop a person-directed plan and an individual
 4-56 program plan for each person who receives services from the
 4-57 provider under the waiver program;

4-58 [(2) perform justification and implementation
 4-59 functions for the plans described by Subdivision (1);

4-60 [(3) conduct case management under the waiver program,
 4-61 other than case management under Subsection (c)(3), in accordance
 4-62 with applicable state and federal laws; and

4-63 [(4) plan, coordinate, and review the provision of
 4-64 services to all persons who receive services from the service
 4-65 provider under the waiver program.]

4-66 (c) In determining eligibility under Subsection (b)(3), a
 4-67 local mental retardation authority must offer a state school as an
 4-68 option among the residential services and other community living
 4-69 options available to an individual who is eligible for those

5-1 services and who meets the department's criteria for state school
 5-2 admission, regardless of whether other residential services are
 5-3 available to the individual.

5-4 (d) In establishing a local mental retardation authority's
 5-5 role as a qualified service provider of ICF-MR and related waiver
 5-6 programs under Section 533.035(e-1), the executive commissioner
 5-7 shall require the local mental retardation authority to:

5-8 (1) base the local authority's provider capacity on
 5-9 the local authority's August 2004 enrollment levels for the waiver
 5-10 programs the local authority operates and, if the local authority's
 5-11 enrollment levels exceed those levels, to reduce the levels by
 5-12 attrition; and

5-13 (2) base any increase in the local authority's
 5-14 provider capacity on:

5-15 (A) the local authority's state-mandated
 5-16 conversion from an ICF-MR program to a Section 1915(c) waiver
 5-17 program allowing for a permanent increase in the local authority's
 5-18 provider capacity in accordance with the number of persons who
 5-19 choose the local authority as their provider;

5-20 (B) the local authority's voluntary conversion
 5-21 from an ICF-MR program to a Section 1915(c) waiver program allowing
 5-22 for a temporary increase in the local authority's provider
 5-23 capacity, to be reduced by attrition, in accordance with the number
 5-24 of persons who choose the local authority as their provider;

5-25 (C) the local authority's refinancing from
 5-26 services funded solely by state general revenue to a Medicaid
 5-27 program allowing for a temporary increase in the local authority's
 5-28 provider capacity, to be reduced by attrition, in accordance with
 5-29 the number of persons who choose the local authority as their
 5-30 provider; or

5-31 (D) other extenuating circumstances that:
 5-32 (i) are monitored and approved by the
 5-33 Department of Aging and Disability Services;

5-34 (ii) do not include increases that
 5-35 unnecessarily promote the local authority's provider role over its
 5-36 role as a local mental retardation authority; and

5-37 (iii) may include increases necessary to
 5-38 accommodate a family-specific or consumer-specific circumstance
 5-39 and choice [A local mental retardation authority shall:

5-40 ~~(1) manage any waiting lists for services under the~~
 5-41 ~~wavier program;~~

5-42 ~~(2) perform functions relating to consumer choice and~~
 5-43 ~~enrollment for persons who receive services under the waiver~~
 5-44 ~~program; and~~

5-45 ~~(3) conduct case management under the waiver program~~
 5-46 ~~relating to funding disputes between a service provider and the~~
 5-47 ~~local mental retardation authority.~~

5-48 ~~[(d) The department shall perform all administrative~~
 5-49 ~~functions under the waiver program that are not assigned to a~~
 5-50 ~~service provider under Subsection (b) or to a local mental~~
 5-51 ~~retardation authority under Subsection (c). Administrative~~
 5-52 ~~functions performed by the department include:~~

5-53 ~~(1) any surveying, certification, and utilization~~
 5-54 ~~review functions required under the waiver program; and~~

5-55 ~~(2) managing an appeals process relating to decisions~~
 5-56 ~~that affect a person receiving services under the waiver program].~~

5-57 (e) Any increase based on extenuating circumstances under
 5-58 Subsection (d)(2)(D) is considered a temporary increase in the
 5-59 local mental retardation authority's provider capacity, to be
 5-60 reduced by attrition [The department shall review:

5-61 ~~(1) screening and assessment of levels of care;~~

5-62 ~~(2) case management fees paid under the waiver~~
 5-63 ~~program to a community center; and~~

5-64 ~~(3) administrative fees paid under the waiver program~~
 5-65 ~~to a service provider].~~

5-66 (f) At least biennially, the Department of Aging and
 5-67 Disability Services shall review and determine the local mental
 5-68 retardation authority's status as a qualified service provider in
 5-69 accordance with criteria that includes the consideration of the

6-1 local authority's ability to assure the availability of services in
 6-2 its area, including:

- 6-3 (1) program stability and viability;
- 6-4 (2) the number of other qualified service providers in
 6-5 the area; and
- 6-6 (3) the geographical area in which the local authority
 6-7 is located ~~[The department shall perform any function relating to~~
 6-8 ~~inventory for persons who receive services under the waiver program~~
 6-9 ~~and agency planning assessments].~~

6-10 (g) The Department of Aging and Disability Services shall
 6-11 ensure that local services delivered further the following goals:

- 6-12 (1) to provide individuals with the information,
 6-13 opportunities, and support to make informed decisions regarding the
 6-14 services for which the individual is eligible;
- 6-15 (2) to respect the rights, needs, and preferences of
 6-16 an individual receiving services; and
- 6-17 (3) to integrate individuals with mental retardation
 6-18 and developmental disabilities into the community in accordance
 6-19 with relevant independence initiatives and permanency planning
 6-20 laws. ~~[The review required under Subsection (e) must include a~~
 6-21 ~~comparison of fees paid before the implementation of this section.~~ ~~The~~
 6-22 ~~department may adjust fees paid based on that review.~~

6-24 ~~[(h) The department shall allocate the portion of the gross~~
 6-25 ~~reimbursement funds paid to a local authority and a service~~
 6-26 ~~provider for client services for the case management function in~~
 6-27 ~~accordance with this section and to the extent allowed by law.~~

6-28 ~~[(i) The department may adopt rules governing the functions~~
 6-29 ~~of a local mental retardation authority or service provider under~~
 6-30 ~~this section.]~~

6-31 SECTION 6. Subchapter B, Chapter 533, Health and Safety
 6-32 Code, is amended by adding Sections 533.0357, 533.0358, and
 6-33 533.0359 to read as follows:

6-34 Sec. 533.0357. BEST PRACTICES CLEARINGHOUSE FOR LOCAL
 6-35 MENTAL HEALTH AUTHORITIES. (a) In coordination with local mental
 6-36 health authorities, the department shall establish an online
 6-37 clearinghouse of information relating to best practices of local
 6-38 mental health authorities regarding the provision of mental health
 6-39 services, development of a local provider network, and achievement
 6-40 of the best return on public investment in mental health services.

6-41 (b) The department shall solicit and collect from local
 6-42 mental health authorities that meet established outcome and
 6-43 performance measures, community centers, consumers and advocates
 6-44 with expertise in mental health or in the provision of mental health
 6-45 services, and other local entities concerned with mental health
 6-46 issues examples of best practices related to:

- 6-47 (1) developing and implementing a local network
 6-48 development plan;
- 6-49 (2) assembling and expanding a local provider network
 6-50 to increase consumer choice;
- 6-51 (3) creating and enforcing performance standards for
 6-52 providers;
- 6-53 (4) managing limited resources;
- 6-54 (5) maximizing available funding;
- 6-55 (6) producing the best client outcomes;
- 6-56 (7) ensuring consumers of mental health services have
 6-57 control over decisions regarding their health;
- 6-58 (8) developing procurement processes to protect
 6-59 public funds;
- 6-60 (9) achieving the best mental health consumer outcomes
 6-61 possible; and
- 6-62 (10) implementing strategies that effectively
 6-63 incorporate consumer and family involvement to develop and evaluate
 6-64 the provider network.

6-65 (c) The department may contract for the services of one or
 6-66 more contractors to develop, implement, and maintain a system of
 6-67 collecting and evaluating the best practices of local mental health
 6-68 authorities as provided by this section.

6-69 (d) The department shall encourage local mental health

7-1 authorities that successfully implement best practices in
 7-2 accordance with this section to mentor local mental health
 7-3 authorities that have service deficiencies.

7-4 (e) Before the executive commissioner may remove a local
 7-5 mental health authority's designation under Section 533.035(a) as a
 7-6 local mental health authority, the executive commissioner shall:

7-7 (1) assist the local mental health authority in
 7-8 attaining training and mentorship in using the best practices
 7-9 established in accordance with this section; and

7-10 (2) track and document the local mental health
 7-11 authority's improvements in the provision of service or continued
 7-12 service deficiencies.

7-13 (f) Subsection (e) does not apply to the removal of a local
 7-14 mental health authority's designation initiated at the request of a
 7-15 local government official who has responsibility for the provision
 7-16 of mental health services.

7-17 (g) The department shall implement this section using only
 7-18 existing resources.

7-19 (h) The Department of State Health Services shall ensure
 7-20 that a local mental health authority providing best practices
 7-21 information to the department or mentoring another local mental
 7-22 health authority complies with Section 533.03521(f).

7-23 Sec. 533.0358. LOCAL MENTAL HEALTH AUTHORITY'S PROVISION OF
 7-24 SERVICES AS PROVIDER OF LAST RESORT. (a) A local mental health
 7-25 authority may serve as a provider of services under Section
 7-26 533.035(e) only if, through the local network development plan
 7-27 process, the local authority determines that at least one of the
 7-28 following applies:

7-29 (1) interested qualified service providers are not
 7-30 available to provide services or no service provider meets the
 7-31 local authority's procurement requirements;

7-32 (2) the local authority's network of providers does
 7-33 not provide a minimum level of consumer choice by:

7-34 (A) presenting consumers with two or more
 7-35 qualified service providers in the local authority's network for
 7-36 service packages; and

7-37 (B) presenting consumers with two or more
 7-38 qualified service providers in the local authority's network for
 7-39 specific services within a service package;

7-40 (3) the local authority's provider network does not
 7-41 provide consumers in the local service area with access to services
 7-42 at least equal to the level of access provided as of a date the
 7-43 executive commissioner specifies;

7-44 (4) the combined volume of services delivered by
 7-45 qualified service providers in the local network does not meet all
 7-46 of the local authority's service capacity for each service package
 7-47 identified in the local network development plan;

7-48 (5) the performance of the services by the local
 7-49 authority is necessary to preserve critical infrastructure and
 7-50 ensure continuous provision of services; or

7-51 (6) existing contracts or other agreements restrict
 7-52 the local authority from contracting with qualified service
 7-53 providers for services in the local network development plan.

7-54 (b) If a local mental health authority continues to provide
 7-55 services in accordance with this section, the local authority shall
 7-56 identify in the local authority's local network development plan:

7-57 (1) the proportion of its local network services that
 7-58 the local authority will provide; and

7-59 (2) the local authority's basis for its determination
 7-60 that the local authority must continue to provide services.

7-61 Sec. 533.0359. RULEMAKING FOR LOCAL MENTAL HEALTH
 7-62 AUTHORITIES. In developing rules governing local mental health
 7-63 authorities under Sections 533.035, 533.0351, 533.03521, 533.0357,
 7-64 and 533.0358, the executive commissioner shall use rulemaking
 7-65 procedures under Subchapter B, Chapter 2001, Government Code.

7-66 SECTION 7. Sections 533.035(f) and (g), Health and Safety
 7-67 Code, are repealed.

7-68 SECTION 8. If before implementing any provision of this Act
 7-69 a state agency determines that a waiver or authorization from a

8-1 federal agency is necessary for implementation of that provision,
8-2 the agency affected by the provision shall request the waiver or
8-3 authorization and may delay implementing that provision until the
8-4 waiver or authorization is granted.

8-5 SECTION 9. Not later than January 1, 2008, the Health and
8-6 Human Services Commission shall submit a report to the governor,
8-7 the lieutenant governor, and the speaker of the house of
8-8 representatives that includes:

8-9 (1) whether a waiver from a federal agency is
8-10 necessary for implementation of any provision of this Act and, if a
8-11 waiver is necessary, the date the commission applied for that
8-12 waiver or will apply for the waiver; and

8-13 (2) any other information the commission finds
8-14 relevant regarding the implementation of Sections 533.035,
8-15 533.0351, 533.03521, 533.0355, 533.0357, and 533.0358, Health and
8-16 Safety Code, as amended or added by this Act, by local mental health
8-17 and mental retardation authorities.

8-18 SECTION 10. Not later than November 1, 2007, the executive
8-19 commissioner of the Health and Human Services Commission shall
8-20 re-create and appoint the members of the local authority network
8-21 advisory committee under Section 533.0351, Health and Safety Code,
8-22 as amended by this Act.

8-23 SECTION 11. This Act takes effect immediately if it
8-24 receives a vote of two-thirds of all the members elected to each
8-25 house, as provided by Section 39, Article III, Texas Constitution.
8-26 If this Act does not receive the vote necessary for immediate
8-27 effect, this Act takes effect September 1, 2007.

8-28 * * * * *