

AN ACT

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

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

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

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

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

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

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

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

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

(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. Subtitle E, Title 2, Health and Safety Code, is
19 amended by adding Chapter 115 to read as follows:

20 CHAPTER 115. TASK FORCE FOR CHILDREN WITH SPECIAL NEEDS

21 Sec. 115.001. DEFINITIONS. In this chapter:

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

26 (2) "Commission" means the Health and Human Services
27 Commission.

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

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

5 Sec. 115.002. TASK FORCE FOR CHILDREN WITH SPECIAL NEEDS.
6 The governor, or the governor's designee, shall oversee the task
7 force created and administered by the commission to improve the
8 coordination, quality, and efficiency of services for children with
9 special needs.

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

11 (1) not later than September 1, 2010, coordinate with
12 federal agencies to compile a list of opportunities to increase
13 flexible funding for services for children with special needs,
14 including alternative funding sources and service delivery
15 options;

16 (2) conduct a review of state agency policies and
17 procedures related to service delivery for children with special
18 needs;

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

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

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

27 (1) identify the party responsible for each action set

1 forth in the plan and set deadlines for implementation of each
2 recommendation;

3 (2) create benchmarks to measure progress toward goals
4 and objectives;

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

8 (4) consult with personnel from other states to
9 identify best practices;

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

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

14 (7) coordinate with mental health and developmental
15 disability advocates; and

16 (8) develop a timeline for plan implementation.

17 (b) The plan created under this chapter must provide
18 recommendations to:

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

21 (2) reduce the number of families who experience
22 crisis due to insufficient and ineffective interventions or
23 services or lack of coordination and planning of interventions or
24 services;

25 (3) improve families' ability to navigate the system
26 through improved coordination between service providers and
27 increased outreach;

1 (4) remove barriers to local coordination of services
2 and supports;

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

6 (6) improve early detection and intervention
7 services;

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

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

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

14 (10) reduce service gaps and overlap;

15 (11) improve data management;

16 (12) prevent unnecessary parental relinquishment of
17 custody;

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

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

22 Sec. 115.005. MEMORANDUM OF UNDERSTANDING. The governor's
23 office and each agency represented on the task force shall enter
24 into a memorandum of understanding to implement the task force's
25 duties under this chapter.

26 Sec. 115.006. REPORT. (a) The task force shall submit a
27 biennial report on the progress of each agency represented on the

1 task force in accomplishing the goals described by Section 115.002
2 to the governor, lieutenant governor, and speaker of the house of
3 representatives.

4 (b) The report must include:

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

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

9 (3) current barriers that prevent accomplishing each
10 goal listed in Subdivision (2);

11 (4) additional resource needs;

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

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

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

17 (8) feasibility statements on related
18 recommendations.

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

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

22 (1) the commissioner, the executive director or
23 director, or a deputy or assistant commissioner of:

24 (A) the commission, designated by the executive
25 commissioner;

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

1 (C) the Department of Assistive and
2 Rehabilitative Services, designated by the commissioner of that
3 agency;

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

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

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

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

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

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

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

20 (2) eight nonvoting members who are:

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

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

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

1 (D) three parents or consumer advocates, one each
2 appointed by the commission, the Texas Education Agency, and the
3 Texas Youth Commission.

4 (b) The members of the task force appointed under Subsection
5 (a)(2)(D) may serve a five-year term or may elect to serve for a
6 shorter period.

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

9 (b) The task force shall provide an opportunity for
10 statewide public participation in at least two meetings in each
11 calendar year.

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

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

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

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

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

24 (2) work with each task force representative to
25 schedule meetings and deadlines relevant to the representative's
26 agency; and

27 (3) work with the interagency coordinator to assign

1 subcommittee leadership positions under Section 115.011.

2 Sec. 115.011. SUBCOMMITTEES. (a) The interagency
3 coordinator, assisted by the task force director, shall establish
4 subcommittees to address:

5 (1) early childhood detection and intervention;

6 (2) education;

7 (3) health care;

8 (4) transitioning youth;

9 (5) crisis prevention and intervention;

10 (6) juvenile justice;

11 (7) long-term, community-based services and supports;

12 and

13 (8) mental health.

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

19 (c) Each subcommittee shall report the subcommittee's
20 findings and related recommendations at a task force meeting at
21 least once each year. On a biennial basis, the subcommittee shall
22 provide a written report with findings and recommendations not less
23 than two months before the scheduled release of the task force
24 report under this chapter.

25 Sec. 115.012. SUNSET PROVISION. The Interagency Task Force
26 for Children With Special Needs is subject to Chapter 325,
27 Government Code (Texas Sunset Act). Unless continued in existence

1 as provided by that chapter, the task force is abolished and this
2 chapter expires September 1, 2015.

3 SECTION 3. (a) As soon as practicable after the effective
4 date of this Act:

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

9 (2) the lieutenant governor, speaker of the house of
10 representatives, and executive commissioner, commissioner,
11 executive director, or director of each entity listed under Section
12 115.007, Health and Safety Code, as added by this Act, shall appoint
13 the members of the Interagency Task Force for Children with Special
14 Needs established by Chapter 115, Health and Safety Code, as added
15 by this Act.

16 (b) The Interagency Task Force for Children with Special
17 Needs shall hold an organizational meeting not later than September
18 30, 2009.

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

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

25 SECTION 4. This Act takes effect September 1, 2009.

President of the Senate

Speaker of the House

I certify that H.B. No. 2196 was passed by the House on April 9, 2009, by the following vote: Yeas 148, Nays 0, 1 present, not voting; that the House refused to concur in Senate amendments to H.B. No. 2196 on May 20, 2009, and requested the appointment of a conference committee to consider the differences between the two houses; and that the House adopted the conference committee report on H.B. No. 2196 on May 28, 2009, by the following vote: Yeas 146, Nays 0, 1 present, not voting.

Chief Clerk of the House

H.B. No. 2196

I certify that H.B. No. 2196 was passed by the Senate, with amendments, on May 13, 2009, by the following vote: Yeas 31, Nays 0; at the request of the House, the Senate appointed a conference committee to consider the differences between the two houses; and that the Senate adopted the conference committee report on H.B. No. 2196 on May 30, 2009, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

Governor