

## **SENATE AMENDMENTS**

## 2<sup>nd</sup> Printing

By: Truitt

H.B. No. 2196

A BILL TO BE ENTITLED

# 1 AN ACT

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

H.B. No. 2196

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

*Patay Sauer*  
Secretary of the Senate

By: Devell

H.B. No. 2196

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

By: Devell

C.S.H.B. No. 2196

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13 workgroup. The workgroup must include:

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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

5  
2

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

*Rotary Snow*  
Secretary of the Senate

*Lucio*

FLOOR AMENDMENT NO. 1

BY:

1 Amend CHB. 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 procedures 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;

21 (10) reduce service gaps and overlap;

22 (11) improve data management;

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;

## (6) juvenile justice;

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

3 and

(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:

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.



**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.**

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**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