

# CONFERENCE COMMITTEE REPORT FORM

Austin, Texas

26 May 09  
Date

Honorable David Dewhurst  
President of the Senate

Honorable Joe Straus  
Speaker of the House of Representatives

Sirs:

We, Your Conference Committee, appointed to adjust the differences between the Senate and the House of Representatives on HB2196 have had the same under consideration, and beg to report it back with the recommendation that it do pass in the form and text hereto attached.

Bob Deuell  
Senator Deuell, Chair

Adri Lucio  
Senator Lucio

Robt La Nichols  
Senator Nichols

Kel Seliger  
Senator Seliger

Zaffirini  
On the part of the Senate  
Senator Zaffirini

Vicki Truitt  
Representative Truitt, Chair

Tom Darby  
Representative Darby

Abel Herrero  
Representative Herrero

Iselt  
Representative Iselt

Patrick M Rose  
On the part of the House  
Representative Rose

## Note to Conference Committee Clerk:

Please type the names of the members of the Conference Committee under the lines provided for signature. Those members desiring to sign the report should sign each of the six copies. Attach a copy of the Conference Committee Report and a Section by Section side by side comparison to each of the six reporting forms. The original and two copies are filed in house of origin of the bill, and three copies in the other house.

# CONFERENCE COMMITTEE REPORT

3<sup>rd</sup> Printing

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) 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.

**House Bill 2196**  
Conference Committee Report  
Section-by-Section Analysis

HOUSE VERSION

SECTION 1. Requires 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 the integration of health and behavioral health services in this state and, among other provisions, requires the work group to include representatives of certain named state agencies, state organizations, state associations, and other entities, as well as recognized experts in integrated health care in Texas.

No equivalent provision.

SENATE VERSION

Same as House version, except requires the work group also to include at least one representative of a statewide organization that promotes mental health and prevention of mental disorders and advocates and educates to improve the care and treatment of persons with mental illness; at least one consumer member of an organization that represents consumers of mental health services; and at least one representative of an organization that represents family members of consumers of mental health services.

SECTION \_\_. Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 115, Task Force for Children With Special Needs.

Sections 115.001 – 115.011. Requires the Health and Human Services Commission to create and administer a task force for children with special needs overseen by the governor or the governor's assignee; provides definitions; enumerates the task force's duties; and sets forth requirements for development of a five-year task force plan, a memorandum of understanding among the governor's office and each agency represented on the task force, a biennial report on the progress of each agency represented on the task force, the composition of the task force, task force meetings, the appointment by the governor of an interagency coordinator from the commission as the task force's presiding officer and the hiring of an interagency staff, the task force director

CONFERENCE

SECTION 1. Same as Senate version.

SECTION 2. Same as Senate version, except adds a sunset provision providing for the abolishment of the task force and its governing statutes on September 1, 2015, unless continued in existence as provided by the Texas Sunset Act.

**House Bill 2196**  
Conference Committee Report  
Section-by-Section Analysis

HOUSE VERSION

SENATE VERSION

CONFERENCE

hired by the interagency coordinator, and the establishment of subcommittees.

SECTION \_\_. Procedural provisions relating to the appointment of the Interagency Task Force for Children with Special Needs as required by the addition of Chapter 115, Health and Safety Code.

Same as House version.

SECTION 3. Same as Senate version.

SECTION 4. Same as House version.

No equivalent provision.

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

**LEGISLATIVE BUDGET BOARD**  
Austin, Texas

**FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION**

**May 27, 2009**

**TO:** Honorable David Dewhurst, Lieutenant Governor, Senate  
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.), **Conference Committee Report**

<b>No significant fiscal implication to the State is anticipated.</b>
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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.

The Task Force would be subject to sunset review and would be abolished September 1, 2015.

**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, SD

## Certification of Compliance with Rule 13, Section 6(b), House Rules of Procedure

Rule 13, Section 6(b), House Rules of Procedure, requires that a copy of a conference committee report signed by a majority of each committee of the conference must be furnished to each member of the committee in person or if unable to deliver in person by placing a copy in the member's newspaper mailbox at least one hour before the report is furnished to each member of the house under Section 10(a) of this rule. The paper copies of the report submitted to the chief clerk under Section 10(b) of this rule must contain a certificate that the requirement of this subsection has been satisfied, and that certificate must be attached to the printed copy of the report furnished to each member under Section 10(d) of this rule. Failure to comply with this subsection is not a sustainable point of order under this rule.

I certify that a copy of the conference committee report on H. B. 2196 was furnished to each member of the conference committee in compliance with Rule 13, Section 6(b), House Rules of Procedure, before submission of the paper copies of the report to the chief clerk under Section 10(b), Rule 13, House Rules of Procedure.

Vicki Hewitt  
(name)

27 May 09  
(date)