

SUBJECT: Coordinating state services for children; local child and family commissions

COMMITTEE: Juvenile Justice and Family Issues — committee substitute recommended

VOTE: 7 ayes — Goodman, Cook, Brady, H. Cuellar, De La Garza, Puente, Van de Putte

0 nays

2 absent — Naishtat, Williamson

WITNESSES: No public hearing

DIGEST: CSHB 1409 would require the commissioner of health and human services to coordinate funding and administration of three programs for children, allow the health and human services commission (HHSC) to certify local child and family commissions and require development of several statewide health care initiatives for children.

The commission would be required to coordinate funding, administration and eligibility standards for the federal Head Start program, the Texas Education Agency's prekindergarten programs and the child care programs of the Department of Human Services. The deadline for the coordination project would be December 1, 1997. A report to Legislature on all initiatives in the bill also would be required by that date.

The local child and family commissions established by the bill would have to conform to HHSC rules and demonstrate that they had consulted with local health and human service providers. Each local commission would include a member of the governing body of the most populous municipality in the county (and a member of the governing body of one other municipality), a member of the county commissioners court, a school superintendent, a local juvenile board representative, a local mental health representative, a child protective services administrator, the regional administrator of the Texas Department of Health, a representative of a charitable organization that solicits health and human services contributions, at least two civic, religious, or community-based organization members, and a person eligible for child and family services.

Local commission duties would include assessing the needs and resources available for child and family services in the community. A commission could contract for services. Commissions could serve more than one county, but a single county could have no more than one commission.

HHSC would develop a budget mechanism for combining state and federal funds and distributing appropriated funds for grants to the local commissions. The Legislative Budget Board could transfer funds from other agencies for the grants. State funding would have to be matched locally. Local matching funds would have to equal at least one-half of the grant amount, but HHSC could modify the matching amount if necessary. HHSC could retain no more than two percent for administration of the grant program.

HHSC by rule would provide for making community assistance grants to certified local communities as an incentive to establish local commissions and support their initial operation. The grant would have to be in proportion to the child population of the county and could not exceed \$50,000 in a large urban areas. At least one-half would have to be matched by local resources.

The HHSC could require the following agencies to provide staff to help the HHSC coordinate children's issues: the Central Education Agency, the Department of Protective and Regulatory Services, the Interagency Council on Early Childhood Intervention Services, the Texas Commission on Alcohol and Drug Abuse, the Texas Commission for the Blind, the Texas Department of Health, the Texas Department of Human Services, the Texas Department of Mental Health and Mental Retardation, the Texas Juvenile Probation Commission, the Texas Youth Commission, the Texas Employment Commission, and the Children's Trust Fund of Texas Council.

A designated representative of each agency would meet regularly with the commissioner of HHSC at agency expense. The agency representatives would collaborate to develop strategies for education, health and human services, and juvenile justice issues, as well as other goals including a cross-agency system of evaluation of programs.

The following health care plans would be required:

- The Texas Department of Health would have to develop a plan to increase accessibility of dental services for needy children by September 1, 1996.
- The Texas Department of Mental Health and Mental Retardation would have to develop a plan for providing services to children with severe mental or emotional disorders by January 15, 1997. The plan would have to allow a child who had a functional family to remain in parental custody while receiving treatment.
- The Texas Department of Health would have to establish a program to promote the importance of prenatal care, according to amendments to the Health and Safety Code, by January 1, 1996.
- The comptroller would have to create a pilot program to evaluate the cost-effectiveness of preventive programs, by January 15, 1997..

The bill would take effect September 1, 1995.

**SUPPORTERS
SAY:**

CSHB 1409 would help improve delivery of health and other services to children across the state by coordinating various programs, creating the basis for new programs and letting local commissions tailor services to the needs of their area. Children's health issues are different throughout the state, and only a local community can adequately assess the specific needs and resources of its area. CSHB 1409 would give local communities the power and resources they need to help their children.

The bill would implement recommendations on community coordination of services to children were made by the Texas Commission on Children and Youth in *Safeguarding our Future, Children & Families First*, December 1994. State agencies now deliver their children's services independently from one another and from the religious and charitable children's services organizations, creating overlap and underutilization of some services. The local commissions would be able to coordinate these agencies and organizations in their area for maximum effectiveness and efficiency.

Informal local commissions in Texas, such as the Houston/Harris County Commission on Children and San Antonio 2000, have had great success focusing attention on local concerns. The time is right to formalize local commissions and to give them the power to make a difference in their communities.

Requiring matching funds and a well-balanced local commission, including elected officials, would ensure that only programs with wide support are implemented.

Allowing the HHSC to oversee and to require agency coordination of the different children's services would greatly improve service delivery. Many of the agencies listed in the bill are not even under the direction of the HHSC at this time, and others would benefit from a more cooperative, broader approach. Under current law some agencies are reluctant to pool funds, and may be prohibited from pooling, to achieve cooperative goals with others.

CSHB 1409 would also require the development of specific programs that focus on prevention, such as prenatal and dental awareness programs. Prevention oriented services that support family strengths are very effective and are less expensive than traditional intervention programs that target only those individuals that have already developed serious problems.

**OPPONENTS
SAY:**

Without safeguards built into the bill, local commissions might prove divisive for communities and spend state and local funds in questionable ways. Special interest groups might use local commissions as vehicles for implementing their own agendas. For example, a group might have enough influence to get a local commission to sponsor sex education or parenting classes or abortion counseling that may run counter to the beliefs of a significant portion of the community.

**OTHER
OPPONENTS
SAY:**

CSHB 1409 would provide no more than a framework for local coordination of preventative and early intervention programs aimed at diverting at-risk youth from juvenile crime. The state needs to develop an extensive intervention strategy targeted to reach potential offenders and provide the funding necessary to have an impact.

NOTES: The fiscal note on CSHB 1409 estimates general revenue costs, mostly for adding additional staff and developing prevention materials, would be \$234,949 in fiscal 1996, \$275,239 in fiscal 1997 and \$222,100 in fiscal 1998, 1999 and 2000.

The committee substitute made numerous changes to the original bill, including elimination of a provision allowing counties to impose a juvenile curfew order and various violence prevention and conflict resolution programs. The substitute eliminated a children's impact statement, education programs such as school guidance programs, early grade curricula and academic credit for community service. The substitute requires the comptroller, rather than HHSC, to conduct the pilot program studying the effectiveness of pooling money from different agencies for prevention programs.