

- SUBJECT:** Specifying services provided by community MHMR centers
- COMMITTEE:** Human Services — committee substitute recommended
- VOTE:** 7 ayes — Rose, Herrero, Darby, Hernandez, Legler, Naishtat, Walle
0 nays
2 absent — Elkins, Hughes
- WITNESSES:** For — Danette Castle, Texas Council of Community MHMR Centers; Lynn Rutland, Texas Council of Community MHMR Centers, MHMR Services of Concho Valley; (*Registered, but did not testify:* Carole Smith, Private Providers Association of Texas)

Against — None

On — Louise Lynch, Austin Travis County MHMR Center
- BACKGROUND:** Texas provides services to people who are mentally ill, mentally retarded, or have substance addictions through a system of local mental health and mental retardation (MHMR) authorities. The Department of Aging and Disability Services (DADS) and Department of State Health Services (DSHS), under the authority of the Health and Human Services Commission (HHSC), contract with local authorities to provide services to these target populations within communities. Local mental health authorities (MHAs) and mental retardation authorities (MRAs) are responsible for assembling a network of providers in their service areas and establishing treatment options and services.
- Community centers may operate only for the purposes defined in the center's plan, as required by Health and Safety Code, sec. 534.001(e), and must submit the center plan to the state for approval according to sec. 534.001(d)(2). Under sec. 534.0015(b), community centers are required to provide services for individuals with mental illness, mental retardation, or substance addiction.
- Developmental disability refers to a lifelong disability of mental and/or physical impairment that substantially limits an individual's ability to

function independently within certain criteria of daily living reflecting a need for extended or lifelong supports and services. Onset of a developmental disability occurs before the age of 22. Mental retardation is a developmental disability, as are cerebral palsy, autism spectrum disorder, epilepsy, down syndrome, and other related conditions.

DIGEST:

CSHB 2303 would amend Health and Safety Code, sec. 534.0015 to add persons with developmental disabilities to the list of individuals who could be served by community MHMR centers.

It would define a “person with a developmental disability” as an individual with a severe, chronic disability attributable to a mental or physical impairment or a combination of mental and physical impairments that:

- manifested before the age of 22;
- were likely to continue indefinitely;
- reflected the individual’s need for lifelong or extended special, interdisciplinary, and individualized supports and services; and
- resulted in substantial functional limitations in three or more of the following categories of major life activity: self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency.

Health and Safety Code, sec. 534.001(e) would be amended to allow a community center to include, in addition to services described in the center’s plan, “other health and human services and supports” as provided by a grant from or contract with a local, state, or federal agency.

The bill also would grant the HHSC executive commissioner rulemaking authority for center plans, including the review and approval of plans.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2009.

**SUPPORTERS
SAY:**

CSHB 2303 would remove any confusion or uncertainty for community MHMR centers regarding their authorization to serve individuals with developmental disabilities and expressly authorize and extend the scope of services they could provide to include “other health and human services.”

Community centers are funded through a combination of local, state and federal funds, such as counties, hospital districts, cities, Medicaid, Medicare, Substance Abuse and Mental Health Services Administration (SAMHSA), and Housing and Urban Development (HUD).

Centers are required, in most of the state, to conduct extensive surveys to identify gaps in local services and develop other resources by which community needs could be met and include these in a center plan. For example, community centers work with local governments to provide vocational services, services to homeless populations, support services for veterans returning from Afghanistan and Iraq, disaster response planning, and other services that local governments require of them.

Many of these needs fall outside the purview of DSHS and DADS services currently authorized in statute for individuals with mental illness, mental retardation, and substance addiction. By extending the scope of services that centers may provide to include “other health and human services,” CSHB 2303 would ensure that community centers continued to provide services immediately upon identifying funding to meet the needs of vulnerable populations across Texas.

Community centers have been meeting these broad needs of local communities for decades, but the reorganization of human services under HB 2292 by Wohlgenuth in 2003 resulted in a more cumbersome and time-consuming process. Currently, a center plan is first submitted to DSHS for review, then DSHS sends the plan to DADS for their review and consideration. The two agencies then coordinate for questions and comments, correspond with the center, and make a final joint recommendation to HHSC, which gives final approval. The involvement of multiple agencies slows down plan updates and modifications and can result in lost funding opportunities. For example, if a funding opportunity emerges, but the service is not specified in the center plan, the plan must be modified and approved by DADS, DSHS, and HHSC. The time required to get approval often can mean loss of a funding opportunity and loss of a chance to meet a need in the community. CSHB 2303 would eliminate this by allowing the center plan to be reviewed and approved by one agency, HHSC.

In addition, DADS is responsible for providing services to individuals with various disabilities, including those with mental retardation and related conditions or “developmental disabilities.” By providing a

statutory definition of “developmental disabilities” and amending applicable community center guidelines, CSHB 2303 would end confusion and ensure that community centers could continue to provide services for Texans with a wide range of developmental disabilities.

Community centers are invaluable in assisting the state by finding providers and securing resources to leverage and extend state funds. CSHB 2303 would clarify existing law to ensure that community centers continued to meet critical health and human service needs for vulnerable populations in their communities.

**OPPONENTS
SAY:**

No apparent opposition.

NOTES:

The committee substitute differs from the bill as filed by specifying that a community center could provide “other health and human services” as provided by a grant or contract with a government entity, while the introduced bill would allow the provision of “any other related services.”