

- SUBJECT:** Studying feasibility of state disaster recovery case management system
- COMMITTEE:** Homeland Security and Public Safety — favorable, without amendment
- VOTE:** 9 ayes — Nevárez, Paul, Burns, Calanni, Clardy, Goodwin, Israel, Lang, Tinderholt  
0 nays
- WITNESSES:** For — (*Registered, but did not testify:* Aurora Flores, Texas Association of Counties; Kay Roach, Town of Woodsboro, Refugio County, Texas; CJ Grisham)  
Against — None  
On — (*Registered, but did not testify:* Chris Adams, Health and Human Services Commission)
- DIGEST:** HB 2330 would require the Health and Human Services Commission (HHSC) and the Texas Division of Emergency Management (TDEM) to study the feasibility of creating a state case management program and streamlined intake system for state and federal disaster assistance.  
HHSC and TDEM would be required to determine the feasibility of developing:
- a single intake form that would compile all information needed to obtain disaster assistance from multiple state and federal programs for an individual who needed assistance;
  - an automated intake system for collecting the information; and
  - a state case management system for disaster assistance, administered by the commission, that was similar to the Federal Emergency Management Agency (FEMA) case management system and included contracting with nonprofit vendors to hire caseworkers and provide case management services.

HHSC and TDEM would coordinate with FEMA and other appropriate state and federal agencies to conduct the study and determine whether FEMA would accept the single intake form, the cost of developing the form and maintaining the automated intake system, and the cost of maintaining a state case management system and the extent to which federal reimbursement was available.

HHSC and TDEM would be required to prepare and submit a written report to the Legislature containing the findings of the study and any recommendations by September 1, 2020. HHSC and TDEM could implement the single intake form, automated intake system, and state case management system if the study determined that doing so would result in no additional cost to the state.

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, 2019. It would expire January 1, 2021.

**SUPPORTERS  
SAY:**

HB 2330 would investigate the feasibility of creating a state disaster relief case management system administered by the Health and Human Services Commission (HHSC), which could help HHSC and the Texas Division of Emergency Management (TDEM) cooperate with the federal government in expediting disaster recovery.

Time is of the essence in disaster recovery efforts. After Hurricane Harvey, many state and local officials expressed the need for better case management services to help those affected navigate the requirements for private and governmental recovery assistance. While many organizations indicate that they offer case management services after disasters in Texas, the level of service varies considerably, and no Texas state agencies or entities offer disaster case management. The Federal Emergency Management Agency (FEMA) offers a structured case management program, but the rollout of these services after a major disaster often is frustratingly slow and poses a serious obstacle to disaster recovery efforts. In the case of Hurricane Harvey, it took about nine months after the storm's landfall until services offered through the FEMA disaster case

management program were available.

Accordingly, HHSC and TDEM should determine the feasibility of creating a state-administered case management program and potential reimbursement by the federal government. The cost and advisability of HHSC administering a state case management system would depend on the reimbursement determination.

Disaster survivors currently fill out many different forms to apply for services such as case management and financial assistance. HHSC should work with TDEM and the state's federal partners to determine the feasibility of developing a single intake form and an automated intake system. HHSC and TDEM would need to ensure FEMA and any other involved entities would accept such a form. The cost of development would be a determining factor in the decision whether to go forward with the form.

OPPONENTS  
SAY:

No concerns identified.