

**Background:**

Staff have compiled a report of recent staff public policy activities for the committee’s review. We have included additional documents regarding key Interim Legislative Committee activities and a request from Leadership for a plan from state agencies for a 5% budget reduction this biennium.

Staff will also provide an update on Biennial Report activities.

Title IV, Chapter 531, Section 531.0235 of the Texas Government Code requires TCDD, jointly with the Office of Prevention, to prepare a biennial report on the state of services to persons with disabilities in Texas. This report is to be provided to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and the Executive Commissioner of Health and Human Services no later than December 1<sup>st</sup> of even-numbered years, prior to the beginning of each regular session of the Texas Legislature. The next report is therefore due by December 1, 2010.

The Council has approved a special focus for the 2010 Biennial Report on: *Representative profiles of the needs and situations of people with disabilities, and their families, who are waiting for services in Texas.*

**Public Policy Committee**

**Agenda Item VI.**

**Expected Action:**

The Committee will receive an update regarding recent public information activities. No action is anticipated.

## PUBLIC POLICY ACTIVITIES SUMMARY REPORT

October 10, 2009 through January 22, 2009

### Long-term Services and Supports

- TCDD staff continue to participate in the Public-Private Provider Workgroup discussing current issues impacting the delivery of long-term services and supports for individuals with developmental disabilities.
- TCDD provided input to the Department of Aging and Disability Services (DADS) and the Health and Human Services Commission (HHSC) regarding implementation of legislative changes to the Home and Community-based Services (HCS).
- TCDD also provided input to DADS regarding updates to the HCS program handbooks and communications to HCS recipients and families concerning the pending transfer of case management from the provider to the MRA.
- Staff initiated collaboration with legislative offices on the development of interim study reports and hearings.
- TCDD staff continue to participate in meetings with DADS concerning the status of rollout and enrollment in HCS waiver program.
- TCDD staff continue to collaborate with colleague organizations regarding the implementation of the settlement with the Department of Justice concerning Texas state schools.
- TCDD staff participated in the NACDD Public Policy Team conference calls and have provided input on various proposed NACDD Position Statements and federal advocacy initiatives.

### Education

- TCDD staff were nominated to serve on the Task Force for Children with Special Needs (nominations are still pending).
- TCDD staff met with legislative staff concerning implementation of various initiatives to improve special education services in Texas.
- Staff attended the Continuing Advisory Committee and are continuing to meet with Texas Education Agency staff on relevant education issues.
- TCDD staff continued to monitor the Early Childhood Intervention Advisory Council and collaborate with ECI on the dissemination of information for consumers and families.
- Staff are developing relationships with various advocacy groups concerning early education and improving early intervention for children with disabilities.

### Healthcare Reform

- TCDD helped craft a letter to the Texas congressional delegation strongly urging passage of meaningful health care reform legislation. *Link: <http://cphp.org/files/3/21groups.pdf>*
- TCDD was one of 750 organizations to sign on to an open letter to Congress on the need for affordability in health care reform. TCDD worked to secure other disability groups support. *Link: <http://www.coverallfamilies.org/admin/documents/files/Open-letter-on-affordability-with-signers.pdf>*
- TCDD staff continues to participate in the weekly meetings of the Texas Voice for Health Reform (TVHR) coalition and provide important input on the reforms essential for individuals with disabilities.
- TCDD staff represented the needs of people with disabilities at the November 23 rally on the South steps of the Texas Capitol attended by over 1,000.
- Staff continue to monitor and track federal healthcare reform legislation.

## **Housing**

- TCDD staff provided input to the Texas Department of Housing and Community Affairs (TDHCA) on developing Rental Housing Development Fund for Unique Housing Needs, a new initiative awarded \$2 million in state general revenue in the 81<sup>st</sup> Texas Legislature.
- TCDD staff helped TDHCA prepare a proposal to TCDD for \$50,000/50,000 match funding for training on architectural barrier removal and coordinated with TDHCA on their staff representation at the TCDD Council decision making. The Council approved awarding funds to TDCHA.
- TCDD joined other housing advocates to push for a priority on deeply affordable rents for individuals with disabilities who rely on \$674 SSI and other working poor. Currently, the majority of affordable developments do not rent to people earning less than 50% AMFI. TCDD staff advocated for affordable rents at a public hearing on the proposed State Low Income Housing Plan, at the Housing Trust Fund Rules Roundtable and at the Notice of Funding Available stakeholder meeting. *Input attached.*
- Staff continues to work with TDHCA staff and attend stakeholder and Disability Advisory Workgroup meetings to discuss and make decisions on a variety of housing programs statewide.
- TCDD staff has been attending, researching and providing input to TDHCA staff for the new Housing and Health Services Coordination Council created by Senate Bill 1878 during the 81st Texas Legislative Session. The purpose of this Council is to define and increase state efforts to offer *service-enriched housing* through increased coordination of housing and health services.

## **Mental Health**

- TCDD provided written and oral comments to the Texas Medical Board on the issue of telemedicine. *Input attached.*
- TCDD provided written comments to the State Health and Human Services Commission on the needs of people with developmental disabilities in the development of a Substance Abuse Treatment option in Medicaid. *Input attached.*
- TCDD was represented at the Children's Mental Health Forum - Supporting Trauma Informed Care Across State Systems: Mental Health, Foster Care & Juvenile Justice.
- Staff monitored the Mental Health Transformation Workgroup and the Mental Health Planning Advisory Council of the Department of State Health Services.
- Staff continues to research mental health policy and practice through reading and attending forums and taskforce meetings and building coalitions and collaborative relationships with different mental health stakeholders, advocates and self-advocates.



Texas Low Income Housing  
Information Service

**January 13, 2010**

**Comments on the draft State of Texas Low Income Housing Plan  
State Low Income Housing Plan Public Hearing  
Stephen F. Austin Building Room 220S  
1700 N. Congress Ave., Austin, TX**

This is a statement of support for the creation of an income bracket below the 30% Area Median Family Income (AMFI) threshold in which the State of Texas can use for planning purposes.

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There are presently three categories for low income earners used for planning and program distribution in the state: Low Income (LI), those earning 80% AMFI or below; Very Low Income (VLI), those earning 50% AMFI or below; and Extremely Low Income (ELI), those earning 30% AMFI or below. These categories allow the SLIHP to evaluate housing needs of households within different income strata.

These divisions are also present in state law and allow TDHCA to allocate funds across different earning classes within the LMI population.

The HUD 2009 CHAS data indicates evidence that the preponderance of unmet housing need exists within the ELI income group making below 30% AMFI. No progress has been made over the past decade in reducing the proportion of need within this lowest income category. We believe that SLIHP should seek to better analyze and understand the nature of the housing needs within this income group and the initial step to doing so is to better understand the range of housing needs confronted by this large and growing population.

The SLIHP should also recognize that the unmet needs of the ELI population results to a large degree from households not being able to access the current programs targeting Extremely Low income households. Evidence suggests that these groups include but are not limited to those living on Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or other entitlement programs. According to the 2008 OASDI Data, there are 597,297 beneficiaries receiving SSDI and 566,504 receiving SSI, many of whom rely solely on these benefits for income. Often, people making extraordinarily low incomes do not have the revenue needed to enter the most affordable of housing programs. Below the 16% AMFI level, the need for subsidies increases significantly, as rent levels fail to cover operating costs and replacement reserves. Moreover, these groups are more difficult to locate, contact, and market to than their higher income-earning counterparts. For these reasons, money earmarked for below 30% AMFI largely goes to the population nearest the 30% threshold.

The State should recognize the distinct needs of subgroups living below the 30% AMFI threshold, especially those living on entitlement benefits alone. We propose that the Texas Department of Housing and Community Affairs, along with other State agencies, develop a threshold between 0 and 15% AMFI, so that the needs of the lowest income earners receive due attention. Setting a threshold below "Extremely Low" will allow the State to plan for and allocate resources to a group that is currently largely slipping through the cracks of our housing and human service programs.

The following organizations endorse this statement:

Advocacy Inc.  
Easter Seals Central Texas  
Mary Lee Foundation  
Texas Council for Developmental Disabilities  
Texas Low Income Housing Information Service

Date: November 4, 2009

To: [tania.colon@hhsc.state.tx.us](mailto:tania.colon@hhsc.state.tx.us)

From: Texas Council for Developmental Disabilities

Re: **Substance Abuse Benefit Comments**

Thank you for allowing the Texas Council Developmental Disabilities to submit comments on the proposed adult substance abuse benefits. The Texas Council for Developmental Disabilities is a 27-member board appointed by the Governor, 60% of who are individuals with disabilities or their family members. TCDD is established in federal law to create systems change so that all people with developmental disabilities can live self-determined lives in the community.

According to the definition contained in federal law, a developmental disability is a mental or physical disability that occurs before age 22 and results in substantial limitation in three or more of these major life areas: self-care; expressive or receptive language; learning; mobility; capacity for independent living; economic self-sufficiency; or self-direction. For example, many individuals with mental retardation, cerebral palsy, autism, and epilepsy have situations that meet this definition. And, many individuals with a traumatic brain injury or spinal cord injury meet the DD definition if their trauma occurred before their 22<sup>nd</sup> birthday. People with developmental disabilities have historically been placed in institutional settings when needing more intensive levels of service and support, but the majority of people with developmental disabilities now receive necessary services and supports in the community. Additionally, many people with developmental disabilities live normal lives, working, marrying, and living in the community and have similar rates of substance abuse as the general population without developmental disabilities. For individuals with a co-occurring developmental disability and mental illness, the rates of substance abuse are very high. According the National Association for Dual Diagnosis, over 50% of individuals with co-occurring developmental and mental health disabilities are involved with drugs and/or alcohol.

The new Texas Substance Abuse Benefit in Medicaid must include chemical dependency programs that provide community-based, interdisciplinary treatment services to individuals with a substance use disorder and co-existing developmental disabilities and/or mental illness. Our comments are primarily directed to language that, as presented in the Medicaid Substance Benefit Summary Document, version 10/14/09, raises concerns of exclusion or discrimination of people with developmental disabilities in the provision of substance abuse services for adult Medicaid recipients.

TCDD comments by Section:

### **Residential Treatment**

Requires that a “client must be mentally competent and cognitively stable enough to benefit from treatment”

Although the **Qualifying Criteria** states individuals with cognitive or intellectual disabilities are not precluded from receiving services, this language could undermine access to care for people with cognitive disabilities and/or co-occurring mental health disorders. A provider or front door treatment assessment could determine that certain people with disabilities cannot currently and can never access substance use treatment. This requirement seems contrary to the presumption of competency in Texas under the Persons with Mental Retardation Act. Currently, only a judge can determine the competency of an individual with a cognitive disability.

### **Outpatient Treatment**

Requires that a “client must be coherent, rational, and oriented for treatment and their mental status must not preclude their ability to comprehend and participate in treatment.”

As above, TCDD questions whether this language would lead to excluding people with intellectual and developmental disabilities, people with co-occurring cognitive disabilities and mental illness and/or people with mental illness who are not “oriented for treatment” or are considered incoherent by someone who does not have expertise or qualifications for assessing the mental capabilities of individuals with developmental disabilities.

### **Assessment**

This section requires the intake assessment to evaluate a wide spectrum of issues from available health and medical findings, educational vocational background to motivation and attitude. Missing from assessment is evaluation of disability and modifications to service approaches and techniques to meet the needs and accommodations to disability that would be required under the Americans with Disabilities Act. A Substance Abuse Benefit in Medicaid must include chemical dependency programs that provide community-based, interdisciplinary treatment services to individuals with a substance use disorder and if applicable, a co-existing disability. Treatment providers or social service professionals do not need to become experts in intellectual and developmental disabilities (ID/D) and/or co-occurring mental illness to work with people with ID/D and substance abuse. However, an awareness that these two conditions can co-exist and a willingness to make modifications and adaptations to traditional programming must be present.

### **General Comment**

In many areas of the state licensed chemical dependency counselors (LCDC's) are not available. According to the Department of State Health Services there is a 45% turnover rate and decline in LCDC's. TCDD suggests that DSHS explore the possibility of allowing other credentialed, professional staff to provide Medicaid substance abuse services. This flexibility in provider qualifications may increase access to these services in parts of the state that have high turnover rates or very few LCDC's in practice.



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TESTIMONY  
TEXAS MEDICAL BOARD  
PROPOSED TELEMEDICINE RULE CHANGES  
November 6, 2009

Chair Durocher and Members,

Thank you for the opportunity to comment on the proposed rule changes for telemedicine developed by the Texas Medical Board. My name is Belinda Carlton and I am a policy specialist with the Texas Council for Developmental Disabilities. The Texas Council for Developmental Disabilities is a 27-member board appointed by the Governor, 60% of whom are individuals with disabilities or their family members. TCDD is established in federal law to create systems change so that all people with developmental disabilities can live self-determined lives in the community.

According to the definition contained in federal law, a developmental disability is a mental or physical disability that occurs before age 22 and results in substantial limitation in three or more of these major life areas: self-care; expressive or receptive language; learning; mobility; capacity for independent living; economic self-sufficiency; or self-direction. Although we do not have hard data, the National Association on Dual Diagnosis estimates that between 30-50% of individuals with a developmental disability have co-occurring psychiatric disorders at some point in their lives. The estimates are rough because the mental health of people with developmental disabilities is often under-identified. Telemedicine is addressing one of the barriers to identification and intervention for individuals with dual diagnosis, who primarily rely on Medicaid.

The Texas Medical Board proposes several rule changes that could have a detrimental impact on telemedicine for Medicaid recipients.

**Section 174.2 (4)** proposes to limit the patients served to those in medically underserved areas. This would eliminate many locations currently served by telemedicine. Telemedicine is currently provided by community mental health centers in areas not formally designated as medically underserved due to the well-documented shortage of psychiatrists in Texas.

**Section 174.2 (5)** proposes to restrict a patient site presenter to be an advanced practice nurse, physician assistant, or physician. Currently, the pilot utilizes site presenters with the necessary skills required to provide supportive quality health care under the direction and supervision of the distant provider physician. This rule would increase the cost of providing telemedicine services and would severely impact the efficacy of the telemedicine pilot.

The telemedicine pilot program was created by S.B. 1340 in the 79<sup>th</sup> Legislature and implemented in September 2006. It allows Community Mental Health Centers (CMHCs), in rural or medically underserved areas, to utilize telemedicine as a means to access consultative services and other Medicaid services from psychiatrists in other parts of Texas.

The pilot was evaluated, as required by statute, and met the goals to enhance the delivery of mental health services to Medicaid recipients by telemedicine, ensure adequate supervision of licensed non-psychiatric professional, and increase patients served. The numbers of patients served in this pilot have increased steadily and clinical outcomes have not been found to be significantly different between telemedicine and face-to-face service delivery. The evaluation recommends expanding the pilot to local health departments.

Remote consultation, diagnosis and treatment through telemedicine have saved public dollars, helped compensate for the psychiatrist shortage in Texas, and have increased access to specialty services. The proposed rule changes by the Texas Medical Board would undo this progress in the provision of mental health services for Texans with developmental disabilities that rely on Medicaid.

TCDD asks that you reconsider the proposed rule changes. Thank you for your attention to this important issue for Texas with developmental disabilities and psychiatric illnesses.

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January 15, 2010

TO: State Agency Board/Commission Chairs  
State Agency Heads/Executive Directors  
Appellate Court Chief Justices  
Chancellors, Presidents and Directors of Institutions of Higher Education  
Presidents and Directors of Health-Related Institutions  
Presiding Officers of the Texas House and Texas Senate

In Texas, we have been fortunate that our economy has fared better than most other states during the current national recession. Nevertheless, Comptroller Susan Combs noted in her November 2009 economic update that our revenues have "weakened substantially as the national recession began exerting its full influence on Texas." Due to the uncertainty of the state's short-term economic future, as well as potentially substantial long-term costs associated with the passage of federal legislation currently being debated in Washington, D.C., we are asking each state agency to thoroughly review all planned expenditures for the remainder of the biennium.

We respectfully request that each state agency submit a plan to identify savings in priority increments totaling 5 percent of the general revenue and general revenue-dedicated appropriations for the 2010-11 biennium. Please submit these plans to the Legislative Budget Board and the Office of the Governor's Budget, Planning and Policy division, no later than February 15, 2010. Agencies under the jurisdiction of the Texas Health and Human Services Commission should work with the commissioner to present a unified plan. Likewise, each institution of higher education represented by a system office should submit a unified plan for the system and its components.

Your plan should represent prudent, efficient reductions that minimize the impact on direct services. For purposes of this review, we expect you to analyze the necessity of all administrative expenses and purchases. Reducing direct services should be your last option, but should be identified, if necessary, in order to meet the 5 percent target. Specifically, there should be no reductions to benefits or client eligibility levels in the Medicaid entitlement, Children's Health Insurance Program and foster care programs, and no reductions to eligibility staffing. Programs exempt from this request include the Foundation School Program, Social Security contributions, contributions to the Teacher and Employees Retirement Systems' retirement programs, contributions to the Higher Education Fund, and debt service for previously issued obligations.

Texas has a balanced budget and comparatively sound economic conditions. However, we owe it to the taxpayers to be especially prudent with their hard-earned dollars during these difficult times. Thank you in advance for your assistance.

Sincerely,

Handwritten signature of Rick Perry in black ink.

Rick Perry  
Governor

Handwritten signature of David Dewhurst in black ink.

David Dewhurst  
Lieutenant Governor

Handwritten signature of Joe Straus in black ink.

Joe Straus  
Speaker of the House

## Legislative Interim Committees Study Key Issues

Between each Legislative Session, the Lt. Governor and Speaker of the House appoint “Interim Committees” to study important issues. Findings from this year’s interim committees will affect legislative actions and outcomes during the 82nd session which begins Jan. 11, 2011. **A number of House and Senate charges that are of interest to people with disabilities and advocates are listed below.**

*Individuals who wish to provide input on any of these issues can submit written comments directly to the committee involved or attend committee hearings. Schedules for House committee meetings are at <http://www.house.state.tx.us/committees/cmteschd.php>. Senate Committee schedules are at <http://www.senate.state.tx.us/75r/senate/events.htm>.*

### **Key House Interim Charges Include:\***

#### **House Committee on Appropriations:**

- Monitor the performance of state agencies and institutions, including operating budgets plans to carry out legislative initiatives, caseload projections, performance measure attainment, implementation of all rider provisions, and any other matter affecting the fiscal condition of the agencies and the state.
- Study the cost and caseload trends in the Texas Medicaid Program, including a review of cost drivers, factors affecting caseload increases, and regional variations. Evaluate the effectiveness of current Medicaid cost containment procedures and make recommendations for legislative changes to contain and control state costs and maximize federal funding without impacting services.
- Monitor the Texas Education Agency’s (TEA’s) programs and services including the Student Success Initiative, and evaluate their impact on achieving the stated agency and statewide goals.
- Identify factors influencing health care cost trends in Texas, including practices or policies that may contribute to regional variations. ... Recommend policy changes to promote best practices, reduce costs, and improve quality within the state Medicaid program, Employees Retirement System, and Teacher Retirement System.  
*This is a Joint Interim Charge with House Committee on Appropriations*
- Examine the implementation of the diversion pilot programs, juvenile case management system and other policy and funding initiatives to determine whether the Texas Juvenile Probation Commission (TJPC) and the Texas Youth Commission (TYC) have adhered to legislative directive in implementing these programs and the impact of these programs on commitments at TYC.  
*This is a Joint Interim Charge with House Committee on Corrections*
- Monitor the use of American Recovery and Reinvestment Act (ARRA) funds.
- Monitor the Department of Information Resources’ ongoing implementation of data center services consolidation.
- Evaluate programs designed to assist students and families in paying the costs of accessing higher education.

## **House Committee on Corrections**

- Examine policies and programs designed to identify, divert, and enhance the supervision and treatment of special needs offenders within local jails and state correctional facilities. Recommend changes to address appropriate alternatives to incarceration or institutionalization.
- Study current re-entry programs and procedures across the criminal justice continuum. Make recommendations to ensure that offenders who are released have the necessary supervision and access to employment, housing, treatment, and other support programs to allow successful integration into the community.
- Study and evaluate the availability and efficiency of community-based corrections supervision and treatment programs and their impact on prison capacity and recidivism rates.

## **House Committee on Criminal Jurisprudence**

- Study how the state presently supports the establishment and maintenance of public defender offices.
- Monitor the implementation of SB 1940 which established veterans court programs, and examine the link between combat stress disorders and the onset of criminal behavior.  
*This is a Joint Interim Charge with House Committee on Defense and Veterans' Affairs*

## **House Committee on Human Services**

- Monitor the implementation of the Department of Justice (DOJ) settlement agreement, SB 643, and other reforms to services for persons with intellectual and developmental disabilities.
- Monitor the implementation of SB 2080 relating to the creation of a permanency assistance program.
- Analyze the practice of using informal or voluntary caregivers during a Child Protective Services (CPS) investigation.
- Determine the feasibility of instituting a comprehensive, single point of entry system to simplify and expedite the process of accessing long-term care services for the elderly and individuals with physical disabilities.

## **House Committee on Urban Affairs**

- Examine the Texas Department of Housing and Community Affairs' (TDHCA's) regional allocation formula policies and determine methodologies that could enhance equitable distribution.
- Make recommendations regarding the feasibility of a housing initiative that promotes independence and prevents unnecessary institutionalization of eligible populations.

## **House Committee on Higher Education**

- Study and recommend strategies for improving community college participation and success. Examine the role of community colleges within the state higher education system. Include a review of programs, practices, and incentives to improve efficiency and

productivity, such as expanding dual credit options, encouraging credit by examination, and improving student preparation in high school.

- Evaluate the state’s continuing effort to close achievement gaps in success, participation, excellence, and research by 2015.

### **House Committee on Public Education**

- Study the best leadership and management practices of campus administrators for improving student achievement, with particular focus on effective leadership models for improving low-performing campuses.

### **House Committee on Technology, Economic Development, and Workforce**

- Review ways in which communities can meet increasing demand for child-care services while preparing children to succeed in school, including the implementation of the Texas Workforce Commission’s Child Care and Development Fund Plan for Texas.

### **House Committee on Transportation**

- Review the organization and operation of Metropolitan Planning Organizations (MPOs). Consider the relationship between MPOs and the Texas Department of Transportation (TxDOT) regarding transportation planning and programming.

### **House Committee on General Investigating and Ethics**

- Review state law in light of Texas Ethics Commission opinions regarding the acceptance of benefits provided to officeholders.
- Review the definition of “political advertising” and determine whether the definition should be expanded to include content contained in blogs and other types of Internet communications.

### **House Committee on Insurance**

- Monitor implementation of the Health Texas insurance program.

## **Key Joint House/Senate Interim Charges Include:**

### **Interim Select Committee on Criminal Commitments of Individuals with Mental Retardation**

- Analyze the advantages and disadvantages of the existing system of criminal commitments of individuals with mental retardation or dual diagnoses of mental retardation and mental illness who are found incompetent to stand trial or acquitted by reason of insanity.
- Analyze the number of people committed annually and the number found to be violent or dangerous through the commitment process.
- Analyze whether the commitment process should be modified to provide for the commitment of individuals found to be violent to a state-supported living center instead of a state hospital, and associated costs with making the changes.

## **Key Senate Interim Charges Include:**

### **Senate Committee on Education**

- Review the performance and accountability of the state’s charter schools. Specifically, study the feasibility of operating charter schools focused on providing high quality education for students with disabilities, such as autism.
- Review the state’s education policy and initiatives regarding middle grades and make recommendations to prepare students, especially at-risk students, for high school retention and success. This review should include an examination of school-based strategies and best practices that encourage at-risk youth to finish school and that deter delinquency, drug abuse and violence.
- Review teacher compensation, evaluations, professional development, certification and training programs. Specifically review state-sponsored professional development initiatives including the alignment of professional development with curriculum and real work experiences and the value of professional development for bilingual, English as a second language and special education teachers in increasing student achievement. And review the need to adopt statewide standards for teacher certification and in-service training programs for regular and special education teachers at both the pre-service and in-service levels to ensure all teachers are highly qualified to teach students with disabilities.
- Examine cost drivers in education including state requirements that impact school district budgets. Recommend opportunities for achieving cost efficiencies.

### **Senate Committee on Health and Human Services.**

- Upon passage of federal legislation relating to reform of the health care and insurance industries, study the implications of such legislation on Texas.
- Study the benefits, efficiencies and costs, and effectiveness of the social service related prevention and early intervention programs at the health and human services agencies, the juvenile and adult criminal justice agencies and other agencies that have programs that address mental illness, etc.
- Study the guardianship program implemented by the Department of Aging and Disability Services (DADS) and the Department of Adult Protective Services, including appropriate rights for parents.
- Review the Medicaid home and community-based services (HCBS) waivers (CBA, STAR+PLUS, CLASS, MDCP, DBMD, TxHmL) and develop recommendations to assure that people with significant disabilities, regardless of disability label or age, receive needed services to remain in or transition to the community.
- Study the type, duration, frequency and effectiveness of mental health services available to and accessed by abused and neglected Texas children.
- Monitor the Department of Aging and Disability Services (DADS) implementation of SB 643, emergency legislation relating to Texas’ state supported living centers, implementation of Special Provisions relating to All Health and Human Services Agencies, Section 48, Contingency Appropriation for the Reshaping of the System for Providing Services to Individuals with Developmental Disabilities, and implementation of

the United States Department of Justice (DOJ) Settlement Agreement terms.  
*This is a Joint Interim Charge with Senate Committee on Finance.*

### **Senate Committee on Business and Commerce:**

- Study and make recommendations regarding career-focused education and workforce training programs in Texas to ensure that such programs meet business and worker needs.

### **Senate Committee on Economic Development:**

- Review the impact of workforce development programs on economic development across the state. ... Make recommendations for legislation to improve and enhance workforce development in Texas.

### **Senate Committee on Criminal Justice:**

- Review the detention of juvenile offenders in local jails, state jails, and Texas Department of Criminal justice prison units by examining conditions of confinement, including quality of education, mental health treatment and medical services, rehabilitative treatment, and equality of access to services for young female inmates.
- Assess how the Commission on Jail Standards, the Department of Public Safety, the Department of Criminal Justice, and Department of State Health Services are working together to identify defendants with mental health issues, notify magistrates when defendants have been identified and, where appropriate, provide crisis stabilization services to defendants. Monitor legislation passed by the 81st Legislature for mental illness and make recommendations for any needed improvements to improve mental health services and reduce recidivism.
- Consider the impact that secondary education school disciplinary laws and policies have on the juvenile justice system and the adult prison system. Recommend changes, if needed, to current law.

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A full list of interim charges for the House of Representatives committees is online at <http://www.house.state.tx.us/committees/charges/81interim/interim-charges-81st.pdf>.

Senate interim charges are at

<http://www.senate.state.tx.us/assets/pdf/SenateInterimCharges81.pdf>.

\* **Please note** that the wording of some committee charges listed here has been shortened to focus on the aspects which are most important to people with disabilities.