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THE Service Connection



VOLUME 2, NUMBER 1 TEXAS HEALTH AND HUMAN SERVICES COMMISSION NOVEMBER 1993

Streamlining support services

In an era of reinventing government, Texas health and human service agencies are pushing the envelope. An ambitious project to provide benefits electronically is underway in Houston. Three "one-stop-connection" sites are changing the blueprint for service delivery. Medicaid clients in Travis County have begun part of a managed care experiment.

Less heralded but no less dramatic are the efforts of the 12 agencies to streamline and share their support services. The objective is to leverage limited resources and maximize expertise in these areas:

- ◆ Facilities Management
- ◆ Print Shops
- ◆ Volunteer Services
- ◆ Procurement
- ◆ Transportation
- ◆ Surplus Property Management
- ◆ Warehouse and Distribution
- ◆ Personnel Training
- ◆ Record Retention

The members of the shared support workgroups spent long hours to develop cost-savings recommendations in health and human services. They are featured as our *Human Service Heroes* on Page 6.

- ◆ Auditing
- ◆ Accounting
- ◆ Video Production.

Interagency workgroup experts in each of these areas worked against a tight deadline to identify ways to improve services while cutting costs.

The Health and Human Services Commission, following Governor Ann Richards' directive to economize on administration, organized and facilitated the groups.

The workgroup reports were presented to agency heads in August and a high-level Steering Committee convened to review the results. The Steering Committee agreed to concentrate on recommendations for Facilities Management, Cost Accounting and Telecommunications—all of which will contribute toward integrated service delivery and "one-stop-connections."

See *Support services*, P. 3

One-stop-connection pilot sites get good report card

An independent evaluation of the three Service Delivery Pilot Projects operated by the Health and Human Services Commission finds that the projects are feasible, practical and effective.

Social scientists from the University of Texas School of Social Work, the University of Houston School of Social Work and the University of North Texas took a hard look at "one-stop-connection" projects operating in Dallas, Lubbock and Eldorado.

They concluded that the projects by and large were successful in what they were supposed to do—increasing access to services,

streamlining the application process, providing better information on services and increasing cooperation among providers.

- Key findings are:
- ◆ The majority of consumers are satisfied with service. They said the automated screening system saved time, and staff were helpful and respectful.
 - ◆ Staff reported that the one-stop-connection model improved their ability to provide services, largely because a coordinated screening and referral process replaced an informal network. Workers also felt they were able to use their time more

Change lies ahead in health and human services

By Richard C. Ladd, Health and Human Services Commissioner

If there is something else besides death and taxes we can be sure of, it is probably change. Like death and taxes, it is something most of us would just rather not be a part of. But we are. If you think about how different your job is from last year or five years ago or even ten years ago, you realize that a lot has changed. Change is funny, looking back on the changes in our lives, we would have to admit that most of them have been positive. However, we almost always consider future changes to be negative.

When it comes to changes in the health and human service system, they are usually caused by people outside of that system. The Legislature, Congress and the courts often cause changes that we must implement, usually with little input. Most of these changes are not large, though some like the creation of the Department of Protective and Regulatory Services can be quite difficult. Rarely are we subjected to massive change. Indeed, the last time we had

massive change was in the period 1966 to 1972. These massive changes started with the creation of Medicare and Medicaid and more or less ended with the new Social Security Income program. Like a giant earthquake, the reverberations from these changes are still being felt today.

There are indications that we might be on the verge of another massive change in the health and human service system. The Clinton Health Care Reform proposal will most likely require different types of systems than those that currently exist today. What these systems are and how they will replace our current systems are questions Congress and the Legislature will be working on for the next few years.

Another indicator for change is the fact that Texas cannot pay for a continuing expanded health and human service system without increasing taxes or downsizing other parts of state government. Neither of these options seem very likely at this point. We will probably have to operate our

programs with less money in the future.

Finally, it appears that we will have to compete with private industry for a lot of our administrative functions. It could very well be that in 10 years almost all of these functions will be performed by contract with private firms. Here, though, we can indeed have more of a say about our future. We can also bid on these administrative functions, and if we can do them efficiently enough they will remain with the agencies.

Although change and probably massive change lies just ahead, it need not be negative. The next few years could be very exciting, and very fulfilling, especially if we can make more of a positive difference in peoples lives. A lot of our future really depends on us, we can fight change and probably lose, or we can attempt to guide it along more productive lines. Though, no one can predict the future, I submit that whatever lies ahead in health and human services, it will not be boring. ♦

efficiently and see more clients quickly.

- ♦ The automated screening system simplified and improved referrals.
- ♦ Co-location of services is convenient for consumers and improved relationships among staff from different agencies.
- ♦ HHSC did a good job leading the interagency teams that created the projects.

The pilot projects were the result of House Bill 7, passed in 1991, which created HHSC and

directed HHSC to operate pilots in a large city, a medium-sized city and a rural area.

House Bill 7 was a response to Comptroller John Sharp's Texas Performance Review which criticized fragmentation, duplication and confusion among the 11 health and human service agencies.

Each project was to combine co-located services, a centralized intake and scheduling system, an automated information and referral system and a barrier free environment.

The first pilot, Eldorado, about 40 miles south of San Angelo, opened its door in September, 1992. It was the brainchild of Schleicher County Judge Johnny Griffin, who says it has saved one-third of his time which was formerly spent trying to locate services for needy people in his rural county.

The pilot is located in the Community Resource Center, near the Court House on Callender Street. There, Coordinator Becky Lux greets visitors, screens for services and makes the necessary

contact with local providers and with state agency workers who visit Schleicher County regularly.

The Dallas project, located in a high-rise building on Harry Hines Boulevard, joins state services with the Dallas County Department of Human Services and the Dallas County Health Department.

A visitor there can apply for food stamps, get pre-natal care or have children immunized. The Dallas project screens approximately 526 people a day.

The Community Health Care Center of Lubbock, 1318 Broadway in downtown Lubbock, is located in a building donated by St. Mary's Hospital. It includes a number of public and private services—Presbyterian Clinic, United Coalition Pharmacy, the Senior Employment Program, Catholic Family Service, Lutheran Social Services Neighborhood House and the Texas Department of Human Services.

Even more ambitious, the Lubbock project seeks to make electronic connections with services outside the building. A client who visits 1318 Broadway could be

referred to another agency and arrive to find that all the information on his needs was already there.

Not surprisingly, evaluators found the projects worked best when there was strong local leadership, a common purpose among agencies, good communication, willingness to try new things, adequate technical support and early involvement of direct service staff.

The evaluations also identified a numbers of barriers to successful operation. They include:

- ◆ Conflicting goals by various project members.
- ◆ Confidentiality requirements, both state and federal, which limit information which can be shared among agencies.
- ◆ Concerns over the equipment and support for the new screening software. CAPS can screen for state and local, public and private services, but HHSC lacks the resources to keep the software current and must depend on the Texas Department of Human Services and the Texas Department of Health to do so. As a result, despite considerable demand, HHSC has been unable to provide the software to the many other counties which have requested it.
- ◆ Lack of funding. There is not now an ongoing budget for continuing existing projects or adding new ones despite considerable interest from a number of counties and cities who have started their own one-stop connections.

"These evaluations have given us our assignment for the future—to build on the successful cooperation between state and local governments and to work even harder to eliminate the factors that limit our success," said Richard Ladd, Commissioner of Health and Human Services.◆

Support services

continued from page 1

\$ The heads of the 12 agencies agreed, and urged the Steering Committee to meet regularly to push the projects forward.

"This is exactly the approach we should be taking," said Dennis Jones, Texas Commissioner of Mental Health and Mental Retardation.

That means agencies will be working on a long range telecommunications plan with a single agency managing the network, a consistent model for allocating space among staff and a cost pooling mechanism to finance shared facilities and other activities.

In other areas, the Steering Committee endorsed many of the plans in whole or in part and encouraged workgroups to continue meeting.

The groups looked at consolidating, contracting and privatizing. They did cost allocation studies to determine which agencies have the most efficient programs. They compared their costs with that of the private sector.

These are some of the recommendations in the report: "Support Services: Leveraging Our Limited Resources:"

- ◆ Combine the purchases of small agency print shops with that of the large ones, thereby allowing the smaller print shops to take advantage of large volume discounts. This strategy could achieve an annual savings of \$40,000 for the smaller print shops.
- ◆ Cancel private fleet liability insurance and purchase coverage provided by the Office of the Attorney General. While some of the agencies have already done that, the

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report recommends that all the health and human service agencies buy state insurance for a total estimated savings of \$611,000 a year. The Texas Department of Health has already dropped private insurance and expects to save \$27,566 this fiscal year.

- ◆ Collaborate on developing and conducting training programs. In one instance, the training

workgroup reports that duplicate development of ethics training by six agencies cost over \$12,000. The group recommends the creation of an electronic bulletin board with training information.

- ◆ Volunteer directors should start new programs, develop a recruiting plan and coordinate training. Volunteer services now provide the equivalent to 4,500 full-time positions.

- ◆ Use fuel brokers to obtain bulk prices on fuel for motor vehicles. Discounted fuel purchases could save the Department of Health \$20,000 this year.

"This has been a classic example of the drivers who know the road drawing the roadmap," said Commissioner Richard Ladd. "The recommendations are the result of hours and hours of hard work."◆

The graying of Texas—What's ahead for long term care?

Texas is getting grayer. It's happening slowly. We have time to prepare. But we must prepare. In 1990, 10 percent of Texans were over 65. By the year 2030, that proportion will double to almost 20 percent of the population.

Today, 713,606 Texans are over age 75. In the year 2000, it will be almost 1 million. By the year 2030, it will be almost 3 million.

Everyone knows the Baby Boomers are getting older. The fact is, there are tremendous implications for all of us. If current trends continue, it could mean a big belt in the billfold.

The cost of health care has been increasing rapidly, and older citizens usually need more care. In 1990, Texas spent an average \$4,841 per year in state and federal Medicaid dollars for each citizen over 75. By the year 2000, given current rates of inflation, that figure will likely be \$10,238 per person. By 2030, it could be more than \$51,000 per person per year.

Texas taxpayers face a greater burden. In 1990, Texas spent \$281 million in state dollars on Medicaid care for citizens over 75. By the

year 2000, that cost will be \$850 million. By 2030, it will be \$12.6 billion.

There are ways to meet the needs of senior citizens that are also cost effective. The Health and Human Services Commission, working with the Texas Department of Human Services, the Texas Department of Aging and other agencies, has several initiatives underway.

In November, a Long Term Care Task Force will begin examining future needs for a comprehensive system of supports for people with functional limitations. They will

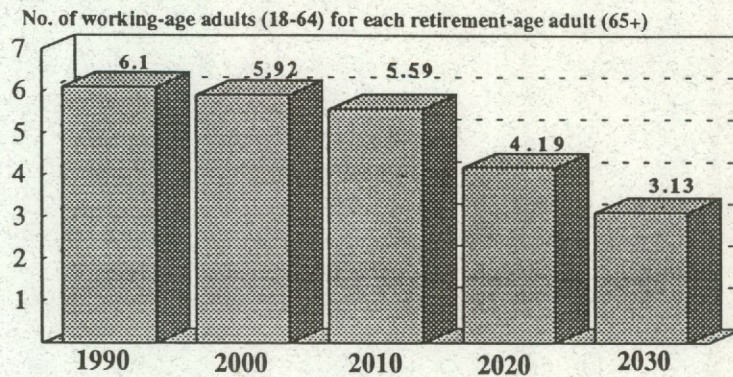
make recommendations to the Health and Human Services on local service needs and the state administrative structure that would best support it.

Their recommendations will help guide the Commission's six year strategic plan and consolidated budget.

The task force will consist of 24 members, with members representing consumers, providers, local governments and the general public.

Another initiative is the Pre-Admission Screening Pilot Project. The Legislative Budget Board

By 2030 Texas will See a Decrease in Working-Age Adults



Source: (Data) TX Population Estimates & Projections, Department of Rural Sociology, Texas A&M Univ. System, Murdock et al., 1.0 migration scenario; 3/25/92. (Graph) HHSC, Research Evaluation & Forecasting, 6/8/93.

recommended that Texas test a revised assessment process to see if it could better match clients with long term care services and prevent unnecessary nursing home admissions. The new process would evaluate the individual's need for nursing home care and their potential for less-expensive care in the community.

The project is expected to begin in limited areas in early 1994.

Another initiative is the Nursing Facility Waiver recently approved by the U.S. Health Care Financing Administration. This will permit a number of Texans who are elderly or have disabilities to receive Medicaid reimbursement for community services as they could for nursing home care.

When it was approved in June, the 22,000 slot waiver was the largest of its kind ever approved by the federal department. Now Texas

has approximately 67,000 persons receiving Medicaid-reimbursed care in nursing facilities. About 74,000 receive community care.

"This waiver is going to help us develop the options we need to meet the needs of aging Texans," said Richard Ladd, Commissioner of Health and Human Services. "It should aid us in creating a diversified system of care that will give citizens more choices.

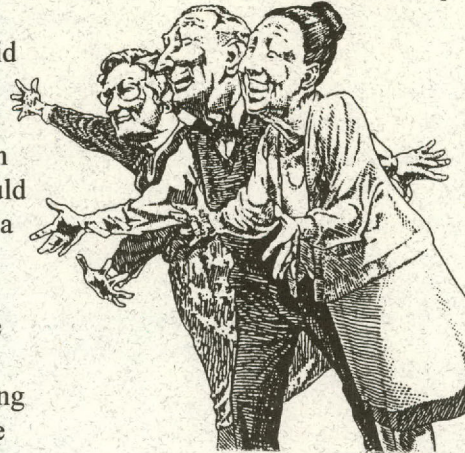
"And in the long run, it should save us money."

The Legislative Budget Board estimates that nursing facility care in Texas cost approximately \$1,288 per person per month in 1993 compared to \$322 per person per

month for community care under the present program.

Persons seeking long term care would make their choices as to the type of care they need and prefer based on the pre-admission description of alternatives available. Care would be provided through home health agencies, adult foster care providers, personal care homes, assisted living facilities, emergency response providers and registered nurses.

The board of the Department of Human Services will make decisions soon on how and when to implement these programs. Budget constraints will limit the number of community slots initially. ♦



Task force to help decide direction of long term care

The Long Term Care Task Force, appointed to guide the Commission in meeting the needs of Texans who are aging or have disabilities, started work in November.

The Task Force will recommend a comprehensive system of long term care. Its 24 members represent consumers, providers, local government and the public. They are: Patty Anderson of Austin, Executive Director of the United Cerebral Palsy of TX; Lucille Biegel of Canyon Lake, with the TX Silver-Haired Legislature; Sandy Darrow of Austin, President of the TX Assn. of Homes for the Aging; Armentha Elliot-Hill of Fort Worth, a member of the Tarrant County Area Agency on Aging Advisory Council; Rev. Durstan McDonald of Austin, Dean of the Episcopal Seminary of the Southwest; Dr. Kendra Belfi of Fort Worth, with the TX Medical Assn.

Also, Frances Johnson of Austin with the Gray Panthers; Linda Kaeser of Houston, Director of the Center on Aging of the University of TX Health Science Center; Bob Kafka of Austin with the Institute for Disability Access; Mike Keller of Hale Center, Administrator of the Hi-Plains Hospital with the TX Hospital Assn.; Peggy Gordon of Wichita Falls with the American Assn. for Retired Persons; Barrett Markland of Austin with Advocacy, Inc.

Also, Spencer McClure of Austin, Director of the TX Council of Mental Health Mental Retardation Centers; Janet Moll of Dallas with the TX Nurses Assn.; Michael and Diana Cepeda of San Antonio representing parents of children with disabilities; Frances Pelley of Denison with the Texoma Council of Governments; Joyce Philen of Nederland with the Southeast TX Area Agency on Aging; Roy Ray of Austin, with the

American Assn. for Retired Persons; Leonard Torres of Orange with Concepts of Care.

Also, Robert Witham of Houston with the TX Health Care Assn.; Tom Carter of El Paso, Director of DARE, an independent living center; Julie Martineau of The Woodlands, a member of the Montgomery County Committee on Aging; Rumaldo Juarez of Edinburg, Director of the University of TX Mexico Border Health Coordination Office.

State agencies will be represented by these board members: Bob Geyer of El Paso, Dept. of Human Services; Ken Huff of Whitesboro, Dept. on Aging; Virginia Eernisse of Alvin, Dept. of Mental Health and Mental Retardation; Tammy Tiner of College Station, Early Childhood Intervention, and Carol Herring Weir of San Antonio, Governor's Committee on People with Disabilities. ♦

Human service heroes—

Meetings, meetings and more meetings! That's what more than 100 state health and human service employees undoubtedly thought recently as they toiled in many workgroup sessions to discuss ways to improve the efficiency and quality of health and human services (see cover story). Thanks to their hard work, time and expertise restructuring recommendations were developed to change the way we do business in such areas as transportation, facility management and training, to name a few.

In the report, "Support Services: Leveraging Our Limited Resources," a dozen workgroups identified ways to save dollars across the agencies through sharing and streamlining. These dollars can be reinvested in improved quality services for consumers. In these times of great need and scarce resources, we hail our human service heroes! They are:

Training Workgroup

Mickey Jacobs, Texas Health and Human Services Commission; Lannette Bailey, Texas Department of Mental Health and Mental Retardation; Mary Birnbaum, Texas Department of Protective and Regulatory Services; Jerry Briscoe, Texas Employment Commission; Scott Bowman, Texas Commission for the Blind; Billy Collins, Texas Commission for the Deaf and Hearing Impaired; John Griffin, Texas Commission on Alcohol and Drug Abuse; Helen Marrow, Early Childhood Intervention; Mike Mericle, Texas Rehabilitation Commission; Barbara Nelle, Texas

Department of Human Services; Ross Rucker, Texas Department on Aging; Jerry Taylor, Texas Department of Health; Penny Johnson, Texas Employment Commission; and, Vicki Wright, Texas Juvenile Probation Commission.

Client Records Workgroup

Beverly Nickerson, Texas Department of Protective and Regulatory Services; Mike Sheridan, Texas Employment Commission; John Rehm, Texas Rehabilitation Commission; Raquel Medina, Texas Youth Commission; Mickey Jacobs, Texas Health and Human Services Commission; and, Pat Dawson, Texas Department of Human Services.

Trucks Workgroup

David McCormick, Texas Department of Health; Pat Terry, Texas Department of Mental Health and Mental Retardation; John Thrift, Texas Department of Health; Tommy Williams, Texas Rehabilitation Commission; Roy Wolff, Texas Commission for the Blind; Carole Anderson, Texas Health and Human Services Commission; Ron Arnett, Texas Youth Commission, Lee Harsh, Texas Department of Human Services; Moses Hutchins, Texas Department of Health; and, Helen Marrow, Early Childhood Intervention.

Print Shop Workgroup

John Burlinson, Texas Department of Health; Alicia Essary, Texas Health and Human Services

Commission; Randy Jennings, Texas Rehabilitation Commission; Bob McDaniel, Texas Department of Human Services; Pat Terry, Texas Department of Mental Health and Mental Retardation; and, John Williams, Texas Commission for the Blind.

Telecommunication Workgroup

Chuck Ashley, Texas Employment Commission; Mike Coleman, Texas Department of Health; Barbara Buchler, Texas Health and Human Services Commission; John Davis, Texas Rehabilitation Commission; Bill Douglas, Texas Commission on Alcohol and Drug Abuse; Dave Freeland, Texas Department of Human Services; Steve Jones, Texas Department of Mental Health and Mental Retardation, Helen Marrow, Early Childhood Intervention; and, Tana Theis, Texas Department of Protective and Regulatory Services.

Audit Workgroup

Jerry Abel, Texas Department of Protective and Regulatory Services; Mickey Jacobs, Texas Health and Human Services Commission; Penny Black, Texas Commission for the Deaf and Hearing Impaired; Jim Cannedy, Texas Youth Commission; Frank Ditmore, Texas Department of Health; John Griffin, Texas Commission on Alcohol and Drug Abuse; Herb Hays, Texas Juvenile Probation Commission; Chuck Lyon, Texas Department of Human Services; David MacCabe, Texas



Workgroups of summer

Rehabilitation Commission; Tom Martinec, Texas Department of Mental Health and Mental Retardation; Tonya Netzley, Texas Commission for the Blind; Richard Parker, Early Childhood Intervention; and, Frank Pennington, Texas Department on Aging.

Surplus Property Workgroup

Bob Wilson, Texas Department on Aging; Pat Terry, Texas Department of Mental Health and Mental Retardation; Art Riojas, Texas Department of Protective and Regulatory Services; Jose Montoya, Texas Rehabilitation Commission; Petra Moher, Texas Department of Health; Lee Harsh, Texas Department of Human Services; John Franks, Texas Youth Commission; Clarence Coleman, Texas Commission for the Blind; Janis Beard, Texas Rehabilitation Commission; and, Carole Anderson, Texas Health and Human Services Commission.

Warehouse Workgroup

Ron Arnett, Texas Youth Commission; Carole Anderson, Texas Health and Human Services Commission; Lee Harsh, Texas Department of Human Services; Ray Minyard, Texas Rehabilitation Commission; Dayland Parsons, Texas Department of Health; George Russell, Texas Department of Health; Art Riojas, Texas Department of Protective and

Regulatory Services; Pat Terry, Texas Department of Mental Health and Mental Retardation; and, John Williams, Texas Commission for the Blind.

Video Workgroup

Andrew Wier, Texas Commission for the Blind; Cheryl Lackey, Texas Department of Health; Randy Jennings, Texas Rehabilitation Commission; James Grabbs, Texas Department on Aging; John Kerr, Texas Department of Human Services; Ernest Murray, Texas Department of Human Services; Billy Collins, Texas Commission for the Deaf and Hearing Impaired; Lannette Bailey, Texas Department of Mental Health and Mental Retardation; and, Alicia Essary, Texas Health and Human Services Commission.

Facilities Management Workgroup

Herb Hays, Texas Juvenile Probation Commission; John Griffin, Texas Commission on Alcohol and Drug Abuse; Carole Anderson, Texas Health and Human Services Commission; James Grabbs, Texas Department on Aging; Billy Collins, Texas Commission for the Deaf and Hearing Impaired; Clarence Coleman; Texas Commission for the Blind; Ron Arnett, Texas Youth Commission; Tim Horn, Texas Department of Health; Helen Marrow, Early Childhood Intervention; Kathleen McCorquodale, Texas Department of Human Services; Ray Minyard, Texas Department of Human Services; Art Riojas, Texas Department of Protective and

Regulatory Services; and, Pat Terry, Texas Department of Mental Health and Mental Retardation.

Cost Accounting Workgroup

Tim Graves, Texas Health and Human Services Commission; Jerry Abel, Texas Department of Protective and Regulatory Services; Penny Black, Texas Commission for the Deaf and Hearing Impaired; Kathleen Hamilton, Texas Health and Human Services Commission; John Franks, Texas Youth Commission; John Griffin, Texas Commission on Alcohol and Drug Abuse; Bobby Halfmann, Texas Department of Human Services; Dan Mitchell, Texas Department of Human Services; Angela Knauth, Texas Commission for the Blind; Helen Marrow, Early Childhood Intervention; David McKay, Texas Rehabilitation Commission; Don Pace, Texas Juvenile Probation Commission; Leilani Rose, Texas Department of Mental Health and Mental Retardation; Sidney Shelton, Texas Department of Health; Jeannie Weaver, Texas Department of Health; Bob Wilson, Texas Department on Aging; and, Mike Wheeler, Texas Employment Commission.

Volunteers Workgroup

Carole Anderson, Texas Health and Human Services Commission; Peg Barry, Texas Department of Mental Health and Mental Retardation; Alicia Essary, Texas Health and Human Services Commission; Lucy Todd, Texas Department of Mental Health and Mental Retardation; Maurice Fraiser, Texas



Rehabilitation Commission; Bryan Gilbert, Texas Department of Protective and Regulatory Services; Cynthia Guilbeau, Texas Commission for the Blind; Paula Johnson, Texas Department on Aging; Jacque Jordan, Texas Commission for the Blind; Loyce Kessler, Texas Commission for the Deaf and Hearing Impaired; Cheryl

Lackey, Texas Department of Health; Clif Martin, Texas Department of Human Services; Kathleen Murray, Texas Department of Protective and Regulatory Services; Susan Smith-Gusler, Texas Department of Human Services; Joan Timmons, Texas Youth Commission; and, Marge Tripp, Texas Department of Health. ♦

Around the Agencies

Child care at DHS wins \$100,000 Ford Foundation award

The Texas Child Care Management Services (CCMS) is one of ten winners nationally of the 1993 Innovations in State and Local Government Award. The **Texas Department of Human Services**, which operates CCMS, will receive a \$100,000 Ford Foundation grant. Award recipients are recognized for their innovative and effective efforts to address public needs. CCMS offers services to children of low-income parents who need care while their parents work, seek work or receive training for permanent employment.

There is a new, less cumbersome assessment process for persons seeking mental retardation services from the state. The **Texas Department of Mental Health and Mental Retardation** has adopted the new process whereby persons will undergo a single assessment by any physician or psychologist licensed by the state or certified by the agency. Previously, the state required a comprehensive diagnosis and evaluation procedure involving up to six assessments. The change was mandated by the 73rd Legislature earlier this year.

Persons seeking independent living services from the **Texas Commission for the Blind** will no longer have to wait months before they get help. Amendments to the Rehabilitation Act now make it possible for the Commission to deliver services during the lengthy eligibility determination process. Persons deemed eligible at the end of the process will continue to receive services.

The **Texas Juvenile Probation Commission** has recently published their annual statistical report, the 1992-93 Annual Report and juvenile probation services informational brochures. Each of these publications are available to the public upon request. A television public service announcement encouraging healthy family involvement will be seen statewide.

The **Texas Information and Referral Project** has been awarded the Agency Achievement Award 1993 by the Alliance of Information and Referral Systems for its on-going efforts to build a statewide network of information and referral providers. Formerly of the Governor's Ombudsman's Office, it is now part of HHSC. ♦

The Texas Department of Human Services, which operates CCMS, will receive a \$100,000 Ford Foundation grant.

The Resource Connection to occupy Fort Worth State School

By Sheila Allee, Media Relations Director,
Texas Department of Mental Health and Mental Retardation

Fort Worth State School, a residential facility for people with mental retardation, is scheduled to close in 1995. And when it does, an organization known as the Resource Connection will take up residence at the 270-acre campus.

The Resource Connection will serve as a one-stop, computer-linked mall of health care and social service programs.

Under the Resource Connection plan, Tarrant County would pay \$1 million for 92 acres and all 15 buildings at the state school. The rest of acreage would remain in state hands.

Also part of the agreement are stipulations that state school employees be given priority consideration in hiring and that specialized services for people with mental retardation continue to be available. For example, the school has a hydrotherapy pool and an adaptive wheelchair workshop that would continue to function.

Anchor service providers will be the Texas Department of Human Services, Tarrant County Mental Health and Mental Retardation Services, Tarrant County Hospital District, the Fort Worth Independent School District and the Easter Seal Society of Tarrant County.

Plans for the takeover have been approved by the board of the Texas Department of Mental Health and

Mental Retardation. A number of steps remain before the plan is final, including the approval of the governor for the sale of the property. The school is being closed as a result of legislation passed in 1991 and in connection with a class action lawsuit filed against TXMHMR.

The Resource Connection will operate under an appointed advisory board and be operated by Tarrant County. Participating agencies will lease space.

Among the services to be offered by agencies at the Resource Connection will be health, human services and technology classes for secondary

students, various forms of medical, dental and psychological screening, food stamps, housing programs, financial assistance (e.g. Social Security, AFDC, etc.), support services (e.g. In-Home and Family Support Services, Respite Care, etc.)

Also offered will be employment and training opportunities, veterans services, a transitional living and training program for individuals with brain injuries, child and adult protective services, rehabilitation services for people with disabilities and support services for individuals who are blind.

For more information, please contact Sheila Allee at 512/206-4540. ♦



The Resource Connection will serve as a one-stop, computer-linked mall of health care and social service programs.

Survey of 1-800 lines highlights consumer needs

Getting accurate information about health and human services over the phone is often no easy task. Knowing where to call is the first problem. There are 96 1-800 numbers just in the 12 HHS agencies.

Getting connected with the right services can be a battle. Just ask State Representative Mike Martin of Galveston. He shared his frustrations during the last legislative session—and people listened.

The Health and Human Services Commission recently surveyed 200 staff who answer and supervise 1-800 and local information lines in health and human services. In all, 121 or 60.5 percent of the questionnaires were returned.

The survey found that most of

the information lines operate independently and are particular to specific programs. It is often hard for operators to make referrals.

Agency staff try hard to make the right connection. About 49 percent of the operators utilize local community resources.

Computer software is a good tool for operators to quickly access information about a vast array of services. Yet, only 36 percent of the respondents have software to assist callers.

The survey revealed that 71 percent of the lines do not have special phone features for persons with disabilities like TDD. More than half of the survey respondents said they have no method of measuring customer satisfaction.

The survey also showed that 19 of the lines have fewer than 10

incoming calls per day.

The Health and Human Services Commission is working with the Governor's Ombudsman's Office and the General Services Commission on an information interconnection.

Meanwhile, HHSC sponsored a conference, "Working the Net," on August 20 to offer training to and get ideas from more than 150 operators and supervisors.

Some suggestions for improving customer satisfaction include more training for operators, providing a 1-800 directory and reference materials and familiarizing staff with services from other providers. For a copy of the survey results or conference summary, please contact Mary Velasquez at HHSC at 512/502-3200 (voice or TDD).◆

Clip 'n save—A summary of September 1 changes

As of September 1, 1993:

- ◆ The Texas Early Childhood Intervention (ECI) Program became an independent state agency.
- ◆ The Texas Youth Commission was removed from the Health and Human Services Commission umbrella.
- ◆ Medicaid purchased health, medical transportation, vendor drug, Early Periodic Screening Diagnosis and Treatment (EPSDT) and family planning programs were transferred from the Department of Human Services to the Department of Health.
- ◆ Long term care regulation moved from the Department of Health to the Department of Human Services.
- ◆ Long term care abuse and neglect investigation was transferred from the Department of Health to the Department of Human Services.
- ◆ Medicaid case management for people who are mentally ill and mentally retarded, Home and Community Based Services and Home and Community Based Services-Omnibus Budget Reconciliation Act waivers, diagnostic services and rehabilitation services were transferred from the Department of Human Services to the Department of Mental Health and Mental Retardation.
- ◆ The Board of Health was reduced from 18 to 6 members.
- ◆ Private psychiatric hospital regulation was transferred from the Department of Mental Health and Mental Retardation to the Department of Health.
- ◆ Maternity home regulation was transferred from the Department of Health to the Department of Protective and Regulatory Services.
- ◆ Runaway and Youth at Risk program was transferred from the Department of Human Services to the Department of Protective and Regulatory Services.
- ◆ The Office of Youth Care Investigations was abolished. Duties were distributed to HHSC and other agencies.
- ◆ Occupational therapy regulation moved from the Texas Rehabilitation Commission and merged with physical therapy regulation in a new independent board.◆

Managed care comes to Texas Medicaid

Managed care, a concept used by the State of Texas and other large employers to improve care and conserve health care dollars, has come to the Medicaid program.

Pilot projects underway in Travis County and soon to begin in three Southeast Texas counties are aimed at improving access to care, quality of care, client and provider satisfaction and cost effectiveness.

The Travis County LoneSTAR (State of Texas Access Reform) Health Initiative began August 1 for 27,000 Medicaid clients. It is expected to grow to include 40,000 eligible persons.

A second pilot is scheduled to begin December 1 in Jefferson, Chambers and Galveston counties. It will serve about 40,000 persons.

The Legislative Budget Office noted last year that more than 30 states have implemented Medicaid coordinated care programs with savings from 5 to 10 percent over traditional fee-for-service systems.

In addition, managed care models in other states have expanded preventive care and primary health care opportunities for Medicaid clients. Prevention, in the form of immunizations, prenatal checkups and early screening for children, saves many dollars in treatment.

The Legislature directed that

managed care pilots be created after this approach was recommended in Comptroller John Sharp's 1991 Texas Performance Review.

The LoneSTAR initiative in Travis County incorporates a Health Maintenance Organization (HMO) and a Pre-paid Health Plan into a single delivery system. Providers receive a monthly fee for each person in the program. Each client may choose a primary care provider who is responsible for ensuring the continuity and quality of care.



The Gulf Coast pilot will use a Primary Care Case Management model. Providers will receive the traditional fee for each service performed as well as a monthly case management fee for providing primary care services.

Both pilots provide some extra benefits—an annual physical for each adult client and removal of the three prescription limit so participants can receive any

medications their doctors find necessary.

"The evidence from the private sector and from other state Medicaid programs is that managed care has a clear benefit for everyone involved with the Medicaid program—the client, the provider and the taxpayer," said State Medicaid Director DeAnn Friedholm.

"We hope to continue to expand managed care into other areas soon."

A key element of a managed care system is the primary care provider, a physician or clinic who sees to most medical needs and makes appropriate referrals for specialized care.

One effect of the primary care "gatekeeper" should be to cut down on the use of expensive hospital emergency rooms for non-emergency care.

Linda Marstiller, manager of Purchased Health Services at the Texas Department of Health, said that 80 percent of visits to hospital emergency rooms in the pilot areas are not for urgent care.

The Health and Human Services Commission became the Single State Medicaid Agency this year. Purchased Health Services, which includes most Medicaid programs, was transferred September 1 from the Texas Department of Human Services to the Texas Department of Health. ♦

Helping parents help their children

New babies don't come with instruction kits. Until now. *Building Blocks* is an illustrated, easy-to-read newsletter that offers parents information on child development, parenting skills, health care and resources available in the community.

The series includes 15 issues for the first year, starting with two prenatal issues, a newborn issue and continuing monthly until the child's first birthday.

FOUNDATIONS for a New Texas, a public-private consortium dedicated to strengthening the well-being of children and families, has begun distributing two prenatal issues of *Building Blocks* to all new parents at clinics and private physicians' offices. New parents will also receive the newborn and one-month-old issues in the immunization packet they receive from the hospital. Medicaid-eligible parents with

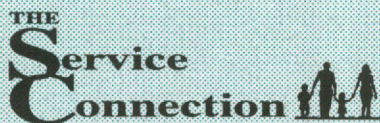
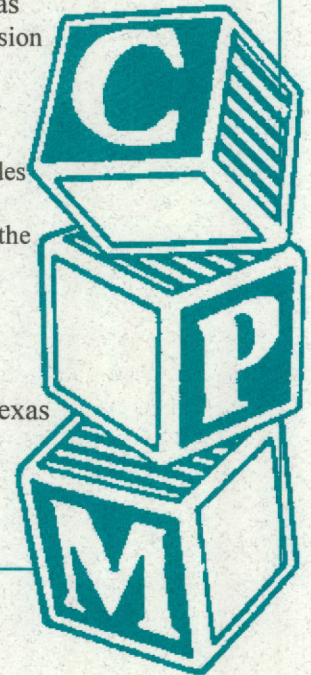
newborns will receive the remaining 11 issues.

The entire series of *Building Blocks* is available for \$5. So far, about 63,324 of the prenatal issues have been distributed, 76,000 of the newborn and one-month-old issues, 42,000 of the two-month-old and three-month-old issues to Medicaid-eligible families and 1,726 of the entire series to interested groups and parents. To subscribe, write to FOUNDATIONS for a New Texas, P.O. Box 4800, Austin, Texas 78765 or call Jennifer Sauter, Project Coordinator, at 512/502-4900.

The age-paced newsletter is designed to meet the month-to-month needs of parents with infants. It addresses common parental concerns such as how the baby develops, how to bathe your baby and what to do when your baby keeps crying. Also, it offers tips for one-parent families and

gives suggestions for working parents.

The project is funded by the Department of Human Services, the Department of Health, the Department of Protective and Regulatory Services, Texas Early Childhood Intervention, the Health and Human Services Commission, the Texas Education Agency, Texas Head Start Collaboration Project, the Texas Agriculture Extension Service and the Children's Trust Fund. Private participants includes CEDEN Family Resource Center, the Mental Health Association in Texas, Parents Anonymous of Texas and the Texas Council of Child Welfare Boards. ♦



"Helping people help themselves"

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The Service Connection informs consumers, advocates, health and human service agencies and service providers about agency goals, activities and the progress of House Bill 7. Send comments to the Texas Health and Human Services Commission, P.O. Box 13247, Austin, Texas 78711 or call 512/502-3200 (Voice or TDD). To obtain this newsletter in alternate format, call or write the Commission.

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