

The



Service Connection



Richard C. Ladd, Commissioner

Texas Health and Human Services Commission

Vol. 1, Number 1

"Helping People Help Themselves"

Government Publications
Texas State Documents June 1993

State Budget Blues

MAR 24 1994

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Texans live in a dynamic, fast-growing state with a diverse economy and a strong spirit of enterprise. But they also live in a state where the population trends are on a collision course with the state's financial ability to meet the needs of its citizens. That was clear during the 73rd legislative session.

Texas has the 5th highest birth rate in the nation, resulting in a large number of children. The elderly population in 1990 was about 10 percent of the Texas population. It will be about 20 percent by the year 2030. In addition, out of the five

largest states, Texas has the highest poverty rate. In 1990, nearly one in four Texans lived in poverty. Of Texas children, 24 percent lived in poverty. Worse yet, over half of children younger than five years who lived in female-headed households lived in poverty.

Young children, senior citizens and the very poor have more needs, and the state has a high stake in ensuring that their needs are met.

Compared to the 1992-1993 biennium, the state budget for the next two years increases spending for health and human services by \$1.8 billion in general revenue. Even with

this increase, service problems can be expected. For example:

- About 20,000 welfare recipients annually will not get the job training, child care and education necessary to break the welfare cycle.
- About 4,000 AIDS victims annually will not receive services.
- Reports of child abuse and neglect may not be investigated unless there is evidence of immediate danger to the child.
- Compared to federal screening goals, more than 75,000 eligible children will not receive medical screenings annually.
- Citizens who need long-term care

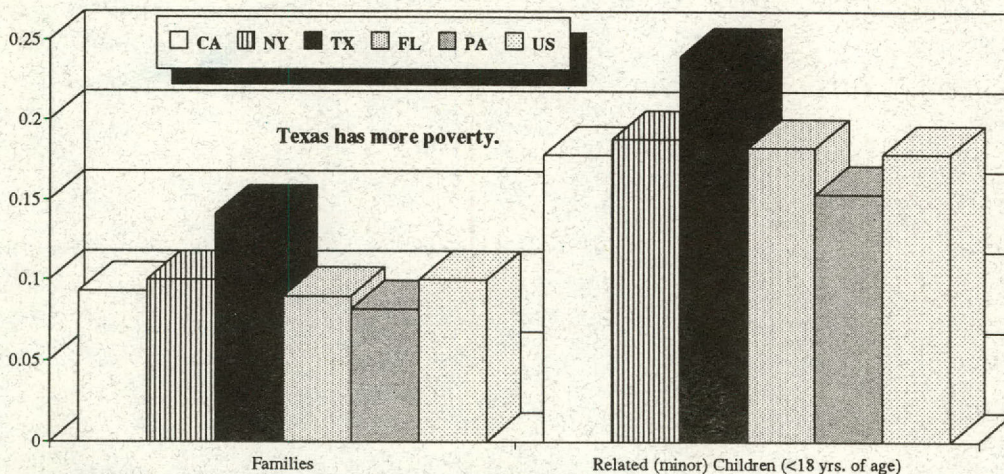
may face delays because caseloads for long-term care staff will increase significantly in fiscal year 1995.

Nevertheless, the budget approved in May was a great improvement over the bill introduced in January. That proposal would have reduced general revenue spending \$422.5 million from the 1993 level.

It would have drastically reduced nursing home services,

No Matter How It's Measured, Texas Has A Higher Poverty Level

When Compared with the Five Largest States and the US



Families

Related (minor) Children (<18 yrs. of age)

Source: Statistical Abstract of the US: 1992; HHSC, Research Evaluation & Forecasting (DRW), 1/12/93.

Commissioner's Vision

Life After the Session

The end of the legislative session leaves the health and human service agencies with a mixed bag. The Legislature restored over one billion dollars to the Legislative Budget Office's proposed budget, and thus made it possible for us to avoid many very ugly reductions. Three agencies (the Texas Department of Human Services, the Texas Department of Health and the Texas Department of Protective and Regulatory Services) have taken the bulk of these reductions. In addition, the Legislature gave us several "Texas Performance Review" items to complete in the first year of the biennium. Indeed, if we are not successful, we will have to further reduce agency budgets in the second year of the biennium.

Unfortunately, we cannot expect the next session to be much better, and it has a high probability of being much worse. Texas has committed itself to a very high level of funding for adult correction programs and we have experienced very high growth rates in our health care programs. These commitments leave little for other state services, which do not have dedicated revenues, and most of these services are in health and human service agencies.

Does this leave us in a hopeless position? Are we to serve a smaller and smaller percentage of people in need each biennium? The answers to

these questions are problematic. It is probably yes, if we continue on our current reactive mode. But if we can become proactive, if we can show that our programs accomplish much good in human terms, and that they are a wise investment in the future of Texas, then we may be able to improve our situation.

One thing is for certain, we cannot improve our situation unless we try. It is also clear that we will have little success trying to sell each of our 300 programs individually. Health and human services is too large and too complicated to be easily understood. Probably not more than a handful of legislators have even a basic understanding of what we do. If we are to succeed, we must create a health and human service vision, we must show how we operate on a global basis, we must sign up for global outcomes and be willing to modify our programs if we are unable to meet these global outcomes.

In short, we must make health and human services much more simple and understandable. We need to show how most of our programs work together to solve the problems of our citizens, that we can be successful in turning "tax users" into "taxpayers" on a large scale, that we can be successful in reducing the crime rate and that the future of Texas depends a great deal on how well we do our jobs. ♦

community care for the frail elderly and space in state mental hospitals and schools for people with mental retardation. It would have cut medical care to low-income pregnant women, reduced the Medicaid-covered hospital stay from 30 to 10 days and eliminated prescription drug coverage for adults outside of institutional settings.

It would have cut the Aid to Families with Dependent Children

payment from \$57 a month to \$45.60, and eliminated funding for services for persons who are deaf-blind and for attendants for persons with disabilities.

Lieutenant Governor Bob Bullock was the first to pledge that these cuts would be restored. The Senate Finance Committee, headed by Senator John Montford, the House Appropriations Committee, headed by Representative Rob Junell and

Speaker of the House Pete Laney worked hard to attain that goal.

"Thanks to them and many others, disaster was averted," said Health and Human Services Commissioner Richard Ladd. "But the future is not bright. Texas is still at the mercy of its population trends, inflation and federal mandates. The need for services will grow, not diminish. We can pay now or pay the cost of neglecting our citizens later." ♦

A Funny Thing Happened on the Way to Restructuring

In 1991, the Texas Legislature was in a mood to reinvent government. The session that created the Health and Human Services Commission also made dramatic changes in environmental, transportation and other state agencies. House Bill 7 recognized that the task was unfinished. It assigned the ongoing job of restructuring health and human services to the Commission.

Commissioner Ladd believes that the first assignment is to upgrade service delivery by creating one-stop connections. Cooperation in the field offices should pave the way to a structure which best serves customers. Nevertheless, the Commissioner recommended to the Legislature a modest realignment package which was designed to help agencies do their jobs better.

House Bill 1510, sponsored by Representative Jack Vowell and Senator Judith Zaffirini, contains these changes:

- Helps the Texas Department of Health address health care needs by leaving regulation of hospitals, clinics and other medical facilities there instead of transferring them to the new Department of Protective and Regulatory Services.
- Transfers investigation of nursing home abuse and neglect to the Department of Human Services which can impose sanctions.
- Moves the Runaway and At-Risk Youth Program to the Department of Protective and Regulatory Services, which focuses on abused and neglected children.
- Abolishes the Office of Youth Care Investigation which never

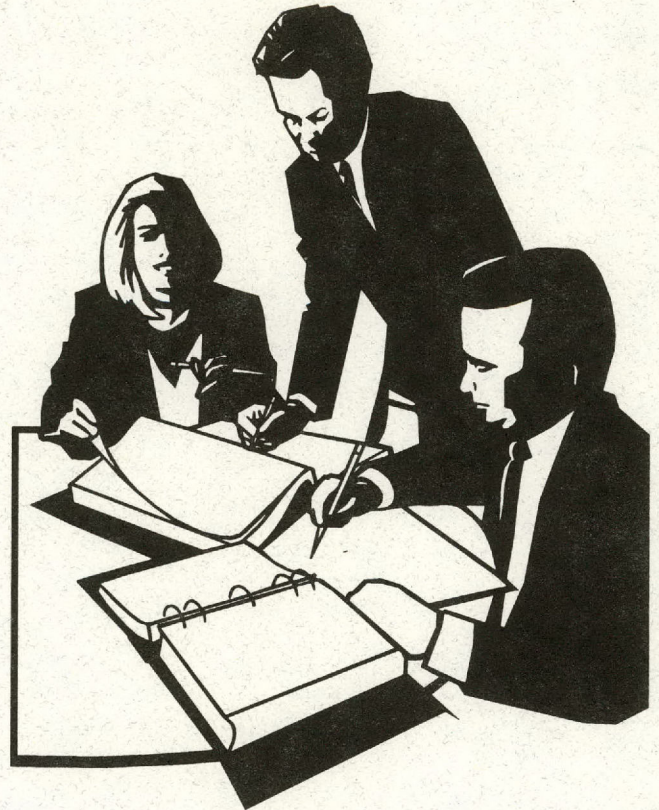
had authority or funding to correct problems in child protective services.

- Improves planning for mental retardation services.

None of these proposals were particularly controversial. It turned out, however, that Commissioner Ladd wasn't the only one with restructuring ideas.

House Bill 1510 accumulated a number of other proposals in the House of Representatives. One created an Office of Minority Health. One abolished the Adolescent Pregnancy and Parenthood Advisory Council. A third would have required legislative approval to close the two state schools for people with mental retardation

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which are being phased out under the Lelsz settlement agreement.

State schools have been under federal court supervision because of the 19-year-old Lelsz lawsuit. The agreement to close the Fort Worth and Travis State Schools is key to ending that supervision. After a lengthy and heated hearing, the Senate allowed the agreement to stand. The House concurred with Senate amendments and the bill was signed by Governor Ann Richards.

Restructuring is a continuous job as government adjusts to changing circumstances, so the Commission is already at work on ways to make the system work more efficiently and effectively to ensure quality services for Texans. ♦

Lawmakers Extend Childhood Immunizations

By Margaret Wilson, Public Information Director at the Texas Department of Health

During the 73rd session of the Texas Legislature, Lawmakers voted to give all Texas children a better chance for freedom from vaccine-preventable diseases such as measles, whooping cough and diphtheria.

Senate Bill 266 makes doctors and hospitals responsible for reviewing children's vaccination records and either immunizing the children with any needed vaccines or referring them to a provider for immunizations. It also authorizes the Texas Department of Health (TDH) to pay overtime for specific employees to conduct evening and weekend clinics to allow working parents better access to immunizations for their children.

Other provisions of the bill require the Texas Department of Mental Health and Mental Retardation, the Texas Department of Criminal Justice and the Texas Youth Commission to ensure that each child in their

facilities is appropriately immunized.

In addition, a Senate Concurrent Resolution charges TDH with creating a statewide immunization registry and designates July as Immunization Awareness Month in Texas.

"This legislation places our children exactly where they belong in health care reform — front and center. It also makes Texas a national leader, setting a model by which to design better preventive health care for children as well as adults throughout the country," Dr. David R. Smith, Texas Commissioner of Health, said.

Related portions of the appropriations act give TDH \$75 million in state revenue for immunizations in the 1994-1995 biennium, an 83 percent increase over current state funding. This increase will allow TDH to purchase

and give vaccines to private physicians who will, in turn, provide immunizations to their young patients.

"We've already begun plans to implement the new legislation — from expanding our vaccine distribution system, to designing the intricacies of the electronic tracking system, to finding innovative ways to market our immunization services," said Dr. Smith, who has given childhood immunizations top priority at TDH since he assumed leadership of the agency last year.

Senator Judith Zaffirini (D-Laredo) sponsored both the immunization bill and the concurrent resolution, while Representative Nancy McDonald (D-El Paso) carried them in the House.

For more information contact Margaret Wilson at 512/458-7405. ♦



Human Service Heroes

Dianne Stewart and People First!

Tireless, articulate and always prepared, Ms. Stewart and this coalition of 62 consumer, provider and advocacy groups made the case for state funding during the 1993 legislative session.

A statewide tour of newspaper editorial boards, which started in October, 1992, explained the need to put people first. Ms. Stewart, chair of the coalition and director of the Center for Public Policy Priorities in Austin, pointed out that Texas spent \$7,650 in 1991 maintaining a mile of highway but only \$2,208 for a family of three on Aid to Families

with Dependent Children. Texas tested 351,307 cattle for brucellosis in 1992 but only provided medical screening for 282,047 low-income children, she said.

People First! was ready at every stage in the budget process with impact statements, showing how many Texans would go without help if budget cuts were not restored. Their work was critical in avoiding deeper program reductions.

For more information on how to become involved, contact the Center for Public Policy Priorities at 512/320-0222. ♦

Pilots Test One-Stop Connection

One resident in Eldorado, a small West Texas town south of San Angelo, was shocked to learn about the opening of the new Community Resource Center. He felt the center would complicate their system of health and human services and waste tax dollars. Today, he's eating his words.

He found himself applying for services just months after the opening. In one stop, he was able to get help with Medicaid for his father, in-home care for his mother and several other needed services.

Before implementation of the Schleicher County Client Access Pilot Project, the first and last resort locally for state health and human services was the county judge's office. When people couldn't get help there they turned to area churches, family and friends, or they simply did without. For those residents who are in need, the new Community Resource Center in Eldorado offers a single point of access to a variety of national, state

and local services and referrals to out-of-county services. It's called *one-stop connection*.

The Community Resource Center is part of a client access package the Health and Human Services Commission is testing in three counties — Schleicher, Dallas and Lubbock counties. The counties represent rural, metropolitan and mid-sized populations, respectively.

The projects, which were required by House Bill 7 of the 72nd Legislature, were implemented in September, 1992, to address difficulties consumers encounter finding and obtaining health and human services. Frequently, consumers say they must navigate from one agency to another only to face confusing regulations, repetitive forms, stringent eligibility processes and a dearth of information.

"The ability to access services and information shouldn't depend on how well you can weave through bureaucracy. At the very least, taxpayers deserve a user-friendly system which is less frustrating and better meets their needs," said Health and Human Services Commissioner Richard C. Ladd.

Each of the pilot sites is unique in size, structure and their approach

toward one-stop connection.

Dallas County has a multitude of service providers, but also a heavy demand for services like most metropolitan areas. The county's needy population faced barriers in accessing services because the health and human service system lacked a coordinated method of service delivery. Today, the Dallas County project co-locates 13 state, local and private agencies

at the Dallas Health and Human Services Complex. Intake workers screen consumers for on-site services or make appropriate referrals.

The Community Health Center of Lubbock, Inc. leads a network of satellite centers and a central facility which houses several agencies in Lubbock County. An electronic communication system allows the facilities to share data for referrals, making it possible to access information through any of these facilities.

Some common features among the three pilots include:

- Removal of architectural, communications, programmatic and transportation barriers.
- Centralized client intake and integrated eligibility screening process.



“ The ability to access services and information shouldn't depend on how well you can weave through bureaucracy. ”



- Coordinated information and referral and appointment scheduling.
- An automated intake to determine what services are needed and make appropriate referrals.

A number of other counties including Bastrop, Caldwell and Nueces are developing their own one-stop connections. The Commission offers a technical assistance team and intake software to help start other

projects.

Evaluation of the pilot projects will continue through the end of fiscal year 1993. So far there has been support from the communities and enthusiastic reactions from consumers.

As one Dallas client put it, "It makes you wonder what took so long!"

For more information on the pilot projects, contact Mary Chipley at the Texas Health and Human Services Commission at 512/502-3200. ♦

Medicaid Alert

Efforts to Increase Federal Funds

The Single State Medicaid Agency, now at the Health and Human Services Commission is working with the health and human service agencies and others on 25 proposals which will add federal funds or save dollars in the \$5.5 billion program.

The new structure should enable Texas to match more state dollars — the federal government pays for 64 percent of Medicaid care — and better coordinate interagency initiatives.

Medicaid staff, headed by State Medicaid Director DeAnn Friedholm, is working closely

with the Comptroller of Public Accounts to obtain consultative assistance in implementing the Texas Performance Review recommendations for savings. The State Medicaid Office is working with the Texas Department of Human Services to begin plans for selective contracting for inpatient hospital services.

Other initiatives include streamlining the long-term care assessment process and developing a bed plan for intermediate care facilities for persons who are mentally retarded in Texas. ♦

Around the Agencies

The **Department of Protective and Regulatory Services** has placed with relatives all but one of the 21 children released from the Branch Davidian compound near Waco. The Texas House honored PRS staff for exceptional assistance during the crisis.

Interactive Planning, the participative management and quality initiative at the **Texas Rehabilitation Commission**, has been recognized by the Canadian think tank called "The Learning Organization" which invited TRC to join Ford, Xerox, AT&T and Dupont to attend their international seminar.

A study conducted by the **Texas Department of Mental Health and Mental Retardation** shows the use of clozapine, a powerful and highly effective antipsychotic drug, significantly reduces patients' stays in state hospitals.

The **Texas Juvenile Probation Commission** will publish a "Gang Manual" for local juvenile probation departments that highlights innovative programs that have been proven effective with gang members. It is edited by Juvenile Violence Specialist Derrick Choice. ♦

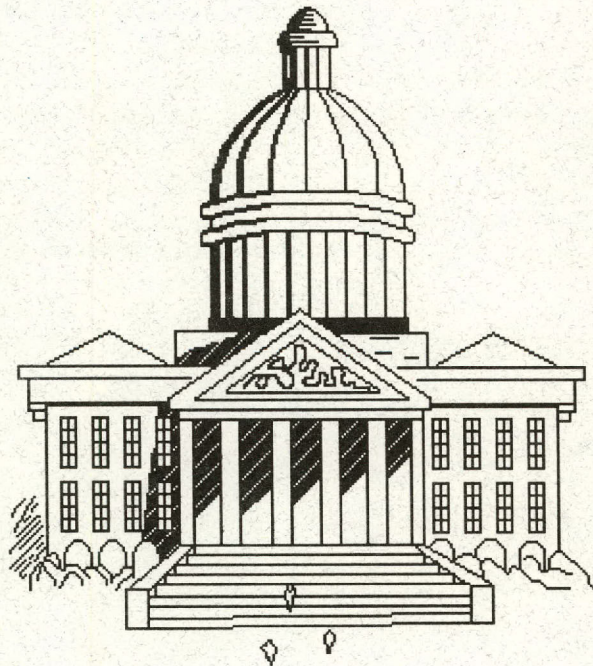
Landmark Legislation

Budget is always critical for health and human services, but the 73rd Legislature produced a number of bills that will improve services to Texans.

The hunger bill sponsored by Senator Rodney Ellis and Representative Jack Vowell, will make summer food programs and nutrition benefits available to many more citizens.

The charity care bill sponsored by Senator Rodney Ellis and Representative Glenn Maxey, requires non-profit, tax-exempt hospitals to file standardized reports on the indigent care and community benefits given.

A package of bills by Senators Mike Moncrief, Judith Zaffirini and Chris Harris and Representative Jack Vowell should curb abuse of patients'



rights in private psychiatric hospitals.

The immunization initiative by Senator Zaffirini and Representative Nancy McDonald aims at immunizing

every Texas child.

The affordable health care bill by Representatives Mike Martin and Brian McCall and Senator Carl Parker creates cooperatives which should make it easier for small businesses to purchase health insurance for their employees.

The Texas Commission on Children and Youth created by Senator Jim Turner and Representative Allen Hightower will propose ways to upgrade health, education and other services.

The birth defects registry bill sponsored by Senator Carlos Truan and Representative Hugo Berlanga, establishes a mechanism to identify and monitor birth defects in babies. The data will help to prevent birth defect outbreaks in Texas. ♦

Consumer Watch

Implementing the ADA in Texas

The Americans with Disabilities Act (ADA) guarantees people with disabilities rights most citizens take for granted — access to public buildings, public transportation, government services, employment for which they are qualified and telecommunications.

Since the law became effective in 1990, the Texas Governor's Committee on People with Disabilities has worked to implement the law and to monitor compliance.

A recent report by the Committee entitled, "The Americans with Disabilities Act: How is Texas Doing?" shows that 97 percent of state agencies have designated an ADA coordinator, 78 percent have adopted a grievance procedure and 76 percent have completed self evaluations. While, as the report points out, Texas has not achieved full compliance with the ADA, it is aggressively pursuing full implementation of this federal civil rights legislation.

Texas leads the nation in the number of employment discrimination complaints filed, totalling 95. The Equal Employment Opportunity Commission reports that employment-related complaints include wrongful

discharge, illegal hiring practices and reasonable accommodations.

The Committee has emphasized voluntary implementation, but advocacy groups in Texas use a variety of means, including legislative lobbying, public demonstrations and lawsuits to speed compliance. A number of consumer groups are involved in the effort to ensure equal opportunity for people with disabilities, including the Coalition of Texans with Disabilities, 512/478-3366; American Disabled for Attendant Programs Today (ADAPT), 512/442-0252; and Disability Policy Consortium, 512/454-4816.

Most recently, the 73rd Texas Legislature passed House Concurrent Resolution 128 directing state agencies involved in the provision of health and human services for people with disabilities to establish and implement policies to improve access to state services. The resolution recommends that state agencies improve the quality and efficiency of programs by streamlining their operations, informing clients of all available programs and ensuring that all Texans have equal access to services. These measures will bring Texas into greater compliance with the intent of the ADA. ♦



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Published quarterly by the Texas Health and Human Services Commission
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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 P.O. Box 13247, Austin, TX 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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