

October 24, 2014

To: The Texas Sunset Commission

Re: Response To Staff Report On the HHSC and System Issues

Dear Commissioners and Staff,

First, thanks to staff for granting me an Americans With Disabilities Act Accommodation by granting me an extension of time to prepare my response. I am heartened by the respect staff showed for the challenges of my cognitive and visual disabilities and hope my insights as a person served by the HHSC will be of assistance to this commission.

Consolidation Overall

The concept of consolidation can be both beneficial through creating greater efficiencies, producing cost savings and improved services, and also can have a negative effect of not being as capable of addressing specific and unique needs with a one size fits all approach, or by eliminating programs of special needs

Consolidation involves having a unified broader reach and oversight over programs and services, though a full-system reorganization might not bring the goal of consolidation and quality if it throws the baby out with the bath water.

The attitudes of those working in the system are important, whether public or private employees as well as their ability to problem solve, to think outside the box, and have some latitude of authority to do so without over reliance on a repetitive chain of command approval process. If those employees do not understand or respect the needs of people with disabilities, the aged, and others, their efforts will not be as effective for their clients. This lack of understanding and respect is all too common.

In order to work towards a more complete consolidation of services, the state needs to take advantage of cost sharing with the federal government to expand some programs so that fewer state funded stop gap programs are required, thus eliminating the burden of duplicating services, administrations, and costs to the state.

Overall, the changes brought by consolidation must include both greater efficiency and quality of services for persons with disabilities, aging persons, women and children, as well as others deserving assistance. This can be accomplished through the coordination of available services and programs, the provision of well trained counselors, the authority of counselors to coordinate and advocate with other agencies on behalf of people in need, the improvement of dispute resolution, advocacy, and legal services for clients, and a one application process through which all programs, both government and NGO, can be accessed, eliminating the administrative redundancy, allowing more resources to go directly to services and making the process less cumbersome and more comprehensively effective for people in need of those services.

Consolidation should include a review of gaps in overall services caused by the fragmentation and narrow definitions of service programs, as they now exist. Currently there are gaps between the services provided by DADS and DARS, leaving people with disabilities without the support services needed to live independently in the community.

Use Of Assets Sold Or Leased In The Consolidation Process

Wherever consolidation or other actions result in the closing or downsizing of facilities owned by the State of Texas for the purpose of providing disability, mental health, medical, or other human services, subsequent proceeds from the sale or lease of such state owned properties should be directed towards those purposes for which those facilities were intended. That income should be made available as a surplus or out of budget in addition to funds budgeted for those ongoing programs to assist in moving forward by improving the quality of human services. That income should not go into the General Fund.

An example of such asset reinvestment being misdirected is the income from the lease of some of the grounds of the Austin State Hospital for condominium construction and retail use, which goes directly into the General Fund. A change should be adopted to direct that lease income into additional improvements in mental health services beyond those already budgeted and provided by Texas. If the grounds of the Austin State School on 35th St. are leased or sold, that income should provide out of budget improvements to assisting people with developmental or other disabilities to live independently in the community with improved community support services.

Expenditures Overall

DARS is the least funded of all the HHSC agencies, and as there are 3 million Texans with disabilities, the DARS budget provides only \$191 per person for services and administration costs.

A better look needs to be taken at the role of rehabilitation expenses both short term and long term as a great number of people with disabilities are not getting the support services we need to successfully live independently in the community on a sustainable basis, though the Olmstead decision suggest such services should be available.

It seems that overall one of the largest cost savings to the state and the HHSC budget would be the reduction in Off Budget expenditures to cover those without adequate health care insurance, as those Off Budget expenditures expected to rise by \$2 billion dollars by 2015 to a total of \$5.7 billion annually. The expansion of federal Medicaid programs, which the state has not allowed, is estimated to save the state at least \$1 billion per year, would improve the quality of services for a large number of Texans, would ease the burden on emergency room and hospital facilities, reduce overall costs, and increase overall productivity.

Notes on Items Of Concern

Item 1 - Fragmentation, Cultural, and Social Barriers and

Item 2 – Administrative Consolidation

Any assistance program under HHSC should be available to eligible clients of all divisions and agencies within the commission. Similarly, assistance programs or other state government departments and agencies could be coordinated and made available to eligible clients of HHSC through a single application, which could be piggy backed by other agencies and organizations. Such services might include energy bill assistance, talking books, housing needs, and special transportation, to name a few. Intake and application options should include online, phone, mail, and in person availability to address the differing needs of people.

Item 3 – Fragmented Administration of Medicaid

Allowing Medicaid expansion would allow for reduction of fragmented programs to cover needs. Both Medicaid and Medicare should address and provide increased rehabilitation and support services more comprehensively.

Item 4 - Evaluating Medicaid Programs

Prescription Services should include better coverage for eyeglasses, prosthetics, and other non-pharmaceutical prescriptions.

While there should be a single Drug Utilization Board, there should be a separate Therapy Board overseeing different non-pharmaceutical therapies such as cognitive and other psychological and mental health therapies, physical therapies, and alternative therapies.

Item 6 – Improving Quality of Health Care and Services

Improving quality of services involves being able to address and serve unique and special needs of clients. The DADS In Home Care services evaluation of needs does not include special needs of people with disabilities. The DARS Vocational Rehabilitation Programs do not adequately address the needs of all persons with disabilities, especially those with brain injury and other cognitive disabilities. The DARS Independent Living Rehabilitation Program does not provide services for people with brain injury and other cognitive disabilities, although these disabilities rank number one amongst those under forty, and require years of readjustment, just as intensive efforts are needed to assist the blind and deaf to live more independently in the community. Here too, the DARS Transitions program only serves young adults and does not address the problems of transitions faced by adults who become disabled.

Improve system of legal, mediation, and advocacy resources available to clients experiencing problems with divisions of the HHSC. Increase follow up, oversight, and enforcement authority for the HHSC Civil Rights Office to hold divisions and agencies accountable for actions and agreements with clients. Similarly, increasing the authority of the Office of the Ombudsman to resolve disputes would be less adversarial and costly than legal cases and Administrative Hearings. The Client Protection and Advocacy agency for Texas is overwhelmed and cannot meet the needs of people having disputes with HHSC and other state agencies, the same is true for Texas Rio Grande Legal Aid, which has no process for allowing people with disabilities special accessibility and accommodations for the intake process.

Item 7 – Protecting Client Data

While client data and communications should be protected, such protections could be adequately met without requiring clients to use a secure site for communications, which can be cumbersome, duplicative, and costly.

Protecting client data also means transcribing it accurately in data transfer processes, and allowing for simple corrective editing of data.

Item 8 – Women’s Health and Family Planning

Women’s Health, Family Planning, Pre-Natal, and Pediatric Care should not have burdensome requirements placed on providers so that services are readily available to clients throughout the state.

Funding comes to HHSC departments and programs from different sources, therefore single source consolidated data needs to be easily divided for accounting to different funding sources rather than having a separate data bank for each source.

Item 9 – Behavioral and Mental Health Statewide

Quality of behavioral, psychological, and mental services and outcomes could be improved by allowing professional psychologists and other health care professionals to do in home visits. Many people who are aged or with disabilities, or chronic mental health problems may find it too great a challenge to make a therapeutic office visit. By providing treatment to such clients at home, outcomes would be improved.

Item 12 - Websites, Hotlines, and Interactions With Public

A consolidated hotline system would better serve clients, a central hotline could easily assign calls to special divisions within the hotline group, and in emergency situations, the hotline operator would remain on the line with the person until division specialist engage and have the ability simultaneously to notify emergency responders. Better data can be had regarding systemic problems if hotline services are consolidated into one hotline clearing and connecting center.

Website design should go through a review for accessibility and compatibility for the needs of various disabilities.

A single one-step application to HHSC which can be piggy backed for NGOs s, Federal, Local and Corporate assistance programs would allow for a comprehensive list of available services to be generated for a client and make them eligible by simply requesting that their HHSC application be used. Assistance coordinating these different programs could be provided by HHSC counselors or case coordinators for HMOs.

The Ombudsman's Office needs to have greater authority to mediate with agencies, its expanded authority would provide for better system wide data regarding problems.

The Civil Rights Office needs to be made more visible and accessible to the public, especially in the area of disability civil rights.

Better data can be had regarding systemic problems if hotline services are consolidated into one hotline clearing and connecting center.

Item 13 - Advisory Committees

Consolidation of Statutory Advisory Committees as well as allowing the creation of discretionary Advisory committees by the Commissioner of HHSC would relieve some of the burden on the HHSC while still providing mandated public participation in advising the HHSC and legislative oversight.

I am opposed to eliminating the Task Force For Children With Special Needs, as its work is in an area still inadequately addressed by the state, and the diversity and difficulties associated with some needs requires a concentrated special focus. That committee should have the prevue of all children with disabilities. Similarly, an HHSC Advisory Committee for people with disabilities should be a committee unto itself because of similar complexities and inadequately addressed needs as yet.

Item 14 - HHSC Statutes

Conflict of interest rules should include prohibitions on staff or attorneys representing divisions of the HHSC from proceedings in which a client has had official business or dealings with the spouse or relative of staff members or attorneys.

Allowing some common sense rule making might make it easier for HHHSC to address special needs and circumstances in a timely and effective way to facilitate services for clients who might fall outside the one size fits all box.

Item 15 - Privatization of Health Information Sharing

The state should not relinquish its participation in and oversight of the sharing of health care information. The THSA should remain a public-private partnership, which the HHSC has authority over the contract and other oversight authority. When a client has problems with incorrect data, there should be some government oversight of the matter.

Thank you for considering my comments regarding the work of your commission.

Respectfully,

A handwritten signature in black ink that reads "James C. Billingsley". The signature is written in a cursive style with a large, looping initial "J".

James C. "Jake" Billingsley