

**From:** [Sunset Advisory Commission](#)  
**To:** [Cecelia Hartley](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
**Date:** Wednesday, November 12, 2014 7:46:24 AM

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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Tuesday, November 11, 2014 9:13 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Tuesday, November 11, 2014 - 21:12

Agency: HEALTH AND HUMAN SERVICES COMMISSION HHSC

First Name: Ebony

Last Name: Hall

Title: Community

Organization you are affiliated with: Texas Disproportionality and Disparities Advisory Council & State Advisory Chair

Email: ehall@tarleton.edu

City: Arlington

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:  
Second Set of Responses

Issue 1:

The TDDAC support the cost efficient recommendation of consolidating the five HHS system agencies and increasing accountability within all levels of the HHS system from employees to leadership. We definitely support the “breaking down of cultural and structural barriers” as highlighted on page 3 as it integrates with our overall mission of how to address disproportionality and disparities experienced by the children and families. We would like to emphasize the importance of assistance from the community in establishing those “functional lines” and accountability as well as in the overall “development of a transition plan and detailed work plan” (p. 4). Such intentional inclusion of the community voice is a valuable piece to the goal of equity across the state.

Issue 5:

The TDDAC support the streamlining approach to Medicaid provider enrollment and credentialing. In carrying out the identification of key factors that are discouraging participants, the community voice serves as a great resource in addressing this particular issue as well. The communities who have received or are receiving such services currently are able to provide additional insight into the various approaches and obstacles they are facing or have faced with the current system operation. Retrieving the community voice on this particular matter is a vital component in ensuring the approaches developed are realistic and feasible for those receiving services.

Issue 6:

The TDDAC support the emphasis on quality of health services and monitoring of such quality approaches. Again

the role of the community voice and participation in identifying such quality is pertinent to the overall feasibility and realistic nature of the implementation. In the development of “comprehensive, coordinated operational plan designed to ensure consistent approaches,” it is necessary for persons who have received or are receiving such services from various HHS system agencies to be involved in this process of development (p. 6). Such an approach of integrating the community voice provides a tone of accountability to ensure the issues affecting community is addressed.

Issue 7:

The TDDAC support the emphasis on data accountability and efficiency. The collection of data and the use of data-drive strategies are one of the main objectives part of the equity work we have striven for since 2005. With the community advisory committees covering all 11 regions within the state of Texas, various institutions higher education as well as research representatives are involved and can contribute to the quantitative and qualitative analysis of the “200 terabytes of information” (p. 6) that specifically relate to addressing disproportionality and disparities or that could help inform underlying factors. Along with the “management of data” having the voice of the community as part of the “strategic use of data” in answering various questions related to issues of equity. This strategy of community inclusion supports a transparent HHS that speaks and supports the emphasis on accountability of HHS system agencies.

Issue 10:

The TDDAC support the accountability efforts and six year review of OIG as well as the sampling methodology that will be utilized in the “investigative process” (p. 8). It could be helpful within the review process to have the integration of TDDAC representation or a community group similar to assist in the review process. Also, as it relates to “highest priority cases,” providing detailed criteria as to how cases are categorized. Working with educational and institutional partners who have been involved with disproportionality and disparities will serve as a valuable component in establishing criteria for the various cases. Part of our work highlights having a lens of equity through various trainings that have taught such critical practices in ensuring that issues are being approached in the most effective manner not influenced by personal or even institutional biases.

Issue 11:

The TDDAC support any item that is cost efficient and does not negatively impact community participants.

Issue 12:

The TDDAC support the development of a coordinated approach to the website to increase effectiveness. The input from the community will serve as a valuable asset to ensuring that the ease of the websites and any other forms of agency communication of services addresses actual identified needs. The voices of the community need to be considered in any roll out of services that are geared for the community. This intentional integration increases community support and allows community leaders and community participants to participate in creating a more feasible plan that is more readily understood and applicable. In terms of the complaint process, it will also be helpful to include a detailed method of accountability of addressing complaints in a timely manner and reporting public the type of complaints that are being addressed throughout the year which will add and support the overall transparency of HHS system agencies impacting the role of trust and building meaningful relationships with the community. When the community trusts the system that is providing services and when the community senses or feels their voice is being heard and respected, the more likely the community will provide honest feedback and are willing to work with the system rather than against the system.

Issue 13:

The TDDAC support lessening the “administrative burden” of an excessive amount and overlapping of advisory committees and are in agreement of the Executive Commissioner modifying such committees to avoid “overlap” and confusion (pp. 8-9). In the establishment of or modification of existing or developed committees, the intentional integration of the community voice is valuable to any purpose or role these committees will participate. Making sure that community representation is included provides a necessary component and supports the overall transparency of HHS system agencies. Those community participants who have received services or are receiving services are a valuable part of the work that is being done within HHS system agencies. More importantly, the voices of community participants matter and deserve to be heard in a practical way that allows them to share ideas and suggestions formally and informally alongside HHS agency leaders.

Issue 14:

The TDDAC support any item that is cost efficient and does not negatively impact community participants.

Issue 15:

The TDDAC support the use of a private entity such as THSA as long as the same standards of accountability and transparency exist.

Any Alternative or New Recommendations on This Agency:

Again community advisory chairs and committees have been in existence since 2005 with the sole focus of reaching equity by addressing disproportionality and disparities within systems serving children and families in the state of Texas. Because HHSC plays a critical role in the services provided this Sunset Report was extremely helpful in the work that we have been involved for several years with several of us informally involved even before 2005.

We are more than community leaders and professionals. We are parents, grandparents, neighbors, ministers, friends, and family members. Some of us have received services and are still receiving services through systems such HHSC. We represent the community and we emphasize the valuable role of having the community voice at the table. One that is honest and has the community's best interest first.

The Texas Disproportionality and Disparities Advisory Committees were established in each region in Texas to provide ongoing guidance for disproportionality planning and implementation work including recommendations for change and informing regional and state policymakers and HHSC leadership.

Each region has Advisory groups that meet once a month to develop strategies and activities to eliminate disproportionality and disparities. Our mission is to advocate, collaborate, and educate systems and communities to eliminate disproportionality and disparities in order to achieve equity for all children, youth and families in the State of Texas.

Our objectives are the following:

1. Identify stakeholders who must be involved in eliminating disproportionality and disparity.
2. Use data-driven strategies to identify regional and statewide improvements needed to enhance outcomes for children, families, and under-served citizens throughout the state.
3. Use data driven strategies to identify regional and statewide improvements needed to enhance outcomes for children, youth, families, and under-served citizens throughout the state.
4. Utilize relevant data as a resource to increase awareness of disproportionality and disparities as they exist within systems throughout the state.

My Comment Will Be Made Public: I agree

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**To:** [Cecelia Hartley](#)  
**Subject:** FW: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)  
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-----Original Message-----

From: sundrupal@capitol.local [<mailto:sundrupal@capitol.local>]  
Sent: Tuesday, November 11, 2014 7:40 PM  
To: Sunset Advisory Commission  
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Tuesday, November 11, 2014 - 19:40

Agency: HEALTH AND HUMAN SERVICES COMMISSION HHSC

First Name: Ebony

Last Name: Hall

Title: Community

Organization you are affiliated with: Texas Disproportionality and Disparities Advisory Council & State Advisory Chair

Email: ehall@tarleton.edu

City: Arlington

State: Texas

Your Comments About the Staff Report, Including Recommendations Supported or Opposed:

First Set of Responses from Community Advisory Chairs:

Issue 2:

Contracting - There were 33,882 contracts identified throughout all HHS Systems. I would like to submit HHSC, and all associated agencies, should develop a plan to reduce the number of contracted services outsourced and consider in-house operations of such services. The services identified should be key/core services critical to and/or related to key operations within all HHS Systems. By in-sourcing such services, accountability, controls, and reliability are held closer to the agency, rather than through a third party. On a side, by in-sourcing creates more job opportunities within the HHS Systems for its employees, and may eliminate waste from budgets.

Rate Setting - The recommendations outlined in the Commission's report are agreeable. Additionally, I would like to recommend HHSC form an internal Rate Setting Sub-Committee. The Rate Setting Sub-Committee could review all pertinent factors to consider when setting rates, and, perhaps even develop a rate model (similar to those used in setting water and electric rates for many jurisdictions throughout the State) that considers such factors as well as capital improvements, inflation, etc.

Issue 3:

All recommendations and timelines suggested regarding consolidation of administration of Medicaid at HHSC is obtainable. I would suggest, given the magnitude of such consolidation consisting of waiver programs, entitlement programs, eligibility requirements, etc. a special committee be formed to achieve such a task. This is where I see Dispro Committees playing a role, to insure a community voice is present to be sure that such consolidation does

not lead to a failure to delivery such services to those who are needing them. Other members of the committee should include key staff members, executive staff, and, possible, legislatures and/or key aids from their staff.

#### Issue 8: Administration of Multiple Women’s Health Programs Wastes Resources and is Unnecessary Complicated for Providers and Clients

The Texas Disproportionality and Disparities Advisory Committees support consolidating Women’s Health Programs. We believe that combining the programs will promote easier access and lead to better outcomes for children and families. We believe that combining the resources will also provide appropriate data analysis to ensure there is equity in accessing services for women’s health. Earlier and easier access will save time and money for clients and the state.

We also support creating a comprehensive vision for women’s health and suggest that the vision include identifying, decreasing or eliminating health and health access disparities affecting children and families.

#### Issue 9: NorthSTAR’s Outdated Approach Stifles More Innovative Delivery of Behavioral Health Services in the Dallas Region

The Texas Disproportionality and Disparities Advisory Committees support an integrated behavior and physical health model. We believe that an integrated model will improve client outcomes by providing easier access to a variety of needed services. We also promote use of data-driven strategies to identify areas in need of improvement, specifically as it relates to equity access to services.

We believe that an integrated model will allow for better communication between physicians and other service providers. We trust that as this integrated model is established that there is continuity and seamless services provided to the clients and that needed services are not dropped, lost, or discontinued due to the updated approach.

#### Any Alternative or New Recommendations on This Agency:

We ask that you please take into consideration the acknowledgement of our group's efforts and support of ensuring equity within all systems serving children and families throughout the state of Texas. We have been a part of this initiative from its original inception in 2005 with Senate Bill 6. We applaud the various efforts and strides that have been made since then.

The Texas Disproportionality and Disparities Advisory Committees were established in each region in Texas to provide ongoing guidance for disproportionality planning and implementation work including recommendations for change and informing regional and state policymakers and HHSC leadership.

Each region has Advisory groups that meet once a month to develop strategies and activities to eliminate disproportionality and disparities. Our mission is to advocate, collaborate, and educate systems and communities to eliminate disproportionality and disparities in order to achieve equity for all children, youth and families in the State of Texas.

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My Comment Will Be Made Public: I agree