

From: [Sunset Advisory Commission](#)
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: Friday, October 17, 2014 1:02 AM
To: Sunset Advisory Commission
Subject: Form submission from: Public Input Form for Agencies Under Review (Public/After Publication)

Submitted on Friday, October 17, 2014 - 01:02

Agency: HEALTH AND HUMAN SERVICES COMMISSION HHSC

First Name: Chris

Last Name: Kyker

Title: Speaker Emeritus

Organization you are affiliated with: Texas Silver-Haired Legislature

Email:

City: Abilene

State: Texas

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

Opposed to Issue 1, Recommendation 1.1 Consolidate the five HHS system agencies into one agency called HHSC with divisions established along functional lines.

This recommendation retains functions of DADS, DARS, DSHS and DFPS, but not their identity, independent governance or public access. Without a GPS pathfinder, a private citizen would have difficulty trying to locate a functional service within an army of 45,000 staff.

Although the remainder of the section identifies numerous medical and social service programs and administrative initiatives, there is no designation of the State Unit on Aging, required to receive federal funding from the Older Americans Act. [OAA Title III. Sec 305 (a)] "The aging" is identified in the example organization chart as one of seven subsections of Medical and Social Services. There is no provision for administrative responsibilities of the State Unit on Aging, as authorized in the Older Americans Act.

Issue 1 recommendation states that "silo" syndrome would be diminished by consolidating the departments.

Drawing that conclusion is questionable for the following reasons:

1. Federal funding is allocated for specific allowable services, named in the authorization statute with specific qualifications to receive funds for eligible individuals or entities.
2. LBB identifies line item expenditures categories for state functions.
3. Rules & regulations promulgated by state agencies focus on specific services/benefits for specific individuals or entities.
4. Advocacy entities are organized to focus on a mission to benefit one population group or cause.
5. Professional and academic credentials focus on specific professions or field of expertise.

6. Volunteers tend to limit their services to specific programs or projects, frequently in silos, because of their personal interests, abilities, and commitment to public service.

7. Loyalty, tradition, purpose, empathy, culture, identity are natural characteristics of an individual or an agency.

The benefit of retaining the departments far outweighs the anticipated benefits of cost-savings. The end result of a large bureaucracy may create an atmosphere that challenges loyalty and morale of staff and the clients they serve and in time diminishes support.

Rather than destroy silos, we need to build on the loyalty generated by the

silos to make things better for all Texans. By using the

Intergovernmental Cooperation Act, HHSC could establish agreements with DADS, DARS, DSHS and DFPS to provide certain administrative functions to alleviate duplication and become more efficient. Furthermore, HHSC could develop a comprehensive and coordinated IT system with the departments to assure consistency, reliability, access of records and eligibility of clients. No wrong door could also be accomplished with an IT system to link departments.

§ Medical and Social Services

The staff review states: "As the transition legislative oversight committee and the executive commissioner organize activities within this broad division, attention should be placed at ensuring that all populations, such as persons with intellectual and developmental disabilities or behavioral health issues, as well as blind or aging populations, do not lose the visibility or attention they need."

Services for people with disabilities and the aging is one of seven programs within this block of the sample organizational chart.

The proposed Medical and Social Services division reflects little attention to the population served by the Older Americans Act. Texas' aging population has an enormous impact on just about every aspect of the Texas economy and the service delivery at all levels of society. The current population of Texans 60 years of age and older is 4.6 million or 16.7% of the total population. By 2020, the projection is 5.7 million (18.5%) and by 2040, 9.7 million (21.4 %). (DADS LAR request, FY2016-2017, administrator's statement.) That disparity is projected to grow. To preserve the identity of the aging is logical and prudent and most likely to produce the most cost-effective way for the state to define and fulfill its goals for and obligations to its senior citizens.

Any Alternative or New Recommendations on This Agency:

Options to preserve the identity of aging:

1. Add another subdivision to Medical and Social Services to be named: State Unit on Aging as explained in first paragraph of Recommendation 1.1 above; and rename the proposed subdivision to: Services for People with Disabilities.
2. OR, establish the Texas Department on Aging (TDoA) and enter into an Intergovernmental Cooperation Agreement with HHSC for Computer Services and Out-Sourced Services

My Comment Will Be Made Public: I agree

Sunset Advisory Commission Staff Report
Health and Human Services Commission
System Issues

Testimony
November 13, 2014

My name is Chris Kyker, Speaker Emeritus, Texas Silver-Haired Legislature (TSHL) from Abilene. I currently serve as Chair, Human Services Committee and Chair, Technology Committee and member of the Finance Committee. I'm serving my 8th term.

I'm testifying today on behalf of the Texas Silver-Haired Legislature to oppose Recommendation 1 which abolishes DADS, DARS, DSHS and DFPS and places functions under HHSC. My focus is on the Texas Department of Aging and Disability Service. We oppose consolidation for the following reasons:

1. Loss of identity of older Texans 60 and over and lack of focus on aging services authorized by the Older American's Act. The Area Agencies on Aging are not acknowledged as the focal point of the aging delivery system available in all Texas 254 counties. Long term care issues for frail elderly are addressed; aging services, however, addressed by the Older American's Act are not easily identified.
2. No provision is made for the State Unit on Aging as required by the Older American's Act. The Department on Aging and Disability Services (DADS) submitted the *Texas State Plan on Aging, FY 2015-2017*, July 7, 2014, to the U.S. Administration on Community Living, affirming that the State plan shall comply with all the required assurances and provisions of the Older American's Act; stating furthermore, "DADS is responsible for coordinating all state activities related to the Act and to serve as the effective and visible advocate for

older Texans.” The HHSC review does not identify the State Unit on Aging, nor acknowledge its authority.

3. The 15th Texas Silver-Haired Legislature, meeting in legislative session April 28-May 2, 2014, adopted 77 resolutions for consideration by the 84th Texas Legislature. Restoring the Texas Department on Aging was its #2 priority and stated: “That the 15th Texas Silver-Haired Legislature recommends that the 84th Texas Legislature restore the Texas Department on Aging, the Texas Board on Aging, and the Commissioner with authority to adopt appropriate policies, rules and procedures relating to "grass roots" planning, advocacy and service delivery that focus on our rapidly growing senior population.” (See Chart 1)

Texas Chronology of Aging Structure 1957 – 2014

Date	Governor	Name	Purpose
1957	Price Daniel	Legislative Committee on Aging	Study and develop policies regarding The health, housing, financial and recreational needs of elderly.
1960	Price Daniel	Interdepartmental Committee on Aging	Consisting of representatives of all state agencies concerned with needs of the elderly.
1965	John Connelly	Texas Committee on Aging, known as Governor’s Committee on Aging; created by statute	Provide planning, coordination and development of aging services as the State Unit on Aging , authorized by the Older American’s Act of 1965.
1981	Bill Clements	Texas Department on Aging, 67 th Session, (1981) HB 1112	Identified as the State Unit on Aging , an independent agency with Texas Board on Aging to administer aging services provided under the Older American’s Act
2003	Rick Perry	Texas Department on Aging and Disability Service, 78 th Session (2003) HB 2292	Merged with the Department of Human Services and renamed DADS as State Unit on Aging
2014	Rick Perry	Recommendation by Sunset staff – no name	Proposed name: Health and Human Services Commission. State Unit on Aging not identified.

Table 1

Two options are offered to provide aging services in Texas in compliance with the Older Americans Act to assure that older Texans 60 years and older have an effective and visible advocate.

- Medical and Social Services
- Medicaid and CHIP
 - Behavioral health
 - Public benefit programs (SNAP, TANF, WIC)
 - **Services for people with disabilities**
 - Disability determination (federal)
 - Centralized eligibility determination
 - **State Unit on Aging**

Option 1

Create new function in Medical and Services block:
State Unit On Aging



Option 2

Create the Texas Department on Aging and enter into an *Intergovernmental Cooperation Agreement* with HHSC for Computer Services and Out-Sourced Services

