

Background:

Staff will provide an update of recent Public Policy activities of note. This includes:

- Graphical summary of TCDD grant activities provided to the National Conference of State Legislatures
- Input on the Department of Housing and Community Affairs Consolidated Plan Annual Performance Report
- Comments to the Department of State Health Services regarding its Legislative Appropriations Request
- Input on the Department of Aging and Disability Services FY 2010-2011 Report Update for State Supported Living Centers
- Comments to the Department of Family and Protective Services Minimum Standards Rules for Child Care Licensing
- Input on Health Management Associate’s Report of Options for a capitated or non-capitated pilot to serve individuals with intellectual and developmental disabilities
- Comments on budget reduction options to be submitted as part of the Department of State Health Services’ 2012-2013 Legislative Appropriations Request

Public Policy Committee

Agenda Item 7.

Expected Action:

The Committee will receive an update regarding recent public policy activities and provide guidance as appropriate. No action is anticipated.

Council

Agenda Item 16. D.

Expected Action:

The Council will receive an update from the Committee on public policy activities. No action is anticipated.

PUBLIC POLICY ACTIVITIES SUMMARY REPORT

May through July 2010

Long-term Services and Supports

- TCDD staff prepared and presented testimony to Department of Aging and Disability Services (DADS) on long-term planning for state mental retardation facilities. *Input Attached*
- TCDD staff continues to participate in the Public-Private Provider Workgroup discussing current issues impacting the delivery of long-term services and supports for individuals with developmental disabilities.
- TCDD staff continues to participate in meetings with DADS concerning the status of rollout and enrollment in HCS waiver program.
- TCDD staff continues to collaborate with colleague organizations regarding the implementation of the settlement with the Department of Justice concerning Texas state schools.
- TCDD staff participated in the NACDD Public Policy Team conference calls and have provided input on various proposed NACDD Position Statements and federal advocacy initiatives, including information submitted to the National Conference of State Legislatures via NACDD. *Input Attached*
- TCDD staff provided input to HHSC concerning proposed managed care pilot program options for long-term services and supports for people with developmental disabilities. *Input Attached*

Healthcare Reform

- Staff continue to monitor the impact of health care reform and Medicaid expansion on services for people with development disabilities and the potential to alleviate some of Texas general revenue demands in health and human services.
- Staff drafted revisions to the TCDD health care position statement to incorporate information relevant to recent health care reform measures and continuing barriers.
- Staff continue to send out consumer advisories as health care reform rolls out.

Housing

- TCDD staff submitted comments on the TDHCA Annual Performance Evaluation Report. *Input Attached*
- Staff prepared and presented Housing 101 training for the Hogg Foundation.
- Staff contacted TCDD grantees and presented at monthly teleconference with leadership and advocacy project staff on advocates' roles in Texas regarding an analysis of impediments to Fair Housing.
- Staff continues to work with TDHCA staff and attend stakeholder and Disability Advisory Workgroup meetings to discuss and make decisions on a variety of housing programs statewide.

Mental Health

- Staff joined other advocates in a meeting with Department of State Health Services (DSHS) Assistant Commissioner Mike Maples on the development of the agency's legislative appropriations request and other community mental health priorities.
- TCDD provided input to DSHS regarding proposed 5% and 10% budget cuts for the 2012-13 biennium. *Input Attached*
- TCDD continues to participate in the Texas Children's Mental Health Forums, developing a policy agenda to advance children's mental health in Texas.
- TCDD continues to participate in the Mental Health Planning and Advisory Committee for DSHS on issues of continuity of care in community mental health.

- Staff continues to monitor and attend agency and legislative interim hearings, research mental health policy and practice through reading and attending forums and taskforce meetings and building coalitions and collaborative relationships with different mental health stakeholders, advocates and self-advocates.

Transportation

- TCDD continues to participate in the Texas Department of Transportation (TxDOT) UNITED WE RIDE Texas Mobility Management Project. UNITED WE RIDE is a pilot project in various areas of the state to bring transportation mobility managers and case workers face-to-face to explore mutual benefits of collaboration.
- TCDD continues to monitor various metropolitan planning organizations and review changes to the long-range transportation plans.
- Staff continues to research transportation policy and practice through reading and attending forums and taskforce meetings and building coalitions and collaborative relationships with different transportation stakeholders, advocates and self-advocates.

Employment

- TCDD continues to participate in the Department of Assistive and Rehabilitative Services' Medicaid Infrastructure Grant (MIG) committee meetings and work with the various subcommittees regarding the identification of best practices in employment activities across the state.
- TCDD staff met with Assistant Commissioner for the Division of Rehabilitation Services Jim Hanophy, concerning various initiatives to improve employing people with disabilities in Texas.
- TCDD continues to research employment policy and practice through reading and attending forums and taskforce meetings and building coalitions and collaborative relationships with different employment stakeholders, advocates and self-advocates.

Children and Families

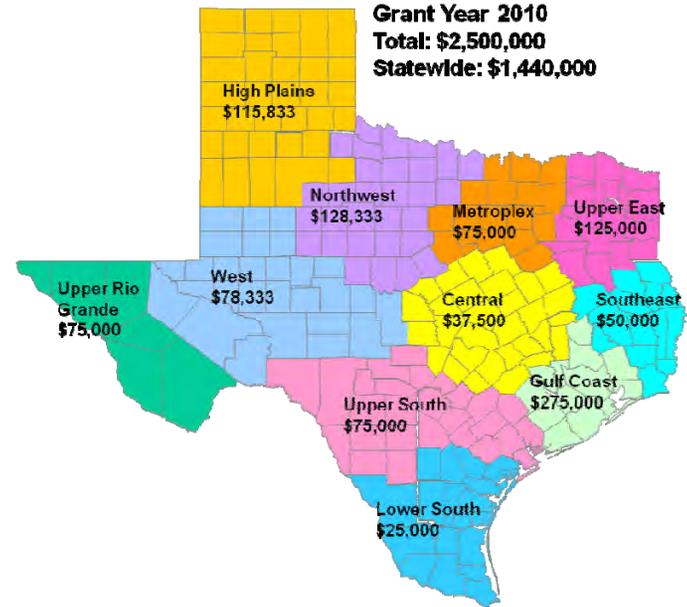
- TCDD provided written comments to the Texas Department of Family and Protective Services (DFPS) on child care licensing standards. *Input attached.*
- TCDD continues to participate in various child protective services meetings and work with various stakeholders, advocates and self-advocates.
- TCDD continues to research child protective services and licensing policy and practice through reading and attending forums and taskforce meetings and building coalitions and collaborative relationships.



TEXAS COUNCIL *for* DEVELOPMENTAL DISABILITIES

The Texas Council for Developmental Disabilities is a 27-member board dedicated to ensuring that all Texans with developmental disabilities - about 437,885 individuals - have the opportunity to be independent, productive and valued members of their communities.

Brenda Coleman-Beattie, Chair *Roger Webb, Executive Director*
6201 E. Oltorf, Ste. 600 Austin, Texas 78741 (512) 437-5432
tcdd@tcdd.state.tx.us www.txddc.state.tx.us



Grant Profiles 2010

Grantee	Project	Award Amount	Website	Project Area
Childcare				
Education Service Center - Region 17	Positive Behavior Support - Head Start	\$120,000	www.esc17.net/default.aspx?name=pbsp.homepage	High Plains, West, Northwest
Community Supports				
The Arc of Texas	Texas Microboard Collaboration	\$115,000	www.thearcoftexas.org/programs/reallife.asp	Statewide
Education				
Education Service Center - Region 17	Positive Behavior Supports - Impacting Disproportionality	\$115,000	www.esc17.net/default.aspx?name=pbsp.homepage	High Plains, West, Northwest
Texas Tech University	Project IDEAL - Teacher Education for Inclusive Education	\$199,990	www.projectidealonline.org	High Plains
Employment				
Community Healthcore	Texas Customized Self-Employment	\$125,000	www.communityhealthcore.com/txcsep/index.php	Upper East
Texas A&M University	Brazos Valley Employment Project: Field Initiated Employment	\$125,000	http://bvpep.tamu.edu	Central
VSA arts of Texas	Art Works: Creative Industries: A Statewide Self Employment Project	\$125,000	www.vsatx.org/artworks.html	Statewide

Grant Profiles 2010

Grantee	Project	Award Amount	Website	Project Area
Health				
Baylor College of Medicine	Transition Medicine Program: Expansion Project	\$100,000	www.bcm.edu/medpeds/transitional.html	Gulf Coast
Project DOCC Houston	Project DOCC (Delivery of Chronic Care)	\$52,000	www.projectdocchouston.org	Gulf Coast
Housing				
Easter Seals Central Texas	ASSET AmeriCorps (Active Service Solutions for Economic Transition)	\$78,966	http://chs.accessstexashousing.org/ASSET_AmeriCorps.html	Central
Transportation				
Texas Citizen Fund	Para-Transit Statewide Tracking System	\$150,000	http://paratransitexas.org	Statewide
Quality Assurance				
Brighton School, Inc.	Basic Advocacy Training - Parent Alliance for Learning and Support	\$75,000	www.brightonsa.org	Upper South
Education Service Center - Region 19	Youth Leadership and Advocacy Project: Far West Texas	\$50,000	www.esc19.net	Upper Rio Grande
Family to Family Network	Disability Leadership Network of Houston	\$75,000	www.familytofamilynetwork.org/programs/disability-leadership-program	Gulf Coast
Goodwill Industries of Central East Texas, Inc.	YouthWorks! Leadership and Advocacy Project: East Texas	\$34,088	www.lufkingoodwill.org/Youth.htm	Southeast
Imagine Enterprises	Youth Leadership and Advocacy Project: West Texas	\$50,000	www.imagineenterprises.com/youth.html	Northwest
National Alliance on Mental Illness Texas	Mental Health Leadership and Advocacy Training	\$75,000	www.namitexas.org	High Plains & Central
Parents Anonymous, Inc.	Statewide Advocacy Network Development	\$100,000	www.parentsanonymous.org	Statewide
SER Jobs for Progress	Local Basic Advocacy Training Project	\$75,000	http://serhouston.org/Programs/Advocacy-Training	Gulf Coast
Syracuse University	"Advocacy U" Resource Center Website Development	\$75,000	www.advocacyu.org	Statewide
Texas A&M Research Foundation	Youth Leadership & Advocacy Project	\$75,000	http://txylf.tamu.edu	Statewide
Texas A&M Research Foundation	Statewide Advanced Leadership & Public Policy Advocacy Training	\$150,000	http://talac.tamu.edu	Statewide
Texas Advocates	Peer to Peer Self-Advocate Training	\$199,949	www.thearcoftexas.org/ta/peertopeergrant	Upper South, Lower South
The Arc of Greater Tarrant County	Local Basic Advocacy Training	\$74,961	www.arcqtcc.org	Metroplex
The Arc of Texas	Specialized Advocacy Training Project	\$75,000	www.thearcoftexas.org	Gulf Coast, Lower South & Upper Rio Grande



TEXAS COUNCIL *for*
DEVELOPMENTAL
DISABILITIES

(512) 437-5432
(800) 262-0334
Fax (512) 437-5434

6201 E. Oltorf, Suite 600, Austin, TX 78741-7509
E-Mail: TCDD@tcdd.state.tx.us
Internet: <http://www.txddc.state.tx.us>

Brenda Coleman-Beattie, Chair
Mary Durham, Vice Chair
Roger A. Webb, Executive Director

Input Submitted by Email

Date: April 16, 2010

From: Belinda Carlton
Public Policy Specialist

To: Texas Department of Housing and Community Affairs
Housing Resource Center

SUBJECT: Comments on State of Texas Draft 2010 Consolidated Plan Annual Performance Report - Reporting on Program Year 2009

The Texas Council for Developmental Disabilities (TCDD) is established in federal law to create systems change so that people with developmental disabilities can live independent, self-determined lives in the community. Thank you for the opportunity to submit comments on the Proposed Notice of Funding Availability (NOFA) for HUD's Fiscal Year (FY) 2009 Rental Assistance for Non-Elderly Persons with Disabilities. TCDD would like to submit the following comments on the Consolidated Plan Annual Performance Report (CAPER):

- (1) Homeless Program (page 39). The high priority targets include, among others, people with mental illnesses, but only 74 individuals are listed by priority area of the total 83,935 beneficiaries. Also, there is no information listing what services were delivered to individuals who are homeless such as employment assistance, case management, physical and mental health treatment, substance abuse counseling, childcare, etc. A recent government report estimated that at least 43 percent of adults who are homeless and who stayed in a shelter had a self-reported disability. Thus, why is the CAPER unable to provide greater detail? The Integrated Disbursement & Information System (IDIS) also requires agencies to report the percentage of persons assisted who meet certain characteristics. And the HUD Emergency Shelter Grants Program (ESG) within IDIS requires reporting of the type of services or housing assistance provided by the recipient and description of the beneficiaries of project (such as someone with mentally illness, runaway youth, battered spouse, etc.) so it seems that the CAPER should be able to provide this detail concerning the 83,935 beneficiaries beyond, for example, that two people with serious mental illness were served.
- (2) Home Investment Partnership (page 40). The chart reporting on units completed for Special Needs Populations is unclear. It shows of 842 units, 228 were for people with disabilities, 460 were "Not applicable." First, if the 460 units categorized under Special Needs are listed as "not applicable" then it seems they should be removed from recipients of Special Needs. Second, the CAPER should be able to report more specifics concern the disability of those receiving assistance in order to determine if the program is reaching people with intellectual disabilities and/or mental illnesses who are targets.

- (3) Affirmative Marketing and Minority Outreach (page 67). Program administrators are encouraged, rather than required to take affirmative steps to reach minority populations, including people with disabilities. The CAPER needs to report on outcomes of Affirmative Marketing and Minority Outreach that make the argument for requirements, rather than encouragement, of these efforts. For example, only 1/3rd of the Tenant Based Rental Assistance Funds of \$3.8 million were expended in 2009 (page 44).
- (4) Home Fair Housing Activities (page 86-88). The included sections speak to construction documents, fair housing training and public education. Is there a consumer complaint opportunity with TDHCA? Do the public education requirements address how to file a Fair Housing or Section 504 complaint? The first bulleted paragraph states that all rental units must comply with Fair Housing, Section 504 of the Rehabilitation Act, and the Texas Accessibility Standards. This section addresses just the architecture of units stating that upon completion of construction TDHCA will inspect for compliance with Section 504 and Fair Housing. Ascertaining compliance with construction standards is fairly standard practice. Fair Housing and Section 504 go beyond architectural barriers elimination. Section 504 forbids organizations and employers from excluding or denying individuals with disabilities an equal opportunity to receive program benefits and services. Under this law, individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities. This includes individuals with cognitive disabilities, mental illness, sensory disabilities, HIV/AIDS, recovering substance abusers and others. These laws also require housing providers "to make reasonable accommodations in rules, policies, practices, or services when such accommodations may be necessary to afford such person(s) equal opportunity to use and enjoy a dwelling." The CAPER states TDHCA inspects for compliance with both statutes. The CAPER needs to provide detail on how TDHCA conducts this inspection and outcomes.

Thank you for your consideration of these comments.



(512) 437-5432
(800) 262-0334
Fax (512) 437-5434

6201 E. Oltorf, Suite 600, Austin, TX 78741-7509
E-Mail: TCDD@tcdd.state.tx.us
Internet: <http://www.txddc.state.tx.us>

Brenda Coleman-Beattie, Chair
Mary Durham, Vice Chair
Roger A. Webb, Executive Director

Input Submitted by E-Mail

Date: May 11, 2010

From: Texas Council for Developmental Disabilities
Belinda Carlton, Public Policy Specialist

To: Texas Department of State Health Services
LAR@dshs.state.tx.us

Thank you for allowing the Texas Council Developmental Disabilities to provide input into the development of Texas Department of State Health Services 2012-13 Legislative Appropriations Request. The Texas Council for Developmental Disabilities is a 27-member board appointed by the Governor, 60% of who are individuals with developmental disabilities or their family members. TCDD is established in federal law to create systems change so that people with developmental disabilities are fully included in their communities and exercise control over their lives.

TCDD offers the following priorities for funding which reflects the Council's vision for a service delivery system that provides comprehensive services and supports that meet the needs of individuals with developmental disabilities, easy to access and cost-effective.

Maintain Current Services:

First and foremost, TCDD believes it important to "do no harm". According to the Stakeholder Presentation made by Commissioner Lakey on the DSHS 2012-13 Legislative Appropriations Request, "mental health disorders are the leading cause of disability in the United States and 1 in 10 children between 9 and 17 years of age suffers from serious emotional" TCDD recommends DSHS request funding to maintain current behavioral health services, including restoration of services that may be reduced as part of the agency's proposal to reduce state GR expenditures by five percent.

Continuity of Care:

More than 600 individuals currently are incarcerated in local jails, some over one year, because Texas has a waiting list for competency restoration services. The mental health needs of those individuals are often not addressed in a timely manner because a state hospital bed is not available. Additionally, many of these individuals, including youth, can be diverted from criminal justice involvement and live self-determined lives in their community if they are provided with appropriate continuity of care. TCDD recommends that DSHS request funding to implement recommendations of the continuity of care workgroup, including adequate non-crisis services, cognitive rehabilitative services, improved communication between courts and hospitals and collaboration with TDHCA to advance permanent supportive housing.

Improve Mental Health Workforce Capacity Effectiveness:

The shortage of mental health care workers suggests the importance of increasing the use of tele-health and telecommunication services and of providing financial incentives such as training stipends, tuition assistance, and loan repayment programs. Funding is also needed to identify and evaluate promising practices to address children's mental health workforce needs and to expand strategies shown to increase children's access to quality care such as a child psychiatric residency training program in state psychiatric facilities.

Provide Children with Access to Mental Health Services:

Comprehensive intervention for mental health concerns in childhood can change the trajectory of many lives. TCDD recommends that DSHS request funding to maintain current community mental health services and mental health hospital beds for children and youth, and funding to eliminate wait lists for children and adolescent community mental health services.

Promote Healthy Children:

TCDD also recommends that DSHS invest in prevention of disabilities and maintenance of health for infants and youth with disabilities by requesting increased funding for programs that fall under DSHS Family and Community programs, such as early detection programs, expanding newborn screening, strengthening medical home programs, increasing the children with special health care needs program, expanding availability of Pregnant Post Partum Intervention, and promoting a continuum of care for premature infants.

Thank you for your efforts to improve health and well-being in Texas.

Sincerely,

Belinda Carlton
TCDD Public Policy Specialist
Belinda.carlton@tcdd.state.tx.us



6201 E. Oltorf, Suite 600, Austin, TX 78741-7509
E-Mail: TCDD@tcdd.state.tx.us
Internet: <http://www.txddc.state.tx.us>

Brenda Coleman-Beattie, Chair
Mary Durham, Vice Chair
Roger A. Webb, Executive Director

Texas Department of Aging and Disability Services
Stakeholder Public Hearing
Fiscal Years 2010-2011 Report Update for State Supported Living Centers
June 17, 2010

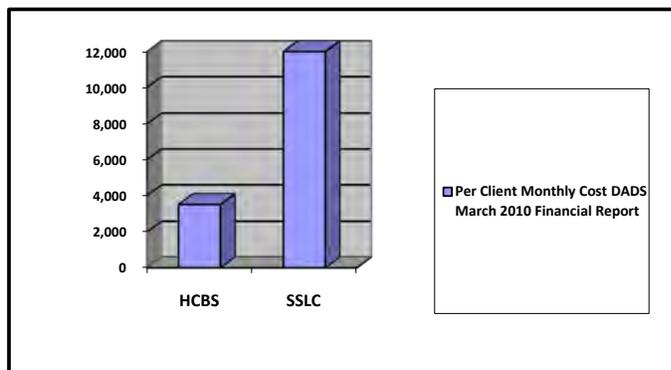
Thank you for allowing the Texas Council Developmental Disabilities (TCDD) to comment on long-term planning for state mental retardation facilities. TCDD is established in federal law to create systems change so that all people with developmental disabilities can live self-determined lives in the community. TCDD has a 27-member board appointed by the Governor, 60% of who are individuals with significant disabilities or their family members.

TCDD believes that all individuals with developmental disabilities can be provided appropriate services and supports in integrated, community programs. Individuals must therefore have access to the full range of accommodations necessary to ensure that living in their natural community is possible. Community providers have demonstrated the ability to provide quality services and supports to individuals with the most challenging support needs to allow them to live in community program. DADS data indicates that individuals with service and support needs similar to individuals in state mental retardation facilities are already receiving appropriate services in community programs, including waivers.

Recommendation 1: Reduce Census

The Future Direction for Texas Supported Living Centers report must focus on significantly reducing the census of SSLC's so that Texas can use its limited resources to provide more services in the manner preferred by the majority of Texans with developmental disabilities. Expenses of state supported living centers require an increasingly disproportionate share of available resources relative to community based programs. Texas can provide more supports to individuals with significant developmental disabilities with community-based services.

Data from the May 10, 2010 March Financial Report submitted by Department of Aging and Disability Services (DADS) to the Legislative Budget Board shows the highest cost community-based Medicaid waiver program, HCS, which includes residential services, averages \$3,500 per month per client compared



to \$12,000 per month per resident of State Supported Living Centers.ⁱ

Recommendation 2: Increase Community Capacity for Diversion and Transition from SSLCs

TCDD recommends that the focus for the Future Directions and Factors Affecting Future Need sections in the Report Update for State Supported Living Centers should be to rapidly develop increased capacity in community programs to provide appropriate services and supports to individuals with significant disabilities, including those at risk of placement in a SSLC. The Department should continue and enhance its efforts to identify the services and supports needed for individuals currently in SSLCs to successfully transition to community programs. As the census in SSLCs continues to decrease, DADS should utilize census management activities to identify appropriate consolidation of remaining residents to reduce overall SMRF resource requirements and when appropriate, close unneeded facilities. These efforts should build on the trend projected by the DADS Office of Management Support and Oversight for State Supported Living Centers for a continuing downward trend in state supported living center enrollment and would demonstrate intent to comply with the Olmstead integration mandate.

Recommendation 3: Cease Admissions of Children

TCDD recommends that Initiatives Affecting State Supported Living Centers in the Report Update for State Supported Living Centers should include an initiative to cease admissions of children to state supported living centers. DADS states support for the principle that children belong at home with their families. Yet, services are not always available to keep families intact while services are available to support out-of-home institutional placement. While there has been progress in the movement of children out of institutional settings, the total number of children who continue to reside in institutions remains high and there continues to be new admissions. The state must take firm action to eliminate further admissions of children and youth to state supported living centers.

Thank you for your service to Texans with disabilities.

Belinda Carlton
Public Policy Specialist
Texas Council for Developmental Disabilities
Belinda.carlton@tcdd.state.tx.us or 512 437-5414

ⁱ FY 2010 March Monthly Financial Statement. Texas Department of Aging and Disability Services. Letter to John O'Brien, Deputy Director, Legislative Budget Board from Gordon Taylor, DADS Chief Financial Director. Retrieved June 9, 2010 from <http://cfoweb.dads.state.tx.us/MonthlyFinancials/reports/mfr/2010/march2010.pdf>



6201 E. Oltorf, Suite 600, Austin, TX 78741-7509
E-Mail: TCDD@tcdd.state.tx.us
Internet: <http://www.txddc.state.tx.us>

Brenda Coleman-Beattie, Chair
Mary Durham, Vice Chair
Roger A. Webb, Executive Director

Input Submitted by email

Date: June 29, 2010

From: Texas Council for Developmental Disabilities
Cassie Laws-Fisher, Public Policy Specialist

To: Texas Department of Family and Protective Services
msc@dfps.state.tx.us.

All Texas children, including children with disabilities, have the right to be cared for in a safe, healthy and nurturing environment that prepares them for the arrival of kindergarten and beyond. In 2005, 61 percent of children from birth through age six (and not in kindergarten) spent time in non-parental child care.¹ In order to provide for future generations, families must have access to quality and accessible child care.

The Texas Council for Developmental Disabilities (TCDD) highly recommends the changes to the proposed minimum standards rules as follows:

Section §746.1601 and §746.1609 relating to how many children may one caregiver supervise and what is the maximum group size?

The national recommendation set by the American Academy of Pediatrics and the National Association for the Education of Young Children support ratio size for infants 3:1, 4:1 for toddlers and 9:1 for preschoolers. TCDD supports the National Academy of Pediatrics suggested group size of six children in a group for ages 0-12 months, eight children per group for ages 13-30 months, 10 children per group for ages 31-35 months, 14 children per group for three year olds, and 16 per group for four- and five-year olds. Research shows that smaller group and ratio sizes give children opportunities for positive interactions with other children, which aids in social and developmental skills. The Texas Department of Family and Protective Services' (DFPS) minimum standards state that "research has shown that when caregivers have fewer children to supervise and the group size is limited it reduces the likelihood of injuries and illness in children and increases opportunities for positive interactions with children. Excessive numbers of young children increase the danger of high caregiver stress and loss of control."ⁱⁱ

Section §746.1107 what additional minimum qualifications must each of my caregivers meet?

Current standards only require that caregivers complete eight hours of pre-service training. Pre-service training is given to a person who has no previous experience in professional child care and no relevant training in specific topics. Minimum standards state that a caregiver must be 18 years old and only require a high school diploma or equivalent. TCDD supports amending the minimum qualifications to increase the amount of pre-services hours in alignment with the Committee on Licensing Standards for

caregivers between 16 to 40 hours. Increasing the amount of pre-service training hours can mean the difference in quality child care for the 1.2 million children under the age of six in day care.ⁱⁱⁱ Children who receive high-quality learning experiences show positive outcomes for their later development stages. Increasing the pre-service hours allows the caregivers to concentrate on the training areas which focus more on the cognitive, physical and emotional well being of children in day care programs. Ensuring that children get a good start in life and a parent keeping a job is essential for the wellbeing and future of our children.

Section §746.1309 How many clock hours of annual training must be obtained by caregivers?

The significance of annual training for caregivers is imperative for the amount of time children spend in child care. The average amount of time a child under six years old is in child care can vary depending on a parents work schedule. However, some children can spend up to 45 hours a week in child care. Child care can be the first point of entry for a child into a setting away from their home. Caregivers need the additional training hours to be able to assess child development. In some situations it is the caregivers who may be the first to observe any child development delays -if trained properly. Increasing the annual training between 25 and 40 hours will allow for caregivers to keep up to date with various trainings which would help enhance a caregiver's knowledge. In Texas caregivers do not have to have any type of higher education in order to care for children. By requiring additional annual training hours, child care facilities can circumvent the lack of child development that a caregiver may not have from a high school diploma or even a bachelor's degree in a field that does not require the understanding of children and their development.

ⁱ Child Trends Data Bank, www.childtrendsdatbank.org/archivepgs/21.htm.

ⁱⁱ Texas Department of Family and Protective Services, Minimum Standards for child-care centers p.52.

ⁱⁱⁱ National Association of Child Care Resource and Referral Agencies, <http://www.naccrra.org/randd/data/docs/TX.pdf>.



6201 E. Oltorf, Suite 600, Austin, TX 78741-7509
E-Mail: TCDD@tcdd.state.tx.us
Internet: <http://www.txddc.state.tx.us>

Brenda Coleman-Beattie, Chair
Mary Durham, Vice Chair
Roger A. Webb, Executive Director

July 1, 2010

Clare Seagraves, Policy Analyst
Office of Health Services, HHSC
4900 N. Lamar Blvd.
Austin, Texas 78751

Ms. Seagraves-

Thank you for the opportunity to submit comments on Health Management Associate's report of options for a capitated or non-capitated pilot to serve persons with intellectual and developmental disabilities. Below, you will find general comments as well as answers to the specific questions posed in the stakeholder report submitted on behalf of the Texas Council for Developmental Disabilities. Should you have any questions or need more information, please contact me at angela.lello@tcdd.state.tx.us or (512) 437-5417.

Thank you,

Angela Lello, Public Policy Director
Texas Council for Developmental Disabilities

Appropriately applying managed care approaches to long-term care services for people with intellectual and developmental disabilities

"Managed Care" can be a tool to reduce the cost and improve the quality of health care services. To effectively serve the population of persons with intellectual and development disabilities, however, certain characteristics must be present. These characteristics of success were noted in the National Leadership Consortium on Developmental Disabilities' 2009 Policy Insights Bulletin (Gettings, NCLDD Volume 1, Issue 1) and TCDD believes they must be present in any managed care approach in order to be successful.

Person Centered- Any managed care approach must be person-centered in order to appropriately serve the population of individuals with intellectual and developmental disabilities.

Access- All eligible individuals must be able to access the services they need when, where and how they are needed.

Flexibility- Services available under any managed care program must be designed with flexibility to allow the services to be tailored to meet the individuals' needs. Additional flexibility must be built into the program to respond to participants' needs as they change.

Cost-effective service plans- Any managed care approach for people with I/DD must emphasize cost-effective service plans. Such approach must ensure that there are no incentives or disincentives attached to any particular service option. By focusing on cost-effectiveness, service plans can be designed to maximize resources and serve additional individuals in the least restrictive setting.

Coordination of long-term services with acute and behavioral health care- Many individuals with I/DD have co-occurring behavioral disorders. NADD (an association for persons with developmental disabilities and mental health needs) estimates that 30-35% of all people with I/DD have a psychiatric disorder. In Texas, it has become increasingly more evident that the population of individuals with I/DD are requiring greater levels of behavioral health care. To adequately serve the entire population of persons with I/DD, a managed care approach must address behavioral health services in some manner.

Fixed point of accountability- Much like the concept of “medical home,” a fixed point of accountability for all of an individual’s service needs must exist in managed care approaches serving individuals with I/DD. With one entity responsible for ensuring all the individual’s needs are met, quality outcomes can improve and further cost savings can be realized.

Geographic equity- For any managed care approach to be appropriate for Texas’ I/DD population, it must ensure that people are able to get the services they need regardless of where they live. Regional variation in service mix and provider base should not rise to the level that would prevent people from receiving the same type, quantity and quality of services based on their geographic location.

Streamlined access- An appropriate managed care approach for people with intellectual and developmental disabilities will streamline the channels by which participants must access services. Strong local administrative entities- The strength of local entities to administer a managed care program is vital to its success. Local authorities in Texas are best suited to understand the service needs of the local population and any weaknesses of the administrative entity will be burdened ultimately by the consumer.

Broader support options- A successful managed care approach will allow administrative entities to provide broader support options than are typically available under traditional programs. Broad options will allow the administrative entity to meet a participant’s need in any way in order to prevent utilization of more costly services.

Emphasize “preventative” services and supports- In order to be truly cost-effective for this population, any managed care approach must emphasize the services and supports that would prevent a participant from utilizing more expensive and intense services after needs have escalated. This “preventative” approach would ensure that individuals are able to remain in the least restrictive setting.

Potential for cost-effective services and decreasing wait time for services

There is less certainty regarding the potential for cost savings from managing acute care services for people with intellectual and developmental disabilities. States that utilize managed care approaches for this population have far lower rates of institutionalization than Texas. Cost-savings will be generated from avoiding institutional placement. If the pilot is not developed with the goal of avoiding institutional placement, then significant cost-effectiveness likely will not be realized.

If the pilot is designed using a 1915(b) waiver authority, then significant cost savings will be blunted. Current federal regulations require states to serve all eligible individuals under a 1915(b) waiver. This will either cause Texas to dramatically underserve, restrict eligibility criteria, or increase spending to operate such a program for this population.

It is unclear whether any of the proposed options would significantly decrease the time people wait for services. Option 3 may eliminate the wait for SSI recipients only, while Option 1 may result in significantly disparate wait times for people across the state. If a re-investment strategy is built into the pilot, then wait times will likely decrease as savings are reinvested in expanded services.

Strengths of Texas' current I/DD system

Equity- Individuals are able to access the same array of services no matter where they reside in the state. Additionally, individuals are all placed on the same interest list on a first-come, first-serve basis. Strength of local authorities- Local Mental Retardation Authorities (local authorities) are strongly rooted in their communities. They have significant expertise serving the population of individuals with I/DD and working with the local provider base.

Consumer directed options- The current system provides several options for consumers and their families to better direct and control their service options.

Weaknesses of Texas' current I/DD system

Timely access- Individuals cannot access the services they need in a timely manner.

Serving individuals with behavioral health needs- Texas' current system does not appropriately serve individuals with I/DD who have co-occurring behavioral health needs. These individuals often must access services in the most expensive and restrictive settings.

Lack of specialty services- Few providers exist with expertise in serving individuals with complex needs.

Inefficiency- Because individuals must wait very long for services, their needs are often exacerbated by the time they access services. This may cause service plans to be unnecessarily high.

Over-utilization of institutional settings- Because community services are underfunded, Texas over-utilizes more costly 24-hour residential settings for people who may be successfully served in a less restrictive and less costly environment.

Lack of flexibility- Individuals cannot easily move from waiver to waiver in order to access needed services. Not all services are available in each program and the lack of flexibility in service arrays can prevent an individual from remaining in the community.

Burden on caregivers- Unpaid caregivers are overly burdened in Texas' current system. Informal supports are stretched to the thinnest as people wait for services. Systems of informal supports are often eroded to the point where they do not sufficiently supplement services provided by the state.

Pilot Options

TCDD suggests that variations of Options 1 and 2 that include other services (acute and/or behavioral health services) be explored. TCDD does not believe Option 3 is a feasible option for the population of individuals with I/DD. No other state has attempted a managed care approach similar to Option 3 for this population and TCDD does not believe that the current STAR+Plus waiver would adequately provide quality services to this population chiefly because the participating health plans do not have extensive experience serving the I/DD population in Texas.

Option 1 would allow the state to take a gradual approach at implementing a managed care model system wide. This option could lay the ground work for a fully capitated model after the pilot is tested and modified.

The shared risk and reinvestment requirements are strengths of Option 2 that should be incorporated into the final pilot design. These two requirements will ensure that the administrative entity is emphasizing cost-effective services that keep individuals in the community while expanding services.

TCDD strongly recommends that the final pilot include individuals in institutional settings as well as individuals in the community. For significant cost-efficiencies to be realized, the most expensive services (institutional services) must be included in the pilot. Additionally, TCDD recommends that the role of the local authority be maintained in any pilot. These local authorities are responsive to their local communities and have access to local resources. Finally, TCDD cannot support any pilot that would restrict eligibility or result in unnecessary service reductions for people with I/DD.

Thank you for considering TCDD's input as you develop the pilot project. We hope this input helps you shape the final recommendations and we look forward to working with you on the development of any policy to design or implement such a project.



TEXAS COUNCIL *for*
DEVELOPMENTAL
DISABILITIES

(512) 437-5432
(800) 262-0334
Fax (512) 437-5434

6201 E. Oltorf, Suite 600, Austin, TX 78741-7509
E-Mail: TCDD@tcdd.state.tx.us
Internet: <http://www.txddc.state.tx.us>

Brenda Coleman-Beattie, Chair
Mary Durham, Vice Chair
Roger A. Webb, Executive Director

DSHS Stakeholder Meeting
Budget Reductions for FY 2012-13 Biennium
July 6, 2010
Comments by Belinda Carlton

Thank you for allowing the Texas Council for Developmental Disabilities (TCDD) to provide comments regarding the recommendations for budget reductions to be submitted as part of the DSHS's 2012-13 Legislative Appropriations Request (LAR).

TCDD is established by federal law in the Developmental Disabilities Assistance and Bill of Rights Act and consists of a 27 member board, appointed by the Governor, 60% of who are individuals with developmental disabilities or family members of individuals with disabilities. Other council members represent various state agencies that provide services to people with significant disabilities. The Council's purpose in law is to encourage policy change so that people with disabilities have opportunities to be fully included in their communities and exercise control over their own lives.

Maintain Current Behavioral Health Services:

First and foremost, TCDD believes it important to "do no harm." According to the Stakeholder Presentation made by Commissioner Lakey on the DSHS 2012-13 LAR, "mental health disorders are the leading cause of disability in the United States and 1 in 10 children between 9 and 17 years of age suffer serious emotional illnesses." According to the National Institute of Mental Health, about 26% of Americans 18 and older — or one in four adults — have a diagnosable mental disorder in a given year. Unfortunately, there are few mental healthcare options for these citizens beyond services provided through DSHS and funded by state general revenue. In 2014, when Medicaid becomes an option for all individuals up to 133% of federal poverty level, the demand on state general revenue to cover mental health services will decrease dramatically.

- TCDD believes the State of Texas must find the revenue necessary to maintain current behavioral health services.

Promote Healthy Children:

DSHS's Family and Community programs – such as early detection programs, newborn screening, medical home programs, children with special health care needs program, and Pregnant Post Partum Intervention), as well as promoting a continuum of care for premature infants – promote healthy lives and prosperity. Texas has a waiting list for these services. Children's mental health services keep

individuals in their family, in school and out of jail. In Texas, the juvenile justice system is the de facto provider of children's mental health: roughly 70% of youth in juvenile justice have mental health disorders.

The demand for these programs should also decline with implementation of the Patient Protection and Affordable Care Act. Starting in September of this year, insurance companies will no longer be able to deny coverage or require waiting periods for children with pre-existing conditions. Additionally, individuals under 133% of federal poverty level without coverage will be able to secure Medicaid in 2014. Until then Texas must promote the wellness of its children.

- TCDD believes that Texas must continue investing in the prevention of disabilities and maintenance of health and mental health for infants and youth with disabilities.

Implement Continuity of Care Task Force Recommendations:

The Continuity of Care Task Force of DSHS was established to make and prioritize recommendations to improve efficiencies, access and quality of mental health services. If individuals are provided with appropriate continuity of care, many of them can be diverted from criminal justice involvement and can live self-determined lives in their community where they can receive supports to get them working and contributing to our economy. More than 600 adults currently are incarcerated in local jails, some for more than one year, because Texas has a waiting list for competency restoration services and is not addressing their needs for continuity of care including adequate non-crisis services, cognitive rehabilitative services, improved communication between courts and hospitals and housing.

- TCDD supports an exceptional item in the LAR to implement recommendations of the continuity of care taskforce.

In conclusion, TCDD cannot support cuts to services for individuals who have no other options for treatment and rehabilitation of serious physical, mental or sensory disabilities. TCDD recommends that DSHS find the five percent reduction from anything but services.

Thank you for your efforts to improve health and well-being in Texas.

Belinda Carlton
TCDD Public Policy Specialist
Belinda.carlton@tcdd.state.tx.us