

Laurie Glaze, Chair
Adoptation
Avondale House
Bering Omega Community Services
Care for Elders
Career and Recovery Resources, Inc.
Catholic Charities of the Archdiocese of Galveston-Houston
ChildBuilders
CHILDREN AT RISK
Christ the Good Shepherd Catholic Church
Coalition for Behavioral Health Services
Collaborative for Children
Communities In Schools
DePelchin Children's Center
Family Services of Greater Houston
Fort Bend Regional Council on Substance Abuse, Inc.
Gateway to Care
Good Neighbor Healthcare Center
Gulf Coast CHIP Coalition
Harris County Healthcare Alliance
Healthcare for the Homeless-Houston
Houston Area Association for the Education of Young Children
Houston Food Bank
IntraCare Hospitals
Jewish Family Service
Justice for Children
Legacy Community Health Services, Inc.
Memorial Hermann Healthcare System
Mental Health Association of Greater Houston
NAMI Metropolitan Houston
Neighborhood Centers, Inc.
Northwest Assistance Ministries
San Jose Clinic
SEARCH
South County Community Clinic, DBA The Community Clinic
Spaulding for Children
Target Hunger
Texas Children's Hospital
The Arc of Greater Houston
The Center for Success and Independence
The Arrow Project
The Network of Behavioral Health Providers
United Way of Greater Houston
Wesley Community Center
YMCA of Greater Houston

80th Texas Legislature Position Statements and Outcomes

One Voice is a network of public, private and non-profit organizations in the Greater Houston area working together to ensure that the health and human service needs of all Texans are addressed in legislative, regulatory, funding and other public policy initiatives.

One Voice supports the need for strong prevention and early intervention programs, and the ability to maximize federal funding for health and human service programs in Texas, so that we can "Keep Texas dollars working in Texas."

Membership developed public policy recommendations based on their experiences as service providers in each of the following health and human service areas.

Basic Needs

- ★ **2-1-1:** Support full funding of *2-1-1 Texas* local operations.
- ★ **Legislative Outcome:** Funding is now provided in the Texas Health and Human Services Commission (HHSC) budget.
- ★ **LITE-UP Texas/System Benefit Fund:** Restore funding for the LITE-UP Texas program for those it was intended to benefit. Funding for this program continues to be collected through electric utility bills. The money was shifted by the Texas Legislature into the state's general revenue fund.
- ★ **Legislative Outcome:** No legislation passed dealing with the SBF (to protect the fund, expand the eligibility requirements, etc.). Both HB 551 and SB 482 (dealing with deregulating electricity cost for the benefit of low-income customers) failed. The Legislature did pass \$200 million in appropriations for the SBF low-income discount - \$30 million will be available before the end of FY07 and \$170 million will be available in 2008 and 2009. The Public Utility Commission (PUC) ordered a discount of approximately two cents per kilowatt-hour (kWh). This provides a discount of approximately twelve percent from the highest existing rates.
- ★ **Individual Development Accounts:** Support legislation and funding for Individual Development accounts (IDA's) in Texas, to enable access to matching federal funds, and to help build assets for low-income individuals and families.
- ★ **Legislative Outcome:** SB 62, which would have authorized the creation of a statewide IDA program passed the Senate, but did not get through the House.

Contact: Rita Fryer @ 281-885-4579 or rfryer@namonline.org

Behavioral Healthcare

- ★ **Quality and Access:** Support adequate state funding for mental health and substance abuse crisis and community support services.
- ★ **Legislative Outcome:** The Department of State Health Services Exceptional Item for Crisis and Community Services was fully funded at nearly \$83 million for the biennium. The general revenue budget contained \$9.6 million for waiting list reduction, targeting part of these funds for child and adolescent services.

The Rider contains provisions for allocation of this funding with a portion to mental health equity, a portion to per capita, and a portion to a competitive process. Funding for substance abuse at DSHS decreased by \$20.9 million, according to the Governor's report. Other reports offered differing numbers, but despite increases in the TDCJ budget, community-based treatment funds were cut.

- ★ **Inpatient Treatment:** Support funding to allow the UT Harris County Psychiatric Center to add 30 indigent beds.
- ★ **Legislative Outcome:** In HB 15 (Supplemental Appropriations), \$7 million was appropriated for FY09 to provide operations of The University of Texas Harris County Psychiatric Center.
- ★ **Jail Diversion:** Increase funding for jail diversion programs for mentally ill defendants.
- ★ **Legislative Outcome:** The Texas Department of Criminal Justice received \$205 million for increased capacity to provide substance abuse treatment to prisoners, probationers, and parolees, including \$5.8 million for treatment in the state jails. Other funding increases include: \$10 million for outpatient substance abuse treatment for community adult probation; \$32.25 million for 800 residential treatment beds for community adult probation; \$63 million for 1,500 additional treatment beds for substance abuse felony punishment; \$21.7 million for 1,000 additional slots for in-prison therapeutic community program; \$10 million for 500 additional slots for DWI treatment beds, which includes aftercare in transitional treatment centers and outpatient counseling; and \$5.5 million for 300 additional beds for parole halfway houses.

Contact: Lisa Osborne at 281-207-2400 or losborne@fortbendcouncil.org or Leslie Gerber at 713.456.0822 or lsgerber@houston.rr.com.

Child Welfare

- ★ **Case Management:** Support language that would affirm Harris County's legal authority to provide case management and/or substitute care services to children who are in protective custody and care of the state and their families.
- ★ **Legislative Outcome:** 1) Harris County can be a provider in any outsourced system. 2) The outsourcing provisions were largely reversed, although a pilot project will enable child placement agencies to provide case management services to five percent of the substitute care cases.
- ★ **Prevention and Early Intervention Program:** Restore the Texas Department of Family and Protective Services (DFPS) Prevention and Early Intervention (PEI) funding to pre-2003 levels, plus cost of living and population growth (supports policy of Texas Network of Youth Services). Adjust Texas' funding for post-adoption support services to account for caseload growth, plus projected caseload growth in the coming biennium.
- ★ **Legislative Outcome:** In general, funding for prevention and early intervention was increased by \$6.7 million, restoring some, but not all, programs to 2003 levels or better. Primary increases were for competitive programs with documented outcomes. Post adoption funding was not increased, although the increases in the Children's Medicaid budget should benefit these children, since most remain on Medicaid after their adoption.
- ★ **Aging Out of Foster Care:** 1) Provide adequate funding for existing Preparation for Adult Living (PAL) transition centers, including case managers. 2) Support extension of PAL services to children ages 14 and 15. 3) Add six new transition centers.
- ★ **Legislative Outcome:** One Voice recommendations were not adopted. However, HB 1, Rider # 37, budget for the Department of Disability Services, Promoting Independence Plan, Home and Community-based Services, appropriated \$1,699,464 in general revenue in FY08 and \$4,859,969 in general revenue in FY09, and associated federal funds, for interest list reduction, including funding for 120 children aging out of foster care.

Contact: Conni Barker at 713-802-7706 or cbarker@depelchin.org

Community Care for Seniors and Persons with Disabilities

- ★ **Money Follows the Person:** Develop and obtain federal waivers that will increase state Medicaid funds for community care, thereby increasing the draw down of federal funds and giving more Texans the opportunity to receive community care support as opposed to more costly institutional care.
- ★ **Legislative Outcome:** Appropriations passed the following riders in support of community care funding:
HB 1, Department of Aging and Disability Services, Rider # 14, Promoting Independence-Client Services. As clients relocate from nursing facilities to community care services, funds will be transferred from nursing facilities to community care services to cover the costs of the shift in services. HB 1, Department of Aging and Disability Services, Rider # 37, Promoting Independence Plan. Out of funds appropriated above in strategy A.3.2, Home and Community-based Services, \$1,699,464 in general revenue funds in FY08 and \$4,859,969 in general revenue funds in FY09, and the associated federal funds, are set aside from funds appropriated for interest list reduction, for 240 individuals moving out of large intermediate care facilities and 120 children aging out of foster care.
- ★ **Home Care Wage Enhancement Program:** Lift the freeze on provider organizations, enabling them to participate in the wage enhancement program that would increase attendant care salaries and administrative reimbursement by \$1/hour. *(Ninety percent of this dollar must go to worker wage; up to ten percent can be used for administrative costs.)*
- ★ **Legislative Outcome:** HB 15, which passed, has the following provision: Section 22. Department of Aging and Disability Services: Restoration of community care provider rates to FY03 levels. Provides that \$10,814,194 be appropriated out of the general revenue fund, and \$16,422,160 in federal funds is appropriated, to DADS, in addition to amounts previously appropriated, for the purpose of restoring provider rates to FY03 levels in certain programs and in intermediate care facilities for the mentally retarded. Requires adjustment to provider rates for such services be effective January 1, 2007. In addition, the freeze was lifted in August 2006 – after recommendation had been submitted. The Federal Minimum Wage law passed in May and will affect many workers. Section 53 of HB 1 does state that DADS will get money to reimburse agencies for extra cost if the minimum wage is changed.
- ★ **Personal Care Attendant Training:** Require attendants providing in home care to disabled and elderly to have a minimum of 16 hours training within 120 days of hire that includes hands-on instruction directly related to actual responsibilities.
- ★ **Legislative Outcome:** Senator Ellis authored a bill on this issue, but SB 1650 did not pass out of committee.
- ★ **Personal Care Attendant Hiring Restrictions:** Amend Chapter 250 of the Texas Health and Safety Code to bar employment of home care attendants if they have been convicted of crimes such as indecent exposure, terroristic threat, and Medicaid fraud.
- ★ **Legislative Outcome:** Senator Jane Nelson authored SB 199, which passed into law. Representative Rose sponsored the bill in the House.

Contact: Dianne Long at 713-558-6396 or dlong@careforelders.org

Early Childhood Education

- ★ **Expand Access to Pre-Kindergarten:** Support expansion of an integrated model of service delivery among Pre-Kindergarten, Child Care and Head Start to increase access to full-day, full-year quality Pre-K services with the Texas Early Education Model (TEEM) serving as the basis.

- ★ **Legislative Outcome:** SB 50, which addressed early childhood education legislatively, did not pass. However, \$15 million for the biennium was appropriated for continuation of Pre-K services through the TEEM model and \$184 million for Pre-K expansion grants. These amounts represent level funding from the 2006-2007 biennium; the Legislative Budget Board had recommended a \$20 million cut at the beginning of the session.
- ★ **Increase Child Care Subsidies:** Increase state funding for child care subsidies by using a portion of the TANF block grant for child care.
- ★ **Legislative Outcome:** \$18 million for the biennium was appropriated to the Texas Workforce Commission (TWC) for the purpose of increasing child care reimbursement rates for child care providers meeting specific quality criteria. This was new funding.
- ★ **Improve Viability and Quality of Care for Infants and Toddlers:** Increase the funds to local Workforce Boards specifically to target the learning and development of infants and toddlers in licensed child care centers, licensed family homes and registered family homes.
- ★ **Legislative Outcome:** SB 1141, which would have provided for child care consultants to improve quality of care for infants and toddlers, did not pass. No legislation was proposed to allocate funds to local Workforce Boards to target learning and development of infants and toddlers in child care.
- ★ **Enhance Programs Through Professional Development:** Increase the pre-service hours for licensed childcare center workers, Head Start, and public Pre-Kindergarten workers.
- ★ **Legislative Outcome:** No legislation was proposed to address pre-service or annual training hours. SB 50, which would have addressed trainer qualifications and strategies to support professional development of early childhood education providers, did not pass. However, \$2 million was appropriated to the Texas Education Agency (TEA) for regional professional development partnership projects to improve the recruitment, retention and quality of professionals working with young children. This was new funding.

Contact: Sul Ross at 713-928-7727 or sulross5@msn.com

Health Care

- ★ **Children's Health Insurance Program (CHIP):** 1) Restore CHIP to pre-September 1, 2003 levels by: a) implementing 12 months of continuous eligibility for children enrolled in CHIP and Medicaid; b) eliminating or reforming the asset test for eligibility; c) eliminating the 90 day waiting period for enrollment; and d) restoring income deductions for critical expenses such as child care and child support. 2) Implement quality monitoring of the new integrated eligibility system to ensure that eligible children are not wrongfully removed from coverage.
- ★ **Legislative Outcome:** HB 109 passed in to law. The bill eliminates, in most cases, the 90 day wait for coverage, raises the asset limitations, allows modest deductions from income for child care expenses, and provides one year eligibility for persons with income of less than 185% of the federal poverty level. Between 185% and 200% of federal poverty, families will have a six month review. Families will not lose coverage while review occurs. If HHSC determines that family's income has risen above allowable levels, it must notify the family and allow the family to appeal. Ineligible families must be given a thirty day notice of ineligibility.
- ★ **CHIP and Medicaid Physician and Provider Rates:** 1) Restore Medicaid and CHIP physician and provider reimbursement rates to pre-2003 levels. 2) Begin applying annual inflation increases to Medicaid and CHIP reimbursement rates. 3) Enact a plan to bring rates up to Medicare levels.
- ★ **Legislative Outcome:** Funds were appropriated within the 2008-09 budget to adjust children's Medicaid rates, in accordance with the settlement agreement of the Frew case.

- ★ **Human Papilloma Virus (HPV) Vaccine:** 1) Continue to educate the Texas Legislature on the cost effectiveness of the HPV vaccine and implementation of mandate policies, as well as the flaws in policies that would effectively ban such mandate policies.
2) Require the Texas Department of State Health Services to develop innovative educational materials that are appropriately targeted and encourage parents to vaccinate their children against HPV, and that promote the availability of the HPV vaccine, as well as available funding sources to cover the cost of the HPV vaccine.
- ★ **Legislative Outcome:** HB 1098 passed into law, prohibiting requirement of immunization as a condition for admission to any elementary or secondary school. All contrary executive orders of the Governor were preempted. Education materials about HPV vaccine must be made available to parents or legal guardians at the appropriate time in the immunization schedule by the appropriate school. These requirements will expire January 11, 2011. HB 1379 passed into law requiring the Department of State Health Services to produce and distribute informational materials in English and Spanish regarding human papilloma virus (HPV) vaccinations, collaborate with the Texas Cancer Council to develop educational programs for parents regarding HPV and promoting awareness of a minor's need for preventive services for cervical cancer and its precursors, develop and maintain an informational website related to cervical cancer prevention (including HPV vaccination), and include additional information regarding HPV in course materials developed by DSHS related to sexually transmitted diseases in the model public health education program for school-aged children.
- ★ **Immunization Information Systems:** 1) Ease the administrative burden by maintaining unconsented data in a secure system until consent can be recorded or access is needed during a public health emergency. 2) Strengthen the Texas registry so that it can be appropriately linked to other health information networks, particularly during public health emergencies. 3) Allow childhood immunization records currently captured by the Texas registry to remain in the system for the lifetime of the child (important for higher education admissions and emergency preparedness). 4) Expand the age range of the Texas registry to include both childhood *and* adult immunization records.
- ★ **Legislative Outcome:** SB 11 passed into law and includes expanding information maintained in the Texas registry. SB 11 allows First Responders and their immediate families to store immunization data in the immunization registry prior to a public health emergency. Additionally, the Department of State Health Services is required to educate First Responders about the registry.
- ★ **Multi-Share Insurance Program:** Establish a mechanism authorizing the State to create local and/or statewide multi-share programs. Benefit plan designs must take into account the needs of local communities and provide options for catastrophic coverage and basic preventive healthcare plans, so that participants can choose the type of coverage that best meets their particular needs.
- ★ **Legislative Outcome:** SB 10 contained language that permitted the creation of multi-share programs in Texas. However, sufficient funds were not appropriated in the budget to actually implement programs in Harris County.

Contact: Randall Ellis at 832-797-6416 or rellis@legacycommunityhealth.org