

Ideas in Action



1114 Thomasville Rd. ■ P.O. Box 10209 ■ Tallahassee, FL 32302 ■ Phone: (904) 222-5052 ■ FAX (904) 222-7476
Dominic M. Calabro, President and Chief Executive Officer

Volume II, Issue 8

June 1993

CCMS - AN INDEPENDENT APOLITICAL STATEWIDE SYSTEM FOR THE DELIVERY OF HUMAN SERVICES

By: *Maxene Kleier, Citizen Advocate*

My oldest daughter was diagnosed as having paranoid schizophrenia in 1965; her sister, my second born child, was diagnosed as having the same disease in 1968. A family of five began a long confusing traumatic search for help and understanding of mental illness. Suddenly, we were adrift in a sea of fragmented and disorganized social services. No family, unless extremely wealthy, can afford the health expenses which paranoid schizophrenia may generate very quickly and for many years. We reluctantly began to explore accessibility, quality and accountability of public services.

All of this began almost 30 years ago. During these years, the horror of how social services, nationwide, nonsystematically deal piecemeal with citizens needing public service has become abhorrently clear. The realization that tax money is not most efficiently spent; that manpower hours are being exploited by paper processes and poor procedural policies for many things having little to do with helping people, has created a soul-wrenching desire that justice be found for citizens desperate for humane help in making their lives as productive and satisfying as possible. The human service industry is distressingly and dangerously topsy turvy. We, my husband Kenneth and I, have grave concerns that our tax dollars are being used for activities which are not essential to servicing people for whom these dollars are given.

A shocking awakening came in 1978 when I formally began trying to make a difference for citizens with mental illnesses who are affected by funds collected for distribution to a mish mash of services, programs, population category advocates, service providers and, lastly, to public service clients. Increased assessment and analysis, particularly in the past five years, have made it more than abundantly obvious that, nationwide, people from all population categories are adrift in an unstable, fragmented, disorganized arena of social services.

Social services are inappropriately structured with attendant misuse of social service dollars and manpower hours! Taxpayers and recipients of care are not being properly served. Meanwhile, the human service industry, stagnated in adolescence, grows in size.

Governor Lawton Chiles and Lieutenant Governor Buddy MacKay were elected in 1990 with commitments made to see things change; to see our human service agency promise better lives for citizens. They told us that neighbors need neighbors and that community members must work together to make good things happen for all of us. We heard the cries of taxpayers and care receivers being answered. **Unselfish concern for the welfare of others--altruism--was their theme.**

Since 1990, my husband Kenneth and I have touted the words we heard from these new leaders of our state. Legislators, who always had been responsive to our concerns, were ready to move into

positive action to make things happen that were being promised. We believed our years of work and education were about to pay off. Timing was on our side due to urgencies created by the scarcity of tax dollars and the escalation in communities of homelessness and unemployment.

One joy of our social service issues is that they are not partisan issues. In 1991, Republican Representative Peggy Simone and Democratic Senator Jack Gordon sponsored legislation to implement the Continuity of Care Management System (CCMS), which we designed, for the delivery of human services.

In 1992, Republican Representative Tom Banjanin and Republican Senator Curt Kiser sponsored legislation, which I requested, to require the Department of Health and Rehabilitative Services (HRS) to develop a functional reorganization plan. This was to address the reorganization of the various program offices into logical functional areas. The CCMS statute was written to provide the core--a base--for such restructuring by providing linkage and outreach activities as underpinning for all programs.

As an independent, apolitical entity, CCMS is designed to bring all members--public, private, profit, nonprofit, civic, professional, business and individuals within a community together to better serve and help one another. The foremost philosophical tenet of CCMS is that no individual should ever feel that there is no one to turn to. The intent of CCMS is to link citizens needing assistance with anyone or any entity in the community (including HRS) so that personal and/or family lives can be enriched and community-connected.

CCMS care managers consider the "total-person/total family" needs without consideration for programmatic (population category) limitations, eligibilities or criteria. Care (services) when needed by anyone or any family may be requested by simply calling the CCMS Center. Referrals may be by client or anyone in the community. Care managers are promptly beeped in response to calls and given names, addresses and phone numbers of persons needing assistance. Clients/families are contacted within hours. Emergency calls receive immediate attention.

Many statutes require coordination and integration of resources for clients. Outreach, prevention, intervention are other statutory requirements of different statutes. CCMS is designed to do all of these things in its linkage processes. By so doing, programs may be free in the long term to use more manpower hours for specialized supports which are so vitally needed. Multi programmatic outreach and linkage functions are redundant, expensive and confusing for clients. HRS and other agencies now need to identify in house duplicative actions where a single coordinated linkage can be provided by CCMS. During this identification process, resources can be made available for transfer to CCMS.

CCMS care managers must live in the neighborhoods they serve. They have no offices; dashboards of cars become desks. The CCMS center is not a walk-in facility. All CCMS personnel, other than center workers, are field workers within specific assigned geographic areas. Familiarity of the neighborhood is, therefore, guaranteed; volunteers are more easily recruited and trained; travel costs become minimal; new resources are more easily discovered and developed. Strong uninhibited advocacy becomes natural and establishes the care manager as an important member of the neighborhood and a friend to the people living there.

CCMS provides an ongoing assessment of services available in the community by identifying duplications and service gaps, evaluating quality of services and, when necessary, requesting formal monitoring by proper authorities. All pertinent information can be conveyed to area planning organizations such as the Health and Human Service Boards (HHSB). CCMS data collection is designed to be helpful in legislative budget planning.

When established statewide, CCMS provides a safe, familiar haven for citizens no matter where they may travel or live. This client satisfaction is a major factor in the development of CCMS. In our world today, community ties are too frequently fragile. CCMS may provide a sense of security, community and comradeship in all environments. Therefore, CCMS must be an independent, apolitical entity.

Despite all of these positive attributes, the department did not comply with the 1992 mandate to develop a plan for structural reorganization. A request for extension until February 1, 1994 was denied. However, due to unexpected crises, the department is currently in the throes of long overdue reorganization. To date, there has been no identification of HRS resources for transfer to CCMS--as is required by the CCMS Law of Florida. There will not be statewide CCMS implementation by July 1, 1993. Until now, noncompliance to both laws has been the norm.

Had it not been for the caring of the executive office and the Legislature, we would not have been able to establish CCMS in St. Lucie County, as a core county, with Martin, Okeechobee, and Indian River counties forming the new District XV. Statewide institutional resistance to change, as demonstrated by this first phase of statewide CCMS implementation, has been remarkable.

There has been overt and covert CCMS opposition by some top and middle HRS managers and some private nonprofit service providers who have contracts with the state. Active resistance by the department, in response to our volunteer implementation efforts, has not made St. Lucie implementation easier and the controversial rumors have not been beneficial to CCMS employee morale.

The fact that the Legislature did appropriate \$800,000 to St. Lucie CCMS for 1993-94 attests to its support. Hopefully, during the reorganization now in process and prior to July 1, 1993, HRS will support the legislative appropriation by demonstrating HRS commitment to CCMS by reallocation of some resources to CCMS from administrative coffers so people will receive the direct service delivery that HRS was created to furnish.

We know, and have applied the knowledge in all of our planning and legislative activities, that HRS structural reorganization is an absolute. We also are convinced that the new HRS, as well as other agencies like the Department of Education, cannot succeed in creating healthy communities without statewide consistency provided by the organized stabilizing network of neighborhood CCMS Care Managers. We consider implementation of CCMS as the first and most vital reorganizational step to change the face of Florida. CCMS, the foundation and hub of the structure, supplies the glue that coordinates, integrates and personalizes all available resources and supports for individuals and their families.

May and June of 1993 will be remembered as the months when by shifting and realigning personnel, vital functions may be put in proper perspective. No longer should there be position-padded program offices, i.e., an unequal apportionment of contract managers to contracts. I find it worrisome after having recently seen an HRS district program office structured with eight contract managers for 33 contracts. That is equal to more than 15,000 manpower hours which are annually made available to 33 lucky contractors. If taxpayers' dollars are well spent, contractors will have to endure 8.7 hours of management and monitoring weekly. Such stringent overview could warrant nuisance charges from any competent service provider. Meanwhile, should consumers languish? We expect such obvious extravagance to perish en route to final restructured implementation!

As I write, I realize some people reading this are confident that none of this really applies personally. Is it easier to suffer abuses of tax dollars than to speak out? Is it easier to suffer abuses of other human beings than to speak out? I know I once thought that all of those unpleasant things were outside my lifestyle--and they were. But now I know that a member of my family is vulnerable. Before my life ends, I may be vulnerable.

Kenneth and I have volunteered to remain as administrators/supervisors of the 1993-94 statewide CCMS implementation. During the 1994 legislative session, from knowledge learned during 1993-1994 CCMS partial implementation, decisions by HRS legislative committees need to be made as to whether the location of the CCMS network should be within or outside the HRS structure.

Is it not a demonstration of common sense and self preservation to make sure that someone will be in the neighborhood to call if you, I or a loved one ever needs assistance? In the St. Lucie CCMS, we have served many poor people. We also have served some affluent folks, who for unexpected reasons, suddenly needed assistance. We have been able to alleviate much anxiety and hopelessness.

When CCMS comes to your neighborhood, please be welcoming. Will you help CCMS help neighbors to be neighbors? Will you help CCMS make Florida an outstanding friendly state?

About the Author

Maxene Kleier has for 15 years been a volunteer activist in social services and a civic activist for nearly 50 years. A graduate of the James Madison University in Virginia, Mrs. Kleier has served as Chairman of the State Human Rights Advocacy Committee, Chairman of the State Drug, Alcohol and Mental Health Advisory Committee and has served on Governor Graham's Commission for persons with disabilities and his Task Force Study for Community Health. In addition, Mrs. Kleier in 1982 testified before the U.S. Senate Judiciary Subcommittee and in 1989 served as advisor to the HRS Inspector General during its evaluation of the Florida Council of Community Health Service Providers.

Ideas in Action is a public forum to present discussions on vital issues affecting the economy, public policy and concerns that touch the lives of many Floridians. Views expressed in this letter do not necessarily represent those held by the members, staff, or the distinguished Board of Trustees of Florida TaxWatch.

Editors: Catherine M. Haagenson and Bob Stiff.
Dr. Neil S. Crispo, Director, Research and Operations.
Dominic M. Calabro, President and CEO. Copyright Florida TaxWatch, Inc. June 1993.



NON-PROFIT ORG.

U.S. POSTAGE
PAID

TALLAHASSEE, FL
Permit No. 409

1114 Thomasville Road
P.O. Box 10209
Tallahassee, FL 32302
Phone: (904) 222-5052
Fax: (904) 222-7476