Health and Human Services System Strategic Plan 2017–2021

Volume I

Health and Human Services Commission

Department of Family and Protective Services

Department of State Health Services

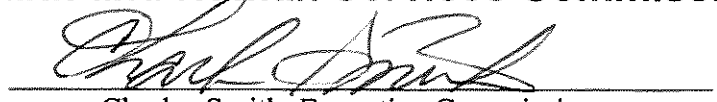
Available at:
http://www.hhsc.state.tx.us/about_hhsc/strategic-plan/2017-2021/index.shtml

Email address: strategicplancomments@hhsc.state.tx.us

Health and Human Services System Strategic Plan

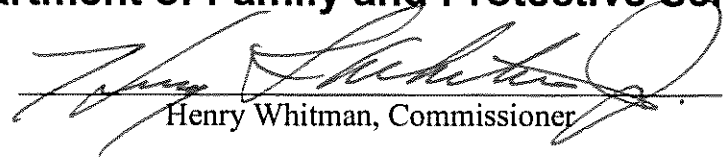
2017–2021

Health and Human Services Commission



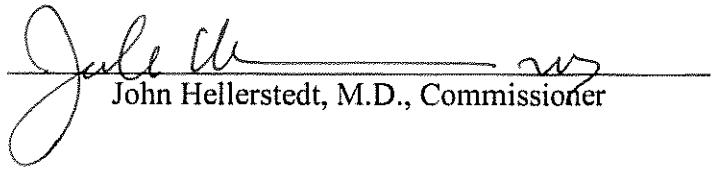
Charles Smith, Executive Commissioner

Department of Family and Protective Services



Henry Whitman, Commissioner

Department of State Health Services



John Hellerstedt, M.D., Commissioner

Submitted June 24, 2016

Texas Health and Human Services System Strategic Plan 2017–2021

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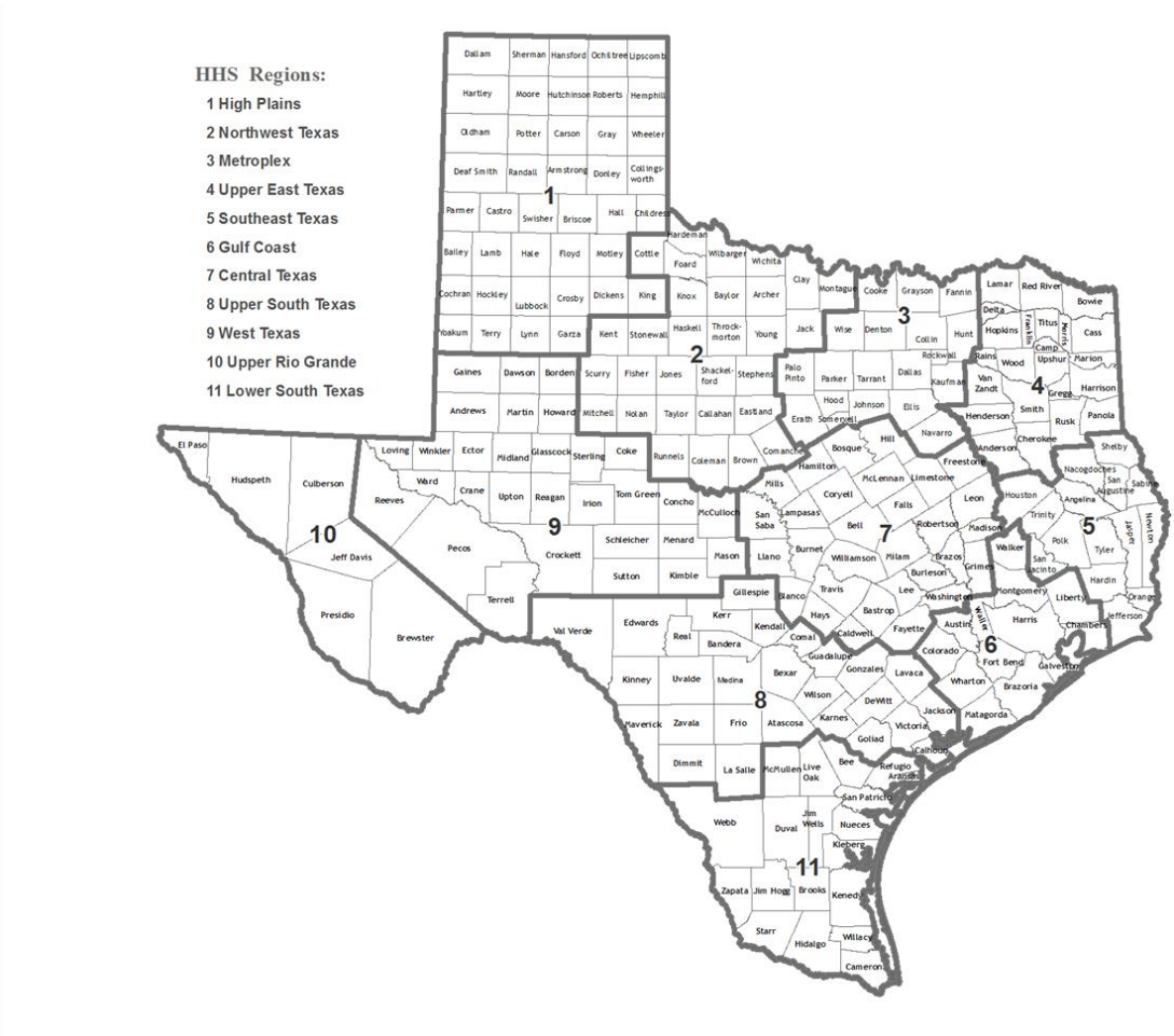
Map of the Health and Human Services System Regions



Source: Health and Human Services System - Strategic Decision Support.

Health and Human Services Commission
Agency Strategic Plan

Mission

Improving the health, safety, and well-being of Texans through good stewardship of public resources.

Goals and Action Plan

Many of the action items related to all the goals represent ongoing, mission-critical functions that will continue during the five-year period of the strategic plan and beyond.

Goal 1: Provide efficient and effective medical and behavioral health services.

Action Items

Action Item 1: Continue managed care expansions and further integrate Medicaid physical and behavioral health services through 8/31/2021, and support the integration of consolidated Medicaid functions at the Health and Human Services Commission (HHSC) through 3/1/2018.

Action Item 2: Oversee, coordinate, and negotiate the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver, approved for a 15-month extension by the Centers for Medicare & Medicaid Services (CMS), through 10/2017.

Action Item 3: Provide long-term services and supports through Medicaid and Medicaid waivers in homes and community settings that will enable aging individuals, individuals with disabilities, and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization through 8/31/2021.

Action Item 4: Enhance statewide coordination of women's health programs in Texas to improve the way health care services are delivered to low income women through better continuity of care and use of best clinical practices through 8/31/2021.

Action Item 5: Promote behavioral health by coordinating and contracting for statewide services for adults and youth, including crisis services, community mental health services, and substance abuse prevention, intervention, and treatment through 8/31/2021.

Action Item 6: Provide specialized health services through 8/31/2021, including services for children with disabilities and their families.

How Goal 1 and Its Action Items Support Statewide Objectives

Accountability

HHSC has found that one of the most effective and efficient ways to deliver medical services is by promoting the concept of a medical home to improve quality and reduce cost.

By utilizing managed care models, the Medicaid and Children's Health Insurance Program (CHIP) Division has been able to deliver services more efficiently by paying a capped rate for each member enrolled, and managed care organizations (MCOs) have financial incentives to deliver health care more efficiently. HHSC regularly monitors MCOs to ensure they meet or exceed their contract deliverables.

When setting rates, HHSC researches more than 10,000 different prices for health care services, compares these prices to the private sector and other Medicaid programs, and identifies possible changes that will provide appropriate rates.

The expansion of managed care and other programs that support long-term services and supports have been pursued through different waivers, such as the Texas Healthcare Transformation and Quality Improvement Program 1115 Waiver (the 1115 Transformation Waiver) and 1915(c) waivers. These waivers—though different—have a common benefit of improving the quality of care that a client receives, while ensuring that costs are controlled.

In particular, the 1115 Transformation Waiver helps HHSC to leverage local and federal funds for healthcare transformation and quality improvement projects, and the 1915(c) waiver participants can receive Medicaid-funded services and supports in their own home and other community settings, at a cost that is less expensive than or equal to the costs of institutional care.

Efficiency

The Transformation of the Health and Human Services (HHS) System will allow for better connection of programs and services, allowing for easier navigation, streamlined service delivery, and improved accountability to taxpayers. Collaboration by different program areas or different state agencies should allow for a system of services and programs that are more efficient and reduce redundancies.

Clients will be able to better access the services they need in a timely fashion, while also ensuring that the services they are receiving are working in coordination, to provide high-quality outcomes with high efficiency levels.

HHSC has some program areas that work with state agencies beyond the HHS System to coordinate and plan for efficient delivery of services.

Effectiveness

Through ongoing review of internal quarterly business reports and annual performance measures, contractor feedback and performance, and other data sources, HHSC identifies gaps and barriers to optimal performance. Strategies to address problem areas are identified and implemented with clear timelines and metrics to achieve success.

Across all medical services programs, whether administered directly by HHSC or by contracted providers, effectiveness is best monitored through the use of data to ensure positive outcomes in service delivery, health, safety and welfare, and access and eligibility. Under the 1115 Transformation Waiver, performing providers are required to demonstrate achievement by reporting on project milestones and metrics to receive incentive payments. All providers are required to report the number of additional individuals or encounters they have provided during the waiver demonstration year. Providers must also annually report on their improvement in quality outcome measures related to each project. These quality improvements assess the effectiveness of the project interventions for improving outcomes. In addition, hospital providers report on population-focused improvements to track the community-wide impact of delivery system reform investments. In addition, Medicaid and CHIP MCOs are measured on various quality metrics, including those focused on preventive health care and potentially preventable events.

Excellence in Customer Service

Excellence in customer service is a core tenet of stakeholder and client relations at HHSC. HHSC employees are trained to fully explore client and provider challenges with program policies and procedures and to provide solutions or identify alternative sources of information to address the problems at hand. Working with the Ombudsman and other areas of the HHS System, the staff ensures that internal and external customers receive accurate and timely information about the programs.

Transparency

Transparency at HHSC is achieved through the significant amount of information that is available to the public and through the many public forums that allow stakeholders to participate and engage on various policy, funding, and program initiatives. Forums include various advisory committees and program-specific

stakeholder forums, such as the Medical Care Advisory Committee and the STAR Kids Managed Care Advisory Committee.

In providing long-term services and supports, the Department of Aging and Disability Services (DADS) participates in stakeholder meetings, provider organization conferences, and other public forums to provide subject matter expertise on an on-going basis. This cooperative approach increases connectivity among recipients, service providers, and the State. Since DADS will become part of HHSC during the planning period, the entity is designated DADS/HHSC in this document.

Other Considerations for Goal 1

Action Item 6: Children with Special Health Care Needs

The Children with Special Health Care Needs program serves individuals who meet certain medical and income eligibility criteria. The program pays for healthcare benefits and services not covered by other payers. The program serves children with extraordinary medical needs, disabilities, and chronic health conditions and people of any age with cystic fibrosis. The program contracts with community-based organizations in many parts of the state to provide case management, family support, community resources, and care coordination. The program also provides case management services through staff based in regional offices.

Goal 2: Provide efficient, effective social services.

Action Items

Action Item 1: Encourage self-sufficiency, safety, and long-term independence for families through 8/31/2021.

Action Item 2: Provide efficient and effective social services to blind children to improve the quality of their lives and to enable their full participation in society through 8/31/2021.

Action Item 3: Ensure prompt and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs through 8/31/2021.

Action Item 4: Make efficient and effective medical determinations on behalf of the Social Security Administration for Supplemental Security Income and Social Security Disability Insurance through 8/31/2021.

How Goal 2 and Its Action Items Support Statewide Objectives

Accountability

HHSC focuses improvement initiatives for its eligibility determination system on reducing eligibility workload demands, ensuring efficient use of taxpayer resources, and improving client self-service options for accessing applications and managing their benefits. Agency initiatives leverage technology solutions and business process improvements to gain efficiencies that enable the agency to maintain performance standards, while accommodating the caseload growth expected over the next several years as the overall Texas population increases.

Disability Determination Services (DDS) reports annual outcomes based on Social Security Administration (SSA) workload allocations. All data, goals, and outcomes are managed by SSA, and annual outcomes are presented by SSA to DDS, which are then provided to the agency for inclusion in the agency's annual report. Reported outcomes include efficiency measures such as the cost per determination and the rate of timely and accurate medical determinations. DDS is entirely funded by SSA. There are no general revenue dollars in this program.

Efficiency

To promote efficient and effective social services delivery, HHSC maintains efforts to promote efficiency with internal program structures and to find long-term efficiencies for the client services. Most important to achieving this benchmark are the Sunset Commission and Senate Bill 200, 84th Legislature, Regular Session, 2015, recommendations for consolidation of HHS System program and operations, which provide a foundation for eliminating redundant and non-core functions. The new Medical and Social Services Division will pursue the Legislature's directive to establish a single point of entry and ensure continuity of care for Texans seeking and receiving HHSC benefits and services. For eligibility and enrollment functions, HHSC will evaluate the various criteria across the different programs to identify opportunities to improve.

Effectiveness

A variety of performance monitoring efforts enable the agency to quickly identify performance deficiencies and to establish improvement plans to address deficiencies: internal performance monitoring, performance measures determined and reported in the strategic planning and budgeting system, and federal/state monitoring and reporting requirements for eligibility determination functions. Ongoing training, case reading, and other quality initiatives help ensure eligibility determination activities are meeting or exceeding performance requirements.

Excellence in Customer Service

HHSC's eligibility business processes have been redesigned and will be fully implemented in all offices statewide in fiscal year 2017. The redesigned processes focus on ensuring that applicants receive prompt and accurate eligibility determinations. Client feedback is obtained through various channels including surveys, management evaluations, and stakeholder forums, such as the Texas CHIP Coalition. In addition, the HHS Enterprise Administrative Report and Tracking (HEART) is used by eligibility staff, call center vendor staff, and HHSC Office of the Ombudsman to document client complaints associated with eligibility services. The agency continues to offer multiple access channels, including local eligibility offices, call centers, and self-service tools that enable customers to conduct business with the agency at times and locations that are convenient to them.

Transparency

The How to Get Help section of the HHSC website provides information about HHSC assistance programs, how to access the application process, and basic information about eligibility criteria. YourTexasBenefits.com enables individuals to apply, renew, and manage their HHSC benefits and contains a listing of Frequently Asked Questions designed to assist with using the website. Banner messages are regularly updated on the website to provide awareness of site changes and announcements about HHSC benefits.

Stakeholder input is often sought to guide program initiatives, and progress toward those initiatives is shared with stakeholders. All publications and communications are edited for plain language and made available in an accessible format. Program information is made available on the program websites.

Other Considerations for Goal 2

HHSC has no other considerations to report for Goal 2.

Goal 3: Coordinate with diverse communities and organizations to strengthen and to support the provision of a spectrum of medical, health, and social services.

Action Items

Action Item 1: Partner or contract with communities to strengthen services through 8/31/2021.

Action Item 2: Coordinate with communities to provide long-term services and supports through 8/31/2021.

Action Item 3: Provide efficient and effective services to Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and to enable their full participation in society through 8/31/2021.

How Goal 3 and Its Action Items Support Statewide Objectives

Accountability

HHSC's Community Access and Services (CAS) programs—including the Supplemental Nutrition Assistance Program Education, 2-1-1 Texas, Family Violence, Community Partner Program (CPP), Community Resource Coordination Group (CRCG), and Refugee Affairs—focus much of their accountability efforts on conducting fiscal and performance monitoring of contracted services to ensure compliance with state and federal regulations and policies. Compliance with all regulations ensures that taxpayer resources are being utilized for their intended purposes and that performance goals are being achieved.

The aging and disability resource center (ADRC) program is accountable for complying with applicable federal and state rules, regulations, guidance, policies, and reporting requirements. The state monitors local area agencies on aging (AAA) for compliance with state and federal laws on fiscal management, program integrity, and performance measures.

Efficiency

HHSC implements CAS programs and services with a variety of techniques to maximize results while minimizing waste to taxpayers. For example, the 2-1-1 Texas information and referral hotline utilizes a statewide call management platform that distributes calls evenly to call centers statewide, so existing resources can absorb excess call volume. Through the CPP, community partner sites decrease caseloads at eligibility offices by assisting clients with applications. The Twogether in Texas program partners with local organizations to provide marital, pre-marital, and relationship enhancement classes at no cost to the taxpayers. Local CRCGs work to identify services for individuals whose needs have not been met through existing channels. CAS has program and contracting policies in place to ensure the appropriate use of state and federal resources, including financial reconciliations, programmatic and fiscal monitoring, and detailed contractor requirements.

The ADRC Advisory Committee (ADRCAC), comprised of key local and state-level stakeholders, helps set and refine the core-functions of the ADRC. The program provides information upon request to the HHS System related to reducing and eliminating redundancies and waste. Pursuant to Texas Health and Safety Code Section 533A.035(a), the state delegates to local intellectual and developmental disability authorities (LIDDAs) the authority and responsibility for planning, policy development, coordination. LIDDAs allocate general revenue funding based on

priority of need. General Revenue funding is used as the last resort to provide services to individuals with intellectual and developmental disability (IDD) who are not Medicaid-eligible or do not have provider resources available in their communities. The state monitors local AAAs for compliance with federal legislation to coordinate resources, reduce duplication, and strengthen collaboration.

The Autism Program and Early Childhood Intervention administer contracted services which assist children and youth with disabilities to increase independence and self-sufficiency and to attain higher educational and vocational goals. Other programs (Blindness Education, Screening, and Treatment (BEST); Comprehensive Rehabilitation Services; Deaf and Hard of Hearing Services; and Independent Living Services) provide services to increase independence and self-sufficiency of consumers and limit long-term reliance on services. Further, by integrating the Independently Living—Blind and Independent Living—General programs at the Department of Assistive and Rehabilitative Services, and by outsourcing those services to Centers for Independent Living, consumers will receive efficient services delivered by community-based organizations in a combined Independent Living Services program with streamlined management and oversight. Consideration of the Texas State Plan for Independent Living, and coordination with the network of Centers for Independent Living and the State Independent Living Council will help to achieve this goal.

Effectiveness

Each CAS program has a set of standards to ensure that services are delivered with the highest quality possible. Program staff monitors service providers for compliance and identifies opportunities for improvement if the standards are not being met. With 2-1-1 Texas, HHSC monitors contracted call centers to ensure target metrics and quality standards are met. HHSC uses Family Violence and the Texas Court Appointed Special Advocates (CASA)/Children's Advocacy Centers of Texas program data to ensure that contractors are meeting performance outcomes. HHSC holds qualified hospitals participating in the Presumptive Eligibility (PE) program to rigorous performance standards. The PE staff works directly with hospitals that do not meet the standards and will disqualify them from participation if they continue to fail meeting the standards.

The ADRC program uses performance-based contracting with local governments and non-profits to cover all 254 counties in Texas. The state contracts with 39 LIDDAs statewide and conducts annual onsite reviews to ensure performance measures and contract requirements are met. LIDDAs coordinate with criminal justice entities, allocate and develop resources, and oversee IDD services in the most appropriate and available setting to meet individual needs in the local service area. Local AAAs are accountable to DADS/HHSC as the state agency on aging by submitting three-year area plans and periodic progress reports.

The Autism Program, BEST, Comprehensive Rehabilitation Services, Deaf and Hard of Hearing Services, Early Childhood Intervention, and Independent Living Services monitor efforts to meet outcomes through program data, customer satisfaction surveys, and performance measures. Additionally, Comprehensive Rehabilitation Services and Independent Living Services use case review and case management metrics. Contracting Oversight and Support Services, in coordination with program staff, also monitors the performance of contracted providers.

Excellence in Customer Service

HHSC regularly conducts monitoring reviews of CAS programs to ensure that service providers deliver excellent customer service. HHSC works with the Ombudsman's office, contractors, members of the public, and service recipients to respond to questions and address any concerns. HHSC also provides technical assistance, conducts webinars and stakeholder meetings, maintains program web pages, meets regularly with service providers to disseminate information pertaining to service delivery, and participates on workgroups to improve business processes.

The performance-based contracts in place for ADRC services include specific measures related to excellence in customer service and requirements for ongoing quality assurance efforts. Members of the public may contact ADRCs through a statewide toll-free number maintained by the HHS System. The state ensures LIDDAs respond to individuals with IDD who request assistance with long-term services and supports through monitoring of their local and statewide services interest list. As the state agency on aging, DADS/HHSC conducts a statewide satisfaction survey of core services provided by AAAs once during the three-year state plan cycle. Local AAAs also evaluate customer service.

Early Childhood Intervention and Independent Living Services are mandated to report on customer service outcomes. Measures include customer satisfaction reports, timely service delivery, and customer outcomes. The Autism Program also employs a customer satisfaction survey and uses survey responses to make improvements to the program. Deaf and Hard of Hearing Services uses a web-based customer satisfaction survey and requires contractors to survey consumers served so that improvements can be made to these services.

Transparency

CAS programs ensure transparency and accessibility to the broadest possible audience by providing information online, answering public inquiries, monitoring contractors, providing literature to reach the broadest level of stakeholders, and conducting public forums and workshops.

The meetings of the ADRCAC are open to the public, and notices of meetings are posted on the agency website in multiple locations. The ADRC maintains a website, and printed materials are distributed locally to help Texans understand the purpose

of the program and access services. Individuals may use the public email address to send comments or questions about ADRC services. DADS/HHSC provides resources and information online and through open meetings for consumers and stakeholders. Online documents are available in English and Spanish and are accessible to users with visual and hearing impairments. Local AAAs provide people requesting services a "Rights and Responsibilities" to provide information on the Older Americans Act (OAA) and how to contact state personnel.

The Autism Program, BEST, Comprehensive Rehabilitation Services, Deaf and Hard of Hearing Services, Early Childhood Intervention, and Independent Living Services are either in statute, rule, or both. Accordingly, stakeholder participation is sought when developing new rules or revising existing rules. Stakeholder input is often sought to help guide program initiatives. Progress toward those initiatives is shared with stakeholders. All publications and communications are edited for plain language and made available in an accessible format. Program information is made available on the program websites.

Other Considerations for Goal 3

HHSC has no other considerations to report for Goal 3.

Goal 4: Provide efficient, effective services for individuals in 24-hour state facilities.

Action Items

Action Item 1: Improve the efficiency and effectiveness of State Supported Living Centers (SSLCs) through 8/31/2021.

Action Item 2: Ensure State Hospitals and other related state facilities are safe, effective, and recovery-oriented through 8/31/2021.

How Goal 4 and Its Action Items Support Statewide Objectives

Accountability

Accountability in the SSLC System and other state facilities involve efforts to be more accountable to the clients who utilize these facilities and to manage resources in a fiscally responsible manner. The SSLC system is transitioning to an electronic life record to improve operational efficiency, accountability, and productivity of staff by providing automated functionality for the numerous manual processes. The SSLC System is also researching and developing opportunities to expand the delivery of specialized SSLC services and supports to individuals living in the community.

Efficiency

Enhanced efficiency is anticipated as the SSLCs are transitioning from a primarily paper-based system to an electronic life record for clinical and program services. The SSLCs are standardizing data collection and quality assurance systems as a part of this transition.

Additionally, facilities planning will specifically address operational needs, including infrastructure needs of the existing facilities, future infrastructure needs, capacity needs across various regions of the state, and associated costs. Local mental health authorities jointly plan services in each hospital's service area with the State Mental Health Hospital. Services are based on local conditions and factors, including the number of admissions and type of services to be provided. A quality interaction of hospital-based and community-based services is promoted through coordination, collaboration, and communication.

Effectiveness

SSLCs have several ongoing initiatives to increase effectiveness, including strengthening individual support planning process, transitioning to an electronic life record, standardizing data collection and quality assurance systems, transitioning service monitoring system to a quality service review model, and improving compliance with Department of Justice settlement agreement.

To support effective service delivery in state hospitals, all state hospitals are accredited by the Joint Commission. This accreditation is a demonstration that the facilities meet rigorous standards regarding clinical care, patient rights, quality improvements, and infection controls, among many others.

Excellence in Customer Service

The significance of excellence in customer service is embodied through the SSLC Quality Improvement Program. The goal of the SSLC Quality Improvement Program is to ensure that all services and supports are of good quality, meet individuals' needs, and help individuals achieve positive outcomes, including protection from harm, stable community living, and increased integration, independence, and self-determination in all life domains (community living, employment, education, recreation, healthcare, and relationships).

Effective and efficient state facilities serve not only the individual, but also the families and communities. The individualized care provided helps patients return to a level of functioning so they can continue receiving services in their communities or can understand their criminal charges and participate in court proceedings. The Inpatient Customer Survey measures individuals' satisfaction on stays in the state psychiatric hospital, including ratings of staff, inpatient treatment, the facility, participation in their treatment, and their ability to function after leaving the hospital.

Transparency

Transparency in the operation of SSLCs is crucial in ensuring the effective, efficient, and accountable delivery of service to the residents of the SSLCs. HHSC/DADS and the SSLC operators have a policy of openness and responsiveness to inquiries from family members, guardians, stakeholders, legislators, general public and media, while also ensuring the patient privacy is closely maintained.

The state hospitals produce a quarterly report on State Mental Health Facilities performance indicators. The reports are posted online and cover information such as regulatory indicators, financial indicators, and access measures. These reports allow the public and stakeholders to track the facilities' performance on a recurring basis.

Other Considerations for Goal 4

HHSC has no other considerations to report for Goal 4.

Goal 5: Promote consumer health and safety through focused regulatory and licensing activities.

Action Items

Action Item 1: License, monitor, and inspect health care facilities through 8/31/2021.

Action Item 2: License, certify, permit, and monitor individuals in health care professions through 8/31/2021.

Action Item 3: Ensure effective communication for persons who are deaf or hard of hearing through the certification of interpreters at varying levels of skill through 8/31/2021.

Action Item 4: Decrease occurrences where children are placed at serious risk in licensed day care facilities, licensed residential facilities, and registered family homes through 8/31/2021.

How Goal 5 and Its Action Items Support Statewide Objectives

Accountability

Optimizing consumer protection activities will promote best practices and good stewardship of taxpayer funds. The regulatory environment fosters the health, safety, and opportunities of Texans while supporting accountability and innovation. Mitigating risk factors for clients has benefits that can be felt both in maintenance of

quality standards for clients as well as in fiscal accountability for taxpayers by ensuring that services are delivered in facilities and by license-holders that meet required standards and by addressing instances where compliance has not been satisfied.

To ensure that efforts to regulate these industries are efficient and not overly-burdensome, many programs report data publicly and conduct periodic reviews.

Efficiency

HHSC strives to have high levels of productivity with a small number of resources and uses technology to enhance efforts in licensing, monitoring, and inspecting health care facilities. The Board for Evaluation of Interpreters (BEI) tests more than 500 interpreter candidates and issues more than 1,500 certificates a year with 3 full-time employees. In order to make this possible, an online application and scheduling process ensures an efficient system to test, rate, and issue certificates to interpreters. To ensure maximum use of taxpayer funds, fees collected by the program are used for: developing, administering, and rating interpreter certification tests; issuing certificates; and addressing complaints filed against certified interpreters.

HHS System Transformation will allow for better connection of programs and services, allowing for easier navigation, streamlined service delivery, and improved accountability to taxpayers.

Effectiveness

Licensing, monitoring, and inspecting health care facilities ensures that services are held to required standards to maintain optimal safety, quality, and protection, including acute and long-term care services. This work involves the collection of data to evaluate the quality and quantity of services and to require improvement as needed. Program initiatives are in place to improve the ability to track and achieve enhanced consistency in enforcement actions.

HHSC's regulatory programs report a variety of metrics on effectiveness as determined with the LBB and the Office of the Governor, and the programs also post information online for the public. Some programs, such as child care licensing (CCL), have a business plan identifying projects to fulfill core functions and projects to continuously improve with identified time frames to meet the project. Through the HHS System Transformation, there will be performance metrics developed for all program areas to ensure that each program area is functioning effectively.

Excellence in Customer Service

Licensing, monitoring, and inspecting health care facilities have two customers associated with these action items: the licensee(s) and the general public. Effective

and efficient administration of licensing activities provide licensees with the opportunity to operate in an accountable fashion while at the same time promoting consumer health and safety for the general public.

Some programs, like BEI, offer opportunities for public comment in board meetings and through public surveys in response to programmatic changes. Other programs, like CCL, ensure excellent customer service by offering regulated operations the opportunity to complete a survey related to their inspection, and by focusing on community outreach and engagement related to identifying illegal operations and the importance of using regulated child care. Additionally, CCL holds forums related to the rule process for all providers and stakeholders to give comment on the current requirements.

Transparency

Transparency efforts are vital so members of the public have the ability to review information about providers and facilities from which they are seeking essential services. Depending upon certain confidentiality requirements, licensing, monitoring, permitting, certifying, and inspecting most entities or professionals are open processes, the outcomes of which may be publicly available. Rule development and revision processes actively involve stakeholders for broad-scope input and user-friendly products. Developing and maintaining licensing standards, within statutory authority, is done through a stakeholder-inclusive rule development process. Public comment and stakeholder feedback are crucial in ensuring that all programs are transparent and accessible.

Other Considerations for Goal 5

HHSC has no other considerations to report for Goal 5.

Goal 6: Ensure the integrity of health and human services programs through the Inspector General.

Action Item

Action Item 1: Identify, deter, and act on fraud, waste, and abuse through timely and quality audits, investigations, and inspections by 8/31/2017.

Action Item 2: Generate and disseminate excellent work products that demonstrate mission performance, inform stakeholders, and educate the citizens of Texas by 8/31/2018.

Action Item 3: Identify and implement best practices in all areas of the organization, including improving business operations and researching and

obtaining an effective data analytics tool and other technologies to improve productivity and effectiveness by 8/31/2018.

Action Item 4: Develop and maintain outstanding internal and external relationships to promote transparency and accountability by 8/31/2017.

The accomplishment dates for these action items represent the end dates for all of the components of the items. Some components have already been accomplished, and others will be accomplished by the end of fiscal years 2016, 2017, and 2018.

How Goal 6 and Its Action Items Support Statewide Objectives

Accountability

The Inspector General (IG) has a positive fiscal impact, with recoveries vastly outpacing agency costs. The office's oversight activities protect taxpayer funds and other assets of the State by detecting and deterring fraud, waste, and abuse and identifying recoveries and savings that benefit the State. Recoveries and collections are on the increase, rising sharply in recent months. The IG's new strategic plan, quarterly reports, and audit reports are posted on the IG website for all taxpayers to review. They contain detailed information on operations, results, and other accomplishments. The IG expends its appropriation through carefully developed strategies, reviews all systems for budget-effectiveness, and seeks stakeholder input to promote efficiencies.

Efficiency

The IG employs management strategies, such as the Theory of Constraints, to maximize the efficient use of its appropriation. The IG's core values are professionalism, productivity, and perseverance. Living by these values, the IG reorganized the office's operational structure, removing several functions and more than 70 positions and consolidating related functions rationally so that more can be done with less. The IG hugely reduced backlogs in investigations and audits with available resources and now complies with all statutory deadlines. These results and their companion efficiencies form the basis of the IG strategic plan for the next biennium.

Effectiveness

The IG discontinued practices and programs which were off-mission, inappropriate, or inefficient. The office instituted new operational policies and practices that promote efficiency and has just launched a Rapid Process Improvement initiative to gain further economies of scale and improve the productivity of mission-critical functions within available resources. These efforts will reach full fruition in the next two years and are expected to produce additional measurable improvements in performance by focusing on return on investment of core functions, business

processes, technology, and staff capacity-building as areas of continuous improvement.

Excellence in Customer Service

The IG has repaired an array of broken relationships with stakeholders, which has allowed a rapid increase in customer service effectiveness. All IG employees are professional and respond rapidly to public inquiries, complaints, and requests in a timely and complete manner. The redesigned website contains statutorily required information. Frequent meetings with stakeholders, listening tours, and better and more accessible information and training have become the norm. The strategic plan builds upon this ethic of excellence in customer service by investing in the development and retention of high-performing staff, with a strong emphasis on responsive customer service, communications, and stakeholder outreach.

Transparency

The IG strives to make its operations as transparent and as plainly stated as possible through quarterly reports that include information about activities conducted by each division and cost savings and dollars recovered. The website allows stakeholders easy access to the online reporting portal and provider information and training. The strategic plan continues and enhances these strategies so that all that the IG does is clear, transparent, and understandable by all Texans.

Other Considerations for Goal 6

For each action item above, the IG has developed a rigorous business planning process with much greater detail. However, that information—i.e. division-level details, audit plans and reports, performance metrics, milestones and progress reports on key initiatives—can be found on the IG's website and quarterly reports.

Since much reform and restructuring has been completed and a core leadership team has been put in place, the IG has prioritized:

- Continued excellence in execution within the audit, investigations, and inspections divisions;
- Implementing legislative changes and participating in the Transformation process;
- Improving the use of data analytics and performance metrics and dashboards;
- Establishing new Inspections and Data and Technology Divisions and a new Medical Services Office;
- Investing in the recruitment, development, and retention of high-performing staff;
- Launching an Integrity Initiative and improving the Integrity Line to connect with MCOs, providers, and the public in a new community policing model;
- Focusing on innovative managed care oversight strategies; and

- Strengthening outreach and partnerships with key stakeholders such as legislative leaders, the provider community, and federal and state partner agencies.

Goal 7: Improve the effectiveness and efficiency of system oversight and program support.

Action Items

Action Item 1: Improve services and accountability through organizational transformation and monitoring for efficiency and effectiveness of the consolidated functions as an ongoing process through 8/31/2021.

Action Item 2: Consolidate support services for better coordination and performance by 9/1/2016, with continuing focus on consolidation as determined feasible.

Action Item 3: Ensure efficient, consistent, and correct controls in procurement and contracting by 9/1/2017.

Action Item 4: Discover, understand, access, use, and share accurate data and information to improve decision-making and service delivery by 8/31/2021.

Action Item 5: Provide guidance and support to agencies to ensure equitable and appropriate delivery of programs and services to improve outcomes for all people through 8/31/2021.

Action Item 6: Improve behavioral health coordination and provide broad oversight and consultation among state agencies, local governments, and other entities to ensure a strategic statewide approach to providing services.

How Goal 7 and Its Action Items Support Statewide Objectives

Accountability

The organizational transformation of the HHS System as directed by the Legislature will create a system that is easier to navigate for people seeking information, benefits, and services; align with HHS' mission, business, and statutory responsibilities; break down operational silos to create greater program integration; create clear lines of accountability within the organization; and develop clearly defined and objective performance metrics for all organizational areas.

The consolidation of these services is occurring through the creation of a Chief Operating Officer position to which all support service areas, along with Transformation and Policy and Performance functions, are now reporting. This will

ensure that administrative services remain connected to service delivery, and it will ensure a culture of continuous improvement based on data-driven decisions.

HHSC's Procurement and Contracting Services (PCS) will be transparent by strengthening the division through consolidation of all contract and procurement staff from all HHS System agencies. Additionally, contracts will be assigned to trained, certified managers, per Texas Government Code Section 2262.053.

Other program areas will benefit through having functioning data governance and warehouse projects that will allow the HHS System to be accountable for performance, because accurate data will be available for assessment of success and informed decision-making.

Finally, in 2015, Article IX, Section 10.04 of the 2016–2017 General Appropriations Act (84-R) created the Statewide Behavioral Health Coordinating Council, comprised of 18 state agencies that receive state funding for behavioral health services, to ensure these funds are spent efficiently and effectively. Per requirements, the Council has created a five-year strategic plan and is now developing a coordinated expenditure proposal documenting support of the plan to ensure that behavioral health services across the state are not duplicative and work in coordination to ensure high-quality outcomes.

Efficiency

Through the HHS Transformation, the HHS System will become more efficient and better-coordinated. The consolidation of Medicaid and other direct service programs and access and eligibility services into a single division will streamline the delivery of services by reducing fragmentation and will break down operational silos. The transformed system will also improve coordination between direct services programs and state-operated facilities.

Consolidation of administrative support functions across the HHS system will enable more effective coordination and consistency in key service areas including: procurement and contracting, legal, facilities management, and budget and financial management.

Effectiveness

The Transformation Office will focus on continuous system improvement and innovation while the Policy and Performance Office will monitor ongoing operations, policy, and data management.

Developing and implementing a system-wide performance management system will include: gathering, measuring, and evaluating performance measures and accountability systems across the HHS system; coordinating development and ongoing refinement of all HHS system performance measures; establishing targeted,

high-level system metrics that measure overall HHS system performance; and coordinating effective reporting of HHS system performance metrics and performance measures for both internal and public audiences.

HHSC will use enhanced data analysis to further support effective system oversight and program support. The data governance and data warehouse projects will improve effectiveness of programs because accurate data will be available for decision-making. In addition, the Center for Elimination of Disproportionality and Disparities works with HHS agencies and programs to ensure that accurate and reliable demographic data are collected, shared, and used to inform program and service delivery.

Excellence in Customer Service

Customer service will also be a focus within the consolidated administrative services structure. Monthly meetings between each programmatic area and the various administrative areas will occur to assure that administrative areas are focused on the programs' needs. The Transformation and Policy and Performance offices will participate to ensure that necessary linkages and coordination are occurring.

One area in particular that is enhancing its efforts around customer service is PCS, which has increased its staff and expertise in the Customer Services Section. This unit not only helps internal customers with all contract questions, but will provide support to the vendor community as well.

Transparency

Transparency has been and will continue to be a key facet of the HHS Transformation efforts. The HHS System will continue to post public information and to seek stakeholder feedback as system changes occur. The new HHS Executive Council will be a place for stakeholder input and visibility into policy initiatives as well as transformation activities. A new rules promulgation process is being developed as an inclusive process for both internal and external stakeholders.

The Chief Operating Officer, responsible for all system administrative services, will be a member of the HHS Executive Council. The council will discuss and receive public comment on system improvements and transformation projects, program operations, legislative appropriations requests, and other items.

Other Considerations for Goal 7

HHSC has no other considerations to report for Goal 7.

Redundancies and Impediments

Service, Statute, Rule, or Regulation	Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Agency Recommendation for Modification or Elimination	Estimated Cost Savings or Other Benefit Associated with Recommended Change
22 Tex. Admin. Code §291.8, Return of Prescription Drugs, and Tex. Occ. Code §562.1085, Unused Drugs Returned by Certain Pharmacists.	The Texas State Board of Pharmacy requires in 22 Tex. Admin. Code §291.8(b)(3)(D) that certain professionals who return unused prescription drugs to a pharmacy send a report about those drugs to HHSC. HHSC receives the reports but cannot make use of the information, since most of it concerns individuals not covered by Medicaid. Screening the reports is impracticable due to limited staff.	Amend Tex. Admin. Code §291.8 and Tex. Occ. Code §562.1085 to remove the requirement that licensed health care workers or consultant pharmacists at assisted living facilities and penal institutions send a copy of their returned unused drug inventories to HHSC. Alternatively, amend the codes to require reports for Medicaid-eligible individuals only.	Current HHSC staff resources dedicated to sorting and reviewing the physical reports submitted by pharmacies could be available for more productive uses. Any legal risk associated with HHSC's receipt of personal health information in physical mailings related to this rule will be eliminated.
HHSC Rider 75 in the GAA. Expanded Primary Health Care Services for Women - Unexpended Balance Authority.	This program will cease to exist on August 31, 2016.	Eliminate	No cost savings
Tex. Health & Safety Code § 142.0105. License	The statute requires that DADS send the renewal notice with an application and	Modify paragraph (c) by striking the last sentence: "Not later than the 120th	DADS/HHSC would save significant paper, printing, and

Renewal. (in Chapter 142, re Home and Community Support Services)	instructions. DADS/HHSC would like to refer applicants to existing resources online, saving staff time and money spent in sending packets. Other licensure programs typically send out renewal notices in letter or post card format.	day before the date a person's license is scheduled to expire, the department shall send written notice of the impending expiration to the person at the person's last known address according to the records of the department."	mailing costs, in addition to reducing staff time to process paper applications.
Tex. Health & Safety Code § 260A.007. Investigation and Report of Department.	Subsection (k) requires that DADS send law enforcement a written report of every investigation triaged as a Priority One (P1) complaint, for which DADS must initiate the investigation within 24 hours of receipt, for Nursing Facilities (NFs) and Assisted Living Facilities (ALFs). Law enforcement may join DADS when notified that DADS will enter the facility to investigate. Law enforcement sees no value in receiving reports on non-substantiated allegations.	Repeal Subsection (k) of Tex. Health & Safety Code § 260A.007. DADS/HHSC will continue to follow Tex. Hum. Res. Code § 48.1522, providing written reports for all substantiated acts of abuse, neglect and exploitation to local law enforcement.	In calendar year 2015, DADS/HHSC investigated 1,715 P1s for NFs and ALFs and substantiated about 20%. Eliminating this requirement would decrease the task's workload by 80%, saving about $9,500 in salary costs and/or allowing staff to focus on tasks affecting CMS performance standards.
Tex. Health & Safety Code § 551.041. Medical and Dental Treatment.	Statute requires SSLCs to seek outside approval even when expertise lies in-house. Statute also requires consent for dental treatment to involve two physicians	1. Remove the requirement that one of the physicians be engaged in private practice. 2. Change the consent for dental	These changes would allow for more efficient protocols and faster response to residents' medical and dental needs. Since the SSLC

	and one dentist, when discussions regarding dental procedures should be guided by individuals with knowledge of dentistry. Statute also does not reflect current healthcare practice to allow for the use of physician extenders (such as advanced practice nurses and physician assistants).	treatment to two dentists and one physician. One physician is adequate to review the overall health of the resident and clinical aspects of the procedure. 3. Change the consent for medical treatment to three primary care providers (to include physician extenders), one of whom would be a physician.	primary care provider is more familiar with the resident's medical condition(s), it is more effective and efficient for this person to participate in treatment decision-making. Changing the requirement to two dentists would more effectively ensure appropriate dental procedures.
Tex. Health & Safety Code § 555.002. Forensic State Supported Living Center.	As of May 4, 2016, one resident at Mexia SSLC and zero residents at San Angelo SSLC are classified as high risk alleged offenders, but because a high risk determination can be made at any time, each facility must maintain a separate home to be available at a moment's notice. This results in a practically empty home with full staffing at all times.	Amend Tex. Health & Safety Code § 555.002(a) by either deleting subparagraph (a)(2) in its entirety, or by amending the language in that subsection to allow the resident's interdisciplinary team discretion to determine what level of supervision is appropriate for the resident.	The annual cost associated with maintaining a home to house the one resident is $290,064. Cost savings are estimated to be roughly $267,864 per year. Staff and resources currently obligated to this under-utilized home could be reassigned.
Tex. Health & Safety Code § 533A.032. Long-Range Planning.	The report required by paragraph (c) is generally seen by external stakeholders as being obsolete, evidenced by the lack of feedback received on the report and at public hearings. The	Delete Subsection (c) of the existing statute.	This change would allow the agency to use resources toward other projects and improvements in the SSLC system. The report also requires two

	report is redundant, since DADS is required to produce similar reports, such as the SSLC Center Long-Term Plan (Rider 39 Report) that was released in January 2015. The report addresses: overview of SSLCs, oversight, infrastructure and systems, stakeholder feedback, and recommendations.		public meetings. Repealing it will save resources spent on organizing and conducting meetings with few attendees.
Tex. Hum. Res. Code Subch. D. Options for Independent Living Program.	Requirements of the Options for Independent Living Program (OILP) conflict with federal requirements by requiring cost sharing for case management services. The AAAs deliver case management services per the OAA, Sec. 315(a)(2)(A), which prohibits states from implementing cost sharing for the services. State general revenue is used as match, subject to federal regulations. State general revenue has not been appropriated for OILP for several years; therefore, OILP services have not been provided and information for the report is not available.	The agency recommends requiring the OILP annual report only when the federal requirements permit cost sharing for case management services.	Each year, DADS prepares a letter to the Governor, Lieutenant Governor, and Speaker of the House stating the reasons for not providing the OILP services or an annual report on the services. This change will reduce staff time spent to meet a state requirement that is currently prohibited by federal regulations.

Tex. Crim. Proc. Code Chapters 46B, Incompetency to Stand Trial, and 46C, Insanity Defense.	Courts occasionally commit to the state hospitals under 46B or 46C commitments patients who are too impaired neurologically or physically to attain competency or gain capacity. When these patients are committed to the state hospitals they are either not receiving active psychiatric treatment because there are no existing treatments to regain capacity from dementia, acquired or traumatic brain injuries, or severe or profound intellectual disabilities, or they are immediately transferred to a medical facility to treat the patient's unstable emergency medical condition.	Amend Chapters 46B and 46C of the Tex. Crim. Proc. Code to preclude a forensic commitment to a state hospital if the patient has a primary diagnosis of a neurological condition from which the patient is not expected to recover (including dementia or brain injury) or an immediate medical condition whose acuity would prohibit transfer to a state hospital.	This change would decrease demand on state hospitals. If the demand is reduced, it allows patients to be served more effectively.

Department of Family and Protective Services
Agency Strategic Plan

Mission

Improving the health, safety, and well-being of Texans through good stewardship of public resources, with a focus on protecting children, older adults, and people with disabilities, and preventing child abuse and neglect.

Agency Goals and Action Plan

Many of the action items related to all the goals represent ongoing, mission-critical functions that will continue during the five-year period of the strategic plan and beyond.

Goal 1: Protect children, families, older adults, and people with disabilities from abuse, neglect, and exploitation through quality investigations.

Action Items

Action Item 1: Implement a new Child Protective Services (CPS) practice model, Signs of Safety, to engage families and their support networks to ensure child safety remains the primary focus by 12/31/2017.

Action Item 2: Use the Special Investigator positions statewide to mentor CPS investigations staff and provide consistent training on proper forensic investigation techniques by 8/31/2021.

Action Item 3: Use the Special Investigator positions to strengthen relationships with law enforcement entities by 8/31/2021.

Action Item 4: Provide thorough and timely investigations in the expanded number of settings within which Adult Protective Services (APS) conducts provider investigations through 8/31/2018.

Action Item 5: Improve staff retention to develop a professional and tenured workforce that can conduct thorough and timely investigations.

How Goal 1 and Its Action Items Support Statewide Objectives

Accountability

The Department of Family and Protective Services (DFPS) is accountable to the citizens of Texas by fulfilling its statutory obligation to protect vulnerable citizens through timely and thorough investigations of abuse, neglect, and exploitation. DFPS promotes policies and initiatives that protect the best interests of children, families, people who are 65 and older, and people with disabilities.

Efficiency

DFPS makes use of existing investigative staff resources to maximize coordinated efforts in conducting quality investigations and thorough assessments to ensure the safety and well-being of children, families, people who are 65 and older, and people with disabilities who are subject to abuse, neglect, and exploitation. These efforts include cross-program coordination with key stakeholders, such as law enforcement entities and other agencies.

Effectiveness

CPS and APS have integrated practice models that include tools and strategies to help staff make accurate, timely, and consistent decisions. These practice models require staff to explore strengths and protective actions as rigorously as they explore safety and risk, resulting in more accurate assessments and aligning clients who need more intensive levels of intervention with appropriate services that are designed to reduce the risk of recidivism.

Both CPS and APS track and monitor program performance through the use of the agency's executive dashboard that captures data on key metrics. Both programs have quality improvement teams that help define measures of success. Programs use data to identify problem areas and implement plans for continuous improvement.

Both APS and CPS have investigation timeframes in place and will be evaluating these timeframes in light of an updated work measurement study.

Excellence in Customer Service

CPS and APS strive to conduct thorough investigations within appropriate time frames. For children who cannot remain safely with their families, CPS works to ensure that children are placed in the most appropriate setting that guarantees their safety and well-being. Strengthening oversight of the conservatorship program and the children under its care is essential to improving customer service. APS is taking on an expanded role in conducting provider investigations in an array of settings which will allow APS to ensure the safety of a greater number of vulnerable Texans.

Transparency

DFPS posts an overview of the agency's programs, services, measures, and accomplishments on the public website. Visitors to the website are able to see data on investigations and services at county, regional, and statewide levels. DFPS is working to automate this information into an online data resource that is interactive and accessible to the public. This will help lead to greater transparency on the part of DFPS.

Other Considerations for Goal 1

DFPS has no other considerations to report for Goal 1.

Goal 2: Work with community partners to strengthen family systems and improve outcomes through effective service delivery.

Action Items

Action Item 1: Reduce the average time to achieve permanency for children in CPS conservatorship by 25 percent by 8/31/2020.

Action Item 2: Reduce the number of youth who exit CPS conservatorship without a permanent home to five percent by 8/31/2020.

Action Item 3: Improve placement resources and services through staged implementation of redesign of the Texas foster care system and targeted capacity-building efforts across the state by 8/31/2021.

Action Item 4: Improve the quality of services to CPS clients by implementing performance-based contracting and testing, and evaluating the use of brokered services by 8/31/2021.

Action Item 5: Improve APS In-Home service delivery practice by providing services at the appropriate time, with the appropriate number of contacts based on Safety Assessments, risk findings, and the service plan through 8/31/2021.

Action Item 6: Improve quality of assessment of children and family needs and outcomes for children in care by implementation of Child and Adolescent Needs and Strengths, Family Strength Needs Assessment starting 9/1/16.

How Goal 2 and Its Action Items Support Statewide Objectives

Accountability

CPS and APS are accountable to the citizens of Texas by providing appropriate, timely, and effective services that address the root cause of abuse, neglect, or exploitation. Reducing incidences of abuse and neglect minimizes waste of taxpayer funds.

Efficiency

DFPS fulfills its core function by working with communities, stakeholders, and other agencies to maximize resources to provide quality services to clients. CPS collaborates with Children's Advocacy Centers of Texas to reduce trauma for children during the investigation and prosecution of child abuse cases. This process results in efficiency as information is obtained for both the CPS investigation and for a potential criminal investigation; therefore, children do not have to repeat talking about difficult subjects. APS local boards in many parts of the state support resource rooms and make purchases to address specific needs of APS clients. This supplements and enhances APS use of Purchased Client Services funds.

Effectiveness

Both CPS and APS track and monitor program performance through the use of the agency's executive dashboard that captures data on key metrics. Both programs have quality improvement teams that help define measures of success. Programs use data to identify problem areas and implement plans for continuous improvement.

DFPS leverages and coordinates existing community and state level resources to ensure medical and behavioral health needs are met.

Excellence in Customer Service

CPS provides excellent customer service to clients by providing effective services that allow children and families to remain together whenever that is a safe, viable option. CPS makes efforts to place children who have been removed from their families due to abuse and neglect with other family members whenever possible. In the event that a placement with a family member is not possible, CPS strives to place children in the least restrictive setting that is appropriate to meet the child's needs. APS works with stakeholders and clients to provide services in the least restrictive manner to help improve a client's quality of life.

Consumers who have concerns with how DFPS treated them may call the DFPS Office of Consumer Affairs (OCA) who will conduct an independent, objective review of how their case was handled. Feedback from OCA helps programs identify areas to strengthen policy compliance.

Transparency

DFPS carries out its work through interactions with clients, stakeholders, and the general public. In addition to information about program services that is posted on the agency's public website, DFPS also holds stakeholder forums to obtain input from the public when rules that impact services are created or amended.

As mentioned, consumers who have concerns with how DFPS treated them may call the DFPS OCA. Transparency is ensured through the independent, objective review of how their case was handled.

Other Considerations for Goal 2

DFPS has no other considerations to report for Goal 2.

Goal 3: Work with Texas communities to provide services that prevent child abuse and neglect and promote positive child, youth, and family outcomes based on analysis of community risk and protective factors as well as local needs assessments.

Action Items

Action Item 1: Develop a strategy for the administration of Prevention and Early Intervention (PEI) contracts to enhance positive outcomes for children and families through the required use of community needs assessments by 8/31/2020.

Action Item 2: Report annually the progress of PEI-funded services and plans for improvements through 8/31/2021.

Action Item 3: Expand technical assistance and support to communities to help them plan, assess, choose appropriate evidence-based programs, collaborate in the community, leverage private dollars, and sustain their efforts by 8/31/2020.

Action Item 4: Promote public awareness of protective factors for children, including topics such as safe sleep for infants, supervision to prevent drowning and hyperthermia deaths in cars, effective ways to nurture children, safe ways to manage the stress of parenting, and the need for early childhood immunizations through 8/31/2021.

Action Item 5: Fully engage fathers through caseworker training and tools as CPS works with children and families through 8/31/2021.

How Goal 3 and Its Action Items Support Statewide Objectives

Accountability

By developing a strategy for contract administration that allows more flexibility and helps contractors increase the amount of dollars available for services, PEI will be maximizing the use of funds it has been appropriated and minimize waste of taxpayer funds.

In addition to providing technical support to county contracts, PEI can also provide technical assistance to help communities expand their reach and impact on families.

Efficiency

Developing a strategy for contract administration that is both more flexible and helps contractors to increase the amount of dollars available for services will help to maximize program results.

To improve efficiency in services, the Texas Home Visiting Program previously at the Health and Human Services Commission was merged with PEI.

Effectiveness

PEI has contracts with several research partners to evaluate the effectiveness of its programs to determine whether contractors are meeting their performance measures and whether improvements are needed. PEI currently has research partners conducting independent evaluations of the following programs:

- Healthy Outcomes through Prevention and Early Support (HOPES),
- Texas Home Visiting,
- SafeBabies initiative,
- Military and Veteran Family Services,
- Fatherhood programs and initiatives,
- Services to At-Risk Youth, and
- Community Youth Development.

PEI has formed a roundtable of these research partners to review the current outcome measures and to suggest improvements to track the effectiveness of programs so that PEI can be as transparent as possible about its programs and their effects on families and communities.

Excellence in Customer Service

PEI demonstrates excellence in customer service through the following:

- Contracting with culturally-competent programs that have organizational experience with child and family services and provide professional development for staff;

- Requiring contractors to collaborate with community partners, to support the community, and to reach as many target clients as possible;
- Offering a public awareness campaign, Facebook page, and a website with parenting support information and resources at HelpandHope.org;
- Offering technical assistance to PEI contractors and community providers throughout Texas to improve their services to children and families;
- Involving stakeholders to make recommendations for improving contract relations to the internal Contract Improvement Workgroup that implements input when feasible; and
- Holding an annual conference, Partners in Prevention, to facilitate learning among service providers and professionals working with children and families.

The DFPS Texas Youth and Runaway Hotline provides prevention services to youths, parents, siblings, and other family members who are in need of a caring voice and sympathetic ear. Trained volunteers are on call to provide guidance on youth-related concerns, to offer referral information, or simply to listen. Services are provided over the phone, and through online chat, similar to instant messaging.

Transparency

The PEI pages of the agency website are updated on a regular basis and include resources for finding additional information about PEI programs. Regular updates on PEI activities are sent out through the Texas Prevention Network. PEI is working to annually produce a program-specific strategic plan to speak to its efforts as directed by the Texas Family Code (Tex. Fam. Code) Chapter 265. PEI is dedicated to reporting the progress of its programs by sharing their outcomes, outputs, and plans for making improvements.

Other Considerations for Goal 3

DFPS has no other considerations to report for Goal 3.

Goal 4: Provide 24/7 operations to capture vital intake information needed to respond to vulnerable Texans.

Action Items

Action Item 1: Decrease Statewide Intake (SWI) call hold times and rate of abandoned calls by 8/31/2018.

Action Item 2: Expand operational capacity to maximize service availability by establishing a satellite location and increasing the use of telework by 8/31/2021.

Action Item 3: Maintain or reduce staff turnover by 8/31/2021.

How Goal 4 and Its Action Items Support Statewide Objectives

Accountability

SWI is the DFPS program that operates the Texas Abuse Hotline that is available 24/7/365 to the general public for reporting incidents of abuse, neglect, or exploitation of children, people who are 65 and older, and people with disabilities. By providing 24/7 coverage and ensuring operational capacity, SWI is accountable to the tax and fee payers of Texas.

SWI is in the process of establishing satellite locations beginning in El Paso to ensure continuity of operations in the event of an Austin area emergency or disaster. The goal is to hire and train a few staff by 9/1/2017 with 24-hour satellite coverage by 8/31/2021.

Efficiency

All calls to SWI are handled by an automatic call distributor (ACD). When a person calls SWI, the ACD offers recorded information and several options to help route the call to appropriate staff in the shortest possible time.

There is never a busy signal, and all calls are counted to enable constant scheduling improvements. Each call is held within the system until answered or abandoned by the caller. SWI calls are electronically recorded. In addition, SWI has a designated telephone line for law enforcement, an administrative line for field staff, and a line for APS Provider Investigations to efficiently handle and report data about each type of call.

Reporters are encouraged to use the online reporting system for concerns of abuse, neglect, or exploitation that do not require an emergency response.

Effectiveness

SWI is developing staffing targets to reduce hold times which will, in turn, reduce the abandoned call rate. SWI is also making improvements to reduce the amount of time to process reports that are routed to field offices located throughout the state.

The SWI Retention Initiative empowers staff and leadership to continuously improve the workplace by fostering communication and collaboration through the Retention Initiative Steering Committee. SWI continues to evolve the Retention Initiative each year so it too undergoes continuous improvement.

Excellence in Customer Service

SWI remains committed to providing exceptional customer service. SWI has won several awards for its commitment to customer service and for efforts to develop and

keep qualified staff. In 2015, SWI won a Stevie award for exceptional customer services for a large call center, a Texas Distance Learning Association Award for the Employee Development Unit, and a "Best Place to Work" award from the Austin American-Statesman. Investment in staff development and positive working environments helps to ensure excellent customer service.

Transparency

Contact information for SWI is posted on the agency's public website. The Data Book, also posted on the website, is a descriptive statistical resource of DFPS services provided to Texans. Information in this book covers the most frequently asked statistical questions and serves as a continuous resource. The Data Book provides county, regional, and statewide data, and contains data by fiscal year on such SWI measures as number of contacts received per fiscal year, contacts by program and type of contact, percentage of calls that are abandoned, and average call hold time.

Other Considerations for Goal 4

DFPS has no other considerations to report for Goal 4.

Redundancies and Impediments

Service, Statute, Rule, or Regulation	Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Agency Recommendation for Modification or Elimination	Estimated Cost Savings or Other Benefit Associated with Recommended Change
Tex. Fam. Code § 261.301. Investigation of Report.	Subsection (g) imposes a burdensome documentation duty on the front-line casework staff and has not led to increased child safety. Unnecessary documentation takes the focus off child safety. If caseworkers or management have	DFPS recommends repealing subsection (g) of the statute.	As stated above, the recommended change would allow caseworkers to expend more time on critical tasks such as focusing on child safety issues.

	concerns regarding the inability or unwillingness of local law enforcement to conduct a joint investigation, they document the concerns in the narrative of the case.		
Tex. Fam. Code § 261.311. Notice of Report.	While notifying a parent that a preliminary investigation of allegations was conducted and closed is appropriate, providing the notice within 24 hours of case closure is a burdensome requirement on caseworkers that does not further child safety. To the contrary, it could negatively impact child safety by requiring caseworkers to postpone more crucial child-safety related tasks to fulfill the statutory notification requirement of a closed investigation.	Amend subsection (b) by removing the 24-hour time frame requirement for notifying parents of an administrative closure.	The amendment will allow caseworkers to focus on more crucial child-safety related tasks rather than on fulfilling statutory requirements that have no bearing on child safety.
Tex. Fam. Code §§ 264.204, Community-Based Family Services; 264.301, Services for At-Risk Youth.; 264.302, Early Youth	Tex. Fam. Code §§ 264.204, 264.301, and 264.302 are overly prescriptive and do not allow the PEI program the flexibility to determine what services are needed and to appropriately utilize grant funds for those	DFPS recommends repealing Tex. Fam. Code §§ 264.204, 264.301, and 264.302, and expanding Tex. Fam. Code § 265.003 as indicated below in Recommendation 1.	The recommended change would allow PEI to perceptively spend funds on the specific services identified as priorities for the at-risk population at any

Intervention Services; and 265.003, Consolidation of Programs.	services. Repealing the three statutes from Chapter 264 and expanding section 265.003 to incorporate any necessary language from the repealed statutes would be highly beneficial for ensuring effective delivery and implementation of PEI services. Having one general provision rather than three specific grant programs/contracts, would allow PEI to better serve the at-risk population at any given time based on current identified needs and priorities.		given time, which could effectively result in cost savings and wiser spending as well as stronger, more targeted service delivery.
Tex. Fam. Code § 266.004. Consent for Medical Care.	While it is necessary for the court and parties to be updated with information on the medical consenter, the requirement that DFPS provide initial notification to each party in addition to the court and the requirement that the caseworker provide subsequent notification within five business days every time the medical consenter changes is unnecessary, as the court and the other parties do not need that information for	DFPS recommends amending subsection (c) of the statute to model the amendments made to Tex. Fam. Code § 263.004 during the 84th Legislative Session regarding notice of the child's education decision maker to the court and other parties. Specifically, DFPS recommends amending the subsection to require the caseworker to provide initial notification to just	The recommendation would allow caseworkers to expend more time on their critical tasks such as focusing on child safety issues and visiting families rather than handling ministerial notice requirements, particularly since the court and parties would still be provided information regarding the medical consenter.

	any specific purpose at that time. In addition, these requirements interfere with the ability of caseworkers to efficiently carry out other necessary duties by creating an extreme paperwork burden, especially in situations when a child's medical consenter changes often.	the court within five business days and to include updated information regarding any changes concerning the child's medical consenter in the permanency progress reports filed with the court, rather than requiring the caseworker to provide the court and each party notice of any change within five business days of the change.	

Recommendation 1: Suggested Amendment to Tex. Fam. Code § 265.003.

Proposed additions are underscored.

Sec. 265.003. CONSOLIDATION OF PROGRAMS.

(a) In order to implement the duties provided in Section 265.002, the department shall consolidate into the division programs with the goal of providing early intervention or prevention of at-risk behavior that leads to child abuse or neglect, as well as to other negative outcomes for children such as social emotional challenges, being unprepared to start school, juvenile delinquency, running away, truancy, and dropping out of school. These programs may include:

(1) crisis family intervention;
(2) emergency short-term residential care for children 10 years of age or older;
(3) family counseling;
(4) parenting skills training;
(5) youth coping skills training;
(6) advocacy training;
(7) mentoring;
(8) home-visitation; and

(9) community education programs designed to improve participation of the general public in preventing, identifying, and treating cases of child abuse or neglect, including parent education programs.

(b) The division may provide alternative and/or additional prevention and early intervention services in accordance with Section 265.002 through competitive grants or procurements.

(c) Any services provided through subsections (a) or (b) must be included in the strategic plan for prevention and early intervention services. The strategic plan must:

(1) report on the effectiveness of past programs and include measures to ensure the effectiveness of planned programs;

(2) present a strategy for targeting specific programs to specific geographic areas based on risk factors present in the communities; and

(3) present a strategy for awarding grants for primary, secondary, and tertiary prevention and early intervention services.

Department of State Health Services
Agency Strategic Plan

Mission

Improving the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

Agency Goals and Action Plan

Many of the action items related to all the goals represent ongoing, mission-critical functions that will continue during the five-year period of the strategic plan and beyond.

Goal 1: Improve health through prevention and population-health strategies.

Action Items

Action Item 1: Improve public awareness about the benefits of early childhood immunizations by 8/31/2021.

Action Item 2: Increase public awareness about the impact on chronic disease of overweight and obesity and a lack of physical activity by 8/31/2021.

Action Item 3: Reduce tobacco use in Texas by 8/31/2021.

Action Item 4: Improve maternal/child health outcomes by 8/31/2021.

Action Item 5: Improve communication, coordination, and collaboration between public health officials in Texas and Mexico by 8/31/2021.

How Goal 1 and Its Action Items Support Statewide Objectives

Accountability

Prevention and population health strategies can reduce the disease burden on Texans and the health care system. The strategies can reduce the cost to the state in Medicaid dollars and uncompensated care by preventing and/or mitigating the consequences of a variety of diseases and conditions. Many research publications

demonstrate a significant return on investment for evidence-based and prevention health programs.

Efficiency

The transformation of the Department of State Health Services (DSHS) under Senate Bill 200, 84th Legislature, Regular Session, 2015, calls for streamlined operations focused on public health. DSHS uses evidence-based strategies for prevention and population health. These are approaches that are proven effective through research or practice. Using proven strategies to improve health ensures funding is not wasted and that its use will drive positive health outcomes across a spectrum of health issues, including infectious and chronic diseases.

Effectiveness

Prevention and population health strategies are at the core of DSHS public health functions. The action items identified in this goal address key health areas affecting Texas and allow DSHS to work to incrementally improve the health status of Texas. A foundation of public health is the use of data to guide decision-making about various public health interventions. This data helps draw conclusions about the success of health programs and interventions and improvements or enhancements that may need to be made. Data also support the use of evidence-based programs that are proven effective through research or practice.

Excellence in Customer Service

DSHS also serves the state by helping improve health outcomes through its leadership in public health in Texas. DSHS is actively involved with stakeholders, taking input through public meetings and other forums. Multiple advisory committees provide recommendations for program improvements. These advisory committees cover a myriad of health topics including public health, cardiovascular disease and stroke, diabetes, and emergency medical services.

Transparency

Communication with stakeholders, public awareness, and education are key components in executing the action items for this goal. Texans will have an opportunity to learn and understand the components to improve health and well-being. DSHS has a solid public presence through its website, news media relations, public awareness campaigns, social media platforms, and other outlets that disseminate information about the agency's activities and initiatives.

Other Considerations for Goal 1

Immunizations

DSHS immunization activities improve quality of life and life expectancy by achieving and maintaining an environment free of vaccine-preventable diseases. Vaccines are a cost-effective public health disease control measure.

To that end, increasing early childhood immunizations is a strategy embedded across the agency in several programs. DSHS will conduct public awareness campaigns focusing on increasing provider education about the importance of childhood immunizations. Data from the Centers for Disease Control and Prevention (CDC) has shown that a strong provider recommendation will help sway parents to immunize their children on the recommended schedules. Resources will be made available to assist providers in making strong recommendations to parents to vaccinate their children.

Future campaigns may also target parents of young children to educate them on the importance of childhood immunizations and following the immunization schedule recommended by the Advisory Committee on Immunization Practices.

DSHS immunization activities seek to increase vaccine coverage levels. In 2014, the immunization coverage level for children 19–35 months was 64 percent. DSHS is actively pursuing strategies to increase immunization rates across the state. Key strategies include:

- Educating healthcare providers and the public about immunization services and their public health value;
- Providing education about receiving immunizations in the medical home;
- Promoting the use of ImmTrac, the statewide immunization registry, used for tracking and reporting vaccines and antivirals and for disaster preparedness purposes;
- Encouraging use of reminder/recall systems within the healthcare setting; and
- Working with stakeholders, including the Health and Human Services Commission (HHSC), the Department of Family and Protective Services, and other state agencies, to improve implementation of these strategies.

Obesity

Poor diet and physical inactivity often lead to being overweight and obese, the second leading cause of preventable mortality and morbidity in the United States (U.S.) For more information, please see the Health Trends discussion in Section E.2.1 of Schedule E, the Health and Human Services (HHS) System Coordinated Strategic Plan.

DSHS works to reduce the burden of death and disease related to obesity in Texas. It monitors the nutrition and physical activity status of Texans to identify emerging problems; provides leadership and expertise to state-level stakeholders, partners,

and groups; and provides training and technical assistance to communities and worksites to facilitate policy and environmental change strategies to reduce obesity and related chronic diseases. Specific activities include:

- Development and oversight of the Strategic Plan for the Prevention of Obesity in Texas;
- Statewide training to increase capacity for implementing evidence-based policy and environmental change activities;
- Training and support for liaisons responsible for implementing wellness and health promotion strategies in worksites statewide;
- Oversight of CDC-funded and state-funded community interventions;
- Training, guidance, and support of staff in regional and local health departments to implement activities related to policy, systems, and environmental change in communities to prevent and control obesity; and
- Promoting collaboration and referral to employee assistance programs for supports, including stress management and behavioral health issues.

Tobacco Use

Tobacco use is the single largest cause of preventable, premature death and disease in Texas. For more information, please see the Health Trends discussion in Section E.2.1 of Schedule E, the HHS System Coordinated Strategic Plan.

DSHS implements a variety of initiatives to prevent tobacco use and initiation and to emphasize enforcement of state and federal laws limiting youth access to tobacco. These include public awareness campaigns and youth outreach initiatives to support program goals for preventing tobacco use, increasing cessation, and reducing exposure to secondhand smoke. Additionally, DSHS partners with the State Comptroller of Public Accounts and Texas State University in San Marcos to continue state efforts to enforce state tobacco laws. DSHS also partners with the U.S. Food and Drug Administration to enforce federal tobacco laws dealing with underage sales of tobacco. To assist tobacco users to quit, cessation counseling services are available statewide. DSHS works to address tobacco use in populations with chronic and behavioral health issues or who are at high risk to develop a tobacco-related health condition.

Maternal and Child Health

Improving the health and well-being of mothers, infants, and children in Texas is vitally important, because their well-being determines the health of the upcoming generation. For more information, please see the Health Trends discussion in Section E.2.1 of Schedule E, the HHS System Coordinated Strategic Plan.

The Healthy Texas Babies initiative seeks to modify maternal and infant risk factors for poor birth outcomes and infant death that exist across the lifespan, with an emphasis on persistent disparities affecting specific populations in our state.

Border Health

The Texas-Mexico border currently has some 2.9 million residents. DSHS works to improve communication, coordination, and collaboration between public health officials in Texas and Mexico to improve health and well-being by preventing chronic diseases and other public health threats. For more information, please see the Border Regions discussion, Section E.4.4 of Schedule E, the HHS System Coordinated Strategic Plan.

Goal 2: Enhance public health response to disasters and disease outbreaks.

Action Items

Action Item 1: Create and implement high-consequence infectious disease (HCID) strategies by 1/1/2018.

Action Item 2: Establish a communications platform to enhance epidemiological contact investigations and contact monitoring related to HCID by 1/1/2018.

Action Item 3: Enhance the state laboratory's capability to provide timely testing results for more efficient and effective decision-making by 8/31/2021.

Action Item 4: Improve alignment and coordination of state and local public health functions to address key health issues by 8/31/2021.

How Goal 2 and Its Action Items Support Statewide Objectives

Accountability

Annex H of the State of Texas Emergency Management Plan calls for DSHS to serve as the lead agency for public health, and medical response and recovery planning in the state. This goal helps fulfill a core function for the agency. In this role, DSHS helps ensure Texans' needs are addressed in times of natural and man-made disasters and emergencies, including infectious disease outbreaks. The efforts of DSHS, along with local, state, and national partners, help to prevent, mitigate, or respond to the impact of these events on Texans.

Efficiency

DSHS is the lead agency for planning for public health, and medical response and recovery in the state. The related action items in this goal are relatively unique to DSHS and are focused on preventing or mitigating the spread of diseases that could have a significant impact on the state. As the state health department, DSHS will

work to improve the alignment and coordination of state and local functions. Better coordination of state and local functions will allow for more efficient use of resources and good stewardship of public funds.

Effectiveness

The ability for the state to help communities prepare for, respond to, and recover from a disaster or disease outbreak is a core function for DSHS. This includes significant public health threats such as Ebola and the Zika virus. The action items in this goal are the result of After Action Reviews of recent infectious disease events and other reviews intended to improve DSHS' capacity to achieve its core functions.

Excellence in Customer Service

Through the DSHS website, media communications, and TexasPrepares.org, DSHS provides Texans key information on disasters and disease outbreaks. The information and education provided through these outlets serve the state by keeping its residents informed and equipped with tools to help them navigate through emergency situations. Working with stakeholders at the state and local level, including local/county health departments, Regional Advisory Committees, and the Texas Department of Emergency Management, helps keep a good communication flow throughout the response system and assists with determining needs during an emergency.

Transparency

Communication with stakeholders and public awareness and education are key components in executing the action items for this goal. Texans will have an opportunity to learn and understand the components of disaster preparedness and response and disease outbreaks. DSHS has a solid public presence through its website, news media relations, public awareness campaigns, social media platforms, and other outlets that disseminate information about the agency activities and initiatives as well as actions the public can take during an emergency.

Other Considerations for Goal 2

High-Consequence Infectious Diseases

Global travel opens the door for new infectious diseases to enter Texas and the United States. These diseases range from novel viruses to HCIDs that have been in existence for some time. For more information, please see the Health Trends discussion, in Section E.2.1 of Schedule E, the HHS System Coordinated Strategic Plan.

Epidemiological Contact Investigations and Monitoring

DSHS is responsible for identifying, investigating, controlling, and preventing more than 50 infectious diseases. In some situations, investigation and control of a disease require that the epidemiologist interact directly with the exposed or infected individual. For example, during the Ebola response, when regional and local health department and Emerging and Acute Infectious Disease Branch monitored 1,500 travelers from certain West African countries to detect symptoms indicating potential Ebola infection and to facilitate laboratory testing.

Monitoring or interviewing individuals who may have an infectious disease or be at high risk requires significant coordination and cooperation between public health and the individual being monitored or interviewed. Additionally, the data must be shared among local, regional, state, and federal partners, which currently involves a great deal of secure emailing, faxing, and data transcription and aggregation.

The proposed HCID Information Technology (IT) platform would serve as a secure electronic interface between public health and the exposed/infected person. This would allow the person to submit personally identifiable information and protected health information to public health at the individual's convenience via a website. The HCID IT platform, through various security settings, would allow all relevant levels of public health to view the data concurrently in real time. Queries could be built that would provide dashboards or other data displays rapidly for other sectors of the public health and medical communities such as health department administration and emergency medical services.

Laboratory Capacity

The DSHS Laboratory provides test results used for the treatment of infectious diseases, metabolic and genetic disorders, and some chronic diseases. In addition, the lab provides testing to support food safety and to ensure drinking water is safe to consume. The ability to provide quick, accurate, and reliable test results depends on properly functioning building infrastructure, the most up-to-date technology and testing methods to meet testing standards, and a highly skilled and trained workforce.

Laboratory technology is ever-changing to increase test result accuracy while decreasing the time to provide results. These changes to technology can require building infrastructure modifications to accommodate new equipment. Laboratorians working with these technologies require more advanced skillsets and highly specialized training. The lab needs to plan for changes in technology to be positioned not only to quickly add new services that can be vital when responding to emerging infectious diseases in Texas, such as Ebola and Zika virus, but also to be ready to use new technology to provide test results that lead to better and more timely treatment for patients or use of public health interventions.

Alignment of Public Health Functions

Local public health agencies and DSHS health service regions safeguard the health of Texans by performing preventive, protective, and other public health functions and effectively responding in an emergency or disaster. In the absence of local health departments and where local health departments provide limited services, DSHS health service regions provide public health services that reduce or eliminate conditions that lead to illness and injury, positively impact population health through communicable disease control measures, and perform critical functions related to public health and preparedness. DSHS health service regions also serve as the health authority for jurisdictions where none has been appointed.

Functions performed by the regional and local public health system include the following:

- Conducting activities associated with health education, health promotion, and assessment of health disparities;
- Planning for and responding to local public health emergencies such as communicable disease outbreaks or hurricanes;
- Performing communicable disease control measures, such as contact investigations for tuberculosis, human immunodeficiency virus, and sexually transmitted disease;
- Conducting active disease surveillance and epidemiological analysis;
- Enforcing local and state public health laws; and
- Collaborating with local health departments across the state to support or enhance local public health efforts.

Goal 3: Reduce Health Problems Through Public Health Consumer Protection.

Action Items

Action Item 1: Continue to strengthen and enhance the Emergency Medical Services (EMS)/Trauma system by 8/31/2021.

Action Item 2: Improve compliance with food handling and manufacturing best practices to protect Texans from foodborne illnesses by 8/31/2021.

Action Item 3: Strengthen radiation control functions and preparedness by 1/1/2019.

How Goal 3 and Its Action Items Support Statewide Objectives

Accountability

Consumer protection functions ensure that Texans receive services or goods that meet certain standards designed to protect the public's health. Whether it is the EMS/Trauma system, or food safety, or radiation control, these public health services are designed to prevent disease, reduce injury or death, and ensure a certain level of quality. The consequences of not having these services in place may create an additional health and safety burden on the state.

Efficiency

DSHS has the important mission to protect and promote the public health of Texans. DSHS works to ensure the availability of skilled EMS/Trauma service providers, to prevent foodborne illness by promoting good food handling and manufacturing best practices, and to prevent unnecessary radiation exposure of individuals or the public. These functions are important to the overall health of the state and are all integrally linked to the state's emergency management functions.

Effectiveness

Monitoring and improving the quality of emergency medical care serves the public by providing standards of care that protect and improve emergency health outcomes for Texans. The response and mitigation of foodborne illnesses helps maintain the health, safety, and well-being of Texans. The effective prevention of unnecessary radiation exposure to the public fulfills a core and unique function for DSHS.

Excellence in Customer Service

Through the DSHS website, media communications, and other outlets, DSHS provides Texans key information on disasters and disease outbreaks and the status of various health services under the department's public health purview. The information and education provided through these outlets serves the state by keeping its residents informed. DSHS also maintains toll-free numbers to accept complaints regarding these and other public health issues.

Transparency

Public health consumer activities are carried out by DSHS through interactions with stakeholders and the general public. Any rules implemented to support these action items go through a public comment process that helps ensure transparency and visibility of proposed activities. Information is available to the public through various communication forums such that the public has opportunities to stay informed.

Other Considerations for Goal 3

Emergency Medical Services / Trauma Systems

DSHS is responsible for developing, implementing, and evaluating a statewide EMS and trauma care system through 22 regional systems, including the designation of trauma and stroke facilities and oversight and system integration of EMS personnel, providers, first responder organizations, and education programs. Currently, there are approximately 63,000 EMS personnel, approximately 900 EMS providers, 143 designated stroke facilities, and 287 designated trauma facilities in Texas. The Governor's EMS and Trauma Advisory Council advises DSHS on rules and standards for the system. House Bill 15, 83rd Legislature, Regular Session, 2013, requires DSHS to develop a perinatal level of care designation program with recommendations from the Perinatal Advisory Council, which advises DSHS on the rules and standards for both neonatal and maternal levels of care. It is anticipated that approximately 250 hospitals will request designation for some level of neonatal and/or maternal care.

Food Handling and Manufacturing

Texas has seen many foodborne illnesses, including Cyclosporiasis and Listeriosis. These illnesses are often smaller outbreaks handled locally in communities. DSHS may be involved in larger outbreaks that cross communities or that are part of a national foodborne illness investigation.

DSHS protects individuals in Texas from contaminated, adulterated, and misbranded foods by promoting food handling and good manufacturing practices and public health standards in food safety laws and rules and also by investigating foodborne illness outbreaks to identify sources of contamination. Also, DSHS protects school age children by inspecting school cafeterias.

Newly emerging pathogens and foodborne illness outbreaks associated with food items previously believed to be comparatively safe require DSHS to look at new and different considerations and methods to protect public health.

Radiation Control

DSHS prevents unnecessary radiation exposure to the public through effective licensing, registration, inspection, enforcement, and emergency response. It does so in a manner that maintains compatibility with the requirements of the 1963 Agreement between Texas and the U.S. Nuclear Regulatory Commission. DSHS sets standards for and inspects radiation-producing machines, such as X-ray, mammography, and lasers; and medical, industrial, and research facilities where any of these devices are used. The agency also sets standards for technicians using the devices. DSHS develops radiological emergency response plans and conducts full scale exercises on those plans at nuclear power plants.

Goal 4: Expand the effective use of health information.

Action Items

Action Item 1: Continue efforts to reduce potentially preventable hospitalizations by 8/31/2021.

Action Item 2: Use data on healthcare-associated infections (HAIs), and preventable adverse events (PAEs) to reduce incidence by 8/31/2021.

Action Item 3: Launch Texas Electronic Vital Events Registrar (TxEVER) vital records replacement system by 1/1/2018.

Action Item 4: Expand interoperable information systems across the department by 8/31/2021.

Action Item 5: Expand public access to data though technology, partnerships, and policy to improve decision-making around public health by 8/31/2021.

How Goal 4 and Its Action Items Support Statewide Objectives

Accountability

DSHS has been increasingly involved in state efforts to improve the quality and safety of health care in Texas. Initiatives involve the use of IT and data for service delivery, quality improvement, cost containment, and increased patient control. Reducing hospitalizations due to preventable conditions, HAIs, and PAEs can reduce costs in general healthcare, Medicaid, and uncompensated care.

Efficiency

The efficient use of health information allows for quick, informed, data-driven decisions to be made by the agency as well as health care providers, communities, and individuals. Health information can assist in the design of programs and interventions that result in healthier behaviors.

Effectiveness

The effective use of health information allows for DSHS to better focus resources or attention on specific health issues. It also provides information for communities and health care providers to use to improve these health outcomes. Providing health information to improve the health of the public is a core function of DSHS. IT staff work to improve service delivery, as well as looking forward on health care, population, and social trends.

Excellence in Customer Service

DSHS is committed to providing the citizens of Texas with safe, reliable, and efficient service. The availability of key health data for the public allows for more informed health decisions to be made by Texans. Expanding the use of health information among healthcare and public health professionals can facilitate quick and informed action in response to health risks and public health emergencies

Transparency

The public availability of certain data allows the public to be increasingly informed and educated about conditions that may impact their health. By building on its current technology infrastructure and the effective use of health information, DSHS can help improve health and well-being in Texas.

Other Considerations for Goal 4

Potentially Preventable Hospitalizations

DSHS supports 13 counties that target activities toward people at risk for being admitted to a hospital for certain acute illnesses or worsening chronic conditions. These conditions can sometimes be avoided with the delivery of appropriate outpatient treatment and disease management.

The purpose is to improve the quality of health of the population within the counties while reducing health care costs through the reduction of hospital admissions. Goals include:

- Reduction of health care costs for the highest-cost, potentially preventable hospitalization conditions in Texas;
- Reduction of preventable hospitalization rates for congestive heart failure, chronic obstruction pulmonary disease, and diabetes complications; and
- Improvement in the quality of life, health, and well-being for Texans and their families.

Healthcare-Associated Infections and Preventable Adverse Events

HAIs and PAEs continue as significant causes of morbidity and mortality nationally and in Texas. In the United States, an estimated 722,000 patients acquire HAIs annually, and as many as 75,000 of those patients die during their hospital stay.[1] In an effort to reduce HAIs and PAEs, the Texas Legislature mandated HAI reporting in 2007 and PAE reporting in 2009. General hospitals and ambulatory surgical centers in Texas must report certain central line-associated bloodstream infections, catheter-associated urinary tract infections, and surgical site infections. Reportable PAEs not

[1] Magill, et al., 2014.

related to infections can include events resulting in patient death or severe harm, such as a fall in a health care facility or an object left in patient after surgery.

In addition, certain multi-drug resistant organisms—bacteria that do not respond to many antibiotics—must now be reported by any health care provider, not just hospitals and ambulatory surgical centers. Well over 1,000 such infections were reported in Texas in both 2014 and 2015, making these among the most numerous of all reportable infections in Texas.

DSHS currently coordinates work on HAIs and PAEs with the Health Care Quality Analytics and Research Coordination office at HHSC.

Texas Electronic Vital Events Registrar

The purpose of the TxEVER project is to implement a fully-integrated, comprehensive electronic vital records system. This system will include electronic registration and data collection for all vital events, including birth, death, fetal death, marriage, and divorce. Services available with this new system include issuance, supplemental registration, verifications, and information provided from these vital events. The new system will allow for improved services and processing of data.

Interoperable Systems

Working with health and human services partners, including HHSC's Office of e-Health Coordination, health information exchanges, and other entities, DSHS has been increasingly involved in state efforts to improve the quality and safety of health care in Texas. Initiatives involve the use of IT for service delivery, quality improvement, cost containment, and increased patient control. Health communication and health IT are central to health care, public health, and the way society views health. Interoperable systems will support a more robust use of health information data.

Public Access to Data

One of DSHS' objectives is to be a source of information for assessment of community health and for public health planning. DSHS data are used to support research, grant applications, and policy development and to provide rapid response to health emergencies. DSHS also offers technical assistance in the appropriate use of the data it provides. DSHS is collaborating with other agencies, government authorities, and industry leaders in the development of innovative techniques for data dissemination. DSHS supports the development and application of consistent standards for privacy and statistical validity. DSHS Information Technology Security uses industry-standard technology and methodologies to identify, mitigate, and eradicate security risks, including viruses, malware, and cyber-terrorism. Keeping personal data and public health information secure demonstrates our commitment to adhering to state and federal guidelines.

Redundancies and Impediments

DSHS went through the Sunset process during the 2014–2015 review cycle. The Sunset process addressed many DSHS issues that could have fit in this category. Also, one of the future outcomes of the HHS System transformation is to make operations more efficient and effective.

Service, Statute, Rule, or Regulation	Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Agency Recommendation for Modification or Elimination	Estimated Cost Savings or Other Benefit Associated with Recommended Change
Tex. Health & Safety Code § 81.052, Reports and Analyses Concerning AIDS and HIV Infection.	Changes in disease detection and case classification have de-emphasized acquired immunodeficiency syndrome (AIDS) as a stage of human immunodeficiency virus (HIV) infection. Projection of AIDS cases have limited utility for planning or evaluating programs and services.	Delete Subsection (c): "The department shall annually project the number of AIDS cases expected in this state based on the reports."	Staff time expended in projection of AIDS cases will be saved.
Tex. Health & Safety Code § 85.014. Technical Assistance to Community Organizations.	Assistance to community organizations on recruitment and management of volunteers, writing grants, and managing effective community health programs are widely available from public and private sources. HIV is no longer the exceptional or novel condition it was when this statute was written. It is no	Delete section.	Time and money spent on providing technical assistance that is otherwise available can be saved by the department.

	longer necessary for the department to maintain technical assistance services on these issues.		