Health and Human Services System Strategic Plans 2019–2023 Volume I

As Required by

Tex. Gov't Code Sec. 531.022

and related sections and

Tex. Gov't Code Ch. 2056

Health and Human Services Commission

Department of State Health Services

May 2018

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Health and Human Services

This document is available at https:/hhs.texas.gov/hhs-strategic-plans-2019-2023.

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Health and Human Services System
Strategic Plans for 2019–2023

TEXAS
Health and Human
Services

Health and Human Services Commission

Charles Smith, Executive Commissioner

Department of State Health Services

John Hellerstedt, M.D., Commissioner

Submitted May 31, 2018

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1. Health and Human Services System Coordinated Strategic Plan

Executive Summary

Introduction

The State of Texas provides health and human services to millions of Texans through the efforts of more than 38,000 state employees operating more than 200 programs from about 1,000 locations around the state. Combined, the Health and Human Services (HHS) system programs account for about $36.9 billion in fiscal year (FY) 2018 (all funds), about one-third of state spending.

Together, the HHS system agencies support and improve the health, safety and well-being of Texas residents through a wide range of services, including physical and behavioral healthcare; transition to self-sufficiency; food benefits; rehabilitation; disaster preparedness and recovery; and protection from abuse, neglect or exploitation. The HHS system also has regulatory functions, proactively working toward health and safety in public establishments, such as restaurants, medical facilities, nursing homes, day care centers, and facilities operated or contracted by the state.

To ensure a coordinated approach to planning and delivering health and human services, the Texas Government Code (Tex. Gov't Code) Section 531.022 requires the executive commissioner of the Health and Human Services Commission (HHSC) to submit a strategic plan for the HHS system. This chapter, the HHS system Coordinated Strategic Plan, fulfills that requirement, and Chapters 2 and 3 are the agency strategic plans for HHSC and the Department of State Health Services (DSHS), fulfilling the requirements of Tex. Gov't Code Chapter 2056. These plans are grounded in the following statements of vision, mission and values.

Vision: Making a difference in the lives of the people we serve.

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

Values:

- ***Accountability:*** We operate in a manner that reflects honesty, integrity and reliability.
- ***Collaboration:*** We work with clients, stakeholders, public and private partners, elected officials, and our employees to make informed decisions and achieve excellence in service design and delivery.
- ***Client-Focused:*** We exist because people have needs, and we respect each and every person.
- ***Independence:*** Our services and supports allow clients to reach their full potential.
- ***Stewardship:*** We are focused on the appropriate use of resources entrusted to our care and use them efficiently, effectively and in a manner that builds public trust.
- ***Transparency:*** We build confidence in our operations by being open, inclusive and holding ourselves accountable.
- ***Diversity:*** We offer programs and services that value and respect the diversity of the State of Texas.

Strategic Priorities:

In early 2017, executive leadership established the following priorities to guide the integrated HHS system in achieving its vision and mission:

- **Improving Health Outcomes and Well-Being**
- **Supporting Independence for People and Families**
- **Driving Efficiency and Accountability**

Transformation and Continuous Improvement

The HHS system has been significantly reorganized through the consolidation of agencies and functions over the years. This system transformation streamlined organizational structures, eliminated duplicative functions and consolidated administrative support services, changing the way the system operates and delivers services. The consolidated structure allows the system: to be more accountable; to

delineate clear lines of accountability within the organization; to simplify navigation for people seeking information, benefits, or services; to break down operational silos to create greater program integration; and to allow for the creation of clearly defined and objective performance metrics for all organizational areas.

The transformation of the HHS system has been an iterative process, starting with the creation of HHSC in 1991, to facilitate coordinated planning and delivery of services across the 12 separate HHS agencies at that time. A major consolidation came with the passage of House Bill (H.B.) 2292, 78th Legislature, Regular Session, 2003, which combined the 12 agencies into 5 and gave HHSC more responsibility and authority for providing guidance, coordination and leadership for the system. The legislation also made HHSC responsible for the centralization of most of the administrative support functions.

As a result of recommendations by the Sunset Advisory Commission, legislation was passed in 2015 to create a more streamlined, efficient HHS system that more effectively provides services and benefits. This legislation outlined a phased approach to the restructuring of HHS programs and services.

The first phase transferred several programs to HHSC on Sept. 1, 2016:

- Client services from the Department of Aging and Disability Services (DADS)
- Client services from DSHS
- Health and human services programs from the Department of Assistive and Rehabilitative Services (DARS)

As a result of these transfers and the transfer of other programs to the Texas Workforce Commission, DARS was abolished on Sept. 1, 2016. Additionally, the Nurse Family Partnership and Texas Home Visiting programs were transferred from HHSC to the Department of Family and Protective Services (DFPS) on May 1, 2016, and DFPS continued its focus on protective services and strengthening its prevention and early intervention programming.

In the second phase, DADS was abolished, and DADS and DSHS regulatory programs and management of the state supported living centers and state hospitals transferred to HHSC on Sept. 1, 2017. After these transfers, DSHS narrowed its focus to public health and population health, and DFPS maintained responsibility for child and adult protective services, including prevention and early intervention

efforts. DFPS was made an independent agency by H.B. 5, 85th Legislature, Regular Session, 2017. Accordingly, these strategic plans reflect the new HHS system structure consisting of two agencies: HHSC and DSHS.

Transformation efforts also addressed streamlining and consolidation of administrative support services, including legal, financial, contract procurement, information technology, internal audit and other administrative functions. Efforts toward continuous improvement in the administrative support service areas are discussed in Chapter 2, the HHSC Agency Strategic Plan.

The balance of this HHS system strategic plan is organized as follows:

- The following section outlines the goals and objectives the HHS system has adopted to implement the Strategic Priorities in the changing environment.
- The External Assessment shows how in the planning period of 2019–2023, there may be greater demand for services from increasing numbers of individuals and families. It also discusses recent state and federal policy changes.
- The next section describes major initiatives and planning efforts across the HHS system.
- The final section discusses HHS system responses to Hurricane Harvey.

Strategic Priorities, Goals and Objectives

Strategic Priority 1: Improving Health Outcomes and Well-Being

Goal 1.1: Enhance quality of direct care and value of services.

Objective 1.1.1: Improve quality and value in managed care through payment strategies that align incentives among health and human services agencies, managed care organizations (MCOs), providers and individuals receiving services.

Objective 1.1.2: Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention.

Objective 1.1.3: Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community.

Objective 1.1.4: Integrate services as appropriate and coordinate across programs to achieve better outcomes for the people we serve.

Objective 1.1.5: Improve client experience across HHS programs.

Objective 1.1.6: Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards.

Goal 1.2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Objective 1.2.1: Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements.

Objective 1.2.2: Strengthen partnerships with community organizations to assist in eligibility application and referral.

Objective 1.2.3: Improve health outcomes and quality of life through seamless access to services and benefits.

Objective 1.2.4: Improve navigation experience and efficiency through enhanced self-service opportunities.

Objective 1.2.5: Encourage full participation of fathers in programs and services relating to children.

Goal 1.3: Improve health outcomes through prevention and public- and population-health strategies.

Objective 1.3.1: Utilize data to establish and advance public health priorities for the state.

Objective 1.3.2: Reduce maternal mortality and severe maternal morbidity.

Objective 1.3.3: Promote physical activity and healthy eating to improve health and development.

Objective 1.3.4: Reduce the burden of human immunodeficiency virus (HIV), tuberculosis (TB), and other infectious diseases.

Objective 1.3.5: Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases.

Objective 1.3.6: Promote health and safety through outreach and education.

Objective 1.3.7: Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents.

Objective 1.3.8: Decrease underage drinking and substance use among school age youth, young adults and adults through evidence-based prevention.

Objective 1.3.9: Promote health, safety and well-being of service members, veterans and their families.

Goal 1.4: Optimize response to disasters, disease threats and outbreaks.

Objective 1.4.1: Lead, optimize and continually improve disaster preparedness and response.

Objective 1.4.2: Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters.

Objective 1.4.3: Coordinate programs and services to provide highly reliable infectious and food-borne disease control and effective response to public health threats.

Objective 1.4.4: Integrate and standardize public health services at the regional level.

Objective 1.4.5: Strengthen laboratory capacity and capability to perform accurate, timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats.

Strategic Priority 2: Supporting Independence for People and Families

Goal 2.1: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive settings based on the needs of each person.

Objective 2.1.1: Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice.

Objective 2.1.2: Coordinate with other state agencies and community organizations to support youth transitioning into adulthood.

Objective 2.1.3: Strive to improve the quality of life for individuals by providing person-centered services that address their unique preferences, strengths, needs and risks.

Goal 2.2: Encourage self-sufficiency and long-term independence.

Objective 2.2.1: Provide information, application assistance and referral services for programs and services critical to people in need.

Objective 2.2.2: Ensure timely and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs.

Objective 2.2.3: Make efficient and effective medical determinations on behalf of the Social Security Administration for Supplemental Security Income and Social Security Disability Insurance.

Objective 2.2.4: Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes.

Strategic Priority 3: Driving Efficiency and Accountability

Goal 3.1: Promote and protect the financial integrity of HHS programs.

Objective 3.1.1: Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services.

Objective 3.1.2: Review and improve procurement, contract oversight and grant management processes.

Objective 3.1.3: Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation.

Objective 3.1.4: Maintain and enhance timeliness, quality, and transparency of statewide financial and programmatic reports.

Objective 3.1.5: Improve management of federal funds across the HHS system through the development of processes for federal grant application, tracking and management.

Goal 3.2: Strengthen and sustain a high-functioning, efficient workforce.

Objective 3.2.1: Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff.

Objective 3.2.2: Promote professional development and continual learning.

Objective 3.2.3: Implement succession planning to mitigate risk associated with turnover.

Objective 3.2.4: Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations.

Goal 3.3: Optimize technology to support business strategy and goals.

Objective 3.3.1: Align information technology (IT) plans and resources to meet agency and program needs through a formal IT governance process.

Objective 3.3.2: Improve efficiency and cost-savings through the reduction of redundant business applications and environments and through the evaluation of appropriate sourcing options for IT goods and services.

Objective 3.3.3: Protect public resources and client information by implementing security best practices, complying with federal and state security requirements, and adhering to HHS security policies.

Goal 3.4: Promote a culture of data driven decision-making for continuous improvement.

Objective 3.4.1: Implement an HHS performance management system for increased effectiveness in governance and accountability for success.

Objective 3.4.2: Enhance data analysis activities by establishing secure infrastructure and data interfaces, including master data management.

Objective 3.4.3: Improve quality of and access to fiscal information and data.

Objective 3.4.4: Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information.

Goal 3.5: Improve business functions and processes.

Objective 3.5.1: Centralize business support functions and standardize best practices for state-operated facilities.

Objective 3.5.2: Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost.

Objective 3.5.3: Achieve efficiencies in administrative services, including procurement, products, office space and licenses.

Objective 3.5.4: Improve the rule-making process system wide, ensuring timeliness and quality.

Objective 3.5.5: Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts.

Objective 3.5.6: Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals.

Objective 3.5.7: Streamline and simplify processes for regulated entities, enhancing their ability to achieve compliance.

External Assessment

Changes in the external environment can affect demand for services in the HHS system, while at the same time, changes in policy direction can alter how the HHS system operates. This section discusses demographic trends, economic trends, health trends, and recent state and federal policy direction.

Demographic Trends

This discussion examines the following demographic trends: population growth, the aging of the population, the prevalence of disability, the racial/ethnic composition of the population and geographical distribution of the population.

Population Growth

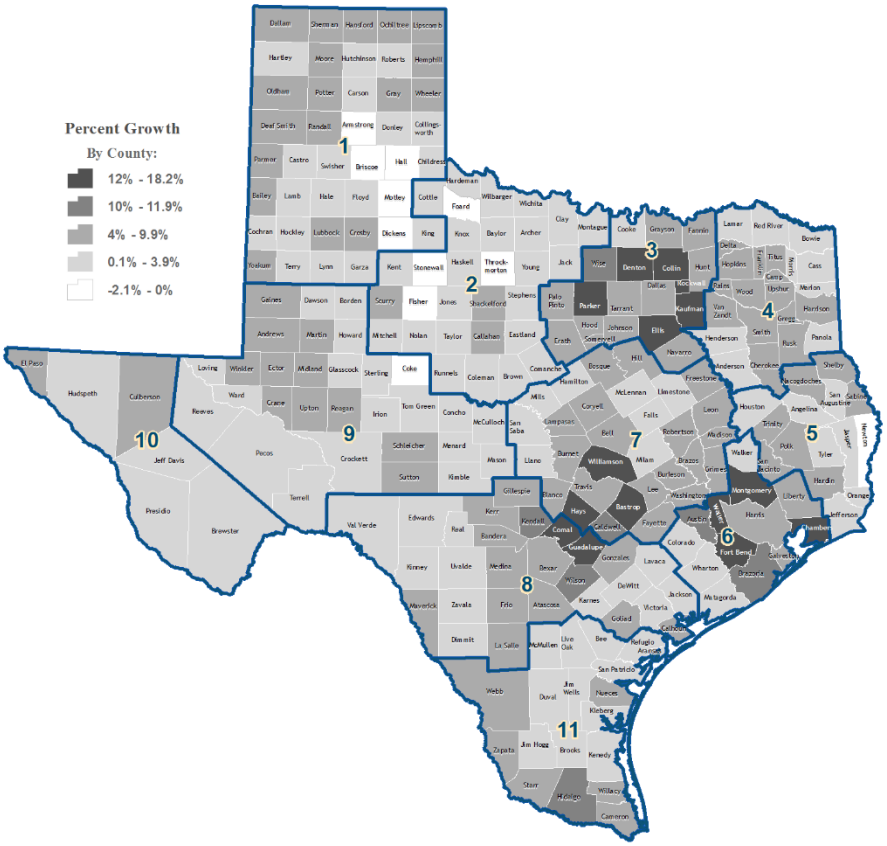
The population in Texas continues to grow at a rate higher than the national average, due to both a natural increase (the amount by which the number of births exceeds the number of deaths) and positive net migration (the amount by which in-migrants outnumber out-migrants).

Texas is the second-most populous state, with 28.3 million residents, and between 2010 and 2017 it grew at a rate of 12.1 percent, compared to 5.2 percent nationally.[1]

The state's population is projected to increase by 3.6 million or 13 percent between 2017 and 2023, including an estimated increase of 2.5 million from 2019 to 2023.[2]

If that projection holds true, the 2023 population in Texas will reach 32.4 million people, close to 9.5 percent of the total United States (U.S.) population.

Figure 1.1: Percent Population Growth by Texas County, 2019–2023



Sources: Texas Demographic Center: Population Projections for Texas According to the 2000–2010 Migration Scenario; HHSC, Center for Analytics and Decision Support. April 2018.

Aging of the Population

The age composition of the Texas population will change between 2019 and 2050, possibly increasing the demand for services while decreasing the portion of the population that is in the workforce. Much of the change will be associated with the aging of the baby boomer generation. By the year 2019, baby boomers will

comprise 19 percent of the total Texas population and will range in age from 55–73 years old.[3] The percent share of the population age 65 and older is projected to increase during the foreseeable future due to advances in medicine and healthcare. Those who reach age 65 will have a greater chance of living to age 85 and beyond.

The population age 65 and older is projected to grow from 3.8 million in 2019 to 9.4 million in 2050. This group's share of the total population is projected to increase from 12.8 percent in 2019 to 17.4 percent in 2050. The population age 85 and older is projected to quadruple during the 2019–2050 period, growing from 389,000 in 2019 to about 1.6 million in 2050.[4]

The old-age dependency ratio will also be impacted by changes in the age composition of the population. This ratio represents the number of people age 65 and older per 100 working-age people (ages 18–64). Higher values for this measure suggest a potential for more economic and other dependency of older adults on younger adults. The old-age dependency ratio for Texas is projected to increase from 19.8 to 27.7 between the years 2019 and 2050. This could mean that a greater proportion of the income and resources of younger working adults might be needed to provide income support and other forms of help to older retired adults who cannot work any longer due to health-related limitations or permanent disabilities.

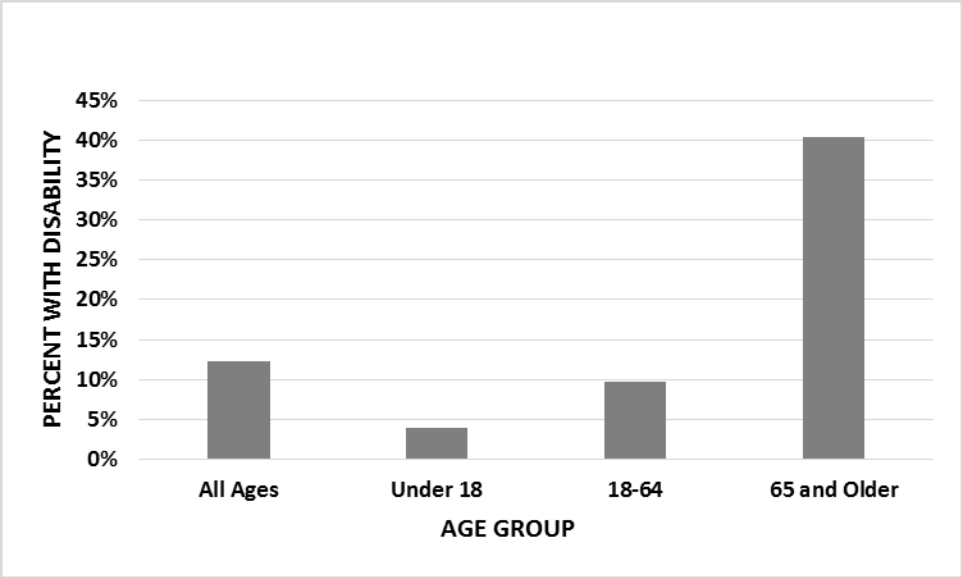
Prevalence of Disability

The gradual aging of the population will likely result in an increase in the number of people living with a disability, a chronic health condition or both. People with one or more disabilities, especially those with a severe disability, are more likely to use health and human services.

On an average yearly basis, 3.4 million or 12.3 percent of Texans lived with a disability during the years 2012–2016.[5] The percentage living with a disability was higher among adults age 65 and older. During that period, 9.7 percent of adults age 18–64 and 40.3 percent of adults age 65 and older had a disability.

Figure 1.2 illustrates the percent of the population with a disability according to age group.

Figure 1.2: Percent of Texans with a Disability During the 2012–2016 Period, by Age Group



Sources: U.S. Census Bureau, 2012–2016 American Community Survey for Texas; HHSC, Center for Analytics and Decision Support, April 2018.

Race/Ethnic Composition of the Population

Texas is becoming more racially and ethnically diverse.

Below is a list of race/ethnic terms, with their respective definitions, as used by the Texas Demographic Center and in this Plan:

- African American—Black, non-Hispanic
- Anglo—White, non-Hispanic
- Hispanic—Cultural identification, can include people of any race
- Other—All other non-Hispanic population groups combined, including Chinese, Vietnamese, Native American, Eskimo, and others

While the Anglo population has been the largest group for decades, its proportion is changing as the non-Anglo populations are experiencing higher growth rates than the Anglo population in recent years. Data has shown that working families headed by racial/ethnic minorities were twice as likely to be poor or low-income compared

to families headed by Anglos. The changing demographics could signal an increased need for health and human services.

According to the Texas Demographic Center, in 2017 Anglos accounted for 42.5 percent of the population and Hispanics for 39.1 percent. It is projected that by 2023 the proportion of the Anglo population will slightly decrease, to 37.1 percent, while the Hispanic proportion will slightly increase, to 43.9 percent. African Americans will account for 11.2 percent, and all the other groups, combined, will account for the remaining 7.7 percent.[6]

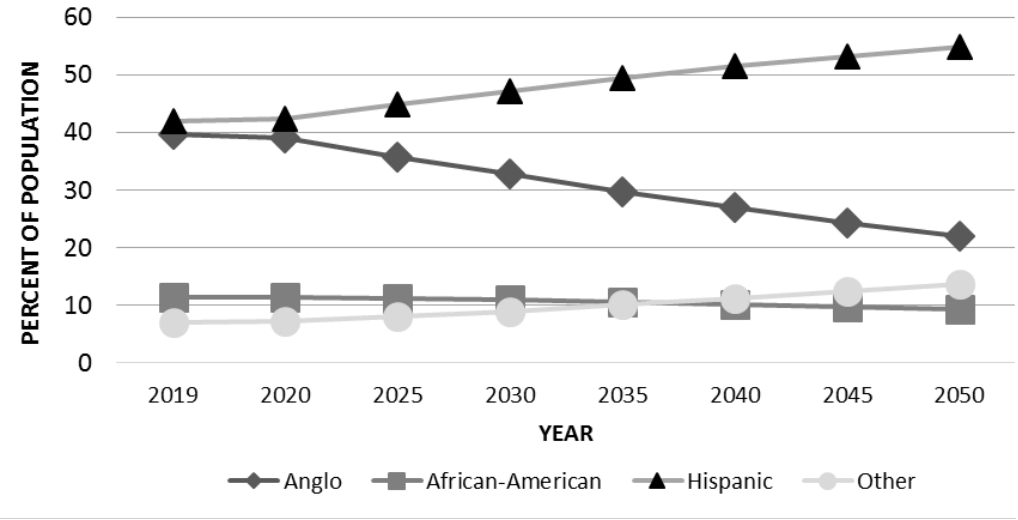
The following growth trends are projected between 2019 and 2023:[7]

- The Anglo population is projected to grow from 11.9 to 12.0 million, with a growth rate of 1.3 percent.
- The African-American population is projected to grow from 3.4 to 3.6 million, with a growth rate of 7.0 percent.
- The Hispanic population is projected to grow from 12.6 to 14.2 million, with a growth rate of 13.3 percent.
- The population of all the other population groups, combined, is projected to grow from 2.1 to 2.5 million, with a growth rate of 18.8 percent.

Over the long term, Hispanics are projected to become the largest ethnic group. It is estimated that Hispanics will account for 55 percent of the total population in 2050, while Anglos will account for 22 percent. Focusing on the population age 65 and over, the Anglo population is projected to grow from 2.4 million to 3.3 million; the African-American population is projected to grow from 358,000 to 1 million; and the Hispanic population is projected to grow from 915,000 to 4 million. For all other groups combined, the age 65 and older population is projected to grow from 191,000 to 1.1 million.[8]

Figure 1.3 illustrates the projected changes in percent of population by race/ethnicity during the 2019–2050 period.

Figure 1.3: Percent of Population by Race/Ethnicity, 2019–2050

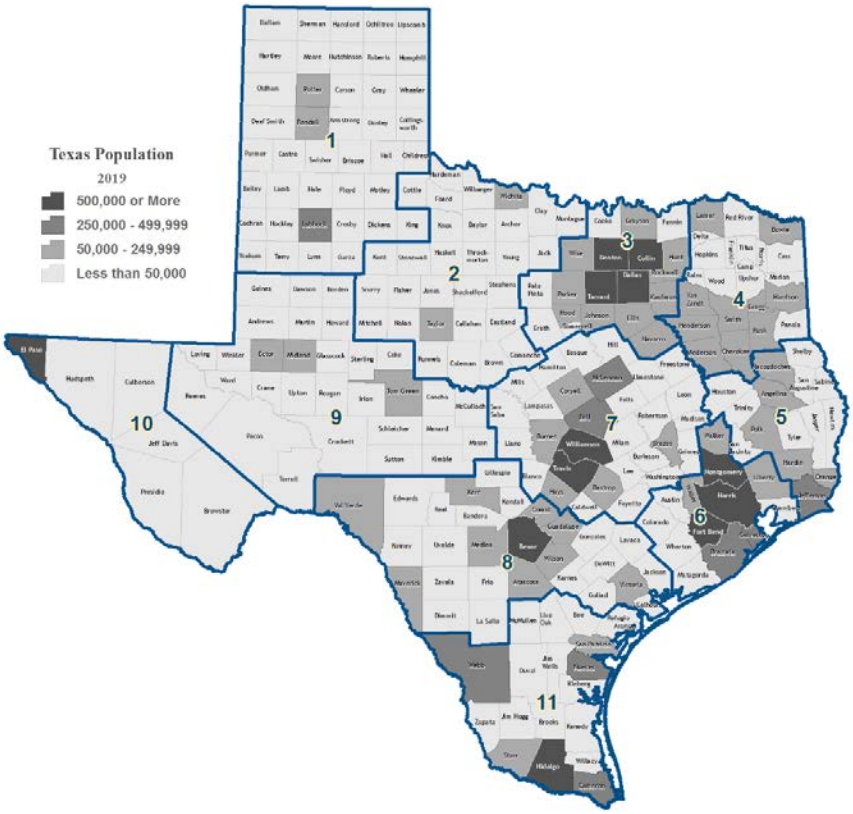


Sources: Texas Demographic Center, Population Projections for Texas According to the 2000–2010 Migration Scenario; HHSC, Center for Analytics and Decision Support. April 2018.

Rural and Urban Population Trends

The vast majority of the Texas population resides in counties that are part of a metropolitan area. The map in Figure 1.4 depicts the total population projected for 2019 by county. The largest population concentrations are in and around the major metropolitan areas of the state, such as Houston, Dallas-Fort Worth, San Antonio, Austin, El Paso and McAllen. The counties with the smallest populations are mostly found in the vast geographical regions of West, Central Northwest and Northwest Texas.

Figure 1.4: Total Population by County, 2019



Sources: Texas Demographic Center, Population Projections for Texas According to the 2000-2010 Migration Scenario; HHSC, Center for Analytics and Decision Support. April 2018.

In 2019, 3.3 million or 12 percent of Texans resided in non-metropolitan (rural) counties.[9] Although these residents account for a relatively small fraction of the state's total population, the total combined population for those counties exceeds the total population of many states. Residents of rural counties tend to experience challenges in the delivery of health and human services, including the following:

- Limited access to affordable healthcare
- Limited number of trained health professionals
- Increased need for geriatric services
- Prolonged response times for emergency services

- Limited job opportunities and other incentives for youth to stay in the community
- Limited transportation options
- Limited economic development and fiscal resources

Economic Forecast

The relative strength or weakness of the economy can affect the demand for health and human services and the government's ability to obtain needed revenues to fund those services and other priorities.

As of April 2018, the Texas economy is strong. If the economy remains strong and no natural disasters occur, enrollment levels in the Supplemental Nutrition Assistance Program (SNAP) and Medicaid are not likely to grow beyond proportionate increases based on general population growth.

In 2016, Texas had the second-largest state economy in the U.S., accounting for 8.6 percent of the national economic output, with a gross state product of $1.59 trillion.[10] Gross state product is the total monetary value of goods and services produced across all industries within the state during that year.

Texas' overall economic and employment outlook is encouraging. If the favorable trends described below continue, they would help maintain the current economic expansion:

- In February 2018, the seasonally adjusted unemployment rate in the state was 4.0 percent, compared to 4.1 percent nationally.
- The average monthly unemployment rate in 2017, 4.3 percent, was the lowest one since 2007 before the start of the last recession, when the unemployment rate bottomed out at 4.3 percent.
- From December 2014 to December 2017, the population of employed Texans grew by 594,862 or 4.5 percent, on a seasonally adjusted basis. A total of 13,053,325 Texans were employed in December 2017.
- Energy and Texas crude oil exports are improving with the recent rise in the price of oil.
- Sixty percent of the state's counties are at or below the national unemployment rate.

Poverty

People living in poverty often rely on health and human services, and many of the programs that provide these services use percentage of the federal poverty level (FPL) to determine financial eligibility.

The U.S. Department of Health and Human Services defines the 2018 federal poverty level for annual household incomes as follows:[11]

- $25,100 for a family of four
- $20,780 for a family of three
- $16,460 for a family of two
- $12,140 for one-person households

The most recent statistics about poverty in Texas indicate that in 2016, about 4.3 million, or 16.7 percent of Texans, lived in households with income at or below the federal poverty level.

Health Trends

Maternal and Child Health

The HHS system has several programs that serve mothers and children in a variety of ways.

Maternal Health

Many Texas women have chronic health conditions which, left untreated, can have significant negative impacts on their health and quality of life. These negative impacts are exacerbated by pregnancy.

About 62.4 percent of women in Texas were overweight or obese in 2016.[12] Between 2007 and 2015, pre-pregnancy obesity rates observed among Hispanic women increased by 28.3 percent, while African-American and White women had an increase of about 16 percent.[13]

A key to ensuring the health of expectant mothers and their unborn children is access to timely prenatal care. In 2016, less than two-thirds of Texas women of childbearing age (ages 18 to 44) reported having a routine checkup in the past

year.[14] In 2015, 65.9 percent of mothers entered prenatal care within the first trimester. Timely access to prenatal care increased in Texas from 2009 to 2011 but appears to have decreased slightly since 2011.[15]

There were 382 confirmed maternal deaths in 2012–2015 in Texas. With more accurate identification of maternal deaths in Texas for 2012, the year with the highest reported maternal mortality rate to date, DSHS showed[16] the 2012 Texas maternal mortality rate (defined by the Centers for Disease Control and Prevention [CDC] and World Health Organization as maternal deaths occurring within 42 days following the end of pregnancy) to be less than half of what was previously reported.[17] There is still significant work to do, particularly among the African-American community. Though only 11.5 percent of all births in Texas in 2012–2015 were to African-American women, they accounted for 20.2 percent of all maternal deaths.[18] African-American women continue to bear the greatest risk for maternal mortality, and a focus on this disparity must be part of ongoing efforts to improve maternal health.

Perinatal and Infant Health

Trends for perinatal and infant health in Texas are mixed.

The rate of preterm births decreased in Texas from 2007 to 2015, especially among infants born to African-American mothers. However, the Texas preterm birth rate increased in 2016 for the first time in the past ten years, reaching 10.4 percent in 2016, according to preliminary birth data.[19] African-American mothers continued to have the highest rate of preterm births in 2016 (13.6 percent).[20]

In 2015, the Texas infant mortality rate reached a historic low of 5.6 deaths per 1,000 live births.[21] Texas' infant mortality rate has been lower than the national rate for the past ten years. Despite this progress, racial/ethnic disparities in infant mortality have persisted; the infant mortality rate for African-American mothers (10.9 per 1,000 live births) was more than two times as high as the infant mortality rate for Anglo mothers (4.9 per 1,000 live births) in 2015.[22]

Texas has high rates of initiation of breastfeeding, an estimated 83.1 percent in 2014. As for the percent of Texas women who exclusively breastfeed at 6 months, it is still relatively low, at 24.6 percent.[23]

Child and Adolescent Health

Children and adolescents have relatively low death rates. HHS system programs include accident and suicide prevention.

As in past years, child injury was the leading cause of death for children ages 1 to 14 in 2015, accounting for 38.7 percent of all deaths among boys and 27.4 percent of all deaths among girls of this age group.[24]

The suicide rate increased for adolescents (ages 15 to 19) from 6.8 suicide deaths per 100,000 adolescents in the population in 2008 to 11.1 suicides per 100,000 in 2016.[25]

Behavioral Health

Behavioral health includes issues relating to mental health and substance use.

Mental Health

Mental illness is a leading cause of disability in the U.S.[26] It is estimated that 17.8 percent of the adult U.S. population has a mental health disorder during the course of a year.[27] In Texas, the number of adults with serious and persistent mental illness was estimated to be 532,295 in 2017.[28] About 20 percent of U.S. children and adolescents have some type of mental disorder.[29] Federal regulations define a sub-population of children and adolescents with more severe functional limitations, known as serious emotional disturbance. Children and adolescents with serious emotional disturbance comprise about 7 percent of children ages 9 to 17. In 2017, the estimated number of children with serious emotional disturbance in Texas was 255,690.[30] As the state's population grows, so will the number of children and adults needing to use a variety of mental health resources, from outpatient services to intensive residential treatment options.

Substance Use

Substance use disorders contribute to and exacerbate a range of significant health problems and are often co-occurring with behavioral health conditions. In fiscal year 2017, 14.6 percent of all HHSC-funded substance use treatment clients participated in programs for co-occurring psychiatric and substance use disorders.[31]

Unmet treatment need for illicit drugs, including opioids, is estimated to be 89.6 percent.[32]

Opioid Use

As has the rest of the country, Texas has experienced an increase in misuse of opioids. In 2015 there were 1,174 opioid-related deaths in Texas,[33] and between 2015 and 2016, drug overdose death rates involving synthetic opioids increased by 28.6 percent.[34] Opioid-related inpatient emergency room visits in Texas have continued to increase, largely due to non-heroin opioids.[35]

Non-Opioid Drug Use

While opioid use has been prioritized as a national crisis, the use and misuse of other substances like alcohol and tobacco also remain health issues in Texas. From 1999 to 2016, Texas experienced a sharp increase in the number of drug poisoning deaths involving psychostimulants, such as methamphetamine, cocaine and benzodiazepines.[36] Drug use among youth is a particular concern: in 2016, 22.6 percent of secondary and middle school students reported they had used an illicit drug at least once, while 12.8 percent reported drug use in the past month.[37]

Alcohol Use

In 2016, the economic impact of alcohol misuse in Texas was estimated to be $25.6 billion, which includes healthcare expenditures, lost productivity, motor vehicle accidents, crime, and other costs.[38] Of the 3,776 motor vehicle fatalities in Texas in 2016, 1,438 (38 percent) were alcohol-related.[39] Alcohol use among youth in 2016 was far more common than drug use, with 53 percent of secondary and middle school students in Texas reporting they had used alcohol at least once and almost 29 percent reporting alcohol use in the past month.[40]

Tobacco Use

Tobacco use remains a leading cause of preventable death and disease in Texas. Each year 28,000 Texans die from smoking-related causes.[41]

Tobacco use takes a high toll on populations with lower education and income levels and on those without healthcare coverage. According to the 2016 Texas Behavioral

Risk Factor Surveillance System, the prevalence of cigarette smoking among adults with less than a high school education is 17.8 percent compared to 14.3 percent among the general population in Texas. For individuals with an annual household income less than $35,000, 18.1 percent smoke cigarettes. The prevalence of smoking among Texans without healthcare coverage is 19.0 percent.[42]

Tobacco use also causes disproportionate harm to people with a substance use disorder and people with a mental illness. Nearly half of all cigarettes consumed in the U.S. are by people with a psychiatric disorder.[43]

Overweight and Obesity

Being overweight or obese is the second leading cause of preventable mortality and morbidity in the U.S, accounting for more than 100,000 deaths every year, and it imposes economic costs that are second only to smoking.[44] Poor diet and physical inactivity often lead to being overweight or obese.

The prevalence rate of adults who are obese is rising in Texas. In 2016, 33.6 percent of Texas adults were obese, up from 31.9 percent in 2014.[45] Nationwide in 2016, 29.6 percent of all adults were obese.[46]

Obesity is also a problem among youth. In 2017, 18.6 percent of high school students in Texas were obese (at or above the 95th percentile for body mass index, by age and sex).[47] Male students in Texas were more likely than female students to be obese (21.1 percent vs. 16.1 percent). African American students (23.3 percent) and Hispanic students (20.5 percent) in Texas were more likely than Anglos (15.2 percent) to be obese.[48]

Regular physical activity, even in moderate amounts, has been shown to produce significant health benefits, but many adults in Texas report little or no exercise. In Texas, 25.2 percent of adults reported no leisure-time physical activity in the past month, compared to 23.3 percent of adults nationwide in 2016. Hispanics and African Americans in Texas had higher rates of no leisure-time physical activity, 30.8 percent and 27.6 percent respectively, compared to 21.0 percent of Anglos.[49]

Similarly, many adolescents in Texas report little or no exercise. In 2017, 57.1 percent of Texas adolescents in grades 9 to 12 did not meet physical activity

recommendations of 60 minutes per day. Also in 2017 for this population, 21.9 percent watched television for three or more hours per day on an average school day, and 42.7 percent played video games or computer games, or used a computer for something that was not for schoolwork, for 3 or more hours per day on an average day. African American adolescents had the highest rate of three or more hours of television time per day at 32.4 percent, followed by Hispanics at 20.8 percent, and Anglos at 19.8 percent.[50]

Infectious Diseases Threats

In recent years, DSHS has engaged in ongoing control and prevention activities related to emerging and re-emerging infectious diseases.

Foodborne Outbreaks

Texas has experienced many outbreaks of foodborne illnesses, including cyclosporiasis, salmonellosis, shiga toxin-producing E. coli. and listeriosis. These illnesses may be small outbreaks handled locally in a community or larger outbreaks across communities or across the nation. In 2017, DSHS coordinated the investigation of 55 cluster investigations, working closely with local and regional health departments, the CDC, and the Food Drug Administration to investigate the sources of the infections.

Mosquito-Borne Diseases

There is an ongoing threat of mosquito-borne diseases across Texas that includes the recurrence of West Nile virus and the emerging threats of Chikungunya, Dengue and Zika viruses. The Zika outbreak of 2016, in which 315 Texas disease cases were reported, included six cases in Cameron County that were locally transmitted by mosquitoes. In 2017, there were 54 Zika cases reported, including one locally transmitted case in Cameron County and four in Hidalgo County. Mosquito-borne diseases cycle over the course of years. Due to fluctuation in weather, geography and mosquito numbers, each year DSHS must plan and be prepared to respond in a timely and effective manner.

Influenza

During the 2017–2018 season, influenza (flu) was widespread in Texas for 10 weeks, from mid-December through mid-February. For about three weeks starting

in early January, the flu was classified as widespread in 49 states at the same time. This was the first time in 13 years that the entire country was reporting widespread flu simultaneously.

Healthcare-Associated Infections

Healthcare-associated infections (HAIs) and preventable adverse events (PAEs) continue as significant causes of morbidity and mortality nationally and in Texas. In the U.S., an estimated 722,000 patients acquire HAIs every year, and as many as 75,000 of those patients die during their hospital stay.[51] A total of 110 HAI outbreaks were investigated by the DSHS Healthcare Safety Team in 2017. Healthcare facilities fall on a continuum of care in which patients transfer between facilities depending on the level of care needed. Usually geographically divided, these complex health systems present unique challenges for coordinating HAI outbreak containment. In order to complete the investigation, the HAI epidemiologist explores other healthcare facilities where the index patient was admitted to in order to uncover additional cases.

In an effort to reduce HAIs and PAEs, the 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 related to infections can include events resulting in patient death or severe harm, such as a fall in a healthcare facility or an object left in a patient after surgery. The public can view facility level HAIs and PAEs for each of these events or procedures on the public website at www.haitexas.org.

More than 2,000 infections due to multidrug-resistant organisms or bacteria that do not respond to many antibiotics were reported in Texas in both 2015 and 2016, making these conditions among the most numerous of all reportable infections in Texas. Recent examples of these conditions include the following:

- The first case in Texas of the mobile colistin resistance-1 (*mcr*-1) resistance gene was identified and investigated in June 2017.
- The first case of *Candida auris* was imported from another state and investigated in Texas in September 2017.

- Texas' first transmission of a resistant mechanism gene known as *Klebsiella pneumoniae* Carbapenemase was identified in March 2018.

Leading Causes of Death

In 2015, the most recent year for which death data is available, chronic diseases accounted for a majority of the leading causes of death in Texas. Chronic diseases are generally characterized by a long period of development, a prolonged course of illness, functional impairment or disability, multiple risk factors, and low curability. Table 1.1 lists the ten leading causes of death in Texas in 2015.

Table 1.1: Leading Causes of Texas Resident Deaths, 2015

Ranking	Disease	Percentage of Texas Resident Deaths
1	Diseases of the Heart	22.8%
2	Malignant Neoplasms	20.6%
3	Cerebrovascular Diseases	5.5%
4	Chronic Lower Respiratory Diseases	5.4%
5	Accidents	5.3%
6	Alzheimer's Disease	4.7%
7	Diabetes Mellitus	2.9%
8	Septicemia	2.3%
9	Nephritis, Nephrotic Syndrome and Nephrosis	2.1%
10	Chronic Liver Disease and Cirrhosis	2.0%
All Other Causes		26.3%
Total Deaths in 2015		**100.0%**

Source: Department of State Health Services (2017). 2015 Annual Report, Table 16. Center for Health Statistics.

Four of the top five leading causes of death in Texas in 2015 have several risk factors in common. Understanding risk factors can help in developing strategies to

reduce the impact of preventable or treatable chronic conditions. These risk factors are tracked at the state and national levels to understand the health status of populations and to inform policymaking. Some of these risk factors include the following:

- Physical inactivity
- Nutrition/dietary behavior
- Obesity
- Tobacco use
- Hypertension
- Environmental dangers
- Lack of access to healthcare
- Heavy alcohol consumption
- High cholesterol

Health Insurance Coverage

Having health insurance can improve access to healthcare services. Among other things, people covered by insurance have the opportunity to have a medical home for the provision of preventive care and early diagnosis of conditions that are potentially harmful or even fatal if they are not treated promptly.

Between 2015 and 2016, the number of uninsured in Texas declined by about 70,000, from 4.6 million to 4.5 million, or from 17.1 percent to 16.6 percent. In addition, in 2018, 1,126,838 people obtained coverage through the federal marketplace, 347,118 of whom were new enrollees. Among people covered by plans purchased through the marketplace, 88.8 percent received federal financial subsidies.[52]

Of people without health insurance in Texas in 2016, about 670,000, or 14.8 percent, were children age 17 and younger, and 3.8 million, or 84.0 percent, were ages 18 to 64. Fewer than 60,000 people age 65 and older were uninsured, because there is almost universal access to Medicare for this group. About 3.1 million, or 69.0 percent, were U.S. citizens, and 1.4 million, or 31.0 percent, were non-U.S. citizens. About 2.4 million people without insurance were employed adults age 18 and older.

Among people without insurance, there was disproportionate representation on the basis of race/ethnicity. Anglos represented 42.5 percent of the total population but 23.7 percent of the uninsured. Hispanics represented 39.2 percent of the total population but 62.2 percent of the uninsured. African Americans represented 11.8 percent of the total population but 9.9 percent of the uninsured.

Between 2015 and 2016, there was increased use of most types of private health insurance and Medicare in Texas. There were variations according to age group in the percentages of people covered by private insurance versus Medicaid or the Children's Health Insurance Program (CHIP). Among all Texans, 62.8 percent had private insurance, and 17.3 percent had Medicaid or CHIP. Among Texans age 17 and younger, 51.9 percent had private insurance, and 41.1 percent had Medicaid or CHIP. Among Texans ages 18 to 64, 69.0 percent had private insurance, and 7.9 percent had Medicaid or CHIP. Among Texans age 64 and younger, 63.9 percent had private insurance, and 17.5 percent had Medicaid or CHIP.

Compared to the U.S. as a whole, in 2016 a lower percentage of Texas children age 17 and younger and adults age 18 to 64 were covered by private health insurance; however, the percentages for Medicaid participation were lower for children age 17 and younger and for adults age 65 and older.

Recent State and Federal Policy Direction

This discussion highlights the most significant recent policy direction for the Texas HHS system as a whole.

Changes to Medicaid

Three major policy changes were made that affect the Texas Medicaid program.

Day Habilitation Guidelines

Effective March 17, 2014, the Centers for Medicare & Medicaid Services (CMS) published final regulations requiring states to ensure all settings in which home and community-based services are provided comply with the requirement that people are integrated in and have full access to their communities, including engagement in community life, integrated work environments and control of personal resources. The regulations also include a number of requirements for increasing person-centeredness in the planning for and delivery of home and community-based

services. States must be in compliance by March 17, 2022. Day habilitation is a service in three of the four 1915(c) waivers serving people with intellectual or developmental disabilities. Increasing the extent to which people attending day habilitation have opportunities for community integration has been identified by HHSC as an area for improvement. HHSC is continuing to work with internal and external stakeholders to develop a strategy that will allow the state to become compliant by the 2022 deadline.

Managed Care Regulations

On May 6, 2016, CMS published final regulations to strengthen existing Medicaid and CHIP managed care rules. These regulations have varying effective dates, with some effective immediately and others effective over a five-year period extending through 2021. The final rule makes major changes on a wide range of issues, including the following:

- Network adequacy
- Screening, enrollment, and revalidation of providers
- Fair hearings
- The grievance and appeal system
- Contract and rate approval processes
- Mental health parity
- Care coordination
- The quality rating system

These changes have significant impacts on multiple HHSC divisions, which continue to implement these changes on an ongoing basis based on the rule effective dates.

Electronic Visit Verification

Congress passed the 21st Century Cures Act on Dec. 13, 2016, amending Section 1903 of the Social Security Act (42 United States Code 1396b). This legislation requires states to use an electronic visit verification system for personal care services (under a state plan or a waiver of the state plan) furnished in a calendar quarter beginning on or after Jan. 1, 2019. The Act also requires states to use electronic visit verification for home health services, with a Jan. 1, 2023 deadline for compliance. HHSC will be required to implement electronic visit verification in four Medicaid programs and the consumer-directed services model to meet the

personal care services requirements. There are no Medicaid programs using electronic visit verification for home health services. Ten Medicaid programs will be impacted when home health services are added to the current state electronic visit verification system to be compliant with the federal requirements.

Federal Program Reauthorizations

Temporary Assistance for Needy Families

The Temporary Assistance for Needy Families (TANF) program requires federal reauthorization every five years. The program was scheduled for reauthorization in 2010 but has been reauthorized until Sept. 30, 2018 through periodic short-term extensions. While Congress has not considered a bill for a full reauthorization of TANF, the U.S. House of Representatives and Senate have held hearings on how to improve TANF. These hearings have largely focused on supporting programs by states that are evidence-based and successfully help people out of poverty and move people from TANF to unsubsidized employment.

Children's Health Insurance Program

Congress has reauthorized CHIP through Federal Fiscal Year (FFY) 2027. The reauthorization legislation extended the maintenance of effort provision, which requires states to maintain eligibility levels that are no more restrictive than those in place prior to Affordable Care Act implementation but phases out the associated super-enhanced federal match rate. In FFY 2020, the "23 percent bump" is reduced to 11.5 percentage points, and in FFY 2021, the match returns to the standard CHIP enhanced rate (about equal to the Medicaid match plus 15 percentage points). Despite this reduction in federal financial participation, the maintenance of effort provision also prohibits states from limiting enrollment or increasing cost-sharing beyond reasonable inflation. States are permitted to reduce optional benefits, with approval from CMS.

Other Federal Developments

On April 10, 2018 the President signed Executive Order No. 13,828, "Reducing Poverty in America by Promoting Opportunity and Economic Mobility."[53] It directs the Secretaries of Treasury, Agriculture, Commerce, Labor, HHS, Housing and Urban Development, Transportation and Education to identify programs which

should be consolidated together and strategies for redirecting all other safety net programs to promote participant self-sufficiency and employment. The executive order gives the Secretaries 90 days, until July 7, 2018 to propose their reforms to his executive team and a subsequent 90 days to begin implementation. HHSC will watch developments closely.

State Direction for Mental Health Services

The 2018–2019 General Appropriations Act, Senate Bill (S.B.) 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 192), appropriated $20 million of state funds to be matched with local and private funds to support the Texas Veterans + Family Alliance (TV+FA) grant program. Established by S.B. 55, 84th Legislature, Regular Session, 2015, the TV+FA program awards grants to communities to expand the availability of, increase access to, and enhance the delivery of mental health and supportive services to Texas veterans and their families. TV+FA grantees provide and coordinate services to address the unmet mental health needs of veterans and their families by providing such clinical mental health and non-clinical supportive services as: evidence-based therapies and treatment, peer support groups, individual and family counseling, suicide prevention initiatives, and treatment of substance use disorders. To date, grantees have reported serving over 8,400 veterans and family members.

Major Initiatives and Planning Efforts

To ensure the development of a comprehensive, statewide approach to the planning of health and human services, the HHS system agencies coordinate on a variety of initiatives with cross-divisional impacts.

Chief Policy Office

To drive continuous improvement across the HHS system, the agency created the Chief Policy Office (CPO) in 2017 with three divisions:

- The Office of Policy and Rules
- The Office of Performance
- The Office of Transformation and Innovation

The Office of Policy and Rules partners with and advises programs to ensure a coordinated, system-wide approach to policy development, implementation and evaluation, thus strengthening program connections and advancing the strategic vision of HHS. As an open channel, this office supports the flow of information between executive staff and program staff, ensuring that programs have valuable executive insight and that executive staff have a system-wide perspective on policy and rules.

The Office of Performance has three teams: Performance Measurement, the Center for Analytics and Decision Support, and Special Projects. These teams work together to develop a secure, transparent, accessible and reliable performance management and data analytics system. The teams partner with program areas and with the other CPO offices to provide integrated data analytics and measurements necessary to support decisions and to identify areas for improvement. The Office of Performance also fulfills data analytic requests and regular performance reporting requirements.

The Office of Transformation and Innovation serves as a key instrument for continuous improvement. The Transformation team focuses on ongoing internal process reviews, including strengthening inter-program collaborations and breaking down agency silos, to drive efficiency and to improve service delivery. The Innovation team serves as a strategic initiative taskforce to facilitate high-impact projects requiring cross-agency coordination.

Performance Management System

Based on recommendations from the Sunset Advisory Commission and requirements of the 84th Legislature, HHSC is creating a performance management system to ensure focus on established priorities and accountability for achieving outcomes efficiently across the HHS system. In 2018, the Office of Performance is leading activities, in partnership with each program and administrative area, to translate the HHS mission and division goals into a comprehensive set of key, mission-critical, program and outcome performance measures that can be quantified and evaluated.

By aligning day-to-day activities to the HHS strategic priorities and monitoring performance against each division's underlying goals, a broader and deeper perspective is given on overall system performance, helping ensure accountability,

efficiency, effectiveness and attention to customer service. By placing an emphasis on those measures capable of communicating overall performance and progress toward goals, the performance management system will powerfully show the objectives that are critical to each program's success, creating stories that illustrate how each team's work supports the success of the HHS strategic priorities. Additionally, the system will increase transparency and improve communication by providing a common language to assess performance, including performance dashboards with a variety of strategic elevations — from program-level to division leadership, to executive commissioner.

Fee-for-Service to Managed Care Transition

More than 90 percent of the Medicaid population in Texas is now served through the managed care delivery model. The shift from fee-for-service to managed care has demanded an evolution of Medicaid/CHIP program structure and orientation. This shift means aligning staffing and processes along the contract management lifecycle, from development of requests for proposals to contract monitoring and closeout. The Medicaid and CHIP Services department has worked to enhance and reframe processes to better meet the business needs of the agency and its role in a managed care environment.

Healthcare Transformation and Quality Improvement Program 1115 Waiver

Section 1115 of the Social Security Act allows CMS and states flexibility in designing programs to ensure the efficient delivery of healthcare services. The Texas Healthcare Transformation and Quality Improvement 1115 waiver provides flexibility for Texas to preserve upper payment limit funding for hospitals while expanding risk-based managed care statewide. The waiver created two funding pools:

- The Uncompensated Care pool reimburses costs for care provided to people with no third-party coverage and for Medicaid costs in excess of Medicaid payments for hospitals and other services.
- The Delivery System Reform Incentive Payment pool supports coordinated care and quality improvement goals of about 300 providers in 20 Regional Healthcare Partnerships (RHPs) covering the entire state.

Texas' original 1115 waiver was approved from Dec. 10, 2011 to Sept. 30, 2016. Most recently, the waiver was extended effective Jan. 1, 2018 through Sept. 30, 2022. In implementing the waiver, HHSC collaborates with many federal, state, local and regional partners, including CMS, the Executive Waiver Committee, intergovernmental entities, anchoring entities, performing providers, external stakeholders, RHPs and RHP participants.

Healthy Texas Women Section 1115 Demonstration Waiver

On June 30, 2017 HHSC submitted a Section 1115(a) demonstration waiver application seeking federal participation in the Healthy Texas Women (HTW) program and has begun discussions on the waiver application with CMS. HHSC did not propose any changes to the current HTW program in its waiver application. The proposed effective date for the HTW demonstration is Sept. 1, 2018, for a five-year period ending Aug. 31, 2023. As of May 2018, the HTW waiver application was still under negotiation with CMS.

Maternal Health Initiatives

For many years, HHS agencies have worked to improve maternal health by reducing maternal mortality and severe morbidity. The HHS system aims to improve maternal and infant health by advancing high-quality, evidence-based prevention and intervention for all Texas mothers and babies. To improve outcomes, DSHS uses data, analysis and recommendations from the Maternal Mortality and Morbidity Task Force created by S.B. 495, 83rd Legislature, Regular Session, 2013. The 17-member, multidisciplinary task force is administered by DSHS and is charged with the following activities:

- Studying and reviewing cases of pregnancy-related deaths
- Studying and reviewing trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity
- Studying health conditions and factors that disproportionately affect the most at-risk populations
- Reviewing best practices and programs operating in other states
- Comparing rates of pregnancy-related deaths based on the socioeconomic status of the mother
- Determining the feasibility of studying cases of severe maternal morbidity

- Making recommendations to reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state
- Submitting a joint report on the findings of the task force and recommendations to the Governor, Lieutenant Governor, Speaker of the House of Representatives and appropriate committees of the Legislature by Sept. 1 of each even-numbered year

In March 2018, the task force completed all case record reviews for 2012. Additionally, S.B. 17, 85th Legislature, First Called Session, 2017, requires DSHS to work collaboratively with the task force to promote and facilitate, among healthcare providers, the use of maternal and safety informational materials. The ability to work with partners and receive and interpret correct data, including death certificates, will be instrumental to the success of programming in the future. Over the next five years, DSHS will continue current programming and expand efforts to improve maternal health in Texas.

S.B. 17 also requires HHSC to provide a report on pregnancy-related deaths, severe maternal morbidity and postpartum depression. The report is due to the legislature no later than Dec. 1, 2018 and will include a summary of current state efforts to address maternal mortality and morbidity, including strategies to lower costs and improve quality outcomes related to the underlying causes of severe maternal morbidity and chronic illness.

To ensure a continued focus on infant and maternal health, HHSC leads the Better Birth Outcomes (BBO) workgroup, in collaboration with DSHS. BBO initiatives seek to meet a woman's healthcare needs that impact her ability to have a healthier pregnancy and baby by focusing on the life course perspective, providing services and care to families during the preconception and interconception period through the prenatal and postpartum periods. The workgroup meets on a monthly basis to discuss and collaborate on initiatives taking place across the HHS system that contribute to preconception and interconception care and better birth outcomes. BBO currently has over 30 initiatives. BBO topics include: infant mortality, long acting reversible contraception, maternal mortality and morbidity, peripartum substance use, and postpartum depression.

Carve-In of Services for People with Intellectual or Developmental Disabilities

In an effort to improve access to high-quality, person-centered, efficient and cost-effective services for people with intellectual or developmental disabilities (IDD), Texas Government Code Chapter 534 directs HHSC to design and implement a system to provide acute care and long-term services and supports (LTSS) to people with IDD. HHSC began implementing this direction in September 2014, transitioning acute care services for people with IDD to a managed care delivery system, STAR+PLUS, and in November 2016, STAR Kids.

The integration of LTSS into managed care for people with IDD is scheduled to begin on Sept. 1, 2020, with the Texas Home Living (TxHmL) IDD waiver. Texas Government Code Sec. 534.202(b) requires the cost-effectiveness and experience of the TxHmL transition to inform the carve-in of LTSS for the remaining IDD programs, which are scheduled to transition to managed care by 2021.

State Hospital Redesign

HHSC is embarking on a multi-year project to expand, renovate and transform the state hospital system, consistent with direction in the 2018–2019 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 147b). State hospitals provide inpatient psychiatric care for adults, adolescents and children. The redesign will accomplish the following:

- Enhancing the safety, quality of care and access to treatment for Texans with mental health issues
- Expanding capacity and reduce waiting lists for inpatient psychiatric treatment, particularly for maximum security units
- Increasing collaboration with potential partners, particularly higher education and health-related institutions.

As HHSC moves forward with these construction and renovation projects, it is ensuring the changes to the state hospital system fit seamlessly within the broader behavioral health continuum of care. Stakeholder engagement has been a critical component of this effort, including close coordination with the Statewide Behavioral Health Coordinating Council, the Behavioral Health Advisory Committee and local community partners.

HHSC has begun projects during Phase I in Kerrville, Rusk, Houston, San Antonio and Austin:

- In Kerrville, four existing vacant buildings are being renovated to add 70 new maximum security unit beds, to be completed in early 2021.
- At Rusk State Hospital, HHSC has made progress on constructing a new maximum security unit and is planning for an additional non-maximum security unit.
- In Houston, HHSC is contracting with the University of Texas Health Science Center at Houston to construct a new hospital, the Behavioral Continuum of Care Campus, which will bring at least 228 new beds online near the current Harris County Psychiatric Center.
- An existing building on the San Antonio State Hospital campus is being renovated to add 40 beds of new capacity.
- HHSC is partnering with academic institutions to develop master plans for the replacement of Austin State Hospital and San Antonio State Hospital.

The agency is also preparing for construction in Phases II and III to move projects through construction phases, furthering efforts to strengthen the statewide system of psychiatric care and investigating opportunities to bring additional psychiatric beds online in the Dallas-Fort Worth and Panhandle areas.

Statewide Behavioral Health Coordination

Behavioral health services in Texas—which encompass both mental health and substance use treatment—have evolved and transformed over the past decade. Much of this transformation is due to the large investment and stewardship of the Governor and legislators to improve the behavioral health service delivery system. The movement toward managed care, the increased use of treatment alternatives to incarceration, the improved psychiatric crisis system, enhanced local community collaboration and leveraged funding efforts have all contributed to significant advancements in behavioral healthcare in Texas. Even with these improvements, there is room for advancement.

Texas currently invests $8 billion biennially at the state level through General Revenue, Medicaid, and local and federal dollars to fund behavioral health services. These efforts have not always been coordinated across state agencies. The mental health coordinator position at HHSC works to improve coordination among these

state agencies and other entities and to provide statewide, strategic oversight on public mental health.

The Statewide Behavioral Health Coordinating Council, now comprised of 21 state agencies that receive state funding for behavioral health services and two agencies that participate voluntarily, developed a five-year strategic plan in 2017 to coordinate and align behavioral health activities and ensure behavioral health funding is used efficiently and effectively. To ensure coordination among all agencies and institutions of higher education participating on the council, each focuses its behavioral health services and funding approach on strategic plan priorities. New and current program funding streams are required to address the goals, objectives and strategies and to realize the state's behavioral health vision and mission.

The 85th Legislature authorized the creation and funding of two behavioral health collaborative matching grant programs, the Community Mental Health Grant Program (H.B. 13, 85th Legislature, Regular Session, 2017) and the Mental Health Grant Program for Justice-Involved Individuals (S.B. 292, 85th Legislature, Regular Session, 2017). These programs are tied to strategic plan initiatives, minimize duplication of effort and ensure resources are distributed fairly across the state, with priority to underserved areas. This alignment is supported by HHSC implementation teams. In addition to aligning new programs with the strategic plan, programs that are funded for expansion or continuation, such as the TV+FA, are also aligned with the strategic plan. These efforts ensure that state agencies and providers across the state apply and operationalize strategic plan goals when delivering programs and services.

Mental health services for service members, veterans and family members are coordinated through programs such as the Mental Health Program for Veterans and the TV+FA grant program. Additionally, HHSC and the Texas Veterans Commission coordinate to administer the Mental Health Program for Veterans, initially established by S.B. 1325, 81st Legislature, Regular Session, 2009, to provide peer-to-peer counseling for veterans. Between fiscal year 2016 and 2017, peer services increased and the program successfully engaged veterans, increased awareness of mental health service options and increased access to needed mental health services.

Regulatory Services Transformation

Since it became an HHSC division on Sept. 1, 2017, Regulatory Services has been building a cohesive team out of the five programs that transitioned from DADS, DFPS and DSHS. Workgroups have been assessing how each program performs various functions to determine where consistency and best practices can be applied division-wide. Among the topics being assessed are: enforcement processes, field operations, criminal background checks, licensing, and the scheduling of surveys and inspections. The goal is to enhance quality, consistency, efficiency and accountability wherever possible.

The division also has streamlined and revamped existing processes and applied fresh resources to significantly reduce critical backlogs that have drawn legislative and media scrutiny. Those include Provider Investigations, which has fully alleviated its backlog of investigations of abuse, neglect and exploitation allegations in the Houston area and is making headway in other parts of the state, as well as the professional licensing boards in Health Care Quality, where some licensing backlogs have been cut in half. The licensing staff in Long-term Care Regulatory also has identified internal efficiencies to reduce providers' wait times for licenses and improve overall customer service.

Public Health System Improvement

DSHS uses ongoing public health interventions from a public and population health perspective to keep health threats in check. In conjunction with the strategies outlined in the Public Health Action Plan,[54] DSHS is working with stakeholders to transform the public health system in Texas.

With its traditional public health partners — local health entities (LHEs) — DSHS is reviewing its public health regions (PHRs) in order to reassess the overall capacity of LHEs and PHRs to provide public health services. This assessment will be done through a series of face-to-face meetings with LHEs along with combined regional discussions, which will provide a clearer picture of the available public health services, the capacity of each entity and any essential gaps in services or capacity. This work will occur in two phases. The first phase looks at the capacity and capability of these entities to provide core or primary public health services. The second phase will examine the ability of these same entities to provide any secondary or additional public health services.

DSHS is also aware that there are other entities whose work impacts public health. A later phase of this review will convene non-traditional public health partners to identify ways that DSHS central office, PHRs and LHEs might harness the efforts of these other groups to direct system improvements. In support of these multi-year improvement efforts, DSHS will also develop an informatics strategy to ensure the public health system has the right technological tools at its disposal. This will help guide improvement efforts across the public health system and maximize the utility of investments made. Ongoing system improvement will depend on ensuring decision-makers have the right data at the right time.

Border Regions

The U.S.-México border is defined as the area 100 kilometers (62.5 miles) north and south of the international boundary. The Texas-México border is comprised of 32 counties and stretches 1,254 miles from the Gulf of México to El Paso, with a population currently of 3 million residents. The Texas-México binational border area includes majority Hispanic residents, plus two Native American nations, the Kickapoo Traditional Tribe of Texas and the Ysleta Pueblo del Sur, creating two tri-national regions.

In fiscal year 2017, and pursuant to S.B. 200, 84th Texas Legislature, the transformation of the HHS agencies led to the merging of the HHSC Office of Border Affairs with the DSHS Office of Border Health, thereby forming the Office of Border Public Health in DSHS. Since the merger, Office of Border Public Health has identified four focus areas that will guide future policy and operations:

- Community-based healthy border initiatives
- Border and binational coordination
- Border health data and information
- Best practices and evaluation

Pursuant to S.B. 1680, 85th Legislature, Regular Session, 2017, the Task Force of Border Health Officials was created and will make recommendations to the DSHS commissioner on the health problems, challenges and needs of the population living in the border region.

Office of the Inspector General Program Integrity

As HHSC has transitioned from fee-for-service to managed care in Medicaid, the differences in the systems — in particular the provider payment and contracting arrangements — create new or different kinds of program integrity risks for the state. States with a managed care model have two additional responsibilities: conducting program integrity activities at the state level and ensuring managed care organizations also maintain effective program integrity infrastructures of their own.

The Office of the Inspector General is initiating a project to support its workforce's continued alignment with detecting and investigating fraud, waste and abuse in the managed care environment. The project includes an in-depth analysis of current policies, methodologies and practices used by the Office of the Inspector General's workforce. Outcomes will include identifying best practices and providing the workforce with the necessary knowledge and tools to prevent, detect, and investigate fraud, waste and abuse in a managed care model.

Early Childhood Immunization

Vaccines improve quality of life and life expectancy by achieving and maintaining an environment free of vaccine-preventable diseases. Increasing immunization rates for vaccine-preventable diseases in Texas is a collaborative effort involving parents, providers, caregivers and public-sector institutions. A key strategy for increasing early childhood immunizations is to increase public awareness about the need for and benefits of vaccinations.

To that end, increasing early childhood immunizations is a strategy embedded across DSHS in several programs. DSHS will conduct public awareness campaigns focusing on increasing provider education about the importance of childhood immunizations. 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. Key strategies include the following:

- Educating healthcare providers and the public about immunization services
- Providing education about receiving immunizations in the medical home
- Promoting the use of the Texas Immunization Registry, ImmTrac2, used for tracking and reporting vaccines and antivirals and for disaster preparedness purposes
- Encouraging use of reminder/recall systems within the healthcare setting
- Working with stakeholders, including HHSC, DFPS and other state agencies, to improve implementation of these strategies
- Ensuring compliance with vaccine requirements for school and childcare by working with state agencies, schools and childcare facilities to educate parents and assess coverage and compliance

Involving Fathers

HHSC provides a wide range of services to children and families, ranging from prenatal care for pregnant women enrolled in Medicaid, to childhood immunizations through the Vaccines for Children Program, to intensive outpatient behavioral health services intended to avoid parental relinquishment. In all of these programs and the many others provided by the HHS system, HHSC and DSHS strive to engage families, including fathers, to ensure full parental participation in all aspects of service provision.

One example of the system's focus on involving fathers is in state-operated facilities, where family participation is pivotal. Prior to admission and throughout a child's stay at one of HHSC's facilities, the family, including the father, plays an integral role in the interdisciplinary team. The choices, preferences, expectations, likes and dislikes of the child and parents/family are the dominant focus in discussions regarding service planning. The child and parents are invited and encouraged, where clinically appropriate, to be involved in all interdisciplinary meetings and the service planning process.

The facility works in concert with the family, local authorities and local school districts to identify needed supports and services to prepare the child to return to a community setting.

The interdisciplinary team works to maintain and strengthen relationships between children and both parents through phone calls, emails, video chats, and visits on

and off campus. The team also actively seeks to reconnect children with parents/family, as appropriate.

Information Resources Planning

The HHS system is continuously improving use of IT to streamline access to client services and supports, both for people in need of services and for those who deliver the services. To do this effectively, HHSC uses an IT governance structure to partner with business units, ensuring alignment of business needs and IT services. The IT governance structure groups functions into several business portfolios, and each portfolio has an oversight committee composed of representatives from business units and IT. These committees meet regularly to review three- to five-year roadmaps for each portfolio and to evaluate and prioritize new requests for IT services within the context of that portfolio roadmap. This process builds transparency into decision-making processes and increases the accountability for the best use of IT funds.

These business portfolios are supported by a foundation of technical standards for security, technical architecture, system interoperability, communication channels (such as web sites, on-line applications and call centers), and shared services (such as email and networking). These maturing standards and improved alignment of IT services with business needs will help the HHS system run more efficiently.

Response to Hurricane Harvey

On Aug. 25, 2017, Hurricane Harvey hit the Texas coast and lingered for days, causing significant damage and flooding in numerous counties, forcing many to evacuate to temporary locations. The hurricane impacted more than 39,000 square miles with historic flooding and affected 32 percent of the state's population. Harvey poured 27 trillion gallons of rain in Texas and Louisiana and accounted for $125 billion in damages. Texans came together in remarkable ways to support and care for the victims of Hurricane Harvey.

Department of State Health Services

During Hurricane Harvey, DSHS stepped into its statutory role as the lead agency for Emergency Support Function 8 in the State Emergency Operations Plan, coordinating the preparedness, response and recovery of public health and medical

planning and operations. Activities included statewide health system command and control (federal, state, regional and local), coordination of medical and public health response, resource provision through contract and direct service for Emergency Medical Services (EMS) assets, medical sheltering, pharmaceutical services, vaccine services, mosquito vector services, and fatality management.

More than 680 DSHS employees responded to Hurricane Harvey. Nearly 150 personnel assigned to the State Medical Operations Center coordinated 990 medical response missions and 3,200 medical evacuations. The Texas Emergency Medical Task Force Mobile Medical Units treated 1,800 patients and transferred 142 to higher levels of care.

Transitioning to recovery, DSHS coordinated the distribution of 70,000 doses of vaccine and aerial spraying of 6.8 million acres to control mosquitoes in the wake of the flooding.

Adjusted for inflation, Hurricane Harvey is second only to Hurricane Katrina as the costliest hurricane in U.S. history. The DSHS projected cost for Hurricane Harvey is $32.5 million.

Medical & Social Services Division

Each department within the Medical & Social Services division at HHSC played a critical role in the disaster response. From implementing disaster services to modifying operational processes, staff worked to ensure those impacted by the storm received the necessary benefits and services.

Access & Eligibility Services

In the wake of the hurricane, Access & Eligibility Services applied for and received approval from the U.S. Department of Agriculture Food and Nutrition Service (FNS) to implement the Disaster Supplemental Nutrition Assistance Program (D-SNAP) for the 39 counties that received a presidential disaster declaration. D-SNAP provides food assistance benefits to people who have been impacted by a disaster but are not currently receiving regular SNAP. Texas approved 517,363 D-SNAP applications for 1,683,520 people, who were issued $549,490,756 in D-SNAP benefits. FNS also approved automatic waivers allowing issuance of two months of disaster supplements to ongoing SNAP households in the designated counties as well as the

purchase of hot foods via SNAP electronic benefits transfer at SNAP authorized retailers in the same counties.

The Texas Information and Referral Network (TIRN) activated “Option 5” and “Option 6” on the Interactive Voice Response menu through the Texas 2-1-1 system. Option 5 provided callers with key information on disaster resources such as evacuation routes, Federal Emergency Management Agency (FEMA) registration help and shelter locations. Option 6 enabled callers with questions about D-SNAP, the hot food waiver or SNAP replacement benefits to get the information they needed. As calls increased, TIRN contractors expanded their hours, brought in additional staffing and harnessed volunteers to increase capacity. TIRN also received call response help from 2-1-1 call centers in other states.

Health, Developmental & Independence Services

When the disaster hit, staff and contractors with Health, Developmental & Independence Services immediately began reaching out to families and clients to ensure safety and to share resources. Programs such as the Blind Children’s Program and Comprehensive Rehabilitation Services worked to provide replacements for items lost during the storm. Contracted resource specialists for the Office of Deaf and Hard of Hearing Services helped collect and distribute donations for necessities such as hearing aids, batteries and cochlear implant accessories, and they developed video blogs with resources for those who are hard of hearing.

Many people were forced to evacuate their homes. Participants who lost their WIC card or left behind WIC foods or formula were able to go to any open WIC clinic to receive food benefits. WIC food packages were temporarily modified for items that were difficult to get across the state due to the disruption in the supply chain. WIC agencies partnered with area grocery stores and other community partners to provide WIC services in areas where clinics sustained damage.

For people who were due for recertification between August and November of 2017, the Healthy Texas Women Program extended certification periods for an additional six months. In the counties declared disaster areas, providers with the Healthy Texas Women Program, the Family Planning Program and the Children with Special Healthcare Needs Program received extensions to the claim filing deadline for claims with dates of services from Aug. 11, 2017, through Nov. 30, 2017.

Intellectual Developmental Disabilities & Behavioral Health Services

In accordance with the State Emergency Management Plan, the Texas Division of Emergency Management assigned HHSC responsibility for the coordination and delivery of all disaster behavioral health services. HHSC's Disaster Behavioral Health Unit has overall responsibility for this function. A key component of the mandate is that HHSC ensures the provision of crisis counseling services at all fixed and mobile disaster recovery centers, shelters, points of distribution, regional operation centers and multi-agency resource centers. Local mental and behavioral health authorities, HHSC regional public health offices, and volunteer agencies fulfilled this requirement in spite of the significant impact to infrastructure and workforce Hurricane Harvey had on HHSC's local provider network.

FEMA approved HHSC to receive a total of $13,987,907 in grant funds for the Texans Recovering Together program, a crisis counseling and referral program. Funding was awarded through an Immediate Services Program and Regular Services Program grant. The program provides free and confidential crisis counseling and referral services for survivors of Hurricane Harvey in the federally declared disaster area. Services are provided by HHSC's local providers, including local authorities and education service centers. The program runs through Oct. 31, 2018. As of April 2018, more than 80,000 survivors had been reached through the program in primary face-to-face encounters, and about 895,411 survivors had registered for other FEMA help.

Medicaid & CHIP Services

HHSC requested a waiver from certain provisions of the Social Security Act related to Medicaid and CHIP. CMS waived various federal requirements under authority of Section 1135 of the Social Security Act. HHSC's Medicaid & CHIP Services (MCS) division worked with federal and state partners to gain waivers for certain provisions of federal and state laws and regulations for a short period of time for members, providers and MCOs serving members in affected counties. When necessary, MCS sought waivers to ensure continuity of care for the nearly 1.9 million Medicaid and CHIP enrollees in the impacted areas and to reduce the administrative burden during the disaster response and initial recovery period.

Waivers focused on processes such as the following:

- Ensuring that displaced members could see out-of-network providers and that prior authorizations could be extended
- Allowing providers who weren't previously enrolled in Medicaid to enroll for a short period of time through an expedited process so that they could bill for treatment of Medicaid members affected by Hurricane Harvey
- Extending reporting requirement deadlines

For long-term services and supports, HHSC requested flexibility to extend level of care and service plan authorizations, among other flexibilities.

Critical work was done to monitor and support the efforts of MCOs to coordinate care for beneficiaries impacted by the disaster, including member outreach to support those with critical needs such as dialysis help, repair and replacement of durable medical equipment, and access to lifesaving medications. MCOs were required to supply daily written reports to HHSC detailing their care coordination efforts, and they participated in a routine call aimed at assessing urgent needs of Medicaid and CHIP members. Responses to frequently asked questions were published on a regular basis to provide written guidance and information to MCOs, providers, members and other stakeholders.

State Supported Living Centers

In response to Hurricane Harvey, the Corpus Christi State Supported Living Center evacuated 213 residents to the San Antonio State Supported Living Center. The evacuation was successful with the combined efforts of staff from 9 additional state-operated facilities and included providing 8,869 additional meals and administering 50,443 doses of medication.

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2. Health and Human Services Commission Strategic Plan

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

Agency Goals and Action Plans

Below are the agency's strategic goals, action items to achieve those goals, and narrative saying how the goals and action items support the statewide objectives of accountability, efficiency, effectiveness, excellence in customer service and transparency.

Goal 1: Enhance quality of direct care and value of services.

Action Items and Target Dates:

- Improve quality and value in managed care through payment strategies that align incentives among health and human services agencies, managed care organizations (MCOs), providers and individuals receiving services. (Ongoing)
- Improve maternal health and child well-being through timely evidence-based screening, treatment and prevention. (Ongoing)
- Enhance clinical care, services and supports, and safety of individuals served in state-operated facilities and in the community. (Ongoing)
- Integrate services and coordinate across programs to achieve better outcomes for clients. (Ongoing)
- Improve client experience across HHS programs. (Ongoing)
- Protect health and safety of individuals receiving services by ensuring providers are adhering to state and/or federal regulatory standards. (Ongoing)

Accountability	A focus on value-based purchasing and improving quality in Medicaid and other programs will result in better care for the people we serve and ensure that taxpayer dollars are being used to improve client outcomes. Ongoing management of contracts will ensure vendors and

	providers of direct care services are delivering those services in the most cost-effective manner, while ensuring high quality services focused on value and successful outcomes. Holding providers accountable for their compliance with laws and rules protects the health and safety of the people they serve in an array of regulated settings. Ombudsman staff will continue to investigate complaints to determine if Health and Human Services (HHS) system policy was followed by agency staff and contracted vendors. Ombudsman staff will also continue reporting their findings on patterns, trends or system issues to agency management.
Efficiency	The Health and Human Services Commission (HHSC) is evaluating similar services across the agency and identifying opportunities to eliminate redundant or non-essential functions. This extends to both contracted as well as administrative functions. Examples include the following: ● HHSC will ensure that Medicaid programs are effectively administered to maximize federal financial participation. ● The Regulatory Services division and other areas are evaluating operations and processes within program areas to identify efficiencies and best practices that can be implemented across the division. ● The Office of Policy and Rules is identifying and developing cross-functional and program efficiencies.
Effectiveness	HHSC will establish and continuously monitor programmatic and administrative performance measures to ensure data-driven decision making and fulfillment of HHS system strategic priorities, goals and objectives. Examples include the following: ● HHSC will aim to improve care-monitoring and to identify areas for strategic intervention. ● The Regulatory Services division is using data to measure its performance on a wide array of activities, including timeframes for investigations, inspections, and processing of licenses; enforcement actions; and quality assurance. It is coordinating with the Office of Performance to develop additional measures to assess and improve performance across the division. ● State Operated Facilities will continue to ensure people residing in state hospitals and state supported living centers (SSLCs) are receiving appropriate care in a safe environment through

	the use of best practices, person-centered approach and individual support plans.
Excellence in Customer Service	HHSC will continuously improve customer service in a variety of ways: ● The Medical & Social Services (MSS) division is identifying ways to integrate services, to improve efficiency and to promote a seamless and accessible client experience. This effort will include holding contractors accountable in their role in service delivery and ensuring a positive client experience. ● Through several initiatives, HHSC will continue working with various partners to continue to expand the provider network and to diversify the mental healthcare delivery system to allow residents greater access to the care they need closer to home. ● Aging Services Coordination will recognize communities and organizations, including contractors, that are creating innovative methods to meet the needs of older Texans. ● The Regulatory Services division will continue to respond as quickly and accurately as possible to customer issues, whether it is through triaging of complaints, conducting investigations and inspections, or the processing of licenses or other applications. ● Ombudsman staff will ensure people are kept informed of agency action and findings on their complaints about HHS programs and services. Ombudsman staff will also identify opportunities for HHS programs to address patterns, trends and systemic issues.
Transparency	Broadly, the agency will inform and engage stakeholders in critical programmatic and administrative initiatives and changes through public hearings, the agency website, and advisory committees and councils. For example, the Regulatory Services division will continue to provide timely, clear and responsive information to internal and external stakeholders, including people served, providers, legislative offices and the media.

Goal 2: Empower the people we serve and support communities through effective partnerships, readily available information and use of technology.

Action Items and Target Dates:

- Involve the people we serve, family members, service providers and other stakeholders in identifying strategies for system improvements. (Ongoing)
- Strengthen partnerships with community organizations to assist in eligibility application and referral. (Ongoing)
- Improve health outcomes and quality of life through seamless access to services and benefits. (Ongoing)
- Improve navigation experience and efficiency through enhanced self-service opportunities. (Ongoing)
- Encourage full participation of fathers in programs and services relating to children. (Ongoing)

Accountability	MSS will ensure the people we serve have access to the most updated information available regarding their services and benefits, empowering them to make informed decisions while safeguarding their personal information. The State Operated Facilities (SOF) division will ensure open dialogue with the people we serve, family members, service providers and other stakeholders interested in system improvement.
Efficiency	Where possible, HHSC leverages technology solutions to empower the people we serve to access and manage their care and benefits. HHSC will aim to streamline person-focused processes while achieving cost-containment goals. The agency will also develop partnerships — public, private, nonprofit, faith-based and academic — to maximize limited funds, create more options and resources for Texans, and enhance awareness of available programs and services.
Effectiveness	MSS will integrate stakeholder feedback when establishing programmatic and administrative initiatives, including rules, to ensure programs and services meet the needs of local communities and residents. This feedback will help HHSC define success in service delivery.

Excellence in Customer Service	MSS will assess the capacity of communities across the state and will develop recommendations to provide services and resources to meet the needs of Texans. MSS will leverage the "no wrong door" approach to customer service to ensure the people we serve have access to services and care in a timely manner. Within state-operated facilities, clinicians will continue to invite and encourage children and parents, where clinically appropriate, to be involved in all interdisciplinary meetings and the service planning process.
Transparency	MSS will inform and engage the people we serve and community partners through ongoing outreach and communication initiatives that use plain language and adaptive technologies. HHSC will increase efforts for non-traditional stakeholders to provide input on HHSC activities to broaden the variety of perspectives.

Goal 3: Improve health outcomes through prevention and public- and population-health strategies.

Action Items and Target Dates:

- Reduce maternal mortality and severe maternal morbidity. (Ongoing)
- Promote physical activity and healthy eating to improve health and development. (Ongoing)
- Increase awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable and infectious diseases. (Ongoing)
- Protect the health and safety of the public by conducting thorough surveys, inspections, and investigations of complaints and incidents. (Ongoing)
- Decrease underage drinking and substance use among school-age youth, young adults and adults through evidence-based prevention. (Ongoing)
- Promote health, safety and well-being of service members, veterans and their families. (Ongoing)

Accountability	MSS will incentivize contractors through value-based requirements that result in innovative population health initiatives producing positive health outcomes.

	Regulatory Services will continue to hold providers accountable for protecting the health and safety of the people they serve in an array of regulated settings.
Efficiency	HHSC is incentivizing contractors, providers, partners and communities to promote prevention-focused activities resulting in improved health outcomes that lower state costs. The agency will also identify collaboration opportunities across the system's programs to better use limited funding and to maximize messaging. Regulatory Services is evaluating operations and processes within program areas to identify efficiencies and best practices that can be implemented across the division.
Effectiveness	HHSC will coordinate across the system to identify new funding opportunities to support improved client outcomes and innovative population health strategies. Regulatory Services is using data to measure and improve its performance on a wide array of protective activities, including conducting high-quality inspections and investigations. It is coordinating with the Office of Performance to develop additional measures to assess and improve performance across the division. HHSC will continue to require MCOs and non-Medicaid contractors to work with and educate providers on immunization requirements aligned with Texas Health Steps and the Texas Health and Safety Code. In accordance with Senate Bill (S.B.) 578, 85th Legislature, Regular Session, 2017, the Office of Veteran Services will develop short- and long-term recommendations to increase access to and availability of professional veteran health services to prevent veteran suicide. Through both internal and external collaborative planning sessions, the office will establish a plan to implement these recommendations in the coming biennium.
Excellence in Customer Service	MSS will facilitate both provider and client awareness to encourage use of prevention-focused services and programs that promote a healthy lifestyle. HHSC will strive to promote an accessible client experience to support engagement with the health and social services delivery system. Regulatory Services will ensure it responds as quickly and accurately as possible to customer issues, whether it is through triaging of complaints, conducting inspections or investigating situations that pose a threat to public health and safety.

Transparency	HHSC will establish ongoing communication to inform the public about population health initiatives underway. Veteran Services Coordination will inform and engage clients and state, federal and community partners through ongoing statewide outreach and communication initiatives. Regulatory Services will continue to provide timely, clear and responsive information to internal and external stakeholders, including people served, providers, legislative offices and the media.

Goal 4: Optimize response to disasters, disease threats and outbreaks.

Action Items and Target Dates:

- Lead, optimize and continually improve disaster preparedness and response. (Ongoing)
- Coordinate across the HHS system and with stakeholders to increase awareness of HHS disaster-related services and to facilitate planning for future responses to disasters. (Ongoing)

Accountability	Increasing stakeholder awareness of HHS disaster-related services will ensure that local communities can more effectively plan what services will be made available and the resources required to best accommodate those services. This informed planning will ensure that disaster-related benefits are provided to those who qualify. The Regulatory Services division will continue to hold providers accountable for developing disaster preparedness plans, including evacuation measures, and for ensuring their staff is trained on how to execute those plans in an emergency.
Efficiency	HHSC will seek to use facilities identified by local jurisdictions, if needed, to implement application sites for disaster-related benefits. Regulatory Services is assessing how it can streamline communications with providers before, during and after disasters to allow both state and provider staff to more efficiently address crises in real time.

Effectiveness	HHSC programs will ensure resources are engaged to implement disaster response and recovery services. As much as possible, sites for operating disaster-related benefits will be pre-selected to help mitigate some of the implementation challenges experienced during Hurricane Harvey in 2017. Staffs at SSLCs and state hospitals will continue to perform evacuation drills to ensure residents and staff are prepared in the case of an emergency. Regulatory Services recommends working with assisted living providers on a rule project to make their disaster plans more detailed and clear. The division is also assessing resource needs so inspectors can be deployed more quickly to damaged facilities as weather conditions allow.
Excellence in Customer Service	HHSC will seek to coordinate with county officials to co-locate HHS application/services sites with other disaster-related benefits, as appropriate. HHSC will expand capacity at state-operated facilities outside the disaster area, as needed, to help other state-operated facilities affected by a disaster to provide seamless care of people served. Regulatory Services is working with providers and other stakeholders to improve coordination and communication in future disasters. During Hurricane Harvey, Regulatory Services worked with state, federal and local partners to respond quickly to providers in crisis.
Transparency	Following a disaster, HHSC will implement a communications strategy to ensure information about services, application processes, eligibility criteria and locations is disseminated via multiple communication channels. Channels include, but are not limited to: the HHS and other state/local agency websites, state/local social media and local news outlets. Regulatory Services will continue to communicate with providers during disasters and is assessing ways it can streamline communications with them during future events, such as holding regular conference calls that providers can join to receive the most updated information. Regulatory Services will continue to reach out to individual providers as needed in any crisis.

Goal 5: Ensure individuals have seamless access to services and supports in the most appropriate, least restrictive setting based on each person's needs.

Action Items and Target Dates:

- Help individuals identify the most appropriate, least restrictive living option and ensure they have access to services and supports necessary to transition to and live in the setting of their choice. (Ongoing)
- Coordinate with other state agencies and community organizations to support youth transitioning into adulthood. (Ongoing)
- Strive to improve individuals' quality of life by providing person-centered services that address their unique preferences, strengths, needs and risks. (Ongoing)

Accountability	The agency will coordinate and collaborate with other agencies and community partners to provide the most person-directed, cost-effective care possible while being good stewards of state funding. This will ensure clients are receiving the right care, at the right place, at the right time. SSLCs will continue to provide reports on obstacles to transition, reasons a resident has not been transitioned to the community, and the reports will include recommendations to improve successful community transition when appropriate.
Efficiency	Through coordination and collaborative partnerships with agencies, contractors and the community, HHSC will promote efficient processes to enable client use of services and to address each individual's unique preferences, strengths and needs. This will both improve the quality of life for individuals receiving services and ensure taxpayer funds are used in the most efficient way.
Effectiveness	HHSC, working together with other agencies and community partners, will identify appropriate programmatic and administrative initiatives, plans, and performance measures to continue driving toward the goal of ensuring clients have seamless access to services and supports and are able to reside in the most appropriate, least restrictive setting. The agency will strive to provide the services that allow people to live a higher quality of life in the most effective manner.
Excellence in Customer Service	HHSC will work within its internal programs and processes, and will require contractors, to provide people a seamless, easy-to-navigate delivery system allowing them to use needed services in the most appropriate, least restrictive setting. Focused efforts, such as

	providing information and education to individuals and their families, will support improved quality of life for people served.
Transparency	The agency will involve individuals and their families in the coordination of care and services so that they may live in the best possible and most appropriate setting.

Goal 6: Encourage self-sufficiency and long-term independence.

Action Items and Target Dates:

- Provide information, application assistance and referral services for programs and services critical to people in need. (Ongoing)
- Ensure timely and accurate eligibility determination and enrollment of qualified individuals into financial assistance and benefit programs. (Ongoing)
- Make efficient and effective medical determinations on behalf of the Social Security Administration for Supplemental Security Income and Social Security Disability Insurance. (Ongoing)
- Provide support services for expectant mothers and families to foster greater self-sufficiency and to lower their reliance on health and human services programs throughout their lifetimes. (Ongoing)

Accountability	HHSC will continue providing effective training, monitoring and quality control programs to ensure that eligibility determinations are appropriately made and benefits are provided to those who are qualified in accordance with federal and state regulations. HHSC will promote self-sufficiency to expectant mothers and families that allow for reduced reliance on government programs.
Efficiency	HHSC will seek efficiencies by implementing self-service options to reduce expenditures and by continuously evaluating the efficiency of programmatic, operational and vendor processes. The agency will also use new and efficient delivery methods to maximize the effect of our services.
Effectiveness	MSS will continue to monitor staff performance daily and evaluate programmatic benchmarks regularly to ensure program goals are achieved.

Excellence in Customer Service	MSS evaluates client feedback by tracking inquiries, online reviews/ratings and complaints received by the agency and through contractors. Information from these channels will inform improvement initiatives and corrective action plans that the agency will implement to ensure quality service delivery.
Transparency	The HHSC Website, hhs.texas.gov, will continue to describe agency programs and services and shares information about how to access them. In addition, outreach and application help for HHSC benefits will continue to be provided statewide via a network of local offices and community partners.

Goal 7: Promote and protect the financial integrity of HHS programs.

Action Items and Target Dates:

- Prevent, detect, audit, inspect, review, and investigate fraud, waste, and abuse in the provision and delivery of all state health and human services, and enforce state law relating to the provision of those services. (Ongoing)
- Review and improve procurement, contract oversight and grant management processes. (Ongoing)
- Ensure that providers and contractors comply with the terms of their contracts and regulatory standards, and if any provider or contractor is not compliant, act promptly to gain both compliance and any compensation related to the violation. (Ongoing)
- Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (Ongoing)
- Improve management of federal funds across the HHS system through the development of processes for federal grant application, tracking and management. (Ongoing)

Accountability	The Chief Policy Officer, as acting Chief Operating Officer, is reviewing all administrative processes to identify issues and improve accountability. HHSC will ensure proper business processes are in place for all internal operations, including contracting and procurements, to assure accountability for taxpayer funds. In addition, HHSC will review business processes, support service agreements, and internal policies to make sure each business area is

	conducting business in accordance with current statute, rules and regulations. Through improved contract oversight and monitoring, HHSC will ensure contractors are held accountable to contractual and regulatory requirements. Access & Eligibility Services will expand use of analytics and authentication tools to help identify potential fraud prior to making an eligibility determination and issuing benefits. All potential fraud identified will be referred to the Office of Inspector General (OIG) for further review. The OIG is categorizing provider enforcement actions (penalties) according to the severity of the violation for Medicaid and CHIP providers. This process will also take mitigating factors into account to provide a consistent framework. MCS will continue to monitor contractor performance and will impose appropriate contractual remedies when issues of noncompliance or deficiencies are identified. The SOF Business Management Unit will ensure contract managers at state hospitals and SSLCs adhere to contracting laws, regulations, policies and procedures defined by the HHSC Contract Management Handbook, HHSC Contract Oversight Services, Procurement and Contracting Services, and recommendations made by Internal Audit. The Business Management staff will provide oversight and guidance on policy and procedures, quality assurance reports, technical help and training to facility staff. SOF will pursue liquidated damages or other actions against vendors who violate terms of the contract. If Regulatory Services staff identifies potential fraud or financial malfeasance while conducting a regulatory inspection, they will continue to refer the matter to the appropriate entity for investigation and resolution. The Financial Services (FS) division completes and submits monthly, quarterly and annual statutorily mandated reports to the Legislative Budget Board and the Office of the Governor, and, as appropriate, publishes them online.
Efficiency	The OIG is developing a data-driven, continuous, office-wide risk assessment to identify higher-risk HHS programs, providers and contractors. The OIG will use risk assessment results to allocate resources and promote efficiency, compliance and financial integrity. The SOF Business Management staff will meet quarterly with certified contract managers and subject matter experts across the division to share best practices and provide universal application of contract management principles across facilities.

	FS reviews manual processes to gain efficiencies and to identify processes appropriate for automation. FS is developing and modernizing systems, to integrate legacy systems and to reduce duplication.
Effectiveness	The OIG will develop the knowledge, skills, tools and resources necessary to support the focus, policies, work methods and practices to fully reflect Texas' Medicaid and CHIP managed care model. To ensure effective contract management, employees with contract management responsibilities will complete the training required by Tex. Gov't Code Sec. 656.052 within 18 months of starting in a position with those responsibilities. To maintain effective contract management at the facilities, the SOF Business Management Unit ensures employees complete ethics training, sign nondisclosure/Conflict of Interest Certification and complete other contract management training as needed. FS is working to enhance the preservation of mission-critical financial documents for succession planning and future reference.
Excellence in Customer Service	The OIG will continue to strive to promote excellence in collaborating with stakeholders in all our work. We emphasize communication and training to ensure common understanding of expectations among HHSC, MCOs and others. The SOF Business Management staff will communicate regularly with facilities to explain policies, help with issues and problem-solve. The Business Management Unit actively works in cooperation with Contract Oversight Services, Procurement and Contracting Services, Legal Services and vendors/contractors to meet mission-critical needs and prioritizes and escalates critical issues as needed.
Transparency	The OIG will continue to lead the Texas Fraud Prevention Partnership to facilitate the relationship between the public and private sector so all parties are more informed and so OIG may better detect, deter, and reduce healthcare fraud, waste and abuse. This will enable parties to share successful practices, effective methodologies and strategies. The SOF Business Management Unit works with the Procurement and Contracting Services to ensure requisitions are entered into the Centralized Accounting and Payroll/Personnel System (CAPPS) Financials system per the Procurement Manual and Contract Management Handbook. The staff researches data in CAPPS Financials to ensure consistency with the System of Contract Operation and Reporting (SCOR) financials as payments are processed.

	FS contracts with an independent auditor using a separate external actuarial firm to ensure transparency in accordance with the 2018–2019 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 34), the Medicaid Funding Reduction and Cost Containment rider, Section 17(i).

Goal 8: Strengthen and sustain a high-functioning, efficient workforce.

Action Items and Target Dates:

- Ensure optimal staffing levels to support operations while reducing overtime and dependency on contract staff. (Ongoing)
- Promote professional development and continual learning. (Ongoing)
- Implement succession planning to mitigate risk associated with turnover. (Ongoing)
- Recognize and reward outstanding personnel based on timely, comprehensive and objective performance evaluations. (Ongoing)

Accountability	HHSC will continue to hold employees to high standards of performance, integrity, and training requirements through regular performance evaluations. The agency will also ensure staffing levels are carefully evaluated on an ongoing basis to avoid unnecessary expenditures on overtime pay and contract staff, and will use succession planning to prevent issues in the ability to serve clients or delays in the completion of key projects and initiatives. More detailed information may be found in Supplemental Schedule F.1: The HHS system Workforce Plan.
Efficiency	Following significant program and staff transfers to HHSC in 2016 and 2017, program areas across the HHS system have been reorganized along functional lines, and administrative services have been consolidated, increasing efficiency by reducing redundancy and allowing program staff to focus on the performance of mission-critical tasks. HHSC will continue to improve the efficiency of its workforce by emphasizing professional development through the more than 100 computer-based professional training courses available to all HHS employees and tracked through CAPPS.

Effectiveness	HHSC will continue to use yearly performance evaluations to gauge employee effectiveness and to reward employees for performance that exceeds expectations. HHSC will ensure effective leadership by requiring each program and administrative area to develop and regularly update a succession plan. This deliberate and systematic effort helps maintain the quality of products and services despite the loss of talent through retirements, attrition and other causes. Employees who aspire to leadership positions within the system can be nominated for participation in one of several leadership academies.
Excellence in Customer Service	HHSC is using its consolidated organization and technology to enhance customer service. By restructuring along functional lines and creating units dedicated to business operations and customer service, HHS divisions will be freeing program staff to focus on program issues and projects. Client self-service features such as YourTexasBenefits.com enable clients to apply for and manage their benefits at times and locations that are convenient to them. In addition, they help free staff to work one-on-one with the public, whether face-to-face in a local eligibility office or on the phone helping a provider with a business issue. Program and administrative areas will continue to conduct surveys of their internal customers to ensure excellence in services. For example, the Learning Resource Network distributes surveys to employees who complete instructor-led trainings, and results are used to improve services.
Transparency	HHSC will continue to strive to provide accurate, timely responses to external inquiries from all stakeholders, including policy-makers, the media and members of the general public. HHS divisions will improve use of technology and training to share knowledge among staff. Institutional knowledge will be shared between tenured and newer staff, processes and procedures are being documented, and files critical to those processes and procedures are being moved from shared drives to SharePoint sites. Divisions are setting up cross-training for employees to develop deeper layers of knowledge and skills and to allow for better agility when fellow staff members move on. This transparency among staff will ensure continuity. The yearly HR Fact Book will continue to be published internally so all managers may spot trends and identify problem areas. Within CAPPS, HHS managers will continue to run reports on timesheets, leave balances and other factors to strengthen performance.

Goal 9: Optimize technology to support business strategy and goals.

Action Items and Target Dates:

- Align information technology (IT) plans and resources to meet agency and program needs through a formal IT governance process. (Ongoing)
- Improve efficiency and cost-savings through the reduction of redundant business applications and environments and through the evaluation of appropriate sourcing options for IT goods and services. (Ongoing)
- Protect public resources and client information by implementing security best practices, complying with federal and state security requirements, and adhering to HHS security policies. (Ongoing)

Accountability	The IT governance process enables a strong partnership between IT and business units to align the planning, prioritization and execution of IT solutions that best meet business goals. Through their participation in governance, agency executive leaders will set priorities for the best use of IT resources.
Efficiency	IT systems are integral to increasing the efficiency of staff functions and the public's access to services and supports. Examining these functions strategically through the use of three- to five-year roadmaps for groups of applications will allow the consolidation of IT resources instead of fragmented applications to meet single business needs.
Effectiveness	IT collaborates with business areas in making decisions regarding which IT contracts, applications and projects to pursue. Doing so will ensure the most critical business needs are prioritized, and it aligns with the DIR strategic plan for information resources goals of Mature IT Resources Management and Cost Effective & Collaborative Solutions.
Excellence in Customer Service	The IT division will ensure the needs of internal and external customers are identified and prioritized in order to improve the use of IT business processes to enhance streamlined access to client services and supports.
Transparency	The HHS IT governance process builds transparency into the decision-making process and increases accountability for the best use of IT funds. The formal structure of the IT governance process will ensure thorough documentation of decisions made about the use of IT resources to meet business needs.

Goal 10: Promote a culture of data-driven decision-making for continuous improvement.

Action Items and Target Dates:

- Implement an HHS performance management system for increased effectiveness in governance and accountability for success. (8/31/2019)
- Enhance data analysis activities by establishing secure infrastructure and data interfaces, including master data management. (Ongoing)
- Improve quality of and access to fiscal information and data. (Ongoing)
- Strengthen and expand partnerships and collaborations within and beyond the HHS system to increase access to data and information. (Ongoing)

Accountability	The HHS performance management system will ensure focus on established priorities and accountability for achieving outcomes efficiently across the HHS system. Each program and administrative area will report progress on a set of measures that are critical to its work, and executive leadership will monitor trends and adjust resources as necessary for success.
Efficiency	Accurate, timely data and fiscal information are crucial for efficient decision-making across all program and administrative areas. The Center for Analytics and Decision Support, the Financial Services division and other areas will ensure people have quick access to relevant, valid and reliable data across the HHS system.
Effectiveness	Secure infrastructure and data interfaces, including master data management, are a necessary foundation for data analytics. HHSC IT will continue working with the Center for Analytics and Decision Support to design a single analytics platform to combine appropriate datasets, thus increasing access to, and exchange of, health information across HHS and its partners.
Excellence in Customer Service	The HHS IT governance structure, described above, will ensure attentiveness to the needs of both external and internal customers by involving business units in IT planning. Oversight committees will continue to meet regularly to review three- to five-year roadmaps and new projects, ensuring alignment with business needs.
Transparency	The HHS performance management system will increase transparency and improve communication by providing performance dashboards at the program level, the division level and the agency level.

Goal 11: Improve business functions and processes.

Action Items and Target Dates:

- Centralize business support functions and standardize best practices for state-operated facilities. (8/31/2019)
- Achieve efficiencies in operational and programmatic structures and processes to support program functions, increase return on investment and avoid cost. (Ongoing)
- Achieve efficiencies in administrative services, including procurement, products, office space and licenses. (Ongoing)
- Improve the rule-making process system-wide, ensuring timeliness and quality. (Ongoing)
- Reduce duplicative work through improved infrastructure, redesigned program requirements and innovative collaboration efforts. (Ongoing)
- Enhance security at state offices, regional administrative offices, state-supported living centers and state hospitals. (Ongoing)
- Streamline and simplify processes for regulated entities, enhancing their ability to achieve compliance. (5/31/2019)

Accountability	The Chief Policy Officer, as acting Chief Operating Officer, is reviewing all administrative processes to identify issues and improve accountability. HHSC will ensure proper business processes are in place for all internal operations, including contracting and procurements, to assure accountability for taxpayer funds. In addition, HHSC will review business processes, support service agreements, and internal policies to make sure each business area is conducting business in accordance with current statute, rules and regulations.
Efficiency	Following significant program transfers to HHSC in 2016 and 2017, all areas are consolidating and standardizing business policies, processes and procedures to enhance future efficiency. The System Support Services division will continue to co-locate offices to reduce the HHSC footprint and lease costs. Regulatory Services is updating systems to make it easier for providers to upload and access information they need. An example includes an online licensing application portal for providers of long-term care such as nursing and assisted living facilities. Rules coordinators will include all internal stakeholders and points of contact early in the rulemaking process to coordinate resources, timelines and expectations.

Effectiveness	The agency will continue to make improvements to the HHS client delivery offices for the safety of clients and staff. Enhancements include installation of keyless access systems and installation of video surveillance systems to enhance the overall safety of clients and staff. SOF is working across the division to improve future effectiveness by standardizing best business practices across all facilities. Regulatory Services is more consistently applying regulations across regions, making it easier for providers to understand state and federal rules and achieve compliance. It is also streamlining practices, reducing duplicative regulation, and using technology and innovation to improve its overall effectiveness. Inclusion of internal stakeholders and points of contact early in the rulemaking process will facilitate the clear communication of program rules.
Excellence in Customer Service	Security improvements to the HHS client delivery offices will help clients and staff feel safer and more secure. Regulatory Services will continue to hold regular trainings for providers to help them in complying with relevant state and federal requirements and to protect the health and safety of the people they serve.
Transparency	Vulnerability assessments will be performed to determine office security enhancements, and results will be communicated to HHS managers. Regulatory will continue streamlining how it issues policy guidance to providers, including retiring out-of-date policy letters and revising current policy documents to make them more clear and prescriptive. The division also will consistently engage providers throughout the process of developing rules. The rulemaking process incorporates multiple levels of internal agency review which helps to ensure clear and precise communication of program rules that readers can easily understand.

Redundancies and Impediments

Redundancies and Impediments, General

Office of Inspector General: Payment Holds Based on Credible Allegation of Fraud

Service, Statute, Rule, or Regulation	Texas Government Code (Tex. Gov't Code) Section (Sec.) 531.102(g)
Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	OIG places provider payment holds for credible allegations of fraud pursuant to both federal and state law. Presently, the criteria for placing the hold is higher under state statute than under the federal regulation. The Texas statute requires the OIG to show that continuing to pay the provider presents an ongoing significant financial risk to the state and a threat to the integrity of Medicaid. These requirements are not present in the federal regulation. Having additional criteria in the state statute creates the possibility that the federal criteria will be met (mandating the payment hold), but the additional state criteria will not be met.
Agency Recommendation for Modification or Elimination	Amend Tex. Gov't Code Sec. 531.102 to define significant financial risk as $100,000 or greater and to adopt rules defining a threat to the integrity of Medicaid.
Estimated Cost Savings or Other Benefit Associated with Recommended Change	Since placement of a payment hold prevents payments from being made in a case of potential fraud, this change could have a positive fiscal impact.

Office of Inspector General: Recoveries and Cost Avoidance

Service, Statute, Rule, or Regulation	Tex. Gov't Code Sec. 531.102(b)
Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	As the Texas Medicaid service delivery model has shifted from fee-for-service to managed care, the risks, approaches and measures of success related to program integrity will need to change as well. Current statute focuses on recoveries and does not take into account measuring MCO efforts as well as provider and member outcomes that ultimately improve the health of Texans. These issues may not result in traditional

	recoveries but are risks that must be monitored. Examples of the different program integrity risks in managed care include: ● Contract management issues ● Incorrect or inappropriate capitation rates ● Underutilization of services by MCO enrollees ● Inaccurate encounter (claims) data submitted by MCOs ● Need to focus on cost avoidance, not recoupment of state dollars ● Lack of access to subcontractor information on contract performance
Agency Recommendation for Modification or Elimination	Amend Tex. Gov't Code Sec. 531.102(b) to include other priorities at the OIG, including cost avoidance.
Estimated Cost Savings or Other Benefit Associated with Recommended Change	This change would provide the OIG with more flexibility to include cost avoidance among the program integrity issues that are pursued. There could be a positive fiscal impact to the state with improved program integrity, leading to less fraud, waste and abuse in the system.

Office of the Ombudsman: Foster Care Ombudsman Applicant Background Checks

Service, Statute, Rule, or Regulation	Tex. Gov't Code Sec. 411.1106
Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	Since employees of the Foster Care Ombudsman (FCO) have access to foster youth and sensitive data, they should be subject to criminal history background checks. Current state law allows the executive commissioner to require background checks for *employees* of the FCO. However, it does not allow HHSC to obtain criminal history information for *applicants* for the four FCO positions.
Agency Recommendation for Modification or Elimination	Amend Tex. Gov't Code Sec. 411.1106, subparagraph (b)(1), to add FCO to the current list of two divisions for whom HHSC can obtain criminal history information for applicants: Access & Eligibility Services and the Inspector General.
Estimated Cost Savings or Other Benefit Associated	This change would increase efficiency in the hiring process. Upon the effective date of the amendment, newly posted FCO positions would include a statement that applicants are subject

with Recommended Change	to background checks, which would be conducted by HHSC's human resources contractor.

State Operated Facilities: State Hospital Medication Orders at Transfer

Service, Statute, Rule, or Regulation	Texas Health and Safety Code (Tex. Health & Safety Code) Chapter (Ch.) 574 (Secs. 574.102, 574.103, 574.104, 574.106, 574.1065, 574.107 and 574.110) and Ch. 575
Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	State hospitals do not have authority to administer court-ordered medication to people who transfer to a state hospital from an SSLC. SSLCs have authority to compel medication with a court-order for people residing at an SSLC. If a person is transferred to a state hospital for treatment of mental illness, however, HHSC loses the authority to compel medication.
Agency Recommendation for Modification or Elimination	Amend statute to allow state hospitals to ensure continuity of care and consistent authority across the HHS system.
Estimated Cost Savings or Other Benefit Associated with Recommended Change	Changes would facilitate treatment and could reduce the length of stay for these people.

State Operated Facilities: Authority to Determine Intellectual Disability

Service, Statute, Rule, or Regulation	Tex. Health & Safety Code Secs. 593.004 and 594.001
Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	The authority of an SSLC to make a determination of intellectual disability has been challenged in court, and the lack of express authority has resulted in decisions against SSLCs. Historically, the SSLC division, with guidance from the legal division, has interpreted current statute to mean that an SSLC has the authority and the responsibility to ensure people are eligible for services; however, this has been questioned by certain HHSC Administrative Law Judges, who reference Tex. Health & Safety Code Sec. 593.004. This provision states that a person believed to be a person with an intellectual disability; the parent, if the person is a minor; or guardian of the person

	may make a written application to an authorized provider for determination of intellectual disability forms provided by the department. This section, however, pertains to the access of intellectual disability services and would not logically address a decision by a SSLC to complete a determination of intellectual disability.
Agency Recommendation for Modification or Elimination	Amend statute to grant express authority to SSLCs to perform determinations of intellectual disability.
Estimated Cost Savings or Other Benefit Associated with Recommended Change	Express authority in statute would create consistency in court decisions and reduce service delays associate with appeals. As SSLCs have the clinical personnel and expertise to make determinations of intellectual disability, this would save SSLCs needing to obtain duplicative assessment by the local intellectual and developmental disability authorities and would prevent SSLCs from having people committed for whom services are not appropriate.

State Operated Facilities: Long-Range Planning Report for State Supported Living Centers

Service, Statute, Rule, or Regulation	Tex. Health & Safety Code Sec. 533A.032(c)
Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	The report is redundant, due to other reporting activities, including the SSLC Long-Term 10-Year Plan, which included an overview of SSLCs, oversight, infrastructure and systems, stakeholder feedback, and recommendations. Additionally, this report requires extensive staff resources. Since HHSC engages in other planning activities due to riders, strategic planning and other reports, the deletion of this report would increase efficiency for HHSC with no loss to stakeholders, who do not, to the agency's knowledge, use the report.
Agency Recommendation for Modification or Elimination	Amend statute to delete this redundant, obsolete report.
Estimated Cost Savings or Other Benefit Associated	Staff resources would be available to support the proposed strategic plan for people with IDD, which has been proposed by

with Recommended Change	the IDD/Behavioral Health Department and would be more comprehensive.

Medical & Social Services Division — Access & Eligibility Services: Unit Cost of Service Report

Service, Statute, Rule, or Regulation	Texas Human Resources Code Sec. 101A.107
Why the Service, Statute, Rule, or Regulation is Resulting in Inefficient or Ineffective Agency Operations	The provision requires HHSC to file a report twice a year with the Governor and the Legislative Budget Board, identifying the unit cost of every service provided by an Area Agency on Aging. The report duplicates the quarterly reporting of performance measures to the Legislative Budget Board.
Agency Recommendation for Modification or Elimination	Repeal the statute requiring this report.
Estimated Cost Savings or Other Benefit Associated with Recommended Change	Deleting the requirement for this extra report would allow staff to be diverted to higher legislative priorities.

Redundancies and Impediments Related to Natural Disasters

At this time, HHSC reports no redundancies or impediments specific to natural disasters.

3. Department of State Health Services Strategic Plan

Vision, Mission & Values

Public health is the science and professional discipline of preventing, detecting and responding to specific medical risks and conditions. Public health looks at issues, policies and outcomes, and it is concerned with broad disease categories across all communities.

Population health focuses on health outcomes of a group of individuals or communities, and it measures the incidence and prevalence of health conditions and disease within a defined population.

Vision: A Healthy Texas

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

Values:

- Lead with a vision
- Driven by science and data
- Partner with a purpose
- Engage and connect as a team

Agency Operational Goals and Action Plans

Goal 1: Improve health outcomes through public and population health strategies, including prevention and intervention.

Action Items and Target Dates:

- Establish and advance public health priorities for the state. (8/31/2021)
- Reduce maternal mortality and severe maternal morbidity. (8/31/2023)
- Promote physical activity and healthy eating to improve child health and development. (8/31/2023)
- Reduce the burden of human immunodeficiency virus (HIV), tuberculosis (TB) and other infectious diseases. (8/31/2023)
- Increase public awareness about the need for early childhood immunization to reduce the mortality and morbidity caused by preventable infectious diseases. (8/31/2021)
- Promote consumer health and safety through education, inspection and investigation activities. (8/31/2020)

Accountability	Prevention and population health strategies can reduce the disease burden on Texans and the healthcare system. Public health strategies can reduce the cost to the state in Medicaid dollars and uncompensated care by preventing and 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. Therefore, the Department of State Health Services (DSHS) promotes the use of public and population health strategies, including prevention and intervention, to improve health outcomes.
Efficiency	The DSHS transformation under Senate Bill (S.B.) 200, 84th Legislature, Regular Session, 2015, called for streamlined operations focused on public health. Using proven public health strategies ensures DSHS is a good steward of public funding and that its use will drive positive health outcomes across a spectrum of health issues, including infectious and chronic diseases.
Effectiveness	The action items identified in this goal address key health areas affecting Texans, thus allowing DSHS to incrementally improve the health status of Texas. A foundation of public health is the use of data to guide decision-making regarding various public health

	interventions. This data helps draw conclusions about the success of health programs, interventions, improvements or enhancements that may be necessary.
Excellence in Customer Service	DSHS helps to improve health outcomes by leading and convening public health stakeholders in Texas. DSHS also gathers stakeholder and customer input through public meetings, electronic surveys and other forums. Multiple advisory committees provide recommendations for program improvements on a myriad of health topics.
Transparency	Communication with stakeholders, public awareness and education are key components in executing the action items for this goal. Texans have an opportunity to learn about improving health and well-being through multiple avenues such as the DSHS website, news media relations, public awareness campaigns, social media platforms and other outlets that disseminate information about the agency's initiatives.

Other Considerations for Goal 1

Maternal Health

Improving the health and well-being of mothers, infants and children in Texas is vitally important for the overall health and well-being of the upcoming generation. DSHS has been committed to reducing maternal mortality and severe morbidity for many years. DSHS implemented programming such as the Healthy Texas Mothers and Babies initiative, which aims to improve maternal and infant health by advancing quality and evidence-based prevention for all Texas mothers and babies.

In addition, DSHS uses data, analysis and recommendations from the Maternal Mortality and Morbidity Task Force (task force) to help improve maternal outcomes. The task force was created by S.B. 495, 83rd Legislature, Regular Session, 2013. The 17-member multidisciplinary task force is administered by DSHS and is charged with the following actions:

- Studying and reviewing cases of pregnancy-related deaths
- Studying and reviewing trends, rates or disparities in pregnancy-related deaths and severe maternal morbidity

- Studying health conditions and factors that disproportionately affect the most at-risk populations
- Reviewing best practices and programs operating in other states that have reduced rates of pregnancy-related deaths
- Comparing rates of pregnancy-related deaths based on the socioeconomic status of the mother
- Determining the feasibility of the task force's study of cases of severe maternal morbidity
- Making recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in this state
- Submitting a joint report on the findings of the task force and recommendations to the governor, lieutenant governor, speaker of the House of Representatives and appropriate committees of the Texas Legislature by Sept. 1 of each even-numbered year.

DSHS will continue to work collaboratively with the task force to promote and facilitate, among healthcare providers, the use of maternal and safety informational materials. The ability to work with partners and receive and interpret correct data, including death certificates, will be instrumental to the success of maternal health programming.

Child Health and Development

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.[55] DSHS will continue state-wide efforts to reduce the burden of obesity-related mortality and morbidity in Texas by the following actions:

- Monitoring nutrition and physical activity status to identify emerging problems
- Providing leadership and expertise to stakeholders, partners and groups
- Providing training and technical assistance to communities and worksites to facilitate policy and environmental change strategies to reduce obesity and related chronic diseases
- Utilizing data-driven, evidence-based interventions for child health
- Strengthening the coordination of follow-up services for newborn children with abnormal screening results

Infectious Diseases

DSHS is responsible for identifying, investigating, controlling and preventing more than 50 infectious diseases. The agency performs communicable disease control measures, such as contact investigations for TB, HIV and sexually transmitted diseases (STDs). DSHS will continue to work with communities across Texas to improve the productivity of HIV testing programs by assuring that targeted testing programs focus on groups at highest risk, that routine testing in health settings is established in communities of high morbidity and that public health partner notification programs operate effectively. The goals for HIV prevention and control include the following activities:

- Promoting integration of HIV, STD and viral hepatitis testing or treatment into primary care settings, drug treatment programs, and other health and human services settings
- Examining how electronic health records and exchanges can simplify and improve disease and program reporting
- Enhancing the capacity of community partners to use and share models of linkage and engagement in care for people with HIV that allow more widespread use of these approaches across the state
- Promoting new approaches to STD and HIV diagnosis and treatment delivery that make the most of technology

The Texas Center for Infectious Disease provides in-patient services for patients with TB, Hansen's disease and other related infectious diseases requiring long lengths of stay to complete treatment. The facility provides out-patient services to treat patients with TB and Hansen's disease, including patients with complications and co-morbidities affecting treatment of those diseases. The goals for TB prevention and control include the following:

- Developing and maintaining an active disease surveillance mechanism to assure all people meeting the case definition of suspected or active TB disease are promptly identified and reported to DSHS
- Developing and maintaining standard processes to guide outbreak responses and assure all people exposed to TB are promptly identified and screened and, where appropriate, receive treatment to prevent disease transmission

- Developing and maintaining a robust case management data application that captures all vital case management data to assess statewide performance in treating TB, including contact investigation activities
- Promoting and expanding the use of innovative technologies to rapidly identify TB infection and disease for prompt diagnosis and treatment
- Promoting effective treatment modalities that increase compliance among people diagnosed with latent TB infection
- Promoting targeted interventions to populations most at risk for developing TB

Early Childhood 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, DSHS will continue to conduct public awareness campaigns focusing on increasing provider education about the importance of childhood immunizations. Data from the Centers for Disease Control and Prevention has shown that a strong provider recommendation will help sway parents to immunize their children on the recommended schedules. DSHS will provide resources to help providers in making strong recommendations to parents to vaccinate their children.

DSHS immunization activities seek to increase vaccine coverage levels and include the following actions:

- 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 the Texas Immunization Registry, ImmTrac2, used for tracking and reporting vaccines and antivirals, and for disaster preparedness purposes
- Encouraging use of reminder or recall systems within the healthcare setting
- 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

- Ensuring compliance with vaccine requirements for schools and childcare facilities by working with state agencies, schools and childcare facilities to educate parents and assess coverage and compliance

Consumer Health and Safety

DSHS protects people in Texas from contaminated, adulterated and misbranded foods by promoting effective food handling, good manufacturing practices, public health standards in food safety laws and rules regarding foodborne illness outbreak investigations. There are four areas of oversight regarding consumer health and safety:

- **Emergency Medical Services and Trauma Systems** provides the vital link between sudden injury or illness and emergency medical care for all Texans.
- **Food and Drug Safety** protects Texans from unnecessary illness and death by overseeing people and entities who provide ingestible, medical and topical products to the public; or use processes (e.g. pasteurization, sterile drug manufacturing, tattooing) that, if done incorrectly, endanger the public.
- **Radiation Control** protects Texans from unnecessary exposure to radiation by overseeing those who produce and or use radiation or generate radioactive products.
- **Environmental Health** protects the public from potential long-term illnesses by ensuring environmentally hazardous materials are not unnecessarily endangered.

DSHS will continue to update best practices and employee training for investigation activities to keep pace with industry standards and to meet the evolving health needs of the public.

DSHS will continue to look at new and different considerations and methods to protect the health and safety of the public. Strategies will include the following activities:

- Providing opportunities for industry stakeholders to meet with the DSHS Consumer Protection division to discuss best practices
- Updating rules that are related to industry best practices and approaches to consumer health and safety

- Ensuring that all equipment needed by inspection and investigation staff is up-to-date and properly calibrated
- Ensuring all staff involved with inspections and investigations are fully trained

Goal 2: Optimize public health response to disasters, disease threats and outbreaks.

Action Items and Target Dates:

- Lead, optimize and continually improve public health disaster preparedness and response. (8/31/2023)
- Coordinate programs and services to provide highly reliable and effective response to infectious and food-borne diseases and other public health threats. (8/31/2021)
- Integrate and standardize optimal public health services at the regional level. (8/31/2021)
- Strengthen DSHS laboratory capacity and capability to perform accurate timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats. (8/31/2023)

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 — to address the needs of Texans 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. One such effort was the presence of Zika, which was a public health concern in recent years. One of the ways DSHS used to mitigate it in 2016 was to update the Zika Virus Preparedness and Response Plan, which consisted of specific objectives based on the stage of the outbreak. The plan called for a combination of transmission prevention, education to the public, timely and accurate data dissemination, and investigations and surveillance. As a result, in 2017, the amount of Zika cases in Texas decreased considerably.
Efficiency	As the lead agency for planning public health medical response and recovery for serious or disastrous health threats in the state, DSHS is always improving the alignment and coordination of state and local health entities. Better coordination of state and local functions allows for more efficient use of resources and good stewardship of public funds.

	The State Medical Operations Center (SMOC), for example, is a centralized and efficient coordination unit that is activated during a public health catastrophe. The SMOC facilitates communication between the necessary local, regional, state and federal entities to assemble assets to respond to and resolve requests for state public health and medical help. It monitors public health incidents, communicates with relevant jurisdiction(s) and supports local response.
Effectiveness	Training and simulation exercises are completed regularly to ensure that the disaster preparedness response plan is operating at a high level and that gaps are identified and corrected. Constant re-evaluation and optimization of the disaster response process improves its efficacy to mitigate public health disasters. During Hurricane Harvey, for instance, these responsibilities included the following: ● Statewide health system command and control (federal, state, regional and local) ● Coordination of medical and public health response ● Resource provision through contract and direct service for Emergency Medical Services (EMS) assets ● Medical sheltering, including those with medical disabilities and needs ● Pharmaceutical services ● Vaccine services ● Mosquito vector control ● Fatality management More than 680 DSHS staff were involved in the response to Hurricane Harvey. Nearly 150 personnel assigned to the SMOC coordinated 990 medical response missions and 3,200 medical evacuations. The Texas Emergency Medical Task Force Mobile Medical Units treated 1,800 patients and transferred 142 to higher levels of care.
Excellence in Customer Service	Through the DSHS website, media communications, TexasPrepares.org and social media, DSHS provides key information on disasters and disease outbreaks. This information keeps people in Texas informed and equipped to help them navigate through emergency situations. While emergency response begins at the local level, DSHS plays a vital role when: there is no local health entity (LHE), the response exceeds local capacity or the public health threat involves multiple jurisdictions.

Transparency	The ability of the state to help communities prepare for, respond to and recover from a disaster or disease outbreak is a core function of DSHS. Consistent and timely communication to the public is essential to the effectiveness of a disaster response plan. DSHS has a strong public presence communicating through its website, media relations, public awareness campaigns, social media platforms and other outlets.

Other Considerations for Goal 2

Disaster Preparedness and Response

A significant part of disaster preparedness and response is ongoing health recovery efforts after a disaster. DSHS is committed to the engagement of recovery efforts post disasters. Some of the services DSHS provides and continually improves are as follows:

- Food Safety: Activation of the Texas Rapid Response Team to monitor and respond to any food-related incidents
- Impact Assessment: Working with local jurisdictions to assess impact to public health and medical infrastructure, to assess public health issues relating from the disaster, to identify gaps, and to provide support as appropriate
- After-Action Plan: Identifying lessons learned to produce a comprehensive statewide public health and medical after-action report and improvement plan
- Asset Recovery: Assessing resources expended during the emergency in order to replace and repair equipment in preparation for future responses
- Reimbursement: Working with entities involved in response to ensure documentation necessary for Federal Emergency Management Agency (FEMA) reimbursement has been completed
- Data and Statistical Analysis: Analyzing death certificates, reviewing media reports, and contacting medical examiners and justices of the peace on disaster-related death data identification

DSHS maintains a Pharmacy Branch, which is licensed by the Food and Drug Administration to carry out the duties of receiving, storing, repackaging and

shipping of medications to prevent, diagnose and treat certain communicable diseases (e.g., HIV, STDs and TB) on behalf of DSHS programs. In the event of natural disasters or public health emergencies, the Pharmacy Branch acts as a depot for ordering, receiving and provisioning immunizations, medications and supplies. The Pharmacy Branch works with DSHS disaster preparedness and immunization programs, as well as local public health and other entities outside of DSHS, in preparation and support of preventing, protecting the public from and responding to public health emergencies.

Coordination of Programs and Services within the Public Health System

DSHS is responsible for identifying, investigating, controlling and preventing more than 50 infectious diseases. Monitoring and interviewing people who may have an infectious disease or be at high risk requires coordination and cooperation between public health entities. Additionally, the data must be shared among local, regional, state and federal partners. LHEs and DSHS public health regions (PHRs) safeguard the health of Texans by performing preventive, protective and other public health functions which include effectively responding in an emergency or disaster. Strategic improvement efforts will continue to focus around 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 TB, HIV and STDs
- Conducting active disease surveillance and epidemiological analysis
- Enforcing local and state public health laws
- Collaborating with LHEs across the state to enhance local public health efforts

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 infrastructure, the most up-to-date technology and testing methods, and a highly skilled and trained workforce.

Lab technology is ever-changing to increase test result accuracy while decreasing the time to provide results. Changes to technology can require infrastructure modifications to accommodate new equipment. The lab will continue planning 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.

Goal 3: Improve and optimize business functions and processes to support delivery of public health services in communities.

Action Items and Target Dates:

- Maintain and enhance timeliness, quality and transparency of statewide financial and programmatic reports. (8/31/2020)
- In collaboration with HHS Information Technology (IT) division, strategically leverage new technologies to optimize agency operations. (8/31/2021)
- In collaboration with HHS Procurement and Contracting Services (PCS), develop strategic major procurement planning and execution processes to gain efficiencies. (8/31/2021)

Accountability	Business processes and functions are designed and continuously improved to advance public health strategies. Optimizing business processes and functions ensures that DSHS contributes to sound financial management and provides visibility into the organization's performance.
Efficiency	DSHS is committed to maximizing efficiency, increasing productivity, reducing costs, and minimizing errors and risk. There is a focus on process improvement to ensure that resources are optimally used. DSHS will collaborate with HHS on consolidated administrative functions and processes to ensure public health needs are met.
Effectiveness	An improved, measurable variance in business processes ensures that the organization continues to evolve with the external environment and keep pace with modern methods of improvement. Performance metric visibility is vital in determining if, and how much, the

	organization is improving and fulfilling established performance measures.
Excellence in Customer Service	In order to provide the highest level of service to public health needs, current business processes seek to produce the highest amount of efficiency and accuracy while reducing costs to tax payers. DSHS also engages external stakeholders to continuously improve services to the public.
Transparency	Communication with stakeholders through various channels allows for transparency into the performance of DSHS. DSHS is committed to providing visibility to operating budgets, financial reports, legislative reports and public health statistics through the DSHS website and other agency outlets that disseminate information.

Other Considerations for Goal 3

Financial and Programmatic Reports

Continuously enhancing the value, timeliness and transparency of financial and legislatively-mandated programmatic reporting is an ongoing business practice for DSHS. Improvements are consistently implemented to make the reporting process efficient, accurate and simple. DSHS will continue to ensure the success through the following efforts:

- Simplifying the budget structure where possible
- Enhancing quality of financial and programmatic reports
- Increasing transparency of financial reports
- Increasing timeliness of legislatively-mandated reports

Information Technology

Information Technology (IT) services is a consolidated function at HHSC. DSHS, in conjunction with HHSC, is committed to utilizing modern and effective IT systems and infrastructure to increase efficiency, reduce costs, streamline processes and align technical capabilities with public health needs. This will be done through the following activities:

- Conducting IT assessments yearly to determine future system obsolescence and potential technical replacements

- Collaborating with HHS IT division to develop a long-range IT planning process with a 3-5 year forecast
- Strategically identifying business/program needs and planning how new technologies will fill those needs
- Streamlining IT procurement and project processes in collaboration with HHS IT and PCS divisions

Procurement Planning and Execution

Procurement and contracting services are consolidated functions at HHSC. In fulfilling this action item, DSHS will continue collaborating with HHS PCS to develop strategic planning and execution processes to enhance efficiency in procurement. As part of this collaboration, major procurements will be analyzed for potential streamlining of processes to create efficiency or process modifications of existing processes.

Contract Manager Training

In collaboration with HHS PCS, DSHS complies with state training requirements. The Texas Comptroller of Public Accounts established and administers a system of training, continuing education and certification for state agency purchasing personnel. The training and continuing education must include ethics training. State employees with functional responsibilities of a contract manager are required to take the training.

A state agency employee must be a certified texas contract manager (CTCM) to engage in contract management functions on behalf of a state agency. CTCMs must remain compliant with required continuing education hours (CEH):

- Certifications issued prior to Jan. 1, 2018:
  - To obtain initial certification, applicants must score 70 percent or higher on the exam.
  - Certification is issued for a five-year period.
  - 80 CEH are required within the five-year period, no more than 24 CEH recommended per certification year.
  - All CEH must pertain to contract/procurement related topics.
- Certifications issued after Jan. 1, 2018:

- To obtain initial certification, applicants must score 80 percent or higher on the exam.
- Certification is issued for a three-year period.
- 12 hours of Comptroller Statewide Procurement Division sponsored CEH are required. One of the 12 hours must be an Ethics course.
- A renewal refresher course must be completed between the second and third year of obtaining certification and does not count toward CEH. This course will be required after the 2019 legislative session.

HHS CTCMs are required to complete an additional 18 CEH of Contract Oversight and Support Contract Oversight Services training within the same three-year period. This additional training does not have an impact on the person's contract manager certification renewal.

Goal 4: Enhance operational structures to support public health functions of the state.

Action Items and Target Dates:

- Improve regional and central office coordination and collaboration. (8/31/2021)
- Coordinate organizational processes for agency-wide response to public health issues with cross program implications. (8/31/2020)

Accountability	In order to execute business processes to effectively meet the needs of the public, DSHS must function within an operational structure that best supports those processes. DSHS current structure fosters collaboration between divisions to create the most effective approach to process design and improvement. Constant analysis of current and potential changes to the operational structure is done to determine how to best support business processes effectively and to hold the agency accountable to its services.
Efficiency	In order to maximize results and be good stewards of public funding, DSHS matches the needs of the public to the processes involved to meet those needs and an operational structure to support those processes. High reliability is a key element in the ability of DSHS to achieve its mission of improving health and well-being in Texans. Effectively operating in a complex environment full of potential catastrophic risk is what makes DSHS a high-reliability organization. Additionally, success comes from multiple factors, including a shared

	vision, individual commitment, strong collaborations, high-functioning operational systems and evidence-based decision making. Pulling these factors together ensures the agency is committed to being a high-reliability organization.
Effectiveness	An agency-wide response to public health threats is a core function of DSHS. In order to assure that a public health response process is effective, cross division coordination is vital to ensure that all parties involved participate in their own capacity while collectively providing the most effective outcome.
Excellence in Customer Service	In order to provide exemplary customer service to our stakeholders, organizational structures must support the most efficient use of resources. DSHS developed a new organizational structure effective Sept. 1, 2017. The new structure actively supports the DSHS public and population health mission. It is also aligned with the HHSC vision of a more effective and efficient health and human services system. The new structure promotes statewide leadership to promote safe and healthy communities and population-based strategies to address public health issues.
Transparency	DSHS provides transparency of the operating model by making operational structures accessible to the public. The DSHS website gives users insight into the high level organizational structure of DSHS, as well as advisory committees and councils. DSHS engages with stakeholders through task forces and other collaborative avenues. Partnership is necessary to achieve impactful goals. Improving public health in Texas to meet health outcomes requires partnerships among a variety of stakeholders including physicians, hospitals, health departments or other governmental agencies. DSHS emphasizes and puts into action the values of partnering with a purpose, which entails being strategic in developing, sustaining and evaluating partnerships, as well as being clear and transparent about agency responsibilities and expectations to meet outcomes.

Other Considerations for Goal 4

Regional-Central Office Coordination

DSHS will continue to increase collaboration and engagement between central and regional offices. Increased coordination through frequent communication on day-to-day activities keep regional employees more engaged with policies, operational changes and agency strategies and will have a positive impact on agency culture. DSHS will also continue the physician council comprising of Regional Medical

Directors and central office physician staff as a forum to engage regional participation and to provide clinical guidance to DSHS leadership.

Cross Program Processes for Agency-Wide Response

For public health issues that go beyond a division response, a cross-program framework will be created with identifiable triggers based on conditions of the public health threat at hand. Development of the response framework will be a cross-program effort aiming to improve communication and coordination within the organization.

Goal 5: Improve recognition and support for a highly skilled and dedicated workforce.

Action Items and Target Dates: ● Increase capacity and capability of the public health workforce and apply best practices. (8/31/2023) ● Develop a staff retention strategy. (09/30/2019)	
Accountability	A highly skilled and motivated workforce is essential to the performance of DSHS in serving the health needs of the public. DSHS is committed to the recruitment and retention of dedicated employees that exhibit superior performance within their job functions, as well as improving the capability of current employees. Performance measurement and evaluation, as well as other best practices, are applied in order to ensure accountability of the workforce and promote continuous improvement.
Efficiency	Using best practices, recruiting and retaining high performing employees, and promoting professional development for employees will result in gains on efficiencies. These three components contribute to a steady flow of high productivity from employees and efficiency in business functions and processes.
Effectiveness	Employees are the most valuable resource at DSHS. Almost all functions and processes require some degree of employee intervention. Training and professional certifications provide an effective way to increase the skill level amongst employees and continually identify best practices for use in programming and administrative processes.

Excellence in Customer Service	DSHS ensures that employees are performing at the highest level to serve public health needs. Staff recognition and support help in the retention and motivation of employees in order to provide the best service possible. In addition, DSHS holds its employees accountable by instilling a performance measures culture using dashboards to ensure that the agency is executing high quality work and remaining committed to its mission.
Transparency	Recognition of employee efforts and dedication boosts morale and provides an incentive for employees to perform at a high level. DSHS will continue to maintain visibility and transparency of agency-wide merit, salary and other forms of employee recognition. In addition, DSHS incorporates data and performance measures to inform decision-making and encourage transparency about overall performance.

Other Considerations for Goal 5

Increase Capacity and Capability of the Workforce

DSHS conducts continual training and development based on organizational needs. Efforts to increase the capability and capacity of DSHS workforce will include the following efforts:

- Encouraging staff to seek professional certifications
- Identifying opportunities for professional development
- Developing and implementing comprehensive manager training
- Monitoring agency performance through interactive dashboards

Staff Retention Strategy

DSHS recognized the opportunity for organizational improvement and boosting morale through an employee recognition program. Implementation of the program will include the following activities:

- Conducting staff focus groups to validate employee recognition ideas
- Operationalizing an ongoing employee recognition culture
- Incorporating the program into agency policy to complement the employee performance evaluation process

Goal 6: Foster effective partnership and collaboration to achieve public health goals.

Action Items and Target Dates:

- Establish an agency-level strategic engagement plan that promotes opportunities for collaboration on public health issues with stakeholders and partners. (8/31/2021)
- Collaborate with local health entities to strengthen the public health system in Texas through the Public Health Action Plan. (8/31/2023)

Accountability	Collaboration among partners to advance public health strategies is a critical function of DSHS. An agency-level strategic engagement plan will promote collaborative interactions and partnerships with multiple stakeholders across agencies and local communities.
Efficiency	Collaboration and partnerships are a necessity for the success of public health. In order to be as efficient as possible, DSHS must develop relationships with multiple disciplines across a variety of agencies and jurisdictions. These interactions ensure informed thinking on issues that require collaboration and cross division coordination which creates a more efficient process.
Effectiveness	DSHS uses stakeholder input to inform policy decisions, to improve service delivery, to enhance communications and to execute other core functions of the agency. In addition to holding stakeholder meetings and conducting surveys to seek input on specific topics, DSHS routinely seeks advice and recommendations from advisory committees that have been established by state statute, by federal requirements or in response to emerging issues. These partnerships provide effective perspectives on public health strategies and processes.
Excellence in Customer Service	DSHS places emphasis on developing partnerships with individuals, families, stakeholders, community organizations, providers and others to ensure people receive timely and appropriate services. DSHS engages such entities in developing service delivery mechanisms, programs and policies to enhance public health services.
Transparency	DSHS ensures visibility for various public health functions through the DSHS website. Other channels of communication that are used to provide transparency on partnership activities including public awareness campaigns, social media and other outlets.

Other Considerations for Goal 6

Agency-Level Strategic Engagement Plan

Promoting collaboration on public health issues is necessary for public health entities. DSHS is developing a strategic engagement plan to promote collaborative opportunities in addressing and researching public health issues. Strong relationships with partners and stakeholders is a must to effectively fulfill public health goals. Developing a comprehensive strategy to engage partners and stakeholders allows DSHS to be more efficient and systematic.

Public Health System Improvement

The 2016–2017 General Appropriations Act, House Bill 1, 84th Legislature, Regular Session, 2015 (Article II, DSHS, Rider 81), directs DSHS to collaborate with the Public Health Funding and Policy Committee and other stakeholders to develop a comprehensive inventory of the roles, responsibilities and capacity relating to public health services delivered by DSHS and LHEs. The resultant inventory, known as the Public Health Action Plan, established a roadmap for improving the Texas public health system, defined regional strategies and outlined ways to achieve statewide priorities through the effective use of state funds.

DSHS is partnering with its traditional public health partners – LHEs – to undertake a review of its PHRs in order to assess the capacity of LHEs and PHRs to provide public health services. This assessment will be done through a series of face-to-face meetings with LHEs along with combined regional discussions, which will provide a clearer picture of the available public health services, the capacity of each entity, and any essential gaps in services or capacity. This work will occur in two phases. The first phase involves looking at the capacity and capability of these entities to provide core or primary public health services. The second phase will examine the ability of these same entities to provide any secondary or additional public health services.

DSHS is also aware that there is a range of other entities whose work impacts public health. Subsequently, a later phase of this review will be to convene non-traditional public health partners to identify ways that DSHS central office, PHRs and LHEs might harness the efforts of these other groups to direct system improvements. In support of these multi-year improvement efforts, DSHS will also

develop an informatics strategy to ensure the public health system has the right technological tools at its disposal. This will help guide improvement efforts across the public health system and maximize the utility of investments made. Ongoing system improvement will depend on ensuring decision makers have the right data at the right time.

Goal 7: Promote the use of science and data to drive decision-making and best practices.

Action Items and Target Dates:

- Improve collaboration with institutions of higher education. (8/31/2021)
- Modernize data infrastructure and improve data quality and access. (8/31/2022)

Accountability	DSHS has been increasingly involved in state efforts to improve the quality and safety of healthcare in Texas. Initiatives involve the use of IT and data for service delivery, quality improvement and cost containment. Reducing hospitalizations due to preventable conditions, healthcare-associated infections and preventable adverse events can reduce costs in general healthcare, Medicaid and uncompensated care. Improvements to data infrastructure, data quality and data access are key to informed decision-making in these areas of public health.
Efficiency	The efficient use of health information allows for quick, informed, data-driven decisions by the agency as well as healthcare providers, communities and individuals. Health information can help in the design of efficient programs and interventions that result in healthier behaviors.
Effectiveness	Providing health information to improve the health of the public is a core function of DSHS. The effective use of health data allows for DSHS to better focus resources or attention on specific health issues. This data also provides information for communities and healthcare providers to use towards improving health outcomes.
Excellence in Customer Service	DSHS is committed to providing the people of Texas with safe, reliable and accurate data. The availability of key health data allows for more informed health decisions. DSHS shares statistical reports and data on various public health topics via the website, social media and other agency outlets. In addition, expanding the use of health information among healthcare and public health professionals can

	facilitate prompt and informed action in response to health risks and public health emergencies.
Transparency	The 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 continues to make data and health information accessible to the public through various modes such as the Texas Health Data website — a web-based, self-service query system where users obtain public health statistical reports and summaries. This approach supports the information needs of the agency, HHS programs and other users, such as health officials, educators and students in improving service delivery, evaluating healthcare systems and monitoring the health of the people of Texas.

Other Considerations for Goal 7

Collaboration with Institutions of Higher Education

DSHS actively seeks strategic partnerships with academic institutions in order to collaborate in mutual research and publications and to promote careers in public health. The approach towards fostering relationships and engaging colleges and universities has become much more robust and comprehensive over the years. DSHS will focus on establishing a higher presence within colleges and universities using new methods, such as the following:

- Ensuring collaboration by building academic health departments that are defined by the Public Health Foundations
- Increasing outreach to undergraduate and graduate students to promote careers in public health and DSHS
- Developing mechanisms for staff to serve as adjunct faculty members or guest lecturers

Data Quality, Infrastructure and Access

A core function of DSHS is to be a source of information for assessment of population health and for public health planning. Success with that function primarily revolves around the quality of data that DSHS produces. Constant improvement of data infrastructure and quality will be an ongoing business practice to keep pace with evolving statistical needs. Collaboration is under way with other

agencies, government authorities and industry leaders in the development of innovative techniques for data dissemination and access.

In regard to data infrastructure, DSHS will collaborate with the HHS IT division, which uses industry-standard technology and methodologies to identify, mitigate and eradicate security risks, including viruses, malware and cyber-terrorism.

Redundancies and Impediments

DSHS currently has no considerations for the Redundancies and Impediments section.

[55] Texas Department of State Health Services (2017). *Youth Risk Behavior Surveillance System*. Center for Health Statistics.

This document is available at https:/hhs.texas.gov/hhs-strategic-plans-2019-2023.

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