



STRATEGIC PLAN
Fiscal Years 2005-2009

Executive Summary

Health and Human Services Commission



Department of Aging and Disability Services



Department of Assistive and Rehabilitative Services



Department of Family and Protective Services



Department of State Health Services

**Executive Summary for the
HHS Strategic Plan for FY 2005-2009**

TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
ATTACHMENT A: AGENCY SUMMARIES	5
Health and Human Services Commission.....	5
HHSC Mission	5
HHSC Scope	5
Challenges and Opportunities	5
Goals and Services	6
Strategic Priorities	7
Department of Aging and Disability Services.....	8
DADS Mission	8
DADS Scope	8
Challenges and Opportunities	8
Goals and Services	9
Strategic Priorities	11
Department of Assistive and Rehabilitative Services.....	12
DARS Mission	12
DARS Scope	12
Challenges and Opportunities	12
Goals and Services	13
Strategic Priorities	13
Department of Family and Protective Services	15
DFPS Mission.....	15
DFPS Scope.....	15
Challenges and Opportunities	15
Goals and Services	16
Strategic Priorities	16
Department of State Health Services.....	17
DSHS Mission	17
DSHS Scope	17
Challenges and Opportunities	17
Goals and Services	17
Strategic Priorities	19
ATTACHMENT B: HHS ENTERPRISE WORKFORCE PLAN	20
Staffing Analysis.....	20
Workforce Plan.....	21
ATTACHMENT C: PERFORMANCE MEASURES DEVELOPMENT.....	23

Health and Human Services System Strategic Plan for FY 2005–2009

Executive Summary

In response to House Bill 2292, 78th Legislature, Regular Session, 2003 and its intent to consolidate strategic planning for all health and human services in Texas, this Health and Human Services (HHS) System Strategic Plan (Plan) serves as the strategic plan for the five agencies that comprise the HHS system. At the same time, state law mandates content specific to each agency. Thus, the Plan addresses both the HHS system as a whole and the five individual agencies: the Health and Human Services Commission, the Department of Aging and Disability Services, the Department of Assistive and Rehabilitative Services, the Department of Family and Protective Services, and the Department of State Health Services. The substantive planning activities conducted to complete the agency functional reviews and the *H.B. 2292 Transition Plan* were key references in developing this Plan.

Within the context of the statewide vision, mission, and philosophy issued by state leadership, all HHS agencies share a common vision and strategic goals grounded in H.B. 2292:

We envision a health and human services enterprise that works better and costs less. Toward this goal, we will seek input and build partnerships with local communities, advocacy groups, and the private and not-for-profit sectors to put in place solutions that emphasize program efficacy and personal responsibility. We also envision a highly coordinated HHS system driven by motivated and talented workers focused not only on sound processes and procedure, but also particularly on results.

*Albert Hawkins, Executive Commissioner
Texas Health and Human Services Commission*

The following System Strategic Goals guide the HHS system in Texas:

Preserve, enhance, and maintain independence—enable the aging and people with disabilities, including those with mental retardation and other developmental conditions, to live as independently as possible for as long as possible through an effective, individualized system of service provision in community and institutional settings.

Promote and protect good health—protect public health and promote the overall physical and mental health of Texans through the provision of education, early intervention, substance abuse treatment, health insurance, and appropriate health services for eligible populations.

Achieve economic self-sufficiency—enable low-income individuals and clients of family violence, refugee, and vocational rehabilitation programs to achieve self-sufficiency for themselves and their families by providing income assistance and/or related support services necessary on a temporary basis.

Ensure safety and dignity—ensure safety and protection from abuse, neglect, or exploitation of children and adults through comprehensive regulatory and enforcement systems that include certification, training, and assistance to health and childcare providers and personnel.

Within these philosophical constructs, a “Statewide Economic and Demographic Trends” analysis discusses the economic and demographic factors that impact virtually all HHS target populations. These factors include statewide population growth and change, population composition, geographic distribution of population groups, and growth by age, ethnic, and income groups. Data and trends among uninsured Texans, unemployed Texans, and other groups are also presented.

This analysis yields the following significant facts and projections for HHS planning for fiscal years (FY) 2005-2009:

- During 2005-2009, the total population of Texas is expected to grow from 22.5 to 23.8 million, with the population age 65 and older projected to grow from 2.23 million to 2.45 million (about 10 percent), and those age 85 and older projected to grow by about 12 percent, from just over 255,000 to almost 286,000.
- About 20 percent of the Texas population has one or more disabling conditions, with that rate rising to 47 percent for those age 65 and older, and 77 percent for those age 85 and older.
- In 2002, an estimated 3.4 million people (15.6 percent) in Texas lived in families with incomes below the federal poverty guidelines; the poverty rate for Texas children under 18 years of age was 22 percent.
- In 2002, 38 percent of Texans did not have private health insurance.
- In March 2004, about 2.1 million low-income children under age 19 were enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). These children represent about one-third of all children in the State.
- African American, Hispanic, and other non-Anglo groups continue to grow, both in relative and absolute numbers, and experience higher rates of poverty and are more likely to be without private health insurance coverage than the Anglo population.

In addition to economic and demographic factors, the Plan highlights system-wide challenges and opportunities brought about by H.B. 2292 and other changes in the health and human services environment:

- *Ensuring Stakeholder Input in H.B. 2292 Environment* speaks to continuing the key role of all stakeholders in the H.B. 2292 structure.
- *Increased Demand for Services, Limited Resources, and Rising Costs* addresses how Texas is facing the nationwide challenges of rising costs and increasing demand for services.
- *Aging of the Population* presents demographic indicators illustrating the aging of the population, and discusses the opportunity to realign the delivery of both short-term and long-term services and supports for Texans of all ages.
- *Implementing New Program Policies in a Changing Environment* calls attention to the need to effectively implement the many programmatic and policy changes included in H.B. 2292, even as major structural changes occupy the attention of the system as a whole.
- *Ensuring Provider Availability and Effective Regulation* discusses the challenge of effectively regulating providers of health and human services to protect the safety and well-being of clients, while coping with an inadequate supply of providers in some areas.
- *Maximizing Federal Funds in a Consolidated Structure* describes how consolidating financial leadership and oversight offers opportunities for cost savings and more effective use of funds, including federal funds.
- *Developing an Integrated Regional Structure* discusses the efforts underway to align both administrative and client services into a more consistent and efficient regional system.
- *Realizing Efficiencies through Technology Integration* discusses how an enterprise approach to technology decision-making has the potential to result in improved services and more cost-effective information technology systems.

The critical systemwide challenge of maintaining a skilled and prepared state workforce is discussed in a separate workforce plan, also written from a systems perspective (Attachment B).

The individual agency sections of the Plan present an External/Internal Assessment for each of the five agencies, as required by the Legislative Budget Board (LBB) and the Governor's Office of Budget, Planning and Policy (GOBPP).

These sections include information about services, populations, and programmatic trends and initiatives—all organized according to the new goals developed as part of the Planning process (Attachment A, Agency Summaries).

Finally, the Plan lays out the Goals, Objectives, and Strategies for each agency, providing an overview of what the system and individual agencies are working toward and how they will be held accountable for results in the FY 2005-2009 planning period. Attachment C describes the process and criteria used system wide to develop measures for the new HHS environment.

Attachments

- Attachment A, Agency Summaries
 - Health and Human Services Commission
 - Department of Aging and Disability Services
 - Department of Assistive and Rehabilitative Services
 - Department of Family and Protective Services
 - Department of State Health Services
- Attachment B, HHS Enterprise Workforce Plan Summary
- Attachment C, Performance Measures Development

Attachment A

Agency Summaries

Health and Human Services Commission

HHSC Mission

The mission of the Health and Human Services Commission (HHSC) is to provide the leadership and direction and foster the spirit of innovation needed to achieve an efficient and effective health and human services system for Texans.

HHSC Scope

Originally created in 1991 to provide strategic leadership to all Texas HHS agencies, HHSC now oversees the consolidation and operations of the entire health and human services (HHS) system in Texas, and itself operates the Medicaid acute care program, the Children's Health Insurance Program (CHIP), and programs from the legacy Texas Department of Human Services: Temporary Assistance for Needy Family (TANF), Food Stamps, Family Violence Services, Disaster Assistance, and Refugee Assistance services. Thus, HHSC has responsibilities as a leadership, operational, and oversight agency. The agency is accountable to Texans for ensuring that the newly-consolidated HHS departments provide quality services as efficiently and effectively as possible.

Challenges and Opportunities

Balancing Oversight and Operations discusses the need for HHSC to effectively balance its system leadership and oversight role with the demands of assuming new operational responsibilities and implementing significant new policy changes for the programs it administers.

Consolidating Administrative Support Services describes some common challenges in the consolidation of the staff and budgets for several administrative services, and it identifies business principles for effectiveness and accountability.

Increasing Demand for and Costs of Medicaid/CHIP Services addresses the growth in Medicaid spending in recent years and the cost containment provisions from H.B. 2992 that will provide important mechanisms to address this issue.

Integrating Eligibility Determination discusses HHSC's Integrated Eligibility Project and the challenge of integrating eligibility determination for multiple programs while moving to a converged call center environment, as well as opportunities for future savings and service improvements.

Strengthening Contract Management across the System underscores the importance of ensuring improved oversight and management of contracts in the new HHS system and current efforts to review and improve the contracting system.

Goals and Services

HHSC Goal 1: Health and Human Services System

HHSC will improve the effectiveness and efficiency of the delivery of health and human services in Texas through the oversight and coordination of a prompt, accurate, and comprehensive service delivery system.

- Health and Human Services Oversight and Transition
- Office of Inspector General
- Consolidated Human Resources and Civil Rights Support
- Consolidated Procurement Support
- Consolidated Information Technology Support
- Strategic Planning and Evaluation
- Ombudsman/Consumer Affairs
- Texas Council for Developmental Disabilities
- Texas Information and Referral Network
- Eligibility Determination

HHSC Goal 2: Medicaid

HHSC will administer the state Medicaid system efficiently and effectively, using a comprehensive approach to integrate Medicaid client health services with other direct service delivery programs.

- Service Description
- Target Population
- Disability
- Gender
- Age
- Ethnicity
- Medicaid Managed Care
- Medicaid Fraud Prevention Pilot
- Medicaid Estate Recovery Program

HHSC Goal 3: CHIP Services

HHSC will ensure health insurance coverage for eligible children in Texas.

- Service Description
- Target Population

- Assets Test Policy
- Vendor Drug Program and Pharmaceuticals Bulk Purchasing

HHSC Goal 4: Encourage Self-sufficiency

HHSC will encourage and promote self-sufficiency, safety, and long-term independence for families.

- TANF
- Food Stamps
- Special Nutrition Programs
- Refugee Assistance
- Disaster Assistance
- Family Violence Program
- Guardianship Program

Strategic Priorities

The following priorities express the emphasis that HHSC will employ to meet agency goals and fulfill the agency mission:

- HHSC will institute a new level of accountability and an outcome-based culture throughout the HHS system to ensure effective stewardship of public resources.
- HHSC will proceed with the project to integrate eligibility determination across HHS programs in order to improve access to services and reduce the cost of eligibility services.
- HHSC will continue the systematic expansion of managed care and vendor drug initiatives to improve the quality of services and reduce the cost of service delivery.
- HHSC will complete the consolidation of administrative and support services to realize savings and redirect savings into direct service delivery.
- HHSC will institute a comprehensive business intelligence system that will support management decision-making and performance measurement within the HHS system.
- HHSC will establish effective fraud prevention and ombudsman functions to ensure equity to all stakeholder groups.
- HHSC will strengthen contract oversight and monitoring to ensure both quality in client services and results, and the appropriate, efficient use of public dollars.

Department of Aging and Disability Services

DADS Mission

To provide a comprehensive array of aging, disability, and mental retardation services, supports, and opportunities that is easily accessed in local communities.

DADS Scope

House Bill 2292, 78th Legislature, Regular Session, 2003 created the Department of Aging and Disability Services (DADS), which carries out the previous functions of the Texas Department on Aging, mental retardation services from the Texas Department of Mental Health and Mental Retardation, and Texas Department of Human Services long-term care services. The Department begins its formal operations on September 1, 2004. The Department administers human services programs for older people and people with disabilities and mental retardation. The Department licenses and regulates providers of these services.

Challenges and Opportunities

Maintain the Continuum of Services for Older Texans speaks to the need to achieve a holistic approach in addressing aging issues.

Contracting and Oversight of the Local Mental Retardation System discusses the separation of mental health and mental retardation services contracts between two new agencies, and the coordination needed for operational success of the local authorities.

Privatizing of Community Intermediate Care Facility/Mental Retardation (ICF/MR) and Waiver Services describes the challenges presented by the policy change detailed in H.B. 2292, whereby the local mental retardation authority becomes the provider of last resort for ICF/MR and waiver services.

Increased Demand for Community- and Home-Based Services reviews the growing waiting and interest lists for services to persons with mental retardation and other disabilities and the opportunities to analyze the manner in which all services are provided.

Integration of Quality Assurance and Improvement calls attention to the existence of separate, program-based quality management efforts and the opportunity to develop a unified quality management system that crosses program and funding boundaries.

Goals and Services

DADS Goal 1: Long-Term Care Services

DADS will enable older Texans to live dignified, independent, and productive lives in a safe living environment through an accessible, locally-based, comprehensive and coordinated continuum of services and opportunities, to provide appropriate care based on individual needs ranging from in-home and community-based services for elderly people and people with disabilities who request assistance in maintaining their independence and increasing their quality of life, to institutional care for those who require that level of support, seeking to ensure health and safety and to maintain maximum independence for the client while providing the support required.

The following services are delivered through the 28 Area Agencies on Aging:

- Access and Assistance Services
- Nutrition Services
- Supportive Services
- National Family Caregiver Support

Long-term care services for individuals who are aging or have a disability are offered in community-based and facility-based settings. Services include:

- Primary Home Care and Community Attendant Services
- Family Care
- Day Activity and Health Services
- Home Delivered Meals
- Emergency Response
- Residential and Foster Care Services
- Consumer Managed Personal Assistant Services
- In-Home and Family Support Services
- Hospice Program
- Medicaid Waiver Programs
- Nursing Facility Program
- Rehabilitative Services
- Medicaid Swing Bed Program
- Emergency Dental Services
- Specialized Services

Available in community-based and facility-based settings, and accessed through the 41 local mental retardation authorities, mental retardation services include:

- Eligibility Determination
- Service Coordination

- Support Services
- In-Home and Family Support Services
- Day Training Services
- Residential Services
- Medicaid Waiver Programs
- Community-Based ICF/MR Program
- State Mental Retardation Facilities

DADS Goal 2: Regulatory and Licensing Services

DADS will provide licensing, certification, and contract enrollment services, as well as financial monitoring and complaint investigation, to ensure that residential facilities, home and community support services agencies, and individuals providing services in facilities or home settings comply with state and federal standards and that clients receive high-quality services and are protected from abuse, neglect, and exploitation.

Survey, certification, and/or licensing services are provided for all long-term care facilities that meet the definitions of nursing homes, assisted living facilities, adult day care facilities, intermediate care facilities for persons with mental retardation, and home and community support service agencies. Certification services are extended to all facilities participating in Medicaid or Medicare programs, such as home health services, home dialysis, hospice, and personal assistance services.

Credentialing services are also provided to license, certify, permit, and monitor individuals for the purpose of employability in facilities and agencies regulated by the Department. These include:

- Nursing facility administrators
- Nurse aides
- Employee misconduct registry
- Medication aides

Quality outreach services provide a non-regulatory framework for fostering improvements in the quality of resident services and are comprised of three components:

- Quality monitoring
- Joint training of service personnel and providers
- Long-term care facility/surveyor liaison

Strategic Priorities

The following priorities express the emphasis that DADS will employ to meet agency goals and fulfill the agency mission:

- DADS will implement comprehensive, outcome-based quality assurance and quality improvement systems based on legacy agency quality initiatives and systems.
- DADS will protect and assure the health, safety, and well-being of individuals in state regulated and state operated services.
- DADS will emphasize consumer choice and consumer control in the array of services offered, and will encourage single points of local access and the concept of “no wrong door” to these services.
- DADS will focus on best practices within the continuum of services to reduce the amount of time people wait for services.
- DADS will advance the objectives of the Older Americans Act including the Aging Texas Well program to ensure that state and local communities are preparing for the future.
- DADS will ensure provider accountability for cost-effective services through a quality-focused contracting system.

Department of Assistive and Rehabilitative Services

DARS Mission

To work in partnership with Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and to enable their full participation in society.

DARS Scope

The Department of Assistive and Rehabilitative Services (DARS) combines the efforts of four previous agencies (Texas Rehabilitation Commission, Texas Commission for the Blind, Commission for the Deaf and Hard of Hearing, and Interagency Council on Early Childhood Intervention) to provide services to Texans with disabilities and to families with children who have developmental delays. The department began operations on March 1, 2004.

Challenges and Opportunities

Growth in the Aging Population addresses the impact of the aging population and its increasing demand for DARS services.

Changes in Disability Determination outlines the Social Security Administration's proposed plans to revise the disability determination process to decrease the time needed to make a decision and the possible impact on productivity.

Other Changes in Federal Law and Policy summarizes current and future changes in the DARS authorizing statutes, and federal regulations and procedures that could significantly impact the Department's operations and services to consumers.

Implications of a Sluggish Economy describes the unique problems that people with disabilities must overcome in a poor economic environment.

Accurate Employment Data for People with Disabilities discusses the need to confirm the economic contributions of persons with disabilities, and efforts in that direction.

Increased Rates of Premature and Low Birth Weight Births examines premature birth/low birth weight births, which can cause lifelong health and developmental problems, unless early intervention services are used to enable many children to attain significant and lasting developmental progress and meet developmental outcomes.

Goals and Services

DARS Goal 1: Children with Disabilities

DARS will ensure that families with children with disabilities receive quality services enabling their children to reach their developmental goals.

- Early Childhood Intervention Services
- Blind Services for Children

DARS Goal 2: Persons with Disabilities

DARS will provide persons with disabilities quality services leading to employment and living independently.

- Vocational Rehabilitation Services
- Independent Living Services
- Blindness Education, Screening, and Treatment
- Deaf and Hard of Hearing Services

DARS Goal 3: Disability Determination Services

DARS will enhance service to persons with disabilities by achieving accuracy and timeliness within the Social Security Administration Disability Program guidelines and improving the cost-effectiveness of the decision making process in the disability determination services.

- Disability Determination Services

Strategic Priorities

The following priorities express the emphasis that DARS will employ to meet agency goals and fulfill the agency mission:

- A strong partnership with consumers will help DARS improve its services to people with disabilities.
- DARS ultimate goals for services to Texans with disabilities will be employment, confidence, and independence.
- DARS will collaborate with school districts to improve transition planning for eligible students.
- DARS will serve the full range of eligible people with disabilities, including the population with the most significant disabilities.
- DARS will continue to work with stakeholders in developing community-based systems for DARS consumers who wish to move from nursing homes and other institutions into the community.

- DARS will identify and serve all children and families who are eligible for early childhood intervention services and strengthen public awareness and child-find efforts in underserved areas of the state.
- DARS management will ensure that employees understand the mission and vision of the Department and their organizational unit and how they contribute to the success of the Department.

Department of Family and Protective Services

DFPS Mission

To protect children, older persons, and people with disabilities from abuse, neglect, and exploitation by providing innovative and effective services to families and vulnerable individuals in their community.

DFPS Scope

The Department of Family and Protective Services (DFPS) began operations on February 1, 2004. The DFPS continues the work of the former Department of Protective and Regulatory Services to protect children, to protect adults who are older persons or have disabilities and are living at home or in state facilities, and to license day-care homes, day-care centers, and registered family homes. The Department also manages community-based programs that prevent delinquency, abuse, neglect, and exploitation of Texas children.

Challenges and Opportunities

Impact of Consolidation Changes identifies how the Adult Protective Services (APS) program will address investigative responsibility for mental health and mental retardation (MH and MR) programs as those programs transfer among state agencies.

Adult Protective Services Program Improvement describes the detailed review of the APS program conducted by HHSC to determine the extent of comprehensive administrative reform the APS program needs.

Residential Child Care identifies how DFPS will revise the minimum standards for residential care to include the new service levels as mandated by the 78th Legislature.

Child Protective Services Program Improvement discusses necessary actions to achieve 95 percent conformity with standards outlined in the Child Protective Services (CPS) Program Improvement Plan (PIP), developed in response to the CPS *Child and Family Services Review Summary of Findings for Texas* completed by the U.S. Department of Health and Human Services.

Funding of Prevention and Early Intervention Services discusses funding cuts of DFPS programs that provide children, youth, and families with services to prevent abuse, neglect, delinquency, running away, truancy, and poor school performance.

Goals and Services

DFPS Goal 1: Protective Services

In collaboration with other public and private entities, protect children, elder adults, and persons with disabilities, from abuse, neglect, and/or exploitation by providing an integrated service delivery system that results in quality outcomes, and reduce the incidence of abuse, neglect, and exploitation by maximizing resources for early intervention, prevention, and aftercare.

- Adult Protective Services
- Child Protective Services
- Advancing Residential Care Project
- Child-Care Licensing
- Prevention and Early Intervention

Strategic Priorities

The following priorities express the emphasis that DFPS will employ to meet agency goals and fulfill the agency mission:

- DFPS will increase the provision of family-based services through the expansion of family-based decision making in order to redirect children out of foster care.
- DFPS will propose revised licensing standards for residential facilities and implement outcome-based contracting to increase accountability and improve the quality of services to children.
- DFPS will enhance and further develop external resources in order to increase awareness of abuse, neglect, and exploitation through participation in multi-agency workgroups, and partnerships with community organizations to increase volunteerism, community support, and resources to benefit vulnerable adults and children.
- DFPS will develop an APS assessment protocol in order to identify threats to clients' health and safety, make accurate judgments about their safety, and develop a service plan that will meet client needs.
- DFPS will revise entry-level training curriculum and provide distance learning and on the job training opportunities to increase knowledge and performance of caseworkers.

Department of State Health Services

DSHS Mission

To promote optimal health for individuals and communities while providing effective health, mental health, and substance abuse services to Texans.

DSHS Scope

The Department of State Health Services (DSHS) formally begins operations on September 1, 2004. House Bill 2292 consolidated the services of the following legacy agencies into DSHS: the Texas Commission on Alcohol and Drug Abuse, the Texas Department of Health, the Texas Health Care Information Council, and mental health services from the Texas Department of Mental Health and Mental Retardation. The Department administers and regulates health, mental health, and substance abuse programs.

Challenges and Opportunities

Health Status Disparities addresses the fact that racial and ethnic minorities in Texas currently experience a greater incidence of health problems than Anglos, and that this trend is likely to increase over the next decade. Addressing these health disparities has the potential to improve health status and the economic well being of the state as a whole.

System Integration is essential to successfully addressing the inter-related issues of health, mental health, and substance abuse. To improve system integration, DSHS will emphasize collaborative care, disease prevention and early detection, and collaboration of public and private multi-disciplinary partnerships.

System Capacity to administer physical health, behavioral health, and substance abuse services to Texans is a challenge to DSHS due to funding shortfalls and the on-going need to strengthen and better coordinate the existing service delivery infrastructure. Coordination of DSHS with private sector organizations and contractors of public health, mental health, and substance abuse services offers the potential to strengthen the health services and treatment infrastructure.

Goals and Services

DSHS Goal 1: Preparedness/Prevention Services

DSHS will protect and promote the public's health by decreasing health threats and sources of disease.

- Community Preparedness
- Disease Control and Prevention

- Kidney Health Care
- Laboratory Support

DSHS Goal 2: Community Health Services

DSHS will improve the health of children, women, families, and individuals, and enhance the capacity of communities to deliver health care services.

- Nutrition Services
- Women's Health
- Children's Health
- Primary Health Care
- Community Mental Health Services
- Substance Abuse Services
- Community Capacity Building

DSHS Goal 3: Hospital Services

DSHS will promote the recovery and abilities of persons with infectious disease and mental illness who require specialized treatment.

- State Mental Health Facility Services
- South Texas Healthcare System
- Texas Center for Infectious Disease

DSHS Goal 4: Consumer Protection Services

DSHS will achieve a maximum level of compliance by the regulated community to protect public health and safety.

- Regulatory and Enforcement
 - Health care professionals
 - Health care facilities
 - Environmental health
 - Radiation control
 - Food (meat) and drug safety

Strategic Priorities

The following priorities express the emphasis that DSHS will employ to meet agency goals and fulfill the agency mission:

- DSHS will ensure the state’s preparedness for bioterrorism and naturally occurring outbreaks by enhancing the capacity of state and local systems to detect and control disease outbreaks, to develop and maintain a trained workforce in effective response systems with tested preparedness plans, and to distribute and deploy state and federal preparedness resources with efficiency and coordination.
- DSHS will effectively communicate the benefits of timely administration of recommended vaccines and simplify access to its immunization resources to better meet the needs of providers, parents, and eligible adults, in order to raise immunization levels for Texas children and to assure appropriate adult immunizations.
- DSHS will work to reduce the state’s rising obesity rate and its health consequences through evidence-based strategic actions with its partners in the public health system, with a focus on the health of children.
- DSHS will use the knowledge base of health promotion, the skills of disease prevention, and the tools of disease management to design interventions that touch the most people early in the disease development process and complement the Department’s health care services for eligible individuals.
- DSHS will develop a more coherent local/regional structure through integration of health, mental health, and substance abuse services, so that the public can benefit from services that are more coordinated, accessible, and responsive to local needs.
- DSHS will continue to seek out and convene partnerships with public, private, not for-profit, volunteer, and academic entities in order to leverage state services, resources, and the expertise for achieving the best health outcomes for the people of Texas.
- DSHS will assess current practices against the benchmarks of high quality and proven outcomes for health programs and health service delivery, and adopt and disseminate successful evidence-based methods and interventions.

Attachment B

Health and Human Services Enterprise Workforce Plan

In conjunction with the biennial strategic planning process, Texas Government Code Section 2056.0021 requires state agencies to conduct a strategic staffing analysis and develop a workforce plan that addresses critical staffing and training needs. The workforce plan for FYs 2005-2009 reviews the goals, workforce profiles, and pertinent environmental trends of the HHS enterprise, and it identifies workforce goals and strategies necessary to address current gaps and future demand.

Staffing Analysis

As of March 5, 2004, the HHS enterprise workforce consisted of 46,052 people working full or part time. Figure B-1 shows the projected proportion and number of employees by agency as of September 1, 2004, with DADS as the largest agency, having 16,135 employees. However, it should be noted that the DADS number includes the Family Services administrative staff and mental health administrative staff that will be transferred to HHSC and DSHS, respectively, as part of the consolidation.

Figure B-1: Projected HHS Enterprise Workforce, as of September 1, 2004

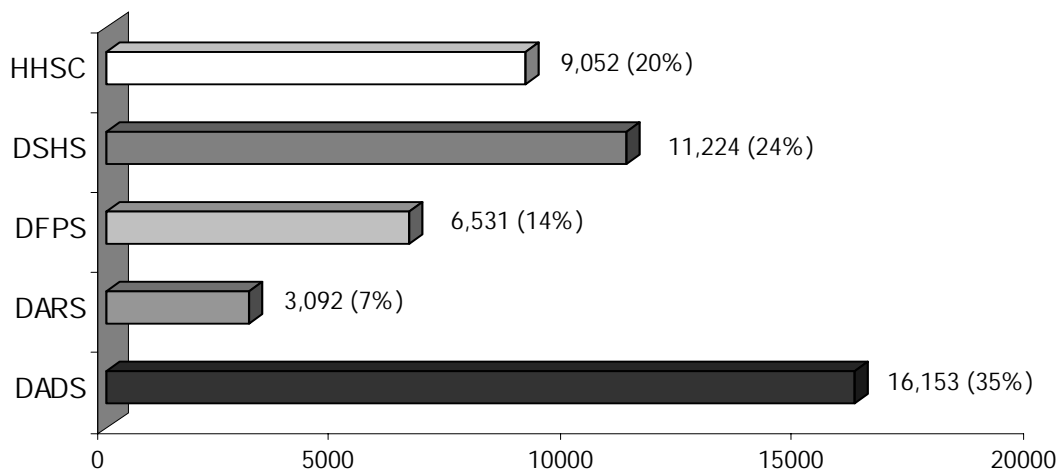
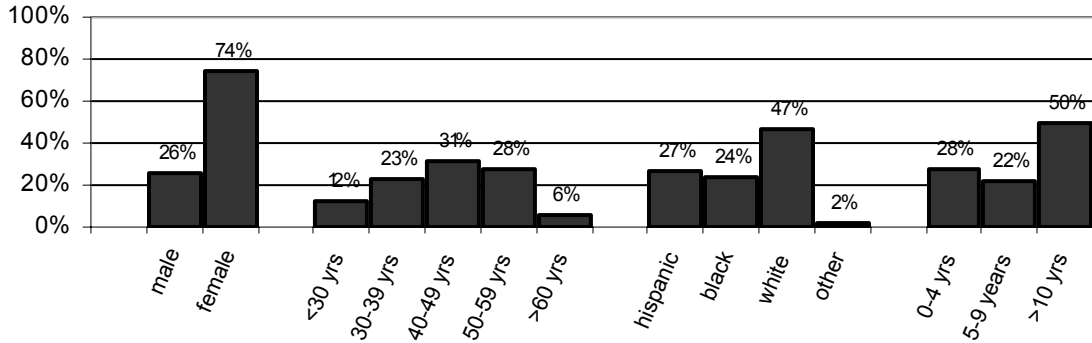


Figure B-2 presents the outcomes of a demographic analysis of the HHS workforce, indicating an experienced and diverse labor force.

Figure B-2: HHS Enterprise Demographics for Gender, Age, Ethnicity, and Tenure



Critical staffing needs include certain mission-critical employment classifications where turnover is highest. As Figure B-3 indicates, front-line service-delivery positions have consistently experienced the highest turnover rates, with MHMR service employees experiencing an average turnover rate of about 39 percent over the past four fiscal years. Other high-turnover areas include health care, protective services, vocational rehabilitation, and disability determination.

Figure B-3: Turnover Rates for HHS Enterprise Critical Classifications for FYs 2000-2003

CLASSIFICATION	FY 2000	FY 2001	FY 2002	FY 2003	AVERAGE
MHMR services aides/assistants/supervisors	42.48	45.48	32.97	33.27	38.55
Nurses (RNs and LVNs)	22.29	24.20	20.93	25.39	23.21
Physicians	14.84	16.07	17.60	22.68	17.79
Pharmacists	12.83	13.17	37.55	24.06	21.90
Protective Services Specialists	24.65	27.67	23.46	22.80	24.65
Vocational Rehabilitation Counselors	29.87	23.45	22.12	19.68	23.81
Disability Determination Examiners	13.00	15.31	15.40	12.27	14.00

Workforce Plan

The development of the workforce plan involved a review of the missions, goals, and workforce of the HHS enterprise and agencies and an analysis of key environmental factors, for example, economic and demographic factors. A study of the interaction of these variables revealed several discrepancies between the workforce resources available to the HHS enterprise and what will be needed to carry out its mission. These discrepancies are broadly categorized as infrastructure, recruitment, retention, and employee development needs.

The following workforce infrastructure needs are identified in the Plan specific to the HHS transformation: 1) establishing a complete network of collaborative working relationships with managers; 2) determining where the HHS workforce will be located; 3) identifying the organizational functions that will be performed by HHS employees; and (4) determining which job skills are critical to the successful functioning of the HHS Enterprise and the individual HHS agencies.

In addition, the following strategies are recommended for the longer term:

- **Recruitment:** attracting enough qualified applicants to address shortages in critical and/or difficult to fill positions.
Strategies include implementing internship programs; aggressive recruiting efforts such as same day hiring at job fairs and extensive Internet recruiting; and customizing recruitment strategies to managerial needs.
- **Retention:** reducing the high rate of attrition for younger employees, less tenured employees, and employees performing stressful jobs.
Strategies include implementing flexible work schedules; career ladders; peer mentoring programs; employee recognition program; and compensation such as hazardous duty pay, one-time merit awards, and administration leave for outstanding performance
- **Employee development:** fostering job skills needed to maintain or exceed current levels of service delivery and client satisfaction.
Strategies include providing job specific training; annual on-line training needs assessments and computer based training opportunities; and administrative training on topics such as change management, and data analysis.
- **Succession planning:** training and development of current employees to fill key positions vacated through retirement.
Strategies include implementing a succession planning program and employee development plans for all supervisors and employees.

Finally, it is important to note that implementation of the workforce plan depends on larger variables. First, the timing of this implementation is dependent upon the completion of the HHS agencies transformation into new consolidated organizational structures. After the transition is complete, HHS workforce planning staff will work with individual HHS agencies to develop and implement strategies that address their emerging needs. Implementation may also be affected by the potential outsourcing of HHS HR. In June 2004, HHSC announced a tentative contract award to Convergys to provide human resources, timekeeping and payroll services for HHS agencies. The results of this potential outsourcing may affect the role of HHS HR in implementing strategies from the workforce plan.

Attachment C

Performance Measures Development

The Texas Strategic Planning and Performance Budgeting System establishes a process by which funding for state agencies is based on the accomplishment of performance standards tied to agency goals, objectives, and strategies approved by the LBB and the GOBPP.

In 2004, the consolidated Program Performance and Evaluation team at HHSC led a coordinated, system-wide review of health and human services performance measures. The purpose of the review was to transform the legacy agencies' 984 existing measures into an efficient set of measures that clearly communicate the system's progress in meeting newly developed goals and objectives.

In each agency, subject matter experts (SMEs) conducted a thorough review of those measures according to the following review guidelines:

- 1. Retain measures that provide information useful to management.**
 - Give priority to retaining measures that can have an impact on agency management decisions.
- 2. Retain only valid measures that capture the information intended.**
 - If SMEs are aware of difficulties in producing accurate, meaningful data for any measures, consider deleting them.
- 3. As much as possible, the number of measures for each goal, objective, and strategy should be in line with the size of the budget for that goal, objective, and strategy.**
 - Major programs with large budgets should have more performance measures than minor ones, as a general rule.
- 4. Reduce the overall number of performance measures.**
 - Look for opportunities to merge similar measures that come from different legacy agencies.
 - If the value of a measure does not justify the cost of collecting and retaining the measure's data, consider eliminating it.
 - Consider eliminating measures that are redundant with information that already goes to the LBB in another format or under a different time schedule.

- New measures should be added only for significant new programs or functions.

Through this process, the HHS agencies have proposed to trim the number of measures by 46 percent, from 984 to 536, as indicated in the following chart. On June 23, 2004, the proposal was submitted to the LBB and the GOBPP for their review and approval.

Figure C-1: Number of Legacy Measures and Proposed Measures, by Agency and Systemwide

