

## Chapter II

# Health and Human Services System and Agency Overviews

### HHS System

The enactment of House Bill 2292 (H.B. 2292), 78<sup>th</sup> Legislature, Regular Session, 2003, began a dramatic transformation of the Texas Health and Human Services (HHS) system. This legislation requires the consolidation of administrative and service delivery structures and policy changes to address higher demands for services with limited funds. It also allows for new mechanisms, such as outsourcing, to achieve greater efficiency and effectiveness of the system as a whole. In addition, H.B. 2292 provides the authority to ensure effective implementation of these changes by expanding the leadership role of HHSC and the Executive Commissioner for Health and Human Services. House Bill 2292 abolished 10 of 12 existing HHS agencies and transferred their powers and duties into four new agencies and to the Health and Human Services Commission. Thus, the consolidated HHS system is composed of the following five entities:

- Health and Human Services Commission (HHSC);
- Department of Aging and Disability Services (DADS);
- Department of Assistive and Rehabilitative Services (DARS);
- Department of Family and Protective Services (DFPS); and
- Department of State Health Services (DSHS).

The DFPS formally came into existence on February 1, 2004, and DARS began operations on March 1, 2004. The DADS and DSHS are scheduled to begin formal operations on September 1, 2004.

House Bill 2292 realigned the HHS system to reassess the way health and human services are delivered. The Commission is structuring consolidation efforts to develop an organizational and operational approach that will allow the enterprise to:

- Improve client access to services and the quality of those services;
- Reduce administrative costs;
- Strengthen accountability; and
- Spend tax dollars more effectively.

Further, H.B. 2292 established agency councils to advise the Executive Commissioner and the departmental Commissioners, and to ensure the input of all system stakeholders during both the transition process and the on-going operations of the system. These agency councils replace the governing boards of the legacy agencies.

The *H.B. 2292 Transition Plan*, completed in November 2003, provides the direction for required changes that transfer a large number of functions, powers, duties, programs, and activities. This strategic plan builds on the transition plan and the activities of the HHSC and Department Program Management Offices as they define new agency structures and lead the many consolidation and streamlining activities required to implement H.B. 2292.

Millions of Texans receive health and human services within a complex framework of policy-making, delivery systems, and management and administration throughout the state. One of the priorities of H.B. 2292 is to contain rising costs while ensuring that the neediest Texans continue to receive essential services. Prior to fiscal year 2004, 12 separate HHS agencies administered more than 200 programs, with about 50,000 employees, and operated from more than 1,000 different locations across the state. Collectively, the HHS agencies provide programs and services throughout all 254 counties in Texas, through a broad network of state, regional, and local service delivery entities, both private and public.

To encompass an integrated service delivery model, H.B. 2292 realigned the HHS system. Each of the new departments provides services to a broader target population in a more cohesive environment than the previously fragmented system allowed.

## **HHS System Vision**

Albert Hawkins, Executive Commissioner for Health and Human Services articulated the following vision for the HHS system:

*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 particularly on results.*

## HHS System Mission

The mission of health and human services agencies in Texas is to develop and administer an accessible, effective, efficient health and human services delivery system that is beneficial and responsive to the people of Texas.

## HHS System Philosophy

Every Texan should be able to access and utilize available health and human services provided by State agencies in the most integrated, cost-effective setting possible. The Texas Health and Human Services system is dedicated to developing client-focused program and policy initiatives that are relevant, timely and within the means of the taxpayers of the State of Texas. The HHS system will advocate for client-choice, appropriate funding, and streamlined service delivery. Additionally, we hold to these guiding principles:

Every person, regardless of income, race, ethnicity, physical or mental limitation, gender, religion, or age, is entitled to dignity, independence, and respect.

Texans deserve openness, fairness, and the highest ethical standards from us, their public servants.

Taxpayers, and their elected representatives, deserve conscientious stewardship of public resources and the highest level of accountability.

As agency representatives, we work in partnership with lawmakers, agency personnel, customers, service providers, and the public to continually improve the quality of our service.

In addition, the *H.B. 2292 Transition Plan* discusses the following tenets as guidance for the new system:

### ***Focus on Client Needs and Program Delivery***

A new, integrated, and well-coordinated HHS system will enter into partnerships with consumers, local communities, and the private and non-profit sectors to significantly improve the quality and level of services available to those in need. This transformed system will serve consumers better, be more responsive to local needs, and emphasize individual choice and personal responsibility.

### ***Effective Stewardship of Public Resources***

Taxpayers and legislators expect effective stewardship and management of the state's resources, particularly given the challenging economic times of recent years. More than ever before, state government must operate in a competitive environment, similar to private business. Key opportunities for success include: consolidating administrative support functions, consolidating program support

services, increasing partnerships with local organizations and the private sector, and using state-of-the-art technology.

### ***Cultural Change and Accountability***

Implementing the major changes called for in H.B. 2292 requires a significant change in the organizational culture of the HHS agencies. The HHS leadership has established a “single-entity, outcome-focused” philosophy across the entire HHS system, viewing all five major components as a unified, high-functioning organization, with common goals and shared resources.

Health and Human Services leadership understands its direct accountability to the taxpayers, elected representatives, federal partners, and, most importantly, customers and clients of the system. This new level of responsibility will be extended continuously, with clear and specific responsibilities and performance expectations throughout the enterprise.

## **HHS System Strategic Goals**

The following system strategic goals represent a unifying element for the system as a whole.

***Preserve, enhance, and maintain independence***—enable the aging, 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.

## **HHS System Organizational Structure**

In accordance with this unified philosophy, the HHS agencies developed their organizational charts to be as consistent as possible across the four agencies. The Central Program Management Office at HHSC directed the development of the organizational structures to reflect the principles of H.B. 2292: more efficient operations and improved visibility and accessibility to agency resources for internal and external stakeholders. For example, each agency includes a Center for Policy and Innovation, a Center for Program Coordination, and a Center for Consumer and External Affairs under the Deputy Commissioner's office. Similarly, each agency has the appropriate agency council created under H.B. 2292 and an internal audit office with direct accessibility to the agency Commissioner. The organizational charts for all five HHS agencies are presented in Appendix B.

The following sections provide each agency's vision, mission, scope, structure, and H.B. 2292 impact. The implications and details of the H.B. 2292 impact are also discussed throughout the Plan.

## **Health and Human Services Commission**

### **Vision**

Through the Texas Health and Human Services Commission's strategic direction and leadership, we envision a coordinated health and human services system that ensures quality services, cost-effective service delivery, and careful stewardship of public resources. HHSC will direct and support collaboration and partnerships of agencies with consumers and local communities to establish systems that support individual choices and personal responsibility.

### **Mission**

The mission of the Health and Human Services Commission 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 system in Texas, and itself operates the Medicaid acute care program, CHIP, and the former Texas Department of Human Services Family Support Services programs. 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 in the most efficient and effective manner possible.

## **HHSC Structure**

An Executive Commissioner appointed by the Governor and confirmed by the Senate leads HHSC. Albert Hawkins has served as the Executive Commissioner since December 2002.

The Health and Human Services Commission is divided into the divisions listed below. The System Oversight divisions work together to provide support and direction to the HHS departments in implementing legislation, streamlining services, and facilitating cross-agency innovation. The Commission Operations divisions are responsible for HHSC programs and administrative functions.

### **System Oversight**

- Office of the Chief of Staff
- Office of Chief Legal Counsel
- Office of the Inspector General
- Social Services
- Financial Services
- System Support Services
- Health Services

### **Commission Operations**

- General Counsel
- Internal Audit
- Office of the Chief Operating Officer
- Office of the Chief Financial Officer
- Office of External Relations
- Office of Family Support Services
- Eligibility Services
- Medicaid/CHIP

## **Impact of H.B. 2292**

House Bill 2292 expanded both the policy and administrative authority of HHSC for the system, as well as its program administration and service delivery role. The agency is required to consolidate and centrally provide administrative support services, including legal, human resources, strategic planning and evaluation,

procurement, financial, and information technology, as well as the offices of Inspector General and Ombudsman. Policy development and rulemaking for all HHS agencies also became the responsibility of HHSC.

The legislation moved the operational responsibility for Temporary Assistance for Needy Families (TANF), family violence services, refugee services, food stamp programs, and early childhood coordination programs to HHSC. Medicaid and CHIP were consolidated under HHSC during the 2002–2003 biennium.

In addition, H.B. 2292 directs HHSC to consolidate and integrate eligibility determination for HHS programs currently administered by several agencies. Specifically, the legislation mandates consideration of call centers as a mechanism to improve the efficiency of eligibility services and improve customer service. Provisions to ensure that call center proposals and operations are formally evaluated and monitored are also included.

Finally, although not required by H.B. 2292, a decision has been made by the HHSC leadership to move the Guardianship Program from the Department of Family and Protective Services to HHSC.

## **Department of Aging and Disability Services**

### **Vision**

Older Texans and persons with disabilities and mental retardation will be supported by a comprehensive and cost-effective service delivery system that promotes and enhances individual well-being, dignity, and choice.

### **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**

The Department of Aging and Disability Services (DADS) administers human services programs for the aging and people with disabilities and mental retardation. The Department licenses and regulates providers of these services. The Department will begin its formal operations September 1, 2004.

## **DADS Structure**

The Executive Commissioner, with approval of the Governor, appointed James Hine as the DADS Commissioner. The agency is divided into the following programmatic and support divisions that report to the Commissioner:

- Internal Audit;
- Office of the Deputy Commissioner;
- Aging and Disability Access and Intake;
- Provider Services;
- Regulatory Services;
- Office of the Chief Financial Officer; and
- Office of the Chief Operating Officer.

## **Impact of H.B. 2292**

Under H.B. 2292, DADS assumes responsibility for all functions previously provided by the Texas Department on Aging, including statewide aging education, advocacy, policy initiatives, and oversight of Area Agencies on Aging activities. The DADS will assume responsibility for previous Department of Human Services long-term care services and community-based supports and services, licensing and enforcing regulations applicable to long-term care facilities, and licensing and enforcing regulations applicable to home and community support services. Finally, DADS assumes responsibility for mental retardation services previously provided by the legacy Department of Mental Health and Mental Retardation. House Bill 2292 moved eligibility determination for long-term care and community-based support services to HHSC.

## **Department of Assistive and Rehabilitative Services**

### **Vision**

A Texas where people with disabilities and families with children who have developmental delays enjoy the same opportunities as other Texans to pursue independent and productive lives.

### **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 legacy agencies to provide services to Texans with disabilities and to families with children who have developmental delays. The Department began operations on March 1, 2004.

## **DARS Structure**

The HHSC Executive Commissioner, with the approval of the Governor, appointed Terrell I. Murphy, as the DARS Commissioner. The agency is divided into nine divisions that report to the Commissioner:

- Internal Audit;
- Office of the Deputy Commissioner;
- Rehabilitation Services;
- Deaf and Hard of Hearing Services;
- Blind Services;
- Early Childhood Intervention Services;
- Disability Determination Services;
- Office of the Chief Financial Officer; and
- Office of the Chief Operating Officer.

## **Impact of H.B. 2292**

Under H.B. 2292, DARS assumes responsibility for all the programs of the legacy agencies: the Commission for the Blind, the Commission for the Deaf and Hard of Hearing, the Interagency Council on Early Childhood Intervention, and the Rehabilitation Commission.

## **Department of Family and Protective Services**

### **Vision**

An outcome-driven service delivery system that centers on client needs while being accountable to the citizens of Texas. To accomplish this vision we will collaborate with community members, stakeholders, and other public and private partners.

## **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, 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.

## **DFPS Structure**

The HHSC Executive Commissioner, with the approval of the Governor, appointed Thomas Chapmond, as the DFPS Commissioner. The Department is divided into operational and support divisions that work in concert to allow the Department to accomplish its mission of providing services to the State's most vulnerable citizens. Those divisions are listed here:

- Internal Audit;
- Office of the Deputy Commissioner;
- Adult Protective Services;
- Child Protective Services;
- Child Care Licensing;
- Purchased Client Services;
- Office of the Chief Financial Officer; and
- Office of the Chief Operating Officer.

## **Impact of H.B. 2292**

Although H.B. 2292 did not merge DFPS with other legacy agencies, DFPS will also assess current operations to identify optimization opportunities to improve service delivery and maximize efficiency.

## Department of State Health Services

### Vision

Texans have access to effectively delivered public health, mental health, and substance abuse services and all Texans live and work in safe, healthy communities.

### Mission

The Texas Department of State Health Services promotes 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) administers and regulates health, mental health, and substance abuse programs. The Department began its formal operations September 1, 2004.

### DSHS Structure

The HHSC Executive Commissioner, with the approval of the Governor, appointed Dr. Eduardo J. Sanchez as the DSHS Commissioner. The following divisions report to the Commissioner:

- Internal Audit;
- Office of the Deputy Commissioner for Behavioral and Community Health Services;
- Office of the Deputy Commissioner for Public Health Services;
- Mental Health and Substance Abuse Services;
- Family and Community Health Services;
- Prevention and Preparedness Services;
- Regulatory Services;
- Office of the Chief Financial Officer; and
- Office of the Chief Operating Officer.

### Impact of H.B. 2292

House Bill 2292 consolidated the services of the following legacy agencies: Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, the Texas Health Care Information Council, and mental health services from the Department of Mental Health and Mental Retardation.

