

Chapter IV

Related HHS System Planning Efforts and Initiatives

This Chapter concludes the overview and external/internal assessment for the HHS system. The five chapters that follow focus on the individual HHS agencies, beginning with the Health and Human Services Commission (HHSC or Commission). Those chapters discuss each agency's challenges and opportunities, current activities by goal, internal assessment, and strategic priorities.

Coordinated Strategic Plan

As indicated in the *Foreword* of this document, this Plan will also serve as the Coordinated Strategic Plan (CSP) required by Section 531.022 of the Texas Government Code. The CSP requirement preceded H.B. 2292, with the intent to ensure that all HHS agencies worked together to produce a single plan. Prior to H.B. 2292, HHS agencies individually prepared and submitted Strategic Plans. Since all of the HHS agencies have collaborated and signed off on this Plan, HHSC is using its authority to consolidate reports (granted at Section 531.014) to satisfy the CSP requirement as well.

This Plan meets the requirements for public comment for the CSP, and will be provided to all the required recipients for the CSP in July, prior to the due date of the CSP of October 1, 2004.

Long-Term Care Plan (MR)

The Texas Health and Safety Code, Section 533.062, requires the legacy Texas Department of Mental Health and Mental Retardation to submit a biennial plan for the long-term care for persons with mental retardation and related conditions. The Department of Aging and Disability Services (DADS) will assume this responsibility as of September 1, 2004. The proposed plan must specify the capacity of the Home and Community-Based Services (HCS) Waiver Program for persons with mental retardation and the number and levels of new Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) beds to be authorized in each region. The proposed plan is submitted to HHSC not later than July 1 of each even-numbered year for approval and covers the subsequent biennium. The Commission then submits the proposed plan as part of the consolidated HHS budget recommendations. After legislative action on the appropriations for long-term care for persons with mental retardation, HHSC adjusts the plan to ensure that ICF/MR

beds and HCS capacity are within the appropriated amounts, and then gives final approval to the plan and publishes it in the Texas Register.

Texas Promoting Independence Plan

The Commission continues its implementation of the Promoting Independence Initiative, in response to the *Olmstead* decision by the U.S. Supreme Court, Governors' Executive Orders¹, S.B. 367, 77th Legislature, Regular Session, 1999, and other legislative-related mandates. The *Olmstead* decision requires states to provide community-based services for persons with disabilities who would otherwise be entitled to institutional services when:

- State treatment professionals determine that such placement is appropriate;
- Affected persons do not oppose such treatment; and
- Placement can be reasonably accommodated (taking into account the resources available to the state and the needs of others who are receiving state supported disability services).

One way to achieve this is for the state to have a comprehensive, effectively working plan.

The Texas Promoting Independence Plan serves as a report to the Governor and the Legislature to ensure that appropriate care settings are available to persons with disabilities. The Promoting Independence Plan and the subsequent Promoting Independence Initiative are far reaching in their scope and implementation efforts. The Promoting Independence Initiative includes all long-term care services and supports and the state's efforts to improve the provision of community-based alternatives, ensuring that these programs in Texas effectively foster independence and acceptance of people with disabilities and provide opportunities for people to live productive lives in their home communities.

A major recommendation of the Texas Promoting Independence Advisory Committee is that funding for this population should follow the consumer, meaning that the money previously used to pay for services for a person in a nursing facility should be transferred to pay for services in the community when that person moves from the facility. The 2004-2005 General Appropriations Act (Article II, Department of Human Services, Rider 28, 78th Legislature, 2003) allows funding to follow people moving from nursing facilities to the community to receive services provided by DADS. Further, the Texas Promoting Independence Advisory Committee recommends that the provision apply also to consumers leaving other facilities, such as ICF/MRs. The next section discusses a special federal grant related to the concept of money following the person who leaves a nursing facility.

¹ Executive Orders by George W. Bush (GWB 99-2) and Rick Perry (RP 13).

Real Choice Systems Change Grants

Closely related to the principles contained in the Texas Promoting Independence Plan is the HHS system's administration of the federal Real Choice Systems Change Grants. In 2001, President Bush launched the New Freedom Initiative aimed at increasing community integration for people with disabilities. Since then the federal Centers for Medicare and Medicaid Services (CMS) have awarded a total of approximately \$158 million to help states develop programs that enable people of all ages with disabilities and long-term illnesses to live meaningful lives in the community. The Real Choice System Change Grants range from research and demonstration grants to feasibility study grants. With the active input of consumers from all over the state, Texas receives several Real Choice Systems Change Grants and has implemented these new initiatives:

- **Texas Real Choice: Creating a More Accessible System for Real Choices in Long-Term Care Services.** Now in its second year, this three-year grant was awarded to HHSC and is piloting two service access models: a single point of entry and multiple, highly coordinated points of entry.
- **Community-Based Treatment Alternatives for Children.** Awarded to the Commission in 2003, this three-year grant will help determine the feasibility of and the most appropriate plan for using a Section 1915(c) Medicaid waiver with the express desire to provide quality, evidence-based treatment to severely emotionally disturbed children in their homes and communities, and to serve more eligible children than is otherwise possible without intensive home and community-based services.
- **Quality Assurance and Quality Improvement for Home and Community-Based Services.** With the use of grant funds, DADS will redesign and improve the quality assurance and improvement system in the Medicaid waiver program for persons with mental retardation and related conditions. Project development includes participation from consumers, family members, local authority staff, advocacy groups, and providers. Grant objectives include identifying a waiver participant experience tool, an automated critical incident reporting process, and a centralized information-gathering system for the waiver programs. This initiative is discussed further in Chapter VI.
- **Money Follows The Person.** Awarded to the legacy Department of Human Services (DHS) in 2003, this three-year grant will facilitate the successful transition of individuals from nursing facilities to the community. These efforts include a variety of activities:
 - Educating the family, the consumer, and staff at the single point of entry, to facilitate an informed choice by the consumer and/or family;
 - Convening local stakeholder workgroups to identify and resolve transition problems;

- Developing an infrastructure at the state level to work in collaboration with state agencies, community organizations, and other stakeholders to identify services for consumers interested in returning to the community;
 - Developing a Guide of Services and Resources available through state agencies and other organizations for persons interested in transitioning into the community; and
 - Training field staff on informed consumer choice.
- **Community-Integrated Personal Assistant Services and Supports.**
Awarded to the legacy DHS in 2003, this three-year grant will pilot a Service Responsibility Option for managing attendant care in the DADS Primary Home Care (PHC) program. Consumers have a continuum of choice and control over the management of their attendant care. The grant project also includes an analysis of the reasons consumers make specific choices from among the three service delivery models, which are which are the Traditional Agency option, Service Responsibility option, and the Consumer Directed Services option. The grant also provides training for consumers, DADS staff, and providers. Consumer training will inform consumers about the attendant management options and will help them decide the best option for their individual circumstances. It will also cover the details of carrying out the consumer-managed option. Staff and provider training will focus on how to communicate the differences among the options to consumers.

Family-Based Alternatives Project

The Family-Based Alternatives Project has been established in selective areas of the state to create family-based alternatives to institutional care for children with disabilities who live in residential facilities. The project assists institutionalized children to return home to their birth families with support; and when return home is not possible, the project recruits alternate families called “Support Families” who are carefully matched with children and their birth families to care for children long-term. The project is designed based on research of leading practices around the country, which has shown that birth families prefer alternate family care over institutional care when well-trained Support Families are available and carefully prepared and matched.

Border Regions Initiatives

In the late 1990s, Texas lawmakers became concerned about the need for enhanced services in the Texas border regions. The populations of both the Texas-Louisiana and the Texas-Mexico border regions have grown since 1990. From 1990 to 2004, the population along the Texas-Louisiana border region grew by more than 91,000 or by about 13 percent. During the same period, the population along the

Texas-Mexico border region grew much faster, by more than one million or by about 30 percent. During the same period, the state's total population grew by about 30 percent.

From 2004 to the year 2020, the population in the 43 counties comprising the Texas-Mexico border region is expected to grow at a rate slightly higher than the state as a whole (27 versus 25 percent). The rate of population growth in the 18 counties in the Texas-Louisiana border region is projected at 9 percent, a considerably lower growth rate compared to the Texas-Mexico border counties. More than 60 counties in these areas are geographically isolated and economically distressed.²

To address this issue, the 76th Texas Legislature, Regular Session, 1999, required agency strategic plans to target the enhancement of service delivery in these areas.³ To improve the health and self-sufficiency of persons living in the border regions, HHSC created the Border Affairs Office. While in recent years the HHS agencies' primary focus has been on the *Colonias Initiative* along the Texas-Mexico border (see below), improving access to health and human services in the counties along the Texas-Louisiana border is also an HHS enterprise priority.

Texas-Louisiana

On the Texas-Louisiana border, 18 counties are targeted for service delivery enhancement by legislation. Together the counties encompass 11,448 square miles, and they include most of the area in the HHS regions known as Upper East Texas and Southeast Texas. In 2004, the population in this region represents about four percent of the total Texas population. The largest ethnic minority group in this region is African-American (18 percent of the total population), and the poverty rate is 16 percent, compared to the state as a whole (15 percent).

As in the rest of the state, HHS agencies provide this region with an array of services and programs, such as Medicaid/CHIP, TANF, child and adult protective services, public health, nutrition, rehabilitation, and employment support. The HHS system will continue to monitor the special service delivery needs of this area of the state and, within the context of H.B. 2292 consolidation and streamlining activities, will work with the regional HHS offices to emphasize the accessibility of services to this area's residents.

² An area in which: the water supply or wastewater systems are inadequate to meet minimal state standards; the financial resources are inadequate to provide services to meet those needs; and there was an established residential subdivision on June 1, 1989.

³ The *Texas-Louisiana border region* is defined as the area consisting of the counties of Bowie, Camp, Cass, Delta, Franklin, Gregg, Harrison, Hopkins, Lamar, Marion, Morris, Panola, Red River, Rusk, Smith, Titus, Upshur, and Wood. The *Texas-Mexico border region* means the area consisting of the counties of Atascosa, Bandera, Bexar, Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Jim Wells, Kenedy, Kerr, Kimble, Kinney, Kleberg, La Salle, Live Oak, Maverick, McMullen, Medina, Nueces, Pecos, Presidio, Real, Reeves, San Patricio, Starr, Sutton, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.

Texas-Mexico

The Texas-Mexico border extends about 1,250 miles along the Rio Grande River, from Ciudad Juarez/El Paso to Matamoros/Brownsville. The population in this region represents nearly 10 percent of Texas' total population. Spanish is spoken at home for more than three-quarters of this region's residents, compared to 27 percent for the state as a whole. At 29 percent, the area's poverty rate is twice that of the rest of the Texas population, and of the nearly one million uninsured Texas children under the age of 19, 13 percent of them live along the Texas-Mexico border.

Generally described as unincorporated communities burdened by the lack of physical infrastructures such as running water, storm drainage, sewers, and paved streets, the nearly 1,450 Colonias are home to more than 350,000 men, women, and children today.

The HHS agencies developed an interagency partnership with the HHSC Border Affairs Office, the Texas A&M University Colonias Program, Texas Workforce Commission, local workforce development boards, the Texas Education Agency, and educational service centers. The partnership continues to implement the Texas-Mexico Border Colonias Initiative, aimed at enhancing the conditions that support good health and self-sufficiency in the Colonias. The interagency consortium seeks ways to provide Colonias residents with better access to state-funded programs. Colonias Initiative Regional Interagency Workgroups actively guide and direct the development of Coordinated Interagency Service Plans.

A provision of H.B. 2292 allocates \$5 million of unclaimed lottery prize money to HHSC annually for inpatient hospital services in 15 counties along the Texas-Mexico border. The legislation also directs the Department of State Health Services (DSHS) to establish a nonprofit foundation to raise money for health programs along the border. The foundation and its partners in the private sector will engage in outreach efforts and identify projects to receive funding from the foundation.

The DSHS Office of Border Health has been working with the U.S.-Mexico Border Health Commission and Texas' sister states in Mexico to develop bi-national and interstate work plans to address public health issues unique to the border. This work has created the Healthy Border 2010 Program, with the following goals:

- Identifying and prioritizing health issues;
- Supporting and designing unique public health programs for the border; and
- Tracking progress toward the goals and objectives.

This program promotes cross-border collaboration among federal and international partners to enhance preparedness and emergency response to terrorism on the U.S.-Mexico border. Internet connectivity and an international toll free telephone number facilitate communication among public health officials in Texas and Mexico.

HHS System Strategy for Early Childhood Immunizations

Senate Bill 486, 78th Legislature, Regular Session, 2003, requires any state agency that has contact with families in Texas to include a strategy in agency strategic plans for increasing public awareness of the need for early childhood immunizations. Since the HHS agencies are in frequent contact with Texas families, HHSC, in collaboration with DSHS, will provide leadership and consultation to the HHS agencies to meet this important obligation. The following paragraph describes the HHS strategy, which will be coordinated by HHSC, and is applicable to each agency.

With technical assistance provided by DSHS, the HHSC Office of Early Childhood Coordination will require each HHS agency to offer families and caregivers materials and resources to increase awareness of the need for early childhood immunizations, including vaccine safety, school, and child care requirements. The Commission will monitor agency efforts annually for accountability. Agencies may design resources or activities unique to the populations they serve and/or the programs they offer. Such activities may include the following tasks:

- Distributing brochures, newsletters, flyers, and other printed materials;
- Implementing mechanisms for making automatic referrals to the state's immunization website; and
- Including information in agency forms and materials about contacting local health departments.

Texas Workforce Development System Strategic Planning

The Texas Workforce Investment Council (TWIC or council) is required by Texas Government Code, Chapter 2308, to develop the Texas workforce by facilitating the seamless delivery of integrated workforce services to the state. The council is required to develop a strategic plan that establishes the framework for budgeting and operating a workforce development system (including school-to-careers and welfare-to-work components) administered by agencies represented on the council. This plan must include two types of performance measures, including formal measures identifying outcomes that are essentially consistent across all workforce programs, and less formal measures to provide information determined by the council to be essential in developing the strategic plan. The Commission and the Department of Assistive and Rehabilitative Services participate in this planning process. Their involvement is recorded in Appendix G, in accordance with the Legislative Budget Board (LBB) and the Governor's Office of Budget, Planning and Policy (GOBPP) instructions.

Health and Human Services Enterprise Workforce Plan

The Health and Human Services Enterprise Workforce Plan for Fiscal Years 2005-2009 (Appendix E) examines the status of the HHS workforce, issues associated with the changing workforce, and strategies for addressing these issues from a system perspective. Consolidating human resources functions at HHSC facilitates the effective implementation of this plan.

Strategic Plan for Information Resources Management

The Strategic Plan for Information Resources Management is prepared every two years. A new provision under S.B. 1701, 78th Legislature, Regular Session, 2003, transfers the responsibility of developing the Information Resources Strategic Plan (IRSP) instructions from the LBB to the Department of Information Resources (DIR).

Each HHS agency is responsible for submitting an IRSP to DIR which supports their Agency Strategic Plan. The IRSP is now submitted electronically through a DIR database. In addition, Texas Government Code, Section 531.0273, requires that HHSC develop a coordinated strategic plan for information resource management. To this end, all agency IRSPs will be coordinated and approved through the HHSC Enterprise Information Technology Division prior to submission.

Historically Underutilized Businesses Plan

The HHS system administers programs to encourage participation by historically underutilized businesses (HUBs) in all HHS agency contracting and subcontracting. The system's HUB programs are designed to enhance the ability of HUBs to compete for HHS contracts, increase agencies' awareness of such businesses, ensure meaningful HUB participation in the procurement process, and assist HHS agencies in achieving HUB goals.

Each state agency is required to include a HUB plan in its strategic plan. The section below describes in its entirety a coordinated HUB Plan that represents the HHS system as a whole.

Goal

The goal of the HHS system HUB Plan is to promote fair and competitive business opportunities that maximize the inclusion of HUB and minority-owned businesses contracting with the Commission and the HHS system and its primary vendors.

Objective

The HHS system strives to meet and/or exceed the state's Annual Procurement Utilization Goals in the procurement categories related to the HHS system's current strategies and programs.

Outcome Measures

In procuring goods and services through contracts, the HHS system as a whole, as well as each individual agency, will make a good faith effort to meet or exceed the statewide goals for all contracts that the agency expects to award in a fiscal year (FY) to HUBs. Table 4.1 describes these statewide goals.

Table 4.1.
HUBs Goals by Procurement Categories

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Special Trade Construction	57.2%
Professional Services Contracts	20.0%
Other Services Contracts	33.0%
<i>Commodity Contracts</i>	12.6%

Table 4.1: 2003 Statewide HUB Report, Texas Building and Procurement Commission. The HHS system will collectively use the following outcome measure to gauge progress:

- Total expenditures and the percentage of purchases and subcontracts awarded directly and indirectly to HUBs under the procurement categories.

Individual HHS agencies may track additional outcome measures.

HHS Strategies

When feasible, the HHS system will consider setting higher goals for its contract opportunities. Factors to consider will include HUB availability, current HUB usage, geographical location of the project, the contractual scope of work, size of the contract, or other relevant factors not yet identified.

The HHS agencies will also maintain and implement policies and procedures, in accordance with the HUB rules, to guide the agencies in increasing the use of HUBs through direct contracting and/or subcontracting indirectly.

The HHS agencies employ several additional strategies, such as:

- Tracking the number of contracts awarded to certified HUBs as a result of HHSC outreach efforts;
- Obtaining assurances that contractors will make a good-faith effort to subcontract with HUBs;
- Using available HUB directories to solicit bids; and/or
- Maintaining a HUB Office, including a full-time HUB Coordinator.

Output Measures

The HHS system will collectively use, but individually track, the following output measures to gauge progress:

- The total number of bids received from HUBs;
- The total number of contracts awarded to HUBs;
- The total amount of HUB subcontracting;
- The total amount of HUB Procurement Care expenditures;
- The total number of mentor-protégé agreements;
- The total number of graduated HUBs that are still conducting business with the HHS agencies;
- The total number of HUBs awarded a contract as a direct result of the HHSC outreach efforts; and
- The total number of HUBs provided assistance in becoming HUB certified.

This additional output measure may be used by specific HHS agencies:

- Number of outreach initiatives such as HUB forums attended and sponsored.

HUB External Assessment

According to the Texas Building and Procurement Commission's (TBPC) *FY 2003 Statewide HUB Report*, the HHS system collectively awarded nearly 14 percent of all contract funds to HUB contractors. As shown in the table in Appendix J, the legacy agency Texas Commission on Alcohol and Drug Abuse, now part of DSHS, surpassed all other HHS agencies by awarding two-thirds of its contracts to HUBs. Appendix J shows the percent of total contract funds awarded to HUBs by procurement category, by each HHS legacy agency in FY 2003.

The HHS agencies made a number of internal improvements to help meet statewide HUB goals. The Commission created an Administrative Services Development (ASD) office to assist in complying with HUB rules and increasing HUB participation. The ASD office initiated an aggressive outreach effort to educate HUBs and minority businesses about the HHSC procurement process and opportunities to provide

goods and services to the agency. In addition, HHSC coordinates HUB program initiatives through ASD to help implement the HUB program throughout the HHS system.

Other areas of progress include:

- Promoting HUB usage within agencies' procurement card programs;
- Signing a Memorandum of Cooperation between legacy agency TDMHMR and two entities: the Texas Association of African-American Chambers of Commerce and the Texas Association of Mexican-American Chambers of Commerce;
- Conducting post-award meetings with contractors to discuss the requirements related to the HUB Subcontracting Plan and monthly reporting;
- Advertising HHSC contract opportunities; and
- Developing an HHSC Business Opportunities Page on its website to maintain awareness for all HUBs.

Finally, additional staff resources will be necessary throughout the HHS system to assist with the following functions:

- Education training/outreach/HUB forums;
- HUB reporting;
- Mentor Protégé Program; and
- HUB Subcontracting Plan reviews.

