

Chapter X

Goals, Objectives, and Strategies

Health and Human Services Commission

The following presentation of goals, objectives, and strategies, by agency, reflects the negotiated structure approved by the Legislative Budget Board (LBB) and the Governor's Office of Budget, Planning, and Policy (GOBPP). This structure will later incorporate performance measures and become the framework for the agency's budget. The HHS agencies, at the time of Plan submission, had submitted proposed performance measures to the LBB and the GOBPP.

Goal 1: HHS Enterprise Oversight and Policy

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.

Objective 1-1. Enterprise Oversight and Policy. By 2009, HHSC will improve the business operations of the Health and Human Services System to maximize federal funds, improve efficiency in system operations, improve accountability and coordination throughout the System, and ensure the timely and accurate provision of eligibility determination services for all individuals in need of Health and Human Services System programs.

Strategy 1-1-1. Enterprise Oversight and Policy. Provide leadership and direction to achieve an efficient and effective health and human services system.

Strategy 1-1-2. Medicaid/TANF/Food Stamp Eligibility Determination. Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and food stamps.

Strategy 1-1-3. Long-Term Care Financial Eligibility Determination. Provide accurate and timely financial eligibility determination for all individuals who apply for long-term care services.

Strategy 1-1-4. Developmental Disabilities Council. Ensure that all Texans with developmental disabilities have the opportunity to be independent, productive, and valued members of their communities.

Objective 1-2. Client and Provider Accountability. By 2009, HHSC will improve health and human services programs and operations by protecting them against fraud, waste, and abuse.

Strategy 1-2-1. Office of Inspector General. Investigate fraud, waste, and abuse in the provision of all health and human services, enforce state law relating to the provision of those services, and provide utilization assessment and review of both clients and providers.

Objective 1-3. HHS Consolidated System Support Services. By 2009, HHSC will improve the operations of the Health and Human Services System through the coordination and consolidation of administrative services.

Strategy 1-3-1. Consolidated System Support. Improve the operations of health and human service agencies through coordinated efficiencies in business support functions.

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.

Objective 2-1. Medicaid Health Services. By 2009, HHSC will administer programs that provide medically necessary health care in the most appropriate, accessible, and cost-effective setting.

Strategy 2-1-1. Aged and Disabled. Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to Medicaid-aged and Medicare-related persons, and Medicaid disabled and blind persons.

Strategy 2-1-2. TANF Adults and Children. Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting for TANF-eligible adults and children.

Strategy 2-1-3. Pregnant Women. Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.

Strategy 2-1-4. Children and Medically Needy. Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children above the Temporary Assistance for Needy Families (TANF) income eligibility criteria, and medically needy persons.

Strategy 2-1-5. Medicare Payments. Provide accessible premium-based health services to certain Title XVIII Medicare eligible recipients.

Strategy 2-1-6. STAR+PLUS (Integrated Managed Care). Promote the development of integrated managed care systems for aged and disabled clients.

Objective 2-2. Other Medicaid Services. By 2009, HHSC will provide policy direction and management of the state's Medicaid program and maximize federal dollars.

Strategy 2-2-1. Cost Reimbursed Services. Provide medically necessary health care to Medicaid eligible recipients for services not covered under the insured arrangement including: federally qualified health centers, undocumented persons, school health, and related services.

Strategy 2-2-2. Medicaid Vendor Drug. Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.

Strategy 2-2-3. Medicare Federal Give Back Provision. Provide the federal government with a phased-down state contribution as required by Sec. 103 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 related to the federal assumption of the cost of prescription drugs for full-benefit dual eligible Medicare and Medicaid clients.

Strategy 2-2-4. Medical Transportation. Provide federal funding to TXDoT for non-ambulance transportation for eligible Medicaid recipients to and from providers of Medicaid services.

Strategy 2-2-5. Medicaid Family Planning. Increase family planning services throughout Texas for adolescents and women.

Objective 2-3. Special Services for Children. By 2009, HHSC will address the specific health and dental needs of children in Texas before associated problems become chronic and irreversible.

Strategy 2-3-1. Health Steps (EPSDT) Medical. Provide access to comprehensive diagnostic/treatment services for eligible clients by maximizing the use of primary prevention, early detection, and management of health care in accordance with all federal mandates.

Strategy 2-3-2. Health Steps (EPSDT) Dental. Provide dental care in accordance with all federal mandates.

Strategy 2-3-3. Health Steps (EPSDT) Comprehensive Care. Provide all medically necessary and federally allowable Medicaid services for conditions identified through an EPSDT screen or other health care encounter but not covered or provided under the State Medicaid Plan.

Objective 2-4. Medicaid Support. By 2009, HHSC will improve the quality of services by serving as the single state Medicaid agency.

Strategy 2-4-1. State Medicaid Office. Set the overall policy direction of the state Medicaid program and manage interagency initiatives to maximize federal dollars.

Goal 3: CHIP Services

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

Objective 3-1. CHIP Services. By 2009, HHSC will ensure health insurance coverage for eligible children in Texas.

Strategy 3-1-1. CHIP. Provide health care to uninsured children who apply for insurance through CHIP.

Strategy 3-1-2. Immigrant Children Health Insurance. Provide health care to certain uninsured, legal immigrant children who apply for insurance through CHIP.

Strategy 3-1-3. School Employee CHIP. Augment the state's contributions for certain school employees (Operational responsibility for this strategy is shared with the Texas Education Agency).

Strategy 3-1-4. CHIP Vendor Drug. Provide prescription medication to CHIP-eligible recipients (includes Immigrant Health Insurance and School Employee Children Insurance), as provided by their treating physician.

Strategy 3-1-5. State Employee Children Insurance (SKIP). Augment the state's contributions for dependent health insurance coverage for certain state employees (Operational responsibility for this strategy is shared with the Employees Retirement System and higher education institutions insured through ERS).

Goal 4: Encourage Self-Sufficiency

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

Objective 4-1. Assistance Services. By 2009, HHSC will provide appropriate support services that address the employment, financial, and/or nutritional needs of eligible persons.

Strategy 4-1-1. TANF Grants. Provide TANF grants to low-income Texans.

Strategy 4-1-2. Nutrition Assistance. Increase the availability of federal nutrition assistance by providing reimbursement for nutritious meals, food distribution, and nutrition education.

Strategy 4-1-3. Refugee Assistance. Assist refugees in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.

Strategy 4-1-4. Disaster Assistance. Provide financial assistance to victims of Presidentially-declared natural disasters.

Objective 4-2. Other Support Services. By 2009, HHSC will promote safety, self-sufficiency, and long-term independence for those living with domestic violence or other adverse circumstances.

Strategy 4-2-1. Family Violence Services. Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.

Goal 5: Program Support

Objective 5-1. Program Support.

Strategy 5-1-1. Central Program Support.

Strategy 5-1-2. IT Program Support.

Strategy 5-1-3. Other Support Services.

Strategy 5-1-4. Regional Program Support.

Goal 6: Information Technology Projects

Objective 6-1. Information Technology Projects.

Strategy 6-1-1. TIERS.

Strategy 6-1-2. HHSAS.

Department of Aging and Disability Services

Goal 1: Long-Term Care

To 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.

Objective 1-1. Intake, Access, and Eligibility. Activities delivered by local entities and/or the state to promote eligibility determination and access to appropriate services and supports and the monitoring of those services and supports.

Strategy 1-1-1. Intake, Access, and Eligibility. Activities delivered by local mental retardation authorities including eligibility determination and assistance in accessing appropriate services and supports. Access and assistance services delivered by AAAs to help older persons receive information and assistance in obtaining community services.

Strategy 1-1-2. LTC Functional Eligibility. Staff determine functional eligibility, develop individual service plans based on client needs and preferences, authorize service delivery and monitor the delivery of long-term care services (Medicaid and non-Medicaid).

Objective 1-2. Community Care—Entitlement. Provide Medicaid covered supports and services in homes and community settings which will enable elderly persons, persons with disabilities, and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization.

Strategy 1-2-1. Primary Home Care. Primary Home Care (PHC) is a Medicaid-reimbursed, non-technical, medically related personal care service prescribed by a physician, available to eligible clients whose health problems cause them to be limited in performing activities of daily living.

Strategy 1-2-2. Community Attendant Services (old Frail Elderly). Medicaid-reimbursed subgroup of PHC eligible must meet financial eligibility of total gross monthly income of less than or equal to 300% of the SSI federal benefit rate. Primary Home Care (PHC) is a Medicaid-reimbursed, non-technical, medically related personal care service prescribed by a physician, available to eligible clients whose health problems cause them to be limited in performing activities of daily living.

Strategy 1-2-3. Day Activity and Health Services. DAHS provide daytime service five days a week (Mon-Fri) to clients residing in the community in order to provide an alternative to placement in nursing facilities or other institutions.

Objective 1-3. Community Care—Waivers. Provide supports and services through Medicaid waivers in homes and community settings which will enable elderly persons, persons with disabilities and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization.

Strategy 1-3-1. Community Based Alternatives (CBA). CBA program is a Medicaid (Title XIX) Home and Community-based services waiver and provides services to aged and disabled adults as a cost-effective alternative to institutionalization.

Strategy 1-3-2. Home and Community Based Services (HCS). The Home and Community Based waiver program under Section 1915 (c) of Title XIX of the Social Security Act provides individualized services to consumers living in their family's home, their own homes, or other settings in the community.

Strategy 1-3-3. Community Living Assistance and Support Services (CLASS). Provides home and community-based services to persons who have a "related" condition diagnosis qualifying them for placement in an Intermediate Care Facility for persons who have a disability, other than mental retardation originating before age 22.

Strategy 1-3-4. Deaf-Blind Multiple Disabilities (DBMD). Provides home and community-based services to adult individuals diagnosed with deaf, blind, and multiple disabilities.

Strategy 1-3-5. Medically Dependent Children Program (MDCP). Provides home and community-based services to clients under 21 years of age. Service include respite, adjunct supports, adaptive aids, and minor home modification.

Strategy 1-3-6. Consolidated Waiver Program. This pilot 1915c waiver consolidates CBA, MDCP, CLASS, HCS, and DBMD waivers. Community care case managers develop individualized service plans based on the participant's needs.

Strategy 1-3-7. Texas Home Living Waiver. The Texas Home and Living waiver program under Section 1915 (c) of Title XIX of the Social Security Act provide individualized services not to exceed \$10,000 per year to consumers living in their family's home, their own homes, or other settings in the community.

Strategy 1-3-8. Other Waivers. May include waivers that receive approval from the respective federal agency and are not included above.

Objective 1-4. Community Care—State. Provide non-Medicaid services and supports in homes and community settings which will enable elderly persons, persons with disabilities and others who qualify for nursing facility care but can be served at home or in the community to maintain their independence and prevent institutionalization.

Strategy 1-4-1. Non-Medicaid Services—XX. For persons who are not eligible for Medicaid services, the Social Service Block Grant provides services for persons in their own home or communities and may include Family Care, Home-delivered meals, adult foster care, DAHS (XX), Emergency response and personal attendant services.

Strategy 1-4-2. Non-Medicaid Services—GR. A 100% state funded program that provides respite and residential care that Medicaid does not address or SSBG funding is insufficient to support.

Strategy 1-4-3. MR Community Services. Includes services provided for persons with mental retardation who reside in the community other than services provided through the Medicaid waiver programs. These services include Independent Living, Employment Services, Day Training, Therapies, and Respite Services.

Strategy 1-4-4. MR Community Services Residential. General Revenue funded community residential services that include an array of 24-hour residential arrangements for persons who do not live either independently or with their families.

Strategy 1-4-5. Promoting Independence. Statewide activities that help individuals transition from an institution into the community. The services include community outreach and awareness, relocation services, and permanency planning.

Strategy 1-4-6. Nutrition Services. Nutrition services include both congregate and home delivered meals, are delivered through approximately 200 providers across the state, and are vital to maintaining healthy, independent living for older persons.

Strategy 1-4-7. Services to Assist Independent Living. Provide a wide range of community-based social and supportive services for older individuals. These services include homemaker, personal assistance, chore maintenance, residential repair, respite, health maintenance, health screening, emergency response, instruction and training, transportation, hospice and senior center operations.

Strategy 1-4-8. In-Home and Family Support. Provide cash subsidy and provide reimbursement for capital improvements, purchase of equipment, and other expenses to enable elderly persons and persons with disabilities to maintain their independence and prevent institutionalization.

Strategy 1-4-9. MR In-Home Services. The mental retardation portion of the In-Home and Family Support (IHFS) program. Provides financial assistance to adults or children with a mental disability or to their family for the purpose of purchasing items that are above and beyond the scope of usual needs, that are necessitated by the person's disability and that directly support that person to live in his/her natural home.

Objective 1-5. Program of All-inclusive Care for the Elderly (PACE).

Promote the development of integrated managed care systems for aged and disabled clients.

Strategy 1-5-1. Program of All-inclusive Care for the Elderly (PACE). The PACE program provides community-based services to frail and elderly people who qualify for nursing facility placement. Services may include in-patient and outpatient medical care at a capitated rate.

Objective 1-6. Nursing Facility and Hospice Payments. Provide payments which will promote quality of care for clients with medical problems that require nursing facility or hospice care.

Strategy 1-6-1. Nursing Facility and Hospice Payments. The nursing facility program offers institutional nursing and rehabilitation care to Medicaid-eligible recipients who demonstrate a medical condition requiring the skills of a licensed nurse on a regular basis.

Objective 1-7. Intermediate Care Facilities—Mental Retardation.

Provide residential services and supports for persons with mental retardation living in intermediate care facilities (ICFs/MR).

Strategy 1-7-1. Intermediate Care Facilities—Mental Retardation. The Intermediate Care Facilities for Mental Retardation (ICF/MR) are residential facilities of four or more beds providing 24-hour care. Funding for ICF/MR services is authorized through Title XIX of the Social Security Act (Medicaid) and includes both the federal portion and state required match.

Objective 1-8. MR State Schools Services. Provide specialized assessment, treatment, support and medical services in state school and state center programs for persons with mental retardation.

Strategy 1-8-1. MR State Schools Services. Provides direct services and support to persons living in state schools. State schools provide 24-hour residential services for persons with mental retardation who are medically fragile or severely physically impaired or have severe behavior problems and who choose these services or cannot currently be served in the community.

Objective 1-9. Capital Repairs and Renovations. Efficiently manage and improve the assets and infrastructure of state facilities.

Strategy 1-9-1. Capital Repairs and Renovations. Provides funding for the construction and renovation of facilities at the state schools. The vast majority of projects are to bring existing facilities into compliance with the requirements in the Life Safety Code and/or other

critical repairs and renovations, including fire sprinkler systems, fire alarm systems, emergency generators, fire/smoke walls, roofing, air conditioning, heating, electrical, plumbing, etc.

Goal 2: Regulatory and Licensing Services

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.

Objective 2-1. Long-Term Care Regulation. 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.

Strategy 2-1-1. LTC Facility Regulation. Provide licensing, certification, contract enrollment services, financial monitoring and complaint investigation to ensure that residential facilities and home and community support services agencies comply with state and federal standards and clients receive high-quality services.

Strategy 2-1-2. LTC Credentialing. Provide credentialing, training and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency clients in compliance with applicable law and regulations.

Strategy 2-1-3. LTC Quality Outreach. Provide Quality Monitoring and Rapid Response Team Visits in order to assess quality and promote quality improvement in LTC facilities.

Goal 3: General Program Support

Objective 3-1. General Program Support.

Strategy 3-1-1. Central Administration.

Strategy 3-1-2. IT Program Support.

Strategy 3-1-3. Other Support Services.

Strategy 3-1-4. Regional Administration.

Goal 4: Capital Budget Projects

Objective 4-1. Capital Budget Projects.

Department of Assistive and Rehabilitative Services

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.

Objective 1-1. ECI Awareness and Services. To ensure that by the end of fiscal year 2009, that 100 percent of eligible children and their families have access to the quality early intervention services resources and supports they need to reach their developmental goals as outlined in the Individual Family Service Plan.

Strategy 1-1-1. ECI Eligibility Awareness. Conduct statewide activities which ensure that eligible infants, toddlers and their families are identified and families have access to information about the importance of early intervention and how to receive the resources and supports they need to reach their service plan goals.

Strategy 1-1-2. Eligibility Determination. Provide eligibility determination services to all referred children and to determine eligibility for comprehensive and follow along services.

Strategy 1-1-3. Comprehensive Services. Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers and their families have access to the resources and support they need to reach their service plan goals.

Strategy 1-1-4. Respite Services. Ensure that resources are identified and coordinated to provide respite service to help preserve the family unit and prevent costly out-of-home placements.

Strategy 1-1-5. Ensure Quality Services. Ensure the quality of early intervention services by offering training and technical assistance, establishing service and personnel standards, and evaluating consumer satisfaction and program performance.

Objective 1-2. Services for Blind Children. Ensure 90% of eligible blind and visually impaired children and their families will receive blind children's vocational discovery and development services as developed in their individual service plans by the end of fiscal year 2009.

Strategy 1-2-1. Habilitative Services for Children. Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.

Goal 2: Persons with Disabilities

Provide persons with disabilities quality services leading to employment and living independently.

Objective 2-1. Rehabilitation Services—Blind. To provide by the end of FY 2009, quality rehabilitation services for eligible persons who are blind or visually impaired and subsequently place in employment 68.9 percent of those persons that received planned vocational rehabilitation services consistent with informed consumer choice and abilities. Additionally, to provide quality consumer-directed independent living services for eligible persons who are blind or visually impaired.

Strategy 2-1-1. Independent Living Services—Blind. Provide for eligible persons who are blind or visually impaired quality, consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community.

Strategy 2-1-2. Blindness Education. Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.

Strategy 2-1-3. Vocational Rehabilitation—Blind. Rehabilitate and place persons who are blind or visually impaired in competitive employment or other appropriate settings, consistent with informed choice and abilities.

Strategy 2-1-4. Business Enterprises of Texas. Provide employment opportunities in the food service industry for persons who are blind or visually impaired.

Strategy 2-1-5. Business Enterprises of Texas Trust Fund. Administer trust funds for retirement and benefits program for individuals licensed to operate vending machines under Business Enterprises of Texas (estimated and nontransferable).

Objective 2-2. Deaf and Hard of Hearing Services. To increase the number of persons (who are deaf or hard hearing) receiving quality services by 10% by the end of fiscal year 2009.

Strategy 2-2-1. Contract Services. Develop and implement a statewide program to ensure continuity of services to persons who are deaf or hard of hearing. Ensure more effective coordination and

cooperation among public and nonprofit organizations providing social and educational services to individuals who are deaf or hard of hearing.

Strategy 2-2-2. Consumer and Interpreter Education. Facilitate communication access activities through training and educational programs to enable individuals who are deaf or hard of hearing to attain equal opportunities to participate in society to their potential and reduce their isolation regardless of location, socioeconomic status, or degree of disability.

Strategy 2-2-3. Interpreters Certification. To test interpreters for the deaf and hard of hearing to determine skill level and certify accordingly, and to regulate interpreters to ensure adherence to interpreter ethics.

Strategy 2-2-4. Telephone Access Assistance. Ensure equal access to the telephone system for persons with a disability (estimated and nontransferable).

Objective 2-3. General Disabilities Services. To provide by the end of FY 2009, quality vocational rehabilitation services to eligible persons with general disabilities and subsequently place in employment 55.8 percent of those persons that received planned vocational rehabilitation services consistent with informed consumer choice and abilities. Additionally, to provide quality consumer-directed independent living services to persons with significant disabilities who have been determined eligible.

Strategy 2-3-1. Vocational Rehabilitation—General. Rehabilitate and place people with general disabilities in competitive employment or other appropriate settings, consistent with informed consumer choice and abilities.

Strategy 2-3-2. Independent Living Centers. Work with independent living centers and the State Independent Living Council (SILC) to establish the centers as financially and programmatically independent from the Department of Assistive and Rehabilitative Services and financially and programmatically accountable for achieving independent living outcomes with their clients.

Strategy 2-3-3. Independent Living Services—General. Provide consumer-driven and DARS counselor-supported independent living services to people with significant disabilities statewide.

Strategy 2-3-4. Comprehensive Rehabilitation. Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services for people with traumatic brain injuries or spinal cord injuries.

Goal 3: Disability Determination

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.

Objective 3-1. Accuracy of Determination. To achieve annually through 2007 the decisional accuracy of 90.6 percent and timeliness of 125 days as measured by Social Security Administration Disability Program guidelines.

Strategy 3-3-1. DDS Determination. Achieve an average cost per case of no more than \$359.

Goal 4: Program Support

Objective 4-1. Program Support.

Strategy 4-1-1. Central Program Support.

Strategy 4-1-2. Regional Program Support.

Strategy 4-1-3. Other Program Support.

Strategy 4-1-4. IT Program Support.

Department of Family and Protective Services

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.

Objective 1-1. Provide 24-hour Access to Services Offered by DFPS Programs. Provide professionals and the public 24-hours 7 days per week, the ability to report abuse/neglect/exploitation and to access information on services offered by DFPS programs via phone, fax, email or the Internet.

Strategy 1-1-1. Statewide Intake Services. Provide a comprehensive system with automation support for receiving reports of persons suspected to be at risk of abuse/neglect/exploitation and assign for investigation those reports that meet Texas Family Code and Human Resources Code definitions.

Objective 1-2. Reduce Child Abuse/Neglect and Mitigate its Effects. By 2007, provide or manage a quality integrated service delivery system for 70 percent of children at risk of abuse/neglect to mitigate the effects of maltreatment and assure that confirmed incidence of abuse/neglect does not exceed 7.3 per 1,000 children.

Strategy 1-2-1. Child and Family Services. Provide a comprehensive and consistent system for the direct delivery of investigations, family preservation/reunification services, out-of-home care, and permanency planning for children who are at risk of abuse/neglect and their families.

Strategy 1-2-2. TWC Foster Day Care Services. Provide purchased day care services for foster children where both or the one foster parent works full-time.

Strategy 1-2-3. TWC Protective Day Care Services. Provide purchased day care services for children living at home to control and reduce the risk of abuse or neglect and to provide stability while a family is working on changes to reduce the risk.

Strategy 1-2-4. Adoption Placement Purchased Services. Provide purchased adoption services with private child-placing agencies to facilitate the success of service plans for children who are legally free for adoption including recruitment, screening, home study, placement, and support services.

Strategy 1-2-5. Post-Adoption Purchased Services. Provide purchased post-adoption services for families who adopt children in the conservatorship of DFPS including casework, support groups, parent training, therapeutic counseling, respite care, and residential therapeutic care.

Strategy 1-2-6. Preparation for Adult Living Purchased Services. Provide purchased adult living services to help and support youth preparing for departure from DFPS substitute care including life skills training, money management, vocational support, room and board assistance, and case management.

Strategy 1-2-7. Substance Abuse Purchased Services. Provide purchased residential chemical dependency treatment services for adolescents who are in the conservatorship of DFPS and/or families referred to treatment by DFPS.

Strategy 1-2-8. Other CPS Purchased Services. Provide purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.

Strategy 1-2-9. Foster Care Payments. Provide financial reimbursement for the care, maintenance and support of children who have been removed from their homes and placed in licensed, verified childcare facilities.

Strategy 1-2-10. Adoption Subsidy Payments. Provide grant benefit payments for families that adopt foster children with special needs who could not be placed in adoption without financial assistance.

Strategy 1-2-11. Services to At-Risk Youth (STAR) Program. Provide contracted prevention services for youth age 10-17 who are in at-risk situations, runaways, Class C delinquents, or have committed delinquent acts and are under the age of 10.

Strategy 1-2-12. Community Youth Development (CYD) Program. Provide funding and technical assistance to support collaboration by community groups to alleviate family and community conditions that lead to juvenile crime.

Strategy 1-2-13. Texas Families Together and Safe Program. Provide community-based prevention services to alleviate stress and promote parental competencies and behaviors that will increase ability of families to successfully nurture their children.

Strategy 1-2-14. Buffalo Soldiers Heritage Program. Provide contracted services to prevent minority youth from entering the juvenile justice system including history classes, tutoring, life and outdoor skills training, and field trips.

Strategy 1-2-15. Child Abuse Prevention Grants. Provide contracted services to develop community child abuse prevention programs, public awareness, and respite care through Family PRIDE Councils and Family Resource Distribution Centers.

Strategy 1-2-16. Other At-Risk Prevention Services. Provide funding and support for other community-based prevention programs to alleviate conditions that lead to child abuse or neglect and juvenile crime.

Objective 1-3. Reduce Adult Maltreatment and Investigate MH/MR Reports. By 2007, deliver protective services to 75 percent of vulnerable adults at risk of maltreatment so that abuse/neglect/exploitation does not exceed 9.5 per 1,000, and provide thorough and timely investigations of reports of maltreatment in mental health and mental retardation settings.

Strategy 1-3-1. Provide System to Investigate Reports and Alleviate Adult Maltreatment. Provide a comprehensive and consistent system for the investigation of reports of abuse, neglect, and exploitation of vulnerable adults and provide services to alleviate and prevent the recurrence of cases of maltreatment.

Strategy 1-3-2. Provide System to Investigate MH/MR Abuse/Neglect/Exploitation Reports. Provide a comprehensive and consistent system for the investigation of reports of abuse, neglect, and exploitation of persons receiving services in mental health and mental retardation settings.

Objective 1-4. Reduce Occurrences of Serious Risk in Child Care Facilities. By 2007, assure that occurrences where children are placed at serious risk in licensed day care facilities, licensed residential facilities and registered family homes do not exceed 25 percent of all validated incidents.

Strategy 1-4-1. Provide System to Ensure Minimum Child Care Standards. Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential childcare facilities, registered family homes, child-placing agencies and facility administrators.

Goal 2: Indirect Administration

Objective 2-1. Indirect Administration.

Strategy 2-1-1. Central Administration.

Strategy 2-1-2. Other Support Services.

Strategy 2-1-3. Regional Administration.

Strategy 2-1-4. Information Technology Program Support.

Strategy 2-1-5. Maintain the IMPACT Automated System.

Department of State Health Services

Goal 1: Preparedness and Prevention Services

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

Objective 1-1. Improve health status through preparedness and information. To enhance state and local public health systems' resistance to health threats, preparedness for health emergencies, and capacities to reduce health status disparities; and to provide health information for state and local policy decisions.

Strategy 1-1-1. Coordinated Public Health Services. Coordinate essential public health services through public health regions and affiliated local health departments.

Strategy 1-1-2. Public Health Preparedness. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.

Strategy 1-1-3. Vital Records. Maintain a system for recording, certifying, and disseminating information on births, deaths, and other vital events in Texas.

Strategy 1-1-4. Special Health Initiatives. Coordinate activities to improve health conditions on the Texas–Mexico border and to reduce racial, ethnic, and geographic health disparities throughout Texas.

Strategy 1-1-5. Health Registries, Information, and Analysis. Collect, analyze, and distribute information on health and health care, and operate birth defects, trauma, and cancer registries, poison control network, and environmental investigations.

Objective 1-2. Infectious disease control, prevention and treatment. To reduce the occurrence and control the spread of preventable infectious diseases.

Strategy 1-2-1. Immunizations. Implement programs to immunize children in Texas.

Strategy 1-2-2. HIV/STD and Hepatitis C Prevention. Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.

Strategy 1-2-3. Tuberculosis, Hansen's Disease and Refugee Health. Implement programs to prevent, control, and treat TB and Hansen's disease; administer Refugee Health Screening Program.

Strategy 1-2-4. Zoonotic Diseases. Prevent and control the spread of animal-borne diseases in humans.

Strategy 1-2-5. Infectious Disease Epidemiology and Surveillance. Detect, track, investigate, and develop measures to control outbreaks of infectious diseases.

Objective 1-3. Health Promotion, Chronic Disease Prevention, and Specialty Care. To use health promotion for reducing the occurrence of preventable chronic disease and injury, to administer abstinence education programs, and to administer service care programs related to certain chronic health conditions.

Strategy 1-3-1. Cardiovascular Disease, Diabetes, and Injury Prevention. Develop and implement community interventions to reduce health risk behaviors that contribute to chronic disease and injury.

Strategy 1-3-2. Abstinence Education. Increase abstinence education programs in Texas.

Strategy 1-3-3. Kidney Health. Administer service programs for kidney specialty care.

Strategy 1-3-4. Children with Special Health Care Needs. Administer service program for children with special health care needs.

Strategy 1-3-5. Epilepsy, Hemophilia, and Alzheimer's. Administer service programs for epilepsy, hemophilia, and Alzheimer's disease.

Objective 1-4. Laboratory Operations. To operate a reference laboratory in support of public health program activities.

Strategy 1-4-1. Laboratory Services. Provide analytical laboratory services in support of public health program activities, Women's Health Services and the South Texas Health Care Center.

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.

Objective 2-1. Provide primary care and nutrition services. To develop and support primary health care and nutrition services to children, women, families, and other qualified individuals through community based providers.

Strategy 2-1-1. WIC and Farmer's Market Nutrition Services.

Administer nutrition services, including benefits, for eligible low income women, infants, and children (WIC) clients, nutrition education, and counseling.

Strategy 2-1-2. Women and Children's Health Services. Provide easily accessible, quality and community-based maternal and child health services to low income women, infants, children, and adolescents.

Strategy 2-1-3. Family Planning Services. Provide family planning services for adolescents and women.

Strategy 2-1-4. County Indigent Health Care Services. Provide support to local governments that provide indigent health care services.

Strategy 2-1-5. Community Primary Care Services. Develop systems of primary and preventive health care delivery in underserved areas of Texas.

Objective 2-2. Provide behavioral health services. To support services for mental health and for substance abuse prevention, intervention, and treatment.

Strategy 2-2-1. Mental Health Services for Adults. Assure availability of and access to appropriate services in the community for adults with serious mental illness.

Strategy 2-2-2. Mental Health Services for Children. Provide supports and services for emotionally disturbed children and their families.

Strategy 2-2-3. NorthSTAR Behavioral Health Waiver. Provide mental health and substance abuse inpatient and outpatient services using a managed care model for adults and children.

Strategy 2-2-4 Substance Abuse Prevention. Implement prevention services to reduce the risk of substance use, abuse and dependency.

Strategy 2-2-5. Substance Abuse Intervention. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults.

Strategy 2-2-6. Substance Abuse Treatment. Implement a continuum of community and family based treatment and related services for chemically dependent persons.

Strategy 2-2-7. Substance Abuse Grants Performance Management. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services.

Strategy 2-2-8. Tobacco Education and Prevention. Develop and implement programs of education, prevention, and cessation in the use of tobacco products.

Objective 2-3. Community Capacity Building. To develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

Strategy 2-3-1. EMS & Trauma Care Systems. Develop and enhance regionalized emergency health care systems.

Strategy 2-3-2. FQHC Infrastructure Grants. Provide assistance to develop new and expand existing Federally Qualified Health Centers in Texas.

Strategy 2-3-3. Health Care Facility Improvement Grants. Provide capital improvement grants to small urban hospitals.

Strategy 2-3-4. Indigent Health Care Reimbursement. Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.

Goal 3: Hospital Facilities Management and Services

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

Objective 3-1. Provide state owned hospital services and facility operations. To provide for the care of persons with infectious disease or mental illness through state owned hospitals.

Strategy 3-1-1. Texas Center for Infectious Diseases. Provide for more than one level of care of tuberculosis, infectious diseases, and chronic respiratory diseases at Texas Center for Infectious Diseases.

Strategy 3-1-2. South Texas Health Care System. Provide for more than one level of care of tuberculosis and other services through South Texas Health Care System.

Strategy 3-1-3. Mental Health State Hospitals. Provide specialized assessment, treatment, and medical services in state mental health facility programs.

Objective 3-2. Provide private owned hospital services. To provide for the care of persons with mental illness through privately owned hospitals.

Strategy 3-2-1. Mental Health Community Hospitals. Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.

Goal 4: Consumer Protection Services

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

Objective 4-1. Provide licensing and regulatory compliance. To ensure timely, accurate licensing, certification, and other registrations; to provide standards that uphold safety and consumer protection; and to ensure compliance with standards.

Strategy 4-1-1. Food (Meat) and Drug Safety. Design and implement programs to ensure the safety of food, drugs, and medical devices.

Strategy 4-1-2. Environmental Health. Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.

Strategy 4-1-3. Radiation Control. Design and implement a risk assessment and risk management regulatory program for all sources of radiation.

Strategy 4-1-4. Health Care Professionals. Implement programs to issue licenses, certifications, and other registrations of health care professionals, and to ensure compliance with standards.

Strategy 4-1-5. Health Care Facilities. Implement programs to license/certify, monitor compliance, and provide technical assistance to health care facilities.

Goal 5: Indirect Administration

Objective 5-1. Indirect administration.

Strategy 5-1-1. Central Administration.

Strategy 5-1-2. IT Program Support.

Strategy 5-1-3. Other Support Services.

Strategy 5-1-4. Regional Administration.

Goal 6: Capital Items

Objective 6-1. Manage capital projects.

Strategy 6-1-1. Laboratory (Austin) Bond Debt. Service bond debt on reference laboratory.

Strategy 6-1-2. Construction of Health Care Facilities. Construct and renovate state facilities for the delivery of care.

Strategy 6-1-3. Capital Repair and Renovation—Mental Health Facilities. Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers.

Objective 6-2. Purchase capital equipment.

Strategy 6-2-1. Capital Item.

