



The Department of State Health Services

Comprehensive Strategic and Operational Plan

2010

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EXECUTIVE SUMMARY

The Department of State Health Services (DSHS) is responsible for oversight and administration of public health and behavioral health services in Texas. With an annual budget of \$2.9 billion and a workforce of approximately 12,500, DSHS is the fourth largest of Texas' 178 state agencies, manages nearly 5,400 client services and administrative contracts and conducts business in 157 locations. DSHS promotes optimal health for individuals and communities across Texas by providing family and community health services, regional and local health services, mental health and substance abuse services, prevention and preparedness services, and regulatory services programs. DSHS partners with a broad system of diverse public and private sector entities and stakeholders to fulfill the agency's mission of *Improving Health and Well-being in Texas*, and its vision of *A Healthy Texas*.

DSHS executive leadership has established ten strategic and operational goals to fulfill this mission and vision. Comprehensive in scope, these goals establish a framework for the strategic prioritization and management of agency resources, ongoing agency operations, and new or emerging issues and initiatives:

- Prevent and prepare for health threats
- Build capacity for improving community health
- Promote recovery for persons with infectious diseases and mental illness
- Protect consumers
- Develop and expand integrated services
- Streamline administrative systems
- Maintain and enhance DSHS assets and technology
- Nurture a unified workplace culture
- Expand the effective use of health information
- Build and sustain effective partnerships

To maintain situational awareness of progress towards these goals, DSHS established a process to provide agency leaders with the tools needed to monitor priority initiatives that impact the

agency and its constituents. DSHS adopted this approach to identify opportunities to integrate programs and increase efficiency. Section 2 of this document describes the agency's achievements towards these goals and Section 3 outlines future priorities.

DSHS will continue to focus on health care quality, efficient business processes, effective health services, and the identification of current and future trends that impact the agency and its constituents. DSHS is committed to work with national, bi-national and state-wide partners to identify opportunities to further the mission of improving health and well-being in Texas.

Service system partners such as DSHS regional offices, DSHS hospitals, local mental health authorities, federally qualified health centers, local health departments, and contracted community service providers serve an important role and collaborate to address existing and future issues faced by the agency.

SECTION 1: A BRIEF REVIEW OF THE COMPREHENSIVE STRATEGIC AND OPERATIONAL PLAN

The Texas Department of Health (TDH) underwent Sunset Review in 1998. The TDH Sunset Bill (H.B. 2085, 76th Legislature, Regular Session, 1999) required the Texas Board of Health to produce a “comprehensive strategic and operational plan” every two years. The essence of that requirement is defined in the following legislation:

“A detailed analysis of how to integrate or continue to integrate department programs ... to minimize duplication of effort, increase administrative efficiency, simplify access to department programs, and more efficiently meet the health needs of this state.”(Texas Health and Safety Code Sec 11.0045)

In 2002, TDH published the *Public Health Improvement Plan (PHIP): a Comprehensive Strategic and Operational Plan*. It established the Texas State Strategic Health Partnership as a means to work with partners across the state to improve the public’s health and identified the systems improvement needs at TDH at the time. In May 2003, the 78th Texas Legislature passed H.B. 2292, creating new opportunities for public health programs within Texas.

Improving and enhancing service delivery was a central tenet of H.B. 2292, just as it had been for H.B. 2085 four years earlier. The phases of consolidation established by H.B. 2292 created a long-term process for the transformation of business practices in DSHS and the Health and Human Services Enterprise. This legislation resulted in the following changes that took effect September 1, 2004:

- The programs, services, duties, functions, and activities of TDH, Texas Commission on Alcohol and Drug Abuse, Texas Health Care Information Council, and the mental health areas of the Texas Department of Mental Health and Mental Retardation were consolidated into one agency, DSHS;
- Rulemaking authority and agency governance was transferred to the Executive Commissioner of the Texas Health and Human Services Commission (HHSC);

- Administrative and program support functions were consolidated under the authority of HHSC; and,
- The DSHS Council was created.

In September 2006, DSHS submitted a *PHIP* that transitioned coordination of the Strategic Health Partnership to the Texas Health Institute. The 2006 PHIP identified new strategic priorities to continue implementation of the new organizational structure and further advance the improvement of health of the whole person through comprehensive strategies.

In January 2007, DSHS began operations with a new executive leadership structure and a new Commissioner. Agency leaders established ten strategic and operational goals to fulfill the agency's mission of *Improving Health and Well-being in Texas*, and toward the vision of *A Healthy Texas*. Additionally, DSHS implemented a process that provided the framework to identify, categorize, prioritize, monitor, and report progress on projects of significance to the agency and its constituents.

The *2008 Comprehensive Strategic and Operational Plan* outlined program and service delivery improvements using this priority management system. This approach enables agency leaders to: identify and review emerging issues and to re-balance priorities as circumstances change; mitigate and manage risks when necessary; identify opportunities for a better approach to service delivery; and act on service delivery improvement strategies.

DSHS Strategic and Operational Goals

1. Prevent and Prepare for Health Threats

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

2. Build Capacity for Improving Community Health

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

3. Promote Recovery for Persons with Infectious Diseases and Mental Illness

DSHS will promote the recovery of persons who require specialized treatment, including treatment for substance abuse, mental illness, and infectious disease.

4. Protect Consumers

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

5. Develop and Expand Integrated Services

DSHS will promote the integration of primary and behavioral health services in Texas.

6. Streamline Administrative Systems

DSHS will shift leadership and administrative practices to support increasingly effective and efficient agency operations.

7. Maintain and Enhance DSHS Assets and Technology

DSHS will maintain and enhance its physical and technological infrastructure.

8. Nurture a Unified Workplace Culture

DSHS will create a unified culture and other workplace improvements that improve employee health, well-being, and productivity.

9. Expand the Effective Use of Health Information

DSHS will support efforts to improve the quality of health data and the sharing of health information.

10. Build and Sustain Effective Partnerships

DSHS will work collaboratively with partners through shared leadership to create and achieve shared goals for improving health and well-being in Texas.

SECTION 2: REPORT OF ACCOMPLISHMENTS TOWARD IMPROVING SERVICE DELIVERY, OPERATIONS, AND MANAGEMENT

DSHS promotes optimal health for individuals and communities across Texas. This is accomplished through family and community health services, regional and local health services, mental health and substance abuse services, prevention and preparedness services, and regulatory programs. The agency continues to work toward identifying and improving business functions, administrative operations, and service delivery. The following section presents recent initiatives that illustrate the agency's ongoing progress, corresponding to the DSHS Strategic and Operational Goals established in 2007.

DSHS Strategic and Operational Goals

1. Prevent and Prepare for Health Threats
2. Build Capacity for Improving Community Health
3. Promote Recovery for Persons with Infectious Diseases and Mental Illness
4. Protect Consumers
5. Develop and Expand Integrated Services

The first five strategic and operational goals aim to improve health and well-being in Texas through the public health and behavioral health services provided directly by DSHS, or purchased through contractors. Together, this network of public and private sector entities and stakeholders impact millions of Texans each year. The initiatives

described below represent accomplishments within DSHS or in concert with state and local partners.

Prevent and Prepare for Health Threats

DSHS seeks to protect and improve the public's health by decreasing health threats and sources of disease. DSHS has programs that focus on the prevention of chronic and infectious diseases, including those associated with public health emergencies, and services for individuals with specific illnesses. DSHS also uses epidemiological studies and health registries to inform policy decisions, address a particular disease, and identify cases of disease for public health response, program evaluation, and for research. DSHS also works with partners at local, regional, state, and national levels to prepare and respond to public health emergencies, whether naturally occurring or man-made.

Pandemic Influenza Preparedness and Response

In April 2009, the State of Texas experienced the first wave of the 2009 novel H1N1 influenza pandemic, the first pandemic in over 40 years. As lead agency for public health preparedness and response, DSHS worked with key state, federal and private sector partners to minimize H1N1 contamination. DSHS response activities for both pandemic waves in Texas were coordinated using the Multi-Agency Coordination Center (MACC) staffing structure, coordination of travel and leave for field-deployed staff, and shift-change briefings and protocols. This MACC structure was based on the successful processes used for response to natural disasters such as hurricanes.

These relationships and actions are fundamental to ensure an effective and timely response. Texas was one of the first states to be impacted by the outbreak and ultimately, in the initial wave, had more cases of novel H1N1 infection in one health service region along the border than 44 states combined. Together, with federal partners, DSHS epidemiologists were instrumental in characterizing the epidemic. The Texas response team proved to be effective in the distribution of antiviral medications through retail pharmacy chains in the absence of a vaccine. Immediately after the first wave, a thorough after action review was performed to improve Texas' response in preparation for the second wave. Teams worked to improve DSHS response operations, epidemiologic and laboratory surveillance, antiviral and vaccine distribution plans, non-pharmaceutical interventions (recommendations and guidance for school closures for example), and risk communications, as well as an ethics advisory committee. The improvement process culminated in a statewide summit with 625 participants, and 13 regional meetings with 2,500 participants.

In September 2009, the second wave of the 2009 novel H1N1 influenza pandemic began and diminished as the year came to an end. The successful Texas response was largely supported by the investments of the 81st Legislature purchasing additional supplies of antiviral medications and response funding of approximately \$93 million from the Centers for Disease Control and Prevention (CDC) and \$7 million from the Office of the Assistant Secretary for Preparedness and Response (OASPR). These resources enabled DSHS to distribute approximately 10 million

doses of H1N1 vaccine to over 11,000 providers across the state and provide the Texas antiviral stockpile to over 1400 retail and independent pharmacies in 207 counties, covering 99 percent of the population. These resources also helped to create www.texasflu.org as the primary platform for information pertaining to H1N1; launch media campaigns; and increase capacity for medical surge, epidemiology, and laboratory surveillance. As a result of state planning and activities, the Trust for America's Health recognized Texas as one of seven states in the United States as being most prepared for a pandemic influenza.

Vaccine Coverage Levels

Immunizations are a priority in Texas. DSHS has provided leadership to the state in promoting best practices in immunization services, and is currently working with stakeholders to identify and prioritize improvements to ImmTrac, the statewide immunization registry.

Immunization activities also include participating in emergency preparedness and response, as vaccination of responders and persons affected by an event can be a key component of a successful response.

Immunization activities support and build on strategies consistent with high vaccine coverage levels to promote:

- Use of immunization registries;
- Use of reminder/recall systems;
- Public and provider education;
- The medical home concept; and
- Use of partnerships within the community to improve each of these strategies.

In 2008, DSHS conducted an education campaign to raise the awareness of providers who administered vaccines. The focus of the campaign was the timely administration of the fourth dose of the DTaP vaccine. In 2009, DSHS launched a second campaign targeting women of childbearing age, 18 to 36 years of age who had children 0 to 36 months of age. The focus of the campaign was for each mother to get her children on an immunization schedule and stay on schedule. As a result of the efforts, childhood immunization rates in Texas have surpassed the national average. CDC named Texas as the most improved state in childhood immunizations. Texas increased 13.5 percentage points in coverage rates for childhood immunizations over a four-year period, improving from 69.3 percent in 2004 to 82.8 percent in 2008.

Tuberculosis Prevention and Control

Around \$7,000,000 in general revenue funds were appropriated to DSHS for tuberculosis (TB) prevention and control through contracts with local health departments in areas of high TB morbidity. These additional funds have supported the following activities:

- Hiring TB project coordinators for ongoing African American TB Elimination Projects in Dallas and Houston local health departments.
- Contracting with outreach workers in selected regions for directly-observed therapy.
- Hiring a part-time outreach worker in Dallas to work with clients who do not adhere to treatment.
- Identifying children in selected regions who are contacts to TB cases and assisting them in obtaining needed clinical evaluation and treatment if needed.
- Supporting the TB Recovery Center (Langston House) of the Houston local health department.
- Exploring an integrated data system with the Human Immunodeficiency Virus (HIV)/Sexually Transmitted Disease (STD) Program, including developing a cross-program proposal for the CDC on use of federal funds to support the needed systems.

Build Capacity for Improving Community Health

DSHS seeks to improve the health of children, women, families, and individuals, and enhance the capacity of communities deliver health care services. Certain DSHS programs ensure that Texans have access to the most fundamental health services, prevention, and treatment across the state, through contracts with providers. Those services include primary health care, mental health care, and substance abuse services. DSHS has worked with state and local advocates, consumers, families and stakeholders to strengthen the availability of recovery-oriented, community-based services across Texas. DSHS also works through the Women, Infants and Children (WIC) program to ensure that good nutrition is accessible to Texans age 0-5 years or women who are pregnant, breastfeeding, or post partum. Finally, DSHS works to build health care capacity in communities by providing technical assistance and limited funding to organizations applying for certification as federally qualified health centers, emergency medical service providers, and state trauma centers.

Tobacco Prevention and Cessation

DSHS funds evidence-based tobacco prevention and control activities through local health departments and/or independent school districts across the state. Five community coalitions, targeting 14 counties, provide programs to meet DSHS tobacco program strategic plan goals.

These local tobacco coalitions mobilize local stakeholders to develop a strategic plan for interventions in the target community to reduce the harmful effects of tobacco use. The coalitions also evaluate the effectiveness of the evidence-based tobacco prevention and cessation strategies and local clean indoor air policy changes. Cessation efforts by these coalitions educate the public and encourage health care providers to take a more active role in patient cessation. DSHS is also focusing on health care providers to educate them about clinical cessation counseling and pharmacotherapy.

The goals of the community coalitions are to provide evidence-based environmental tobacco prevention and control activities that:

- Prevent tobacco use among young people;
- Ensure compliance with state and local tobacco laws with adequate enforcement;
- Increase cessation among young people and adults;
- Eliminate exposure to secondhand smoke;
- Reduce tobacco among populations with the highest burden of tobacco-related health disparities; and
- Develop and maintain statewide capacity for comprehensive tobacco prevention and control.

In early 2010, the DSHS tobacco program received funding from the American Recovery and Reinvestment Act (ARRA) to implement a policy change initiative to eliminate exposure to secondhand smoke in six target communities. Additionally, the ARRA funding expands capacity of the Quitline telephone counseling service to provide free nicotine replacement therapy to additional target counties and all state employees, retirees, and their dependents. The ARRA funding also supports the development and implementation of a systems change model within healthcare systems to ensure cessation treatment protocols are used in daily practice.

Behavioral Health Services for Veterans and Their Families

As a result of interest expressed by the Texas Legislature and the Office of the Governor, approximately \$5 million was made available to carry out the recommendations for behavioral health supports and services for military service members and their families as outlined in the Texas report *Behavioral Health Services for Returning Veterans and Their Families: Services, Gaps and Recommendations* (www.mhtransformation.org). With these funds, DSHS is supporting community-based projects through local mental health authorities to ensure that priority needs and gaps in behavioral health supports and services for military service members, veterans, and their families are addressed statewide. DSHS is also using the funding to foster constructive community partnerships for behavioral health support and services for veterans and their families statewide.

Promote Recovery for Persons with Infectious Disease and Mental Illness

DSHS promotes the recovery of persons with infectious disease, substance abuse and/or mental illness who require specialized treatment through direct services, mostly inpatient, available at state-administered facilities. These include mental health care provided at nine state hospitals and the Waco Center for Youth, care for individuals with TB and other communicable diseases at the Texas Center for Infectious Disease (TCID), and out-patient primary health care at the Rio Grande State Center (RGSC).

Peer Support

DSHS initiated efforts to expand the use of trained paraprofessionals in a variety of health care settings, including the incorporation of a peer support program in certain state hospitals. These individuals assist service recipients in identifying and achieving their goals relating to recovery and independence. Peer specialists support and guide hospital administrators, clinicians, patients and their families on various aspects related to treatment. Through group facilitation, one-on-one interaction, and crisis intervention, peer specialists offer hope, empowerment, and links to services. Additionally, they educate the community regarding mental illness, recovery, strength-based approaches to service delivery, consumer-involvement, stigma reduction, and peer support. The efforts of the peer specialists have resulted in an increased focus on recovery and consumer-oriented service approaches and decreased the incidents of restraint and seclusion.

State Mental Health Hospital Capacity

Recent data trends indicate that state mental health hospitals funded by DSHS are nearing maximum capacity. The system is considered full at 95 percent due to specialty programs that are often not fully utilized and high patient turnover. The capacity issue has emerged due to an increase in the number of patients with hospital stays longer than one year and an increase in the number of patients on forensic commitments. The capacity of Texas state mental health hospitals exceeded 95 percent during periods of 2009 and hospitals had to divert patients to other locations on an increasing number of days during the year. At the same time, the number of individuals waiting to be admitted through criminal courts is increasing at an alarming rate, from 118 in February 2008 to 340 in September 2009.

The Continuity of Care Task Force goals are to:

- Examine the overall continuum of care for individuals with severe mental illness who move through multiple systems;
- Make and prioritize recommendations to improve efficiencies, access and quality;
- Examine barriers to discharge for individuals in state mental health hospitals with extended lengths of stay; and
- Make and prioritize recommendations to resolve barriers to discharge.

To address capacity and, more generally, access to care, DSHS formed a Continuity of Care Task Force. The Task Force includes representation from state mental health hospitals, DSHS, DSHS-funded community mental health centers, courts, advocacy organizations, and consumers of mental health services. The Task Force is committed to achieving its objectives through focus on statutory issues, training for the legal system, medical clearance, clinical issues, and developing longer-term strategies. DSHS also solicited input directly on the capacity issue from key stakeholders at five public forums.

Facilities Construction/Renovation

The Texas Legislature approved three hospital construction/renovation projects for DSHS in the 80th Legislative Session. The plan for the new facility at TCID calls for the construction of a new 75-bed hospital building for inpatient care and treatment. This project includes improvements to TCID women's health laboratory and clinical support program areas, which includes an isolation laboratory and updated radiology suite with new digitized imagery

equipment and minor renovations for pharmacy, medical records, financial management, physician offices, and information services. The project was completed in August 2010.

Construction of a new outpatient clinic at the RGSC facility is complete. Existing buildings were renovated to provide patient support and program areas for the outpatient clinic along with 14,000 square of new construction. DSHS funds were allocated to demolish the abandoned patient sleeping wings of an additional building. This project was completed in October 2010.

A new 11,000 square foot primary care and substance abuse facility is being built in Edinburg, Hidalgo County. Land was transferred from Hidalgo County to the state for the purposes of building this facility, which will provide services to the Hidalgo County adolescent population. This project is slated for completion in June 2011.

The 81st Legislature, 2009, appropriated \$7,500,000 in state funds for DSHS to allocate in fiscal year 2011 to provide mental health services during the period from March 1, 2011, to August 31, 2011 at a facility newly constructed by a county for the purposes of providing contracted mental health services. Funds will be used to augment and enhance the array of services offered within the mental health services programs of DSHS, including the state hospital system. Montgomery County meets all of the criteria set forth in the legislation. They have demonstrated an interest in working with DSHS to develop a plan to operate a facility with mental health services comparable in quality and cost to services provided in other DSHS mental health services programs.

Youth Empowerment Services (YES) Medicaid Waiver

DSHS and HHSC worked to develop the YES waiver that provides community-based services to children and youth who meet the criteria for inpatient psychiatric hospitalization. The waiver implemented a pilot program to serve up to 300 children and adolescents in Bexar and Travis counties. The program is intended to provide a more complete and flexible continuum of services and support for children and adolescents with severe emotional disturbances; prevent or reduce inpatient psychiatric admissions; prevent entry and recidivism into the foster care systems; reduce out-of-home placements by all child-serving agencies; and improve the clinical

and functional outcomes for the youth and their families. DSHS worked with local mental health authorities, Department of Family and Protective Services, and other mental health and children's services stakeholders in the development of this initiative. Implementation of this program began April 2010, and staff are working with the local mental health authorities in the service areas to expand the program.

Protect Consumers

DSHS seeks to protect the health of Texans by ensuring high standards in the following areas: health care facilities, health care-related professions (excluding physicians and nurses), emergency medical service providers and personnel, food and food preparation, pharmaceuticals, medical and radiological devices, and consumer products. Regulatory services at DSHS oversee licensing for, enforcement of, and compliance with standards and regulations for health care facilities, credentialed professionals, and consumer safety products and services that affect the entire permanent and visiting population of Texas.

Food Borne Illness Rapid Response Team Development

As a result of several nationwide food borne illness outbreaks over the last few years, the U.S. Food and Drug Administration made the decision to invest in state regulatory program infrastructure, through grant awards, to build rapid response teams to identify the source and mitigate the consequences of outbreaks. Texas was awarded one of nine national grants in September 2009. DSHS and the Office of the Texas State Chemist, Feed and Fertilizer Program, are the grantee agencies. DSHS is using these funds to develop these rapid response teams and build infrastructure for the foods regulatory programs.

Stroke Designation

S.B. 330, 79th Legislature, Regular Session, 2005, developed a statewide stroke emergency transport plan and stroke facility criteria. The legislation focused on building a system where stroke victims are quickly identified, transported and treated in appropriate stroke treatment facilities. The Governor's Emergency Medical Services & Trauma Advisory Council appointed a stroke committee to assist in the development of a statewide stroke emergency transport plan and stroke facility criteria. A variety of stroke and emergency healthcare providers participated in the development of recommendations, including those who specialize in neurology;

neuroradiology; neurosurgery; emergency medicine; and neuroscience nursing; as well as emergency medical services personnel who specialize in out-of-hospital care. Rules regarding stroke designation went into effect August 30, 2009, and the first primary stroke center designation occurred on November 12, 2009. As of April 26, 2010, there are 35 stroke centers designated in Texas.

Develop and Expand Integrated Services

As a result of consolidation of health and human services agencies, DSHS has been able to address physical and mental health needs with greater efficacy. Services related to mental health and substance abuse, which are often co-occurring disorders, are more frequently aligned with physical health services. DSHS is working with other health and human services agencies and public and private stakeholders to address physical and behavioral health needs through the development of coordinated systems and integrated mechanisms of delivery.

Comprehensive Approach to Children's Health

Three divisions within DSHS, along with regional Education Services Centers, combined efforts and resources to improve children's physical and behavioral health. These efforts include coordinated school health, obesity prevention, suicide prevention, mental health awareness, diabetes prevention and care, and abstinence education activities. Texas Health Steps and associated programs at DSHS and HHSC worked to develop a comprehensive online provider education campaign. Providers are trained on the importance of a mental health screenings along with physical health examinations. With the production of educational materials designed to reach a broader provider base, the online educational curriculum improves competencies of the workforce and contributes to improved service delivery.

Pregnant, Post-Partum Intervention (PPI) Programs

PPI programs are co-located in perinatal clinics; WIC program and child protective services offices and other community sites that pregnant and post-partum women, including adolescents, use. The services screen women at risk for substance abuse, domestic violence and mental health problems and provide referral for services, parenting education, alternative activities, and counseling support. The program incorporates brief intervention for substance abuse problems

into the routine delivery of medical care to reduce fetal risk, improve birth outcomes, and prevent prenatal exposure to alcohol, tobacco, and other drugs.

Additional activities to integrate physical and behavioral health services include:

- DSHS actively encourages the use of primary health care for early screening and diagnosis of behavioral health problems.
- Mental health and substance abuse services are among the primary and preventive health services provided through pilot sites funded by the Hogg Foundation of Mental Health. These sites demonstrate partnerships to address the barriers to collaborative care and work collaboratively for solutions.
- A DSHS-funding initiative for planning projects partners with federally qualified health care centers and community mental health centers. The partnerships plan for bi-directional integration of behavioral and health services.
- DSHS contracted with Texas Tech University to pilot adolescent behavioral health screening, assessment, and intervention in five diverse primary care settings.
- A suicide prevention project targeting youth living in areas with high youth suicide rates provides screening, education, and referral for mental health care through primary care service providers.

Streamline and Improve Agency Operations

The final five of DSHS' ten Strategic and Operational Goals encompass strategies that aim to improve health and well-being in Texas. This will be accomplished through efficient operations and management within DSHS. In 2004, when the 13 health and human service agencies were consolidated into five agencies, operations and/or authority for most administrative and program support functions were consolidated at HHSC, including information technology, facilities management, financial operations (including some contracting and procurement), strategic planning and evaluation, and human resources management. In addition, management of certain functions has been outsourced to private companies (e.g., Convergys operates the human resource system called *accessHR*; IBM provides information technology support services under the name *Team for Texas*). While some components of these administrative systems are still performed within DSHS, policy decisions and oversight for all are carried out at HHSC.

Consequently, the role of the DSHS executive leadership team in effecting change now has more emphasis on action within a larger system of coordination and oversight. DSHS continues to work with HHSC, other health and human services agencies, and private partners to conduct business and improve quality of operations in the following administrative functions: information

technology support and data services; human resources management; procurement, purchasing, and contract management; consolidated warehouse operations; and asset management.

DSHS pursued strategies that represent leadership's commitment to improve internal and administrative operations in all areas under direct control, and to work collaboratively among HHS System agencies on opportunities to establish efficient consolidated operations.

Electronic Infrastructure

DSHS Information Technology (IT) is in a state of transition. This transition is from a reactive, silo-based, hardware driven environment to a proactive, service delivery focused and data driven infrastructure. The DSHS statewide IT network supports the delivery of public health services to over 141 health service offices, 13 hospitals and 5 Austin metropolitan offices for the 12,000 DSHS employees. Over the last two years, significant investment has been made in the network infrastructure to ensure network reliability, performance, security and connectivity redundancy for the agency. Cost containment strategies will drive out old technology based on seat management and leasing strategies to provide current infrastructure at the desktop. Data security has been improved through the deployment of infrastructure for email filtering (for the prevention of external attacks such as virus, spyware, malware, and hackers), intrusion detection, software patch management, encryption, and laptop computer tracking.

The strategic focus is shifting to the data: availability, quality, accessibility, security and sharing. The systems currently being re-engineered include requirements for web-enabling,

DSHS Strategic and Operational Goals

6. Streamline Administrative Systems
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standards-based architecture, federal and state rules compliance and inter-operability for data sharing. Examples include cancer, trauma and birth defects registries, health-care associated infections, new food rules for WIC, pharmacy and emergency preparedness asset management systems, automated medication administration records system, and clinical management for behavioral health services. Strategic initiatives will include evaluations of business intelligence software, e-discovery software, mobile applications strategies and the use of field data collection and reporting applications utilizing smart phones.

Academic Linkages for Workforce Development

Recognizing that the academic community is one of DSHS' most valuable allies in fulfilling its mission, the agency has pursued academic partnership opportunities as another means to improve operations. In 2009, DSHS established the Office of Academic Linkages with staff dedicated to cultivating these partnerships with higher education. This work is a key strategy to ensure that there is a sufficient workforce, both in supply and quality, to successfully perform roles critical to the population's health within an evolving health care environment in the coming years. The agency's partnerships with academic institutions also produce reciprocal benefits of joint participation in practice and research to improve health and well-being in Texas. Building on several partnerships already in existence with DSHS, practitioners, and scientists, DSHS is working on projects with schools of higher education including:

- developing a shared research agenda for population health improvement;
- strengthening academic participation in the DSHS Preventive Medicine Residency; and
- encouraging high quality, mutually beneficial internships for health professions.

Web Content Management System Improvement

DSHS is in the process of redesigning the agency Website. DSHS is upgrading both the software and hardware used to manage and serve the Website. The new software will provide greater functionality, increased capacity, and more safeguards. This project encompasses all web content in all areas of the agency and requires that all operating areas and divisions participate in the requirements gathering for the design and implementation, and the review, modification, and/or deletion of content for the migration to the new site.

Contracting Improvements

DSHS has acted to improve contracting processes and oversight. The purpose of the initiative is to address findings and deficiencies identified during the agency's single audit reviews by DSHS and HHSC. Contracting improvements made by DSHS include increased attention to agency-wide contracting policies and procedures and contracting-related training and technical assistance. Additionally, DSHS is implementing an agency-wide risk assessment methodology for sub-recipient contracts and enhancing on-site sub-recipient fiscal monitoring processes. DSHS is also improving the automated contracting system, source.net, and identifying strategies for improving DSHS coordination with HHSC Contracting and Procurement Services.

SECTION 3: MOVING FORWARD FOR SERVICE DELIVERY IMPROVEMENT AND INTEGRATION

The agency's focus on public health and behavioral health provides DSHS with a broad range of responsibilities and opportunities to improve the health and well-being of Texans. These responsibilities include coordinating a statewide network of services available through DSHS and its partners, ranging from whole population services to individual care. Each of the programs and services are required through numerous mandates established by the Texas Legislature, federal statutes, and rules established in government code. DSHS has its own operational and financial services operations that work closely with the HHSC and other state agencies (e.g., Texas Facilities Commission) in order to sustain its program operations.

Assessment and Planning Activities

As DSHS approaches the beginning of the 82nd Legislative Session, the agency continues its commitment to high quality services, improve service delivery and agency operations, and integrate program operations where appropriate. DSHS solicits input from local health departments and other public health entities, consumers, contractors, and other stakeholders to identify and assess the health-related needs of the state and ways to coordinate with federal, state, local, and private programs to provide services to address those needs. During the last two years, DSHS has undertaken the following efforts to develop shared priorities for public health improvement and to align actions and resources around those shared priorities (copies of documents are available of upon request):

- **2011-2015 Strategic Plan** – Legislatively-mandated strategic plan prepared by DSHS every two years as a part of the Health and Human Services System Coordinated Strategic Plan. This plan includes DSHS' current activities by goal, service descriptions, trends, initiatives, challenges and opportunities, and an internal assessment. For the most recent plan, DSHS sought stakeholder input at two public hearings, a statewide videoconference, and accepting comments electronically.

- **Operational Plan** – Plan that includes prospective and goal-oriented solutions to improve service delivery, achieve efficiencies, or enhance accountability; concrete action steps for addressing ongoing and/or future challenges; and milestones and/or measures against which to assess progress.
- **State Health Plan** – Legislatively-mandated report submitted by the Statewide Health Coordinating Council (SCHCC) to the Governor and the Legislature every six years with two-year updates. SCHCC is housed in the DSHS Center for Health Statistics. The *2011 – 2016 Texas State Health Plan: A Roadmap to a Healthy Texas* identifies areas which need to be discussed when considering a strategic roadmap for a healthy Texas: a demographic review of the general population and the health professions workforce, access to health care, technology, and prevention and education. SCHCC invited health care workforce experts and other stakeholders to participate in drafting the state health plan.
- **Health Status Report** – Report that summarizes the most recent available health information and data on a broad set of health status indicators. The report chapters cover the full range of health topics that characterize and influence the health of a population: state demographic profile and health care access indicators, chronic diseases and chronic disease risk factors, mental health and substance abuse, infectious diseases, maternal and child health, injuries, community preparedness, and preventable hospitalizations. Each indicator describes the trends and patterns of impact of disease for Texas as a whole; in comparison to national trends, and for population subgroups, allowing identification of health disparities. The focus of each indicator summary is to describe the disease, the risk factors for each disease/condition, and the patterns of impact in Texas. DSHS is currently finalizing this comprehensive report and will make it available on the DSHS Internet site.
- **Title V Five-Year Needs Assessment** – Comprehensive needs assessment required to receive federal Title V Maternal and Child Health (MCH) Block Grant funding. This assessment is used to identify priority needs and plan activities associated with preventive and primary care services for pregnant women, mothers, and infants; preventive and primary

services for children and adolescents; and services to children and youth with special health care needs (CYSHCN). In conducting the 2011 needs assessment, DSHS made considerable efforts to ensure that stakeholder input was direct and inclusive of as many partners, providers, consumers, and other stakeholders interested and impacted by MCH issues as possible. The process incorporated methods and venues to gather input from and establish ongoing communication with stakeholders: community meetings, state-level meetings, group presentations, web-based surveys, facilitated exercises, email communication, newsletter articles, and website information. The stakeholder input process resulted in ten priority needs focusing on: access to care across the life course, mental health and substance abuse, CYSHCN transition, dental care, healthy child and adolescent development, essential enabling services, CYSHCN community-based systems of care, population-based health promotion and disease prevention, health care provider workforce development and retention, and evidence-based interventions.

- **Survey of Employee Engagement** – This employee assessment instrument was administered in conjunction with the University of Texas at Austin to assist leadership by providing information about work force issues. The design of the survey provides a tool for employees to communicate information about the agency work environment.
- **Health Care Reform Planning** – A priority DSHS initiative related to health care reform. Agency-wide project management is assigned to an internal Health Care Reform (HCR) Core Team that is researching, analyzing, planning, and implementing applicable provisions of the Patient Protection and Affordable Care Act (PPACA). The core team convenes a larger internal workgroup that is focused on long-term planning and coordination across DSHS program areas. Long-term planning efforts are focused on four broad categories: 1) policy analysis and development; 2) rules, business processes, and automation; 3) outreach to clients, providers, and other stakeholders, and 4) staff communications and training. Areas of focus include impacts to the public health and community mental health and substance abuse systems in Texas. Workgroup members and other assigned staff are tasked with identifying and analyzing the provisions of the PPACA with definite or potential impact to DSHS, anticipating possible changes to programs and business processes, estimating

programmatic and fiscal impacts of possible changes, monitoring state and federal guidance related to health care reform, and monitoring potential funding opportunities. Specific program areas may plan and implement programmatic or business process changes as grant funds are awarded or provisions of the PPACA go into effect. DSHS efforts involve extensive coordination with HHSC, the Governor's Office, state legislators, the Texas Department of Insurance, and other state agencies.

In addition to the activities listed above, DSHS regularly interacts with stakeholders through various activities. Examples include the following:

- **Texas Association of Local Health Officials (TALHO)** – DSHS is a member of TALHO, a non-profit organization composed of local health department personnel. TALHO was created to further the common goals of its members, such as promoting health, preventing disease, and protecting the environment. Meetings provide a venue for sharing information and collaboration on public health issues.
- **DSHS Advisory Committees** – DSHS has over 35 advisory committees established by statute. These committees are composed of various stakeholders representing a diverse constituency. These committees advise staff on the policies and services specific their area of focus and often provide an opportunity for public comment at their meetings.
- **State Health Services Council** – The State Health Services Council (Council) assists the DSHS Commissioner in developing rules and policies. The Council fosters consumer and constituent input. All meetings are open to the public and the Council accepts public testimony at meetings.
- **Stakeholder Meetings for Specific Rule Revisions** – DSHS actively engages interested parties in the rule development and revision process by holding meetings to obtain stakeholder input and by posting draft rule revisions on the agency Website.

DSHS Priorities Moving Forward

DSHS biggest opportunities for improvement center on increasing public health data capacity, enhancing regulatory structure, addressing public health and mental health needs, preventing chronic and infectious disease and substance abuse, responding to public health threats and

disasters, increasing emphasis on health care quality, and integrating primary and behavioral health.

Increasing Public Health Data Capacity

There is an urgent need to create health information systems that will support public health activities and improve health care quality and control costs. Technological advances will be required to address this issue as well as changes made to existing statutes to enable the intra-agency sharing of data. At both state and national levels, there is increasing discussion among insurers, provider associations, and governments about how to build secure health information exchanges to improve quality and control costs.

DSHS is exploring the following initiatives to address public health data capacity issues:

- **Health Registries Improvement Initiative** – The overall goal of the project is to improve the timeliness, completeness, and validity of health information collected through registries and disease surveillance systems. The assessment addresses upgrading sub-standard technology to web-based systems, integrating common functions such as receipt and management of electronic lab reporting across registries, removing duplicative reporting from common sources of data (e.g. hospitals), and establishing data linkages to improve efficiencies in data collection. Registries included are those devoted to birth defects, cancer, trauma, lead poisoning, immunizations, and infectious diseases.
- **Clinical Management for Behavioral Health Services (CMBHS)** – CMBHS is an electronic health record designed to replace the legacy information technology systems for mental health and substance abuse. A data exchange approach is being developed to allow mental health providers to automatically transmit information into CMBHS from their local electronic health records. Substance abuse providers are already using the CMBHS system.

Enhancing Regulatory Structure and Capacity

DSHS licenses health facilities and certain health professionals and regulates manufacturers and processors of consumer products such as prescription drugs, medical devices and food and the

use of radiation in industry and medical offices. The number of licenses issued in the past five years has increased and continued growth is anticipated as the state grows. Additionally, programs added by both federal and state government increase the need for additional licensure, investigatory, and enforcement activities.

DSHS is exploring the following initiatives to address regulatory structure and capacity issues:

- **Increase Funding to Meet Demand** – In the 81st Legislature, Regular Session, 2009, DSHS requested and received funding to help meet the increased demand for licenses, compliance, enforcement activities, and new federal programs (e.g. the safety plan now required of food processors and increased monitoring of radioactive materials). DSHS also received funds to offer more competitive wages to professionals in critical regulatory positions. DSHS is implementing this additional funding to meet demand. DSHS continues to monitor the existing and forecasted growth in demand for regulatory services and assess resource issues associated with agency and workforce capacity, recruitment, and retention.
- **Food Safety** – DSHS has primary responsibility to license and inspect food manufacturers, distributors (including distributors of imported foods), and retailers in Texas, but not all segments of the food supply chain are adequately regulated. There are loopholes in statute that specifically exempt or do not address significant portions of the “farm to fork” supply chain. DSHS recognizes that there may be many more manufacturing, distributing and/or retail facilities that are not licensed either willfully or through ignorance of the law. DSHS is working with partners at the federal, state and local level to continue to improve the food safety system.

Addressing Public Health and Behavioral Health Needs

As the population of Texas grows, so does the demand for primary and behavioral health services. These demands often impact the agency’s ability to readily address the needs of individuals who are eligible for DSHS services. In addition, Medicaid and other federal revenue in several program areas requires consistent monitoring of changes to federal funding sources.

DSHS is exploring the following initiatives to address the public health and behavioral health needs:

- Title V Five-Year Needs Assessment – DSHS completed a comprehensive needs assessment in the summer of 2010. It identified the priority areas of focus for services to Texas children and families for the next five years. The plan covers preventive and primary care services for pregnant women, mothers and infants; preventive and primary care services for children and adolescents; and services for children and youth with special health care needs. States seeking Federal Maternal and Child Health Services Title V Block Grant funding are required to submit this needs assessment every five years.
- Enhanced Community Mental Health Services – DSHS received \$82 million during the 80th Legislature, Regular Session, 2007, for statewide redesign of crisis services. This funding has allowed Texas communities to have access to an American Association of Suicidology-accredited crisis hotline and a mobile crisis outreach team. The 81st Legislature, Regular Session, 2009, appropriated an additional \$55 million dollars for community mental health crisis services. These resources have enabled further improvements to the crisis service delivery system such as 90-day post crisis transitional services and more intensive post-crisis mental health services for some individuals.
- Capacity of State Mental Health Hospitals – State hospitals continue to operate at or above funded capacity, with several hospitals on diversion on most days. DSHS is seeking ways to address this issue. Over 500 patients have been in the hospital over a year because they require support not available in the community. Forensic commitments are also increasing. DSHS has started a Continuity of Care Task Force, which includes state hospital staff, local mental health authority staff, law enforcement, advocates and judicial representatives, and seeks to make recommendations to address the capacity issue.

- **Healthy Babies Initiative – Lowering Infant Mortality Rates:** DSHS is pursuing the Healthy Texas Babies initiative, in partnership with the March of Dimes, to decrease the rate of pre-term birth by 8 percent over the 2012-2013 biennium. Preterm/low birth weight is a leading cause of infant mortality in Texas and the number one cause nationally. DSHS gathered a multi-disciplinary panel of about 45 experts in maternal and child health from across the state in January 2011 to explore ideas for local interventions and collaborations. A plan will be developed by DSHS using the guidance of this group and Health and Human Services resource staff.

Preventing Chronic Disease, Infectious Disease and Substance Abuse

Chronic and infectious diseases and substance abuse impact thousands of Texans each year. Many of these conditions are exacerbated by health risk behaviors such as tobacco use, obesity, low physical activity, consumption of alcohol and other drugs, and poor nutrition.

DSHS is exploring the following initiatives to address the prevention of chronic disease, infectious disease and substance abuse:

- **Obesity Prevention –** During the 81st Legislature, Regular Session, 2009, DSHS received funding for obesity prevention. DSHS allocated these funds to various communities in Texas for projects, which increase access to healthy foods and improve opportunities for safe, free physical activity. These strategies are consistent with evidence-based approaches defined by the Institute of Medicine report, Local Government Action to Prevent Childhood Obesity, and the CDC’s recommended community strategies for the prevention of obesity in the United States.
- **HIV/ AIDS Services Expansion –** DSHS seeks to expand the number of acute care settings, such as emergency departments and large primary care clinics that adopt routine, opt-out HIV testing as a part of the routine care. This initiative, recommended by the CDC, is aimed at reducing late diagnosis of HIV, which is associated with increased costs of care, premature death, and continued transmission of HIV. It is also aimed at reducing the number of persons with HIV who are unaware of their infection. DSHS is also

working with local communities to address access and adherence issues in HIV-infected persons through the development of specific programs and actions to increase the number of persons aware of their infections and to increase their participation in treatment and care program.

- Medicaid Substance Abuse Expansion – DSHS operates both prevention and treatment programs addressing substance abuse. S.B. 1, 81st Legislature, Regular Session, 2009, directed HHSC to implement a comprehensive Medicaid substance abuse benefit for adults. The proposed benefit expansion extends to youth as well. HHSC and DSHS staff have worked designing the proposed benefits, processes, communications, training, and other critical activities associated with implementation. The benefits will be implemented in two phases. Phase one began September 1, 2010, and consists of clinical assessment, outpatient treatment benefits (individual and group counseling), medication assisted treatment benefits (methadone and other medication assisted therapies), and ambulatory detoxification in managed care service areas. Phase two is scheduled to begin on January 1, 2011, and will expand the benefits to include residential treatment.

Responding to Public Health Threats and Disasters

DSHS is the primary agency for coordinating health and medical preparedness and response activities in Texas. This includes medical special needs evacuations and sheltering during hurricanes, personal and public communications, and coordination of specialized resources for chemical, biological, radiological, and nuclear response. An effective health and medical response to public health emergencies requires fully staffed and adequately trained response teams, effective tools, comprehensive procedures, and clear roles and responsibilities among state agencies and local response partners. DSHS must be prepared for all types of hazards and have the ability to respond to each type of event.

DSHS is exploring the following initiatives to address the response to public health threats and disasters:

- All-hazards Planning and Response – This defines a response staffing and training

- Disaster Behavioral Health Response – Services are designed to lessen the adverse mental health effects of trauma for victims, survivors, and responders of traumatic events, whether those events are natural or man-made. This response includes providing assistance during disasters to identify and coordinate accessibility to needed mental health and substance abuse services in affected communities.
- Emergency Preparedness Training – Adequate and appropriate planning, training and exercises are all important factors in a successful emergency preparedness program. DSHS is developing an emergency preparedness training program dedicated to improving all-hazards response capabilities with health and medical partners. This developing program is establishing goals and objectives that complement national standards and will fortify current health and medical response capabilities.
- Continuity of Operations – DSHS continues to strengthen internal and multi-agency systems for all-hazards preparedness for, and response to, disasters and public health emergencies. Disaster preparedness and response takes place through coordinated networks of partners at the local, regional, state, and national level. DSHS has a significant role in the planning and coordination of health and medical preparedness and response. DSHS continues to strengthen its readiness to respond during an emergency and to fulfill the role of coordination, while ensuring the continuity of operations for mission-essential day-to-day functions the agency performs.

Increasing Emphasis on Health Care Quality

DSHS has been increasingly involved in efforts to improve the quality and safety of health care in Texas. Chapter 98 of the Health and Safety Code requires the agency to compile and make available to the public a summary, by health care facility, of health-care associated infections.

DSHS is seeking to make this information available to assist consumers in making informed health care decisions while minimizing the administrative burden on facilities in reporting data.

DSHS is exploring the following initiatives to increase emphasis on health care quality:

- Healthcare Associated Infections (HAI) and Preventable Adverse Events (PAE) reporting – Approximately 130,000 to 160,000 infections associated with health care are expected annually in Texas at an estimated cost as high as \$2 billion. S.B. 288, 80th Legislature, Regular Session, 2007, required DSHS to establish an HAI reporting system. In addition, this legislation charged DSHS with developing and publishing a summation of the infections reported by health care facilities, providing education and training for health care facility staff, and providing accurate comparison of HAI data to the public. S.B. 203, 81st Legislature, Regular Session, 2009, required DSHS to create a system for reporting PAE, including such “never events” as amputation of the wrong limb. DSHS is in the process of developing the reporting database, data validation tools, and Website.
- Potentially Preventable Hospitalizations – Adult Texans experienced over one million potentially preventable hospitalizations at a cost of over \$30 billion from 2005-2008 or approximately \$1,800 for every adult Texan. To address this impact, DSHS provides user-friendly information to state, regional, county, and community stakeholders on the impact of potentially preventable hospitalizations in Texas. Information provided emphasizes the financial impact of these hospitalizations and best practice interventions to avoid hospitalization. The purpose of the information is to assist in improving health care and reducing health care costs for Texas residents. DSHS is pursuing continued partnerships with local communities to conduct assessments designed to identify risk areas and assist with development of plans to address issues and improve outcomes.

Integrating Primary and Behavioral Health

DSHS continues to strengthen the ability of the agency to holistically address the needs of service recipients impacted by both physical and behavioral health issues. There is a high rate of individuals with co-occurring physical health and behavioral health problems. Unaddressed

behavioral conditions can impede an individual's recovery from physical disease. Likewise, when physical illnesses are not addressed in individuals with behavioral conditions, the incidence of early morbidity due to co-occurring illnesses is prevalent. Whole person care and integrated services are important strategies for addressing these preventable public health issues.

H.B. 2196, 81st Legislature, Regular Session, 2009, established a workgroup charged to study and make recommendations on the integration of health and behavioral health services in Texas. DSHS serves as a member of the workgroup, which is managed by HHSC and comprised of individuals representing various constituencies at the state and local level. Through this effort, recommendations will be made to the Texas Legislature regarding best practices in the areas of policy, training, and service delivery to within the state.

CONCLUSION

DSHS is the state's health agency, responsible for oversight and implementation of public health and behavioral health services in Texas. The agency's mission is "*To improve health and well-being in Texas.*" This mission is accomplished in partnership with numerous academic, research, and health and human services stakeholders across the state, nation, and international border. Service system partners such as DSHS regional offices, DSHS hospitals, local mental health authorities, federally qualified health centers, local health departments, and contracted community service providers serve an important role in working collaboratively to address existing and future issues faced by the agency.

Implementation of H.B. 2292, 78th Legislature, Regular Session, 2003, brought about major changes in the operating environment, governance, scope, and structure of health services in Texas. Mandates, priorities, and expectations of policy makers have reshaped the organization and its services. New mechanisms for oversight and coordination are in place. These changes have created opportunities for DSHS to successfully proceed to streamline, integrate, and improve service delivery and agency operations.

DSHS remains committed to identify and maximize opportunities to improve and integrate services in order to improve health and well-being in Texas. To succeed in this mission, the agency coordinates with and among a statewide network of providers, partners, and stakeholders. DSHS will continue to forge these private/public linkages to address shared concerns and to facilitate ongoing dialogue. Working in effective partnerships to achieve the vision of *A Healthy Texas* serves as a goal and guiding principle for all DSHS leadership.