



The Department of State Health Services

Comprehensive Strategic and Operational Plan

2008

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EXECUTIVE SUMMARY

The 1998 Sunset Review of the Texas Department of Health led to the requirement for a biennial comprehensive strategic and operational plan that would demonstrate how the agency works to integrate department programs and to increase administrative efficiency. This document fulfills that obligation.

In 2003, the Texas Legislature passed House Bill 2292 which resulted in significant differences between the structure of the former Texas Department of Health and the current Department of State Health Services (DSHS). The agency's focus on public health and behavioral health provides DSHS with a broad range of responsibilities and opportunities to promote the health and well-being of Texans. These responsibilities include coordinating a state-wide network of services available through DSHS and its partners, ranging from whole population services to individual care. These include

- detection and prevention of infectious and chronic diseases,
- protection of the population through regulation of health professionals and products,
- health promotion, health education, and wellness programs,
- contracting for individual health care services for eligible individuals,
- substance abuse treatment and prevention,
- clinical mental health services through local mental health providers, and
- inpatient hospitalization for people with serious mental illness or certain infectious diseases.

In 2007, DSHS executive leadership established 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*. Using these goals as framework, DSHS executives established a priority initiative management system that provides for strategic prioritization and management of agency resources.

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.

With the priority initiative management system, DSHS carries out a predictable process that is set up to accommodate the dynamic environment in which the agency operates. The priority initiative management system serves as a framework that allows DSHS executive leadership and managers to be guided by leadership principles and shared agency priorities as they conduct and improve agency program and business operations.

Working within this framework, DSHS continues to make progress toward integrating department programs and increasing administrative efficiency. Section Two of this document provides an articulation of the agency's achievements with a focus on:

- whole population health,
- disaster preparedness and response,
- behavioral health services,
- integration of behavioral health and public health services,

- collaborations that improve health services, and
- streamlining and improving agency operations.

As DSHS approaches the beginning of the 81st Legislative Session, the agency continues to strive to provide high-quality services, to find ways to improve service delivery and agency operations, and to integrate program operations where appropriate. DSHS remains committed to using its tools and resources to identify and maximize the opportunities to improve and integrate services in order to improve health and well-being in Texas. Recognizing partnership as key to succeeding in this mission, DSHS will continue to build and sustain effective partnerships with stakeholders across the state, nation, and international borders.

SECTION 1: A BRIEF REVIEW OF THE COMPREHENSIVE STRATEGIC AND OPERATIONAL PLAN 1998 – 2006

The Texas Department of Health (TDH) underwent Sunset Review in 1998. The TDH Sunset Bill (HB 2085, 76th Legislature, 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 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 2000, TDH produced the first *Comprehensive Strategic and Operational Plan: Blueprint for Public Health Improvement*, which addressed several self-assessment mandates and defined the first set of Targets for Improvement. In 2002, TDH published the *Public Health Improvement Plan (PHIP): a Comprehensive Strategic and Operational Plan*, which 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 administrative/systems improvement needs at TDH at the time.

Transition of the Charge: from the Texas Department of Health to the Department of State Health Services

In May of 2003, the 78th Texas Legislature passed House Bill 2292, which required the implementation of profound changes and created new opportunities for how the business of public health was to be conducted within the state agency. Several key differences between the structure of the former Texas Department of Health, for which the 2000 and 2002 public health improvement plans were published, and the new Department of State Health Services included:

- Incorporating in the new Department of State Health Services the program service powers, duties, functions, and activities of the Texas Department of Health, 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;
- Transferring rulemaking authority and agency governance to the Executive Commissioner of the Health and Human Services Commission (HHSC);
- Consolidating administrative functions and program support functions under the authority of HHSC; and,
- Creating the State Health Services Advisory Council which serves a key role in providing a public forum for stakeholder input and makes recommendations regarding agency rules and policies.

The Department of State Health Services began operations on September 1, 2004, thus integrating several state health-related agencies' operations and services (i.e., mental health, public health, substance abuse, and healthcare information) beyond the degree and scope outlined for TDH in the 76th Texas Legislature's Sunset Bill (HB 2085). In 2004, just prior to the first day of DSHS operations, TDH produced an update of the PHIP that documented the activities of the Strategic Health Partnership and progress toward the Targets for Improvement established in the previous PHIP. The 2004 PHIP also set the stage for transition of the HB 2085 charge to DSHS by articulating the impact of the new organizational and leadership structure.

Improving and integrating service delivery was a central tenet of HB 2292, just as it had been for HB 2085 four years earlier. The phases of consolidation established by the passage of HB 2292 created a long-term process for the transformation of business practices in DSHS and the Health and Human Services Enterprise. Since its first days in operation, DSHS has worked to streamline and improve service delivery systems within its control to better improve health for the whole person (sound mind, sound body, and sound environment).

In September 2006, DSHS submitted a *Public Health Improvement Plan* that transitioned coordination of the Strategic Health Partnership to the Texas Health Institute, a non-profit

partner that was active in convening stakeholder forums and consensus processes during the genesis of the Partnership. 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 integration-focused strategies.

SECTION 2: REPORT OF ACCOMPLISHMENTS TOWARD IMPROVING SERVICE DELIVERY, OPERATIONS AND MANAGEMENT, 2007-2008

DSHS Strategic and Operational Goals: Establishing a Framework for Agency Management

In January of 2007, DSHS began operations with a new executive leadership structure and a new Commissioner. The new executive leadership 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*. These goal statements are used in the ongoing management and oversight of DSHS operations. The first five primarily reflect programmatic/service delivery goals and the last five reflect administrative/systems goals.

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.

DSHS Strategic and Operational Goals (continued)

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.

Comprehensive in scope, these goals established a framework for the strategic prioritization and management of agency resources, ongoing agency operations, and new or emerging issues and initiatives. These goals gave structure to a framework to manage operations, but DSHS executives also needed comprehensive tracking and accountability mechanisms that allow them to maintain situational awareness of the agency's priorities and make decisions based on shared leadership principles.

In June of 2007, following the 80th Legislative Session, DSHS created a project inventory with more than 150 projects or initiatives. The inventory included new or ongoing legislative mandates as well as other program and stakeholder-identified priorities and opportunities. The Commissioner and his executive management team then assessed the projects according to a number of criteria (e.g., level of risk, costs, visibility) and categorized the projects into priority levels, or tiers. The result was a prioritized listing of the agency's numerous initiatives and

projects for the agency as a whole, not for specific divisions. In order to ensure the success of and monitor these priority initiatives, the commissioner's office then moved to establish a priority initiative management system.

The consistent monitoring, reporting, and cross-agency communication that occurs around those priority initiatives would become critical elements in the success of the priority initiative management system. The team of DSHS

executives created a predictable schedule and venue for review and discussion of priority initiatives which served as a tracking and accountability mechanism that allows them to continuously deliberate and make decisions about the agency's priority initiatives. The consistency of the review by all members of the executive team ensures that changing circumstances are accounted for and that the agency's resources are dedicated to the most mission-critical needs in the State of Texas. In this

DSHS has implemented a systematic approach to managing critical duties by

- comprehensively scanning legislative requirements, service delivery imperatives, and opportunities for improvement;
- creating alignment around common priorities;
- increasing accountability, coordination, and clarity of decision-making; and
- promoting the principles of integration and improving organizational effectiveness.

system, the executive leadership could work together in a cross-division approach to both identify and review the emerging issues and to re-balance priorities as circumstances demand or allow. Decisions regarding the programmatic priorities in one division could be made in consultation with leadership from other divisions' leadership, particularly to ensure that any impact or opportunities are addressed before final decisions are made.

This priority initiative management system was developed in part to ensure that ongoing priorities are not lost when new priorities emerge, that risks are mitigated when possible and managed when necessary, that initiatives are brought to completion with intended results, and that opportunities for a more integrated approach to service delivery are identified and implemented when advantageous to service delivery improvement. The result is a system of

oversight and accountability that ensures sustained and directed action within DSHS on opportunities for service improvement and integration.

Accomplishments toward Service Delivery Improvement and Agency Operations

In the past two years, DSHS has not only established a systematic, dynamic system for managing priority initiatives and ongoing agency operations, but it has also achieved a great deal toward the program and service delivery improvement and systems change for operations and management. 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 (who are served through DSHS hospital functions)
4. Protect Consumers
5. Develop and Expand Integrated Services

As a group, the first five of DSHS' strategic and operational goals collectively aim to improve health and well-being in Texas through the public health and behavioral health services provided through DSHS. While some of the services and duties that accomplish these goals are primarily or wholly the responsibility of DSHS, the work to improve health and well-being depends on a broad system of diverse public and private sector entities and stakeholders. The initiatives described below represent service delivery improvement and integration accomplishments within DSHS or in concert with public and private sector partners.

A Focus on Whole Population Health

As the State's public health authority, DSHS has responsibilities to both administer programs and serve as a leader to convene and coordinate activities that will improve health and well-being in the whole population of Texas. The leading causes of death in Texas are cancers, cardiovascular and cardiopulmonary diseases, and diabetes-related conditions, all of which are directly associated with overweight and obesity. The burden of disease that obesity brings to the state represents peril to both health and financial well-being. To address this critical health risk, DSHS has initiated or participated in several activities to coordinate efforts to address the growing problem of obesity in Texas.

- Responsive to SB 556 (80th Texas Legislature), **DSHS works with Texas Education Agency and the Texas Department of Agriculture on the Interagency Obesity Council.** The Council works with private sector partners to investigate potential tax incentives for employers that provide obesity-prevention, and prepares recommendation to the legislature on childhood obesity and on future goals for each agency's obesity prevention programs.
- **DSHS participates on the steering committee of the Live Smart Texas collaborative,** which provides coordinated response to funding opportunities for research and programs. The partners in the collaborative, the University of Texas School of Public Health, the Dell Center for Healthy Living, and Texas A&M School of Rural Public Health, successfully competed for funding from the Robert Wood Johnson Foundation to conduct research on obesity prevention policy and implementation. The collaborative has adopted the "Strategic Plan for the Prevention of Obesity in Texas" which was developed by DSHS with existing partnerships and coalitions, as the framework for its future initiatives.
- **DSHS assisted the Governor's Advisory Council on Physical Fitness in the development and award of Mayor's Fitness Councils Grants** with 10 mayors' offices

to establish local councils to assess community resources and implement evidence-based initiatives for community obesity prevention projects.

The Building Healthy Texans State Agency Wellness Program was **developed to serve as a model for state agency wellness liaisons**

and councils. In response to HB 1297 (80th Legislature), the program was developed under the leadership of the DSHS statewide wellness coordinator by a team of experts from DSHS and other state agencies. The team included members with backgrounds in diverse public and private sector fields related to employee wellness and benefits.

Two critical roles DSHS plays in protecting the health of the whole population of Texas are the surveillance of disease outbreaks and the regulation of health and food industries.

In the summer of 2008, the Divisions for Prevention and Preparedness Services and Regulatory Services **set a new operating standard for inter-program collaboration to first identify then eliminate the source of a food-borne illness outbreak** that sickened many people across the state and nation. The initial surveillance work of DSHS epidemiologists led to the source of the salmonella-contaminated peppers at a food processing plant in South Texas. The work of the inspectors of the Regulatory Services Division resulted in the identification of specific food-handling practices and the clean up of the plant. In addition to the collaboration with the Centers for Disease Control and local health officials, the coordinated work across DSHS divisions eliminated this source of contamination from the food supply.

Building Healthy Texans

Six priority objectives were selected for promotion at all state agencies to improve health and well-being of their employees.

- Increase usage of preventive screenings and services.
- Improve tobacco prevention and cessation.
- Increase physical activity.
- Increase healthy eating.
- Improve stress management (including Employee Assistance Program services).
- Support breastfeeding mothers.

State agency leaders and wellness planners can access evidence-based strategies related to these objectives on a website to support them in developing, maintaining and evaluating their wellness programs.

<http://www.dshs.state.tx.us/wellness/wwt.shtm>

A Focus on Disaster Preparedness and Response

Another significant role DSHS plays in protecting health of the whole population is by being prepared to respond to public health emergencies, whether naturally occurring or man-made. Disaster preparedness and response takes place through coordinated networks of partners at local, regional, statewide, and national levels. DSHS has partnered with other health and human service agencies and with the Department of Public Safety, the Governor's Division of Emergency Management, and the Texas Office of Homeland Security **to provide an integrated and coordinated response to disasters and public health emergencies**. A coordinated multi-agency response was critical for effective state action in events such as Hurricanes Dean, Dolly, Eduard, Gustav, and Ike in 2007-2008, and health considerations during the removal of children from the Eldorado compound in early 2008.

Special emphasis has been placed on preparing all Health and Human Services Enterprise agencies for coordinated response efforts. DSHS **refined its tools and systems for disaster preparedness and response training** to prepare all Health and Human Services Enterprise responders for roles either at the Multi-Agency Command Center, State Operations Center, or to be deployed to the site of a local emergency. The intent of this training is to create a culture of preparedness so that managers will be better prepared for the reassignment of staff during a disaster response and the agencies will have a higher level of readiness for interruptions of operations. Training includes the processes and procedures for the provision of both physical and mental health needs, including critical incident stress management for responders.

DSHS plays a critical leadership role in the State of Texas **to ensure that best practices are available to prevent and respond to a potential influenza pandemic in the state**. An effort over the last two years to mobilize partners and ensure that necessary systems are ready within DSHS has included coordinated planning at the state and community levels, community outreach and education, risk communication planning (including plans for working with the media), health policy development to ensure state statutes and rules support prevention and response activities, development of the DSHS continuity of operations plans, and conducting various types of exercises to improve readiness to respond to an influenza health emergency.

In the 2007-2008 reporting period, DSHS has completed several planning efforts that provide guidance to the State regarding readiness for and response to an influenza pandemic.

- Completed Appendix 7 to Annex H State Emergency Operations Plan in May 2007.
- Hosted Social Distancing Legal Consultation Meeting in September 2007.
- Completed and posted on the web Antiviral Allocation, Distribution, and Storage Plan (September 2007); this received classification as “best practice” by the Centers for Disease Control and Prevention (CDC).
- Completed revisions to the Vaccine Allocation, Distribution, and Storage Plan Guidelines and Guidelines for Non-pharmaceutical Interventions for Pandemic Influenza (November 2008).
- Completed revisions to the Pandemic Influenza Plan Operational Guidelines for review by DSHS Regional Directors and Local Health Department Directors (will be finalized in 2009).

Additionally, DSHS has hosted several conferences and exercises that serve to prepare the response community for the specific risks and issues associated with responding to an influenza pandemic.

- Held a risk communication training at DSHS headquarters and by Webinar in August 2007.
- Held a Rapid Response Training Conference in College Station December 2007.
- Conducted a state level, 3-day functional exercise in August 2007.
- Held the first DSHS continuity of operations exercise for pandemic influenza (“Determined Accord”) with DSHS and HHSC leadership in March 2008.
- Conducted more than 20 mass clinic exercises using seasonal flu vaccine to test collecting priority status of individuals receiving vaccines and the vaccine reporting system to CDC.

A Focus on Behavioral Health Services

The behavioral health service continuum is comprised of services ranging from substance-abuse prevention and early identification, to substance abuse treatment and prevention, to clinical mental health services through local mental health providers, and to residential treatment and in-patient hospitalization. DSHS has worked with state and local advocates, consumers, families and stakeholders to strengthen the availability of a full array of recovery-oriented, community-based services across Texas.

People experiencing a mental health or substance abuse crisis in Texas may lack basic services that would help them avoid longer and more costly treatment. In the absence of appropriate services, individuals often end up in local hospital emergency rooms and jails. The 80th Texas Legislature appropriated \$82 million for the FY 08-09 biennium **to redesign mental health crisis services**. These funds have allowed DSHS to make headway in melding mental health and substance abuse services into a seamless continuum of behavioral health services. With input

from a wide variety of stakeholders, DSHS has made major service improvements including local crisis plans, crisis redesign training, psychiatric emergency services center site requirements, hotline worker training, outpatient competency restoration requirements, psychiatric emergency services center outpatient competency restoration sites, and a crisis redesign evaluation report.

- DSHS provided funding to 38 local mental health centers to help pay for crisis hotline improvements, mobile outreach units and other mental health crisis services. That money also is being used to develop additional crisis services, such as walk-in services, children's outpatient services or residential services, and to pay for specially trained mental health law enforcement officers. DSHS is also directing funding to 17 local mental health centers to establish or enhance psychiatric emergency service centers or other facilities that provide alternatives to sending mentally ill patients to hospitals or jails if they can be treated efficiently in more appropriate settings. Five mental health entities also received funding to provide outpatient treatment to people who have been found incompetent to stand trial.

Texas is one of seven states awarded a Mental Health Transformation (MHT) State Incentive Grant from the federal Substance Abuse and Mental Health Services Administration. The MHT grant funded DSHS to coordinate the state's efforts **to plan and build infrastructure across all agencies that provide, fund, administer, and purchase mental health services.** With the guidance of the 17 agencies that make up the Transformation Working Group and consumer input, the MHT initiative is designed to result in service improvements in primary care/prevention integration with specialty mental health care projects, use of telemedicine to increase access and quality of care, staff training and competency development to provide evidence-based practices, and better efficiency and coordination of care through information technology.

As a collaborative project of DSHS, the Department of Family and Protective Services, the Office of Court Administration, the Court Improvement Project, and Texas Court Appointed Special Advocates for Children, the Texas Partnership for Family Recovery seeks **to reduce the**

number of children in out-of-home placements, to shorten time in care, and to increase the number of children successfully reunited with families. The Texas Partnership for Family Recovery works to build and sustain integrated and coordinated substance abuse and mental health services, policies, protocols and tools for children and families who are involved with the judicial and children's protective service systems due to substance use/abuse or mental health disorders. The partnership focuses upon systems integration and service coordination for families with substance abuse problems who are involved with the child welfare system. Trauma-informed clinical services and management models are recommended for DFPS child protective services and DSHS substance abuse specialized female programs.

The Clinical Management for Behavioral Health Services (CMBHS) system for integrated health data management was initiated to enhance the capacity for innovation, integration, and improved clinical practice through information technology. **CMBHS brought together mental health and substance abuse management systems to share data among Texas agencies.** Integrated client data provides a comprehensive view of mental health and substance abuse services in Texas and provides service providers with a more complete and accurate treatment history for clients. The system eliminates inefficiencies and costs for providers and the state in operating separate information management systems for behavioral health services.

A new organization structure was implemented in early FY 2007 **to integrate mental health and substance abuse services administration** within DSHS, facilitating interactions between mental health and substance abuse services, where appropriate, and separating the operations for program and contractor services. Administrative functions and consumer oversight responsibilities were placed in the division office, reducing the burden on program staff to perform these duties. The new structure supports the ability of local communities to manage and deliver integrated mental health and substance abuse services.

- The reorganization included integration of the Tobacco Prevention and Control Program into the Mental Health Substance Abuse Division. The integration provides an opportunity **to integrate health promotion and prevention methods with other areas of substance abuse prevention and cessation**, while improving the coordination of

resources and reducing duplication and administration to achieve efficiency and improved outcomes.

A Focus on Integration of Behavioral Health and Public Health Services

DSHS works with a wide variety of partners to implement strategies that integrate physical and behavioral health services. By building bridges between mental health, substance abuse and medical safety net providers, DSHS can create a more seamless continuum of care for the individuals receiving services through DSHS program operations.

The DSHS Family and Community Health Services Division's Title V Program and the Mental Health and Substance Abuse Division are working together **to implement the Texas Adolescent Mental Health in Primary Care Initiative (TAMHPCI)**, which grew out of a collaborative effort of the academic, public and private adolescent health care communities. The goal of TAMHPCI is to improve the mental and physical health of adolescents through private and public partnerships and sustainable system changes. DSHS contracted with Texas Tech University Health Sciences Center to design and implement the feasibility study for the TAMHPCI in order to pilot adolescent behavioral health screening, assessment, and intervention models in five diverse primary care settings. Strategies included the development of protocols and provision of training on the protocols to medical and allied health practitioners in the primary care pilot settings. Currently, the feasibility study final report is under review and future steps may be to assess changes in health outcomes over time of the adolescent population in selected areas.

In order to ensure that Medicaid-eligible youth receive timely, comprehensive health care, DSHS and HHSC have worked together **to develop an integrated pediatric and mental health program** where early identification of mental health problems takes place in primary care settings. The goal for the integration is to increase in early diagnosis and intervention of behavioral health conditions in children.

The Texas Youth Suicide Prevention Project was established **to integrate suicide prevention efforts across DSHS divisions** in order to target youth 10-21 years old living in three areas with higher than national youth suicide rates: Houston, Austin and San Antonio. Youth receiving primary care services are screened and referred for mental health care to address suicide risk and suicide prevention education is offered.

The combined efforts and resources of DSHS Prevention and Preparedness, Family and Community Health, and Mental Health and Substance Abuse divisions have resulted in an integrated Educational Service Center Project, which works through regional Education Service Centers (ESC) **to promote a coordinated approach of improving children's physical and behavioral health**. The comprehensive work plan includes coordinated school health, obesity prevention, suicide prevention, mental health awareness, diabetes prevention and care, and abstinence education activities. ESC contractors receive training and technical assistance through the planning and oversight of a cross-agency operational team. A reporting system was developed that accommodates the requirements of all funding partners. A contracting process was developed to meet the needs of various funding streams yet operate off of a single contract process with the contractor. This unique collaboration of DSHS divisions and systems allows for an efficient and comprehensive health promotion programming to Texas school districts. Additionally, DSHS coordinates closely with the Texas Education Agency on other school health activities conducted by both agencies.

Texas Health Steps (THSteps) and associated programs at DSHS and HHSC have collaborated **to develop a THSteps comprehensive online provider education campaign**. Providers are being trained on the importance of integrating a mental health screening into the physical health examination. With the production of comprehensive educational materials designed to reach a broader provider base, the online educational curriculum facilitates improved competencies of the workforce and contributes to improved service delivery, such as increased appropriate referrals, intervention and treatment.

A 2004 review of Texas Children's Protective Services revealed that the health status of children in state custody could be positively impacted through use of a statewide integrated physical and

behavioral health care program. Building on the medical home model, STAR Health was launched in 2008 in a partnership with Superior Health Plans. In STAR Health, **children receive services from a primary care provider that oversees and coordinates all aspects of primary and behavioral health care.** Access to health information is improved through use of an electronic health passport.

The relationship between injuries, violence, mental health, and substance abuse is well documented. Many injuries, both accidental and intentional, are preceded by alcohol consumption in amounts or circumstances that increase risk of injury. Another important aspect is the emotional burden resulting from the loss of a loved one due to injury, or the toll of severe disability on the injured person and his or her family. Injury and violence prevention strategies cut across DSHS. To best ensure maximum program performance, DSHS requested an assessment of its injury and violence prevention programming by a state technical assistance team sponsored by the Association of State and Territorial Injury Prevention Directors. This peer review opportunity (to be completed in December 2009) will help **guide the coordinated development and refinement of injury and violence prevention strategies and programming across the agency.**

The Rural Borders *promotoras* training collaboration was created **to train promotoras (community health workers) to provide health information in rural towns along the Texas-Mexico border.** In addition to working to improve the physical health of border residents, *promotoras* provide information on mental health and substance abuse, identify those in need of treatment and link them to community mental health centers and other local service providers.

When DSHS was created, health professionals from the legacy agencies became colleagues in the same agency. The DSHS Medical Council was created in order **to utilize physicians' diverse capabilities and expertise to create standards, identify best practices, and develop innovations that would address the current issues facing agency physicians in both public and mental health medicine.** The work of the Council has included developing a system to verify the credentials of DSHS physicians, adding hospital clinical directors as recipients of health alerts, reviewing proposed changes to DSHS rules to ensure clinical quality, and

developing a communication plan. Similarly, DSHS created a State Director of Nursing in order **to ensure consistency in policy, practice, and professional development across programs and services for all nurses working in DSHS.** In 2009, DSHS will establish a Nursing Leadership Council.

A Focus on Collaborations that Improve Health Services

The agency's responsibilities and opportunities to improve the health and well-being of Texans depend on coordination with and among a state-wide network of providers, partners, and stakeholders. Working in effective partnerships serves as a goal and a guiding principle for all DSHS program managers. Several noteworthy achievements have resulted from this focus on partnership and collaboration.

Working across DSHS divisions, Community Mental Health and Substance Abuse staff joined with HIV/STD prevention staff in HIV perinatal transmission prevention work group with goals **to improve surveillance of perinatal HIV exposure and to promote awareness of best practices associated with transmission prevention.** HIV testing of pregnant women and attention to assuring treatment for those with HIV has reduced transmission to infants within Texas, but renewed commitment is needed as treatment recommendations become more complex and the number of women of childbearing age who are living with HIV continues to grow.

The 80th Texas Legislature (2007) appropriated funds to implement the corrective action orders as ordered by the court in the case of *Frew et al. v. Hawkins et al.*, which required the State of Texas to improve access and services under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Of those funds, the Legislature allocated \$150 million to develop and implement strategic initiatives designed to improve access and services for this program. Projects or initiatives to be funded by HHSC (upon approval of the LBB and Governor's Office) from the \$150 million must demonstrably result in fundamental or critical improvements in the EPSDT and Medicaid programs. In order to **ensure agency-wide coordination and alignment with HHSC** for the implementation of program activities to meet Frew-applicable requirements, DSHS established a priority initiative and appointed a Frew Coordinator in 2007.

DSHS elevated the priority of the coordination of Medicaid services and public health **services** by establishing a Medicaid Coordinator, who is charged **to work beyond silos of programs and funding and identify strategies for coordination both among the divisions of DSHS and also with other agencies and organizations**. In addition to working across division program areas, the DSHS Medicaid Coordinator maintains effective coordination and communication with the Medicaid and Children's Health Insurance Program (CHIP) administrator, the Health and Human Services Commission. Two teams work with the Medicaid Coordinator, the Executive Medicaid Coordination Team that includes executive staff of both DSHS and HHSC and the Management/Staff Coordination Team that includes managers and key staff from DSHS divisions. These teams expand to include representatives from other agencies and organizations and to draw upon members for smaller group processes as needed. A communications plan has been established as a framework for coordination that is both flexible and accountable.

- An initial accomplishment was also the submission of a Medicaid 1915(c) home- and community-based services waiver by HHSC to the Centers for Medicare and Medicaid Services to allow more flexibility in the funding of intensive community-based services and funding of supports for children with serious emotional disturbances and their families. This waiver, if approved, will be implemented by DSHS requiring close coordination with HHSC.

HHSC and DSHS worked collaboratively **to promote the benefits of the Women's Health Program** implemented in January 2007. The new program began providing low-income women ages 18 to 44 with free family planning exams, related health screenings, and birth control through Texas Medicaid. Although any appropriate Medicaid provider may serve women under this program, DSHS family planning contractors played a key role in informing women, assisting them with enrollment, and providing services, which enabled the rapid expansion of this new program. DSHS and HHSC worked together to hold provider forums, gather provider feedback, and improve administrative processes and policy. DSHS also continues to administer the existing Family Planning Program, allowing DSHS contractors to focus some outreach efforts on hard-to-reach individuals that are not covered by the Women's Health Program, thus expanding

services to populations underserved in years past. DSHS and HHSC continue to evaluate how the two programs are impacting each other and explore new ways to ensure the continued success of each.

A Focus on Streamlining and Improving Agency Operations

The final five of DSHS’ ten Strategic and Operational Goals encompass strategies that aim to improve health and well-being in Texas through effective and efficient operations and management within DSHS.

In 2004, when the thirteen health and human service agencies were consolidated into five agencies, operations and/or authority for most administrative and program support functions

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| <p><u>DSHS Strategic and Operational Goals</u></p> <ul style="list-style-type: none">6. Streamline Administrative Systems7. Maintain and Enhance DSHS Assets and Technology8. Nurture a Unified Workplace Culture9. Expand the Effective Use of Health Information10. Build and Sustain Effective Partnerships |
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were consolidated at the Health and Human Services Commission, 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 HR system called

accessHR; IBM provides IT 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 and managing improvements in administrative and program support functions now has more emphasis on collaborative 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 (through *accessHR*); procurement, purchasing, and contract management; consolidated warehouse operations; and asset management. In addition to these mostly Austin-directed operations, DSHS regional leadership collaborated in supporting the implementation the Regional Administrative Service Centers, which oversee consolidated administrative support operations for all HHS regional offices including facilities and leasing management.

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

In addition to improving disaster response capabilities to state health emergencies, as discussed earlier, DSHS has improved internal operations by making significant strides forward **to ensure the continuity of operations of its mission-critical, day-to-day functions** in case of an interruption of operations. The connection between these readiness efforts comes with the recognition that emergencies that could interrupt agency operations may be specific to the facilities of the organization (e.g., flooding or power outage) or large-scale emergencies in the state that require the realignment of priorities and resources (e.g., a volatile hurricane season or an influenza pandemic). In order to ensure that mission-critical functions continue to operate, DSHS has undertaken a robust business continuity initiative. In the 2007-2008 reporting period, significant accomplishments in this effort not only contributed to the creation of agency-wide and program-specific continuity of operations (COOP) plans but also to the agency's self-assessment and prioritization of mission-critical functions. All business continuity planning is coordinated on an HHS enterprise-wide team led by the Health and Human Services Commission.

- Agency leadership and managers established their orders of succession and completed standard operating procedures for their identified successors; these were exercised in March 2008.

- In the Spring of 2008, all Austin-based DSHS divisions conducted a comprehensive business impact analysis, which identified all program-specific functions, the severity of impact of an interruption of services (included a pandemic severity index), and an estimated timeframe for recovery of each function.
- In the summer of 2008, approximately 150 Austin-based DSHS programs initiated a seven-month process to develop the critical elements of their program area COOP Plans. Each program area completed eight sets of templates that comprise the identification of recovery teams, documentation of procedures for recovery of program operations, and creation of communication plans.
- The DSHS COOP Incident Management Team and 150 program recovery teams were staffed by September 2008.

DSHS has undertaken focused efforts to assess and improve health data management in order **to improve public access to health data and health information**. Within the Center for Health Statistics, a user-friendly website was developed to provide convenient access to the Center's health data approved for public use and a new section on the DSHS Internet home page was designed to link users to other public-use statistics in program areas across the agency. DSHS embarked on two related initiatives that are consistent with the recommendation of the Texas Health Care Policy Council to make health care quality and cost data more transparent and available, and to implement specific legislation of the 80th Legislative Session.

- In implementation of SB 288 regarding the public reporting of health care-associated infections, DSHS established an advisory panel, began work to develop a reporting system, and prepared a request for funding for information technology for health care entities to report infections acquired within their facilities. The system will allow DSHS to compile, analyze, and make the information available to the public.
- Responsive to SB 1731 pertaining to improvement of consumer access to certain health care information, DSHS met with stakeholders to develop rules and define data elements

and initiated funding requests to develop information technology systems to collect and make data available. This system will allow the department to collect data regarding inpatient and outpatient surgical and radiological procedures and make it available to consumers, and to publish aggregate health care reimbursement rate information (which will be gathered by the Texas Department of Insurance and Texas Medical Board).

As a strategy **to improve service coordination, program performance management, and alignment of data**, HHSC is leading the HHS Enterprise Data Warehouse initiative. The warehouse is a multi-year project to develop a readily-accessible and reliable source of information that brings together data from across HHS agencies, including programs of DSHS. Over the past two years, DSHS executive leadership, information technology staff, and data center staff have participated in assessments and gap analyses to identify current data systems and prioritize their inclusion, and to prepare a strategic roadmap plan for submission to the federal Centers for Medicare and Medicaid Services for funding consideration. Key components under development and testing include a set of tools for accessing data and performing analysis and a unique client identifier for linking information across programs with necessary controls to protect confidentiality and privacy. Ultimately, the data warehouse is intended to improve client care and better manage the delivery of interagency health and human services.

The Laboratory Services Section in DSHS provides a wide range of services including newborn screening, clinical chemistry, prenatal testing and DNA diagnosis, microbiological testing, environmental testing, and the identification of bioterrorism and chemical terrorism agents. There has been a significant increase in the use of advanced molecular technology for testing specimens for infectious agents and genetic markers. Using these advances in technology, the DSHS laboratory also implemented the Laboratory Information Management Systems **to provide more efficient, cost-effective services to the state of Texas, to integrate with health care service providers' and Medicaid billing systems, and to interface directly with CDC's National Electronic Disease Surveillance System.**

A significant improvement in the support and oversight of DSHS operations across the state came with the creation of a new division led by an assistant commissioner to represent regional

and local concerns. The Division of Regional and Local Health Services was formed in early FY 2007 **to better serve the needs of local public health agencies, DSHS Health Service Regions, and local communities** in building and maintaining capacity to provide essential public health services responsive to local needs. A subsequent management review of DSHS Health Service Region (HSR) operations in 2007 identified high variability in organizational structure across HSRs and span of control concerns. Through coordinated strategic planning efforts, Austin-based executive leadership and regional leadership determined the need **to create more uniformity in regional organizational structure**. DSHS regional leadership decided that all health service regions would reorganize around mission-critical functions and agency priorities rather than funding streams. The core model developed allowed for specific variances for staffing or operations based on unique characteristic of the population served by each region, for example, specific health risks, population centers, or international borders. The effort to implement this standardized model included both budget realignment and position reclassification and standardization. This realignment of programs across all regions has provided clearer understanding of how regions are organized and operate and of the chains of command for programs in Austin and in the regions. This has led to improved communication with internal and external stakeholders and increased accountability.

DSHS improves its program development and planning by ensuring its numerous stakeholders have a venue for providing input on new rules and other issues. The Department of State Health Services Council provides the recognized public forum **to ensure opportunities for the involvement of stakeholders**. Meeting at least quarterly since the creation of DSHS, the nine member, Governor-appointed Council raises programmatic issues of interest for public presentation and discussion and stays abreast of DSHS rules being developed or reviewed in order to host presentations of the rules at posted meetings and make recommendations on the publication of proposed rules for public comment.

Recognizing that the academic community of universities, colleges, and health sciences centers is one of DSHS' most valuable allies in fulfilling its mission, the agency has **pursued developing and enhancing academic partnership opportunities** as another means to improve operations. 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 the many strong partnerships that already exist between academic faculty and DSHS staff, practitioners, and scientists, the department is working on new collaborative 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
- ensuring high quality, mutually beneficial internships for health professions.

Another change in DSHS operations represents an improvement in business operations across state government's health service-related agencies. DSHS works with fellow state agency and academic health science center members of the Texas Health Care Policy Council **to coordinate health information technology development, purchasing of pharmaceutical and medical goods, health care workforce development, and other health policy concerns that cross state agencies and academic health science centers**, as directed by the Governor's Office and legislative leadership.

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 promote the health and well-being of Texans. These responsibilities include coordinating a state-wide network of services available through DSHS and its partners, ranging from whole population services to individual care. These include:

- detection and prevention of infectious and chronic diseases,
- protection of the population through regulation of health professionals and products,
- health promotion, health education, and wellness programs,
- contracting for individual health care services for eligible individuals,
- substance abuse treatment and prevention,
- clinical mental health services through local mental health providers, and
- inpatient hospitalization for people with serious mental illness or certain infectious diseases.

Each of the programs and services provided by DSHS 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 in close coordination with the Health and Human Services Commission and other state agencies (e.g., Texas Facilities Commission) in order to sustain its program operations.

Rather than carrying out these programmatic mandates simply to meet the letter of the law, DSHS continues to strive to provide high quality services, to improve and integrate service delivery, and to improve agency operations. Doing both requires a systematic and dynamic approach. The DSHS executive leadership team established the framework of strategic and operational goals and a priority initiative management system that achieves this aim.

Comprehensive and Strategic Operations Management

DSHS has instituted a systematic management approach to the agency's ongoing responsibilities as well as its high-priority and high-risk initiatives in the department. With the priority initiative management system, DSHS carries out a predictable process that is set up to accommodate the dynamic environment in which the agency operates. This system serves as a framework that allows DSHS executive leadership and managers to be guided by leadership principles and shared agency priorities as they conduct and improve agency program and business operations. This results in a culture and practice of consistent, comprehensive priority management. There are three primary benefits to this system.

- Identification and prioritization of emerging opportunities or issues. Perhaps the most crucial part of the process includes the periodic, comprehensive scan of legislative requirements, service delivery imperatives, stakeholder feedback, opportunities for improvement, and alignment of the initiatives, mandates, and opportunities around the DSHS Strategic and Operational goals. The scan is conducted at least annually in a matter of a few weeks at the executive leadership level and comprises the strategic review of all the agency's duties and opportunities. With systematic monitoring, the executive leadership maintains situational awareness about ongoing priorities and emerging issues.
- Consistent monitoring and reporting for coordination and accountability. DSHS executives hold a regular once-monthly meeting to review agency-wide priorities and priority initiatives, agency operational issues, issues that require coordination among divisions for greater clarity in decision-making, and program-specific priorities and issues. Standard reporting tools and a predictable schedule contribute to increased accountability. Throughout these processes, principles have been established and are regularly applied to promote effective partnership with stakeholders, to identify and pursue opportunities for service integration, and to improve organizational effectiveness.

- Self-evaluation in response to specific situations. The priority initiative management system provides an appropriate flexibility for deliberating key decision-making processes the agency faces on a regular basis. In certain circumstances, DSHS leadership must apply unique decision-making criteria while still working under this framework. For example, in the process of developing a Legislative Appropriations Request and proposed exceptional items, DSHS must work with its sister agencies in the Health and Human Services Enterprise to find balance and best options in submitting requests for limited state resources. Within the same strategic operations management process, DSHS conducts careful and self-critical evaluations to be sure the agency's requests are based on the most crucial needs of the populations served and are consistent with the strategic and operational goals. A similar process is undertaken to establish each fiscal year's operating budgets. Although unique criteria are applied to the deliberation about requests for funds, the negotiations and the final appropriations request is ultimately guided by the agency's strategic and operational goals.

Business Impact Analysis: A Critical Self-Evaluation

In conducting an agency-wide business impact analysis for the development of the DSHS Continuity of Operations Plan, program managers applied consistent criteria to the key functions of their program operations to identify the impact of an interruption of services, whether a time-limited infrastructure interruption or the extended impact of an influenza pandemic.

Highly valuable management information is gathered in the process of both the identification of program functions and the decision-making regarding which functions must be restored in 24 hours or two weeks or two months and, in the case of an influenza pandemic, which functions simply cannot be interrupted (such as direct patient care).

Similar to the appropriations request process, this careful examination of agency operations in a specific situation contributes to the thoughtful and strategic management of the agency and a systematic identification and pursuit of service or operational improvements.

The process of identifying, prioritizing, and monitoring initiatives, and adapting the framework in evaluation of agency operations and priorities in a specific situation now allows DSHS to take advantage of opportunities for service integration and operational improvements that contribute to the strategic increasing effectiveness of the management of the agency's vast array of programs and priorities.

DSHS Priorities Moving Forward

As DSHS approaches the beginning of the 81st Legislative Session, the agency continues to strive to provide high-quality services, to find ways to improve service delivery and agency operations, and to integrate program operations where appropriate. Articulated below is the approach that DSHS will use to achieve strategic improvements to service delivery and agency operations in keeping with the intent behind HB2085 (76th Legislature, 1999).

DSHS will continue to enhance the methods and means for whole-population health improvement through its protection and prevention functions. **To safeguard the health of the whole population**, DSHS and its partners in the local health systems must have the capacity and skills for detecting and diagnosing threats, exercising prescribed regulatory and consumer protection duties, and developing solutions when identified hazards threaten the health of the public. Trained staff and quality health data are essential to continual surveillance for potential health threats as they emerge in the environment and the population. These health threats include but are not limited to infectious diseases and chronic conditions. Ideally, potential health hazards will be detected and addressed early to minimize or avoid their impact as medical problems. Implementation of a new organizational structure in the Division for Prevention and Preparedness Services has resulted in a new section (the Health Promotion and Chronic Disease Prevention Section) charged with comprehensively and strategically addressing these critical prevention strategies through its network of advisory councils, academic researchers, and other partners. Across the department, DSHS will **incorporate proven practices for effective prevention of health problems, diseases and behavioral health disorders and promotion of health and wellness across the lifespan**. By applying what is already known about the major causes of disease, disability, and death and how to promote health, it is possible to decrease negative health outcomes in Texas and reduce their associated costs. DSHS' work in improving the health of the whole population depends on both effective collaboration with external partners and effective communication and coordination across the multiple program functions within the agency.

Preparedness for and response to disasters and public health emergencies takes place through coordinated networks of partners at local, regional, statewide, and national levels. Since 2005, DSHS has made significant strides forward in strengthening internal and multi-agency systems for all-hazards preparedness for and response to disasters and health emergencies. DSHS will continue **to strengthen its readiness and build its capacity to effectively respond during an emergency**. This will include the development and refinement of a state-wide disaster

The success of the full-scale Dirty Bomb Exercise is dependent on cooperation within DSHS

- between the Division for Regulatory Services, the Division for Prevention and Preparedness Services, the Division for Regional and Local Health Services, and the Center for Consumer and External Affairs,

as well as among multiple and varied external parties that are participating

- FEMA, FBI, the National Guard, the Sixth Civil Support Team, Governor's Division for Emergency Management, city of Waco and McClennan county officials, the Trauma System Regional Advisory Council, Texas State Technical College, numerous area hospitals, emergency medical services providers, and more.

behavioral health plan and operational policies, procedures and guidelines for the integrated management of behavioral health services during a response to a public health emergency. DSHS will also work with multiple partners to perform a full-scale emergency response tabletop and a full-scale emergency response exercise based on the hypothetical detonation of a radiological dispersion device (aka dirty bomb) in a mid-size Texas city.

This effort will provide invaluable information and training opportunities for all participating partners to better prepare DSHS in protecting and promote the health and wellbeing of Texans.

The continuum of behavioral health service is comprised of services ranging from prevention and

early identification to residential treatment and in-patient hospitalization. DSHS will continue to work with state and local advocates, consumers, families, and stakeholders **to strengthen the availability of a full array of recovery-oriented, community-based behavioral health services** across Texas. Additionally, DSHS will also work with a wide variety of partners to identify promising and evidence-based methods and **to implement strategies that integrate physical and behavioral health services**. Innumerable opportunities exist to build bridges between mental health, substance abuse and medical safety net providers to ensure a more seamless continuum of care for the individuals receiving services through DSHS program operations. Transition to a more integrated system will require an incremental approach. DSHS

will work with its partners to deliberately assess the impact and changes required in numerous laws, regulations, funding sources, and policies to integrate services provided through DSHS.

DSHS will pursue the following integration strategies **to foster the successful integration of primary health and behavioral health services:**

- generate increased capacity for integrated services managed or coordinated by DSHS;
 - Encourage routine HIV testing in the delivery of behavioral health services, and
 - Encourage the expansion of telemedicine as a strategy to mitigate health professional shortages and address health care disparities;
- promote and encourage the implementation of service integration approaches across the state including support for the Texas Mental Health Transformation Grant in fostering an agency-wide understanding of integration;
- raise awareness of the need for prevention, early detection and treatment, health promotion and holistic approaches to service delivery;
 - educate DSHS employees on the philosophy and practice of integrated services and
 - train DSHS employees involved with client-focused programs on the tools and techniques for delivering integrated services;
- promote the use of integrated service approaches among physical and behavioral health service providers who are funded by the agency;
 - identify and develop strategies to mitigate barriers for family practice and other primary care providers/contractors for the delivery of mental health services,

The following examples of strategies being explored or implemented with DSHS partners demonstrates how a focus on whole-person health is one important mechanism for achieving the agency's mission to improve health outcomes.

- Mental health crisis intervention has become an integral part of preparedness and response activities that address the needs of individuals impacted by natural disasters.
- DSHS is increasing the understanding of the dynamics of addiction that contribute to tobacco prevention and cessation programs that address chronic disease.
- Child psychiatrists and primary care providers are developing methods for detecting childhood mental illness and providing coordinated treatment from pediatricians and psychiatrists.
- Primary care and mental health provider organizations are partnering with DSHS and other interested state and local constituents to identify opportunities to promote integrated approaches to service delivery

- recommend strategies for achieving integration outcomes through DSHS contracts with substance abuse, mental health, and public health providers, and
- continue to foster public-private partnerships to institutionalize behavioral health assessment and screening in primary care settings.

DSHS will continue to work with HHSC, other health and human services agencies, and private partners to conduct business and improve quality of operations. DSHS will pursue several strategies that represent the agency leadership’s commitment **to improve its internal and administrative operations** in all areas under its direct control and to work collaboratively among HHS Enterprise agencies on opportunities to improve consolidated operations.

One strategy DSHS will use to improve internal operations is to strengthen its readiness to ensure the operation of mission-critical functions in the case of an interruption of operations. In the coming biennium, DSHS will apply the work done on business impact analyses to finalize a real-time, interactive continuity of operations (COOP) plan. This tool will allow all managers and executives to utilize common templates to develop and maintain a robust agency COOP plan and a COOP plan for each of the agency’s programs and operations. Additionally, each of the eight health service regions will complete a business impact analysis and develop their own COOP plans, ensuring DSHS can provide mission-critical services at the regional and local level. This is particularly critical because DSHS must respond to local public health needs in counties in Texas that don’t have their own health department.

DSHS operates 11 state mental health facility campuses and two health facilities.

- 3,032 acres, 552 buildings, 4.9 million square feet
- Average age of buildings is 55.2 years old.
- Over 84 percent of total building area is dedicated to patients and patient support.

Information technology needs for a large state agency include replacement of outdated and unreliable hardware and software that pose a significant security and confidentiality risk. Additionally, new technology improves efficiency and may provide better outcomes.

DSHS operates a fleet of vehicles to support service delivery and patient care. The majority of these vehicles are located around the state at state health facilities and regional offices.

Another strategy will be to work to address the deficiencies of an aging infrastructure to ensure the agency has adequate resources to perform mission-critical functions. This includes assessment of existing building, technology, and fleet resource needs.

DSHS has implemented several strategies to mitigate the health care workforce issues that affect its program operations. The same factors causing health care workforce shortages across the United States—including retirement of current workers, and competition from other professional fields for new recruits – are also present in Texas. The state has unique needs and particular circumstances that contribute to shortages in specific health, behavioral health, and public health professions. These circumstances include the geographic, cultural and ethnic diversity of Texas and changing demographics. An example of a DSHS strategy to address its workforce issues is the development of new and expanded partnerships with Texas academic institutions and professional organizations to build the base of subject matter expertise and to strengthen coordinated approaches to training and professional development, recruitment, and retention.

Finally, DSHS will continue to pursue strategies to enhance the information technology systems that support program operations and delivery of services. For the more than 400 programs in health service regions across the state, in the 11 state hospitals, and in the public health laboratory, outdated and insufficient computer and communication technology pose challenges to day to day operations and threatens effective response in disasters and health emergencies. DSHS will strategize to improve its aging and disconnected systems and software through consolidated health care data collection and integrated information management crucial to maintaining the viability and usability of patient records, client case files, regulatory rules, pharmacy inventory, vital records, and disease registries.

Additional priority areas for improvement include network interoperability among DSHS offices statewide for reliable and secure transfer of data and communications, capacity for electronic query of birth certificates to support the Department of Public Safety’s issuance of secure drivers licenses or identification cards for citizens in compliance with the US Department of Homeland Security “Real ID” mandates, hospital automated medication dispensing systems, and network upgrades necessary to support participation in the Department of Information Resources Data Center Services transformation.

CONCLUSION

The Department of State Health Services (DSHS) is the state's health agency, responsible for oversight and implementation of public health and behavioral health (mental health and substance abuse) services in Texas. In 2008, with an annual budget of approximately \$2.7 billion and a workforce of nearly 12,000, DSHS is the fourth largest of Texas' 178 state agencies.

In the ten years since the HB2085 charge to the Texas Department of Health (TDH), there have been major changes in the operating environment, governance, scope, and structure of the state health agency. Not only has the scope of program operations broadened (i.e., adding mental health and substance abuse services to the public health services of TDH) and new programmatic priorities emerged (e.g., emergency preparedness for both manmade and natural disasters is a far more prominent function than a decade ago), but also numerous administrative functions were consolidated at the Health and Human Services Commission. Mandates, priorities and expectations of policy makers have reshaped the organization and services provided by it, and new mechanisms for oversight and coordination within and above DSHS are in place. These changes have created opportunities for DSHS to successfully proceed down the path set forth by both HB 2085 (in 1999) and HB 2292 (in 2003) to streamline, integrate, and improve service delivery and agency operations.

In the last two years, DSHS has implemented a strategic approach to managing agency operations that move the agency even farther down that path. The system includes periodic comprehensive scans of legislative requirements, service delivery imperatives, and opportunities for improvement; alignment around common priorities; increasing accountability, coordination, and clarity of decision-making; and promoting the principles of integration and improving organizational effectiveness. The flexibility built into this approach assures the agency's focus on providing high-quality services while making necessary adaptations to any changes in the operating environment.

DSHS remains committed to using its tools and resources to identify and maximize the opportunities to improve and integrate services in order to improve health and well-being in Texas. Recognizing partnership as key to succeeding in this mission, DSHS will continue to work to build and sustain effective partnerships with stakeholders across the state, nation, and international borders.