

XII. AGENCY COMMENTS

The passage of House Bill 2292, in 2003, established a clear directive to transform the State's approach to the delivery of health and human services, with a particular focus on addressing the following issues.

- Access to services for individuals with complex health needs that required assistance from multiple agencies.
- Lack of integrated health and human services programs and agency policies.
- Redundant and/or inefficient administrative structures.
- Blurred lines of accountability.

Through the enactment of H.B. 2292, 12 stand-alone agencies were consolidated into an integrated system of four new departments under the leadership of the Texas Health and Human Services Commission (HHSC).

Today, nearly a decade post-consolidation, a coordinated HHS System services exists. Although continued improvements may be needed in areas, progress on addressing the issues originally identified can be seen in a myriad of ways, as highlighted by the following examples.

- **Improved Service Quality and Accessibility.** Integrated programs result in improved community health. For example, the Department of State Health Services (DSHS) developed a single agency focus on physical and behavioral health issues emphasizing multi-program collaboration to improve efficiency and enhance services. Also, through a collaborative effort, HHSC and DSHS promote the benefits of the Women's Health Program and DADS, DFPS, and DSHS continue to work together to improve services in HHS-operated facilities, such as State Supported Living Centers and State Hospitals. Integrating service delivery among physical and behavioral health providers improves outcomes. As a means to guide current and future planning and decision making, DSHS, in conjunction with external stakeholder efforts, developed a comprehensive approach to service integration by linking behavioral and physical health services. DSHS actively encourages the use of primary health care provision as a site for early screening and diagnosis of behavioral health problems.

Meeting the demand for services is a perennial challenge facing the HHS System. Although waiting and interest lists for programs and services remains long, the ability to consolidate funding requests to address waiting lists and to request those funds as HHS System priorities has resulted in unprecedented levels of new funding to address interest lists, especially for waiver services.

Managing long-term care services through one agency, the Department of Aging and Disability Services (DADS), leads to greater flexibility for individuals and families seeking services. For instance, previously some individuals rose to the top of a waiting list for one program, only to learn that another agency's waiver program was more appropriate for their needs than the waiver service for which they had originally applied. Unfortunately, sometimes that meant that the client would have to start over at the bottom of another

program's list. DADS now identifies, provides services and/or places the person on the most appropriate waiver list for meeting their needs.

Better alignment of guardianship responsibilities protects the public. The transfer of guardianship responsibilities to DADS reinforced the Department of Family and Protective Services' (DFPS) primary role of investigating and serving adults in need of protection. DADS' expertise with long-term services and support programs for persons who are older and for adults with disabilities made it the appropriate agency for assuming guardianship responsibilities. Transferring this program removed any appearance of conflict of interest for DFPS staff in assessing and providing services for individuals in need of guardianship. As a result of coordinated DADS and DFPS efforts, the transfer of the guardianship program was completed with no disruption in services to individuals served.

- **Strengthening Children's Services.** An integrated system allows for a comprehensive approach to improve children's health care. Three divisions within DSHS, along with the regional Education Services Centers, combined efforts and resources to promote a coordinated approach to improving children's physical and behavioral health. The comprehensive approach includes coordinated school health, obesity prevention, suicide prevention, mental health awareness, diabetes prevention and care, and abstinence education activities. In 2008, DFPS worked with HHSC to launch STAR Health, the Medicaid managed care plan for children in foster care. Under contract with HHSC, STAR Health coordinated oversight of psychotropic medication utilization and use of psychotropic medications decreased. Additionally, the Health Passport was developed as an electronic health information system that provides information about prescribed psychotropic medications and is used as a primary source for the Psychotropic Medications Utilization Review process.

Interagency efforts reduce psychotropic medications use for foster children. Soon after the consolidation of HHS agencies, concerns arose about possible overuse of psychotropic medications with the foster care population. DFPS and DSHS worked together using the services of a child psychiatrist to assess prescribing practices, develop prescribing guidelines, and recommend a process for ongoing clinical reviews of the use of psychotropic medications in the treatment of children in foster care.

Consolidation leads to enhanced support for Early Childhood Intervention (ECI). Before consolidation, ECI, as a small stand-alone agency, struggled with addressing specialized tasks such as assessing the implications of rules and setting rates. Now, as a division within DARS and the integrated HHS System, ECI receives valuable support on such matters as rules, rates, and state Medicaid plan amendments.

- **Efficient and Effective Service Delivery.** Unifying web support for blind and rehabilitation services replaced two redundant legacy agency systems, and reduces the technical support, need for modifications, and costs for hardware, software, and related maintenance. Using a single system also enhances consistency among programs, because program changes and modifications will now be applied to only one application, rather than the prior multiple applications. Eliminating the redundant rules of DARS legacy agencies resulted in the elimination of more than 100 redundant or unnecessary administrative rules from the

legacy agencies.

Consolidated pharmaceutical purchasing for the DSHS Pharmacy Branch, DSHS state hospitals, and DADS state schools saves millions of dollars annually in medication and medical supplies costs. Also, consolidated support services for such facilities save millions in personnel, operations, and supply costs for both DADS and DSHS.

- **Improving Information Accessibility Across the HHS System.** Coordinating long-term care licensing and regulatory activities yields coordinated, consistent, and direct oversight. Responsibility for long-term services and supports previously was split among DADS' three legacy agencies. The services and supports provided by the three agencies served various client populations. Many of the same regulatory issues were encountered for these services and supports. The agencies often addressed these issues in different ways and with limited coordination.
- **Adopting More Cost-Effective Business Practices.** House Bill 2292 assigned HHSC responsibility for delivering administrative services for the HHS System. Examples include centralized HR services, civil rights, and support services for regional offices. These improvements saved millions in overhead costs and resulted in consistent policies, practices, and services.