



Report to the Transition
Legislative Oversight Committee

March 2016

Health and Human Services System
TRANSITION PLAN





TEXAS HEALTH AND HUMAN SERVICES COMMISSION

CHRIS TRAYLOR
EXECUTIVE COMMISSIONER

March 1, 2016

The Honorable Jane Nelson, Co-Chair
Transition Legislative Oversight Committee
State Capitol Building, Room 1E.5
Austin, Texas 78701

The Honorable Four Price, Co-chair
Transition Legislative Oversight Committee
State Capitol Extension, Room E2.610
Austin, Texas 78701

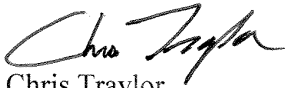
Dear Chair Nelson and Chair Price:

Pursuant to the direction of Senate Bill 200, 84th Legislature, Regular Session, 2015, I am pleased to present the Transition Plan which begins to set the stage for the Health and Human Services (HHS) System transformation. The plan outlines the course to restructure the HHS system – better connecting programs and services, allowing for easier navigation, streamlined service delivery, and improved accountability to the taxpayers we serve.

The enclosed Transition Plan is the result of countless staff hours and comprises input from internal and external stakeholders. As drafted, the new HHS system would functionally organize client services in three new divisions at the Health and Human Services Commission (HHSC) beginning in September 2016. The Plan also details new regulatory services and state facility operations divisions within HHSC, beginning in September 2017. Beyond programmatic realignment, the Plan describes how to best support program operations throughout the HHS System by administrative support service realignment and consolidation.

While much work is yet to be done, this Plan provides the foundation to build a stronger HHS System. We understand long-standing, meaningful change is an involved process, but believe this Plan sets the stage for that conversation. We eagerly await feedback from the Transition Legislative Oversight Committee and look forward to discussing the Plan's content at the March 31 hearing. Before then, please do not hesitate to contact my office should you have any questions. I look forward to working with you throughout the transformation process.

Sincerely,


Chris Traylor

cc: Governor Greg Abbott
Speaker Joe Straus
Senator Juan "Chuy" Hinojosa
Representative Cindy Burkett
Representative Toni Rose
Mr. Billy Hamilton
Ms. Ursula Parks, Legislative Budget Board

Lt. Governor Dan Patrick
Senator Brian Birdwell
Senator Charles Schwertner
Representative Richard Peña Raymond
Mr. John Colyandro
Ms. Heather Griffith Peterson
Mr. Ken Levine, Sunset Advisory Commission

TABLE OF CONTENTS

PAGE

INTRODUCTION	1
HEALTH AND HUMAN SERVICES DIVISIONS	3
MEDICAL AND SOCIAL SERVICES	6
<i>Client Referral and Eligibility Services</i>	8
<i>Community Services</i>	10
<i>Medicaid and CHIP Services</i>	12
REGULATORY SERVICES	14
FACILITY OPERATIONS	16
DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES	18
DEPARTMENT OF STATE HEALTH SERVICES	20
DEPARTMENT OF ASSISTIVE AND REHABILITATIVE SERVICES AND TEXAS WORKFORCE COMMISSION	22
ADMINISTRATIVE SUPPORT SERVICES	23
TRANSFORMATION, POLICY AND PERFORMANCE	29
APPENDICES	
APPENDIX A – TRANSFORMATION WORKGROUPS.....	31
APPENDIX B – STAKEHOLDER INPUT.....	35
APPENDIX C – REGULATORY PROVIDER AND FACILITY TYPES.....	39
APPENDIX D – PUBLIC HEALTH PROGRAMS DEFINED	41
APPENDIX E – PROCUREMENT AND CONTRACTING CHANGES.....	43
APPENDIX F – HHS SYSTEM AGENCIES TODAY	45
APPENDIX G – ADVISORY COMMITTEES AND HHS EXECUTIVE COUNCIL.....	53

Introduction

Introduction

Every day, millions of our state’s most vulnerable residents depend upon the Texas Health and Human Services (HHS) system for a wide range of vital benefits and services – everything from Medicaid and food benefits to public health programs; protection from abuse, neglect and exploitation; and long-term services and supports for older individuals and individuals with disabilities. Collectively, this system performs one of the most noble and essential functions in state government.

In 2003, the 78th Texas Legislature approved House Bill 2292, consolidating 12 HHS agencies into five. In the ensuing 10 years, HHS worked to provide services under this streamlined model. When the Sunset Commission began its almost two-year analysis in 2013, that review was the first formal measure of the previous consolidation. The findings and recommendations of the Sunset review formed the basis for the 84th Texas Legislature’s directive to transform today’s HHS system.

With the passage of that legislation, HHS was given an opportunity to develop a more fully streamlined, efficient system that more effectively provides services and benefits. Senate Bill 200 outlines a phased approach to this restructuring. The first phase transfers the following programs and functions to the Health and Human Services Commission (HHSC) by September 1, 2016: select functions at the Department of Assistive and Rehabilitative Services (DARS), client services at the Department of

The passage of Senate Bill 200 gives HHS an opportunity to develop a more fully streamlined, efficient system that more effectively provides services and benefits.

Aging and Disability Services (DADS) and the Department of State Health Services (DSHS), and administrative services that support those respective core services of the HHS system. As a result of this transfer and the transfer of other programs to the Texas Workforce Commission (TWC), DARS will be abolished on September 1, 2016. Additionally, the Nurse Family Partnership and Texas Home Visiting programs transfer from HHSC to the Department of Family and Protective Services (DFPS), which will continue its focus on protective services.

In the second phase, regulatory programs as well as management of the operations of the state supported living centers and state hospitals will transfer to HHSC by September 1, 2017, and DADS will be abolished. After these transfers, DSHS’ streamlined structure will focus on its core public health functions.

While the Sunset review and Senate Bill 200 provide the impetus for restructuring the HHS system, this transformation will go beyond that initial direction, changing not only the system’s organization, but also the way it delivers services.

The goals are to produce an accountable, organized system that is easier to navigate for Texans seeking information, benefits or services; promote a culture of shared responsibility for success through teamwork, effective communication and support of HHS staff; create clear lines of accountability for decision making; and use data to clearly measure outcomes. Coordination between interdependent areas across the system to facilitate communication, program improvement and accountability is imperative.

For transformation to succeed, the HHS system must plan, deliver and evaluate services with a

focus on improving the health, safety and well-being of Texans, as well as promoting the vision of making a meaningful difference in the lives of those it serves.

The first step in the transformation process began on September 1, 2015, when the Health and Human Services Executive Commissioner established the Transformation, Policy and Performance Division to coordinate these efforts. Staff in this division facilitate the creation of a new structure, guide the varied groups involved, manage stakeholder input efforts and coordinate all transformation activities.

Initial activities began with a system-wide, in-depth analysis that catalogued the functions of each program within HHS, noting interdependencies throughout the system. The Executive Commissioner appointed more than 200 representatives from all of the HHS agencies and the Inspector General to 13 workgroups, each of which focused on a core program function or administrative support service. A description of each workgroup can be found in Appendix A.

To begin, each group discussed the functional analyses, considered stakeholder input and developed high-level recommendations for a more functional, responsive and efficient structure of their assigned area. The groups identified advantages and risks of each potential change, as well as how those risks could be mitigated.

Stakeholders provided input on the restructuring of health and human services at eight public hearings across the state – held December 2, 8, and 10, 2015, and January 5, 7, 11, 13 and 19, 2016. HHSC also released two online surveys seeking input from external stakeholders and employees on specific aspects of the transformation, including how to improve services and identify best practices.

The workgroups' recommendations and this Transition Plan reflect feedback received by external stakeholders and employees. For a summary of feedback, see Appendix B.

This report reflects the first steps in a thoughtful, measured approach to consolidation. As transformation began, the greatest challenges were how to restructure the largest, most complex areas of the HHS system in a tight timeframe and ensure no negative impact to services. Mitigating risks necessitates a multi-step process – broader structural moves first, more in-depth, detailed consolidation second. As such, many of the transformation benefits begin in the second phase of work that addresses process redesign and best practices.

The following sections describe the workgroups' initial efforts to outline the new system's basic structure. However, the more substantial, programmatic moves and integration will occur methodically over time. This work will continue with a more in-depth focus on program operations within the transformed structure – with the continued goal of breaking down organizational silos, better connecting like functions and strengthening the overall delivery of services.

Summary of Divisions ---

Health and Human Services Divisions

Restructuring a system as complex and vast as health and human services requires knowledge of hundreds of programs and an understanding of how these programs are related. The Executive Commissioner created 13 workgroups – seven to recommend how the system’s core programmatic functions should be organized and six to address how to centralize and wrap-around administrative functions to support the program areas. Staff from various levels and backgrounds discussed how to build a structure that meets the needs of clients, as well as how to mitigate risks related to such a significant reorganization.

The transformed HHS system will consist of seven core program divisions organized along functional lines, including DSHS and DFPS. These divisions will serve as the structure for grouping similar programs and services, making it easier for clients to navigate services and benefits. Additionally, six administrative divisions will support these operations. The new structure also eliminates DADS and DARS as separate agencies, merging their functions into HHSC.

The new functionally aligned structure moves all Medicaid programs into a single division, creates a new Community Services Division that groups all non-Medicaid contracted and direct services together, consolidates non-public health-related regulatory functions, and redefines the Chief Deputy Executive Commissioner position to guide and coordinate core client service programs and operational support, such as information technology (IT). The improved structure also includes the Transformation, Policy and Performance Division to coordinate policy and performance measurement activities across the system.

Each division also includes new cross-division coordination and improvement, program evaluation, stakeholder and provider relations, and division support functions. These functions are replicated across each of the divisions to better connect and integrate programs and services across the HHS system, continually evaluate and make improvements to service provision, assist and respond to stakeholder and provider issues, and connect programs with administrative support.

The transformed HHS system will simplify and streamline the delivery of services by reducing fragmentation and inefficiency. This new system will seek to break down silos by better organizing and connecting similar functions, reducing the

HHS System Mission

Improving the health, safety and well-being of Texans through good stewardship of public resources.

HHS System Vision

Making a difference in the lives of the people we serve.

HHS System Values

Accountability: We operate in a manner that reflects honesty, integrity and reliability.

Collaboration: We work with clients, stakeholders, public and private partners, elected officials and our employees to make informed decisions and achieve excellence in service design and delivery.

Client-focused: We exist because people have needs, and we respect each and every person.

Independence: Our services and supports allow clients to reach their full potential.

Stewardship: We are focused on the appropriate use of resources entrusted to our care and use them efficiently, effectively and in a manner that builds public trust.

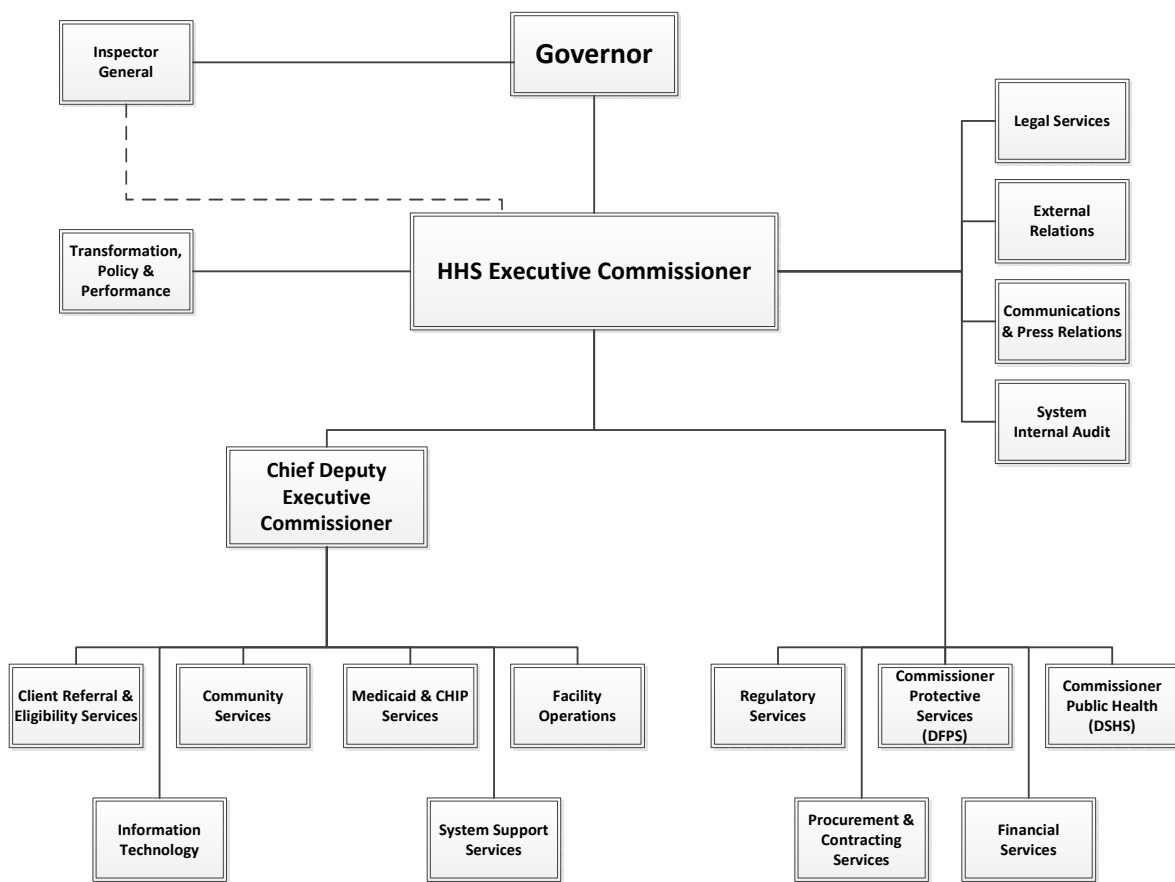
Transparency: We build confidence in our operations by being open, inclusive and holding ourselves accountable.

Diversity: We offer programs and services that value and respect the diversity of the State of Texas.

number of direct reports to the Executive Commissioner – allowing that role to focus more on policy and guiding the system instead of day-to-day agency operations – and clarifying lines of authority to improve accountability. Most importantly, transformation is an opportunity to create a structure for the development of an approach that will make it easier for clients to navigate the system.

As with any transformation, certain risks exist, especially when reorganizing large programs that serve millions of vulnerable people. While hard work remains, HHS staff is committed to resolving issues as they arise during the course of transformation.

The following functional chart illustrates the new, restructured HHS system. The sections that follow include a definition of each core program division. Descriptions of administrative support functions begin on page 23 of this Plan.



Client Referral and Eligibility Services – Determines client eligibility, serves as the entry point for services and provides information.

Community Services – Oversees or provides non-Medicaid client services, including aging services coordination, community care, family services, awareness and education, women’s primary and preventative services, children and youth services, primary and specialized services, behavioral health services, intellectual and developmental disability services, and rehabilitation services and supports.

Medicaid and Children’s Health Insurance Program Services (CHIP) – Develops policy, oversees provider and health plan contracts, and submits Medicaid State Plan amendments and waivers to the

Centers for Medicare and Medicaid Services.

Facility Operations – Oversees the operations of state hospitals and state supported living centers.

Regulatory Services – Provides state and federally mandated oversight and risk reduction for individuals and entities through the use of policy and rules, education, licensing, credentialing, inspection, survey, investigation and enforcement activities.

Protective Services (DFPS) – Works with communities to provide prevention services and to protect children, older Texans and people with disabilities from abuse, neglect and exploitation.

Public Health (DSHS) – Protects, promotes and improves the health and wellness of communities and populations by encouraging healthy behaviors; detects, monitors, prevents and controls the spread of infectious and chronic diseases; analyzes and reports disease trends; promotes injury prevention; identifies, treats, manages, prevents and reduces threats to environmental health; and coordinates emergency response and preparedness efforts.

Transformation, Policy and Performance – Coordinates policy and performance efforts across the HHS system, including transformation planning and coordination, strategic decision support, program evaluation, performance measurement, rules coordination and special projects.

Inspector General – Assists with the detection, investigation and prosecution of fraud in the HHS system.

New Function: Strategic Operations and Coordination – Created as a new unit within each division and reporting directly to the Deputy Executive Commissioner of that division, the following functions serve to ensure quality in service provision and establish coordination links to provide a global perspective across the entire system.

Cross-Division Coordination and Improvement – Coordinates and connects programs and services across the HHS system.

Program Evaluation – Conducts regular and systematic evaluations of program operations to ensure the division provides quality services.

Stakeholder and Provider Relations – Establishes and maintains effective relationships with stakeholders and providers to receive input and ensure transparency and accountability.

Division Support – Serves as liaison for IT, external relations, budget, procurement and contracting, human resources (HR), and communications.

Medical and Social Services

Three workgroups proposed a structure that will transform how medical and social services are provided in Texas. To better integrate and connect like services, the workgroups established structural links among all eligibility, policy and quality areas. The workgroups developed the following guiding principles.

- Eligibility – Many programs where HHS staff determines client eligibility will be consolidated into a centralized division. Oversight of contracted eligibility functions and determinations that are part of case management will remain with the programs. All eligibility functions, regardless of whether they are directly provided by staff or contracted, will be connected through an integrated eligibility process that will begin development in the second phase of transformation.
- Policy and Quality – Policy and quality functions will remain closely tied to the programs. A separate department will be created within each division to provide agency leadership with an overarching perspective on policy and quality for the entire division, as well as to coordinate across other divisions.
- Maintaining Program Connections – Programs that work well in the current structure will not be broken apart unless a substantial benefit for doing so can be demonstrated.

Medical & Social Services Defined

Activities designed to promote and improve the health and welfare of individuals through streamlined access to and delivery of medical and social services, including eligibility determinations, program enrollment and provision of financial and medical assistance, preventative care services, acute care services, and long-term services and supports; developing new service delivery models; ensuring network adequacy and quality service delivery through provider contracting; and overseeing the delivery of services and supports to ensure compliance with contractual agreements.

After conducting a thorough analysis of all programs and services, meeting with subject matter experts, reviewing stakeholder input and identifying interdependencies among programs, the workgroups proposed structuring medical and social services into three divisions: Client Referral and Eligibility Services, Community Services, and Medicaid and CHIP Services. Bringing together these three divisions sets the stage to better coordinate access points and oversee service delivery.

The new structure repairs the existing fragmented structure by consolidating similar eligibility, Medicaid and community services. Creating a centralized structure that connects similar programs will make it easier for clients to locate and access services, and for the HHS system to better meet the needs of the whole person.

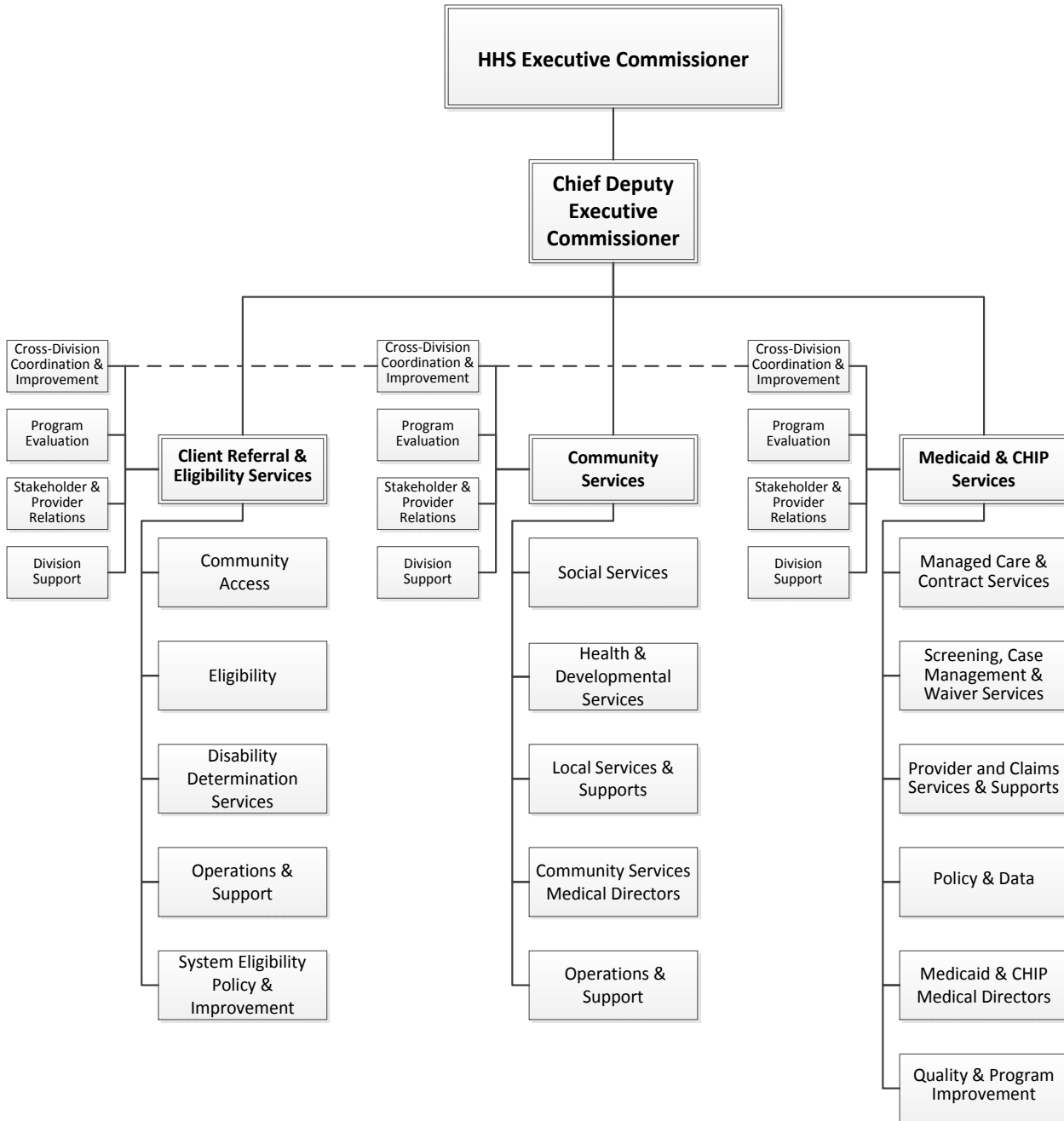
The need to connect services at the community level with the Medicaid program is greater than ever. The structure combines all community-based services and connects them to Medicaid in ways not afforded today. For example, bringing all women’s health programs to HHSC allows pregnant women on Medicaid to more easily receive family planning services post-delivery, ensuring better birth outcomes. In addition, the structure allows for more coordinated services for individuals transitioning into and out of Medicaid, and will work with the Client Referral and Eligibility Services Division to coordinate eligibility functions.

This new structure also creates clearer lines of accountability, with the medical and social services programs reporting to the Chief Deputy Executive Commissioner through three deputy-level commissioners. This streamlined reporting structure allows for issues to be elevated to leadership and resolved in a more coordinated way.

While benefits to the new structure exist, forming the structure is not without risks, which include potential disruption of services, creation of new silos within the three divisions and smaller programs being overshadowed by larger ones. To mitigate such risks, it will be essential to ensure that no services are lost, problems continue to rise to agency leadership, and cross-division communication and coordination is expanded and encouraged.

The functional chart below provides a high-level overview of how the medical and social services divisions would be structured.

Proposed Medical and Social Services Divisions



Client Referral and Eligibility Services

Program Transfers At-A-Glance	
<i>Date of Transfer:</i>	September 1, 2016
<i>Programs Transfer from the Following Agencies:</i>	<ul style="list-style-type: none"> • DADS • DSHS • DARS • HHSC
<i>Division Director Appointed:</i>	July 1, 2016

In contemplating a division specifically for information and referral services, interest list management, and eligibility functions, the first challenge was to determine whether to separate smaller eligibility functions from larger programs in order to centralize other like functions, or whether breaking that link would hinder the delivery of services.

The new eligibility structure groups like functions into three sub-divisions: Community Access, Eligibility, and Operations and Support. A fourth sub-division, Disability Determination Services, is funded entirely through the Social Security Administration, necessitating that it move as a whole.

This configuration requires less structural change in the short term, but will lead to streamlined processes and increased coordination and integration over time. By aligning like services, it moves the system closer to the ultimate goal of creating a centralized approach to finding services. Today’s fragmented system creates inefficiencies in eligibility determinations and can hinder clients getting the services they need.

In addition, a separate unit will coordinate with all HHS divisions to ensure strong connections between the division that determines eligibility and the divisions that provide services. An important focus of this area will be to coordinate with the eligibility functions not included in this division – working to create a more streamlined system that is easier for clients to navigate. True integration of eligibility determination and client referral services will rely heavily on administrative support, including IT improvements. Some risks can be mitigated by determining what current eligibility systems can be leveraged or improved to meet this larger need.

Client Referral & Eligibility Services Defined

Client Eligibility is the verification and documentation of whether a person meets or complies with a requirement necessary to qualify for a benefit or program or to participate in an activity.

Client Enrollment is the process of being accepted or registered for a program or service.

The functional chart on the following page illustrates the Client Referral and Eligibility Services Division, and the descriptions below summarize each department within it.

System Eligibility Policy and Improvement – Integrates and connects eligibility functions across divisions to allow for a full array of services to be offered to treat the whole person.

Community Access – Provides information, application assistance and referral services for programs and services critical to individuals and families in need; assists with the maintenance and coordination of interest lists; ensures individuals are connected to needed services; and provides general operational support.

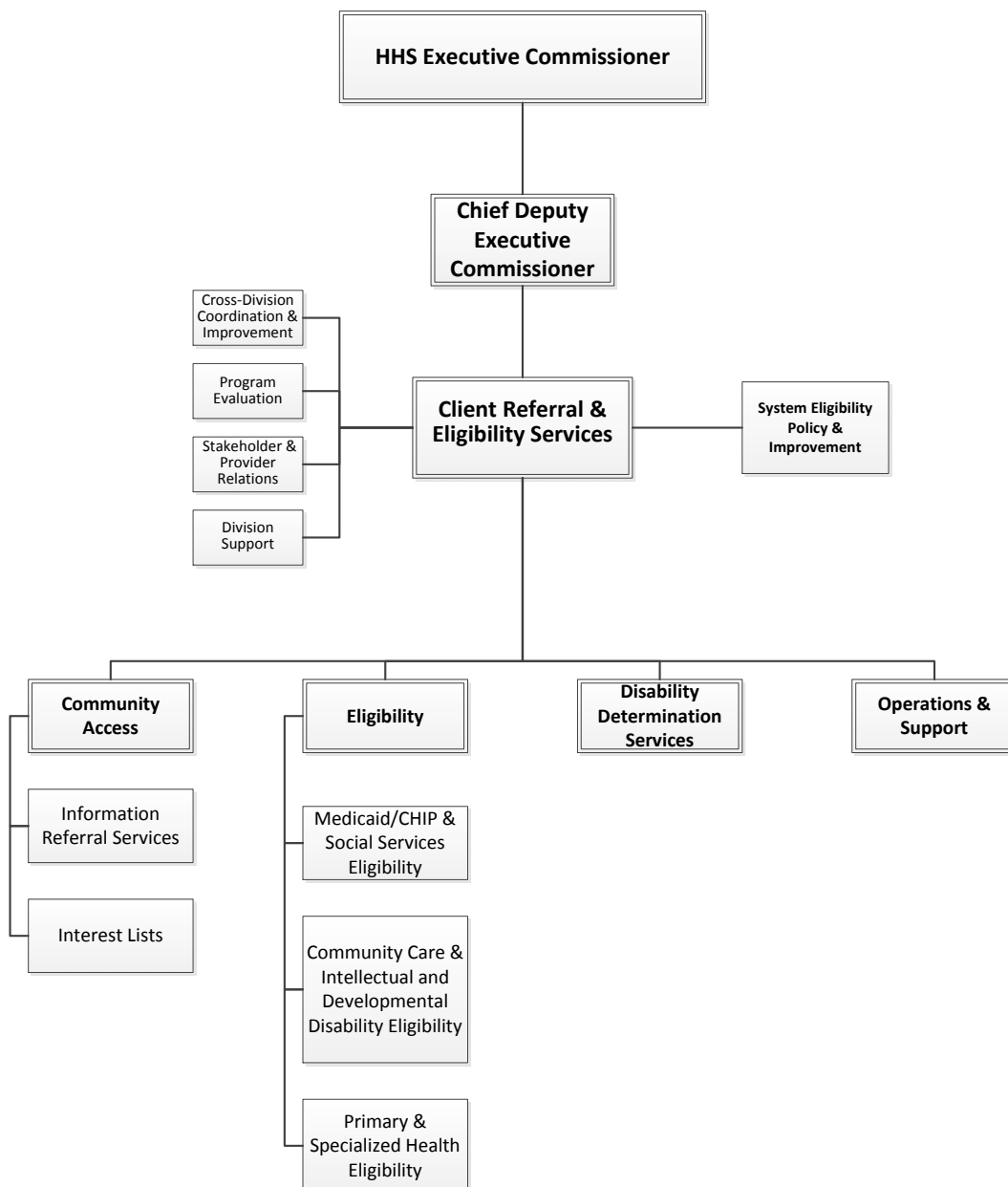
Eligibility – Determines financial and functional eligibility for programs such as Medicaid, CHIP, Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, intellectual

and developmental disability waiver programs, Children with Special Health Care Needs, Healthy Texas Women, and the Primary Health program.

Disability Determination Services – Makes disability determinations for Texans with severe disabilities who apply for Social Security Disability Insurance or Supplemental Security Income.

Operations and Support – Provides operational and administrative support to eligibility services, including contract management; monitors and evaluates program performance to ensure clients receive high-value services; coordinates and supports the development of policies and rules; and utilizes data to help agency leadership make informed decisions.

Proposed Client Referral and Eligibility Services Division



Community Services

Program Transfers At-A-Glance	
<i>Date of Transfer:</i>	September 1, 2016
<i>Programs Transfer from the Following Agencies:</i>	<ul style="list-style-type: none"> • DADS • DSHS • DARS • HHSC
<i>Division Director Appointed:</i>	July 1, 2016

Community services represent more than 70 programs serving millions of Texans. To ensure ease of access for clients, similar programs are grouped together based on the type of service or the population served.

Bringing all community service programs under a single division at HHSC streamlines and centralizes the operating structure for similar programs, making it easier for clients to navigate the HHS system and receive services. For example, both DARS and HHSC currently operate brain injury programs and offer rehabilitative services.

Community Services Defined

Oversees or provides non-Medicaid client services, including aging services coordination, community care, family services, awareness and education, women’s primary and preventative services, children and youth services, primary and specialized services, behavioral health services, intellectual and developmental disability services, and rehabilitation services and supports.

Restructuring large programs that serve millions of people does pose risks. The challenge of organizing so many non-Medicaid programs is further complicated by the diversity of services provided, ranging from overseeing mental health services to promoting healthy marriages. Risks include breaking connections between services and certain Medicaid-funded programs. Locating all programs within HHSC, careful planning and working closely with stakeholders can mitigate these and other risks.

The functional chart on the following page illustrates how community service programs would be organized, and the following descriptions summarize the programs that would fall into each department.

Social Services – Helps aging individuals living independently or aging in place in the community, works with community-based organizations to help individuals make informed decisions, connects families with needed services, and raises awareness on topics that benefit Texans. Examples of programs include: Day Activity and Health Services, Home Delivered Meals, Family Violence, and Healthy Marriages.

Health and Developmental Services – Oversees and provides reproductive and preventative health services to eligible women; assists children and youth in meeting daily needs and living independently in the community; and provides medical, preventative and screening services to specific populations or to treat specific medical conditions. Examples of programs include: Healthy Texas Women, Early Childhood Intervention, Children’s Autism, and Kidney Health Care.

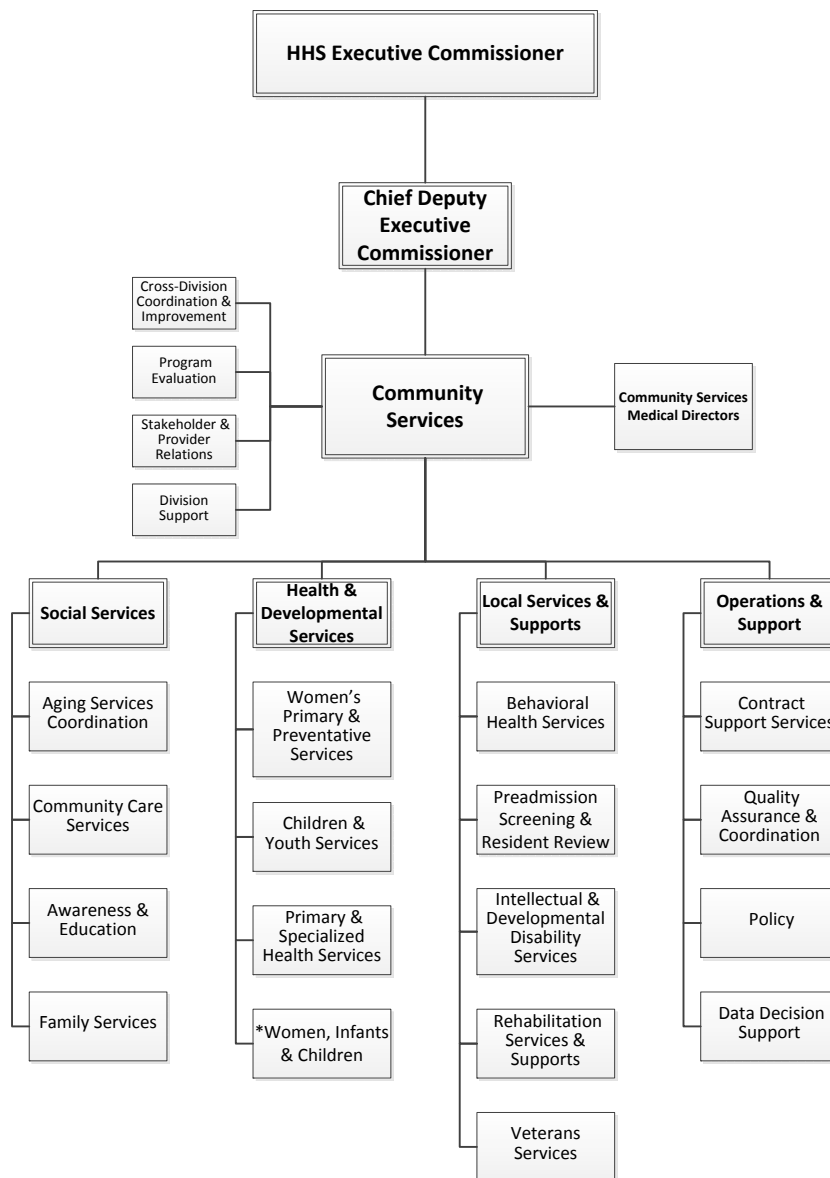
Local Services and Supports – Oversees the delivery of mental health and crisis services provided by Local Mental Health Authorities and substance abuse services provided by contracted providers; oversees intellectual and developmental disability services provided by Local Intellectual and Developmental Disability Authorities; and helps people with disabilities live independently in the community by providing education and employment services. Examples of programs include: adult

and children’s mental health programs, independent living services, employment services and veteran services.

Operations and Support – Provides operational and administrative support to all Community Services programs, including contract support; monitors and evaluates program performance to ensure clients receive high-value services; coordinates and supports the development of policies and rules; and utilizes data to help agency leadership make informed decisions.

Community Services Medical Directors – Provides medical oversight and clinical consultation and reviews appeals related to medical necessity and eligibility.

Proposed Community Services Division



* A final decision regarding transferring WIC from DSHS to HHSC has not yet been made.

Medicaid and CHIP Services

Program Transfers At-A-Glance	
<i>Date of Transfer:</i>	September 1, 2016
<i>Programs Transfer from the Following Agencies:</i>	<ul style="list-style-type: none"> • DADS • DSHS • HHSC
<i>Division Director Appointed:</i>	July 1, 2016

The restructured Medicaid and CHIP Services Division brings all Medicaid programs from the HHS agencies under a single division at HHSC. Services will be grouped based on functional similarities. Clearer lines of accountability will be created by placing one person in charge of the entire Texas Medicaid program, and eliminating unnecessary or duplicative reporting structures. This revamped structure also allows agency leadership to see a fuller picture of how the Medicaid program is performing, monitor and evaluate Medicaid costs, and ensure clients receive appropriate services.

The greatest risk is the potential difficulty of effectively managing such a large structure. To lessen risks, it will be essential to identify clear and objective performance measures and quickly elevate any potential issues to agency leadership. A key goal for transformation is to ensure that clear connections between Medicaid functions and other client services programs are established and that the functions work with one another efficiently and effectively.

Medicaid & CHIP Services Defined

Medicaid and CHIP are jointly funded state and federal healthcare programs that serve more than 4.7 million Texans each year. As the single state agency designated to administer Medicaid, HHSC sets policy, determines client eligibility, oversees provider and health plan contracts, and submits Medicaid State Plan amendments and waivers to the federal Centers for Medicare and Medicaid Services.

The functional chart on the following page illustrates how Medicaid and CHIP Services would be organized, and the descriptions below summarize the types of services that would fall into each department.

Managed Care and Contract Services – Manages, oversees and enforces all Medicaid contracts, including managed care, traditional Medicaid and medical transportation contracts. This sub-division’s primary responsibility is to ensure contractors’ performance results in high-quality services and improved management of program costs.

Screening, Case Management and Waiver Services – Operates and oversees Medicaid Home and Community Based Services waivers as well as provides case management and screening services for children, older Texans and individuals with disabilities.

Provider and Claims Services and Supports – Oversees and guides the Medicaid claims administrator, adjudicates claims, enrolls providers into Medicaid, coordinates clients’ benefits, manages data, and assists clients and providers.

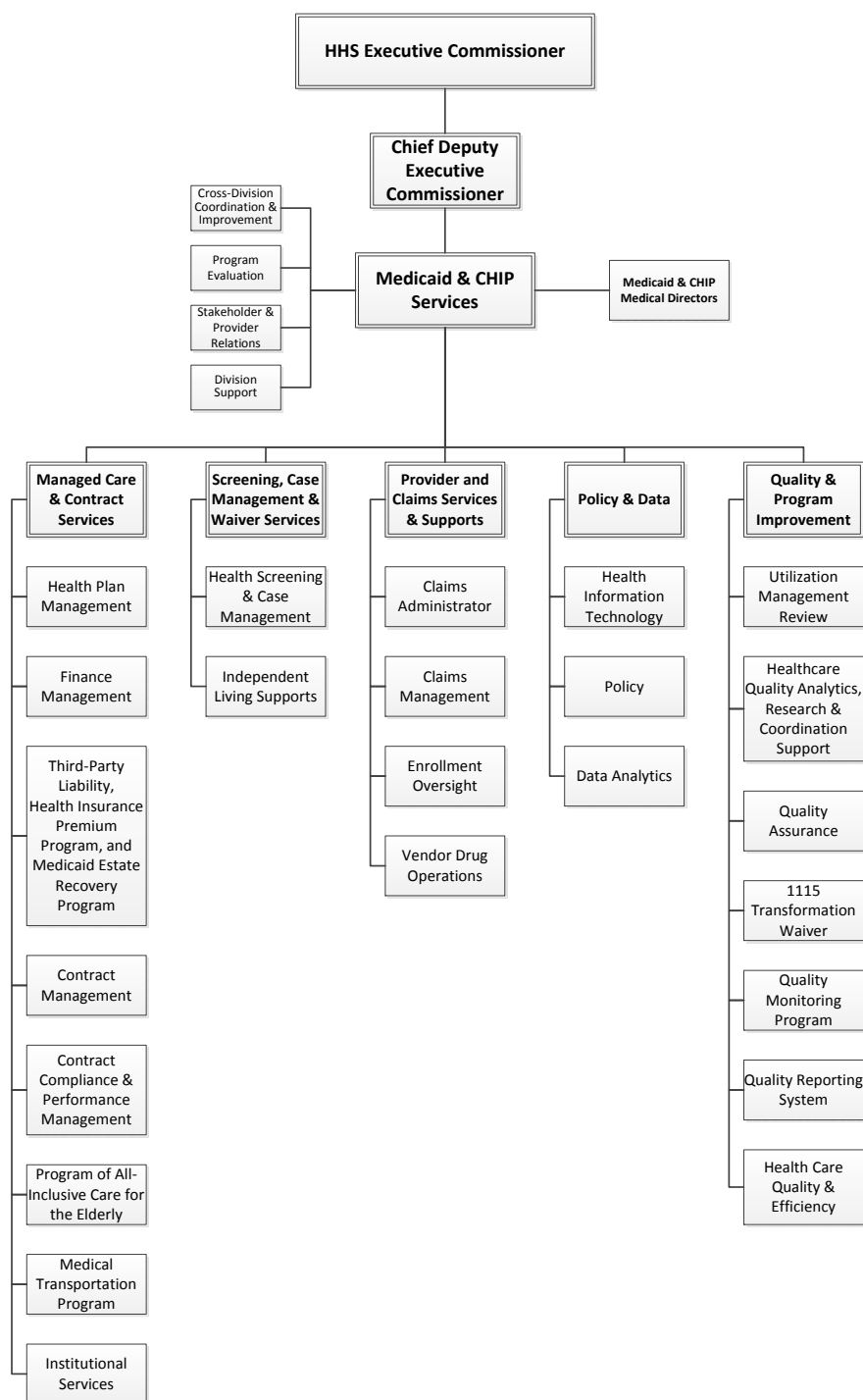
Policy and Data – Develops all Medicaid policies, procedures and rules, including defining medical benefit policies, compiling and interpreting data for decision-making and reporting, and coordinating and promoting the adoption of health information technology.

Quality and Program Improvement – Establishes, monitors and evaluates quality and performance

standards related to service delivery, including quality-based payment structures, Delivery System Reform Incentive Payment (DSRIP) projects associated with the 1115 Transformation Waiver and utilization management reviews.

Medicaid and CHIP Medical Directors – Provides medical oversight and clinical consultation as well as reviews appeals related to medical necessity and eligibility.

Proposed Medicaid and CHIP Services Division



Regulatory Services

Program Transfers At-A-Glance	
<i>Date of Transfer:</i>	September 1, 2017
<i>Programs Transfer from the Following Agencies:</i>	<ul style="list-style-type: none"> • DADS • DSHS • DFPS • DARS
<i>Division Director Appointed:</i>	July 1, 2017

While regulatory functions will not be consolidated until September 1, 2017, planning is well underway to create a new, centralized structure that consolidates regulatory services from DADS, DARS, DFPS and DSHS into a single organizational structure. Organized by facility type or profession regulated, this new structure will make it easier for the public, providers, and regulated entities and individuals to locate and access services, as well as to report and resolve complaints and incidents. Grouping like functions for similar programs streamlines the regulatory process, enhances staff expertise, improves communication and accountability, and allows for collaboration and sharing of resources across different regulatory programs.

Transforming how the HHS system provides regulatory services is not without risks or challenges. For example, under the new structure, HHSC will operate state facilities while also performing regulatory oversight responsibilities. Over the next 18 months, extensive planning will need to occur to ensure no new silos are created, staff are re-trained to provide an expanded array of regulatory activities, information is provided to the public and providers so they know how to navigate the new structure, and important connections are maintained between childcare licensing and DFPS. A list of regulated entities by provider and facility type can be found in Appendix C.

Although significant work remains, the proposed high-level functional structure on the following page shows how the Regulatory Services Division would be organized.

Long-Term Care and Acute Care Regulation – Inspects, surveys, investigates and enforces state and federal laws, rules and regulations for long-term care, home health, hospice and acute care providers and facilities.

Childcare Regulation – Inspects, investigates and enforces statewide health and safety standards for daycare and residential operations, as well as educates providers and families.

Professional and Occupational Regulation – Screens applications and issues licenses and certificates for nursing facility administrators, medication aides, nurse aides, social workers, professional counselors, clinical supervisors, home health administrators, chemical dependency counselors, sex offender treatment providers, marriage and family therapists, licensed administrators and interpreters.

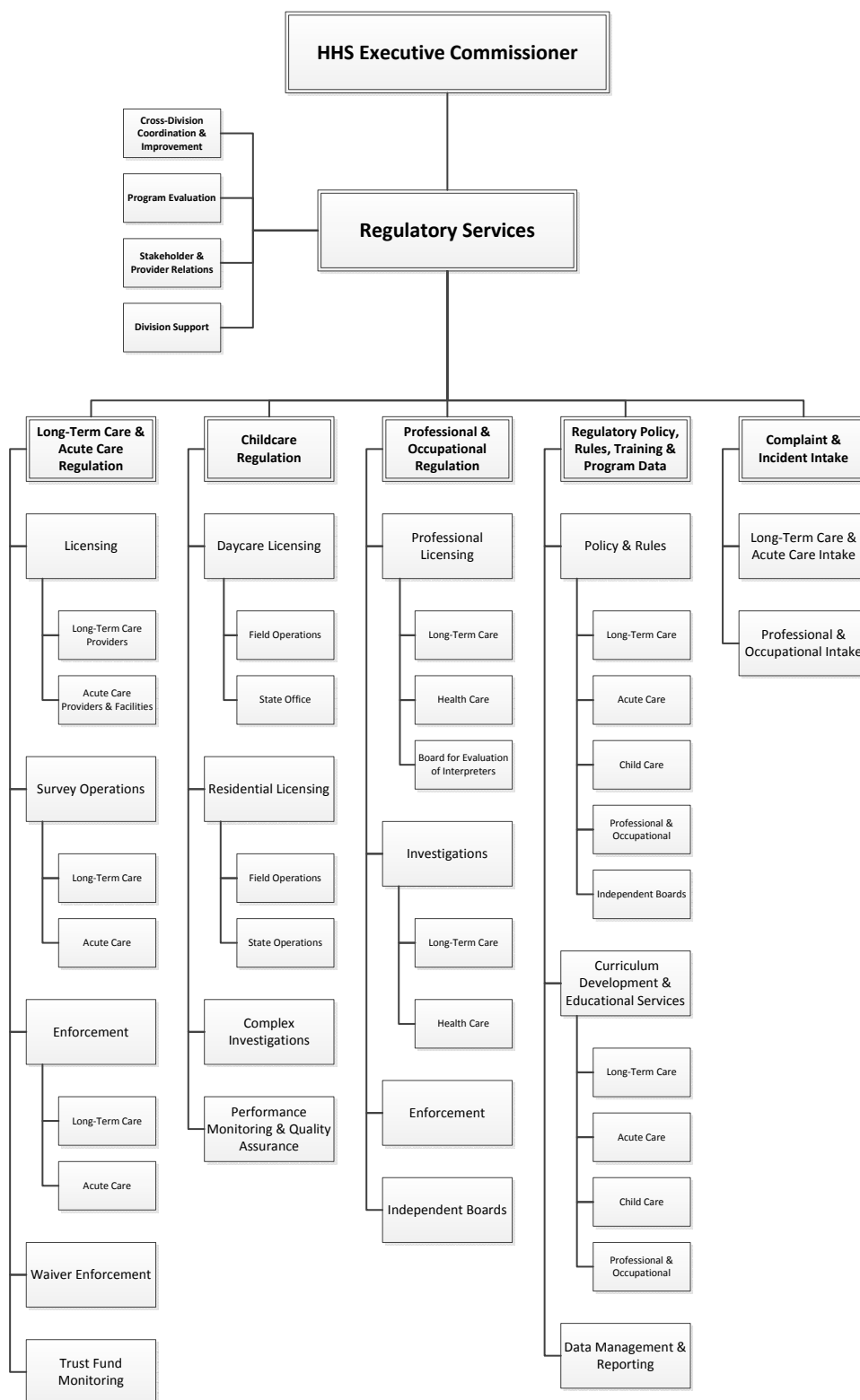
Regulatory Policy, Rules, Training and Program Data – Develops and coordinates policy, rules and training curriculum for regulatory programs; maintains records; and collects and reports data.

Regulatory Services Defined

Protects the health, safety and welfare of vulnerable Texans and helps individuals and entities comply with state and federal laws and regulations. The new division will license, credential, inspect and survey, investigate, enforce, train, and develop policy for long-term care providers and occupations, acute care facilities, certain healthcare professions and occupations, childcare providers, and interpreters.

Complaint and Incident Intake – Receives and refers regulatory complaints submitted by the public, clients, providers and licensees.

Proposed Regulatory Services Division



Facility Operations

Program Transfers At-A-Glance	
<i>Date of Transfer:</i>	September 1, 2017
<i>Programs Transfer from the Following Agencies:</i>	<ul style="list-style-type: none"> • DADS • DSHS • HHSC
<i>Division Director Appointed:</i>	July 1, 2017

As with Regulatory Services, consolidation of facility operations will not occur until September 2017. However, the development of a new, centralized structure has begun. Once established, the Facility Operations Division will consist of the 12 state supported living centers (SSLCs) now operated by DADS and the 12 state facilities operated by DSHS. Management of operations will be organized in a way that allows these facilities to better collaborate, thereby reducing redundancy and strengthening service delivery.

Transforming this structure will require in-depth planning over the next year to identify barriers that may negatively impact service coordination. Planning also will focus on enhancing the important connections between these facilities and the local mental health and intellectual and developmental disability authorities, ensuring smooth transitions for admission to a facility or as residents move to community settings.

The functional chart on the following page offers an initial, high-level structure for the Facility Operations Division, and the summaries below describe the areas within the division.

Facility Operations Defined

Operation of two types of state-owned facilities – those that provide 24-hour care and inpatient psychiatric services to individuals with serious mental illness, and those that provide campus-based direct services and supports to people with intellectual and developmental disabilities.

Forensic Director – Coordinates and oversees forensic services statewide, including evaluations of forensic patients, transition of forensic patients from inpatient to outpatient or community-based services, community forensic monitoring, and forensic research and training.

State Supported Living Centers – Manages 12 SSLCs and the Intellectual and Developmental Disabilities Unit of the Rio Grande State Center.

State Hospitals – Manages the 12 state-operated facilities, including nine mental health hospitals, the psychiatric inpatient unit and public health outpatient clinic of Rio Grande State Center, and one infectious disease hospital, the Texas Center for Infectious Disease. This department also operates the Waco Center for Youth, a psychiatric residential treatment center.

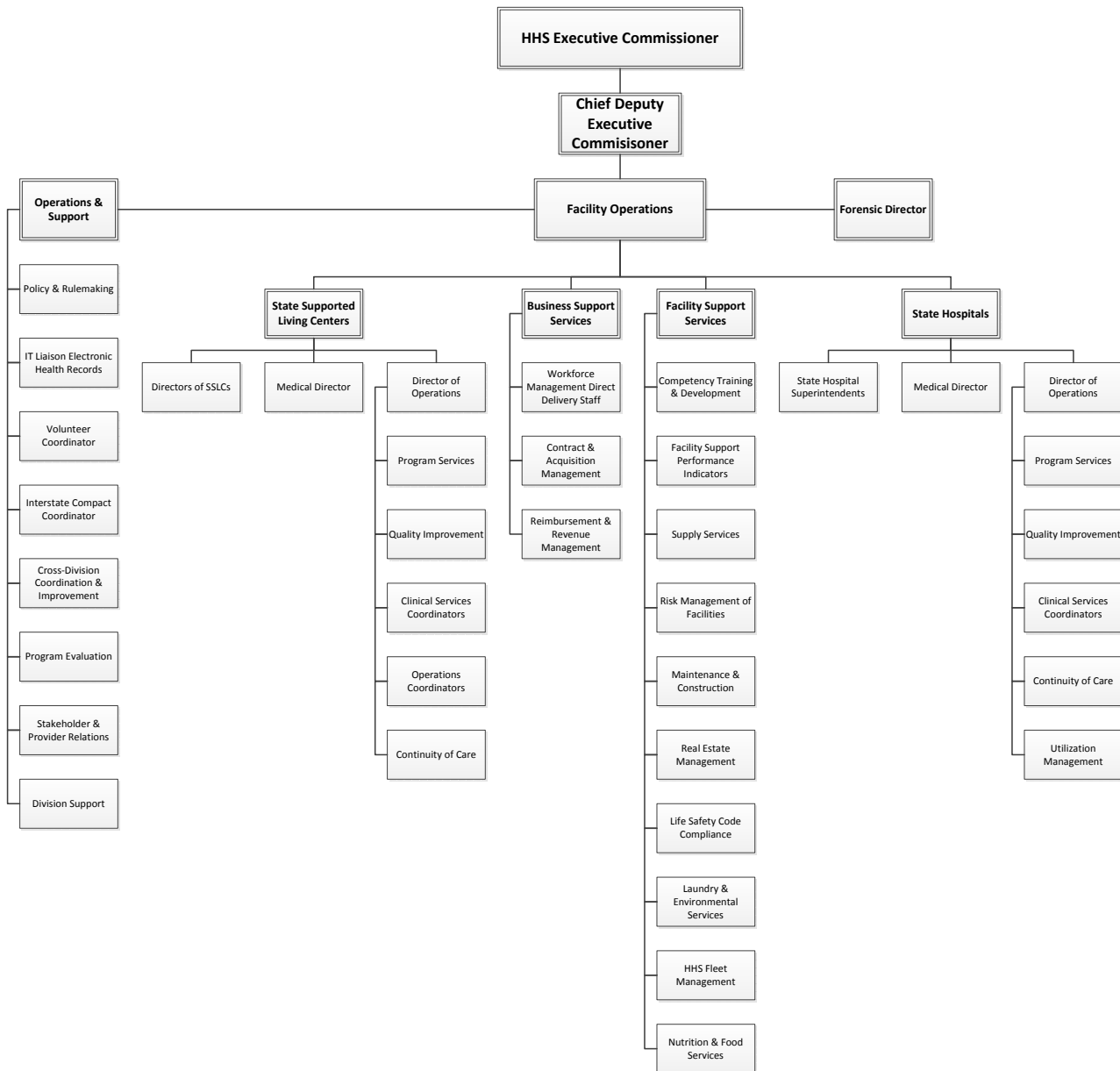
Business Support Services – Establishes budgets for all the facilities and the state office, monitors adequacy of staffing ratios, monitors capital construction requests and coordinates with the assistant directors of administration (SSLCs) and business managers (state hospitals) at each facility.

Facility Support Services – Provides facilities management for the state hospitals and SSLCs, handling functions such as food and laundry services and construction project oversight. HHSC currently provides these services for state-operated facilities managed by DADS and DSHS. This new division

brings that support structure together with the operational oversight.

Operations and Support – Provides operational and administrative support for the Facility Operations Division, including coordinating and supporting the development of policies and rules, coordinating with IT on electronic health records, and utilizing performance data to help agency leadership make informed decisions.

Proposed Facility Operations Division



Department of Family and Protective Services

Program Transfers At-A-Glance	
<i>Date of Transfer:</i>	No later than September 1, 2016
<i>Programs Transfer from the Following Agency:</i>	<ul style="list-style-type: none"> • HHSC

Currently structured as a separate agency in the broader HHS system, DFPS will continue to focus on child and adult protective services and the prevention of child abuse and neglect through its prevention and early intervention programs. Additionally, DFPS will continue to operate the statewide contact center for abuse, neglect and exploitation intakes. To streamline the agency’s mission, current DFPS programs regulating residential childcare and daycare facilities would transfer to the Regulatory Services Division in 2017.

The chart on the following page illustrates how DFPS would be organized on September 1, 2017, and the descriptions that follow outline the differences between DFPS’ existing structure and changes contemplated in Senate Bill 200.

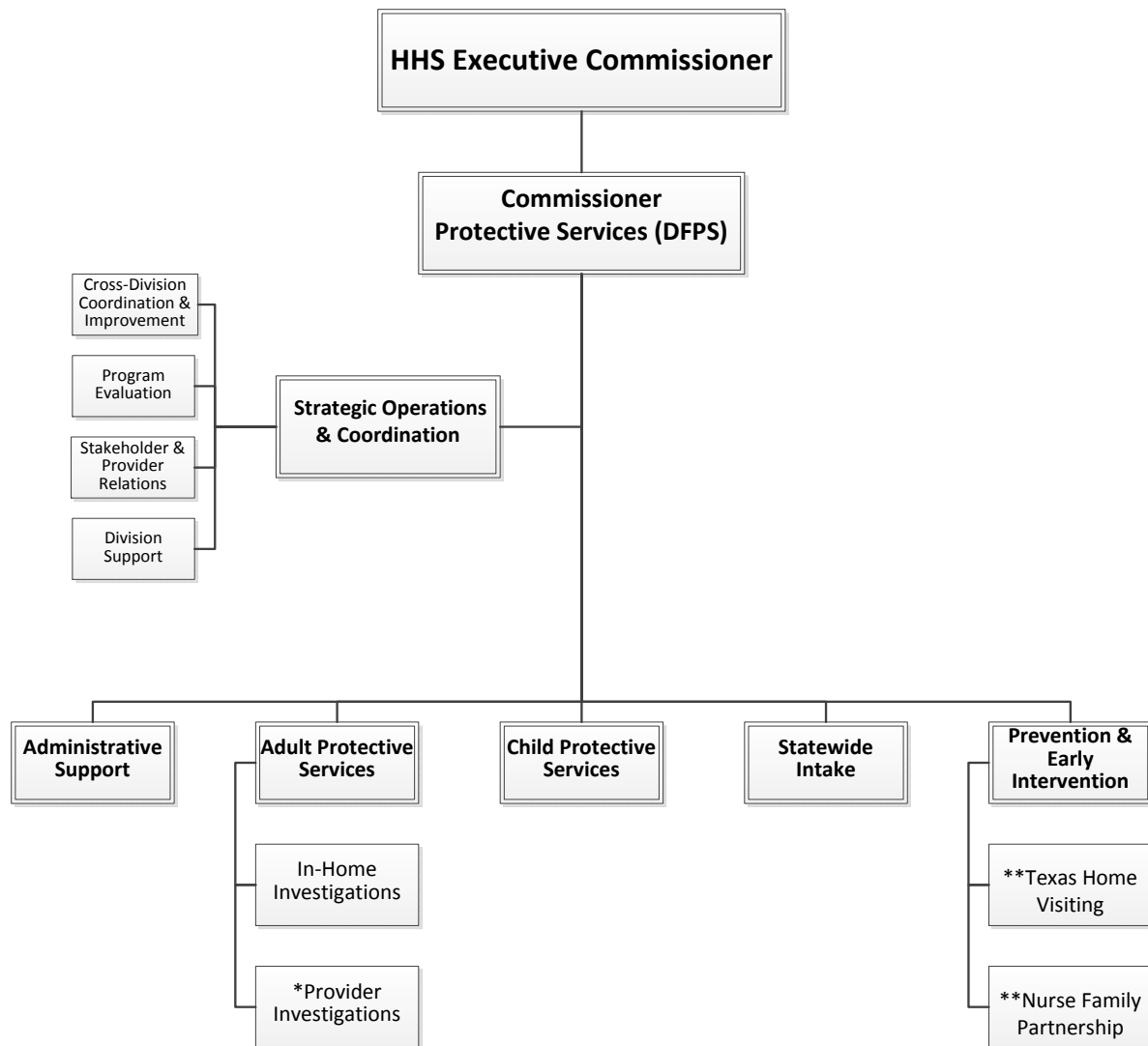
<p><i>Child Protective Services Defined</i></p> <p>Services include investigation of allegations of abuse, neglect or exploitation perpetrated against children. Services are provided primarily through investigations, family-based safety services and substitute care.</p>
<p><i>Adult Protective Services Defined</i></p> <p>Services include investigation of allegations of abuse, neglect or exploitation perpetrated against individuals aged 65 or older and individuals with disabilities.</p>
<p><i>Prevention & Early Intervention Defined</i></p> <p>Development, implementation and oversight of programs and services to prevent abuse, neglect, delinquency and truancy of children; and support, education, and counseling on health, parenting, child developmental issues, and life skills to individuals and families at risk of abuse or neglect.</p>

Adult Protective Services – DFPS would continue to investigate alleged abuse, neglect and exploitation of individuals receiving mental health, intellectual disability or developmental disability services in state-operated or state-contracted settings and Medicaid Home and Community Based Services consumers. This organizational structure maintains adult protective services as it is today and would require a corresponding statutory change.

Prevention and Early Intervention – Prevention and early intervention provide counseling and parenting classes to support healthy families through a network of community-based providers. In response to a Sunset Commission recommendation, the Texas Home Visiting and Nurse Family Partnership programs, currently housed at HHSC, will transfer to DFPS by September 1, 2016. The Sunset Commission also recommended that the Pregnant Post-Partum Intervention and the Parenting Awareness and Drug Risk Education programs, currently housed at DSHS, move to DFPS. However, these programs are recommended to move to HHSC to maintain strong links to other behavioral health programs.

DFPS’ organizational structure will remain in place until the Legislature has an opportunity to review the statutorily required study and recommendations on the continuing need for a separate department focused on protective services. That study will be submitted to the Transition Legislative Oversight Committee no later than September 1, 2018.

Proposed Department of Family and Protective Services Structure



* Statute requires that Provider Investigations move to HHSC as part of the Regulatory Division. However, Provider Investigations is recommended to remain at DFPS. This adjustment would require a statutory change.

** The Texas Home Visiting and Nurse Family Partnership programs are moving from HHSC to DFPS by 9/1/16 as a result of a Sunset Commission recommendation.

Department of State Health Services

Program Transfers At-A-Glance	
<i>Date of Transfer:</i>	September 1, 2016
<i>Programs Transfer from the Following Agency:</i>	<ul style="list-style-type: none"> • HHSC

Senate Bill 200 focuses DSHS on its core public health mission – transferring the agency’s client services programs to HHSC in 2016 and its regulatory functions and operation of state hospitals to HHSC in 2017. In addition, 17 occupational and professional regulatory programs are in the process of transferring to the Texas Department of Licensing and Regulation and the Texas Medical Board. The proposed DSHS structure streamlines the agency’s focus on public health programs such as infectious disease control and community health services, as well as public health services provided directly in communities.

The functional chart on the following page illustrates how DSHS would be organized on September 1, 2017, and the descriptions that follow outline the differences between DSHS’ existing structure and changes contemplated in Senate Bill 200. Public health programs remaining at DSHS are listed in Appendix D.

Public Health Services Defined

Services include protecting, promoting and improving the health and wellness of communities and populations by encouraging healthy behaviors; detecting, monitoring, preventing and controlling the spread of infectious and chronic diseases; analyzing and reporting disease trends; promoting injury prevention; identifying, treating, managing, preventing and reducing health problems related to environmental hazards; and coordinating emergency response and preparedness activities.

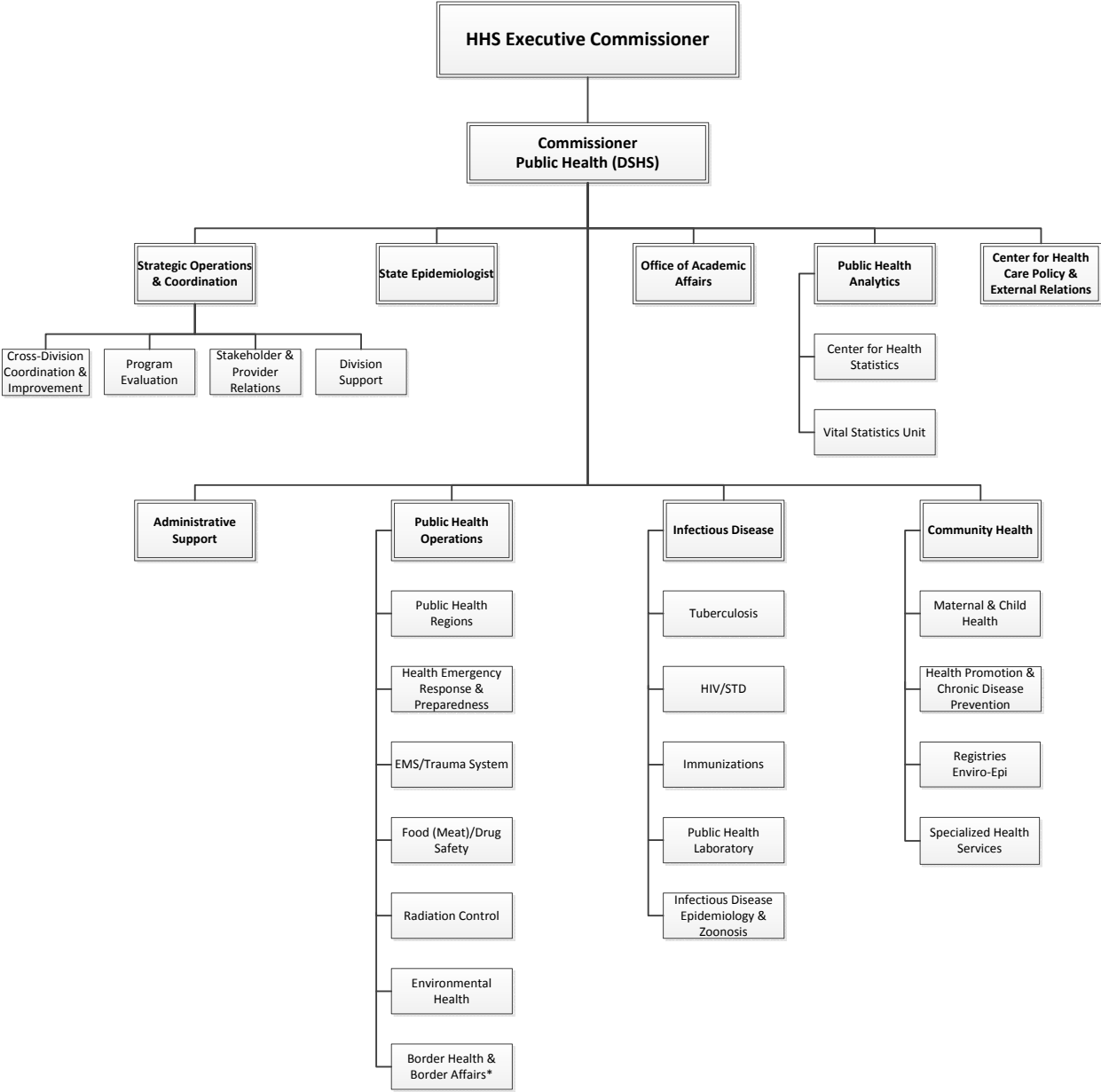
Public Health Operations – This division includes oversight and management of eight regional public health offices; the Texas emergency medical services and trauma care system; programs that identify and reduce health problems from exposure to radiation, food, drugs and other environmental hazards; and effective preparation and coordination of responses to health emergencies, including bioterrorism, infectious disease outbreaks and natural disasters.

Infectious Disease – This division includes laboratory services, disease surveillance, epidemiology, and disease prevention and control. Key functions include detecting and preventing the spread of infectious diseases; collecting and distributing data on infectious diseases and healthcare-associated infections; administering a system to immunize children and adults; providing laboratory analysis of specimens and samples, such as conducting newborn screening; and responding to biological or chemical threats and disease outbreaks.

Community Health – This division will create, implement and direct public health efforts, including population health, maternal, infant, child and adolescent health programs; encourage Texas communities and populations to engage in healthy behaviors; and work to detect, monitor and control chronic diseases, such as cancer, heart disease, stroke and diabetes.

DSHS’ organizational structure will remain in place until the Legislature has an opportunity to review the statutorily required study and recommendations on the continuing need for a separate agency focused on public health. That study will be submitted to the Transition Legislative Oversight Committee no later than September 1, 2018.

Proposed Department of State Health Services Structure



* Border Affairs is recommended to transfer from HHSC to DSHS, which may require a statutory change.

Department of Assistive and Rehabilitative Services and Texas Workforce Commission

Senate Bill 208, 84th Legislative Session, transfers four programs from DARS to the Texas Workforce Commission (TWC) by September 1, 2016. The goal of this move is to improve employment outcomes for persons with disabilities by consolidating program administration into local workforce development boards and centers.

The programs transferring to TWC are:

- Vocational Rehabilitation,
- Independent Living Services for Older Individuals Who are Blind,
- the Criss Cole Rehabilitation Center, and
- Business Enterprises of Texas.

While TWC is leading the transition, both DARS and HHSC remain involved in planning to ensure a successful transfer. Cross-agency workgroups are facilitating the transition focusing on communications, contracting, data performance, facility business operations, finance, HR, IT, legal, program and policy, and regulatory functions.

The workgroups completed project charters that outline focus areas and set transition milestones, and will evaluate all aspects of the transition to ensure continuity of services for clients, as well as to implement efficiencies at TWC. A steering committee with representatives from all three agencies oversees the workgroups and monitors the transition.

Eight DARS programs will transfer to HHSC September 1, 2016. These programs are:

- Children's Autism,
- Blind Children's Vocational Discovery and Development,
- Blindness Education, Screening and Treatment,
- the Independent Living Program,
- Comprehensive Rehabilitation Services,
- Deaf and Hard of Hearing Services,
- Early Childhood Intervention, and
- Disability Determination Services.

For additional details on the programmatic moves from DARS to TWC, please see the TWC Transition Plan located on the HHSC Transformation website.

Administrative Support Services

In addition to consolidating 12 HHS agencies into five, House Bill 2292 directed that administrative services supporting program operations be consolidated at HHSC. Senate Bill 200 revisits that original directive and underscores the need for HHSC to implement an efficient and effective centralized system, ensuring a strong connection between administrative services and the programs they support.

Senate Bill 200 directs a centralized structure for:

- strategic planning and evaluation,
- audit,
- legal,
- human resources,
- purchasing,
- contracting,
- financial management, and
- accounting services.

While the HHS system currently operates with some consolidated administrative support functions, a need for better coordination, which will ultimately contribute to the effective performance of the HHS system, exists. Six workgroups studied existing organizational structures and recommended structural changes that best provide clear accountability and a structure to support program needs. The administrative support services workgroups identified areas that demonstrate the highest potential for functional consolidation or structural change, with the goal of achieving efficiencies and systems improvement.

Final decisions regarding administrative support services structures are dependent, to some degree, on the structural changes in the core program areas within the HHS system and, accordingly, need to remain flexible until the core program structures are determined. To that end, a phased-in implementation approach over several years with specifically identified milestones to guide these organizational changes will mitigate disruption of services as new structures form.

To ensure ongoing accountability and direct responsiveness to the programs they serve, performance measures will be established to measure progress toward achievement of these milestones as well as to measure consolidation impact. The next Transition Plan, due to be submitted to the Transition Legislative Oversight Committee in December 2016, will contain updated information on the specific timeframes for administrative support service division structural changes, as well as detailed performance measure descriptions.

Administrative Support Services Defined

Provide day-to-day technical and operational support for programs, including purchasing, contracting, information technology, facilities management, accounting, budget and financial management, communications, media relations, government relations, internal audit, and human resources.

As each administrative support area consolidates functions, a formal memorandum of understanding (MOU) or other agreement will be executed between that administrative support functional area and each agency and division within the HHS system. This MOU will outline the responsibilities and expectations of the agency or division and the administrative support area. Each MOU will include specific requirements for soliciting and analyzing data and information regarding customer support, and at least annual evaluation of both the services provided and the personnel responsible for those services. The evaluation process will require input both from the customer (agency/division) and the

administrative support area. The Transformation, Policy and Performance Division will be responsible for assuring MOUs are executed and remain current, that periodic customer service surveys occur, that the annual evaluations of both services provided and personnel delivering those services are completed, and that follow-up actions to address concerns are executed and tracked to successful resolution.

The following sections give additional detail regarding changes in the seven major administrative support service areas within the HHS system.

Information Technology

Central to every aspect of the structure and delivery of health and human services in Texas is an effective IT framework. No aspect of day-to-day operations can function without extensive support from computer, data and management support systems.

As a first step to improving IT planning and project oversight across the system, several key IT leadership positions have been filled and carry responsibilities across the HHS system. These include a Chief Information Officer (CIO), Deputy CIO, Chief Information Security Officer and a Chief Technology Officer. These organizational changes are initial steps in creating an IT organizational structure that facilitates expanded and improved system-level engagement on IT initiatives, whether agency-specific or system-wide, with the ultimate goal of enhancing planning processes and improving the use of system resources.

For more than a year, a team of staff – including the IT information resource managers, the chief operating officers of each HHS agency and the HHS system CIO – worked to develop proposals that create a more efficient and effective structure for the planning, development, delivery and oversight of the HHS system’s many complex IT systems. The proposed structure creates an organization designed to support the day-to-day operations of the HHS system.

The fundamental purpose of this workgroup has been to carefully study the feasibility and efficacy of potential consolidation of functions and activities and how those organizational changes create value and improved responsiveness to the core functional areas within the HHS system. The culmination of their work was a proposal to fully consolidate specific IT functions including technology planning, information security, customer service and support, system services, data center services, IT business operations, project management and applications. The plan for consolidating IT functions includes specific interim milestones and a target completion date of September 1, 2018.

The phased-in approach to implementation of this recommended organizational structure allows for a more effective IT planning process that meets the needs of all agencies and divisions within the HHS system. The following dates indicate completion timeframes for major IT consolidation implementation milestones.

09/01/2016

- Establish IT Project Management Office
- Consolidate Chief Technology Office
- Consolidate Chief Information Security Office
- Transition of DARS IT staff to HHSC

12/01/2016

- Consolidate IT Data Center Services

- Consolidate IT System Services

09/01/2017

- Consolidate IT Customer Services
- Consolidate IT Business Operations
- Transition of DADS IT staff to HHSC

09/01/2018

- Consolidate IT Applications Office
- Consolidate IT Project Management Office

Systems Support Services

A complex network of system support services underpins the day-to-day operations of each HHS agency and the system as a whole. HHSC's System Support Services Division and the agencies' Chief Operating Officer Divisions assure that this vast system operates smoothly. Functions in these divisions include human resources, civil rights, training and leadership development, emergency response and disaster services, office leasing and business/regional support, and the Center for the Elimination of Disproportionality and Disparities.

Many of these support services are currently operated in a consolidated structure within the HHS system. These consolidated functions include HR, civil rights, leadership development, and coordination of property management including office space and facility leasing. The structural changes within the system over the next several years will necessitate modifications in support services as well as create new opportunities for further consolidation of supports necessary to keep the system moving forward.

The workgroup identified that workforce development functions were fragmented and existed informally across the various agencies and recommended they be more specifically organized and coordinated to help strengthen and support workforce development throughout the HHS system. For example, a leadership development unit would be responsible for services such as streamlining new employee orientation, professional and management training as well as organizational and administrative training functions. The benefits of these changes include leveraging of critical training resources and assuring a consistent threshold of employee training is provided throughout the HHS system toward the ultimate goal of improving staff competencies and retention of a well-trained workforce.

The Systems Support Services workgroup has recommended organizing System Support Services into two broad categories – Human Resources/Workforce Management, and Program and Operational Support Services. The details of the structure and components of each of these broad functional areas is being developed with specific attention to supporting the new divisions within HHSC – Client Referral and Eligibility Services, Community Services, Medicaid and CHIP Services, Facility Operations, and Regulatory Services – as well as the revised structures within DSHS and DFPS. As final decisions are made regarding those structures, further decisions regarding the structure of support services for the HHS system will be finalized.

Secondly, the workgroup recommended streamlining operational functions such as business services and business continuity. This approach would provide greater accountability and ownership of primary operational functions across the HHS system.

Internal Audit

Each of the five agencies within the HHS system has an Internal Audit Department. Working under the

direction of the agency commissioner, internal audit staff conducts audits and management reviews of system operations including measuring sufficiency of internal controls and compliance with state and federal laws, rules and regulations.

Senate Bill 200 consolidates all HHS internal audit programs under the direction of the Executive Commissioner. Internal audit staff completed an analysis of each internal audit department and concluded that the policies, procedures and operational practices of each are very similar.

As plans are formalized to create a consolidated internal audit program, specific attention will be focused on assuring the annual risk assessment and audit planning functions remain appropriately and consistently focused on high-risk areas of the HHS system, as well as emerging risks presented by the transformation process. The HHS System Internal Audit Division will be established September 1, 2017.

Communications, Press, Stakeholder and Government Relations, and Ombudsman Functions

As in all state agencies, the roles and responsibilities of the staff who work in the HHS system's communications, press, stakeholder and government relations, and ombudsman functions are essential to successful operations. The common denominator among these functional areas is the direct interface between program operations, the HHS organization and the system's stakeholders. Creating and maintaining robust systems, both at the agency and system levels, focused on effective internal and external communication as well as responsiveness to stakeholders is paramount to the success of HHS system operations. It is vital that these inter-related functional areas successfully identify issues and concerns and coordinate responses in a timely manner.

Communications, press, stakeholder and government relations, and ombudsman functions from DARS will be consolidated at HHSC by September 1, 2016, and from DADS by September 1, 2017, as those agencies cease operation. While scaled proportionately to the change in scope of agency operations at DSHS and DFPS, these functions will remain within the DFPS and DSHS organizations but will be closely linked to the larger HHS organization.

Once restructured, these functions will be divided into two broad areas each reporting to the Executive Commissioner. The External Relations Office will comprise government relations, stakeholder relations and ombudsman functions, and the Communications Office will comprise media/press relations, website coordination, and other internal and external communications functions. Given the significant interaction, these functions must have a high degree of coordination with each other to achieve maximum efficiency and effectiveness.

Also, current plans are to administratively attach the three independent ombudsman functions that are related to the HHS system – the State Long-Term Care Ombudsman, the Office of Independent Ombudsman for State Supported Living Centers and the Independent Ombudsman for Children and Youth in Foster Care – to the HHS Office of the Ombudsman to provide administrative support.

Additional specific structural decisions are still under study and will be determined once the core program structures within HHSC, DFPS and DSHS are finalized.

Financial Services

A broad and intricate system of financial planning, budgeting and accounting systems is essential in state governmental agency operations. With the extensive reorganization of the HHS delivery system, considerable detailed planning is necessary to ensure all required financial systems remain in place

to support the programs in the transformed structure and to ensure efficient and effective allocation, management, tracking and reporting of financial operations.

In the past year, a team of financial staff has identified changes in the financial planning, budgeting and accounting structures that are necessary to support the new, more functional HHS structure. The major focus of this workgroup is to determine what level of financial services consolidation would most effectively serve the HHS system structure, what risks that structure would create, and how those risks could be mitigated. Financial services functions that are currently consolidated at HHSC and support the entire HHS system – Actuarial Analysis, Forecasting and Rate Analysis – will continue to operate as consolidated functions.

This workgroup's primary focus to date has been on the activities necessary to support the consolidation of medical and social services, regulatory services and state-operated facilities at HHSC, as well as transferring all financial operations from DARS and DADS to HHSC. Considerable work has been accomplished to address budgeting and accounting system structures necessary to support these program and administrative transfers. It has been determined that the three remaining HHS agencies will each require budget, accounting, and federal funds and grants oversight functions to operate efficiently.

However, efficiencies can be achieved by consolidating certain accounting functions. The first such function slated for consolidation is travel warrant processing. Other similar accounts payable functions will be consolidated in a phased-in manner and completed by September 1, 2017. Further plans for financial services consolidations will be identified and included in a formal phase-in plan with implementation scheduled once the major program moves have been completed.

Legal Services

Supporting the HHS system and its more than 55,000 employees is a broad and diverse legal staff. Housed within each of the five HHS agencies, a team of attorneys, legal assistants and support staff provides varied services, including legal analysis and advice; statute, rule and policy interpretation; and litigation support for the agency and its programs. With the major structural changes that the HHS system is undergoing, the roles and responsibilities of legal staff will continue to evolve.

Central to the work of the Legal Services workgroup has been a focus on ensuring that recommendations for structural change be carefully considered to ensure each agency or division within the HHS system has adequate legal services and supports to meet their operational needs. The workgroup proposed several structures, each of which could be a step toward greater consolidation of and consistency within legal operations while maintaining an organizational structure with sufficient legal expertise about each of the widely varied organizational units that make up the HHS system.

Legal Services contract support has been consolidated at HHSC and has expanded from 12 to 24 attorneys. Plans are underway to add additional attorneys over the next year as workload demands are more clearly identified.

Assuring that the structure supports a greater level of coordination of legal services under the direction of the Executive Commissioner remains a guiding principle for all deliberations and decisions that will be made to efficiently organize legal resources to provide the HHS system with effective and consistent support. Additionally, a phased-in approach to the legal services reorganization will be necessary to assure continuity of program support as the major structural reorganizations occur over the next two years.

Procurement and Contracting Services

As the HHS system has evolved from directly delivering services to contracting for many services through private and public providers, the major responsibilities of the Procurement and Contracting Services (PCS) division have grown exponentially. In 2015, significant changes occurred in the HHS procurement and contracting structures resulting from internal reorganization, system refinement, and major statutory changes enacted by the 84th Texas Legislature.

A new Deputy Executive Commissioner for PCS began work on the divisional reorganization in March 2015. Under his direction and with input from the transformation workgroup formed to focus on this area of operation, plans are underway to structure the division into three major organizational units – Procurement Operations, Operational Support, and Contract Oversight and Support. The workgroup has begun focusing on improving communication channels within the system and increasing training opportunities for PCS staff and internal clients in order to streamline the procurement functions as well as contract oversight and management.

PCS revised the Procurement Manual in December 2014, which provides policy direction to PCS and HHS system staff regarding procurement and contracting functions. In September 2015, PCS created a Contract Management Handbook, which includes a uniform risk assessment tool. Training is underway regarding handbook content. Finally, a Contracts Council, which serves as a high-level governing body and was formerly operational within the HHS system, is being reconstituted in April 2016.

PCS launched a major initiative in early 2015 to provide comprehensive training regarding contract management responsibilities to staff responsible for any aspect of procurement and/or contract management. Completing Comptroller-sponsored training, 390 HHS staff are now Certified Texas Contract Managers. More than 550 additional staff attended the training as a professional development opportunity. For a more detailed list of improvements to PCS, see Appendix E.

Transformation, Policy and Performance

Effectively evaluating and implementing major policy and organizational changes is vital to the success of the HHS system as it transforms. Achieving true integration of such a complex system requires a strategic view that promotes and supports coordination across all areas.

HHSC formally established the Transformation, Policy and Performance Division on September 1, 2015, and its structure and functions continue to evolve.

This Division is made up of the following functions: transformation planning and coordination; strategic decision support, which encompasses the HHS system Chief Data Officer and strategic planning; performance measurement; and special projects. Plans are also underway to develop a unit that will coordinate administrative rule development throughout the system. In the first phase of planning, staff also identified additional cross-division coordination activities that could be included in this division.

The Transformation Planning and Coordination Department provides coordination and support to plan and successfully implement the major policy and organizational changes associated with transformation. Its current focus is on structural changes, including the functions of all core program areas and administrative support functions across the system.

Primary responsibilities include:

- Assuring broad stakeholder involvement in planning, implementation and evaluation of core HHS programs;
- Coordinating, tracking, and assisting staff in successfully implementing policy and structural changes;
- Coordinating the development and revision of administrative rules that govern operations; and
- Providing feedback to executive management regarding issues or challenges that arise during transformation.

The Strategic Decision Support (SDS) Department manages data-oriented projects and supports strategic use of data across the HHS system. SDS provides analytic and quantitative research on health care utilization, demographic trends and enrollment patterns for the state's HHS programs, including Medicaid, CHIP, Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families. SDS is also responsible for program evaluation and statistical reporting.

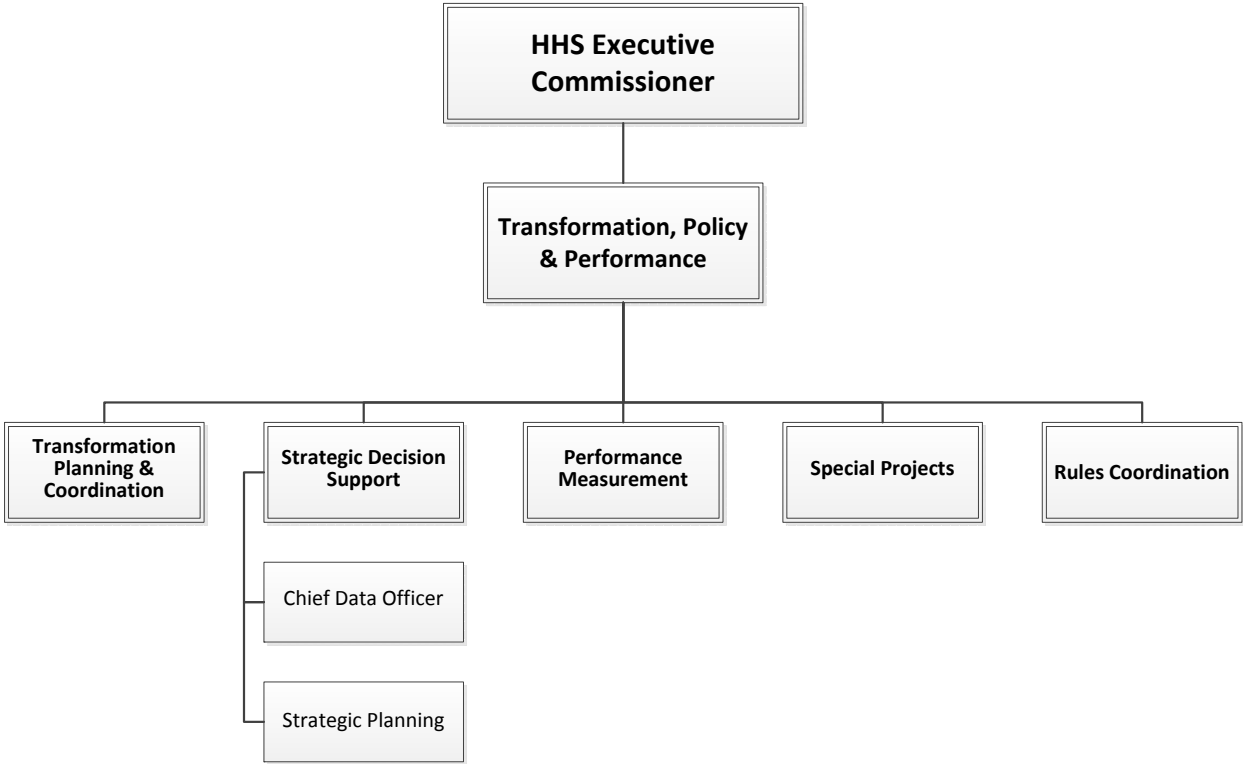
In March 2014, HHSC created and filled the HHS system Chief Data Officer position, which is responsible for developing a strategic plan for data governance that includes the development, use and appropriate sharing of data and data systems. The Chief Data Officer has completed a system-wide inventory of all major data sets and systems, which will serve as the foundation for all future data governance and planning activities. This position also serves as the subject matter expert for data-sharing and linking among system agencies, other state agencies, external governmental and non-governmental partners and research institutions, as well as provides technical assistance and cross-program coordination for priority data projects for all areas within the HHS system.

The Strategic Planning unit coordinates the strategic planning functions for the HHS system at HHSC. The unit is responsible for coordinating the development of the HHS system and individual agency strategic plans and assists divisions and units with strategic planning initiatives.

The Performance Measurement Department develops, implements, coordinates and evaluates HHS performance management and accountability systems. Highly effective performance measures are needed for transformation, as is the use of a standardized methodology to develop and report those measures. The unit will also assist in designing measures for each new organizational area as it forms. Additionally, the unit is responsible for creating succinct and informative performance measures reporting mechanisms for HHS system leadership, management, staff and external stakeholders.

The Special Projects Department works closely with other divisions to evaluate programs and provide guidance on improvements in areas identified through risk analysis, stakeholder input or by executive management.

Transformation, Policy and Performance Division



Appendices

Appendix A

Transformation Workgroups

More than 200 staff from each of the five health and human services agencies participated in the following 13 cross-functional workgroups created to develop a new HHS system structure. The following descriptions outline the workgroups' initial scope, although the workgroups continue to evolve throughout the transformation process.

Medical and Social Services – Eligibility and Enrollment

Incorporating programs that currently reside at DADS, DARS, DSHS and HHSC, the Eligibility and Enrollment division will focus on “front door” activities for persons seeking information about services and supports that are appropriate to their specific situations. The division will include information and referral services; determinations of financial and functional eligibility for benefits, services and supports; and enrollment activities in programs and services.

Medical and Social Services – Direct Delivery and Contracted Client Services

Incorporating programs that currently reside at DADS, DARS, DSHS and HHSC, the Direct Delivery and Contracted Client Services division within the HHS Client and Medical Services organization will incorporate the State Medicaid Office, HHSC's Medicaid/CHIP programs, and other client services programs funded by Medicaid or other funding sources currently operating at DADS, DARS and DSHS.

Medical and Social Services – Clinical Services and Quality Initiatives

Incorporating programs that currently reside at DADS, DARS, DSHS and HHSC, the Clinical Services and Quality Initiatives division will incorporate the HHSC behavioral health, women's health and veterans' programs; certain rehabilitation services from DARS; and quality initiatives at several of the HHS agencies.

Regulatory Services

The new HHS Regulatory Services division will consolidate a number of regulatory systems and programs from DADS, DARS, DFPS, and DSHS within a single division at HHSC. These programs include the Child Care Licensing and Adult Protective Services abuse and neglect investigation programs currently at DFPS; the long-term care, home health/hospice and regulatory programs for the intellectual developmental disability waivers at DADS; a variety of health facilities and other regulatory programs that currently operate at DSHS; and related support functions associated with these regulatory programs.

State-Operated Facilities

Bringing together the state hospitals at DSHS and state supported living centers at DADS, the new state-operated facilities division incorporates management and oversight of these facilities that provide residential services and supports for persons receiving short-term acute mental health services, forensic mental health services, and long-term services and supports for persons with intellectual disabilities. The administrative supports necessary to ensure successful delivery of these services will also be included in the new division.

Protective Services at DFPS

DFPS will continue to serve as the state's protective services agency providing critical services and

supports through its Child Protective Services and Adult Protective Services divisions.

Public Health Services at DSHS

After various programs and services currently at DSHS transfer to other parts of the HHS system, the Department of State Health Services will be more specifically focused as the state's public health agency.

Financial Services

A broad and complex system of financial planning, budgeting and accounting is essential to the successful delivery of the complex network of health and human services across the state. With the extensive reorganization of the HHS delivery system, considerable detailed planning is necessary to ensure all required financial systems remain in place to support the programs in the reorganized structure. Over the past year, a team of financial services staff has been working to identify changes in the financial planning, budgeting and accounting structures that are necessary to support the new, more functional structures within the HHS system.

Information Technology

Central to every aspect of the structure and delivery of health and human services in Texas is an effective IT framework. No aspect of the day-to-day operations within the HHS system agencies can function without extensive support through a variety of computer systems, data systems and management support systems. Over the past year, a team of IT staff including the information resource managers and chief operating officers of each of the HHS agencies has been working with the HHS System Chief Information Officer to develop an efficient and effective structure for the planning, development, delivery and oversight of the structure of the many complex IT systems that support the day-to-day operations of the state's HHS system.

Procurement and Contracting Services

As the HHS system continues to evolve from direct delivery of services to contracting for these services through a network of private and public providers, the major roles and responsibilities of the system's Procurement and Contracting Services Division have grown exponentially. In 2015, significant changes occurred in the HHS procurement and contracting structure resulting from internal reorganization, system refinement and major statutory changes enacted by the 84th Texas Legislature.

Legal Services

Supporting the HHS system and its more than 55,000 employees is a broad and diverse Legal Services staff. Housed within each of the five HHS agencies, a diverse team of attorneys, legal assistants and support staff provides legal advice; statute, rule and policy interpretation; and litigation support for each of the agencies and their programs. With the major structural changes that the HHS system is undergoing, the roles and responsibilities of legal services continue to grow and evolve.

System Support Services and Internal Audit

A complex network of system support services underpins the day-to-day operations of each of the HHS agencies and the system as a whole. Through both the HHSC System Support Services Division and the functional areas under each of the HHS agencies' Chief Operating Officers, many complex supports including human resources, civil rights, training and leadership development, emergency response and disaster services, office leasing and business/regional supports, and the Center for the Elimination of Disproportionality and Disparities help assure that the state's enormous HHS system operates efficiently. The many structural changes within the system over the next few years will result in numerous modifications in support services necessary to keep the state's HHS system moving forward.

Communications, Media Services, External and Government Relations

As is true in all state agencies, the roles and responsibilities of the many staff who work in each of the HHS system's Government Relations, Stakeholder Relations, Communications, and Media Services offices are essential to the successful operations of each of the agencies. The structural changes that the system will undergo over the next several years will bring significant modifications in these functional areas as well, both at the system and agency levels.

Appendix B

Stakeholder Input

Stakeholder input is vital to the HHS system transformation efforts. In a system as vast as health and human services with more than six million clients and more than 55,000 employees, insight from stakeholders helps HHS understand the needs of those we serve.

The sections below describe the processes used to engage internal and external stakeholders through its transformation efforts.

Stakeholder Feedback

On December 2, 2015, the HHS system held its first public hearing in Austin providing stakeholders the opportunity to share their thoughts on what aspects of transformation were most important. Over the next two months, seven additional hearings were held across the state in Abilene, Amarillo, El Paso, Grand Prairie, Houston, Tyler and Harlingen.

Concurrent to that process, the HHS system created two surveys – one for external stakeholders, one for employees – and posted them to the health and human services system transformation website. Both surveys were open for six weeks to offer ample opportunity to provide feedback.

In addition, stakeholders can continue to provide comments on the transformation process by emailing a designated mailbox established solely for that purpose.

Throughout this process, staff gathered, summarized and shared the feedback with each of the appropriate cross-functional workgroups to consider as they worked to develop recommendations for the overall structure of the HHS system. The following is a summary of themes that emerged as well as the number of participants through each of these processes.

HHS Public Hearings

More than 300 stakeholders interested in the transformation process attended the public hearings. The comments touched on a variety of topics regarding the restructuring of the HHS system, including:

- establish an area to focus on aging issues;
- improve communication mechanisms for clients as well as providers;
- identify and address gaps in mental health services;
- ensure regulatory programs are fair, appropriate and strong;
- create a single point of entry to help clients navigate the system; and
- ensure smaller programs are not lost in the transition.

HHS Stakeholder Survey

Survey respondents contributed more than 800 comments about the core program functions, as well as suggestions for improving communication and transparency. The following list highlights stakeholder feedback themes.

- Need to establish an office on aging as a top priority of transformation as the average population in the State of Texas grows increasingly older.
- Concern that there are too many administrators involved in the process of dictating what happens at a local level.

- Desire for regulatory inspections to happen at regular intervals and be consolidated into one functional oversight function.
- Need for the HHS system to be easier for clients to access. Website, 2-1-1, and other features can be confusing. Not all clients have technology (smart phones, computers) to access services. Creating a more coordinated entry point can assist in solving this problem.

HHS Employee Survey

The survey for HHS agency employees was posted online December 14, 2015, and announced in the HHS employee newsletter, *The Connection*. The survey was available for six weeks before closing January 22, 2016. More than 4400 employees submitted responses to the online transformation survey, which focused on workgroup efforts to restructure the HHS system in divisions based on the five core functions. The following list highlights employee feedback themes.

- Desire for a single point of entry for people applying for services and benefits.
- Desire for more effective ways of educating the public about, and how to access, services.
- Enthusiasm for a more coordinated entry point that creates opportunities for more streamlined services, coordinated across divisions, and clearer information about how the public can access services; improved services for clients.
- Ideas for improvement: centralized, simplified and electronic intake to ensure collection of uniform client information.
- Desire to increase cross-agency coordination to better serve clients.

Other Transformation Division Staff Activities

As part of a continued effort to improve communication both internally and externally regarding the transformation efforts, the Transformation, Policy and Performance Division staff have engaged in the following activities in order to provide information, answer questions and seek additional feedback.

- Presented at meetings of the DARS, DADS, DFPS and DSHS councils.
- Presented at meetings of numerous advisory committees, stakeholders and provider groups, including:
 - NorthSTAR;
 - STAR+PLUS Nursing Facility Advisory Committee;
 - State Medicaid Managed Care Advisory Committee;
 - Behavioral Health Advisory Committee;
 - Facility Support Services Oversight Committee;
 - IDD System Redesign Advisory Committee;
 - Texas Medical Association's Select Committee on Medicaid, CHIP, and the Uninsured;
 - Texas Council on Autism and Pervasive Developmental Disorders;
 - Texas CHIP Coalition;
 - Texas System of Care Consortium;
 - Consumer Direction Workgroup;
 - Hogg Mental Health Policy Academy; and
 - Mental Health and Substance Abuse Disorder Advocates.
- Developed a HHS Transformation intranet site to keep HHS employees updated with the latest news and information on the transformation process.
- Attended and sought input from HHS staff at numerous executive-level meetings, management meetings, all staff meetings, and workgroups.

- Participated in the review, development and implementation of the DARS to TWC Transition Plan, including attending workgroup meetings and developing transition working papers.
- Presented at meetings of the Aspiring Leaders Academy and Executive Leadership Academy.
- Provided weekly articles in The Connection, an internal HHS employee newsletter, to update and engage employees in the transformation process.

Appendix C

Regulatory Provider and Facility Types

The organizational chart for the Regulatory Services Division outlines at a high level the groupings of provider or facility types which that division regulates. Below are the specific professions and facility types that fall under each category.

Long-Term Care Provider Types

- Nursing Facilities
- Assisted Living Facilities
- Day Activity Health Services Facilities
- Home and Community Services Support Agencies
- Prescribed Pediatric Extended Care Centers
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- State Supported Living Centers
- Medicaid Waiver Program Service Providers (Home and Community-based Services and Texas Home Living)

Long-Term Care Profession/Occupation Types

- Nursing Facility Administrator
- Certified Nurse Aides
- Permitted Medication Aides

Acute Care Facility Types

- Hospitals
- Abortion Facilities
- End State Renal Disease Facilities
- Freestanding Emergency Medical Care Facilities
- Birthing Centers
- Crisis Stabilization Units
- Chemical Dependency Facilities
- Narcotic Treatment Programs
- Psychiatric Hospitals
- Ambulatory Surgical Centers
- Comprehensive Outpatient Rehabilitation Facilities
- Federally Qualified Health Centers
- Outpatient Physical Therapy/Speech Therapy
- Rural Health Clinics
- Portable X-ray
- Transplant Hospitals
- Clinical Laboratories

Health Care Profession/Occupation Types

- Professional Counselors
- Professional Counselor Intern
- Professional Counselor Supervisor

- Professional Counselor Continuing Education Provider
- Marriage and Family Therapist
- Marriage and Family Therapist Associate
- Marriage and Family Therapist Supervisor
- Marriage and Family Therapist Continuing Education Provider
- Chemical Dependency Counselor
- Chemical Dependency Counselor Intern
- Chemical Dependency Training Sites
- Certified Clinical Supervisor
- Baccalaureate Social Worker
- Master Social Worker
- Master Social Worker – Advanced Practitioner
- Clinical Social Worker
- Social Worker Continuing Education Provider
- Sex Offender Treatment Provider
- Sex Offender Treatment Provider Affiliate

Childcare Facility Types

- Day Care
 - Licensed Childcare Centers
 - Before/After School Program
 - Childcare Program
 - School Age Program
 - Licensed Childcare Homes
 - Registered Childcare Homes
 - Listed Family Homes
 - Small Employer-Based Child Care
 - Temporary Shelter
- Residential Care
 - Child Placing Agencies
 - Homes Verified by Child Placing Agencies
 - Licensed Residential Operations

Board for Evaluation of Interpreters Certification Types

- General
- Deaf Interpreter
- Trilingual
- Court
- Oral
- Morphemic Sign System
- Signing Exact English

Public Health Programs Defined

Protecting, Promoting and Improving the Health and Wellness of Communities and Populations by Encouraging Healthy Behaviors	Detecting, Monitoring, Preventing and Controlling the Spread of Infectious and Chronic Diseases	Analyzing and Reporting Disease Trends	Promoting Injury Prevention	Identifying, Treating, Managing, Preventing and Reducing Health Problems Related to Environmental Hazards	Conducting Emergency Preparedness and Response Activities
<p><i>Community Health</i></p> <p><u>Maternal & Child Health</u></p> <ul style="list-style-type: none"> Population Health Services Healthy Texas Babies Texas Healthy Adolescent Community Health Worker Program <p><u>Health Promotion & Chronic Disease Prevention</u></p> <ul style="list-style-type: none"> Community and Worksite Wellness School Health Alzheimer's <p><u>Specialized Health Services</u></p>	<p><i>Public Health Operations</i></p> <p><u>Border Health</u></p> <p><i>Infectious Disease</i></p> <p><u>TB</u></p> <p><u>HIV/STD Immunization</u></p> <p><u>Infectious Disease Epidemiology & Zoonosis</u></p> <p><i>Community Health</i></p> <p><u>Health Promotion & Chronic Disease Prevention</u></p> <ul style="list-style-type: none"> Diabetes Kidney Potentially Preventable Hospitalization Comprehensive Cancer Heart Disease & Stroke Tobacco 	<p><i>Public Health Analytics</i></p> <p><u>Center for Health Statistics</u></p>	<p><i>Public Health Operations</i></p> <p><u>EMS/Trauma System</u></p> <p><i>Community Health</i></p> <p><u>Maternal & Child Health</u></p> <ul style="list-style-type: none"> Maternal Mortality, Morbidity, and Child Fatality Review Teams Injury, Abuse/Prevention <p><u>Health Promotion & Chronic Disease Prevention</u></p> <ul style="list-style-type: none"> SafeRider 	<p><i>Public Health Operations</i></p> <p><u>Food/Drug Safety Radiation Control Environmental Health</u></p>	<p><i>Public Health Operations</i></p> <p><u>Health Emergency Response & Preparedness</u></p>
<p>While many programs fulfill multiple public health functions, each program has been classified according to its primary public health function</p>					
<p>Public Health Regions, Laboratory, Registries, Enviro-Epi, Vital Statistics, Office of Academic Affairs (These program areas support or deliver services across multiple public health functions)</p>					

Appendix E

Procurement and Contracting Changes

Recommendation	Source	Change
Define and strengthen role in both procurement and contract management.	HHSC Sunset Recommendation 2.3	<p>Completed the Contract Management Handbook on September 1, 2015, which includes conducting contract risk assessments, monitoring criteria for protecting HHS confidential information, and escalating contract issues to executive leadership.</p> <p>Also implemented improvements to the HHSC Contract Administration & Tracking System (HCATS) to ensure accurate tracking and reporting of contract data until the comprehensive contract management system is completed.</p>
Improve assistance to and communications with system agencies.	HHSC Sunset Recommendation 2.4	<p>The Deputy Executive Commissioner of PCS has increased communication and frequency of meetings with executive leadership of the HHS agencies.</p> <p>The HHS agency contract oversight and support (COS) directors now report to PCS, to improve communication and coordination in developing HHS system contract policies and procedures. This includes forming a cross-agency workgroup to implement the contract reforms contained in Senate Bill 20, 84th Legislature.</p>
Develop ways to apply focused, high level attention to system contracting.	HHSC Sunset Recommendation 2.5	The Deputy Executive Commissioner of PCS meets regularly with the Chief Deputy Executive Commissioner to keep leadership informed of any contracting issues.
Create or reconstitute a workgroup similar to the Contracts Council to ensure close communication and coordination with the agencies in the development of system-wide contracting policies, procedures and best practices.	<p>Strike Force Report Recommendation</p> <p>HHSC Sunset Recommendation 2.5</p>	PCS is currently reconstituting the Contract Council, which will include as members the Chief Operating Officers of each HHS agency and expertise from areas such as procurement, contract management, legal and ethics.

Recommendation	Source	Change
Provide recurring training on statewide procurement and contract management statutes, rules and policies.	Strike Force Report Recommendation	<p>PCS conducted an evaluation of its request for proposal (RFP) processes to identify improvements and developed RFP training for purchasers.</p> <p>Also worked with HHS agency COS directors to develop and deliver contract management training based on the new Contract Management Handbook.</p>
Clearly define what constitutes a contract, including legal definitions, and use these definitions to collect system-wide contract data for reporting purposes.	Strike Force Report Recommendation	PCS has incorporated an HHS system-wide standard definition of contract in the Contract Management Handbook, which in turn informed the new contract data elements collected in HCATS.
Acquiring or developing a true procurement and contract management system with greater functionality than HCATS.	Strike Force Report Recommendation	<p>Health and human services agencies are onboarding to CAPPs on September 1, 2017.</p> <p>In addition, other team members are developing a new comprehensive contract management system to provide the functionality recommended by Strike Force and recent statutory changes. Together, these systems will enhance the transparency and effectiveness of procurements, and include comprehensive reporting on contract administration and monitoring activities.</p>

Appendix F

HHS System Agencies Today

As it exists today, the HHS system is made up of five stand-alone agencies that operate within a coordinated system. Collectively, the system administers more than 200 programs and serves more than six million Texans.

As the largest agency in the system, the Department of Aging and Disability Services provides long-term services and supports for older individuals and people with intellectual and physical disabilities in both community-based and institutional settings; licenses and regulates providers of these services; and administers the state's Guardianship program.

The Department of Assistive and Rehabilitative Services is made up of four divisions: Rehabilitative Services, Blind Services, Early Childhood Intervention and Disability Determination Services. Programs within these divisions provide vocational rehabilitation to assist those with disabilities to find jobs, ensure that people with disabilities have the opportunity to live independently in their communities, and help families with children under age 3 with disabilities or developmental delays.

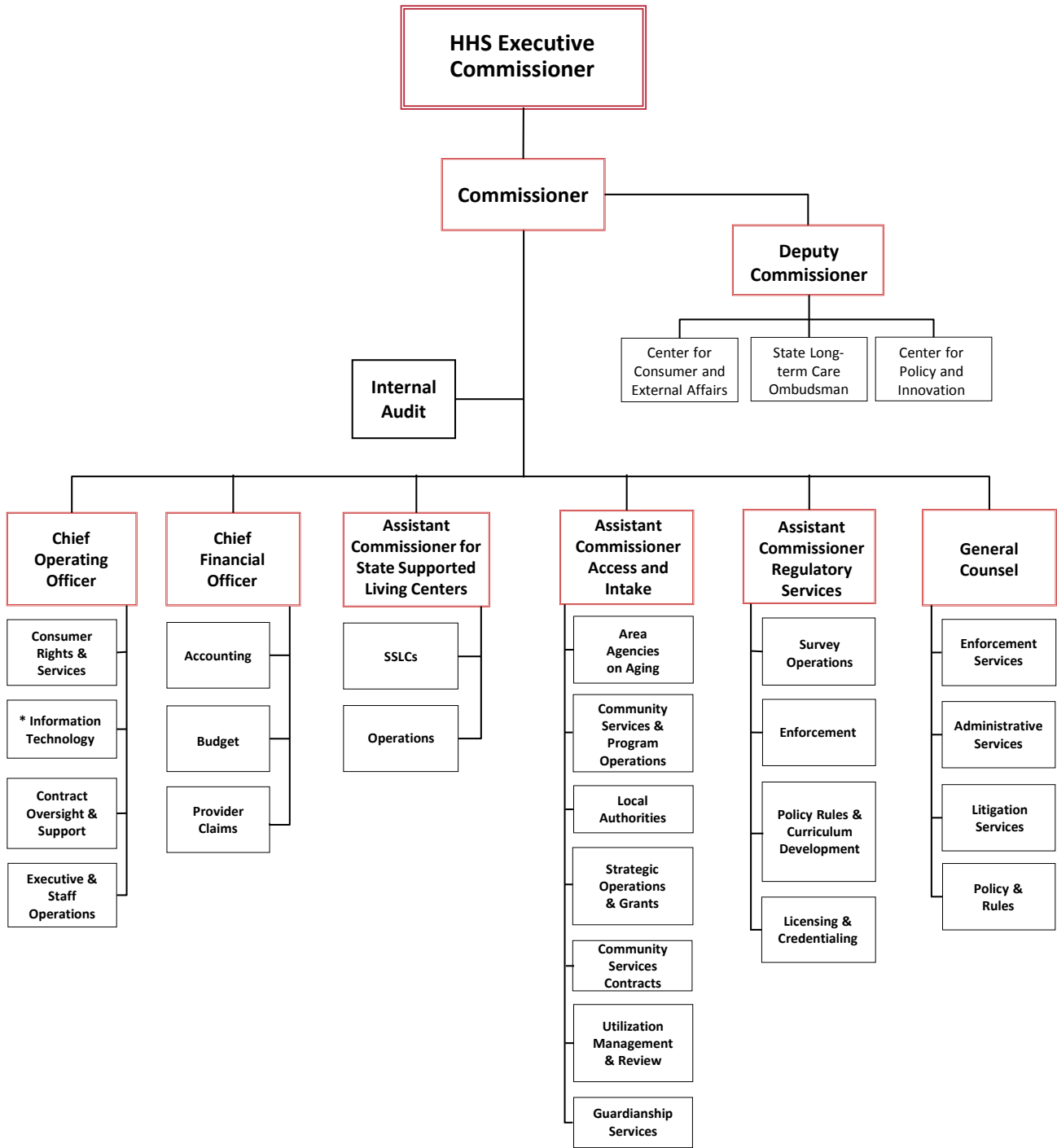
Through its five major program areas, the Department of Family and Protective Services focuses on protecting vulnerable Texans. Undergoing a transformation of its own, Child Protective Services works to prevent child abuse and neglect through investigations, services, foster care and adoption. Adult Protective Services protects the elderly and people with disabilities from abuse, neglect and exploitation (ANE). In addition, DFPS is responsible for the regulation of childcare facilities and handles around-the-clock intake of ANE reports across the state.

The Department of State Health Services has a broad focus overseeing programs such as disease prevention and regional and local health services, family and community health services, environmental and consumer safety, regulatory programs, and mental health and substance abuse prevention and treatment programs.

The Health and Human Services Commission oversees the system and its support functions, as well as administers Medicaid and CHIP, determines eligibility and implements other HHS programs. As part of the HHSC structure, and appointed by the Governor, the Inspector General works to prevent fraud, waste and abuse within the HHS system through audits, inspections and investigations.

Beginning on the following page are the organizational charts of each agency as they were structured on September 1, 2015.

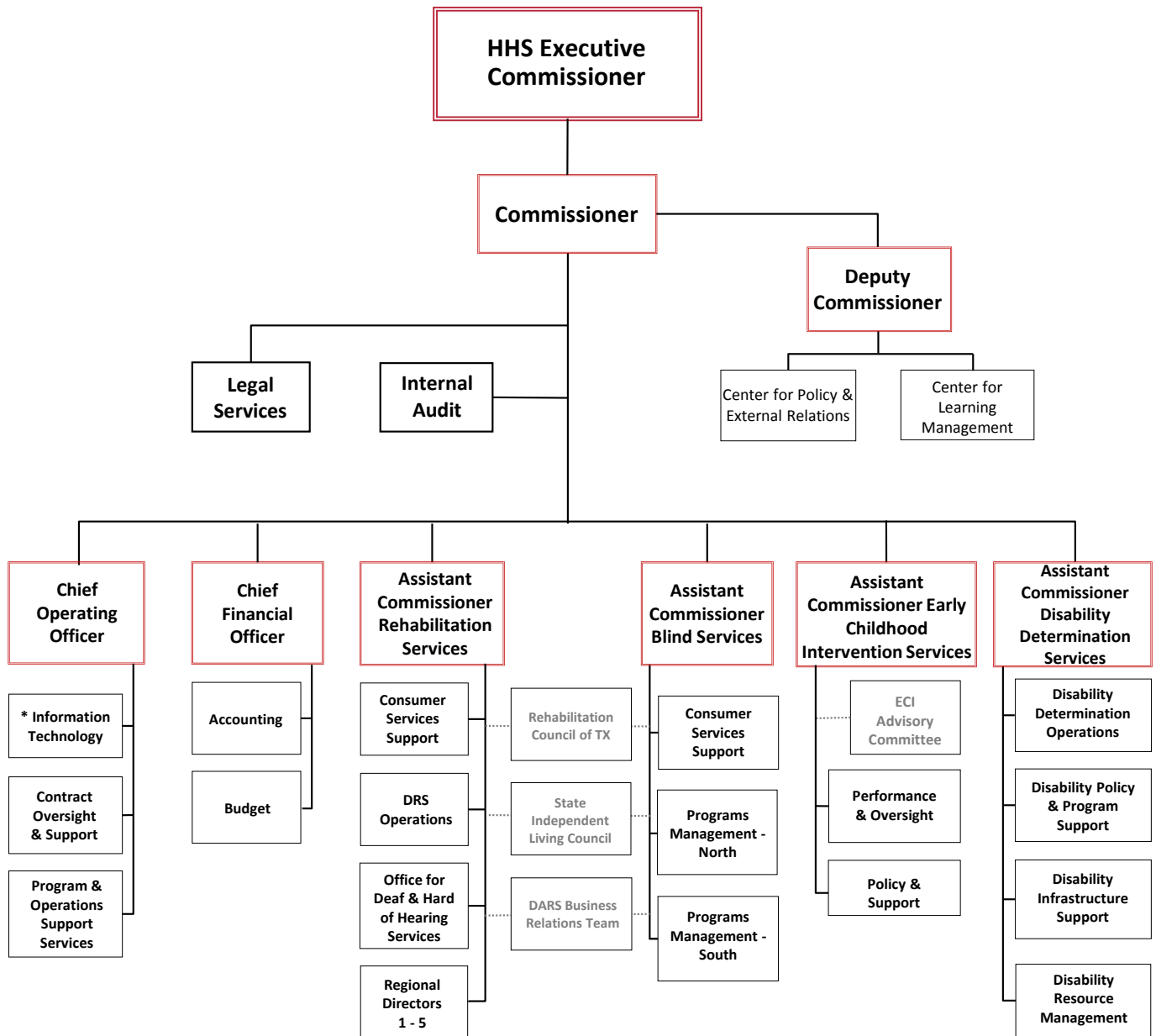
Department of Aging and Disability Services



As of September 1, 2015

* The Information Resource Manager reports to the HHS Chief Information Officer, but continues to ensure services meet agency needs.

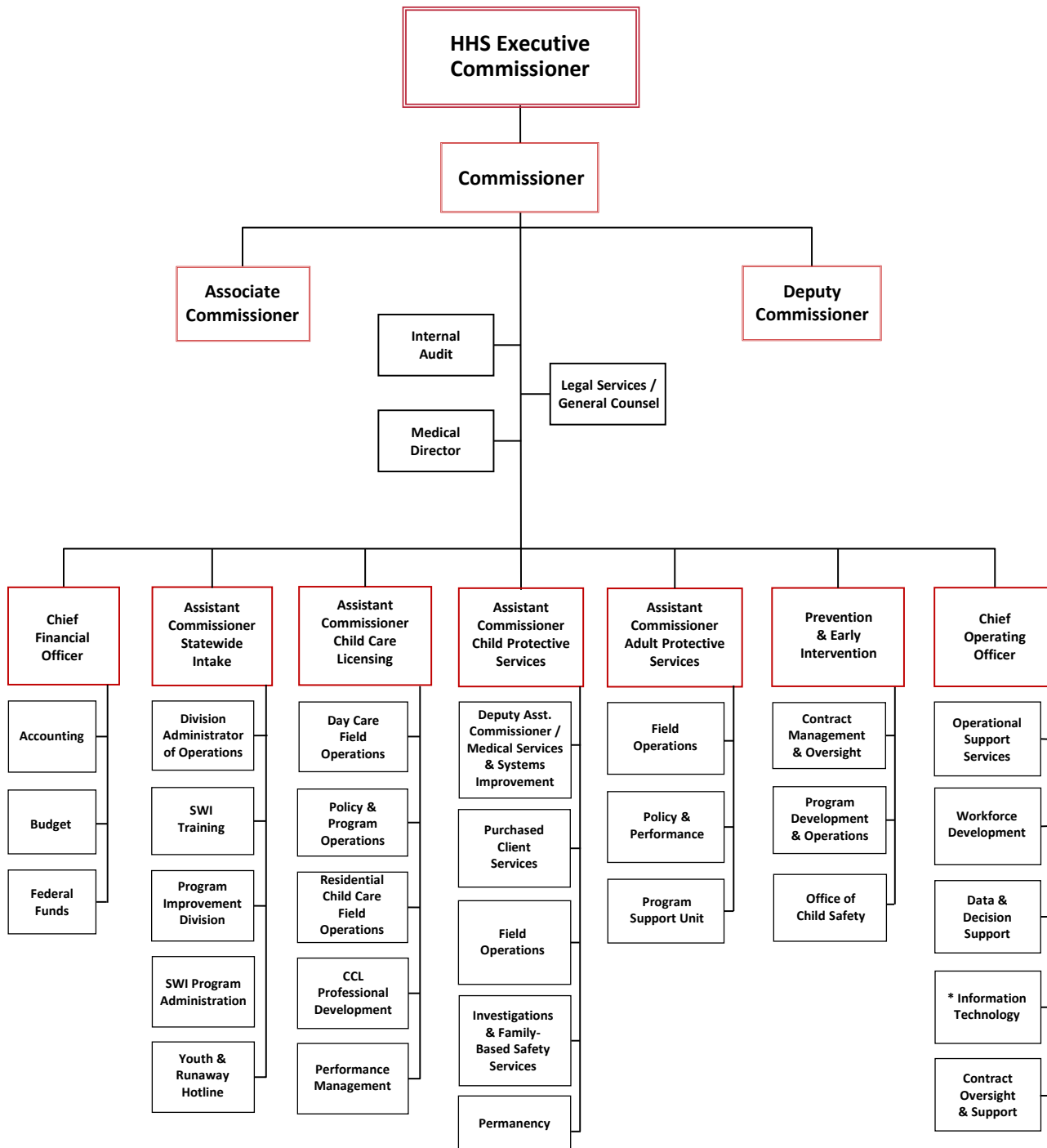
Department of Assistive and Rehabilitative Services



As of September 1, 2015

* The Information Resource Manager reports to the HHS Chief Information Officer, but continues to ensure services meet agency needs.

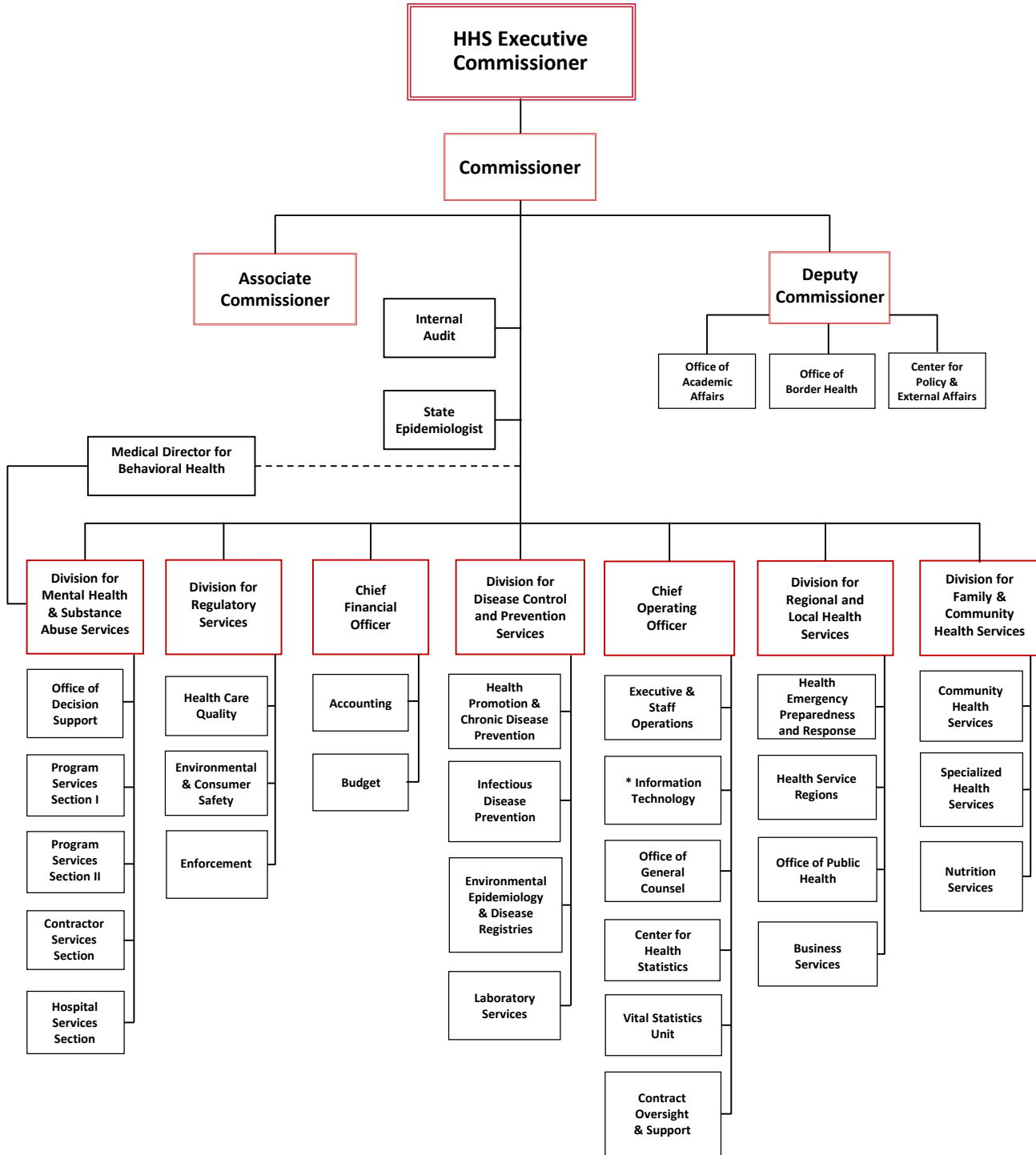
Department of Family and Protective Services



As of September 1, 2015

* The Information Resource Manager reports to the HHS Chief Information Officer, but continues to ensure services meet agency needs.

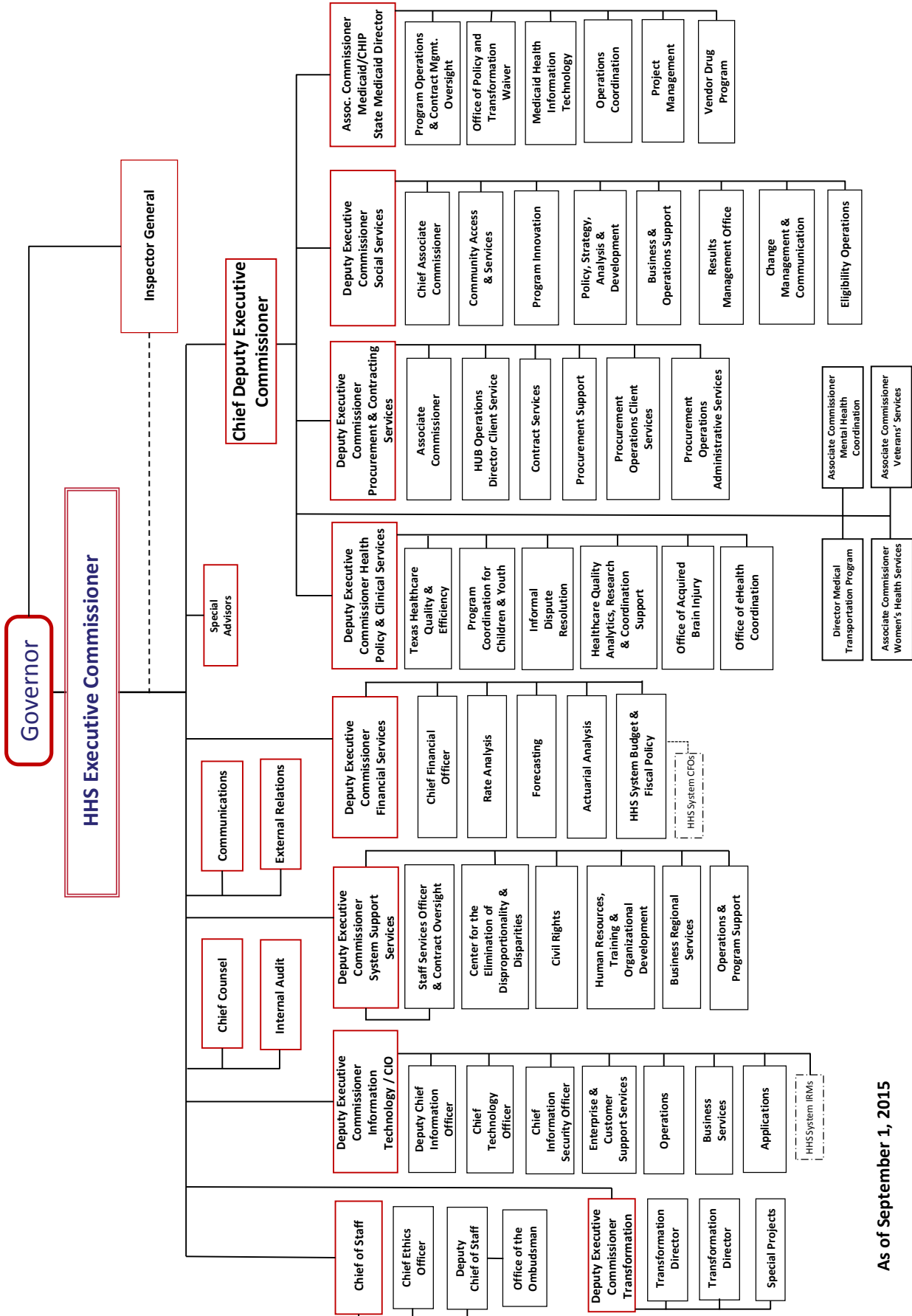
Department of State Health Services



As of September 1, 2015

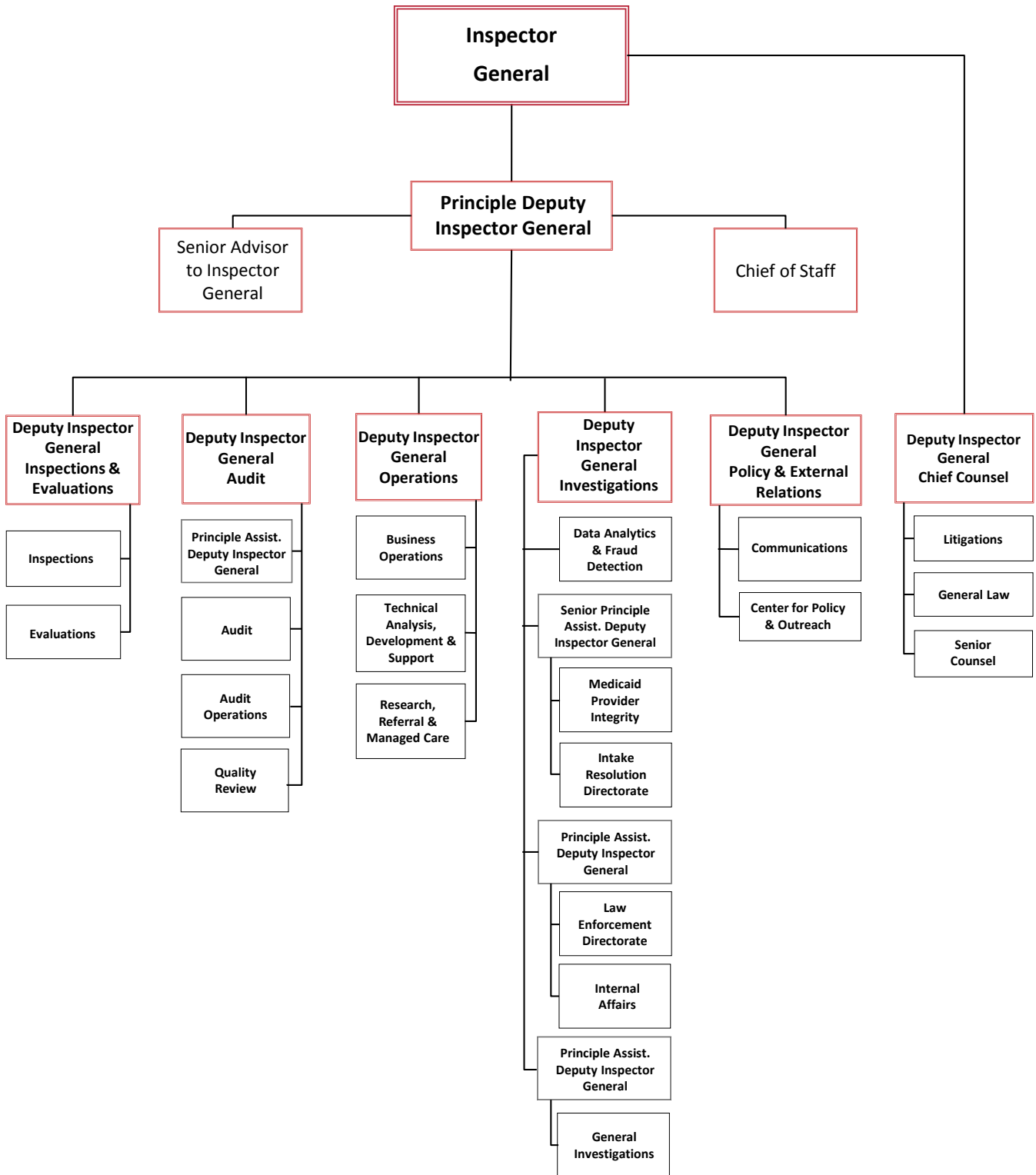
* The Information Resource Manager reports to the HHS Chief Information Officer, but continues to ensure services meet agency needs.

Health and Human Services Commission



As of September 1, 2015

Inspector General



As of September 1, 2015

Appendix G

Advisory Committees and HHS Executive Council

Advisory committees play a crucial role in the HHS system. Client and family involvement, subject matter expertise and the circulation of new ideas are all vital to the success of an agency. However, the sheer number of committees can sometimes limit their usefulness.

Recognizing the need for change, Senate Bill 200 and Senate Bill 277 removed 36 advisory committees from statute and authorized the Executive Commissioner to re-establish committees in rule that would address the following issues:

- Medicaid and other social services programs
- Managed care under Medicaid and CHIP
- Health care quality initiatives
- Aging
- Persons with disabilities, including persons with autism
- Rehabilitation, including for persons with brain injuries
- Children
- Public health
- Behavioral health
- Regulatory matters
- Protective services
- Prevention efforts

A cross-agency workgroup reviewed the ongoing needs of all advisory committees, with the goal of achieving a more effective way for stakeholders to provide meaningful input on system programs.

The workgroup developed criteria to evaluate 133 committees across the five health and human services agencies including purpose and scope, committee charges and reporting requirements, duplication or overlap in functions or topics among existing committees, and the active status of each committee. Based on the evaluation, the workgroup prepared a summary of findings to post for stakeholder and public input.

In September 2015, stakeholders provided feedback that was gathered, evaluated and presented to the Executive Commissioner in October 2015. The table on the following pages includes a list of HHS system advisory committees, a summary of stakeholder comments and the final recommendations the Executive Commissioner approved.

Recommendations were posted to the Texas Register on October 30, 2015. Staff drafted the necessary rules and are gathering additional feedback from stakeholders on these draft rules. The rules will be presented to each agency's advisory council for approval and posted for public comment on April 1, 2016.

Additionally, Senate Bill 200 eliminates each agency's council and creates the HHS Executive Council, which will consist of the Executive Commissioner, the director of each division established in the new structure, and the commissioners of the HHS agencies.

The Executive Council's role, in part, will be to receive public input on proposed rules and recommendations from the advisory committees that remain. The newly re-established facilitation office within the current External Relations Division at HHSC will create a communication structure that allows information from the advisory committees to reach leadership, which can then provide meaningful feedback.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
Committees Recommended to Consolidate				
Health Care Information Technology Advisory Committee	Public Health	Discontinue	<p>Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 2</p> <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, suggested that this committee be consolidated with the Health Information Exchange Advisory Committee. Another commenter, representing Valley Psychological Services, made the same recommendation, stating that there needs to be a mechanism by which provider feedback can be obtained. 	<p>Discontinue as is, and reconstitute by merging with the Health Information Exchange and Telemedicine/Telehealth Advisory Committees with an updated charge and scope.</p> <p>This committee is inactive, as it has completed its charge to develop a long-range plan for health information technology.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
Health Information Exchange Advisory Committee <i>(Senate Bill 200 removes this committee from statute)</i>	Health Care Quality Initiatives	Discontinue	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 7 Number Excluded from Analysis: 4</p> <p><i>Summary of Comments in Support:</i></p> <p>Two commenters stated that another stakeholder forum should be put in its place.</p> <ul style="list-style-type: none"> Texas e-Health Alliance recommended a reformed and broader stakeholder input process and accompanying dialogue. Note: The Texas e-Health Alliance has representation as an Advisory Committee member. Texas Hospital Association recommended something in its place to keep stakeholders abreast on state Health Information Exchange (HIE) activities; otherwise, continue. <p><i>Summary of Comments in Opposition:</i></p> <p>Six recommendations were received for the continuation of the committee. Three from San Antonio, one from Harlingen, one from Corpus Christi, and one from Temple.</p> <ul style="list-style-type: none"> Baylor Scott and White Health stated discussion has helped with success of its Medicaid Meaningful Use reporting, as well as keeping it informed about statewide HIE activities. CentroMed and H-E-B Pharmacy—Managed Care commented the committee provides a key forum for stakeholders to exchange ideas, collaborate, and develop programs. CHRISTUS Health supports continuation. Southern Physician Alliance noted that the advisory committee serves as a channel for Texas HIEs to communicate with Texas Medicaid. Private Citizen/San Antonio HIE Employee stated that the advisory committee served a critical role in helping to align services and share information related to HIE in Texas and serves as a key forum 	<p>Discontinue as is, and reconstitute by merging with the Health Care Information Technology and Telemedicine/Telehealth Advisory Committees with an updated charge and scope.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
			<p>for stakeholders. Note: <i>Healthcare Access San Antonio HIE has representation as an Advisory Committee Member.</i></p> <ul style="list-style-type: none"> One commenter, the Texas Association for Home Care and Hospice, suggests consolidating committee with Telemedicine/Telehealth Advisory Committee. <p>Note: Four responses were excluded from the analysis:</p> <ul style="list-style-type: none"> KSNY AM & FM/KLYD FM—did not provide response related to the question about the Advisory Committee. Methodist Healthcare Ministries of South Texas—asked question about the deadline for comments (HHSC responded to the question). Two HHSC Employees — supported continuation but did not elaborate on its reason; excluded because it did not represent the external stakeholder community. 	
Telemedicine/ Telehealth <i>(Senate Bill 200 removes this committee from statute)</i>	Medicaid and Other Social Services Programs Managed Care Under Medicaid and the Child Health Plan Program	Discontinue	<p>Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 1</p> <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> Texas Association of Home Care & Hospice recommends consolidating with HIE Advisory Committee to create a new committee to consider access to care in relation to health information technology and other relevant topics. 	<p>Discontinue as is, and reconstitute by merging with the Health Care Information Technology and Health Information Exchange Advisory Committees with an updated charge and scope.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
Council on Children and Families <i>(Senate Bill 200 removes this committee from statute)</i>	Children	Consolidate Functions with Another Committee	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> The Arc of Texas and Texas Association of Home Care & Hospice support consolidation with the Children’s Policy Council. 	<p>Consolidate functions with the Children’s Policy Council along with those of the Interagency Task Force for Children with Special Needs.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
Interagency Task Force for Children with Special Needs <i>(Senate Bill 200 removes this committee from statute)</i>	Persons with Disabilities , Including Persons with Autism	Consolidate Functions with Another Committee	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 1</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> Texas Medical Association/Texas Pediatric Society supports consolidation. <p><i>Summary of Comments in Opposition</i></p> <ul style="list-style-type: none"> Easter Seals recommends continuation without consolidation. <p><u>General Comments:</u></p>	<p>Consolidate functions with the Children’s Policy Council along with those of the Council on Children and Families.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
			<ul style="list-style-type: none"> <i>The Arc of Texas</i> – no comment because consolidation information not included. <i>Texans Care for Children</i> – without consolidation information, it is unknown if new configuration will be more effective and streamlined. 	
Medicaid/CHIP Quality Based Payment Advisory Committee <i>(Senate Bill 200 removes this committee from statute)</i>	Medicaid and Other Social Services Health Care Quality Initiatives	Consolidate Functions with Another Committee	Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 3 <i>Summary of Comments in Support</i> <ul style="list-style-type: none"> <i>Texas Association for Home Care & Hospice</i> proposed consolidating with State Medicaid Managed Care Advisory Committee. <i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> <i>Children’s Hospital Association of Texas</i> supports continuation with focus on acute care services in Medicaid to integrate managed care organizations, hospital potential preventable events, and 1115 Waiver quality initiatives. <i>Texas Medical Association/Texas Pediatric Society</i> would like the committee to continue as standalone; establish Potential Preventable Events subcommittee. <i>Teaching Hospitals of Texas</i> reconsider consolidation. <u>General Comment:</u> <ul style="list-style-type: none"> <i>The Arc of Texas</i> – no comment because consolidation information not included. 	Consolidate functions with the Texas Institute of Healthcare Quality and Efficiency with a new scope to address the work being done within Medicaid/CHIP regarding quality initiatives. Changes in scope and membership will be addressed through the rule/bylaw process.
Texas Institute of Health Care Quality and Efficiency <i>(Senate Bill 200 removes this committee from statute)</i>	Health Care Quality Initiatives	Consolidate Functions with Another Committee	Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 0 <i>Summary of Comments in Support:</i> <ul style="list-style-type: none"> <i>Baylor Scott & White Health</i> suggests the Institute’s role in facilitating key policy discussions around improving healthcare quality and efficiency should be taken on by the Statewide Health Coordinating Council (SHCC). <i>Texas Association of Health Plans</i> supports consolidation but is unclear on committee absorbing the Institute. 	Consolidate functions with the Medicaid/CHIP Quality Based Payment Advisory Committee with a new scope to address the work being done within Medicaid/CHIP regarding quality initiatives. Changes in scope and membership will be addressed through the rule/bylaw process.
STAR+PLUS Nursing Facility <i>(Senate Bill 200 removes this committee from statute)</i>	Aging Managed Care Under Medicaid and the Child Health Plan Program	Consolidate Functions with Another Committee	Number in Support of Initial Analysis: 5 Number in Opposition to Initial Analysis: 0 <i>Summary of Comments in Support:</i> <ul style="list-style-type: none"> <i>Patty Ducayet (State Long-Term Care Ombudsman), The Arc of Texas, Providers Alliance for Community Services, Texas Medical Association, and Texas Association of Health Plans</i> support consolidation proposal. 	Consolidate functions into the State Medicaid Managed Care Advisory Committee . Changes in scope and membership will be addressed through the rule/bylaw process.
STAR+PLUS Quality Council <i>(Senate Bill 200</i>	Medicaid and Other Social Services	Consolidate Functions with Another	Number in Support of Initial Analysis: 6 Number in Opposition to Initial Analysis: 3 <i>Summary of Comments in Support:</i>	Reconstitute as a subcommittee of the State Medicaid Managed Care Advisory Committee until 9/1/16.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
<i>removes this committee from statute)</i>		Committee	<ul style="list-style-type: none"> • Patty Ducayet (State Long-Term Care Ombudsman), The Arc of Texas, Providers Alliance for Community Services, Texas Medical Association, Texas Association of Health Plans, and Texas Association of Home Care & Hospice supports consolidation proposal. <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> • Bob Kafka, ADAPT of Texas, recommends that the committee continue and also recommends a standing subcommittee for Recruitment & Retention of Community Attendants “under the STAR+PLUS rubric.” • Debbie Wiederhold, committee member, recommends continuing the council or establishing as a formal subcommittee. • Jon Scepanski, committee member, recommends continuing the council. 	<p>At that time, the State Medicaid Managed Care Advisory Committee will make a recommendation to the Executive Commissioner on the effectiveness of this structure.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
<p>Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental Health and Substance Use Disorders</p> <p>(DSHS Sunset Recommendation 2.6)</p>	Behavioral Health	Consolidate Functions with Another Committee	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 3</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> • One commenter, representing Texas Association for Home Care & Hospice, suggested consolidating the functions of this committee with the new Behavioral Health Advisory Committee and then create a subcommittee to focus on the vision of CAP. <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> • One commenter, a consultant for higher education, suggests keeping CAP but revising its functions and membership and establishing subcommittees as appropriate. • Another commenter, representing Mental Health America of Texas, supports keeping CAP as it is mandated by the federal block grant and provides an avenue for consumer/advocate advice. • Another commenter (Rose McCorkle) questioned whether it is prudent to discontinue or combine committees focused on mental health and substance use disorders as it may diminish focus. 	<p>Reconstitute as a subcommittee of the Behavioral Health Advisory Committee, with a focus on the block grant requirements.</p> <p>Both the new Behavioral Health Advisory Committee and the reconstituted subcommittee will have consumer/advocate representation.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
<p>Drug Demand Reduction Advisory Committee</p> <p>(Senate Bill 277 removes this committee from statute)</p>	Behavioral Health	Consolidate Functions with Another Committee	<p>Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 2</p> <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> • One commenter, representing the Aliviane, Inc., indicated that this committee provides a venue for the El Paso or other border communities to have a voice regarding drug demand reduction strategies. • Another commenter, representing Mental Health America of Texas, also supports keeping this committee as no other committee specifically addresses drug demand reduction. 	<p>Consolidate functions into the Behavioral Health Advisory Committee.</p> <p>The new committee will determine the need for a subcommittee to specifically address drug demand reduction issues by 9/1/16.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
Local Authority	Behavioral	Consolidate	Number in Support of Initial Analysis: 2	Consolidate functions into the

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
Network Advisory Committee <i>(Senate Bill 277 removes this committee from statute)</i>	Health	Functions with Another Committee	<p>Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing Texas Association for Home Care & Hospice, suggested consolidating the functions of this committee with the new Behavioral Health Advisory Committee and then create a subcommittee to discuss issues of the local community mental health centers. Another commenter, representing Mental Health America of Texas, also supports consolidating the functions and suggested the duties being transferred promote real competition and choice at the local level. 	<p>Behavioral Health Advisory Committee.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
Texas Children Recovering from Trauma Steering Committee	Behavioral Health	Consolidate Functions with Another Committee	<p>Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 3</p> <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> One commenter, a committee member, pointed out that this committee is required by the Substance Abuse and Mental Health Services Administration grant and that active participation of family and youth stakeholders is important to the success of the adopting trauma informed care into the operations of local mental health authorities. Another commenter, representing the Department of Veterans Affairs, stated that the committee should not be consolidated as the content reviewed is grant funded and is complex to review. The commenter said that mixing this information with other committee workgroups would make it overly cumbersome for non-DSHS staff to participate in this initiative. One commenter noted that this committee should stand alone. However, if the decision is made to have them as subcommittees, a written report to the legislature should reflect that they would be a required subcommittee that exists in statute until their goals/outcomes have been met. 	<p>Reconstitute as a subcommittee of the Behavioral Health Advisory Committee with a focus on the grant requirements.</p> <p>Recommend consolidating subcommittee functions with the functions of the Texas System of Care Consortium, since both have similar membership and complimentary functions.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
Texas System of Care Consortium <i>(Senate Bill 200 removes this committee from statute)</i>	Behavioral Health	Consolidate Functions with Another Committee	<p>Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 4</p> <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> Three commenters opposed to the initial analysis, who identified as family members (two urban and one rural) of children or youth with mental health conditions stated that the Consortium is needed to continue to provide a forum that includes family and youth partners to implement system of care statewide, under Senate Bill 200. The commenters suggest that the Consortium is focused on the unique challenges of children/youth behavioral health and that the advisory group should remain in place to provide input on policies and practices. One commenter noted that this committee should 	<p>Reconstitute as a subcommittee of the Behavioral Health Advisory Committee.</p> <p>Recommend that the Texas System of Care Consortium serve as an on-going standing subcommittee on children/youth behavioral health issues for the next three years. Also recommend consolidating functions of the Texas Children Recovering from Trauma Steering Committee into this subcommittee.</p>

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
			stand alone. However, if the decision is made to have it as a subcommittee, a written report to the legislature should reflect that it should be a required subcommittee that exists in statute until its goals/outcomes have been met.	Changes in scope and membership will be addressed through the rule/bylaw process.
Pharmaceutical & Therapeutics Committee	Medicaid and Other Social Services Programs	Consolidate Functions with Another Committee	No Comments Received.	Consolidate functions with another committee, per legislative direction (Senate Bill 200). (Pharmaceutical & Therapeutics Committee will merge into the Drug Utilization Review Board).
Committees Recommended to Discontinue				
Advisory Committee for the Office of Adult Protective Services	Protective Services	Discontinue	Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 1 <i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> One commenter (<i>representing a local Council on Alcohol and Drug Abuse</i>) was concerned about the lack of justifications included in the recommendations for discontinuations of all committees, and specifically mentioned this one. Requested information regarding all discontinued advisory committees. 	Discontinue. The committee is inactive and functions are currently being carried out by the DFPS Council. However, DFPS will seek stakeholder input on the creation of a new Protective Services Advisory Committee by 9/1/16.
Advisory Committee for the Office of Protective Services for Families and Children	Protective Services	Discontinue	Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 2 <i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> One commenter (<i>representing a local Council on Alcohol and Drug Abuse</i>) was concerned about the lack of justifications included in the recommendations for discontinuations of all committees, and specifically mentioned this one. Requested information regarding all discontinued advisory committees. One commenter (<i>a social work professional</i>) expressed general concern about the proposed discontinuation of five committees that addressed child abuse, including this one. The commenter felt that a venue for interested parties to give input in improving the child welfare system is needed. 	Discontinue. The committee is inactive and functions are currently being carried out by the DFPS Council. However, DFPS will seek stakeholder input on the creation of a new Protective Services Advisory Committee by 9/1/16.
Child Abuse Program Evaluation Committee	Protective Services Children	Discontinue	Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 1 <i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> One commenter (<i>a social work professional</i>) expressed general concern about the proposed discontinuation of five committees that addressed child abuse, including this one. The commenter felt that a venue for interested parties to give input in improving the child welfare system is needed. 	Discontinue. The committee is inactive and functions are currently being carried out by the DFPS Council. However, DFPS will seek stakeholder input on the creation of a new Protective Services Advisory Committee by 9/1/16.
Inpatient Mental Health	Behavioral Health	Discontinue	Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 1	Discontinue.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
Services Advisory Committee <i>(Senate Bill 277 removes this committee from statute)</i>			<i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> One commenter (Rose McCorkle) questioned if it is prudent to discontinue or combine committees focused on mental health and substance use disorders as it may diminish focus. 	This committee is inactive. Functions will be addressed by the new committee established by Senate Bill 1507 (84R) to address coordination of forensic services and inpatient bed day allocation methodology.
Interagency Coordinating Council for HIV and Hepatitis <i>(Senate Bill 200 removes this committee from statute)</i>	Public Health	Discontinue	Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 1 <i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> One commenter, representing Teaching Hospitals of Texas, stated that is important to have a stable resource for enhancing coordination in the midst of agency changes and consolidation. 	Discontinue. Formal and informal relationships and planning occurs between DSHS and the other agencies represented outside of the committee. These established mechanisms to collaborate and coordinate will not be affected by agency changes and consolidation.
Medicaid/CHIP Regional Advisory Committees (RAC) <i>(Senate Bill 200 removes this committee from statute)</i>	Managed Care Under Medicaid and the Child Health Plan Program	Discontinue	Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 14 <i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> Those stakeholders who responded found the RACs to be important for the opportunity to receive updates and information, provide regional community input, and communicate with providers, especially managed care organizations. Stakeholders would like these committees to continue and, if not in the current form, then through some alternative means that includes the use of technology allowing for virtual participation. 	Discontinue, as RACs currently exists. Reconstitute in a structure that more effectively provides a forum for regional input and feedback to leadership through the new Executive Council. HHSC will seek stakeholder input on this new structure by 9/1/16. Any changes will be addressed through the rule/bylaw process.
Task Force on Domestic Violence <i>(Senate Bill 200 removes this committee from statute)</i>	Prevention Efforts	Discontinue	Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 1 <i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> One commenter (a counselling professional) expressed general concern about discontinuation of committees that address domestic violence. No specific recommendation, but feels domestic violence continues to be an issue that would benefit from a committee's oversight. <i>General Comment:</i> <ul style="list-style-type: none"> Commenter hoped the rationale for discontinuing the committee was valid. 	Discontinue. [Note: Although not included on this chart because the convener of the committee is not a state agency, the Texas Council on Family Violence created the Project SAFE Expert Panel to support the implementation of the recommendations of other task forces, and will be the venue for discussion of these issues by interested stakeholders and agencies. HHSC and DFPS both have representation on this committee.]
Task Force to Address the Relationship between Domestic Violence and	Protective Services Children	Discontinue	Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 2 <i>Summary of Comments in Opposition:</i> <ul style="list-style-type: none"> One commenter (a counselling professional) expressed general concern about discontinuation 	Discontinue. [Note: Although not included on this chart because the convener of the committee is not a state agency, the Project SAFE Expert

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
Child Abuse and Neglect			<p>of committees that address domestic violence. No specific recommendation, but feels domestic violence continues to be an issue that would benefit from a committee's oversight.</p> <ul style="list-style-type: none"> One commenter (<i>a social work professional</i>) expressed general concern about the proposed discontinuation of five committees that addressed child abuse, including this one. The commenter felt that a venue for interested parties to give input in improving the child welfare system is needed. 	Panel was created by the Texas Council on Family Violence to support the implementation of the recommendations of other task forces and will be the venue for discussion of these issues by interested stakeholders and agencies. HHSC and DFPS both have representation on this committee.]
Task Force to Reduce Child Abuse and Neglect and Improve Child Welfare	Protective Services Children	Discontinue	<p>Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 1</p> <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> One commenter (<i>a social work professional</i>) expressed general concern about the proposed discontinuation of five committees that addressed child abuse, including this one. Felt that a venue for interested parties to give input in improving the child welfare system is needed. 	Discontinue. However, DFPS will seek stakeholder input on the creation of a new Protective Services Advisory Committee by 9/1/16.
Advisory Committee on Medicaid/CHIP Program Rate & Expenditure Disparities between the TX-Mexico Border Region and Other Areas of the State <i>(Senate Bill 200 removes this committee from statute)</i>	Medicaid and Other Social Services Programs	Discontinue	No Comments Received.	Discontinue.
State Advisory Committee on Childcare Administrators and Facilities	Protective Services Children	Discontinue	No Comments Received.	Discontinue.
Advisory Committee for Local Governmental Entities	Other	Discontinue	No Comments Received.	Discontinue.
Arthritis Advisory Committee <i>(Senate Bill 277 removes this committee from statute)</i>	Public Health	Discontinue	No Comments Received.	Discontinue.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
Caseload Standards Advisory Committee	Protective Services	Discontinue	No Comments Received.	Discontinue.
Disproportionate Share Hospital Payment – Uncompensated Care Payment Workgroup	Regulatory	Discontinue	No Comments Received.	Discontinue.
Guardianship Advisory Board <i>(Senate Bill 200 removes this committee from statute)</i>	Other	Discontinue	No Comments Received.	Discontinue.
Information Resources Advisory Committee	Other	Discontinue	No Comments Received.	Discontinue.
Interagency Council for Genetic Services <i>(Senate Bill 219 removes this committee from statute)</i>	Persons with Disabilities , Including Persons with Autism	Discontinue	No Comments Received.	Discontinue.
LVN On-call Pilot Advisory Committee	Persons with Disabilities , Including Persons with Autism	Discontinue	No Comments Received.	Discontinue.
Neonatal Intensive Care Unit Council	Public Health	Discontinue	No Comments Received.	Discontinue.
Physician Payment Advisory Committee	Medicaid and Other Social Services Programs	Discontinue	No Comments Received.	Discontinue.
Public Assistance Health Benefit Review & Design <i>(Senate Bill 200 removes this committee from statute)</i>	Medicaid and Other Social Services Programs	Discontinue	No Comments Received.	Discontinue.
Quality-based Payment	Health Care	Discontinue	No Comments Received.	Discontinue.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
Workgroup	Quality Initiatives			
Raising Texas Steering Committee	Children	Discontinue	No Comments Received.	Discontinue.
Renewing Our Communities Account Advisory Committee <i>(Senate Bill 200 removes this committee from statute)</i>	Other	Discontinue	No Comments Received.	Discontinue.
Texas Bleeding Disorders Advisory Council	Public Health	Discontinue	No Comments Received.	Discontinue.
Texas Medical Child Abuse Resources Education System Advisory Committee <i>(Senate Bill 277 removes this committee from statute)</i>	Prevention Efforts	Discontinue	No Comments Received.	Discontinue.
Texas Oyster Council	Public Health	Discontinue	No Comments Received.	Discontinue.
Workgroup on Uncompensated Care	Regulatory	Discontinue	No Comments Received.	Discontinue.
Worksite Wellness Advisory Board <i>(Senate Bill 277 removes this committee from statute)</i>	Public Health	Discontinue	No Comments Received.	Discontinue.
Youth Camp Training Advisory Committee <i>(Senate Bill 277 removes this committee from statute)</i>	Public Health	Discontinue	No Comments Received.	Discontinue.
Interagency Inspection Task Force	Protective Services	Discontinue	No Comments Received.	Discontinue. The overlap between agencies with inspection duties has

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
<i>(Senate Bill 277 removes this committee from statute)</i>				diminished over time and DFPS currently conducts all inspections; therefore, no interagency entity is needed.
Parental Advisory Committee <i>(Senate Bill 277 removes this committee from statute)</i>	Protective Services Children	Discontinue	No Comments Received.	Discontinue. Committee has never met. Duplicative of Parent Collaboration Group, which is active and recommended to continue.
Strategic Directions Advisory Committee	Protective Services Children	Discontinue	No Comments Received.	Discontinue. No record of committee ever having met. DFPS will seek stakeholder input on the creation of a new Protective Services Advisory Committee by 9/1/16.
Committees Recommended to Continue with Modifications				
Consumer Direction Workgroup <i>(Senate Bill 200 removes this committee from statute)</i>	Persons with Disabilities , Including Persons with Autism	Consolidate Functions with Another Committee	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 7</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> • Bob Kafka, ADAPT of Texas, recommends keeping the Consumer Direction Workgroup (CDW) in place, but if the decision is made to combine, it should be a standing committee of Promoting Independence Advisory Committee (PIAC). • Texas Association of Home Care & Hospice recommends that CDW be established as a subcommittee of PIAC. <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> • Linda Levine, CDW member, recommends keeping the CDW in place as it is the only advisory committee that focuses solely on consumer direction of services (CDS) for individuals with disabilities. • Ricky Broussard, CDW member, recommends keeping the CDW in place because the workgroup still has a lot of work to do, and has concerns that their voices will be lost if combined with another committee. • Linda Litzinger, Texas Parent to Parent, recommends keeping the CDW in place because no other committees can provide such focus on CDS. • Gene Whitten-Legé, consumer directed service provider, recommends keeping the CDW in place. • Susan Murphree, Disability Rights Texas, recommends keeping the CDW in place so that issues and expertise are not diluted. • Helen Baker, CDW member and CDS provider, asks 	Continue committee with reconstituted membership and specific goals. Changes in scope and membership will be addressed through the rule/bylaw process.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
			<p>that any consolidation with another committee accommodate the focus and interests of the current group.</p> <ul style="list-style-type: none"> The Arc of Texas recommends keeping the CDW in place out of “fear that it will remove consumer direction as a guiding principle through the reorganization process,” that there will be a loss of the workgroup’s momentum, and it will unintentionally weaken the scope. If CDW is merged with another committee, consumer directed services should have a standing spot on the new committee’s agenda. 	
Drug Utilization Review Board	Medicaid and Other Social Services Programs	Continue Operations with Expanded Scope	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> The Texas Medical Association supports continued operations with inclusion of Pharmaceutical & Therapeutics committee. 	<p>Continue Operations with expanded scope per legislative direction.</p> <p>(Pharmaceutical & Therapeutics Committee merged into Drug Utilization Review Board).</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
<p>State Medicaid Managed Care Advisory Committee</p> <p><i>(Senate Bill 200 removes this committee from statute)</i></p>	Managed Care Under Medicaid and the Child Health Plan Program	Continue Functions with Expanded Scope	<p>Number in Support of Initial Analysis: 7 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> The Arc of Texas supports continued operations, urges HHSC to be thoughtful in how the scope is expanded, and that the committee continues to have representation from the IDD community. Texas Medical Association, the Center for Public Policy Priorities, and Helen Baker (committee member and CDS provider), support continued operations. Providers Alliance for Community Services supports continued operations and having sufficient IDD providers on the committee. Texas Association of Health Plans supports continued operations and having sufficient MCO representation on the committee. Jay Bueche, H-E-B Director of Pharmacy and committee member, supports continued operations and recommends dividing the committee into two groups rather than reducing the current number of members. 	<p>Continue Operations with expanded scope to include the functions of the STAR+PLUS Nursing Facility Committee.</p> <p>In addition, the STAR+PLUS Quality Council will be reconstituted as a subcommittee of the State Medicaid Managed Care Advisory Committee. By 9/1/16, the committee will report to the Executive Commissioner regarding the effectiveness of this structure.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
<p>Traumatic Brain Injury Advisory Council</p> <p><i>(Senate Bill 200 removes this committee from statute)</i></p>	Rehabilitation, Including for Persons with Brain Injuries	Continue Operations with Expanded Scope	<p>Number in Support of Initial Analysis: 54</p> <p>Five out of 54 commenters identified as a brain injury survivor (consumer) or family member.</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> 39 commenters wrote specifically: “I am supportive for the TBIAC continuing with expanded scope. This council has been a strong voice for policy change that has helped many people in the state of Texas with brain injuries.” 	<p>Continue committee with reconstituted membership, specific goals, and scope to include acquired brain injury.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
			<ul style="list-style-type: none"> 11 additional commenters included: “Keep the TBIAC going with expanded scope” in their comments. One person shared her experience living with TBI, emphasizing the need for significant improvement in services, but without specifically mentioning the TBIAC or any stakeholder group. One person discussed the diverse membership that a brain injury advisory council should have. Two commenters (<i>The Arc of Texas; Texas Medical Association/ Texas Pediatric Society</i>) support continuation. 	
Children’s Policy Council <i>(Senate Bill 200 abolishes this committee on 9/1/17)</i>	Persons with Disabilities , Including Persons with Autism Children	Continue Operations	Number in Support of Initial Analysis: 5 Number in Opposition to Initial Analysis: 0 <i>Summary of Comments in Support:</i> <ul style="list-style-type: none"> Five commenters support continuation and are pleased with continuation recommendation (<i>ARC, Disability Rights; Children’s Hospital Association of Texas; Texas Medical Association/Texas Pediatric Society; Texas Association of Home Care & Hospice</i>) 	Continue operations with expanded scope. Committee would absorb the functions of both the Council on Children and Families and the Task Force for Children with Special Needs . Changes in scope and membership will be addressed through the rule/bylaw process.
Allocation Advisory Committee (HB 3793 Panel – 83R)	Behavioral Health	Continue Operations with Expanded Scope	No Comments Received.	Continue operations with expanded scope. The legislature created this committee in Senate Bill 1507 (84R) by taking an older committee (House Bill 3793 Panel) that had completed its duties and gave it a new charge. In addition, DSHS recommends combining this committee’s new functions with those of the Forensic Workgroup, also created by S.B. 1507. * Changes in scope and membership will be addressed through the rule/bylaw process.
Sickle Cell Advisory Committee <i>(Senate Bill 277 removes this committee from statute)</i>	Public Health	Discontinue	No Comments Received.	Re-establish committee with a modified scope. Charge the committee to focus on improving awareness efforts for sickle cell anemia. Any changes will go through the rule/bylaw process.
Committees Recommended to Continue				
Interagency Task Force on Ensuring	Many	Continue Operations	Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 1	Continue operations.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
<p>Appropriate Care Settings for Persons with Disabilities / Promoting Independence Advisory Committee</p> <p><i>(Senate Bill 200 abolishes this committee on 9/1/17)</i></p>			<p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> • Bob Kafka and ADAPT of Texas recommends maintaining the CDW, but if the decision is made to combine, it should be a standing committee of the Promoting Independence Advisory Committee (PIAC). • PACSTX supports continuation of PIAC as is. <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> • Texas Association for Home Care & Hospice suggests that the CDW become a subcommittee of PIAC. Both groups focus on community-based alternatives for people with disabilities, ensuring that the individual is involved with the direction of his or her services that will promote living in the most integrated setting as required by the Americans with Disabilities Act and upheld by Olmstead. 	
<p>Advisory Committee on Promoting Adoption of Minority Children</p> <p><i>(Senate Bill 206 removes this committee from statute)</i></p>	<p>Protective Services</p> <p>Children</p>	Continue Operations	<p>Number in Support of Initial Analysis: 2 Number in Opposition of Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> • Two commenters (current members of the committee, including a retired Asst. Commissioner for CPS) expressed strong support for the work of the committee. 	<p>Continue operations.</p> <p>Any changes will go through the rule/bylaw process.</p>
<p>Advisory Panel on Health Care-Associated Infections (HAI) and Preventable Adverse Events (PAE)</p> <p><i>(Senate Bill 277 removes this committee from statute)</i></p>	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 3 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> • Three commenters, representing the Children's Hospital Association of Texas, Texas Medical Association/Texas Pediatric Society, and DSHS Emerging and Acute Infectious Disease Branch, indicated support for continuation of the panel activities. 	Continue operations.
<p>Board for Evaluation of Interpreters</p>	Regulatory	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition of Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> • One commenter (Sharon Hill) expressed support for the continuation of the committee and acknowledged the value of the work the committee has done. 	Continue operations.
<p>Early Childhood Intervention Advisory Committee</p>	Children	Continue Operations	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> • Children's Hospital Association of Texas, Texas Medical Association/Texas Pediatric Society in a joint statement, listed this committee as one of 	Continue operations.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
			several they support continuing.	
Executive Waiver Committee	Health Care Quality Initiatives	Continue Operations	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> The Texas Medical Association and the Teaching Hospitals of Texas support continued operations. 	<p>Continue operations.</p> <p>Any changes will go through the rule/bylaw process.</p>
Governor’s Emergency Medical Services (EMS) and Trauma Advisory Council	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> Two commenters, representing the Children’s Hospital Association of Texas and the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the council activities. 	Continue operations.
Hospital Payment Advisory Committee (Senate Bill 200 removes this committee from statute)	Medicaid and Other Social Services Programs	Continue Operations	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> Children’s Hospital Association of Texas and Teaching Hospitals of Texas support continued operations. 	<p>Continue operations.</p> <p>Any changes will be addressed through the rule/bylaw process.</p>
IDD System Redesign Advisory Committee (Senate Bill 200 removes this committee from statute on the first anniversary of the date HHSC completes implementation)	Medicaid and Other Social Services Programs	Continue Operations	<p>Number in Support of Initial Analysis: 4 Number in Opposition to Initial Analysis: 1</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> The Arc of Texas, Providers Alliance for Community Services, and Debbie Gill, a committee member, support continued operations. Texas Association of Health Plans supports continued operations until after program implementation. <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> Bob Kafka, ADAPT of Texas, recommends that this committee be re-established as a subcommittee of the STAR+PLUS Quality Council. 	<p>Continue operations.</p> <p>Any changes will be addressed through the rule/bylaw process.</p>
Interagency Obesity Council	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 1</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the council activities. <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> One commenter, Shirley Bell, suggested consolidating the functions of this committee with another advisory committee, but did not specify which one. 	<p>Continue operations.</p> <p>This council has a unique membership (Commissioners of the Texas Department of Agriculture, Texas Education Agency, and DSHS or their designees). There is not another advisory committee that captures the input and guidance of executive leadership of these three agencies.</p> <p>Any changes will go through the rule/bylaw process.</p>
Maternal	Public	Continue	Number in Support of Initial Analysis: 1	Continue operations.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
Mortality and Morbidity Task Force	Health	Operations	<p>Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the council activities. 	Any changes will go through the rule/bylaw process.
Medical Care Advisory Committee	Medicaid and Other Social Services Programs	Continue Operations	<p>Number in Support of Initial Analysis: 4 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> Dr. Gilbert Handal (current MCAC chair), Providers Alliance for Community Services, The Arc of Texas, and Texas Medical Association/Texas Pediatric Society support continued operations. 	<p>Continue operations.</p> <p>Any changes will be addressed through the rule/bylaw process.</p>
Newborn Screening Advisory Committee	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the committee activities. 	Continue operations.
Public Health Funding and Policy Committee	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, the chair of the committee who is the Director of Houston Health Department, supports the recommendation to continue this committee, saying that it has made great progress, but requires additional effort to develop a statewide public health infrastructure in collaboration with DSHS and local public health officials. 	Continue operations.
<p>STAR Kids Advisory Committee</p> <p><i>(Senate Bill 200 removes this committee from statute on the first anniversary of the date HHSC completes implementation)</i></p>	Managed Care Under Medicaid and the Child Health Plan Program	Continue Operations	<p>Number in Support of Initial Analysis: 5 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> The Arc of Texas, Children's Hospital Association of Texas, Texas Medical Association, and Helen Baker (CDS provider) support continued operations. Texas Association of Health Plans supports continued operations until after program implementation. 	<p>Continue operations.</p> <p>Any changes will be addressed through the rule/bylaw process.</p>
State Child Fatality Review Committee	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Children's Hospital Association of Texas, indicated support for continuation of the committee activities. 	<p>Continue operations.</p> <p>Any changes will go through the rule/bylaw process.</p>
State Independent Living Council	Persons with Disabilities	Continue Operations	<p>Number in Support of Initial Analysis: 0 Number in Opposition to Initial Analysis: 0</p>	Continue operations.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
	, Including Persons with Autism		<p><i>General Comment:</i></p> <ul style="list-style-type: none"> Only comment received from the State Independent Living Council (SILC) clarifying the role of the SILC in developing the Independent Living State Plan and disputing the definition of an advisory council. No comment was made in support or opposition of the analysis. 	
Statewide Parent Collaboration Group	Protective Services	Continue Operations	<p>No comments received specifically mentioning this committee.</p> <p><i>General Comment:</i></p> <ul style="list-style-type: none"> One commenter (a social work professional) expressed general concern about the proposed discontinuation of any committee that addressed child abuse, and felt that a venue for interested parties to give input in improving the child welfare system is needed. 	<p>Continue operations.</p> <p>Any changes will go through the rule/bylaw process.</p>
Stroke Committee (Subcommittee of the Governor's EMS and Trauma Advisory Council)	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the committee activities. 	<p>Continue operations.</p> <p>Any changes will go through the rule/bylaw process.</p>
Texas Council on Alzheimer's Disease and Related Disorders	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <p>One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the council activities.</p>	<p>Continue operations.</p>
Texas Council on Autism and Pervasive Developmental Disorders <i>(Senate Bill 200 removes this committee from statute on a date to be specified in the transition plan)</i>	Persons with Disabilities , Including Persons with Autism	Continue Operations	<p>Number in Support of Initial Analysis: 3 The Arc of Texas, Texas Medical Association/Texas Pediatric Society – joint statement, and Autism Society of Central Texas. Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter noted that there are not any dedicated spots for people with autism spectrum disorder and pervasive developmental disorders on this committee. Self-advocates need to be at the table to educate the committee, and they should have the right amount of supports available to them to meaningfully participate. One commenter suggested that the unique needs of individuals with autism continue to receive attention and current best practices be promoted regardless of how we've done things in the past. 	<p>Continue operations.</p> <p>Any changes will go through the rule/bylaw process.</p>
Texas Council on Cardiovascular Disease and Stroke	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated 	<p>Continue operations.</p>

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			support for continuation of the council activities.	
Texas Diabetes Council	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the council activities. 	Continue operations.
Texas Family Violence Interagency Collaborative	Protective Services	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter (a counselling professional) expressed general concern about discontinuation of committees that address domestic violence. No specific recommendation, but feels domestic violence continues to be an issue that would benefit from a committee's oversight. 	Continue operations. This is an informal group that meets monthly to discuss family violence issues. Determined that this was not an advisory committee and should be removed from the list.
Texas HIV Medication Advisory Council	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the council activities. 	Continue operations.
Texas School Health Advisory Committee	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing the Texas Medical Association/Texas Pediatric Society, indicated support for continuation of the committee activities. Another commenter, a committee member, commented that the committee is needed because it brings stakeholders together with knowledge and interest in children in the school system and produces white papers that are disseminated to School Health Committees in different school districts. 	Continue operations.
Youth Camp Advisory Committee	Public Health	Continue Operations	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> One commenter, representing Highland Lakes Camp and Conference Center, said the committee is working well except for members who do not have an understanding of Youth Camp defined by the Youth Camp Act. 	Continue operations.
Aging & Disability Resource Center State Advisory Committee	Persons with Disabilities , Including Persons with Autism	Continue Operations	No Comments Received.	Continue operations.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
Aging Texas Well Advisory Committee <i>(Senate Bill 219 removes this committee from statute)</i>	Aging	Continue Operations	No Comments Received.	Continue operations. Any changes will go through the rule/bylaw process.
Committee for Advancing Residential Practices (CARP)	Protective Services Children	Continue Operations	No Comments Received.	Continue operations. Any changes will go through the rule/bylaw process.
Foster Grandparent Program Advisory Committee	Children	Continue Operations	No Comments Received.	Continue operations. Any changes will go through the rule/bylaw process.
Medical Advisory Board	Other	Continue Operations	No Comments Received.	Continue operations.
Nursing Facility Administrators Advisory Committee	Regulatory	Continue Operations	No Comments Received.	Continue operations. Any changes will be addressed the through the rule/bylaw process.
PARIS Workgroup	Medicaid and Other Social Services Programs	Continue Operations	No Comments Received.	Continue operations.
Preparedness Coordinating Council	Public Health	Continue Operations	No Comments Received.	Continue operations.
Promotor(a) or Community Health Worker Training and Certification Advisory Committee	Public Health	Continue Operations	No Comments Received.	Continue operations.
Public Private Partnership	Protective Services Children	Continue Operations	No Comments Received.	Continue operations. Any changes will go through the rule/bylaw process.
Residency Advisory Council	Public Health	Continue Operations	No Comments Received.	Continue operations.
State Preventive Health Advisory Committee	Public Health	Continue Operations	No Comments Received.	Continue operations.
Statewide Advisory Coalition for Addressing Disproportionali	All Topics	Continue Operations	No Comments Received.	Continue operations.

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
ty and Disparities				
Statewide Health Coordinating Council	Public Health	Continue Operations	No Comments Received.	Continue operations.
Texas Center for Nursing Workforce Studies Advisory Committee	Public Health	Continue Operations	No Comments Received.	Continue operations.
Texas Radiation Advisory Board	Public Health	Continue Operations	No Comments Received.	Continue operations.
Texas Respite Council	Persons with Disabilities , Including Persons with Autism	Continue Operations	No Comments Received.	Continue operations. Any changes will go through the rule/bylaw process.
Tobacco Settlement Permanent Trust Account Administration Advisory Committee	Other	Continue Operations	No Comments Received.	Continue operations.
Toxic Substances Coordinating Committee	Public Health	Continue Operations	No Comments Received.	Continue operations.
Youth Leadership Council	Protective Services Children	Continue Operations	No Comments Received.	Continue operations. Any changes will go through the rule/bylaw process.
Committees Recommended to Continue for a Specified Time				
Advisory Committee on Qualifications for Health Care Translators and Interpreters <i>(Senate Bill 200 removes this committee from statute)</i>	Health Care Quality Initiatives	Continue Operations for One Year	<p>Number in Support of Initial Analysis: 56 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments In Support:</i></p> <ul style="list-style-type: none"> • 48 respondents believe the Committee should continue and complete its work, especially related to the registry of qualified healthcare interpreters, in order to improve health outcomes. • Three respondents want the Committee to continue to improve access to healthcare for the hearing impaired, the large Spanish speaking population, and the large refugee population. • Two respondents stated a lack of interpreter qualifications in the healthcare system causes a financial impact. Competent language assistance improves patient outcomes. • One respondent stated the Committee is crucial for encouraging interpreters to feel supported while 	Continue operations for one year. Committee feels they could accomplish their goals in the next year.

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			<p>working to raise standards of the field.</p> <ul style="list-style-type: none"> Two respondents stated the deaf and hard of hearing community has access to state certified American Sign Language (ASL) interpreters. The spoken language interpreters need this in their field because there should be standards and requirements for medical interpreters. 	
Behavioral Health Integration <i>(Senate Bill 200 removes this committee from statute)</i>	Behavioral Health	Continue Operations for One Year	<p>Number in Support of Initial Analysis: 1 Number in Opposition to Initial Analysis: 2</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> TMA supports continued operations. <p><i>Summary of Comments in Opposition:</i></p> <ul style="list-style-type: none"> Texas Council of Community Centers supports continued operations without the one year limitation stating that there is continued work to ensure that policies and practices align with the goal of integrated, quality, and cost efficient care. Another commenter (Rose McCorkle) questioned if it is prudent to discontinue or combine committees focused on mental health and substance use disorders as it may diminish focus. 	<p>Continue operations for one year.</p> <p>Reassessment at a later date could be considered if determined necessary.</p> <p>Any changes will be addressed through the rule/bylaw process.</p>
Perinatal Advisory Council	Public Health Prevention Efforts	Continue Operations until Date in Statute	<p>Number in Support of Initial Analysis: 2 Number in Opposition to Initial Analysis: 0</p> <p><i>Summary of Comments in Support:</i></p> <ul style="list-style-type: none"> Two commenters support continuation (Children's Hospital Association of Texas; and the Texas Medical Association/Texas Pediatric Society) 	<p>Continue operations.</p> <p>Subject to Sunset Review 2025.</p> <p>Changes in scope and membership will be addressed through the rule/bylaw process.</p>
Employment First Task Force	Persons with Disabilities , Including Persons with Autism	Continue Operations until Date in Statute	No Comments Received.	<p>Continue operations until date in statute.</p> <p>Committee will expire on September 1, 2017.</p>
Committees That Will Transfer out of HHS System				
Elected Committee of Managers – Business Enterprises of Texas (BET)	Persons with Disabilities , Including Persons with Autism	Will transfer to Texas Workforce Commission on September 1, 2016.	No Comments Received.	<p>Continue operations until transfer.</p> <p>Committee will transfer to the Texas Workforce Commission on September 1, 2016.</p>
Rehabilitation Council of Texas	Rehabilitation, Including for Persons with Brain Injuries	Will transfer to Texas Workforce Commission on September 1, 2016.	No Comments Received.	<p>Continue operations until transfer.</p> <p>Committee will transfer to the Texas Workforce Commission on September 1, 2016.</p>
Interagency Coordinating Group for Faith-	Other	Transferring to a non-HHS agency	No Comments Received.	<p>HHSC will no longer provide administrative support. Member agencies will assume</p>

Committee	Area of Focus	Initial Analysis	Summary of Public Comments	Final Recommendation
and Community-based Initiatives				this responsibility.
Texas Nonprofit Council	Other	Transfers to a non-HHS agency	No Comments Received.	HHSC will no longer provide administrative support. Member agencies will assume this responsibility. The Governor will make appointments instead of the Executive Commissioner.
Dyslexia Licensing Advisory Committee	Regulatory	Will be re-established at TDLR during the 2016-2017 biennium	No Comments Received.	Will be re-established at the Texas Department of Licensing and Regulation during fiscal year 2016.
Registered Sanitarians Advisory Committee	Regulatory	Will be re-established at TDLR during the 2018-2019 biennium	No Comments Received.	Will be re-established at the Texas Department of Licensing and Regulation during the 2018-2019 biennium.
Texas State Perfusionists Advisory Committee	Public Health	Will be re-established at TMB during FY 2016	No Comments Received.	Will be re-established at the Texas Medical Board during fiscal year 2016.



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