

# **Schedule A: Health and Human Services System Budget Structure**

---

## Health and Human Services Commission

### Goal 1. Medicaid

***Administer the state Medicaid system efficiently and effectively, using a comprehensive approach to integrate Medicaid client health services with other direct service delivery programs.***

**Objective 1.1. Acute Care Services (including STAR+PLUS Long-Term Care) for Full-Benefit Clients.** Administer programs that provide medically necessary health care in the most appropriate, accessible, and cost-effective setting.

- Outcome 1.1.1. Average Medicaid and Children's Health Insurance Program (CHIP) Children Recipient Months Per Month
- Outcome 1.1.2. Average Full Benefit Medicaid Recipient Months Per Month
- Outcome 1.1.3. Average Medicaid Child Under 21 Recipient Months Per Month
- Outcome 1.1.4. Average Monthly Cost per Full Benefit Medicaid Client (including Drug and Long-Term Care)
- Outcome 1.1.5. Medicaid Recipient Months: Proportion in Managed Care
- Outcome 1.1.6. Percent of Texas Health Steps (EPSDT) Enrolled Population Screened Medicaid - Medical
- Outcome 1.1.7. Average Number of Members Receiving Waiver Services through Managed Care
- Outcome 1.1.8. Average Number of Members Receiving Nonwaiver Community Care through Managed
- Outcome 1.1.9. Percent of Full Benefit Medicaid Eligible Population Served
- Outcome 1.1.10. Average Number Members Receiving Nursing Facility Care Through Managed Care

**Strategy 1.1.1. Aged and Medicare-Related Eligibility Group.** Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to aged and Medicare-related Medicaid-eligible persons.

- Efficiency 1.1.1.1. Average Aged and Medicare-Related Cost Per Recipient Month
- Efficiency 1.1.1.2. Average Cost Per Aged & Medicare-Related Recipient Month: STAR+PLUS
- Output 1.1.1.1. Average Aged and Medicare-Related Recipient Months Per Month: Total

- 
- Output 1.1.1.2. Average Aged and Medicare-Related Recipient Months Per Month: STAR+PLUS

**Strategy 1.1.2. Disability-Related Eligibility Group.** Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting for disability-related Medicaid-eligible adults and children.

- Efficiency 1.1.2.1. Average Disability-Related Cost Per Recipient Month
- Efficiency 1.1.2.2. Average Cost/Disability-Related Recipient Month: STAR+PLUS
- Efficiency 1.1.2.3. Average Cost/Disability-Related Recipient Month: STAR Kids
- Explanatory 1.1.2.1. Percent Of Disability-Related Recipients Who Are 21 And Under
- Output 1.1.2.1. Average Disability-Related Recipient Months Per Month: Total
- Output 1.1.2.2. Average Disability-Related Recipient Months Per Month: STAR+PLUS
- Output 1.1.2.3. Average Disability-Related Recipient Months Per Month: STAR Kids

**Strategy 1.1.3. Pregnant Women Eligibility Group.** Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting for Medicaid-eligible pregnant women.

- Efficiency 1.1.3.1. Average Pregnant Women Cost Per Recipient Month
- Output 1.1.3.1. Average Pregnant Women Recipient Months Per Month

**Strategy 1.1.4. Other Adults Eligibility Group.** Provide medically-necessary health care in the most appropriate, accessible, and cost-effective setting to adults who are principally income-level eligible (non-pregnant, non-Medicare, non-disability-related).

- Efficiency 1.1.4.1. Average Temporary Assistance for Needy Families (TANF)-Level Adult Cost Per Recipient Month
- Output 1.1.4.1. Average TANF-Level Adult Recipient Months Per Month

**Strategy 1.1.5. Children Eligibility Group.** Provide medically necessary health care in the most appropriate, accessible, and cost-effective setting to newborn infants and Medicaid-eligible children who are not receiving SSI disability-related payments.

- Efficiency 1.1.5.1. Average Income-Eligible Children Cost Per Recipient Month
- Efficiency 1.1.5.2. Average STAR Health Foster Care Children Cost Per Recipient Month
- Output 1.1.5.1. Average Income-Eligible Children Recipient Months Per Month

- 
- Output 1.1.5.2. Average STAR Health Foster Care Children Recipient Months Per Month

**Strategy 1.1.6. Medicaid Prescription Drugs.** Provide prescription medication to Medicaid-eligible recipients as prescribed by their treating physician.

- Efficiency 1.1.6.1. Average Cost/Medicaid Recipient Month: Prescription Drugs

**Strategy 1.1.7. Texas Health Steps (THSteps) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Dental.** Provide dental care in accordance with all federal mandates.

- Efficiency 1.1.7.1. Average Cost Per THSteps (EPSDT) Dental Recipient Months Per Month
- Explanatory 1.1.7.1. Percent Of Eligible Children Receiving A Dental Service
- Output 1.1.7.1. Average THSteps (EPSDT) Dental Recipient Months Per Month

**Strategy 1.1.8. Medical Transportation.** Support and reimburse for non-emergency transportation assistance to individuals receiving medical assistance.

- Efficiency 1.1.8.1. Average Nonemergency Transportation (NEMT) Cost Per Recipient Month

**Objective 1.2. Community Services and Supports - Entitlement.** Provide Medicaid covered supports and services in home and community settings to enable aging individuals, individuals with disabilities, and others who qualify for nursing facility care, but can be served at home or in the community, to maintain their independence and avoid institutionalization.

**Strategy 1.2.1. Community Attendant Services.** Provide attendant care services to Medicaid-reimbursed subgroup of Primary Home Care eligible individuals that must meet financial eligibility of total gross monthly income less than or equal to 300 percent of the SSI federal benefit rate.

- Efficiency 1.2.1.1. Average Monthly Cost Per Individual Served: Community Attendant Services
- Output 1.2.1.1. Average Number of Individuals Served Per Month: Community Attendant Services

**Strategy 1.2.2. Primary Home Care.** Provide Medicaid-reimbursed, non-technical, medically related personal care services prescribed by a physician to eligible individuals whose health problems limit their ability to perform activities of daily living.

- Efficiency 1.2.2.1. Average Monthly Cost Per Individual Served: Primary Home Care
- Output 1.2.2.1. Average Number of Individuals Served Per Month: Primary Home Care

---

**Strategy 1.2.3. Day Activity and Health Services (DAHS).** Provide daytime services five days a week to individuals residing in the community as an alternative to placement in nursing facilities or other institutions.

- Efficiency 1.2.3.1. Average Monthly Cost Per Individual Served: Day Activity and Health Services
- Output 1.2.3.1. Average Number of Individuals Per Month: Day Activity/Health Services

**Strategy 1.2.4. Nursing Facility Payments.** Provide payments that will promote quality care for individuals with medical needs that require nursing facility care.

- Efficiency 1.2.4.1. Net Nursing Facility Cost Per Medicaid Resident Per Month
- Efficiency 1.2.4.2. Average Monthly Cost Per Individual: Personal Needs Allowance
- Output 1.2.4.1. Number of Nursing Facility Clients per Month, Unduplicated
- Output 1.2.4.2. Average Number Receiving Medicaid-funded Nursing Facility Services/Month
- Output 1.2.4.3. Average Number Receiving Personal Needs Allowance Per Month

**Strategy 1.2.5. Medicare Skilled Nursing Facility.** Provides payments for individuals in dually qualified certified facilities (certified for both Medicaid and Medicare).

- Efficiency 1.2.5.1. Net Medicaid/Medicare Copay Per Individual-Nursing Facility Services/Month
- Output 1.2.5.1. Average Number Receiving Nursing Facility Copayments/Month

**Strategy 1.2.6. Hospice.** Provide palliative care consisting of medical, social, and support services for individuals.

- Efficiency 1.2.6.1. Average Net Payment Per Individual Per Month for Hospice
- Output 1.2.6.1. Average Number of Individuals Receiving Hospice Services Per Month

**Strategy 1.2.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID).** Provide or contract for residential facilities of four or more beds for 24-hour care for the intellectual and developmentally disabled residents.

- Efficiency 1.2.7.1. Monthly Cost Per ICF/IID Medicaid-Eligible Individual
- Explanatory 1.2.7.1. Number ICF/IID Individuals with Residential Length of Stay 0-12 Months
- Explanatory 1.2.7.2. Number ICF/IID Individuals with Residential Length of Stay 13-23 Months
- Explanatory 1.2.7.3. Number ICF/IID Individuals with Residential Length of Stay 24+ Months

- 
- Explanatory 1.2.7.4. Average Monthly Number of Individuals in ICF/IID, 1-8 Beds
  - Explanatory 1.2.7.5. Monthly Cost Per ICF/IID Medicaid-Eligible Individual, 1 to 8 Beds
  - Explanatory 1.2.7.6. Average Monthly Number of Individuals in ICF/IID, 9-13 Beds
  - Explanatory 1.2.7.7. Monthly Cost Per ICF/IID Medicaid-Eligible Individual, 9-13 Beds
  - Explanatory 1.2.7.8. Average Monthly Number of Individuals in ICF/IID, 14+ Beds
  - Explanatory 1.2.7.9. Monthly Cost Per ICF/IID Medicaid-Eligible Individual, 14+ Beds
  - Explanatory 1.2.7.10. Average Monthly Number of ICF/IID Medicaid Beds, 8 or Less
  - Explanatory 1.2.7.11. Average Monthly Number of ICF/IID Beds, 9-13
  - Explanatory 1.2.7.12. Average Monthly Number of ICF/IID Medicaid Beds, 14+
  - Output 1.2.7.1. Average Number of Persons in ICF/IID Medicaid Beds Per Month
  - Output 1.2.7.2. Average Number of ICF/IID Medicaid Beds Per Month

**Objective 1.3. Long-term Care - Non-Entitlement.** Provide supports and services through Medicaid waivers in home and community settings to enable aging individuals, individuals with physical or mental disabilities, and others who qualify for institutional care to maintain their independence and avoid institutionalization.

**Strategy 1.3.1. Home and Community-Based Services (HCS).** Provide individualized services to individuals with intellectual disability living in their family's home, their own homes, or other settings in the community.

- Efficiency 1.3.1.1. Average Monthly Cost Per Individual Served: Home & Community Based Services
- Efficiency 1.3.1.2. Average Monthly Cost Individual Served: Home and Community-Based Services Residential
- Efficiency 1.3.1.3. Average Monthly Cost Individual: Home & Community-Based Services Non Residential
- Explanatory 1.3.1.1. Number Individuals Receiving Services at the End of the Fiscal Year: HCS
- Explanatory 1.3.1.2. Average Number Individuals on Interest List Per Month: Home & Community Based Services
- Explanatory 1.3.1.3. Total Number Declined Services or Found to be Ineligible for Services Fiscal Year (FY) HCS Waiver
- Explanatory 1.3.1.4. Average Number on HCS Interest List Receiving Other Services Per Month

- 
- Explanatory 1.3.1.5. Percentage Declined Services or Found to be Ineligible Services at the End of Year HCS Waiver
  - Explanatory 1.3.1.6. Percent of HCS Recipients Receiving Residential Services
  - Output 1.3.1.1. Average Number Individuals Served Per Month: Home & Community Based Services (HCS)

**Strategy 1.3.2. Community Living Assistance and Support Services (CLASS).** Provide home and community-based services to persons who have a "related condition" diagnosis qualifying them for placement in an Intermediate Care Facility. A related condition is a disability other than intellectual and/or developmental disability which originates before age 22 and which substantially limits life activity. Such disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and other diagnoses, are said to be "related to" intellectual and/or developmental disability in their effect upon the individual's functioning.

- Efficiency 1.3.2.1. Average Monthly Cost Per Individual: CLASS Waiver
- Explanatory 1.3.2.1. Average Number on Interest List: Community Living Assistance & Support
- Explanatory 1.3.2.2. Number of Persons Receiving Services at the End of the Fiscal Year: CLASS
- Explanatory 1.3.2.3. Total Number Declined Services or Found to be Ineligible for Services CLASS Waiver
- Explanatory 1.3.2.4. Average Number on CLASS Interest List Receiving Other Services Per Month
- Explanatory 1.3.2.5. Percentage Declined Services or Found to be Ineligible Services at the End of Year CLASS Waiver
- Output 1.3.2.1. Average Number of Individuals Served Per Month: CLASS Waiver

**Strategy 1.3.3. Deaf-Blind Multiple Disabilities (DBMD).** Provide home and community-based services to adult individuals diagnosed with deafness, blindness, and multiple disabilities.

- Efficiency 1.3.3.1. Average Monthly Cost Per Individual: DBMD Waiver
- Explanatory 1.3.3.1. Average Number on Interest List: DBMD Waiver
- Explanatory 1.3.3.2. Number of Persons Receiving Services at the End of the Fiscal Year: DBMD Waiver
- Explanatory 1.3.3.3. Total Number Declined Services or Found to be Ineligible for Services FY DBMD Waiver
- Explanatory 1.3.3.4. Average Number DBMD Interest List Receiving Other Services Per Month
- Explanatory 1.3.3.5. Percentage Declined Services or Found to be Ineligible Services at the End of Year DBMD Waiver
- Output 1.3.3.1. Average Number of Individuals Served Per Month: DBMD Waiver

---

**Strategy 1.3.4. Texas Home Living (TxHmL) Waiver.** Provide individualized services, not to exceed \$17,000 per year, to individuals with an intellectual disability living in their family's home, their own homes, or other settings in the community.

- Efficiency 1.3.4.1. Average Monthly Cost Per Individual Served: TxHmL Waiver
- Explanatory 1.3.4.1. Number of Individuals Receiving Services at the End of the Fiscal Year: TxHmL
- Explanatory 1.3.4.2. Average Number Individuals on Interest List Per Month: TxHmL Waiver
- Explanatory 1.3.4.3. Total Number Declined Services or Found To Be Ineligible for Services FY TxHmL Waiver
- Explanatory 1.3.4.4. Average Number on TxHmL Waiver Interest List Receiving Other Services Per Month
- Explanatory 1.3.4.5. Percentage Declined Services or Found To Be Ineligible Services at the End of Year TxHmL Waiver
- Output 1.3.4.1. Average Number of Individuals Served Per Month: TxHmL Waiver

**Strategy 1.3.5. Program of All-Inclusive Care for the Elderly (PACE).**

Provide community-based services to frail and elderly individuals who qualify for nursing facility placement. Services include in-patient and outpatient medical care and social/community services at a capitated rate.

- Efficiency 1.3.5.1. Average Monthly Cost Per Recipient: Program for All Inclusive Care (PACE)
- Explanatory 1.3.5.1. Number of Persons Receiving Services End of Fiscal Year: PACE
- Output 1.3.5.1. Average Number of Recipients Per Month: Program for All Inclusive Care (PACE)

**Strategy 1.3.6. Medically Dependent Children Program (MDCP).**

Provide home and community-based services to individuals under 21 years of age who qualify for nursing facility care. Services include respite, adjunct supports, adaptive aids, and minor home modification.

- Efficiency 1.3.6.1. Average Monthly Cost Per Individual: MDCP Waiver
- Explanatory 1.3.6.1. Average Number on Interest List Per Month: MDCP Waiver
- Explanatory 1.3.6.2. Number Persons Receiving Services at the End of the Fiscal Year: MDCP
- Explanatory 1.3.6.3. Total Number Declined Services or Found to be Ineligible for Services FY MDCP Waiver
- Explanatory 1.3.6.4. Average Number on MDCP Interest List Receiving Other DADS Services Per Month
- Explanatory 1.3.6.5. Percentage Declined Services or Found to be Ineligible Services at the End of Year MDCP Waiver



- Output 1.3.6.1. Average Number of Individuals Served Per Month: MDCP Waiver

**Objective 1.4. Other Medicaid Services.** Provide policy direction and management of the state's Medicaid program and maximize federal dollars.

**Strategy 1.4.1. Non-Full Benefit Payments.** Provide payments for medically necessary health care to eligible recipients for certain services not covered under the insured arrangement, including undocumented persons, school health, women's health, and other related services.

- Efficiency 1.4.1.1. Average Emergency Services for Non-Citizens Cost Per Recipient Month
- Output 1.4.1.1. Average Monthly Number of Enrolled Federally Qualified Health Centers
- Output 1.4.1.2. Average Monthly Number of Non-Citizens Receiving Emergency Services

**Strategy 1.4.2. For Clients Dually Eligible for Medicare and Medicaid.** Provide accessible premium-based health services to certain Title XVIII Medicare-eligible recipients.

- Efficiency 1.4.2.1. Average Part B Premium Per Month
- Efficiency 1.4.2.2. Average Part A Premium Per Month
- Efficiency 1.4.2.3. Average Qualified Medicare Beneficiaries (QMBs) Cost Per Recipient Month
- Output 1.4.2.1. Average Part B Recipient Months Per Month
- Output 1.4.2.2. Average Part A Recipient Months Per Month
- Output 1.4.2.3. Average QMBs Recipient Months Per Month

**Strategy 1.4.3. Transformation Payments.** Maximize federal funding to provide supplemental Medicaid reimbursement for uncompensated care and delivery system reform incentives under the 1115 waiver. Historically provided children's hospital UPL match.

## **Goal 2. Medicaid and Children's Health Insurance Program Contracts and Administration**

*Administer efficient and effective Medicaid and Children's Health Insurance Program (CHIP) programs, set overall policy direction of the state Medicaid program and CHIP program, and manage interagency initiatives to maximize federal dollars.*

**Objective 2.1. Medicaid and CHIP Contracts and Administration.** Improve the quality of Medicaid services by serving as the single state Medicaid agency.

**Strategy 2.1.1. Medicaid Contracts and Administration.** Administer efficient and effective Medicaid program, set the overall policy direction of

---

the state Medicaid program, and manage interagency initiatives to maximize federal dollars.

**Strategy 2.1.2. CHIP Contracts and Administration.** Administer efficient and effective CHIP program, including contracted administration, and set overall policy direction of CHIP programs.

## **Goal 3. Children's Health Insurance Program Services**

*Ensure health insurance coverage for eligible children in Texas.*

### **Objective 3.1. Children's Health Insurance Program (CHIP) Services.**

Ensure health insurance coverage for eligible children in Texas.

- Outcome 3.1.1. Percent of CHIP-Eligible Children Enrolled
- Outcome 3.1.2. Average CHIP Programs Recipient Months Per Month
- Outcome 3.1.3. Average CHIP Programs Benefit Cost with Prescription Benefit

**Strategy 3.1.1. CHIP.** Provide health care to uninsured children who apply and are determined eligible for insurance through CHIP.

- Efficiency 3.1.1.1. Average CHIP Children Benefit Cost Per Recipient Month
- Output 3.1.1.1. Average CHIP Children Recipient Months Per Month

**Strategy 3.1.2. CHIP Perinatal Services.** Provide health care to perinates whose mothers apply and are determined eligible for insurance through CHIP.

- Efficiency 3.1.2.1. Average Perinatal Benefit Cost Per Recipient Month
- Output 3.1.2.1. Average Perinatal Recipient Months Per Month

**Strategy 3.1.3. CHIP Prescription Drugs.** Provide prescription medication to CHIP-eligible recipients (includes all CHIP programs), as provided by their treating physician.

- Efficiency 3.1.3.1. Average Cost/CHIP Recipient Month: Pharmacy Benefit

**Strategy 3.1.4. CHIP Dental Services.** Provide dental health care services to uninsured children who apply and are determined eligible for insurance through CHIP.

- Efficiency 3.1.4.1. Average Monthly Cost of the Dental Benefit Per CHIP Program Recipient

---

## Goal 4. Provide Additional Health-Related Services

*Improve the physical and mental health of children, women, families, and individuals and enhance the capacity of communities to deliver health care services.*

**Objective 4.1. Provide Primary Health and Specialty Care.** Develop and support primary health care and specialty services to children, women, families, and other qualified individuals through community-based providers.

- Outcome 4.1.1. Percent of Population under Age Three Served by Early Childhood Intervention (ECI) Program
- Outcome 4.1.2. Percent of Children Successfully Completing Services
- Outcome 4.1.3. Percent of ECI Clients Enrolled in Medicaid
- Outcome 4.1.4. Percent of ECI Program Funded by Medicaid

**Strategy 4.1.1. Women's Health Program.** Women's Health Program.

- Efficiency 4.1.1.1. Average Monthly Cost Per Healthy Texas Women Client
- Efficiency 4.1.1.2. Average Monthly Cost Per Family Planning Client
- Explanatory 4.1.1.1. Number of Certified Clinical Providers Enrolled in Healthy Texas Women Program
- Explanatory 4.1.1.2. Number Of Clinical Providers Enrolled in Family Planning
- Explanatory 4.1.1.3. Percent of Women Receiving Contraceptive Services Who Receive a Long-Acting Removable Contraceptive
- Output 4.1.1.1. Average Monthly Number Women Receiving Services through Healthy Texas Women
- Output 4.1.1.2. Average Monthly Number of Adults Receiving Services through Family Planning
- Output 4.1.1.3. Number of Infants <1 and Children Age 1-21 Years Provided Services
- Output 4.1.1.4. Number of Women over 21 Provided Title V Services

**Strategy 4.1.2. Alternatives to Abortion. Nontransferable.** Provide pregnancy support services that promote childbirth for women seeking alternatives to abortion.

- Output 4.1.2.1. Number of Persons Receiving Services as Alternative to Abortion
- Output 4.1.2.2. Number of Alternatives to Abortion Services Provided

**Strategy 4.1.3. Early Childhood Intervention Services.** Administer a statewide comprehensive system of services to ensure that eligible infants, toddlers, and their families have access to the resources and support they need to reach their service plan goals.

- 
- Efficiency 4.1.3.1. Average Monthly Cost Per Child: Comprehensive Services/State & Federal
  - Efficiency 4.1.3.2. Average Monthly Cost Per Child: Comprehensive Services/Local
  - Explanatory 4.1.3.1. Average Monthly Number of Hours of Service Delivered Per Child Per Month
  - Output 4.1.3.1. Average Monthly Number of Referrals to Local Programs
  - Output 4.1.3.2. Percent Of Children Determined Eligible For ECI Services
  - Output 4.1.3.3. Number of Monitoring Visits Conducted
  - Output 4.1.3.4. Average Monthly Number of Children Served in Comprehensive Services

**Strategy 4.1.4. Ensure ECI Respite Services and Quality ECI**

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

- Efficiency 4.1.4.1. Average Time for Complaint Resolution
- Output 4.1.4.1. Average Monthly Number of Children Receiving Respite Services

**Strategy 4.1.5. Children's Blindness Services.** Provide information and training for blind and visually impaired children and their families so these children have the skills and confidence to live as independently as possible.

- Efficiency 4.1.5.1. Average Monthly Cost Per Child: Children's Blindness Services
- Explanatory 4.1.5.1. Number of Children Receiving Blindness Services Per Year
- Output 4.1.5.1. Average Monthly Number of Children Receiving Blindness Services

**Strategy 4.1.6. Autism Program.** To provide services to Texas children ages 3-15 diagnosed with autism spectrum disorder.

- Efficiency 4.1.6.1. Average Monthly Cost Per Child Receiving Focused Autism Services
- Explanatory 4.1.6.1. Number of Children Receiving Focused Autism Services Per Year
- Output 4.1.6.1. Average Monthly Number of Children Receiving Focused Autism Services

**Strategy 4.1.7. Children with Special Health Care Needs (CSHCN).**

Administer service program for children with special health care needs, in conjunction with HHSC.

- Efficiency 4.1.7.1. Average Monthly Cost Per CSHCN Client Receiving Health Care Benefits
- Explanatory 4.1.7.1. Number of Clients Removed from Waiting List & Provided Health Care Benefits

- Output 4.1.7.1. Average Monthly Caseload CSHCN Clients Receiving Health Care Benefits

**Strategy 4.1.8. Children's Dental Services.** Provide easily accessible, quality and community-based dental services to low-income infants, children and adolescents.

**Strategy 4.1.9. Kidney Health Care.** Administer service programs for kidney health care.

- Efficiency 4.1.9.1. Average Cost Per Chronic Disease Service - Kidney Health Care
- Output 4.1.9.1. Number of Kidney Health Clients Provided Services

**Strategy 4.1.10. Additional Specialty Care.** Deliver specialty care services including service programs for epilepsy and hemophilia, as well as provide leadership and direction to the statewide umbilical cord blood bank and health information technology initiatives.

- Explanatory 4.1.10.1. Number of Epilepsy Program Clients Provided Services
- Explanatory 4.1.10.2. Number of Hemophilia Assistance Program Clients

**Strategy 4.1.11. Community Primary Care Services.** Develop systems of primary and preventive health care delivery in underserved areas of Texas.

- Efficiency 4.1.11.1. Average Cost Per Primary Health Care Eligible Patient
- Output 4.1.11.1. Number of Primary Health Care Eligible Patients Provided Primary Care Services

**Strategy 4.1.12. Abstinence Education.** Increase abstinence education programs in Texas.

- Output 4.1.12.1. Number of Persons Served in Abstinence Education Programs

**Objective 4.2. Provide Community Behavioral Health Services.** Support services for mental health (MH) and for substance abuse prevention, intervention, and treatment.

- Outcome 4.2.1. HHSC-Operated or Purchased Inpatient Bed Readmission Rate
- Outcome 4.2.2. Percentage Adults Receiving Community MH Services Whose Functional Level Improved
- Outcome 4.2.3. Percentage Children Receiving Community MH Services Whose Functional Level Improved
- Outcome 4.2.4. Percentage Children & Adolescents Receiving Community MH Services Avoiding Rearrest
- Outcome 4.2.5. Percentage Receiving Crisis Services Who Avoid Psychiatric Hospitalization within 30 Days

- 
- Outcome 4.2.6. Percentage of Persons Receiving Crisis Services that Is Followed by a Jail Booking
  - Outcome 4.2.7. Percentage Adults Who Complete Treatment Program and Report No Past Month Substance Use
  - Outcome 4.2.8. Percentage of Youth Successfully Completing a Substance Abuse Prevention Program
  - Outcome 4.2.9. Percentage of Youth Who Complete Treatment Program and Report No Past Month Substance Use
  - Outcome 4.2.10. Percent of Youth Completing Treatment Who Are Attending School

**Strategy 4.2.1. Community Mental Health Services for Adults.**

Provide services and supports in the community for adults with serious mental illness.

- Efficiency 4.2.1.1. Average Monthly Cost Per Adult: Community Mental Health Services
- Explanatory 4.2.1.1. Number of Adults Receiving Community Mental Health Services Per Year
- Output 4.2.1.1. Average Monthly Number of Adults Receiving Community MH Services

**Strategy 4.2.2. Community Mental Health Services for Children.**

Provide services and supports for emotionally disturbed children and their families.

- Efficiency 4.2.2.1. Average Monthly Cost Per Child Receiving Community MH Services
- Explanatory 4.2.2.1. Number of Children Receiving Community MH Services Per Year
- Output 4.2.2.1. Average Monthly Number of Children Receiving Community MH Services

**Strategy 4.2.3. Community Mental Health Crisis Services (CMHCS).**

CMHCS.

- Efficiency 4.2.3.1. Average General Revenue (GR) Spent Per Person for Crisis Residential Services
- Efficiency 4.2.3.2. Average GR Spent Per Person for Crisis Outpatient Services
- Output 4.2.3.1. Number Persons Receiving Crisis Residential Services Per Year Funded by GR
- Output 4.2.3.2. Number Persons Receiving Crisis Outpatient Services Per Year Funded by GR

**Strategy 4.2.4. Substance Abuse Prevention, Intervention, and Treatment.**

Implement prevention services to reduce the risk of substance use, abuse, and dependency. Implement intervention services to interrupt illegal substance use by youth and adults and reduce harmful use of legal substances by adults. Implement a continuum of community and family based treatment and related services for chemically dependent

persons. Optimize performance quality and cost efficiency through the managing and monitoring of contracted services for substance abuse.

- Efficiency 4.2.4.1. Average Monthly Cost Per Youth for Substance Abuse Prevention Services
- Efficiency 4.2.4.2. Average Monthly Cost Per Adult for Substance Abuse Intervention Services
- Efficiency 4.2.4.3. Average Monthly Cost Per Youth for Substance Abuse Intervention Services
- Efficiency 4.2.4.4. Average Monthly Cost Per Adult Served in Treatment Programs for Substance Abuse
- Efficiency 4.2.4.5. Average Monthly Cost Per Youth Served in Treatment Programs for Substance Abuse
- Explanatory 4.2.4.1. Percentage of Adults Completing Treatment Programs for Substance Abuse
- Explanatory 4.2.4.2. Percentage of Youth Completing Treatment Programs for Substance Abuse
- Output 4.2.4.1. Average Monthly Number of Youth Served in Substance Abuse Prevention Programs
- Output 4.2.4.2. Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse
- Output 4.2.4.3. Average Monthly Number of Adults Served in Substance Abuse Intervention Programs
- Output 4.2.4.4. Average Monthly Number of Youth Served in Substance Abuse Intervention Programs
- Output 4.2.4.5. Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse

**Strategy 4.2.5. Behavioral Health Waivers.** Provide intensive community-based services for emotionally disturbed children and their families and for adults with serious mental illness.

**Objective 4.3. Build Community Capacity.** Develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

**Strategy 4.3.1. Indigent Health Care Reimbursement (UTMB).**

Reimburse the provision of indigent health services through the deposit of funds in the State-owned Multicategorical Teaching Hospital Account.

- Output 4.3.1.1. Counties Receiving State Assistance Funds from the County Indigent Health Care Program

**Strategy 4.3.2. County Indigent Health Care Services.**

Provide support to local governments that provide indigent health care services.

- Explanatory 4.3.2.1. Average Monthly Number of Indigents Receiving Health Care Services
- Explanatory 4.3.2.2. Average Monthly Cost Per Indigent Patient Receiving Health Care Services

---

## Goal 5. Encourage Self Sufficiency

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

**Objective 5.1. Financial and Other Assistance.** Provide appropriate support services that address the employment, financial, and/or social service needs of eligible persons.

- Outcome 5.1.1. Percent of Total Children in Poverty Receiving Cash Assistance
- Outcome 5.1.2. Number of Adults Exhausting Cash Assistance Benefits
- Outcome 5.1.3. Percentage Temporary Assistance for Needy Families (TANF) Caretakers Leaving Due to Increased Employment Earnings
- Outcome 5.1.4. Percentage of Eligible WIC Population Served

**Strategy 5.1.1. Temporary Assistance for Needy Families Grants.**

Provide Temporary Assistance for Needy Families grants to low-income Texans.

- Efficiency 5.1.1.1. Average Monthly Grant: TANF Basic Cash Assistance
- Efficiency 5.1.1.2. Average Monthly Grant: State Two-Parent Cash Assistance Program
- Explanatory 5.1.1.1. Percent of TANF Applications Approved
- Output 5.1.1.1. Average Number of TANF Basic Cash Assistance Recipients Per Month
- Output 5.1.1.2. Average Number of State Two-Parent Cash Assistance Recipients Per Month
- Output 5.1.1.3. Average Number of TANF One-Time Payments Per Month
- Output 5.1.1.4. Number of Children Receiving \$30 Once a Year Grant
- Output 5.1.1.5. Average Monthly Number of TANF Grandparent Payments
- Output 5.1.1.6. Average Number TANF/State Cash Adults Per Month with State Time-Limited Benefits
- Output 5.1.1.7. Average Number TANF/State Cash Adults/Month with Federal Time-Limited Benefits

**Strategy 5.1.2. Provide Women, Infants, and Children (WIC)**

**Services: Benefits, Nutrition Education, and Counseling.** Provide WIC services including benefits, nutrition education, and counseling.

- Efficiency 5.1.2.1. Average Food Costs Per Person Receiving Services
- Explanatory 5.1.2.1. WIC Breastfeeding Initiation Rate
- Output 5.1.2.1. Number of WIC Families Provided Nutrition Education & Counseling



- Output 5.1.2.2. Number of WIC Participants Provided Nutritious Supplemental Food

**Strategy 5.1.3. Refugee Assistance.** Assist refugees in attaining self-sufficiency through financial, medical, and social services, and disseminate information to interested individuals.

- Output 5.1.3.1. Number of Refugees Receiving Services

**Strategy 5.1.4. Disaster Assistance.** Provide financial assistance to victims of federally declared natural disasters.

- Output 5.1.4.1. Number of Applications Approved

## **Goal 6. Community and Independent Living Services and Coordination**

*Provide programs and support services to encourage self-sufficiency and healthier living in the community.*

**Objective 6.1. Long-Term Care Services and Coordination.** Provide non-Medicaid services and supports in home and community settings to enable aging individuals and individuals with disabilities to maintain their independence and prevent institutionalization.

- Outcome 6.1.1. Average Number of Individuals Served Per Month: Total Non-Medicaid Community Services & Supports
- Outcome 6.1.2. Average Monthly Cost Per Individuals Served: Total Non-Medicaid Community Services & Supports
- Outcome 6.1.3. Average Number Persons on Interest List Per Month: Non-Medicaid Community Services & Supports

**Strategy 6.1.1. Guardianship.** Provide full or limited authority over an incapacitated aging or disabled adult who is the victim of validated abuse, neglect, exploitation, or of an incapacitated minor in Child Protective Services' conservatorship.

- Efficiency 6.1.1.1. Average Monthly Cost Per Adult Guardianship Ward Served by HHSC Staff
- Efficiency 6.1.1.2. Average Monthly Cost/Adult Guardianship Ward Served - HHSC Contractors
- Explanatory 6.1.1.1. Average Monthly Cost Per Adult Guardianship Ward
- Explanatory 6.1.1.2. Average Monthly Number Referrals DFPS to DADS for Assessment/Need Guardianship
- Output 6.1.1.1. Average Number of Wards Receiving Guardianship Services from HHSC Staff
- Output 6.1.1.2. Average Number Wards Receiving Guardianship Services: Private Guardianship Programs

---

**Strategy 6.1.2. Non-Medicaid Services.** Provide services to individuals ineligible for Medicaid services, in their own home or community. Services include family care, home-delivered meals, adult foster care, Day Activities and Health Services (XX), emergency response, and personal attendant services.

- Efficiency 6.1.2.1. Average Monthly Cost Per Individual Served: Non-Medicaid Community Services (XX)
- Efficiency 6.1.2.2. Average Cost Per Home-delivered Meal: Social Services Block Grant (SSBG)
- Efficiency 6.1.2.3. Statewide Average Cost Per Congregate Meal: Area Agencies on Aging (AAA)
- Efficiency 6.1.2.4. Statewide Average Cost Per Home-delivered Meal (AAA)
- Efficiency 6.1.2.5. Statewide Average Cost Per Person Receiving Homemaker Services (AAA)
- Efficiency 6.1.2.6. Statewide Avg Cost Per Person Receiving Personal Assistance Services (AAA)
- Efficiency 6.1.2.7. Statewide Average Cost Per Modified Home (AAA)
- Efficiency 6.1.2.8. Average Monthly Cost of In-Home Family Support (IHFS) Per Individual
- Explanatory 6.1.2.1. Average Number of Persons on Interest List Per Month: Non-Medicaid Community Services and Supports (XX)
- Explanatory 6.1.2.2. Average Number Individuals Receiving Non-Medicaid Community Services and Supports XX
- Explanatory 6.1.2.3. Average Number of Individuals Receiving Services at the End of the Fiscal Year: XX/GR
- Explanatory 6.1.2.4. Average Number on Interest List Per Month: IHFS Individuals
- Explanatory 6.1.2.5. Number of Individuals Receiving Services at the End of the Fiscal Year: IHFS
- Output 6.1.2.1. Average Number of Individuals Per Month Receiving Home-Delivered Meals (SSBG)
- Output 6.1.2.2. Average Number of Home-Delivered Meals Provided Per Month (SSBG)
- Output 6.1.2.3. Number of Individuals Receiving Congregate Meals (AAA)
- Output 6.1.2.4. Number of Congregate Meals Served (AAA)
- Output 6.1.2.5. Number of Individuals Receiving Home-Delivered Meals (AAA)
- Output 6.1.2.6. Number of Home-Delivered Meals Served (AAA)
- Output 6.1.2.7. Number of Individuals Receiving Homemaker Services (AAA)
- Output 6.1.2.8. Number of Individuals Receiving Personal Assistance (AAA)
- Output 6.1.2.9. Number of Homes Repaired/Modified (AAA)

- Output 6.1.2.10. Number of One-Way Trips (AAA)
- Output 6.1.2.11. Number of Retired and Senior Volunteer Program (RSVP) Volunteers
- Output 6.1.2.12. Average Number of Individuals Served Per Month: Non-Medicaid Community Care (XX/GR)
- Output 6.1.2.13. Average Number of Individuals Per Month Receiving IHFS

**Strategy 6.1.3. Non-Medicaid Developmental Disability Community**

**Services.** Provide services, other than those provided through the Medicaid waiver programs, to individuals with intellectual or developmental disabilities who reside in the community, including independent living, employment services, day training, therapies, and respite services.

- Efficiency 6.1.3.1. Average Monthly Cost Per Individual Receiving Community Services
- Efficiency 6.1.3.2. Average Monthly Cost Per Individual Receiving Employment Services
- Efficiency 6.1.3.3. Average Monthly Cost Per Individual Receiving Day Training Services
- Efficiency 6.1.3.4. Average Monthly Cost Per Individual Receiving Therapies
- Efficiency 6.1.3.5. Average Monthly Cost Per Individual Receiving Respite
- Efficiency 6.1.3.6. Average Monthly Cost Per Individual Receiving Independent Living
- Explanatory 6.1.3.1. Number Individuals With Intellectual Disability (ID) Receiving Community Services End of Fiscal Year
- Explanatory 6.1.3.2. Average Number Individuals on Interest List Per Month: ID Community Services
- Output 6.1.3.1. Average Monthly Number of Individuals with ID Receiving Community Services
- Output 6.1.3.2. Average Monthly Number Individuals with ID Receiving Employment Services
- Output 6.1.3.3. Average Monthly Number Individuals with ID Receiving Day Train Services
- Output 6.1.3.4. Average Monthly Number Individuals with ID Receiving Therapies
- Output 6.1.3.5. Average Monthly Number Individuals with ID Receiving Respite
- Output 6.1.3.6. Average Monthly Number Individuals with ID Receiving Independent Living
- Output 6.1.3.7. Average Monthly Number of Individuals with ID Receiving Crisis Services

**Objective 6.2. Provide Rehabilitation Services to Persons with General Disabilities.** To provide quality vocational rehabilitation services to eligible

---

persons with general disabilities. Additionally, to provide quality consumer-directed independent living services to persons with significant disabilities who have been determined eligible.

**Strategy 6.2.1. Independent Living Services (General, Blind, and Centers for Independent Living).** Provide quality, statewide consumer-directed independent living services that focus on acquiring skills and confidence to live as independently as possible in the community for eligible people with significant disabilities. Work with the State Independent Living Council to develop the State Plan for Independent Living.

- Efficiency 6.2.1.1. Cost Per Person Served by Centers for Independent Living
- Efficiency 6.2.1.2. Average Monthly Cost/Person Receiving Contracted Independent Living Services
- Explanatory 6.2.1.1. Number of Consumers Receiving Contracted Independent Living Services Per Year
- Output 6.2.1.1. Number People Receiving Services from Centers for Independent Living
- Output 6.2.1.2. Number of Consumers Who Achieved Independent Living Center Goals
- Output 6.2.1.3. Average Monthly Number of People Receiving HHSC Contracted Independent Living Services
- Output 6.2.1.4. Number of Consumers Who Achieved Independent Living Goals

**Strategy 6.2.2. Blindness Education, Screening, and Treatment (BEST) Program.** Provide screening, education, and urgently needed eye-medical treatment to prevent blindness.

- Efficiency 6.2.2.1. Average Cost Per Individual Treated in BEST Program
- Efficiency 6.2.2.2. Average Cost Per Individual Screened in BEST Program
- Output 6.2.2.1. Number of Individuals Receiving Treatment Services in BEST Program
- Output 6.2.2.2. Number of Individuals Receiving Screening Services in BEST Program

**Strategy 6.2.3. Provide Services to People with Spinal Cord/Traumatic Brain Injuries.** Provide consumer-driven and counselor-supported Comprehensive Rehabilitation Services (CRS) for people with traumatic brain injuries or spinal cord injuries.

- Efficiency 6.2.3.1. Average Monthly Cost Per CRS Consumer
- Explanatory 6.2.3.1. Number of People Receiving CRS Per Year
- Output 6.2.3.1. Average Monthly Number of People Receiving CRS
- Output 6.2.3.2. Number of Consumers Who Achieved CRS Goals

---

**Strategy 6.2.4. Provide Services to Persons Who Are Deaf or Hard of Hearing.** Ensure continuity of services, foster coordination and cooperation among organization, facilitate access to training and education programs, and support access to telephone systems to individuals who are deaf or hard of hearing. To increase the number of persons (who are deaf or hard of hearing) receiving quality services by 10 percent each biennium.

- Efficiency 6.2.4.1. Average Cost Per Individual Served, Educated, and Trained
- Efficiency 6.2.4.2. Average Cost Per Interpreter Certificate Issued
- Efficiency 6.2.4.3. Average Time for Ethics Complaint Resolution
- Efficiency 6.2.4.4. Average Cost Per Equipment/Service Application Processed
- Efficiency 6.2.4.5. Average Time to Process an Equipment/Service Application Received
- Output 6.2.4.1. Number Receiving Communication Access Services
- Output 6.2.4.2. Number of Reviews of Contracted Entities
- Output 6.2.4.3. Number of Consumers Educated and Interpreters Trained
- Output 6.2.4.4. Number of Interpreter Certificates Issued
- Output 6.2.4.5. Number of Interpreter Tests Given
- Output 6.2.4.6. Number of Equipment/Service Vouchers Issued

**Objective 6.3. Other Community Support Services.** Promote safety, self-sufficiency and long-term independence for those living with domestic violence or other adverse circumstances.

- Outcome 6.3.1. Percentage of Adult Victims of Family Violence Denied Shelter

**Strategy 6.3.1. Family Violence Services.** Provide emergency shelter and support services to victims of family violence and their children, educate the public, and provide training and prevention support to institutions and agencies.

- Efficiency 6.3.1.1. HHSC Average Cost Per Person Receiving Family Violence Services
- Explanatory 6.3.1.1. Percent of Family Violence Program Budgets Funded by HHSC
- Output 6.3.1.1. Number of Persons Served by Family Violence Programs/Shelters
- Output 6.3.1.2. Number of Participating Family Violence Programs/Shelters
- Output 6.3.1.3. Number of Hotline Calls

**Strategy 6.3.2. Child Advocacy Programs.** Train, provide technical assistance, and evaluate services for Children's Advocacy Centers of

---

Texas, Inc. (CACTX) and Texas Court Appointed Special Advocates, Inc. (Texas CASA).

- Explanatory 6.3.2.1. Total Number of Court-Appointed Volunteers Advocating for Children
- Explanatory 6.3.2.2. Total Number of Counties Served by CASA Programs
- Explanatory 6.3.2.3. Number of Children Receiving Services from the Court-Appointed Volunteers

**Strategy 6.3.3. Additional Advocacy Programs.** Provide support services for interested individuals (Healthy Marriage, CRCG Adult/Child, TIFI, Border Relations, Office of Acquired Brain Injury, Texas Office for the Prevention of Developmental Disabilities, Faith and Community-Based Initiative, Center for the Elimination of Disproportionality).

## **Goal 7. Mental Health State Hospitals, State Supported Living Centers, and Other Facilities**

*Provide specialized assessment, treatment, support, and medical services in State Supported Living Centers (SSLCs), State Mental Health Hospitals, and other facilities.*

**Objective 7.1. SSLCs.** Provide specialized assessment, treatment, support, and medical services in state supported living center programs for intellectual and developmentally disabled residents.

- Outcome 7.1.1. Average Number Days SSLC Residents Wait for Community Placement
- Outcome 7.1.2. Number of Individuals with Intellectual and Developmental Disabilities (IDD) Who Moved from Campus to Community
- Outcome 7.1.3. Percentage Consumers Expressed Satisfaction with Ombudsman's Resolution of Issue

**Strategy 7.1.1. SSLCs.** Provide direct services and support to individuals living in state supported living centers. Provide 24-hour residential services for individuals who are medically fragile or severely physically impaired or have severe behavior problems, and who choose these services or cannot currently be served in the community.

- Efficiency 7.1.1.1. Average Monthly Cost Per Campus Resident
- Efficiency 7.1.1.2. Average Number Days Individuals with IDD Wait for Admission SSLC - Civil Commitment
- Efficiency 7.1.1.3. Average Number Days Individuals IDD Wait Admission any SSLC - Civil Commitment
- Efficiency 7.1.1.4. Average Number Days Individuals with IDD Wait Admission Specific Living Center Campus

- 
- Explanatory 7.1.1.1. Number of Living Center Campus Residents Who Are under 18 Years of Age Per Year
  - Explanatory 7.1.1.2. Average Number Day Individuals Interested SSLC Placement Wait Admission
  - Explanatory 7.1.1.3. Number of Individuals Interested In SSLC Placement - Civil
  - Explanatory 7.1.1.4. Number of SSLC Residents Per Year
  - Output 7.1.1.1. Average Monthly Number of SSLC Campus Residents
  - Output 7.1.1.2. Average Monthly Number Individuals with IDD Waiting Admission Any SSLC - Civil
  - Output 7.1.1.3. Average Monthly Number Individuals IDD Pending Admission Any SSLC Criminal Commitment
  - Output 7.1.1.4. Average Monthly Number Individuals with IDD Waiting Admission Specific Living Center Campus
  - Output 7.1.1.5. Number of Referrals to the Ombudsman
  - Output 7.1.1.6. Number of Reviews/Investigations Performed by the Ombudsman
  - Output 7.1.1.7. Number Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff
  - Output 7.1.1.8. Number Confirmed Abuse/Neglect/Exploitation Incidents at SSLC
  - Output 7.1.1.9. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Abilene
  - Output 7.1.1.10. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Abilene
  - Output 7.1.1.11. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Austin
  - Output 7.1.1.12. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Austin
  - Output 7.1.1.13. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Brenham
  - Output 7.1.1.14. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Brenham
  - Output 7.1.1.15. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Corpus Christi
  - Output 7.1.1.16. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Corpus Christi
  - Output 7.1.1.17. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Denton
  - Output 7.1.1.18. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Denton
  - Output 7.1.1.19. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - El Paso
  - Output 7.1.1.20. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - El Paso
-

- 
- Output 7.1.1.21. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Lubbock
  - Output 7.1.1.22. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Lubbock
  - Output 7.1.1.23. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Lufkin
  - Output 7.1.1.24. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Lufkin
  - Output 7.1.1.25. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Mexia
  - Output 7.1.1.26. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Mexia
  - Output 7.1.1.27. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Richmond
  - Output 7.1.1.28. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Richmond
  - Output 7.1.1.29. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - San Angelo
  - Output 7.1.1.30. Number Confirmed Abuse/Neglect/Exploitation Allegation SSLC - San Angelo
  - Output 7.1.1.31. Number of Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - San Antonio
  - Output 7.1.1.32. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - San Antonio
  - Output 7.1.1.33. Number Unfounded Abuse/Neglect/Exploitation Allegations Against SSLC Staff - Rio Grande State Center
  - Output 7.1.1.34. Number Confirmed Abuse/Neglect/Exploitation Allegations SSLC - Rio Grande State Center

**Objective 7.2. Mental Health State Hospital Facilities and Services.**

Manage capital projects.

- Outcome 7.2.1. Patient Satisfaction with State Mental Health Facility Treatment

**Strategy 7.2.1. Mental Health State Hospitals.** Provide specialized assessment, treatment, and medical services in state mental health facility programs.

- Efficiency 7.2.1.1. Average Daily Cost Per Occupied State Mental Health Facility Bed
- Explanatory 7.2.1.1. Number of Consumers Served by State Mental Health Facilities Per Year
- Output 7.2.1.1. Average Daily Census of State Mental Health Facilities
- Output 7.2.1.2. Number of Admissions to State Mental Health Facilities



---

**Strategy 7.2.2. Mental Health (MH) Community Hospitals.** Provide inpatient treatment, crisis assessment, and medical services to adults and children served in community hospitals.

- Efficiency 7.2.2.1. Average Daily Cost Per Occupied MH Community Hospital Bed
- Explanatory 7.2.2.1. Number of MH Consumers Served in MH Community Hospitals Per Year
- Output 7.2.2.1. Average Daily Number of Occupied MH Community Hospital Beds

**Objective 7.3. Other Facilities.** Provide specialized assessment, treatment, support, and medical services at other state medical facilities (Corpus Christi Bond Homes, Texas Center for Infectious Diseases (TCID), and Rio Grande State Center Outpatient Clinic).

- Outcome 7.3.1. Percentage Cases of Tuberculosis (TB) Treated at TCID as Inpatients - Patients Treated to Cure

**Strategy 7.3.1. Other State Medical Facilities.** Provide program support to State Supported Living Centers, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes, TCID, and Rio Grande State Center Outpatient Clinic).

- Efficiency 7.3.1.1. Average Cost Per Inpatient Day, TCID
- Efficiency 7.3.1.2. Average Cost/Outpatient Visit, Rio Grande State Center Outpatient Clinic
- Explanatory 7.3.1.1. Number of Visits Per Year, Rio Grande State Center Outpatient Clinic
- Output 7.3.1.1. Number of Inpatient Days, TCID
- Output 7.3.1.2. Number of Admissions: Total Number Patients Admitted to TCID
- Output 7.3.1.3. Average Number Outpatient Visits/Day, Rio Grande State Center Outpatient Clinic

**Objective 7.4. Facility Program Support.** Provide program support to SSLCs, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes, TCID, and Rio Grande State Center Outpatient Clinic).

**Strategy 7.4.1. Facility Program Support.** Provide program support to SSLCs, State Mental Health Hospitals, and other facilities (Corpus Christi Bond Homes, TCID, and Rio Grande State Center Outpatient Clinic).

**Strategy 7.4.2. Capital Repair and Renovation at SSLCs, State Hospitals, and Other.** Conduct maintenance and construction projects critical to meeting accreditation/certification standards and to ensuring the safety of consumers and Master Lease Purchase Program.

---

## Goal 8. Regulatory, Licensing, and Consumer Protection Services

*Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or home settings comply with state and federal standards, and that individuals receive high-quality services and are protected from abuse, neglect, and exploitation.*

**Objective 8.1. Regulation of Facilities and Consumer Products.** Provide licensing, certification, contract enrollment services, financial monitoring, and complaint investigation, to ensure that residential facilities, home and community support services agencies, and persons providing services in facilities or home settings comply with state and federal standards, and that individuals receive high-quality services and are protected from abuse, neglect, and exploitation.

- Outcome 8.1.1. Percentage of Licenses Issued within Regulatory Timeframe
- Outcome 8.1.2. Percent of Investigations with a High-Risk Finding
- Outcome 8.1.3. Percent of Licensed/Certified Professionals with No Recent Violations
- Outcome 8.1.4. Percent of Licensed Facilities with No Recent Violations
- Outcome 8.1.5. Percentage of Licensed/Certified Acute Health Care Facilities Meeting State/Federal Regulations at Survey
- Outcome 8.1.6. Percent of Facilities with a Remedial Action
- Outcome 8.1.7. Percentage of Facilities Complying with Standards at Inspection Licensed-Medicare/Medicaid
- Outcome 8.1.8. Percentage Facilities Correcting Adverse Findings by First Follow-up Visit
- Outcome 8.1.9. Percentage Nursing Facilities (NFs) with More Than Six On-Site Monitoring Visits Per Year
- Outcome 8.1.10. Rate (1000) Substantiated Complaint Allegations of Abuse/Neglect: NF
- Outcome 8.1.11. Rate (1000) Substantiated Complaint Allegations Abuse/Neglect: Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID)
- Outcome 8.1.12. Percent of NF Administrators with No Recent Violations
- Outcome 8.1.13. Percent of Nurse Aides and Medication Aides with No Recent Violations
- Outcome 8.1.14. Percentage Complaints and Referrals Resulting in Disciplinary Action: NF Administrators
- Outcome 8.1.15. Percentage Complaints and Referrals Resulting in Disciplinary Action: Nurse Aides and Medication Aides

- Outcome 8.1.16. Percentage Home and Community Support Services Agencies (HCSSAs) Complying with Standards at Time of Inspection
- Outcome 8.1.17. Rate (1000) Substantiated Complaint Allegations Abuse/Neglect: Prescribed Pediatric Extended Care Centers (PPECCs)
- Outcome 8.1.18. Incidence of Facility Abuse/Neglect/Exploitation Per 1,000 Persons
- Outcome 8.1.19. Adult Protective Services (APS) Caseworker Turnover Rate
- Outcome 8.1.20. Percent of APS Caseworkers Retained for Six Months Following Basic Skills Development

**Strategy 8.1.1. Health Care Facilities and Community-Based**

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

- Efficiency 8.1.1.1. Average Cost Per Facility Visit
- Efficiency 8.1.1.2. Average Cost Per Medicaid Facility and Hospice Service Contract Issued
- Efficiency 8.1.1.3. Average Monthly Cost per Investigation in Facility Settings
- Efficiency 8.1.1.4. APS Daily Caseload per Worker (Facility Investigations)
- Explanatory 8.1.1.1. Number of Facilities Terminated from Licensure and/or Certification
- Explanatory 8.1.1.2. Number of Medicaid Facility Contracts Terminated
- Explanatory 8.1.1.3. Number of Deaths from Abuse/Neglect/Exploitation: Facility Settings
- Explanatory 8.1.1.4. Number of APS Caseworkers who Completed Basic Skills Development
- Output 8.1.1.1. Number of Health Care Facility Complaint Investigations Conducted
- Output 8.1.1.2. Number of Health Care Delivery Entity Surveys Conducted
- Output 8.1.1.3. Number of Licenses Issued for Health Care Entities
- Output 8.1.1.4. Number of Long-Term Care Facility Certifications Issued
- Output 8.1.1.5. Number of Long-Term Care Facility Licenses Issued
- Output 8.1.1.6. Number of On-Site NF/ICF/IID Monitoring Visits Completed
- Output 8.1.1.7. Number of Inspections Completed Per Year
- Output 8.1.1.8. Number of First Follow-up Visits Completed Per Year
- Output 8.1.1.9. Number of Investigations Completed

- 
- Output 8.1.1.10. Total Dollar Amount Imposed from Fines
  - Output 8.1.1.11. Total Dollar Amount Assessed from Fines
  - Output 8.1.1.12. Total Dollar Amount Collected from Fines
  - Output 8.1.1.13. Number of Medicaid Facility and Hospice Service Contracts Issued
  - Output 8.1.1.14. Number of Home and Community Support Services Agency Licenses Issued
  - Output 8.1.1.15. Number Home and Community Support Services Agency Inspections Conducted
  - Output 8.1.1.16. Number of Complaint Investigations Conducted: HCSSA
  - Output 8.1.1.17. Number Substantiated Complaint Allegation Abuse/Neglect: NF
  - Output 8.1.1.18. Number Substantiated Complaint Allegations of Abuse/Neglect: Assisted Living Facility
  - Output 8.1.1.19. Number Substantiated Complaint Allegations of Abuse/Neglect: Adult Day Care
  - Output 8.1.1.20. Number of Substantiated Complaint Allegations of Abuse/Neglect: ICF/IID
  - Output 8.1.1.21. Number Substantiated Complaint Allegations Physical Plant: NF
  - Output 8.1.1.22. Number Substantiated Complaint Allegations Unsafe Physical Plant: Assisted Living Facility
  - Output 8.1.1.23. Number Substantiated Complaint Allegations Unsafe Physical Plant: Adult Day Care
  - Output 8.1.1.24. Number Substantiated Complaint Allegations of Unsafe Physical: ICF/IID
  - Output 8.1.1.25. Number of Initial Home and Community Services (HCS) and Texas Home Living (TxHmL) Reviews Completed
  - Output 8.1.1.26. Number of Annual HCS & TxHmL Recertification Reviews Completed
  - Output 8.1.1.27. Number of Abuse/Neglect Reports Received: HCS, ICF/IID, and TxHmL Providers
  - Output 8.1.1.28. Number of Abuse/Neglect Reports Reviewed: HCS, ICF/IID, and TxHmL Providers
  - Output 8.1.1.29. Number of On-Site PPECC Monitoring Visits Completed
  - Output 8.1.1.30. Number of Substantiated Complaint Allegations of Abuse/Neglect: PPECC
  - Output 8.1.1.31. Number of Substantiated Complaint Allegations Physical Plant: PPECC
  - Output 8.1.1.32. Number of Completed Investigations in Facility Settings
  - Output 8.1.1.33. Number of Confirmed Abuse Reports in Facility Settings
-

- Output 8.1.1.34. Number of Victims in Confirmed Abuse Reports in Facility Settings

**Strategy 8.1.2. Credentialing/Certification of Health Care**

**Professionals and Others.** Provide credentialing, training, and enforcement services to qualify individuals to provide services to long-term care facility and home health care agency individuals in compliance with applicable law and regulations.

- Efficiency 8.1.2.1. Average Cost Per License Issued: NF Administrators
- Efficiency 8.1.2.2. Average Cost Per Credential Issued: Nurse/Medication Aides
- Efficiency 8.1.2.3. Average Cost Per Complaint Resolved: NF Administrators
- Efficiency 8.1.2.4. Average Cost Per Complaint Resolved: Nurse/Medication Aides
- Output 8.1.2.1. Number Health Care Professionals & Licensed Chemical Dependency Counselors Licensed, Permitted, Certified, Registered
- Output 8.1.2.2. Number of Licenses Issued Per Year: NF Administrators
- Output 8.1.2.3. Number of Credentials Issued Per Year: Nurse/Medication Aides
- Output 8.1.2.4. Number of Complaints Resolved/Year: NF Administrators
- Output 8.1.2.5. Number of Complaints Resolved/Year: Nurse/Medication Aides/Direct Care
- Output 8.1.2.6. Number of Professional Complaint Investigations Conducted

**Strategy 8.1.3. Child Care Regulation.** Provide a comprehensive system of consultation, licensure, and regulation to ensure maintenance of minimum standards by day care and residential child care facilities, registered family homes, child-placing agencies, facility administrators, and child-placing agency administrators.

- Efficiency 8.1.3.1. Average Monthly Cost per Primary Day Care Licensing Activity
- Efficiency 8.1.3.2. Average Monthly Cost per Primary Residential Licensing Activity
- Efficiency 8.1.3.3. Average Monthly Day Care Caseload per Monitoring Worker
- Efficiency 8.1.3.4. Average Monthly Residential Caseload per Monitoring Worker
- Efficiency 8.1.3.5. Average Monthly Day Care Caseload per Investigator
- Efficiency 8.1.3.6. Average Monthly Residential Caseload per Investigator

- 
- Explanatory 8.1.3.1. Number of Permitted Operations and Administrators
  - Explanatory 8.1.3.2. Number of Licensed Child Care Centers
  - Explanatory 8.1.3.3. Number of Licensed Child Care Homes
  - Explanatory 8.1.3.4. Number of Licensed Residential Child Care Facilities (Excluding Homes)
  - Explanatory 8.1.3.5. Number of Registered Child Care Homes
  - Explanatory 8.1.3.6. Number of Agency Homes and Child Protective Services Foster Homes
  - Explanatory 8.1.3.7. Number of Listed Family Homes
  - Explanatory 8.1.3.8. Number of Child Placing Agencies
  - Explanatory 8.1.3.9. Number of Child Care Administrators
  - Explanatory 8.1.3.10. Number of Criminal Record Checks
  - Explanatory 8.1.3.11. Number of Child Placing Agency Administrators
  - Explanatory 8.1.3.12. Percent of Child Care Licensing Workers: Two or More Years of Service
  - Explanatory 8.1.3.13. Number of Central Registry Checks
  - Output 8.1.3.1. Number of New Permits
  - Output 8.1.3.2. Number of Child Care Facility Inspections
  - Output 8.1.3.3. Number of Completed Non-Abuse/Neglect Investigations
  - Output 8.1.3.4. Number of Completed Child Abuse/Neglect Investigations
  - Output 8.1.3.5. Number of Validated Child Abuse/Neglect Reports

**Strategy 8.1.4. Long-Term Care Quality Outreach.** Provide quality monitoring and rapid response team visits to assess quality and promote quality improvement in nursing facilities.

- Efficiency 8.1.4.1. Average Cost Per Quality Monitoring Program Visit
- Explanatory 8.1.4.1. Percentage Nursing Homes Have Increased/Fully Implemented Evidence-Based Practices
- Output 8.1.4.1. Number of Quality Monitoring Visits to NFs

## **Goal 9. Program Eligibility Determination and Enrollment**

*Provide accurate information on and timely eligibility and issuance services for financial assistance, medical benefits, and food assistance.*

### **Objective 9.1. Program Eligibility Determination and Enrollment.**

Provide accurate and timely eligibility and issuance services for financial assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.

#### **Strategy 9.1.1. Integrated Financial Eligibility and Enrollment.**

Provide accurate and timely eligibility and issuance services for financial

---

assistance, medical benefits, and Supplemental Nutrition Assistance Program (SNAP) benefits.

- Efficiency 9.1.1.1. Average Cost Per Eligibility Determination
- Efficiency 9.1.1.2. Accuracy Rate of Benefits Issued: Temporary Assistance for Needy Families (TANF)
- Efficiency 9.1.1.3. Accuracy Rate of Benefits Issued: SNAP
- Efficiency 9.1.1.4. Percent of Eligibility Decisions Completed on Time
- Explanatory 9.1.1.1. Total Value of SNAP Benefits Distributed
- Explanatory 9.1.1.2. Percent of Potential Eligible Population Receiving SNAP Benefits
- Explanatory 9.1.1.3. Percent of Direct Delivery Staff with Less than One Year
- Output 9.1.1.1. Average Monthly Number of Eligibility Determinations
- Output 9.1.1.2. Average Number of Eligibility Determinations Per Staff Person Per Month
- Output 9.1.1.3. Average Number of Recipients Per Month: SNAP

**Objective 9.2. Long-Term Care Eligibility Determination and Enrollment.**

Determine eligibility for, promote access to, and monitor long-term care services and supports.

- Outcome 9.2.1. Average Number of Individuals Served Per Month: Total Community Services & Supports
- Outcome 9.2.2. Percent Long-Term Care Ombudsman Complaints Resolved or Partially Resolved

**Strategy 9.2.1. Intake, Access, and Eligibility to Services and Supports.** Determine functional eligibility for long-term care services, develop individual service plans based on individual needs and preferences, authorize service delivery, and monitor the delivery of services (Medicaid and non-Medicaid).

- Efficiency 9.2.1.1. Statewide Average Cost Per Care Coordination Client
- Efficiency 9.2.1.2. Statewide Average Cost Per Person Receiving Legal Assistance
- Efficiency 9.2.1.3. Average Monthly Cost Per Individual with Intellectual Disability (ID) Receiving Assessment & Service Coordination
- Efficiency 9.2.1.4. Average Monthly Cost Per Case: Community Services and Supports
- Efficiency 9.2.1.5. Average Monthly Cost Per Case: Community Services and Supports
- Efficiency 9.2.1.6. Cost Per Call to the ADRC Toll-Free Line
- Efficiency 9.2.1.7. Cost Per Veteran Served by the ADRC
- Explanatory 9.2.1.1. Total Expenditures for the Ombudsman Program

- 
- Explanatory 9.2.1.2. Number of Assisted Living Facilities Visited by a Certified Ombudsman
  - Output 9.2.1.1. Number of Certified Ombudsmen
  - Output 9.2.1.2. Number of Persons Receiving Care Coordination
  - Output 9.2.1.3. Number of Persons Receiving Legal Assistance
  - Output 9.2.1.4. Average Monthly Number Individuals with ID Receiving Assessment & Service Coordination
  - Output 9.2.1.5. Average Number of Individuals Eligible Per Month: Community Services and Supports
  - Output 9.2.1.6. Average Case Equivalents Per Community Services and Supports Worker
  - Output 9.2.1.7. Average Number of Standardized Community Services Case Equivalents Per Month
  - Output 9.2.1.8. Average Monthly Number of Individuals with ID Receiving Assessment, Service Coordination - Non-Medicaid FD
  - Output 9.2.1.9. Number Events of Persons Receiving Community Contacts Concerning ID Services/Year
  - Output 9.2.1.10. Number of Calls to the ADRC Toll-Free Line
  - Output 9.2.1.11. Number of Veterans Served by the ADRCs
  - Output 9.2.1.12. Average Case Equivalents Per Community Services and Support Worker (CAS)
  - Output 9.2.1.13. Average Number of Standardized Community Services Case Equivalents Per Month (CAS)

**Objective 9.3. Texas Integrated Eligibility Redesign System.** Texas Integrated Eligibility Redesign System.

**Strategy 9.3.1. Texas Integrated Eligibility Redesign System and Supporting Tech.** Texas Integrated Eligibility Redesign System and eligibility supporting technologies capital.

**Strategy 9.3.2. Texas Integrated Eligibility Redesign System Capital Projects.** Texas Integrated Eligibility Redesign System (TIERS) capital projects.

## **Goal 10. Provide Disability Determination Services within Social Security Administration Guidelines**

*Enhance service to persons with disabilities by achieving accuracy and timeliness within the Social Security Administration (SSA) Disability Program guidelines and improving the cost-effectiveness of the decision making process in the disability determination services.*

**Objective 10.1. Increase Decisional Accuracy and Timeliness of Determinations.** To achieve annually the decisional accuracy of 90.6



percent and timeliness of 125 days as measured by SSA Disability Program guidelines.

- Outcome 10.1.1. Percent of Case Decisions That Are Accurate
- Outcome 10.1.2. Number of Case Processing Days Below Target

**Strategy 10.1.1. Determine Federal Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Eligibility.**

Determine eligibility for federal SSI and SSDI benefits.

- Efficiency 10.1.1.1. Cost Per Disability Case Determination
- Output 10.1.1.1. Number of Disability Cases Determined

## Goal 11. Office of Inspector General

### *Office of Inspector General*

**Objective 11.1. Client and Provider Accountability.** Improve Health and Human services programs and operations by protecting them against fraud, waste, and abuse.

- Outcome 11.1.1. Net Dollars Recovered Per Dollar Expended from All Funds

**Strategy 11.1.1. Office of Inspector General.** Office of Inspector General.

- Output 11.1.1.1. Number of Completed Provider and Recipient Investigations
- Output 11.1.1.2. Number of Audits and Reviews Performed
- Output 11.1.1.3. Number of Nursing Facility Reviews
- Output 11.1.1.4. Number of Hospital Utilization Reviews
- Output 11.1.1.5. Total Dollars Recovered (Millions)
- Output 11.1.1.6. Total Dollars Saved (Millions)
- Output 11.1.1.7. Referrals to OAG Fraud Control Unit

## Goal 12. HHS Enterprise Oversight and Policy

*Improve the effectiveness and efficiency of the delivery of health and human services in Texas through the oversight and coordination of a prompt, accurate, and comprehensive service delivery system.*

**Objective 12.1. Enterprise Oversight and Policy.** Improve the business operations of the Health and Human Services System to maximize federal funds, improve efficiency in system operations, improve accountability and coordination throughout the system, and ensure the timely and accurate provision of eligibility determination services for all individuals in need of Health and Human Services System programs.

**Strategy 12.1.1. Enterprise Oversight and Policy.** Provide leadership and direction to achieve an efficient and effective Health and Human Services System.

- Efficiency 12.1.1.1. Percent of Informal Dispute Resolutions Completed Within 30 Days
- Efficiency 12.1.1.2. Percent of Dispute Resolutions Completed Within 90 Day Timeframe
- Output 12.1.1.1. Number of Rates Determined Annually
- Output 12.1.1.2. Initiatives to Address Disproportionality and Disparities

**Strategy 12.1.2. Information Technology Capital Projects Oversight and Program Support.** Information Technology Capital Projects and program support.

**Objective 12.2. Program Support.** Program support.

**Strategy 12.2.1. Central Program Support.** Central program support.

**Strategy 12.2.2. Regional Program Support.** Regional program support.

## **Goal 13. Texas Civil Commitment Office**

### ***Texas Civil Commitment Office***

**Objective 13.1. Texas Civil Commitment Office.** Texas Civil Commitment Office.

**Strategy 13.1.1. Texas Civil Commitment Office.** Texas Civil Commitment Office.

- Efficiency 13.1.1.1. Average Cost Per Sex Offender for Treatment and Supervision
- Explanatory 13.1.1.1. Number of New Civil Commitments
- Output 13.1.1.1. Number of Sex Offenders Provided Treatment and Supervision

## **Goal 14. Health and Human Services Sunset Legislation-Related Historical Funding**

***Shows historical funding for programs transferring between agencies pursuant to 84R SB 200 and SB 208.***

**Objective 14.1. Department of Aging and Disability Services (DADS) Program Historical Funding.** Shows historical funding for programs

---

transferring from DADS to the Health and Human Services Commission (HHSC) per SB 200, 84<sup>th</sup> Legislature.

- Strategy 14.1.1. Community Attendant Services.** Shows historical funding for the Community Attendant Services program.
- Strategy 14.1.2. Primary Home Care.** Shows historical funding for the Primary Home Care program.
- Strategy 14.1.3. Day Activity and Health Services.** Shows historical funding for the Day Activity and Health Services program.
- Strategy 14.1.4. Nursing Facility Payments.** Shows historical funding for the Nursing Facility Payments program.
- Strategy 14.1.5. Medicare Skilled Nursing Facility.** Shows historical funding for the Medicare Skilled Nursing Facility program.
- Strategy 14.1.6. Hospice.** Shows historical funding for the Hospice program.
- Strategy 14.1.7. Intermediate Care Facilities - for Individuals with Intellectual Disability (ICFs/IID).** Shows historical funding for ICFs/IID.
- Strategy 14.1.8. Home and Community-Based Services (HCS).** Shows historical funding for HCS.
- Strategy 14.1.9. Community Living Assistance and Support Services (CLASS).** Shows historical funding for CLASS.
- Strategy 14.1.10. Deaf-Blind Multiple Disabilities DBMD.** Shows historical funding for the DBMD program.
- Strategy 14.1.11. Texas Home Living Waiver.** Shows historical funding for the Texas Home Living Waiver program.
- Strategy 14.1.12. Program of All-Inclusive Care for the Elderly (PACE).** Shows historical funding for PACE.
- Strategy 14.1.13. Medically Dependent Children Program (MDCP).** Shows historical funding for the MDCP.
- Strategy 14.1.14. Guardianship.** Shows historical funding for the Guardianship program.
- Strategy 14.1.15. Non-Medicaid Services.** Shows historical funding for the Non-Medicaid Services program.
- Strategy 14.1.16. In-Home and Family Support.** Shows historical funding for the In-Home and Family Support program.
- Strategy 14.1.17. Non-Medicaid Developmental Disability Community Services.** Shows historical funding for Non-Medicaid Developmental Disability Community Services.
- Strategy 14.1.18. State Supported Living Centers (SSLCs).** Shows historical funding for the SSLCs program.
- Strategy 14.1.19. Capital Repairs and Renovations at SSLCs, State Hospitals, and Other.** Shows historical funding for the Facility Capital Repairs and Renovations program.

---

**Strategy 14.1.20. Health Care Facilities and Community-Based Regulation.** Shows historical funding for the Health Care Facilities and Community-Based Regulation program.

**Strategy 14.1.21. Credentialing/Certification.** Shows historical funding for the Health Care Professionals Credentialing and Certification program.

**Strategy 14.1.22. Intake, Access, and Eligibility to Services and Supports.** Shows historical funding for the Intake, Access, and Eligibility to Services and Supports program.

**Strategy 14.1.23. Long-Term Care Quality Outreach.** Shows historical funding for the Long-Term Care Quality Outreach program.

**Strategy 14.1.24. Long-Term Care Eligibility Determination and Enrollment.** Shows historical funding for the Long-Term Care Eligibility Determination and Enrollment program.

**Strategy 14.1.25. Information Technology Oversight and Program Support - DADS.** Shows historical funding for DADS Information Technology Oversight and Program Support.

**Strategy 14.1.26. Central Program Support - DADS.** Shows historical funding for DADS Central Program Support.

**Objective 14.2. Department of Assistive and Rehabilitative Services (DARS) Program Historical Funding.** Shows historical funding for programs transferring from DARS to HHSC per SB200, 84<sup>th</sup> Legislature.

**Strategy 14.2.1. Early Childhood Intervention (ECI) Services.** Shows historical funding for the ECI Services program.

**Strategy 14.2.2. ECI Respite and Quality Assurance.** Shows historical funding for ECI Respite and Quality Assurance programs. Includes legacy ECI Respite and Ensure Quality ECI Services.

**Strategy 14.2.3. Children's Blindness Services.** Shows historical funding for the Children's Blindness Services program.

**Strategy 14.2.4. Autism Program.** Shows historical funding for the Autism Program.

**Strategy 14.2.5. Independent Living Services.** Shows historical funding for the Independent Living Services Program. Includes legacy Independent Living Services-Blind and Independent Living Services-General.

**Strategy 14.2.6. Blindness Education, Screening, and Treatment (BEST) Program.** Shows historical funding for the BEST Program.

**Strategy 14.2.7. Provide Services to People with Spinal Cord/Traumatic Brain Injuries.** Shows historical funding for the Comprehensive Rehabilitation Services Program.

**Strategy 14.2.8. Provide Services to Persons Who Are Deaf or Hard of Hearing.** Shows historical funding for the Deaf and Hard of Hearing

Services Program. Includes legacy Contract Services-Deaf; Education, Training, Certification-Deaf; and Telephone Access Assistance.

**Strategy 14.2.9. Disability Determination Services (DDS).** Shows historical funding for DDS.

**Strategy 14.2.10. Information Technology Oversight and Program Support - DARS.** Shows historical funding for DARS Information Technology Oversight and Program Support.

**Strategy 14.2.11. Central Program Support - DARS.** Shows historical funding for DARS Central Program Support.

**Strategy 14.2.12. Other Program Support - DARS.** Shows historical funding for DARS Other Program Support.

**Objective 14.3. DARS Programs Historical Funding - Programs Transferred to Texas Workforce Commission (TWC).** Shows historical funding for programs transferring from the Department of Assistive and Rehabilitative Services to TWC per SB 208, 84<sup>th</sup> Legislature.

**Strategy 14.3.1. Rehabilitate and Place People with Disabilities in Competitive Employment.** Shows historical funding for the Rehabilitate and Place People with Disabilities in Competitive Employment program. Includes legacy Vocational Rehabilitation-Blind and Vocational Rehabilitation-General.

**Strategy 14.3.2. Business Enterprises of Texas (BET).** Shows historical funding for the BET program.

**Strategy 14.3.3. BET Trust Fund.** Shows historical funding for BET Trust Fund program.

## Department of Family and Protective Services

### Goal 1. Provide Access to Department of Family and Protective Services by Managing a 24-Hour Call Center.

*Ensure access to child and adult protective services, child care regulatory services, and information on services offered by Department of Family and Protective Services (DFPS) programs.*

**Objective 1.1. Provide 24-Hour Access to Services Offered by DFPS Programs.** Provide professionals and the public 24 hours, 7 days per week, the ability to report abuse/neglect/exploitation and to access information on services offered by DFPS programs via phone, fax, email or the Internet.

- 
- Outcome 1.1.1. Average Hold Time for Statewide Intake (SWI) Phone Calls (English)

**Strategy 1.1.1. Provide System to Receive/Assign Reports of Abuse/Neglect/Exploitation.** Provide a comprehensive system with automation support for receiving reports of persons suspected to be at risk of abuse/neglect/exploitation and assign for investigation those reports that meet Texas Family Code and Human Resource Code definitions.

- Efficiency 1.1.1.1. Average Cost Per SWI Report of Abuse/Neglect/Exploitation
- Efficiency 1.1.1.2. SWI Specialist Contacts Per Hour
- Output 1.1.1.1. Number of Calls Received by SWI Staff
- Output 1.1.1.2. Number of Child Protective Services Reports of Child Abuse/Neglect
- Output 1.1.1.3. Number of Adult Protective Services Reports of Adult Abuse/Neglect/Exploitation
- Output 1.1.1.4. Number of Facility Reports of Abuse/Neglect/Exploitation
- Output 1.1.1.5. Number of Reports of Child Abuse/Neglect in Child Care Facilities

## **Goal 2. Protect Children Through an Integrated Service Delivery System.**

*In collaboration with other public and private entities, protect children from abuse and neglect by providing an integrated service delivery system that results in quality outcomes.*

**Objective 2.1. Reduce Child Abuse/Neglect and Mitigate Its Effect.** By 2019, provide or manage a quality integrated service delivery system for 70 percent of children investigated and at risk of abuse/neglect to mitigate the effects of maltreatment and assure that confirmed incidence of abuse/neglect does not exceed 10.9 per 1,000 children.

- Outcome 2.1.1. Percent Child Protective Services (CPS) Priority 1 Reports Initiated within 24 Hours of Report
- Outcome 2.1.2. Incidence Child Abuse/Neglect Confirmed by CPS Per 1,000 Texas Children
- Outcome 2.1.3. Percent Children with Very High/High Risk Who Receive Protective Services
- Outcome 2.1.4. Percent Children with Moderate/Low Risk Who Receive Protective Services
- Outcome 2.1.5. Percent Absence of Maltreatment within Twelve Months (CPS)
- Outcome 2.1.6. Number Placement Moves Per 1,000 Days in Substitute Care

- 
- Outcome 2.1.7. Percent of Children Re-Entering Care within 12 Months
  - Outcome 2.1.8. Rate of Abuse/Neglect Per 100,000 Days in Substitute Care
  - Outcome 2.1.9. Percent Children Achieving Legal Resolution with 12 Months
  - Outcome 2.1.10. Percent Children in Substitute Care 12 Months Who Achieve Permanency within Fiscal Year (FY)
  - Outcome 2.1.11. Percent Children in Substitute Care 12-23 Months Who Achieve Permanency within FY
  - Outcome 2.1.12. Percent Children in Substitute Care 24+ Months Who Achieve Permanency within FY
  - Outcome 2.1.13. Percent in DFPS Conservatorship Until the Age of Majority
  - Outcome 2.1.14. Average Length of Time to Legal Exit Per Child
  - Outcome 2.1.15. Percent of Children Reunified within 12 Months of Entry
  - Outcome 2.1.16. Percentage of Children with Termination of Parental Rights Who Are Adopted within 12 Months
  - Outcome 2.1.17. CPS Caseworker Turnover Rate
  - Outcome 2.1.18. Percent of CPS Caseworkers Retained for Six Months Following Continuing Professional Development

**Strategy 2.1.1. Provide Direct Delivery Staff for Child Protective Services.** Provide caseworkers and related staff to conduct investigations and deliver family-based safety services, out-of-home care, and permanency planning for children who are at risk of abuse/neglect and their families.

- Efficiency 2.1.1.1. Average Daily Cost Per CPS Direct Delivery Service (All Stages)
- Efficiency 2.1.1.2. CPS Daily Caseload Per Worker: Investigation
- Efficiency 2.1.1.3. CPS Daily Caseload Per Worker: Family-Based Safety Services
- Efficiency 2.1.1.4. CPS Daily Caseload Per Worker: Substitute Care Services
- Efficiency 2.1.1.5. CPS Daily Caseload Per Worker: Foster/Adoptive Home Development
- Efficiency 2.1.1.6. CPS Daily Caseload Per Worker: Kinship
- Efficiency 2.1.1.7. Average Daily Number CPS Stages Not Assigned to a DFPS Caseworker
- Explanatory 2.1.1.1. Number of Deaths of Children in DFPS Conservatorship
- Explanatory 2.1.1.2. Number Reason-to-Believe-Fatal Child Deaths in DFPS Conservatorship with Caregiver Perpetrator
- Explanatory 2.1.1.3. Number Reason-to-Believe-Non-Fatal Child Deaths in DFPS Conservatorship with Caregiver Perpetrator

- 
- Explanatory 2.1.1.4. Number of Deaths of Children as a Result of Abuse/Neglect
  - Explanatory 2.1.1.5. Percent of CPS Workers with Two or More Years of Service
  - Explanatory 2.1.1.6. Average Number of DFPS Children Per Month in DFPS Foster Homes
  - Explanatory 2.1.1.7. Average Number of DFPS Children Per Month in Non-DFPS Foster Homes
  - Explanatory 2.1.1.8. Average Number of DFPS Children Per Month in Residential Facilities
  - Output 2.1.1.1. Number of Completed CPS Investigations
  - Output 2.1.1.2. Number of Confirmed CPS Cases of Child Abuse/Neglect
  - Output 2.1.1.3. Number of Child Victims in Confirmed CPS Cases of Child Abuse/Neglect
  - Output 2.1.1.4. Average Number of DFPS-Verified Foster Home Beds Per Month
  - Output 2.1.1.5. Average Number of DFPS-Approved Adoptive Home Beds Per Month
  - Output 2.1.1.6. Average Number of DFPS-Approved Foster/Adoptive Home Beds Per Month
  - Output 2.1.1.7. Average Number of DFPS Children Per Month in Out-of-Home Care
  - Output 2.1.1.8. Number of Children in DFPS Conservatorship Who Are Adopted
  - Output 2.1.1.9. Average Daily Number of CPS Direct Delivery Services (All Stages)
  - Output 2.1.1.10. Average Number of Children in DFPS Conservatorship Per Month
  - Output 2.1.1.11. Number Children in Sub Care with Confirmed Abuse/Neglect

**Strategy 2.1.2. Provide Program Support for Child Protective Services.** Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of child protective services.

- Explanatory 2.1.2.1. Number of CPS Caseworkers Who Completed Continuing Development

**Strategy 2.1.3. Texas Workforce Commission (TWC) Contracted Day Care Purchased Services.** Provide purchased day care services for foster children where both or the one foster parent works full-time; for relative and other designated caregivers who work full time; or for children living at home to control and reduce the risk of abuse/neglect and to provide stability while a family is working on changes to reduce risk.

- Efficiency 2.1.3.1. Average Daily Cost for TWC Foster Day Care Services
-



- 
- Efficiency 2.1.3.2. Average Daily Cost for TWC Relative Day Care Services
  - Efficiency 2.1.3.3. Average Daily Cost for TWC Protective Day Care Services
  - Explanatory 2.1.3.1. Number of Children Receiving TWC Foster Day Care Services
  - Explanatory 2.1.3.2. Number of Children Receiving TWC Relative Day Care Services
  - Explanatory 2.1.3.3. Number of Children Receiving TWC Protective Day Care Services
  - Output 2.1.3.1. Average Number of Days of TWC Foster Day Care Paid Per Month
  - Output 2.1.3.2. Average Number of Days of TWC Relative Day Care Paid Per Month
  - Output 2.1.3.3. Average Number of Days of TWC Protective Day Care Paid Per Month

**Strategy 2.1.4. Adoption Purchased Services.** Provide purchased adoption services with private child-placing agencies to facilitate the success of service plans for children who are legally free for adoption, including recruitment, screening, home study, placement, and support services.

- Efficiency 2.1.4.1. Average Monthly Cost Per Child Adoption Placement Purchased Services
- Output 2.1.4.1. Average Number of Children: Adoption Placement Purchased Services

**Strategy 2.1.5. Post-Adoption / Post-Permanency Purchased Services.** Provide purchased post-adoption services for families who adopt children in the conservatorship of DFPS, including casework, support groups, parent training, therapeutic counseling, respite care, and residential therapeutic care.

- Efficiency 2.1.5.1. Average Cost Per Client for Post-Adoption Purchased Services
- Output 2.1.5.1. Average Number of Clients Receiving Post-Adoption Purchased Services

**Strategy 2.1.6. Preparation for Adult Living Purchased Services.** Provide purchased adult living services to help and support youth preparing for departure from DFPS substitute care, including life skills training, money management, education/training vouchers, room and board assistance, and case management.

- Efficiency 2.1.6.1. Average Monthly Cost per Youth: Preparation for Adult Living Services
- Output 2.1.6.1. Average Number Youth: Preparation for Adult Living Services

**Strategy 2.1.7 Substance Abuse Purchased Services.** Provide purchased residential chemical dependency treatment services for

---

adolescents who are in the conservatorship of DFPS and/or parents who are referred to treatment by DFPS.

- Efficiency 2.1.7.1. Average Monthly Cost per Client for Substance Abuse Purchased Services
- Output 2.1.7.1. Average Number Clients: Substance Abuse Purchased Services

**Strategy 2.1.8. Other Purchased Child Protective Services.** Provide purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.

- Efficiency 2.1.8.1. Average Monthly Cost Per Client: Other CPS Purchased Services
- Output 2.1.8.1. Average Number of Clients Receiving Other CPS Purchased Services

**Strategy 2.1.9. Foster Care Payments.** Provide financial reimbursement for the care, maintenance, and support of children who have been removed from their homes and placed in licensed, verified childcare facilities.

- Efficiency 2.1.9.1. Average Monthly DFPS Expenditures for Foster Care
- Efficiency 2.1.9.2. Average Monthly Copayments for Foster Care
- Efficiency 2.1.9.3. Average Monthly DFPS Payment Per Foster Child Full Time Equivalent (FTE)
- Explanatory 2.1.9.1. Number of Children in Paid Foster Care
- Output 2.1.9.1. Average Number of DFPS-paid Days of Foster Care per Month
- Output 2.1.9.2. Average Number of Children (FTE) Served in DFPS-Paid Foster Care per Month

**Strategy 2.1.10. Adoption Subsidy and Permanency Care Assistance Payments.** Provide grant benefit payments for families that adopt foster children with special needs and for relatives that assume permanent managing conservatorship of foster children, and one-time payments for non-recurring costs.

- Efficiency 2.1.10.1. Average Monthly Payment Per Adoption Subsidy
- Efficiency 2.1.10.2. Average Monthly Payment Per Child: Permanency Care Assistance
- Output 2.1.10.1. Average Number of Children Provided Adoption Subsidy Per Month
- Output 2.1.10.2. Average Monthly Number of Children: Permanency Care Assistance

**Strategy 2.1.11. Relative Caregiver Monetary Assistance Payments.** Provide monetary assistance for children in the state relative and other designated caregiver program.

- Efficiency 2.1.11.1. Average Monthly Cost Per Child: Caregiver Monetary Assistance
- Explanatory 2.1.11.1. Number of Children Receiving Caregiver Monetary Assistance
- Output 2.1.11.1. Average Monthly Number of Children: Caregiver Monetary Assistance

**Strategy 2.1.12. Title IVE Waiver.** Title IVE waiver.

### **Goal 3. Prevention and Early Intervention Programs**

*Increase family and youth protective factors through the provision of contracted prevention and early intervention services for at-risk children, youth, and families to prevent child abuse and neglect and juvenile delinquency.*

**Objective 3.1. Provide Contracted Prevention and Early Intervention (PEI) Programs.** Manage and support prevention and early intervention services for at-risk children, youth, and families through community-based contracted providers.

- Outcome 3.1.1. Percent of Services To At-Risk Youth (STAR) Youth with Better Outcomes 90 Days after Termination
- Outcome 3.1.2. Percent of STAR / Community Youth Development (CYD) Youth Not Referred to Juvenile Justice Department
- Outcome 3.1.3. Percent Children Remain Safe during PEI Services Provided to Parents
- Outcome 3.1.4. Percentage Children Remain Safe 12 Months After PEI Services Provided to Parents
- Outcome 3.1.5. Percentage Children Remain Safe 3 Years After PEI Services Provided to Parents

**Strategy 3.1.1. Services to At-Risk Youth (STAR) Program.** Provide contracted prevention services for youth ages 10-17 who are in at-risk situations, runaways, Class C delinquents, and for youth under the age of 10 who have committed delinquent acts.

- Output 3.1.1.1. Average Number of STAR Youth Served per Month

**Strategy 3.1.2. CYD Program.** Provide funding and technical assistance to support collaboration by community groups to alleviate family and community conditions that lead to juvenile crime.

- Output 3.1.2.1. Average Number of CYD Youth Served Per Month

**Strategy 3.1.3. Provide Child Abuse Prevention Grants to Community-Based Organizations.** Provide child abuse prevention grants to develop programs, public awareness, and respite care through community-based organizations.

- Output 3.1.3.1. Number of Community-Based Child Abuse Prevention Grants

**Strategy 3.1.4. Provide Funding for Other At-Risk Prevention**

**Programs.** Provide funding for community-based prevention programs to alleviate conditions that lead to child abuse/neglect and juvenile crime.

- Output 3.1.4.1. Average Monthly Number Served: Other At-Risk Programs

**Strategy 3.1.5. Maternal and Child Home Visiting Programs.**

Evidence based, nurse home visiting model that works to improve pregnancy outcomes, child health and development outcomes, and families' self-sufficiency.

**Strategy 3.1.6. Provide Program Support for At-Risk Prevention**

**Services.** Provide program support for at-risk prevention services.

## **Goal 4. Protect Elder/Disabled Adults Through a Comprehensive System.**

*In collaboration with other public and private entities, protect the elderly and adults with disabilities from abuse, neglect, and exploitation by investigating in mental health and intellectual disability facility settings; and by investigating in home settings and providing or arranging for services to alleviate or prevent further maltreatment.*

### **Objective 4.1. Reduce Adult Maltreatment and Investigate Facility**

**Reports.** By 2019, deliver protective services to 80.9 percent of vulnerable adults at risk of maltreatment so that abuse/neglect/exploitation does not exceed 12.3 per 1,000, and provide thorough and timely investigations of reports of maltreatment in mental health and intellectual disability settings.

- Outcome 4.1.1. Incidence/Adult Abuse/Neglect/Exploitation Per 1,000 Texans Age 65 or Older
- Outcome 4.1.2. Percent Adults Found to be Abused/Neglected/Exploited Who Are Served
- Outcome 4.1.3. Percent of Repeat Maltreatment within Six Months: Adult Protective Services (APS)
- Outcome 4.1.4. APS In-Home Caseworker Turnover Rate
- Outcome 4.1.5. Percentage of APS In-Home Caseworkers Retained for Six Months Following Basic Skills Development

**Strategy 4.1.1. APS Direct Delivery Staff.** Provide caseworkers and related staff to conduct investigations of reports of abuse, neglect, and exploitation of persons receiving services in community settings.

- Efficiency 4.1.1.1. Average Daily Cost Per APS In-Home Direct Delivery Service (All Stages)
- Efficiency 4.1.1.2. APS Daily Caseload Per Worker (In-Home)

- Efficiency 4.1.1.3. Average Daily Number APS In-Home Stages Not Assigned to a Caseworker
- Explanatory 4.1.1.1. Percent of APS In-Home Workers with Two or More Years of Service
- Explanatory 4.1.1.2. Average Monthly Number of APS In-Home Clients Receiving Protective Services
- Output 4.1.1.1. Number of Completed APS In-Home Investigations
- Output 4.1.1.2. Number of Confirmed APS In-Home Investigations
- Output 4.1.1.3. Average Daily Number of APS In-Home Direct Delivery Services (All Stages)

**Strategy 4.1.2. Provide Program Support for Adult Protective Services.** Provide staff, training, automation, and special projects to support a comprehensive and consistent system for the delivery of adult protective services.

- Explanatory 4.1.2.1. Number of APS In-Home Caseworkers who Completed Basic Skills Development

**Strategy 4.1.3. APS Purchased Emergency Client Services.** In appropriate cases, APS provides or arranges for services for vulnerable adults to remedy underlying causes of abuse, neglect, or exploitation.

- Efficiency 4.1.3.1. Average Monthly Cost Per Client Receiving APS Purchased Emergency Client Services
- Output 4.1.3.1. Average Number Clients Receiving APS Purchased Emergency Client Services

## Goal 5. Indirect Administration

### *Indirect Administration.*

**Objective 6-1. Indirect Administration.** Indirect administration.

**Strategy 5.1.1. Central Administration.** Central administration.

**Strategy 5.1.2. Other Support Services.** Other support services.

**Strategy 5.1.3. Regional Administration.** Regional administration.

**Strategy 5.1.4. IT Program Support.** Information technology program support.

## Goal 6. Agency-Wide Automated Systems

### *Agency-wide automated systems.*

**Objective 6.1. Agency-Wide Automated Systems.** Agency-wide automated systems.

**Strategy 6.1.1. Agency-Wide Automated Systems (Capital Projects).**

Develop and enhance automated systems that serve multiple programs (capital projects).

## **Goal 7. Health and Human Services Senate Bill 200 Historical Funding.**

*Shows historical funding for programs transferring between agencies per SB 200, 84<sup>th</sup> Legislature.*

**Objective 7.1. Health and Human Services Commission (HHSC)**

**Programs Historical Funding.** Shows historical funding for programs transferring from Department of Family and Protective Services (DFPS) to HHSC per SB 200, 84<sup>th</sup> Legislature.

**Strategy 7.1.1. Regulate Child Day Care and Residential Child Care.**

Shows historical funding for child care regulation program.

**Strategy 7.1.2. Adult Protective Services Facility/Provider**

**Investigations.** Shows historical funding for programs transferring from DFPS to HHSC per SB 200, 84<sup>th</sup> Legislature.

## **Department of State Health Services**

### **Goal 1. Preparedness and Prevention Services**

*Protect and promote the public's health by decreasing health threats and sources of disease.*

**Objective 1.1. Improve Health Status through Preparedness and**

**Information.** Enhance state and local public health systems' resistance to health threats, preparedness for health emergencies, and capacity to reduce health status disparities; and provide health information for state and local policy decisions.

- Outcome 1.1.1. Percentage of Staff Reached During Public Health Disaster Response Drills

**Strategy 1.1.1. Public Health Preparedness and Coordinated**

**Services.** Coordinate essential public health services through public health regions and affiliated local health departments. Plan and implement programs to ensure preparedness and rapid response to bioterrorism, natural epidemics, and other public health and environmental threats and emergencies.

- Explanatory/Input 1.1.1.1. Percentage of Texas Hospitals Participating in Hospital Preparedness Program
- Explanatory/Input 1.1.1.2. Number of Local Public Health Services Providers Connected to Health Alert Network
- Output 1.1.1.1. Number of Local Health Department Contractors Carrying Out Essential Public Health Plans

**Strategy 1.1.2. Vital Statistics.** Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.

- Efficiency 1.1.2.1. Average Number of Days to Certify or Verify Vital Statistics Records
- Output 1.1.2.1. Number of Requests for Records Services Completed

**Strategy 1.1.3. Health Registries.** Operate health registries.

- Output 1.1.3.1. Number of Abstracted Cases for Epidemiologic Study
- Output 1.1.3.2. Number Healthcare Facilities Enrolled in Texas Health Care Safety Network

**Strategy 1.1.4. Border Health and Colonias.** Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintaining border health data, and community-based healthy border initiatives.

- Output 1.1.4.1. Number of Border/Binational Public Health Services Provided to Border Residents

**Strategy 1.1.5. Health Data and Statistics.** Collect, analyze, and distribute information about health and health care.

- Efficiency 1.1.5.1. Average Number Working Days Required by Staff to Complete Customized Requests
- Output 1.1.5.1. Average Successful Requests - Pages Per Day

**Objective 1.2. Infectious Disease Control, Prevention, and Treatment.**

Reduce the occurrence and control the spread of preventable infectious diseases.

- Outcome 1.2.1. Vaccination Coverage Levels among Children Aged 19 to 35 Months
- Outcome 1.2.2. Incidence Rate of Tuberculosis (TB) Among Texas Residents
- Outcome 1.2.3. Percentage of 1995 Epizootic Zone that is Free From Domestic Dog-Coyote Rabies
- Outcome 1.2.4. Percentage of 1996 Epizootic Zone that is Free from Texas Fox Rabies

**Strategy 1.2.1. Immunize Children and Adults in Texas.** Implement programs to immunize children and adults in Texas.

- Efficiency 1.2.1.1. Average Cost Per Dose of Vaccine Purchased with State Funds
- Explanatory/Input 1.2.1.1. Dollar Value (in Millions) of Vaccine Provided by the Federal Government
- Explanatory/Input 1.2.1.2. Number of Sites Authorized to Access State Immunization Registry System
- Output 1.2.1.1. Number Vaccine Doses Administered - Children
- Output 1.2.1.2. Number Vaccine Doses Administered - Adults
- Output 1.2.1.3. Number of Vaccine Doses Purchased with State Funds

**Strategy 1.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease (HIV/STD) Prevention.** Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.

- Efficiency 1.2.2.1. Proportion of HIV-Positive Persons Who Receive their Test Results
- Output 1.2.2.1. Number of Persons Served by the HIV Medication Program
- Output 1.2.2.2. Number of Clients with HIV/AIDS Receiving Medical and Supportive Services

**Strategy 1.2.3. Infectious Disease Prevention, Epidemiology and Surveillance.** Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, bloodborne, foodborne, and zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases. Administer the Refugee Health Services program. Administer program activities to identify, treat, and provide services to persons with Hansen's disease.

- Output 1.2.3.1. Number of Communicable Disease Investigations Conducted
- Output 1.2.3.2. Number Zoonotic Disease Surveillance Activities Conducted

**Strategy 1.2.4. TB Surveillance and Prevention.** Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.

- Output 1.2.4.1. Number of TB Disease Investigations Conducted

**Objective 1.3. Health Promotion and Chronic Disease Prevention.** Use health promotion for reducing the occurrence of preventable chronic disease and injury.

- Outcome 1.3.1. Prevalence of Tobacco Use among Middle and High School Youth Target Areas
- Outcome 1.3.2. Statewide Prevalence of Tobacco Use among Middle and High School Youth



- Outcome 1.3.3. Prevalence of Smoking among Adult Texans

**Strategy 1.3.1. Health Promotion and Chronic Disease Prevention.**

Develop and implement community interventions to reduce health risk behaviors that contribute to chronic disease and injury and administer programs for Alzheimer's disease.

- Output 1.3.1.1. Number of Diabetes-Related Prevention Activities

**Strategy 1.3.2. Reducing the Use of Tobacco Products Statewide.**

Develop a statewide program to reduce the use of tobacco products.

**Strategy 1.3.3. Children with Special Health Care Needs (CSHCN).**

Administer service program for children with special health care needs, in conjunction with the Health and Human Services Commission.

- Efficiency 1.3.3.1. Average Annual Cost Per CSHCN Client Receiving Case Management
- Output 1.3.3.1. Number of CSHCN Clients Receiving Case Management

**Objective 1.4. State Laboratory.** Operate a reference laboratory in support of public health program activities.

- Outcome 1.4.1. Percentage High Volume Tests Completed within Established Turnaround Times

**Strategy 1.4.1. Laboratory Services.** Provide analytical laboratory services in support of public health program activities.

- Output 1.4.1.1. Number of Laboratory Tests Performed

**Strategy 1.4.2. Laboratory (Austin) Bond Debt.** Service bond debt on reference laboratory.

## Goal 2. Community Health Services

*Improve the health of children, women, families, and individuals, and enhance the capacity of communities to deliver health care services.*

**Objective 2.1. Provide Primary Care.** Develop and support primary health care services to children, women, families, and other qualified individuals through community-based providers.

- Outcome 2.1.1. Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)
- Outcome 2.1.2. Percentage of Low Birth Weight Births
- Outcome 2.1.3. Number Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate)

**Strategy 2.1.1. Women and Children's Health Services.** Provide easily accessible, quality, and community-based maternal and child health services to-low income women, infants, children, and adolescents.

- Output 2.1.1.1. Number of Newborns Receiving Hearing Screens (All Funding Sources)

**Strategy 2.1.2. Community Primary Care Services.** Develop systems of primary and preventive health care delivery in underserved areas of Texas.

**Objective 2.2. Build Community Capacity.** Develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

**Strategy 2.2.1. Emergency Medical Services (EMS) and Trauma Care Systems.** Develop and enhance regionalized emergency health care systems.

- Explanatory/Input 2.2.1.1. Number of Trauma Facilities
- Explanatory/Input 2.2.1.2. Number of Stroke Facilities
- Output 2.2.1.1. Number of Providers Funded: EMS/Trauma

### Goal 3: Consumer Protection Services

***Achieve a maximum level of compliance by the regulated community to protect public health and safety.***

**Objective 3.1. Provide Licensing and Regulatory Compliance.** Ensure timely, accurate licensing, certification, and other registrations; provide standards that uphold safety and consumer protection; and ensure compliance with standards.

- Outcome 3.1.1. Percentage of Inspected Entities in Compliance with Statutes/Rules
- Outcome 3.1.2. Percentage of Licenses Issued within Regulatory Timeframe
- Outcome 3.1.3. Percentage of Licensed/Certified Professionals with No Recent Violations
- Outcome 3.1.4. Percentage of Licensed/Certified AHCF Meeting State/Federal Regulations at Survey

**Strategy 3.1.1. Food (Meat) and Drug Safety.** Design and implement programs to ensure the safety of food, drugs, and medical devices.

- Efficiency 3.1.1.1. Average Cost Per Surveillance Activity - Food/Meat and Drug Safety
- Output 3.1.1.1. Number of Surveillance Activities Conducted - Food/Meat and Drug Safety
- Output 3.1.1.2. Number of Enforcement Actions Initiated - Food/Meat and Drug Safety
- Output 3.1.1.3. Number of Licenses/Registrations Issued - Food/Meat and Drug Safety

---

**Strategy 3.1.2. Environmental Health.** Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.

- Efficiency 3.1.2.1. Average Cost Per Surveillance Activity - Environmental Health
- Output 3.1.2.1. Number of Surveillance Activities Conducted - Environmental Health
- Output 3.1.2.2. Number of Enforcement Actions Initiated - Environmental Health
- Output 3.1.2.3. Number of Licenses Issued - Environmental Health

**Strategy 3.1.3. Radiation Control.** Design and implement a risk assessment and risk management regulatory program for all sources of radiation.

- Efficiency 3.1.3.1. Average Cost Per Surveillance Activity - Radiation Control
- Output 3.1.3.1. Number of Surveillance Activities Conducted - Radiation Control
- Output 3.1.3.2. Number of Enforcement Actions Initiated - Radiation Control
- Output 3.1.3.3. Number of Licenses/Registrations Issued - Radiation Control

**Strategy 3.1.4. Health Care Professionals.** Implement programs to issue licenses, certifications, and other registrations of health care professionals, and to ensure compliance with standards.

- Output 3.1.4.1. Number Health Care Professionals & Licensed Chemical Dependency Counselors Licensed, Permitted, Certified, Registered
- Output 3.1.4.2. Number of Professional Complaint Investigations Conducted

**Strategy 3.1.5. Texas.Gov. Estimated and Nontransferable.**  
Texas.Gov. Estimated and Nontransferable.

## **Goal 4. Agency Wide Information Technology Projects**

*Provide data center services and a managed desktop computing environment for the agency.*

**Objective 4.1. Agency Wide Information Technology Projects.** Provide data center services and a managed desktop computing environment for the agency.

**Strategy 4.1.1. Agency Wide Information Technology Projects.**

Provide data center services and a managed desktop computing environment for the agency.

## **Goal 5. Indirect Administration**

### ***Indirect administration.***

**Objective 5.1. Manage Indirect Administration.** Manage indirect administration.

**Strategy 5.1.1. Central Administration.** Central administration.

**Strategy 5.1.2. Information Technology Program Support.**

Information Technology program support.

**Strategy 5.1.3. Other Support Services.** Other support services.

**Strategy 5.1.4. Regional Administration.** Regional administration.

## **Goal 6. Health and Human Services Sunset Legislation-Related Historical Funding**

***Shows historical funding for programs transferring between agencies pursuant to 84R SB 200 and SB 208.***

**Objective 6.1. Health and Human Services Commission (HHSC) Programs Historical Funding.** Shows historical funding for programs transferring from the Department of State Health Services to HHSC pursuant to 84R SB 200.

**Strategy 6.1.1. Abstinence Education.** Shows historical funding for Abstinence Education program.

**Strategy 6.1.2. Kidney Health Care.** Shows historical funding for Kidney Health Care program.

**Strategy 6.1.3. Additional Specialty Care.** Shows historical funding for Additional Specialty Care programs (formerly Epilepsy and Hemophilia Services).

**Strategy 6.1.4. Provide Women, Infants, and Children (WIC) Services.** Shows historical funding for WIC program.

**Strategy 6.1.5. Women's Health Program.** Shows historical funding for the Women's Health Program.

**Strategy 6.1.6. Community Mental Health Services - Adults.** Shows historical funding for Community Mental Health Services for adults.

**Strategy 6.1.7. Community Mental Health Services - Children.** Shows historical funding for Community Mental Health Services for children.

**Strategy 6.1.8. Community Mental Health Crisis Services.** Shows historical funding for Community Mental Health Crisis Services.

**Strategy 6.1.9. NorthSTAR Behavioral Health Waiver.** Shows historical funding for NorthSTAR Behavioral Health Waiver program.

**Strategy 6.1.10. Substance Abuse Prevention, Intervention, and Treatment.** Shows historical funding for Substance Abuse Prevention, Intervention, and Treatment programs.

**Strategy 6.1.11. Indigent Health Care Reimbursement.** Shows historical funding for Indigent Health Care Reimbursement.

**Strategy 6.1.12. County Indigent Health Care Services.** Shows historical funding for County Indigent Health Care Services.

**Strategy 6.1.13. Other Facilities.** Shows historical funding for Other Facilities (Texas Center for Infectious Disease and Rio Grande State Center Outpatient Clinic).

**Strategy 6.1.14. Mental Health State Hospitals.** Shows historical funding for Mental Health State Hospitals.

**Strategy 6.1.15. Mental Health Community Hospitals.** Shows historical funding for Mental Health Community Hospitals.

**Strategy 6.1.16. Facility/Community-Based Regulation.** Shows historical funding for Facilities and Community-Based Regulation.

**Strategy 6.1.17. Facility Capital Repairs and Renovations.** Shows historical funding for Facility Capital Repairs and Renovations.

**Strategy 6.1.18. Texas Civil Commitment Office.** Shows historical funding for Texas Civil Commitment Office.