Department of State Health Services Strategic Plan for 2023-2027 Part I

As Required by

Texas Government Code

Chapter 2056

Department of State Health Services

John Hellerstedt, M.D., Commissioner

June 2022

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Department of State Health Services

Strategic Plan for 2023–2027

Department of State Health Services

John Hellerstedt, M.D., Commissioner

Submitted June 1, 2022

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Introduction

Vision

A Healthy Texas

Mission

To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

Values

- ➢ Lead with a vision
- ➢ Driven by science and data
- ➢ Partner with a purpose
- ➢ Engage and connect as a team

DSHS has two foundational roles in Texas public health:
1. State leader for the public and population health system, and
2. Provider of state public health programs and services.

Public Health is the science and professional discipline of preventing, detecting, and responding to specific medical risks and conditions. Public health looks at the issues, policies, and outcomes and is concerned with broad disease categories across all communities.

Population Health focuses on health outcomes of a group of individuals or communities and measures the incidence and prevalence of health conditions and disease within a defined population.

Public Health and Population Health Data Trends and Charts

Leading Causes of Death

In 2020, the most recent year for which death data is available, chronic diseases accounted for a majority of the leading causes of death in Texas. Chronic diseases are generally characterized by a long period of development, a prolonged course of illness, functional impairment or disability, multiple risk factors, and low curability.

In 2020...

...there were:

249,267
total deaths

...there were:

839.9
deaths per 100,000 population

...the top 10 causes of death among Texas residents were:

1 Diseases of the heart
49,901 deaths
20.0% of all deaths

2 Malignant neoplasms
41,965 deaths
16.8% of all deaths

3 COVID-19
31,281 deaths
12.5% of all deaths

4 Accidents
12,724 deaths
5.1% of all deaths

5 Alzheimer's disease
11,849 deaths
4.8% of all deaths

6 Cerebrovascular diseases
11,595 deaths
4.7% of all deaths

7 Chronic lower respiratory diseases
10,349 deaths
4.2% of all deaths

8 Diabetes mellitus
7,916 deaths
3.2% of all deaths

9 Chronic liver disease & cirrhosis
4,905 deaths
2.0% of all deaths

10 Nephritis, nephrotic syndrome & nephrosis
4,374 deaths
1.8% of all deaths

Please note that all data for 2020 are provisional. See data notes for further detail

Number of deaths per 100,000 people among Texas residents in 2020

Deaths per 100,000 people
Suppressed 2,722
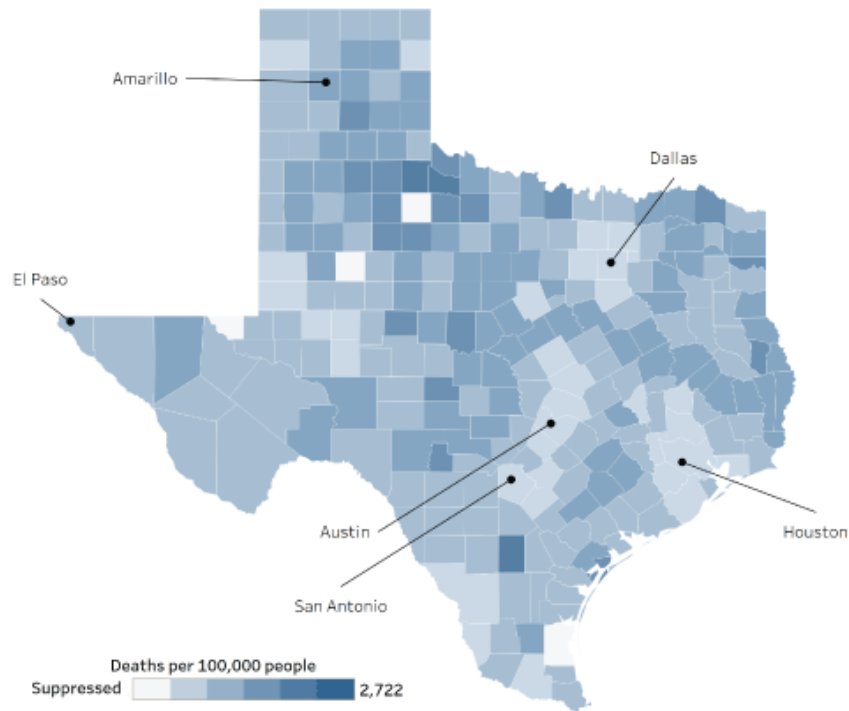
Please note that all data for 2020 are provisional. See data notes for further detail.

Data Source
Deaths: Texas Death Certificate Data
County population: Texas Demographic Center 2019 population estimates
Prepared by: Texas Department of State Health Services, Center for Health Statistics
Date of run: 05/05/2022
Please note that data for 2020 are provisional. Provisional statistics are tabulated based on data that are not yet edited and may be incomplete. Provided data are subject to change before data are finalized.
Data Description and Measure Information
Counts of 1-9, and their corresponding rates, are suppressed to prevent the identification of individuals in confidential data.
Calculated death rates are based on the total number of crude deaths in 2020 divided by 100,000 estimated population from the 2019 Texas Demographic Center and have not been adjusted.
This death data comes from death certificates for Texas residents who died in state and out of state. Each death certificate identifies a single underlying cause of death that is defined as the disease or injury that initiated the events resulting in death. Causes of death are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) implemented in 1999.
Texas adopted the new U.S. Standard Certificates of Death and Fetal Death in 2006, so some data items might not be directly comparable with previous years.
Causes of death are aggregated based on predefined lists of cause-of-death categories developed by National Center for Health Statistics (NCHS) for tabulating mortality statistics. The causes of death presented in the table refer to the NCHS List of 113 Selected Causes of Death: ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics. The top ten causes of death are based on NCHS' broader 51 rankable cause-of-death categories.

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Operational Goals and Action Plan

The goals, objectives, and action items in this section align with goals for the Health and Human Services (HHS) system. DSHS, as part of the HHS system, contributes to the vision, mission, and goals of the system. This section highlights the DSHS action plan toward fulfilling HHS system-wide goals and objectives from a public health and population health perspective.
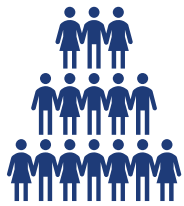
Goal 1: Improve and support health outcomes and well-being for individuals and families.

Objective 1.1: Enhance quality of direct care and value of services.

- **Action Item 1.1.1: Performance Measures.** Meet 100 percent of reporting deadlines for performance measures which address value of public health services. (August 2027)

Objective 1.2: Prevent illness and promote wellness through public- and population-health strategies.

- **Action Item 1.2.1: Tobacco Quitline.** Promote prevention strategies and programming via the Texas Tobacco Quitline to over 10,000 individuals per calendar year. (August 2027)
- **Action Item 1.2.2: Tobacco and Vaping Prevention.** Provide tobacco and vaping prevention training to over 12,000 youth and adults per fiscal year. (August 2027)
- **Action Item 1.2.3: Adult Immunizations.** Improve adult immunizations by increasing total doses administered by 7 percent in the Adult Safety Net program. (August 2025)

- **Action Item 1.2.4: Child Immunization.** Increase the statewide child immunization coverage rate from 66 percent to 72 percent for the 4:3:1:3:3:1:4 vaccine series, which ensures coverage for seven key vaccines: diphtheria; tetanus; acellular pertussis; polio; measles, mumps and rubella; Haemophilus influenzae type b; and pneumococcal conjugate. (August 2025)
- **Action Item 1.2.5: Wellness Programs.** Promote wellness practices by increasing the number of pageviews combined across the Health Promotion and Chronic Disease prevention webpages by 500 annually. (August 2027)
- **Action Item 1.2.6: Prenatal and Infant Oral Health.** Promote maternal and child health by increasing the number of website visitors to the DSHS Smiles for Moms and Babies prenatal and infant oral health webpages by 500 annually. (August 2027)
- **Action Item 1.2.7: Maternal Mortality and Morbidity Prevention.** Provide a biennial summary of maternal mortality and morbidity prevention resources, and track utilization of resources for the DSHS Hear Her Texas Campaign. (August 2027)
- **Action Item 1.2.8: Health Disparities.** Produce a summary of agency-wide health disparity efforts. (December 2023)

Objective 1.3: Encourage self-sufficiency and long-term independence.

- **Action Item 1.3.1: Child Blood Lead Follow-up.** Provide guidance regarding referral and follow-up care to over 95 percent of all eligible children annually who show elevated blood lead levels. (August 2027)
- **Action Item 1.3.2: HIV Care.** Increase the percentage of persons diagnosed with HIV who received medical care within one month of diagnosis by 3 percent from a baseline of 76 percent within the Ryan White program. (August 2025)
- **Action Item 1.3.3: HIV Health Outcomes.** Improve health outcomes for persons living with HIV by increasing the percentage of persons who are virally suppressed by 2 percent from a baseline of 67 percent within the Ryan White program. (August 2025)

How Goal 1 and its Action Items Support Statewide Objectives

Accountability

Health Disparities

- Health disparities in the U.S. are estimated to cost approximately $93 billion in excess health care costs and $42 billion in lost productivity per year.[1]
- Center for Public Health Policy and Practice (CPHPP) is making efforts to improve DSHS's health disparity initiatives across the agency through analysis and by empowering programs with public health best practices on addressing health disparity issues. CPHPP will provide a summary of DSHS health disparity efforts by December 31, 2023.

Efficiency

Hear Her Texas Campaign

- Approximately 700 women die each year in the U.S. from pregnancy-related complications up to one year after giving birth.[2]
- The DSHS Maternal and Child Health (MCH) section is committed to preventing maternal mortality and morbidity in Texas through education, resources, and awareness.
- Hear Her Texas is an evidence-based education and awareness campaign which provides best-practice information and resources to pregnant women. The campaign encourages self-advocacy and voicing pregnancy concerns with support teams (provider and family members), to help save lives and improve health outcomes of women, mothers, and infants.
- The MCH section will track utilization of resources developed for the campaign to ensure that it is providing relevant information and resources to the target population. https://dshs.texas.gov/hearhertx/

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[1] Report on "The Business Case for Racial Equity: A Strategy for Growth" by Ani Turner; April 24, 2018

[2] Petersen EE, Davis NL, Goodman D, et al. *Vital Signs:* Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1

Effectiveness

Performance Measures

1. The DSHS Chief Financial Officer (CFO) Division publishes monthly financial reports including expenditure data on the DSHS website. These reports are published 100 percent on time to provide access and transparency to Texans.
2. The CFO Division collaborates with agency public health programs to quantify, report, and measure performance to analyze the execution of public health projects and initiatives for Texans.
3. The DSHS and CFO Division ensure effective public health efforts by measuring success through performance measures of agency programs and operations.

Tobacco and Vaping Prevention Training

- Tobacco use remains the leading cause of preventable disease, disability, and death in the U.S.[3]
- The need for effective tobacco and vaping prevention training is vital as tobacco use kills more than 1,300 people a day in the U.S.[4] and more than 200,000 Texas youth report current e-cigarette use.[5]
- The DSHS Health Promotion and Chronic Disease Prevention (HPCDP) section provides a multifaceted approach to achieve effectiveness of tobacco and vaping preventing training by funding Tobacco Prevention and Control Coalitions (TPCCs), https://dshs.texas.gov/tobacco/prevention/supporting Peers Against Tobacco and Students, Adults, and Youth Working Hard Against Tobacco (Say What!), and providing Texas Youth Tobacco Awareness Program (TYTAP) training and certification.
- HPCDP plans to continue promoting prevention strategies and programming via TPCCs, Peers Against Tobacco, Say What!, and TYTAP to over 12,000 individuals per fiscal year.

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[3] The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

[4] Ibid.

[5] 2021 Texas Youth Tobacco Survey (YTS), 2021, Texas A&M University, College Station. Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products | Electronic Cigarettes | Smoking & Tobacco Use | CDC

Adult Safety Net Program

1. The [DSHS Adult Safety Net (ASN) program](#) supplies publicly purchased vaccines at no cost to enrolled providers to increase access to vaccination service in Texas for uninsured adults.
2. Infected adults risk spreading vaccine preventable diseases to infants too young to be vaccinated, and can also become severely ill themselves. The solution is to increase vaccination of the Texas adult population to prevent infection.
3. The ASN program continuously strives to improve the effectiveness of the program through supporting providers to increase doses administered to their eligible patients. DSHS plans to increase total doses administered by 7 percent by August 31, 2025.

Child Immunization

- DSHS Immunization Unit administers the [Texas Vaccines for Children program](#) (VFC) which provides low-cost vaccines to eligible children in Texas. In 2020, 90.9 percent of children whose parents were surveyed received one or more doses of the measles, mumps, and rubella (MMR) vaccine by their 2nd birthday preventing cases of measles, mumps and rubella in Texas.
- The VFC program works to ensure eligible children complete the full recommended vaccine series to promote the health and well-being of children.
- Performance measures are used to continuously evaluate the effectiveness of the program. The VFC program strives to increase the coverage rate of Texas children to 72 percent by August 31, 2025.

Excellence in Customer Service

Texas Tobacco Quitline

- https://dshs.texas.gov/tobacco/prevention/ The HPCDP section aims to reduce the toll of tobacco on the health of Texans by providing a free, confidential, and personalized support program through the Texas Tobacco Quitline. Texans can quit tobacco by phone at 877-YES-QUIT or online at [YESQUIT.org](#).
- HPCDP is targeting to serve over 10,000 individuals per calendar year using the Texas Tobacco Quitline.

Elevated Blood Lead levels

- The [Texas Childhood Lead Poisoning Prevention Program](#) (CLPPP) in the DSHS Environmental Epidemiology and Disease Registry section (EEDRS) maintains a surveillance system of blood lead results on children younger than 15 years of age.
- Elevated blood lead levels in children can damage the brain and nervous system resulting in serious health effects and slow growth.
- In 2019, 1.38 percent of children ages 0 through 14 tested had elevated blood lead levels.[6]
- CLPPP provides essential referral and guidance for follow up services for children with elevated blood lead levels.
- CLPPP strives to provide referrals and guidance for follow up care to over 95 percent of children effected by elevated blood lead levels annually.

Transparency

Health Promotion Webpage Access

- The HPCDP section in DSHS serves Texans by creating and guiding public health programs to promote healthy lifestyles and prevent or manage chronic diseases.
- HPCDP is dedicated to increasing website visits by 500 annually by updating and streamlining health promotion webpages for enhanced transparency and increased access to wellness practices that benefit the well-being of Texans.
- The Smiles for Moms and Babies initiative in the MCH section helps women improve their oral health during their pregnancies to protect the health of mothers and babies in Texas.
- Through promotion of their website, the MCH Smiles for Moms and Babies initiative expects to provide oral health information to at least 500 visitors annually.

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[6] Data from Blood Lead Surveillance System/DSHS Blood Lead Surveillance Branch

Goal 2: Ensure efficient access to appropriate services.

Objective 2.1: Empower Texans to identify and apply for services.

- **Action Item 2.1.1: Public Health Service Inventory.** Develop and maintain a web-based inventory of public health service providers to ensure that all DSHS staff and partners are able to provide referrals to available public health services. (August 2025)
- **Action Item 2.1.2: Public Health Inventory Training.** Develop and deploy training modules and presentations on the use of the public health services inventory. (August 2025)
- **Action Item 2.1.3: Local Health Entities Collaboration.** Improve DSHS and Local Health Entities coordination by increasing opportunities for collaboration and utilizing subject matter experts to increase service awareness. (August 2025)
- **Action Item 2.1.4: Public Health Best Practices.** Increase opportunities for collaboration among DSHS programs, Local Health Entities and Public Health Regions to convene and share best practices. (August 2026)

Objective 2.2: Provide seamless access to services for which clients are eligible.

- **Action Item 2.2.1: Wellness Evaluation Tool.** Develop a comprehensive public health wellness evaluation tool for use in regional offices. (August 2024)
- **Action Item 2.2.2: Staff Training on Evaluation Tool.** Ensure that 100 percent of DSHS regional clinical and social service staff are trained on the use of the tool. (August 2024)
- **Action Item 2.2.3: Client Intake.** Ensure that 100 percent of all active DSHS regional clinical and social service clients are offered the voluntary public health wellness evaluation at intake, as appropriate. (August 2025)

Objective 2.3: Ensure people receive services and support in the most appropriate, least restrictive settings based on individual needs and preferences.

- **Action Item 2.3.1: Community Resources for Children.** Develop a metric for the number of children linked to community resources via the Help Me Grow Texas centralized access point. (November 2024)

Objective 2.4: Strengthen consumers' access to information, education, and support.

- **Action Item 2.4.1: Standardized Data Release Process.** Improve data access for Local Health Entities and Authorities by implementing a standardized data release process through the State Health Analytics and Reporting Platform. (September 2025)
- **Action Item 2.4.2: Public Health Data Visualization.** Strengthen the public's access to data by expanding DSHS data visualization capabilities and leveraging the Texas Health Data website. (September 2025)
- **Action Item 2.4.3: Regional Health Communication.** Strengthen consumers' access to education and information by equipping Public Health Regions with communication resources, training, and support to expand regional health communication capabilities. (December 2024)
- **Action Item 2.4.4: Consumer-centered Health Communication.** Improve health information initiatives and consumer-centered content by developing communications, trainings, guidance, and materials for DSHS staff and Local Health Entities. (December 2024)
- **Action Item 2.4.5: DSHS Public Website.** Improve information and consumer access on the DSHS public website by updating or validating the content of 99 percent of program webpages. (March 2024)

How Goal 2 and its Action Items Support Statewide Objectives

Accountability

Texas Health Data and Access to Data

- As stewards of health data in Texas, DSHS is responsible for providing accurate, accessible, and timely data to the public to help improve delivery of services, evaluate health care systems, inform policy decisions, and aid in research.
- The DSHS Center for Health Statistics (CHS) provides the public with access to essential data on various health topics through the [Texas Health Data webpage](#).
- The Data Governance Program, in conjunction with all data related entities, is strengthening the public's and Local Health Entities' ability to access data through improved data visualization capabilities and standardization of data release processes, respectively.

Efficiency

Help Me Grow Texas Program

- The DSHS Maternal and Child Health (MCH) section utilizes the Help Me Grow System Model. [Help Me Grow Texas](#) is designed to help communities leverage existing resources to improve communities' capacity to identify vulnerable children, link families to community-based services, and empower families to support their child's optimal development.
- Help Me Grow Texas cohort communities are selected based on community readiness, need, capacity, and infrastructure.
- The model focuses on utilizing existing resources and increasing their accessibility which helps eliminate redundancy of services within the community.
- To evaluate efficiency, the MCH section will develop a metric for the number of children linked to community resources by November 1, 2024.

Effectiveness

Local Health Entities

- The DSHS Regional and Local Health Operations (RLHO) Division serves the public through essential public health services, support to local public health agencies, and coordination for emergency preparedness and response.
- RLHO ensures daily coordination and cooperation among 8 DSHS Public Health Regions, 164 local health entities, and 202 Texas Health Authorities.
- RLHO fulfills public health core functions by supporting and coordinating with Local Health Entities (LHEs) across Texas to directly service communities, families, and individuals.
- RLHO is implementing improved collaboration with LHEs by utilizing subject matter experts throughout the agency and sharing best practices for public health services.

Excellence in Customer Service

Public Health Wellness Evaluation Tool

- RLHO provides clinical and social services in the public health regions of Texas to families and individuals.
- Over 31,000 patients are served in the 86 DSHS public health region clinics annually.
- RLHO is developing a public health wellness evaluation tool to be used by DSHS staff and community partners for individuals receiving clinical or social services to obtain a comprehensive evaluation ensuring that their health needs are met appropriately.

Transparency

DSHS Website

- The DSHS Communications team develops and hosts the DSHS website for the public to access pertinent and helpful public health information and updates on agency activities and goals.
- The DSHS website received over 29 million web visits in 2021 providing Texans essential public health information.

- The DSHS website provides [alerts and advisories](#) for public awareness regarding health warnings or issues across the state.
- DSHS Communications is actively updating and validating content for 99 percent of DSHS program webpages on the public website to ensure that information desired by Texans is transparent and readily available.

Health Communication Capabilities

- The DSHS Communications team is continuously improving the health communications of DSHS staff, public health regions, and local health departments by providing a multi-faceted communication strategy with resources, training, and support.
- The Communication team ensures effective and informative health communications to the public by developing targeted consumer-centered communications that is evidence-based.

Goal 3: Protect the health and safety of vulnerable Texans.

Objective 3.1: Optimize preparation for and response to disasters, disease threats, and outbreaks.

- **Action Item 3.1.1: Subject Matter Expertise.** Identify gaps in scientific subject matter expertise and areas for improvement. (August 2025)
- **Action Item 3.1.2: Disaster Resource Purchasing and Storage.** Assess purchasing processes, validation of purchases, and storage/warehouse capabilities during disaster response activations for state and regional levels. (August 2024)
- **Action Item 3.1.3: Disaster Response Data Elements.** Assess and determine essential data elements needed for emergency response to ensure integration into agency information and communication systems. (August 2026)

Objective 3.2: Prevent and reduce harm through improved education, monitoring, inspection, and investigation.

- **Action Item 3.2.1: Risk-based Inspections.** Assess current risk-based inspection processes for improved efficiency and effectiveness. (June 2024)
- **Action Item 3.2.2: Digital Communication Toolkits.** Develop digital communication toolkits for use among DSHS staff and stakeholders for targeted outreach to vulnerable audiences. (October 2024)
- **Action Item 3.2.3: Health Prevention Strategies.** Leverage DSHS communication channels or materials to result in 5 percent increase of communication metrics during designated prevention strategy periods. (October 2024)
- **Action Item 3.2.4: Training Webinars.** Provide at least three training webinars on emerging public health practices in collaboration with academic partners. (August 2023)

How Goal 3 and its Action Items Support Statewide Objectives

Accountability

Disaster Response Purchasing and Warehouse Capabilities

- The DSHS Center for Health Emergency Preparedness and Response (CHEPR) provides public health leadership and effective response to all types of health emergencies in Texas including bioterrorism, infectious disease outbreaks, and natural disasters.
- CHEPR evaluates and improves upon disaster response purchasing to continuously update best practices in streamlining the purchasing process and validating purchases for specific disaster response situations.
- CHEPR evaluates and identifies current and future disaster storage and warehouse capabilities to determine needs for expansion in case of disasters.

Efficiency

Risk-based Inspections

- Everyone in Texas is vulnerable to potential harm from consumer products or activities in commerce.
- The DSHS Consumer Protection Division (CPD) oversees producers of consumer health goods and service providers to ensure public safety through supporting EMS and trauma systems, environmental health, food and drug safety, and radiation control.
- CPD supports these areas to keep Texans safe by conducting oversight and compliance activities, technical advice, licensing, rules, and standards.
- During the second quarter of Fiscal Year 2022, CPD conducted nearly 40,000 inspection activities.
  CPD strives for innovation and efficiency through a risk-based inspection philosophy that allows DSHS to focus resources on areas with a higher potential for risk or harm by prioritizing inspections of certain licensees.

Effectiveness

Disaster Response Subject Matter Expertise

- RLHO utilizes scientific subject matter expertise in responding to all health emergencies to ensure knowledge, communication, and effective disaster response to protect the health and safety of Texans.
- RLHO is implementing plans to improve upon the agency's scientific knowledge and subject matter expertise for handling uncommon disease cases, biological threats, and chemical threats to continually enhance support for community partners.

Public Health Practice Training with Academic Partners

- The DSHS Center for Public Health Policy and Practice (CPHPP) coordinates with academic partners for training, expertise, networking, and knowledge sharing to further strengthen the public health workforce.
- CPHPP plans to increase the effectiveness of state and academic collaborations and overall agency expertise by providing opportunities to share emerging public health practices and knowledge.

Excellence in Customer Service

Emergency Response Data Elements

- CHEPR supports partners, local health entities, and other health decision makers in disaster response situations by providing essential, timely, and accurate data needed for emergency response.
- CHEPR strives to improve the customer service experience of partners needing vital data for decision-making by continuously assessing and determining data and ensuring integration into agency information and communication systems.

Transparency

Digital Communication Toolkits

- The DSHS Communication team will develop educational communication toolkits for stakeholders for outreach to vulnerable at-risk populations.

- These toolkits will enable Texans to have access to transparent and evidence-based messaging and content by being easily downloadable on the DSHS website.

Goal 4: Continuously enhance efficiency and accountability.

Objective 4.1: Promote and protect the financial and programmatic integrity of HHS.

- **Action Item 4.1.1: Fee Schedules.** Review and update designated fee schedules on an annual basis. (August 2027)

Objective 4.2: Strengthen, sustain, and support a high-functioning, efficient workforce.

- **Action Item 4.2.1: Telework Capabilities.** Support telework capabilities where appropriate through convening operational workgroups to address potential telework enhancements and manager training needs. (August 2027)
- **Action Item 4.2.2: Employee Development.** Increase employee awareness/perception of advancement opportunities to promote job satisfaction and professional development. (August 2025)
- **Action Item 4.2.3: Employee Succession Planning.** Develop and regularly disseminate information on best practices for succession planning. (August 2025)
- **Action Item 4.2.4: DSHS Internship Program.** Create and fill at least five DSHS internships each year designed for community college, trade school, and non-public health students. (August 2025)
- **Action Item 4.2.5: Employee Recruitment.** Increase recruitment of non-public health positions by hosting three outreach events per year for community college, trade school, or non-public health faculty, students, and staff. (August 2025)
- **Action Item 4.2.6: Public Health Consortium.** Create an Academic Public Health Consortium with Texas higher education institutions. (August 2024)

Objective 4.3: Continuously improve business strategies with optimized technology and a culture of data-driven decision-making.

- **Action Item 4.3.1: IT Lifecycle Plan.** Develop a product lifecycle plan for each information technology system to determine needs for updates, replacements, or integration of existing systems. (August 2027)
- **Action Item 4.3.2: Business Outcomes.** Continuously improve business strategies by developing and evaluating a Business Capabilities Model that will identify opportunities to achieve business outcomes using modern technology for division and programmatic functions. (August 2027)

How Goal 4 and its Action Items Support Statewide Objectives

Accountability

Business Capabilities Model

- The DSHS Program Operations (PO) Division supports the agency's programmatic areas with business planning, fiscal monitoring, facility assistance, contract management, and information technology capabilities.
- PO Division is responsible for coordinating with HHSC IT to identify business capabilities and optimize DSHS technology to achieve improved business outcomes for each agency division.
- The business capabilities model will enable the agency to evaluate and identify opportunities of business improvement using modern technology.

Efficiency

Telework Capabilities

- Telework provides multiple benefits to both staff and the agency to achieve objectives and results as efficiently as possible.
- The Program Operations (PO) Division will evaluate the agency telework model, system enhancements, and manager training needs to continuously improve the telework environment.

Effectiveness

Employee Advancement and Succession Planning

- The DSHS Business Support and Planning (BSP), under the PO Division, supports DSHS managers by informing, preparing, and training them on management best practices and tools necessary to be successful in their role.
- BSP is improving employee's awareness of career advancement opportunities within DSHS to not only empower employees, but also ensure that DSHS's core functions are fulfilled.
- BSP disseminates best practices for succession planning to provide management the ability to continue vital functions while supplying employees with career opportunities.

DSHS Internship Program

- The DSHS Office of Practice & Learning (OPL) administers the DSHS internship program that provides students practical public health and state government experience.
- Strengthening the DSHS workforce and recruitment of talent for public and non-public health positions is essential for effective programming and operations of DSHS.
- OPL is expanding the DSHS internship program and recruitment activities for non-public health students to continue to fulfill core functions of the agency.

Excellence in Customer Service

Information Technology Product Lifecycle

- The PO Division in collaboration with HHSC IT will utilize a product lifecycle plan for each DSHS IT system that will assist in determining the technological needs for the agency and partners.
- Identification of needs for system upgrades, replacements, or integrations will allow the continuous enhancement of agency systems used by partners and customers to ensure that stakeholder needs are met.

Transparency

Designated Fee Schedules

- The DSHS Chief Finance Officer (CFO) Division reviews all fee schedules within its authority on an annual basis and updates to cover direct and indirect costs of program operations.
- The CFO Division provides a manual that compiles basic information about fee programs administered by DSHS including the date of origin, statutory authority, fee description, revenue history, and deposit coding information.
- DSHS provides the fee resource manual every year to the Texas legislature and the public for review.

Redundancies and Impediments

DSHS currently has no considerations for the Redundancies and Impediments section.

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Appendix A. Glossary of Acronyms

Acronym	Full Name
ASN	Adult Safety Net program
BSP	Business Support and Planning
CHEPR	Center for Health Emergency Preparedness and Response
CHS	Center for Health Statistics
CLPPP	Texas Childhood Lead Poisoning Prevention Program
CPD	Consumer Protection Division
CPHPP	Center for Public Health Policy and Practice
CFO	Chief Financial Officer
DSHS	Department of State Health Services
EEDRS	Environmental Epidemiology and Disease Registry Section
HPCDP	Health Promotion and Chronic Disease Prevention
IT	Information Technology
LHEs	Local Health Entities
MCH	Maternal and Child Health
M.D.	Doctor of Medicine

Acronym	Full Name
MMR	Measles, mumps, and rubella
NCHS	National Center for Health Statistics
OPL	Office of Practice and Learning
PO	Program Operations Division
RLHO	Regional and Local Health Operations
TPCCs	Tobacco Prevention and Control Coalitions
TYTAP	Texas Youth Tobacco Awareness Program
Say What!	Students, Adults, and Youth Working Hard Against Tobacco
VFC	Texas Vaccines for Children program
YTS	Texas Youth Tobacco Survey
U.S.	United States

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Department of State Health Services Strategic Plan for 2023-2027 Part II

As Required by

Texas Government Code

Chapter 2056

Department of State Health Services

John Hellerstedt, M.D., Commissioner

June 2022

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Department of State Health Services

Strategic Plan for 2023–2027

Department of State Health Services

John Hellerstedt, M.D., Commissioner

Submitted June 1, 2022

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Table of Contents

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Schedule A: Budget Structure

The budget structure for the Department of State Health Services, found on the following pages, was submitted to the Office of the Governor and the Legislative Budget Board for the 88th Regular Session.

Agency: **537 State Health Services, Department of**

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE

1

SHORT NAME: PREPAREDNESS AND PREVENTION

FULL NAME: Preparedness and Prevention Services

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

1

SHORT NAME: IMPROVE PUBLIC HEALTH

FULL NAME: Improve Health Status through Preparedness and Information

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

1   SHORT NAME: PUBLIC HEALTH PREP. & COORD. SVCS

FULL NAME: Public Health Preparedness and Coordinated Services

DESCRIPTION: 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.

2   SHORT NAME: VITAL STATISTICS

FULL NAME: Vital Statistics

DESCRIPTION: Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.

3   SHORT NAME: HEALTH REGISTRIES

FULL NAME: Health Registries

DESCRIPTION: Operate health registries.

4   SHORT NAME: BORDER HEALTH AND COLONIAS

FULL NAME: Border Health and Colonias

DESCRIPTION: Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintaining border health data, and community-based healthy border initiatives.

Agency: **537 State Health Services, Department of**

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE		

		5	SHORT NAME:	HEALTH DATA AND STATISTICS
			FULL NAME:	Health Data and Statistics
			DESCRIPTION:	Collect, analyze, and distribute information about health and health care.

	2		SHORT NAME:	DISEASE CONTRL/PREVENTION/TREATMENT
			FULL NAME:	Infectious Disease Control, Prevention and Treatment
			DESCRIPTION:	Reduce the occurrence and control the spread of preventable infectious diseases.

		1	SHORT NAME:	IMMUNIZE CHILDREN & ADULTS IN TEXAS
			FULL NAME:	Immunize Children and Adults in Texas
			DESCRIPTION:	Implement programs to immunize children and adults in Texas.

		2	SHORT NAME:	HIV/STD PREVENTION
			FULL NAME:	HIV/STD Prevention
			DESCRIPTION:	Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.

		3	SHORT NAME:	INFECTIOUS DISEASE PREV/EPI/SURV
			FULL NAME:	Infectious Disease Prevention, Epidemiology and Surveillance
			DESCRIPTION:	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 program activities to identify, treat, and provide services to persons with Hansen's disease.

		4	SHORT NAME:	TB SURVEILLANCE & PREVENTION
			FULL NAME:	TB Surveillance and Prevention
			DESCRIPTION:	Implement activities to conduct tuberculosis surveillance, to prevent and control the spread of tuberculosis, and to treat tuberculosis infection.

Agency: **537 State Health Services, Department of**

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE		

		<u>5</u>	SHORT NAME:	TX CENTER FOR INFECTIOUS DISEASE
			FULL NAME:	Texas Center for Infectious Disease (TCID)
			DESCRIPTION:	Provide specialized assessment, treatment, support, and medical services at the Texas Center for Infectious Disease (TCID).
	<u>3</u>		SHORT NAME:	HLTH PROMOTION & CHRONIC
			FULL NAME:	Health Promotion and Chronic Disease Prevention
			DESCRIPTION:	Use health promotion for reducing the occurrence of preventable chronic disease.
		<u>1</u>	SHORT NAME:	CHRONIC DISEASE PREVENTION
			FULL NAME:	Health Promotion & Chronic Disease Prevention
			DESCRIPTION:	Develop and implement community interventions to reduce health risk behaviors that contribute to chronic disease and injury and administer programs for Alzheimer's disease.
		<u>2</u>	SHORT NAME:	REDUCE USE OF TOBACCO PRODUCTS
			FULL NAME:	Reducing the Use of Tobacco Products Statewide
			DESCRIPTION:	Develop a statewide program to reduce the use of tobacco products.
	<u>4</u>		SHORT NAME:	STATE LABORATORY
			FULL NAME:	State Laboratory
			DESCRIPTION:	Operate a reference laboratory in support of public health program activities.
		<u>1</u>	SHORT NAME:	LABORATORY SERVICES
			FULL NAME:	Laboratory Services
			DESCRIPTION:	Provide analytical laboratory services in support of public health program activities.
		<u>2</u>	SHORT NAME:	LABORATORY (AUSTIN) BOND DEBT
			FULL NAME:	Laboratory (Austin) Bond Debt
			DESCRIPTION:	Service bond debt on reference laboratory.

Agency: **537   State Health Services, Department of**

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE

2

SHORT NAME: COMMUNITY HEALTH SERVICES

FULL NAME: Community Health Services

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

      1

SHORT NAME: PROMOTE MATERNAL AND CHILD HEALTH

FULL NAME: Promote Maternal and Child Health

DESCRIPTION: Develop and support primary health care services to children, women, families, and other qualified individuals though community based providers.

           1   SHORT NAME: MATERNAL AND CHILD HEALTH

FULL NAME: Maternal and Child Health

DESCRIPTION: Provide easily accessible, quality and community-based maternal and child health services to-low income women, infants, children, and adolescents.

           2   SHORT NAME: CHILDREN WITH SPECIAL NEEDS

FULL NAME: Children with Special Health Care Needs

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

      2

SHORT NAME: STRENGTHEN HLTHCARE INFRASTRUCTURE

FULL NAME: Strengthen Healthcare Infrastructure

DESCRIPTION: Develop and enhance capacities for community clinical service providers and regionalized emergency health care systems.

           1   SHORT NAME: EMS AND TRAUMA CARE SYSTEMS

FULL NAME: EMS and Trauma Care Systems

DESCRIPTION: Develop and enhance regionalized emergency health care systems.

           2   SHORT NAME: TEXAS PRIMARY CARE OFFICE

FULL NAME: Texas Primary Care Office

DESCRIPTION: Develop systems of primary and preventive health care delivery in underserved areas of Texas.

Agency: **537 State Health Services, Department of**

GOAL SEQUENCE	OBJ CTIVE SEQUENCE	STRATEGY SEQUENCE		

3

SHORT NAME: CONSUMER PROTECTION SERVICES

FULL NAME: Consumer Protection Services

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

1

SHORT NAME: LICENSING & REGULATORY COMPLIANCE

FULL NAME: Provide Licensing and Regulatory Compliance

DESCRIPTION: Ensure timely, accurate licensing, certification, and other registrations; provide standards that uphold safety and consumer protection; and ensure compliance with standards.

1   SHORT NAME: FOOD (MEAT) AND DRUG SAFETY

FULL NAME: Food (Meat) and Drug Safety

DESCRIPTION: Design and implement programs to ensure the safety of food, drugs, and medical devices.

2   SHORT NAME: ENVIRONMENTAL HEALTH

FULL NAME: Environmental Health

DESCRIPTION: Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.

3   SHORT NAME: RADIATION CONTROL

FULL NAME: Radiation Control

DESCRIPTION: Design and implement a risk assessment and risk management regulatory program for all sources of radiation.

4   SHORT NAME: TEXAS.GOV

FULL NAME: Texas.Gov. Estimated and Nontransferable

DESCRIPTION: Texas.Gov. Estimated and Nontransferable.

Agency: **537 State Health Services, Department of**

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE		

4

			SHORT NAME:	AGENCY WIDE IT PROJECTS
			FULL NAME:	Agency Wide Information Technology Projects
			DESCRIPTION:	Provide data center services and a managed desktop computing environment for the agency.

1

			SHORT NAME:	AGENCY WIDE IT PROJECTS
			FULL NAME:	Agency Wide Information Technology Projects
			DESCRIPTION:	Provide data center services and a managed desktop computing environment for the agency.

1

			SHORT NAME:	AGENCY WIDE IT PROJECTS
			FULL NAME:	Agency Wide Information Technology Projects
			DESCRIPTION:	Provide data center services and a managed desktop computing environment for the agency.

5

			SHORT NAME:	INDIRECT ADMINISTRATION
			FULL NAME:	Indirect Administration
			DESCRIPTION:	Indirect administration.

1

			SHORT NAME:	MANAGE INDIRECT ADMINISTRATION
			FULL NAME:	Manage Indirect Administration
			DESCRIPTION:	Manage indirect administration.

1

			SHORT NAME:	CENTRAL ADMINISTRATION
			FULL NAME:	Central Administration
			DESCRIPTION:	Central administration.

2

			SHORT NAME:	IT PROGRAM SUPPORT
			FULL NAME:	Information Technology Program Support
			DESCRIPTION:	Information Technology program support.

Agency: **537   State Health Services, Department of**

GOAL	**OBJ CTIVE**	**STRATEGY**
SEQUENCE	**SEQU NCE**	**SEQUENCE**

		3	SHORT NAME:	OTHER SUPPORT SERVICES
			FULL NAME:	Other Support Services
			DESCRIPTION:	Other support services.
		4	SHORT NAME:	REGIONAL ADMINISTRATION
			FULL NAME:	Regional Administration
			DESCRIPTION:	Regional administration.

Schedule B: List of Measure Definitions

The list of measure definitions for the Department of State Health Services, found on the following pages, was submitted to the Office of the Governor and the Legislative Budget Board for the 88th Regular Session.

| Agency Code: | **537** | Agency: | **State Health Services, Department of** |

Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	1	Public Health Preparedness and Coordinated Services
Measure Type	EX	
Measure No.	1	% Licensed Texas Hospitals Participating in HPP Healthcare Coalitions

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-01-01 EX 01

Key Measure: N   **New Measure: N**   **Percentage Measure: Y**

BL 2024 Definition

A hospital is considered a member of a Hospital Preparedness Program (HPP) Healthcare Coalition if representatives attend coalition meetings and are included on the HPP providers' annual submission of coalition members to DSHS.

BL 2024 Data Limitations

The number of participating hospitals fluctuates as hospitals choose to participate in regional coalitions. The total number of licensed hospitals in Texas fluctuates as hospitals open and close.

BL 2024 Data Source

Annual DSHS HPP Contractor Reports and Health and Human Services Regulatory website.

BL 2024 Methodology

The percentage of participating hospitals is calculated by dividing the number of HPP participating hospitals by the total number of licensed hospitals by the State of Texas.

BL 2024 Purpose

To measure the proportion of licensed Texas hospitals participating in the Hospital Preparedness Program (HPP) to enhance healthcare facility preparedness activities. Active participation assures a higher standard of preparedness and response capacities to better protect their communities against natural disasters, major industrial accidents, and terrorist attacks.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	1	Public Health Preparedness and Coordinated Services
Measure Type	EX	
Measure No.	2	# Local Pub Hlth Svcs Providers Connected to TX Health Alert Network

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-01-01 EX 02

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The measure defines the availability and use of telecommunications infrastructure for rapid public health emergency response. A local public health service provider is defined as an entity involved in the monitoring of local public health events and/or the provision of local public health services (i. e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers).

BL 2024 Data Limitations
 None.

BL 2024 Data Source
 Annual reports on the number of local public health service providers (i.e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers) connected to the Texas Health Alert Network (TxHAN) system.

BL 2024 Methodology
 The total number of local public health service providers (i.e., city or county health departments, health districts, public and private hospitals, school health nurses, veterinarians, EMS providers) connected to the TxHAN system.

BL 2024 Purpose
 This is a measure of the preparedness of Texas health officials to detect and rapidly respond to bioterrorism events. The TxHAN system provides technology to rapidly notify public health and emergency management officials if such an event occurs.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	1	Public Health Preparedness and Coordinated Services
Measure Type	OP	
Measure No.	1	# Local Hlth Entity Contractors Carrying Out Essential Pub Hlth Plans

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-01-01 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure captures the number of Local Health Entity contractors funded out of this strategy that receive funding from the Preventive Health and Health Services Block Grant to carry out plans to provide essential public health services within communities. Strategies utilized in these plans demonstrate cost-effective methods for providing the essential public health services at the local level.

BL 2024 Data Limitations

None.

BL 2024 Data Source

Data on contracts awarded to Local Health Entities will be collected by DSHS.

BL 2024 Methodology

DSHS will manually count the number of contracts awarded to Local Health Entities funded out of this strategy that receive funding from the Preventive Health and Health Services Block Grant on an annual basis.

BL 2024 Purpose

The purpose of this measure is to capture the number of contracts awarded to Local Health Entities that are funded out of this strategy that receive funding from the Preventive Health and Health Services Block Grant for implementing plans for providing essential public health services. These plans will help the Local Health Entities develop and demonstrate cost-effective prevention and intervention strategies for improving public health outcomes, and address disparities in health in minority populations. DSHS intends to renew these contracts on an annual basis.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	2	Vital Statistics
Measure Type	EF	
Measure No.	1	Average Number of Days to Certify or Verify Vital Statistics Records

Calculation Method: N   **Target Attainment: L**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-01-02 EF 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The average number of days it takes the Vital Statistics Section (VSS) to complete all fee-related customer requests for VSS services and products as per TAC 181.22, including certified copies and verifications of vital records, corrections and amendments to vital records, and inquiries on our registries for Paternity, Acknowledgement of Paternity, Court of Continuing Jurisdiction, and Adoptions.

BL 2024 Data Limitations

None.

BL 2024 Data Source

A Structured Query Language (SQL) query from the TxEVER database.

BL 2024 Methodology

A SQL query is used to calculate the average number of days it takes VSS to complete a fee-based request. The total number of days it take to certify each request will be divided by the total number of requests for each reporting period.

BL 2024 Purpose

Identify the time it take to process fee-based request for VSS services and products provided during the reporting period. This information reflects VSS ability to meet customer needs and helps identify the resources needed to meet those needs.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	2	Vital Statistics
Measure Type	OP	
Measure No.	1	Number of Requests for Records Services Completed

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-01-02 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The number of fee based requests for certified copies and verifications of vital records fulfilled by the Vital Statistics Section. Vital records refer to birth, death, fetal death, marriage, and divorce/annulment records that are registered in the state of Texas.

BL 2024 Data Limitations

None.

BL 2024 Data Source

A Structured Query Language (SQL) query from the TxEVER database.

BL 2024 Methodology

A SQL query will be used to extract counts for the reporting time period from the TxEVER database of certified copies and verifications issues for vital records, and sum these counts together.

BL 2024 Purpose

Identify the volume of fee based requests for certified copies and verifications of vital records completed during the reporting month. This information reflects demand for these services and helps identify the resources needed to meet demand.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	4	Border Health and Colonias
Measure Type	OP	
Measure No.	1	# of Border/Binational Public Health Svcs Provided to Border Residents

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-01-04 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure captures the number of essential border and binational public health services provided to border residents to optimize border binational communication and coordination, strengthen border data and information, increase community-based healthy border initiatives, and to strengthen border health best practices and evaluation.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the reports are due.

BL 2024 Data Source

Binational Health Council meeting reports, workgroup meeting reports, activity/intervention/project reports and summaries, and quarterly reports.

BL 2024 Methodology

The number of essential border/binational public health services will be manually counted and documented. Amounts are gathered through analysis of Binational Health Council meeting reports, workgroup meeting reports, activity/intervention/project reports and summaries, and quarterly reports provided by border offices (Austin, El Paso, Eagle Pass, Laredo and Harlingen) and contracting partners.

BL 2024 Purpose

The main purpose is to ensure the border/binational public health services provided to border communities contribute to the health and well-being of residents along the Texas/Mexico border.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	5	Health Data and Statistics
Measure Type	EF	
Measure No.	1	Ave # Working Days Required by Staff to Complete Customized Requests

Calculation Method: N   **Target Attainment: L**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-01-05 EF 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    This measure tracks the average time required by staff of Center for Health Statistics (CHS) to complete a customized data request, from receipt of the data request to completion and dissemination back to the customer.

BL 2024 Data Limitations

Dependent upon consistent use of tracking system by CHS employees in recording data requests. As standard reports and information become part of the website, more complex data requests will be handled by staff. This could increase the time required to complete requests.

BL 2024 Data Source

A record is kept for each request for data and information received. This includes requests for reports that may require special computer runs, standard reports, and technical assistance.

BL 2024 Methodology

The number of working days to complete a data request is defined as the number of working days between when a request is received (or clarified if needed) until when the data or information is delivered. The average number of working days is calculated as the total number of working days to respond to requests, divided by the total number of requests completed.

BL 2024 Purpose

This measure monitors productivity and responsiveness to customer requests requiring customization to attain the data.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	1	Improve Health Status through Preparedness and Information
Strategy No.	5	Health Data and Statistics
Measure Type	OP	
Measure No.	1	Average Successful Requests - Pages per Day

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-01-05 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure tracks the average successful requests for pages from the Center for Health Statistics (CHS) website per day.

BL 2024 Data Limitations
 None.

BL 2024 Data Source
 Web Server Log Files.

BL 2024 Methodology
 The statistic used will be "Average successful requests for pages from the CHS website per day". The total number of successful requests for pages, extracted from the web server logs, will be divided by the number of days in the quarter. This measures access to complete web pages and excludes graphics and other auxiliary files.

BL 2024 Purpose
 This measure monitors the use of Center for Health Statistics (CHS) web-based products by customers.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	1	Immunize Children and Adults in Texas
Measure Type	EX	
Measure No.	1	Dollar Value (in Millions) of Vaccine Provided by the Federal Govt

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-01 EX 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The Centers for Disease Control and Prevention (CDC) provides funding for the purchase of childhood and adult vaccines/toxoids/biologicals. These direct assistance awards are in the form of actual vaccine products in lieu of cash awards.

BL 2024 Data Limitations

 None

BL 2024 Data Source

 At the beginning of each federal fiscal year the Centers for Disease Control and Prevention (CDC) estimates the amount of federal awards that the Texas Department of State Health Services will receive during that grant period.

BL 2024 Methodology

 The annual performance measure data is based on reports from CDC on the number and dollar amount of vaccines shipped.

BL 2024 Purpose

 This is an indicator of immunization activity, which is essential to prevent and reduce vaccine-preventable diseases.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	1	Immunize Children and Adults in Texas
Measure Type	EX	
Measure No.	2	# of Sites Authorized to Access State Immunization Registry System

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Calculation Method: N   **Target Attainment: H**   **Priority: M**   Cross Reference: Agy 537 087-R-S52-1 01-02-01 EX 02

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    This measure will count the number of providers (public and private) insurance companies, schools, and day care centers authorized to access the statewide immunization registry.

BL 2024 Data Limitations
 None.

BL 2024 Data Source
 On a quarterly basis, the ImmTrac application database will be queried to document the number of sites authorized to access the registry.

BL 2024 Methodology
 Sites are defined as the facility or office authorized to access the registry and not the individual workstation. This will be a frequency or simple count of the number of registered sites authorized to access to the immunization registry that have accessed the registry (logged in) during the previous two years.

BL 2024 Purpose
 An increase in the number of sites participating in the registry is important for the growth of the number of children's records contained in the database and immunization histories stored in the registry.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	1	Immunize Children and Adults in Texas
Measure Type	OP	
Measure No.	1	Number of Vaccine Doses Administered to Children

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-01 OP 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

 The number of state-supplied vaccine doses administered to children. One dose is equal to one antigen. An antigen refers to an individual vaccine component. Combination vaccines contain several antigens, and therefore several doses.

BL 2024 Data Limitations

TVFC Providers are required to report at the time they go into the order system to order more vaccine. We recommend that they order vaccines by the 5th of the month, however some providers chose to order at a later date and do not report their doses administered by the 5th of the month, which results in delayed reporting of doses administered.

BL 2024 Data Source

Providers of state-supplied vaccines, including regional public health clinics, local health departments/districts, community and rural health centers, and private providers submit doses administered data through the Electronic Vaccine Inventory portal. The data are reported monthly by each provider, and maintained in a database designed to track and generate reports on doses administered.

BL 2024 Methodology

A report is produced based on aggregated data. Data are cumulative.

BL 2024 Purpose

This measure provides an indication of the overall usage of vaccines through the Texas Vaccines for Children (TVFC) program. It also guides policy and procedure changes impacting the Texas Vaccines for Children program.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	1	Immunize Children and Adults in Texas
Measure Type	OP	
Measure No.	2	Number of Vaccine Doses Administered to Adults

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-01 OP 02

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

 The number of state-supplied vaccine doses administered to adults. One dose is equal to one antigen. An antigen refers to an individual vaccine component.
 Combination vaccines contain several antigens, and therefore several doses.

BL 2024 Data Limitations
 None.

BL 2024 Data Source
 Providers of state-supplied vaccines, including regional public health clinics, local health departments/districts, community and rural health centers, and private
 providers submit doses administered data through the Electronic Vaccine Inventory portal. The data are reported monthly by each provider, and maintained in a
 database designed to track and generate reports on doses administered.

BL 2024 Methodology
 A report is produced based on aggregated data. Data are cumulative.

BL 2024 Purpose
 This measure provides an indication of the overall usage of vaccines through the Adult Safety Net program. It also guides policy and procedure changes impacting the
 Adult Safety Net program.

Agency Code:	**537**	Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	2	HIV/STD Prevention
Measure Type	EF	
Measure No.	1	Proportion of HIV Positive Persons who Receive their Test Results

Calculation Method: N   **Target Attainment: H**   **Priority: M**   Cross Reference: Agy 537 087-R-S52-1 01-02-02 EF 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The percentage of clients testing HIV positive who receive their HIV test results from a targeted HIV testing site.

BL 2024 Data Limitations

This does not reflect all HIV testing in the state, only testing completed by DSHS contractors funded for HIV prevention counseling and testing services and expanded HIV testing projects.

BL 2024 Data Source

Program data systems maintained by the HIV/STD program. This system contains data on HIV testing done by DSHS contractors funded for HIV Counseling and Testing Services and/or Expanded HIV Testing. Data are collected on the number of persons testing HIV positive and how many of those clients received their test results.

BL 2024 Methodology

The number of clients who received their HIV positive test result will be divided by the total number of clients who tested HIV positive.

BL 2024 Purpose

To assess the performance of HIV prevention counseling and testing contractors.

Agency Code:	**537**	Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	2	HIV/STD Prevention
Measure Type	OP	
Measure No.	1	Number of Persons Served by the HIV Medication Program

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-02 OP 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The number of income eligible HIV infected persons enrolled in the Texas HIV Medication Program who have received medication or insurance assistance.

BL 2024 Data Limitations

None.

BL 2024 Data Source

This information is retrieved from the HIV medication Program databases maintained by the HIV/STD Medication Program staff.

BL 2024 Methodology

This is the number of unduplicated individuals who have presented a prescription and received medication within the designated time period (per quarter and fiscal year) or who have received support from the program for a health insurance plan that provides prescription coverage.

BL 2024 Purpose

To determine the number of eligible persons with HIV receiving life extending medications that suppresses viral load and decrease HIV transmission, or who have received assistance through the program.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	2	HIV/STD Prevention
Measure Type	OP	
Measure No.	2	# of Clients with HIV/AIDS Receiving Medical and Supportive Services

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Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 087-R-S52-1 01-02-02 OP 02

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2024 Definition

    The unduplicated number of clients receiving medical and supportive services from HIV service providers supported through Ryan White Program funds or DSHS State Services funds. Services include outpatient medical care, case management, dental care, substance abuse treatment, mental health services, local pharmaceutical assistance programs, home health, insurance assistance, hospice care, client advocacy, respite and child care, food bank, home delivered meals, nutritional supplements, housing related services, transportation, legal services, and other supportive services allowed by the Health Resources & Services Administration.

BL 2024 Data Limitations

These data reflect care delivered by providers who receive Ryan White Program funds (Parts A, B, C, and D) and DSHS State HIV Services funds. The measure does not reflect all medical and supportive services delivered to HIV infected persons in Texas, but only those delivered by providers who receive Ryan White Program funds (Parts A, B, C, and D) or State HIV Services funds. However, the data do not solely reflect those services contracted by DSHS. The reported clients may be served with a mixture of state, federal and local funds, and the assignment of funds is arbitrary at a client level, regardless of funding source supporting the service. Therefore, our client count reflects all eligible clients receiving at least one eligible service from a provider receiving Ryan White or State HIV services funds.

BL 2024 Data Source

HIV service providers throughout the state report on medical and supportive services provided to eligible clients using the Uniform Reporting System (URS).

BL 2024 Methodology

The unduplicated number of clients receiving medical and psychosocial services is reported in the URS.

BL 2024 Purpose

To monitor the number of persons receiving medical and psychosocial services through funded providers and to measure progress on program objectives.

Agency Code:	**537**	Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	3	Infectious Disease Prevention, Epidemiology and Surveillance
Measure Type	OP	
Measure No.	1	Number of Communicable Disease Investigations Conducted

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-03 OP 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The number of communicable disease reports managed during the fiscal year.

BL 2024 Data Limitations

Data are limited to information entered into the National Electronic Disease Surveillance System (NEDSS) infectious disease reporting systems. Does not include HIV, STD, or TB records.

BL 2024 Data Source

Data in the National Electronic Disease Surveillance System (NEDSS).

BL 2024 Methodology

This measure is calculated quarterly by summing the number of reports entered into NEDSS. For the purpose of identifying which NEDSS records to count in this performance measure, a NEDSS record is defined as one instance per patient of an investigation, a lab report, or a morbidity report.

BL 2024 Purpose

Measures the number of communicable disease reports.

Agency Code:	**537**	Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	3	Infectious Disease Prevention, Epidemiology and Surveillance
Measure Type	OP	
Measure No.	2	Number Zoonotic Disease Surveillance Activities Conducted

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-03 OP 02

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

Epidemiologic surveillance activities and field investigations that include surveillance or case-related zoonotic disease consultations, zoonotic samples collected, sites sampled, and disease case investigations. These activities and investigations are designed to discover the cause, extent, and impact of the conditions.

BL 2024 Data Limitations

None.

BL 2024 Data Source

Zoonosis Control Branch Workplan/Monthly Report is the report generated from the accumulation of all Zoonosis Control Regional offices including Central Office.

BL 2024 Methodology

The number includes the sum of the number of surveillance or case-related zoonotic disease consultations, zoonotic samples collected, sites sampled, and disease case investigations.

BL 2024 Purpose

Measure the number of surveillance activities and field investigations conducted.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	3	Infectious Disease Prevention, Epidemiology and Surveillance
Measure Type	OP	
Measure No.	3	# Healthcare Facilities Enrolled in Texas Health Care Safety Network

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-03 OP 03

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The number of healthcare facilities (HCFs) enrolled in the Texas Health Care Safety Network (TxHSN), a system used to report health care-associated infections and preventable adverse events and collect other types of healthcare safety response data.

BL 2024 Data Limitations

Data are limited to long term care facilities, end stage renal disease centers, special hospitals, general hospitals and ambulatory surgical centers which are enrolled in TxHSN and in compliance with Chapter 98 of the Texas Health and Safety Code reporting requirements.

BL 2024 Data Source

The data are captured in TxHSN.

BL 2024 Methodology

This measure is calculated quarterly by running a report in TxHSN for the number of facilities enrolled and in compliance with reporting requirements.

BL 2024 Purpose

Tracks the total number of HCFs and measures healthcare facility compliance with legislatively mandated reporting of health care-associated infections and preventable adverse events.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	4	TB Surveillance and Prevention
Measure Type	OP	
Measure No.	1	Number of Tuberculosis Disease Investigations Conducted

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Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-04 OP 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The number of TB reports managed during the fiscal year.

BL 2024 Data Limitations

Data are limited to information entered into the TB registry and case management data systems. There may be occasional system issues that limit the electronic laboratory reporting processes or that delay the submission of samples.

BL 2024 Data Source

The DSHS captures data in the Texas Tuberculosis (TB) Surveillance Database.

BL 2024 Methodology

This measure is the total number of TB records entered into the Texas Tuberculosis (TB) Surveillance Database. A TB record is defined as an initial laboratory report that consists of the following: a positive acid fast-bacilli smear, a positive nucleic acid amplification test, a positive TB culture, a drug susceptibility test, or a genotype result. In the absence of a laboratory report, a TB record is defined by a report of a provider diagnosis of confirmed or suspected TB, TB infection, or contact to a suspected or confirmed TB case.

BL 2024 Purpose

Measures the number of disease reports managed by a DSHS public health region or local health department.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	5	Texas Center for Infectious Disease (TCID)
Measure Type	OP	
Measure No.	1	Number of Inpatient Days, Texas Center for Infectious Disease

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-05 OP 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The total number of days of care charged for occupied inpatient beds.

BL 2024 Data Limitations

 None.

BL 2024 Data Source

 Total daily census is aggregated in the Hospital Information System at midnight.

BL 2024 Methodology

 Calculated by summing all inpatient days for the reporting period.

BL 2024 Purpose

 Monitoring of total patient days at TCID is a public health indicator both of acuity of patient conditions and complications in communities . This reflects the utilization of total beds.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	2	Infectious Disease Control, Prevention and Treatment
Strategy No.	5	Texas Center for Infectious Disease (TCID)
Measure Type	OP	
Measure No.	2	Number of Admissions: Total Number Patients Admitted to TCID

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-02-05 OP 02

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    Number of admissions for the reporting period.

BL 2024 Data Limitations

 None.

BL 2024 Data Source

 Admission summary for each patient admitted to TCID is logged into the electronic medical record and internal data base, and data is compiled quarterly.

BL 2024 Methodology

 Whole number cumulated for the reporting period.

BL 2024 Purpose

 Measures activity and utilization of Tuberculosis inpatient treatment.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	4	State Laboratory
Strategy No.	1	Laboratory Services
Measure Type	OP	
Measure No.	1	Number of Laboratory Tests Performed

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-04-01 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The number of laboratory tests performed represents the number of specimens submitted to the laboratory multiplied by the number of tests performed on each specimen. The number of tests is defined by the actual tests requested by the individual or organization submitting the specimen.

BL 2024 Data Limitations

This measure will report only the total volume of tests performed by the laboratory and will not account for differences in the amount of work needed for various tests.

BL 2024 Data Source

Summary reports from the laboratory information management systems.

BL 2024 Methodology

Count of number of individual tests performed on specimens submitted to the laboratory.

BL 2024 Purpose

To provide an indicator of the volume of testing performed by the Laboratory Services Section of DSHS.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.	1	Preparedness and Prevention Services
Objective No.	4	State Laboratory
Strategy No.	1	Laboratory Services
Measure Type	OP	
Measure No.	2	% of Initial Newborn Screen Results Reported within 7 Days Of Birth

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 01-04-01 OP 02

Key Measure: Y   **New Measure: N**   **Percentage Measure: Y**

BL 2024 Definition

The percent of newborn screening specimens collected at less than or equal to 7 days of life that have testing completed and reported for the entire current Newborn Screening panel by the DSHS Laboratory Services Section when the infant is less than or equal to 7 days of age.

BL 2024 Data Limitations
None.

BL 2024 Data Source
Newborn Screening Laboratory Information Management System.

BL 2024 Methodology
Extract all newborn screening specimens received in the given timeframe where the date of birth subtracted from the date of specimen collection is less than or equal to 7.0 days. Calculate the age at reporting by subtracting the date of birth from the date at reporting. Count the number of specimens where the age at reporting is less than or equal to 7.0. Divide the count reported at less than or equal to 7 days by the total count of specimens collected at less than or equal to 7 days.

BL 2024 Purpose
Measure the timeliness of the Newborn Screening system including specimen collection timing by the healthcare provider, transport to the DSHS laboratory, receipt into the DSHS laboratory, completion of testing for all disorders, and generation of final reports.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	1	Promote Maternal and Child Health
Strategy No.	1	Maternal and Child Health
Measure Type	OP	
Measure No.	1	Number of Newborns Receiving Hearing Screens (All Funding Sources)

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 02-01-01 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure reports the number of newborns receiving a newborn hearing screen, as mandated under Health and Safety Code, Title 2, Subtitle B, Chapter 47.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, projections may be included based on available data.

BL 2024 Data Source

The data source is the Texas Early Hearing Detection and Intervention Management Information System (TEHDI MIS).

BL 2024 Methodology

Newborns receiving a newborn hearing screen as reported to TEHDI will be counted.

BL 2024 Purpose

This measure is intended to show the population of newborns that receive a newborn hearing screening. Early identification of newborns who are deaf or hard of hearing is critical to initiate interventions allowing developmental language, vocabulary, and communication support.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	1	Promote Maternal and Child Health
Strategy No.	2	Children with Special Health Care Needs
Measure Type	EF	
Measure No.	1	Average Annual Cost Per CSHCN Client Receiving Case Management

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Calculation Method: N   **Target Attainment: L**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 02-01-02 EF 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

   This measure reports the average annual cost per unduplicated client with special health care needs who receives case management. Case management provides a comprehensive service to assist clients and their families in gaining access to needed resources, including intake, assessment, coordination, advocacy and follow-up. Dually-eligible, Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program clients served are not reflected in this measure. For purposes of this performance measure, "CSHCN clients" are children with special health care needs who receive case management but are not necessarily enrolled in the CSHCN Services Program. A client is considered as receiving case management services when a case manager has been assigned to the client and his or her family, and services have been provided.

BL 2024 Data Limitations

 Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

 The number of clients receiving case management services is derived from the monthly regional reports provided to the Texas Department of State Health Services (DSHS) by CSHCN Services Program regional program directors and organizations funded to provide case management. Expenditure data is obtained from the DSHS accounting system.

BL 2024 Methodology

 The average cost per unduplicated client receiving case management is calculated by dividing the total expended for case management by the total number of clients who received case management services. Estimates may be used for quarters in which claims data is incomplete.

BL 2024 Purpose

 This measure reports the number of non-Medicaid clients with special health care needs who receive case management services. Services ensure clients a) gain access to necessary medical, social, educational and other services to reduce morbidity and mortality; b) are encouraged to use cost effective health care; and c) receive appropriate referrals to medical providers and community resources to discourage over utilization and duplication of services.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	1	Promote Maternal and Child Health
Strategy No.	2	Children with Special Health Care Needs
Measure Type	OP	
Measure No.	1	Number of CSHCN Clients Receiving Case Management

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 02-01-02 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure reports the unduplicated number of clients with special health care needs who receive case management. Case management provides a comprehensive service to assist clients and their families in gaining access to needed resources, including intake, assessment, coordination, advocacy and follow-up. Dually-eligible, Medicaid and Children with Special Health Care Needs (CSHCN) Services Program clients served are not reflected in this measure. For purposes of this performance measure, "CSHCN clients" are children special health care needs who receive case management but are not necessarily enrolled in the CSHCN Services Program. A client is considered as receiving case management services when a case manager has been assigned to the client and his or her family, and services have been provided.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The number of clients receiving case management services is derived from the quarterly regional reports provided to the Texas Department of State Health Services (DSHS) central office.

BL 2024 Methodology

The number of clients with a case manager reported by the regional offices and organizations funded to provide case management.

BL 2024 Purpose

This measure reports the number of non-Medicaid clients with special health care needs who receive case management services. Services ensure clients a) gain access to necessary medical, social, educational and other services to reduce morbidity and mortality; b) are encouraged to use cost-effective health care; and c) receive appropriate referrals to medical providers and community resources to discourage over utilization and duplication of services.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	EX	
Measure No.	1	Number of Trauma Facilities

Calculation Method: N   **Target Attainment: H**   **Priority: M**   Cross Reference: Agy 537 087-R-S52-1 02-02-01 EX 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    This measure is defined as the number of hospitals designated as trauma facilities. Each trauma facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

BL 2024 Data Limitations

 None.

BL 2024 Data Source

 Versa Regulation online licensing system of designated trauma facilities and trauma designation files is the data source.

BL 2024 Methodology

 The number is determined by adding the number of designated trauma facilities at each level and then summing those.

BL 2024 Purpose

 This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate trauma facilities. This measure provides a way to track those resources.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	EX	
Measure No.	2	Number of Stroke Facilities

Calculation Method: N   **Target Attainment: H**   **Priority: M**   Cross Reference: Agy 537 087-R-S52-1 02-02-01 EX 02

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure is defined as the number of hospitals designated as stroke facilities. Each stroke facility designation is documented in applications filed and by survey reports filed by staff or the applicant hospital. Each designation survey is documented in files established by staff for each designated facility.

BL 2024 Data Limitations
None

BL 2024 Data Source
The Versa Regulation online licensing system of designated stroke facilities and stroke designation files is the data source.

BL 2024 Methodology
The number is determined by adding the number of designated stroke facilities at each level and then summing those.

BL 2024 Purpose
This measure provides a way to determine the level of department regulatory activities within this strategy. Significant staff resources are required to designate stroke facilities. This measure provides a way to track those resources.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	EX	
Measure No.	3	Number of Hospitals with Maternal Care Designation

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 02-02-01 EX 03

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure is defined as the total number of hospitals designated at any maternal level of care. To achieve the maternal level of care designation, facilities submit to DSHS an application including a report from an on-site review conducted by an independent organization which documents compliance with Texas Administrative Code 25, Chapter 133, Subchapter J, Hospital Level of Care Designations for Neonatal and Maternal Care, and a letter from the applicable Perinatal Care Region verifying participation in the region. Re-designation is required every three years. The measure definition does not include "licensed" in the description because the state owned hospitals (e.g. UTMB) are not licensed but may seek designation at some point.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The Versa Regulation online licensing system of designated maternal care facilities, maternal care designation files, and Health and Human Services licensing database are the data source.

BL 2024 Methodology

The number reported is the total number of designated facilities, determined by adding the number of individually designated maternal facilities and reflecting all levels of designation, into a single total.

BL 2024 Purpose

To track fluctuations in the number of hospitals that are designated at a Maternal Level of Care. Maternal Level of Care Designation is an eligibility requirement for hospital Medicaid reimbursement for maternal care.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	EX	
Measure No.	4	Number of Hospitals with Neonatal Care Designation

Calculation Method: N   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 02-02-01 EX 04

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure is defined as the total number of hospitals designated at any neonatal level of care.

To achieve the neonatal level of care designation, facilities submit to DSHS an application including a report from an on-site review conducted by an independent organization which documents compliance with Texas Administrative Code 25, Chapter 133, Subchapter J, Hospital Level of Care Designations for Neonatal and Maternal Care, and a letter from the applicable Perinatal Care Region verifying participation in the region. Re-designation is required every three years.   The measure definition does not include "licensed" in the description because the state owned hospitals (e.g. UTMB) are not licensed but may seek designation at some point.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The Versa Regulation online licensing system of designated neonatal care facilities, neonatal care designation files, and Health and Human Services licensing database are the data source.

BL 2024 Methodology

The number reported is the total number of designated facilities, determined by adding the number of individually designated facilities and reflecting all levels of neonatal designation, into a single total.

BL 2024 Purpose

To track fluctuations in the number of hospitals that are designated at a Neonatal Level of Care. Neonatal Level of Care Designation is an eligibility requirement for hospital Medicaid reimbursement for neonatal care.

Agency Code: **537** Agency: **State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	1	Number of Providers Funded: EMS/Trauma

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 087-R-S52-1 02-02-01 OP 01

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2024 Definition

This measure tracks emergency health care providers who are provided funding through one or more of the EMS/trauma systems development funding programs.

BL 2024 Data Limitations

None.

BL 2024 Data Source

The EMS and Trauma Systems database of contractors and files.

BL 2024 Methodology

The number is determined by counting the providers who are funded. Data is obtained from contract files.

BL 2024 Purpose

This measure is an indicator of how well the department handles the distribution of funds intended for emergency healthcare system's development.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	2	# EMS Personnel Licensed, Permit, Cert, Registered

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Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 02-02-01 OP 02

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition
     The cumulative total (both new and renewals) of EMS personnel licensed, permitted, certified, registered, documented, or placed on a registry.

BL 2024 Data Limitations
 Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source
 The data is obtained from the regulatory system application(s).

BL 2024 Methodology
 The total number of new and renewal licenses, permits, certifications, and registrations of EMS personnel that are issued by DSHS.

BL 2024 Purpose
 The measure provides an inventory of the total number of licensed, permitted, certified, or registered EMS personnel in the state.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	3	Number of EMS Personnel Complaint Investigations Conducted

Calculation Method: C   **Target Attainment: H**   **Priority: L**   Cross Reference: Agy 537 087-R-S52-1 02-02-01 OP 03

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The number of EMS personnel complaint investigations conducted is defined as the total number of investigations performed by staff which are documented by an appropriate investigative report. The investigations are initiated upon notification of possible violations of state laws or rules.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The data are extracted from regulatory system application(s), which has an enforcement module for tracking complaint investigations.

BL 2024 Methodology

The closed complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2024 Purpose

Investigating complaints against EMS personnel is an element of public health protection. This measure illustrates the level of workload performed by the program.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	4	Number of Licenses Issued for EMS Providers

Calculation Method: C   **Target Attainment: H**   **Priority: M**   Cross Reference: Agy 537 087-R-S52-1 02-02-01 OP 04

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The number of EMS Provider licenses issued reflects the number of newly licensed entities, entities renewing licenses, changing ownership (i.e., entities bought and sold), changing address, name, and number of beds.

BL 2024 Data Limitations

This measure may be less than the actual workload due to applications received and reviewed where no license is issued (for various reasons). This measure does not reflect the number of licensed EMS Providers at any given time (i.e., a count of licensed providers) due to the fact that while initial licenses are being issued to new entities, a number of entities are closing or undergoing a change of ownership.

BL 2024 Data Source

After the receipt of a complete application and licensing fee and upon completion of the application review, a license is issued to the EMS Provider. All license data is entered into the regulatory system application(s).

BL 2024 Methodology

The licenses issued are totaled each quarter and are cumulative for the fiscal year.

BL 2024 Purpose

These counts can be used for analyzing trends in the EMS industry and in forecasting future trends, growths, and/or declines in the EMS industry as well as showing the significant workload of the programs.

Agency Code:	**537**	Agency: **State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	5	# EMS Provider and Educ Program Complaint Investigations Conducted

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 02-02-01 OP 05

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The number of EMS Provider and Education Program complaint investigations conducted is defined as the total number of investigations under state regulations performed by staff and the total number of self-investigated complaints. The investigations are initiated upon notification of possible violations of state laws or rules.

BL 2024 Data Limitations

 Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

 The data are computed from the regulatory system application(s) containing information from investigation reports submitted by staff.

BL 2024 Methodology

 The complaint investigations are totaled quarterly and are cumulative for the fiscal year.

BL 2024 Purpose

 Investigating complaints against Provider and Education Program is an element of public health protection. This measure illustrates the level of workload performed by the program.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	2	Community Health Services
Objective No.	2	Strengthen Healthcare Infrastructure
Strategy No.	1	EMS and Trauma Care Systems
Measure Type	OP	
Measure No.	6	Number of EMS Provider and Education Program Surveys Conducted

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Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 087-R-S52-1 02-02-01 OP 06

Key Measure: N **New Measure: N** **Percentage Measure: N**

BL 2024 Definition

This measure is defined as the number of surveys and inspections of EMS Provider and EMS educational programs conducted by staff, excluding complaint investigations.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

Each survey and inspection is documented in a report provided by staff at the completion of the survey or inspection process. These reports are kept in the regulatory system application(s).

BL 2024 Methodology

This measure is the total number of surveys and inspections of EMS Providers and EMS educational programs conducted by staff for each quarter, excluding complaint investigations, and is cumulative for the fiscal year.

BL 2024 Purpose

This measure illustrates the total number of surveys and inspections, pertaining to the quality of EMS Providers and EMS educational programs, conducted by staff, excluding complaint investigations.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	1	Food (Meat) and Drug Safety
Measure Type	EF	
Measure No.	1	Average Cost Per Surveillance Activity - Food/Meat and Drug Safety

Calculation Method: N   **Target Attainment: L**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 03-01-01 EF 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to food, drug and meat safety.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The number of surveillance activities is obtained from the data are obtained from the regulatory system application(s). The expenditures data is obtained from the DSHS accounting system.

BL 2024 Methodology

The year-to-date cost is calculated for each program area: manufactured food, retail foods, drugs and medical devices, meat safety, milk and dairy, and seafood safety. The expenditures are obtained from the accounting system used by the DSHS budget office. These costs are divided by the program area's year-to-date number of surveillance activities conducted.

BL 2024 Purpose

Measures the average cost per surveillance activity for food, drug and meat safety.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	1	Food (Meat) and Drug Safety
Measure Type	OP	
Measure No.	1	# of Surveillance Activities Conducted - Food/Meat and Drug Safety

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 03-01-01 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The total number of inspection activities and investigations performed by staff that are documented by appropriate reports. Includes: routine, special, complaint, compliance, inspections and investigations; seafood surveys; collection of samples; recall effectiveness checks and scheduling of drugs.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The data are obtained from the regulatory system application(s) and other systems maintained to document activities. The programs collect routine, special, complaint, and compliance inspection and investigation data, as well as sample data and recall effectiveness data.

BL 2024 Methodology

The number of inspections, re-inspections, and investigations where there is a documented report are counted. The inspections and investigations include routine, special, complaint, and compliance inspections and investigations; seafood surveys; collection of samples; recall effectiveness checks and scheduling of drugs.

BL 2024 Purpose

The measure illustrates the level of workload for each inspector as an average which aides in justifying staff resources. This data is necessary to calculate the cost of inspections. Without knowing how many activities are performed under this measure it would be impossible to determine the average cost of inspections/activities.

Agency Code:	**537**	Agency: **State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	1	Food (Meat) and Drug Safety
Measure Type	OP	
Measure No.	2	# of Enforcement Actions Initiated - Food/Meat and Drug Safety

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 03-01-01 OP 02

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

Enforcement actions initiated include notices of violation that propose revocation, suspension and denial of licenses; administrative penalties and orders; enforcement conferences; referrals to the Attorney General and District Attorney; repeated violation letters; detentions, letters of advisement, letters of concern, warning letters, incident evaluations, collection letters, and inspection warrants obtained and all other actions at law.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The data are obtained from the regulatory system application(s).

BL 2024 Methodology

The data are totaled quarterly and are cumulative for the fiscal year. For this measure, the total number of enforcement actions are counted.

BL 2024 Purpose

The information obtained through this measure ensures DSHS is in compliance with state laws and rules.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	1	Food (Meat) and Drug Safety
Measure Type	OP	
Measure No.	3	# of Licenses/Registrations Issued - Food/Meat and Drug Safety

Calculation Method: C   **Target Attainment: H**   **Priority: M**   Cross Reference: Agy 537 087-R-S52-1 03-01-01 OP 03

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The total number of new and renewed licenses, permits, registrations, certifications and accreditations issued to food, milk, meat, drug, and device establishments, studios, manufacturers, wholesalers, salvagers, brokers, educational programs, and individuals.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The data are calculated manually and by automated databases. The programs (seafood safety, milk & dairy, food, drug, and meat safety) collect data on licenses, permits, and registrations. Licensing and certification data are collected by the manufactured foods, milk & dairy, retail, and seafood safety programs. Granting data are collected by the Meat Safety Assurance Unit. Accreditation data are collected by the retail foods and manufactured foods programs. Source documentation identifies the manual and regulatory system application(s).

BL 2024 Methodology

The number of licenses, permits, registrations, certifications, and accreditations issued are totaled quarterly and are cumulative for the FY. The total number of new & renewal licenses, permits, registrations, certifications, and accreditations are issued by the food and drug regulatory licensing groups to: food, milk, drug & device establishments, studios, manufacturers, wholesalers, brokers, educational programs, and individuals, and the total number of grants issued by the MSA.

BL 2024 Purpose

This measure provides an inventory of the total number of licenses in the state. It provides information about the businesses that are operating food, milk & drug & device, studios, manufacturer, wholesale, and brokers in the state. The potential impact of the data is being able to trace-back food borne illnesses and determine the number of employees that are needed to regulate these businesses.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.   3   Consumer Protection Services
Objective No.   1   Provide Licensing and Regulatory Compliance
Strategy No.   2   Environmental Health
Measure Type   EF
Measure No.   1   Average Cost Per Surveillance Activity - Environmental Health

---

Calculation Method: N   **Target Attainment: L**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 03-01-02 EF 01

Key Measure: Y   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition
    The average cost per surveillance activity is defined as the average of all costs for the inspections and investigation programs relative to environmental health.

BL 2024 Data Limitations
Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source
The number of surveillance activities is obtained from the data are obtained from the regulatory system application(s). The expenditure data is obtained from the DSHS accounting.

BL 2024 Methodology
The year to date cost is calculated for toxic substances control, general sanitation, and product safety programs for surveillance activities. These costs are divided by the program area's year to date number of surveillance activities conducted.

BL 2024 Purpose
Measures the average cost per surveillance activity for environmental health.

Agency Code: **537**   Agency: **State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	2	Environmental Health
Measure Type	OP	
Measure No.	1	Number of Surveillance Activities Conducted - Environmental Health

---

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 03-01-02 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

    The total number of surveillance activities, inspections and investigations performed by staff that are documented by appropriate reports. Includes routine, complaint, and compliance inspections, collection of samples, which are performed at a place of business, school, clinic, public building, temporary work place, or other facility.

BL 2024 Data Limitations

 Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

 The data are obtained from the regulatory system application(s).

BL 2024 Methodology

 The total number of inspections, re-inspections and investigations that are documented by inspection reports are counted. Included are routine, special, complaint, and compliance inspections, collection of samples, and any other type of investigation performed at a place of business, school, clinic, public building, temporary work place, or other facility.

BL 2024 Purpose

 It illustrates the level of workload borne by each inspector as an average which aides in justifying staff resources. This data are necessary to calculate the cost of inspections. Without knowing how many activities are performed under this measure it would be impossible to determine the average cost of inspections/activities.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	2	Environmental Health
Measure Type	OP	
Measure No.	2	Number of Enforcement Actions Initiated - Environmental Health

Calculation Method: C　　**Target Attainment: H**　　**Priority: H**　　Cross Reference: Agy 537 087-R-S52-1 03-01-02 OP 02

Key Measure: N　　**New Measure: N**　　**Percentage Measure: N**

BL 2024 Definition

Enforcement actions initiated include notices of violation with proposed revocation, suspensions and denials of licenses, administrative penalties and orders, enforcement conferences, referral to the Attorney General and District Attorney, repeated violation letters, detentions, letters of advisements, warning letters, incident evaluations, collection letters and inspection warrants obtained and all other actions at law.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The data are obtained from the regulatory system application(s).

BL 2024 Methodology

The total number enforcement actions are counted. Included are notices of violation with proposed revocation, suspension and denial of licenses, administrative penalties and orders, enforcement conferences, referrals to the Attorney General (AG) and District Attorney (DA) from Enforcement staff, repeated violation letters, detentions, letters of advisements, warning letters, incident evaluations, collection letters, and inspection warrants obtained from Inspections staff.

BL 2024 Purpose

The information obtained through this measure ensures DSHS is in compliance with state laws and rules.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	2	Environmental Health
Measure Type	OP	
Measure No.	3	Number of Licenses Issued - Environmental Health

Calculation Method: C   **Target Attainment: H**   **Priority: M**   Cross Reference: Agy 537 087-R-S52-1 03-01-02 OP 03

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

This measure includes the number of licenses, permits, registrations, certifications, and accreditations issued. For purposes of this output measure, "license" includes new and renewal licenses, permits, registrations, certifications, accreditations issued or initially denied. The types of "licenses" are: youth camp, volatile chemical, hazardous products, asbestos, and lead.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The data are obtained from the regulatory system application(s).

BL 2024 Methodology

The total number of new and renewal licenses, permits, registrations, certifications and accreditations issued by the environmental regulatory licensing groups to youth camps, and abusable volatile chemical manufacturers and distributors, hazardous products manufacturers and distributors, asbestos, lead abatement companies and related licensees.

BL 2024 Purpose

This measure is important because it provides an inventory of the total number of licenses that we have in the state. It implies that we have knowledge of the businesses that are operating youth camps, abusable volatile chemical manufacturers and distributors, and lead abatement in the state. The data is indicative of the number of businesses that are in compliance with state laws and rules. It also indicates the number of employees that are needed to regulate these businesses.

| Agency Code: | **537** | Agency: | **State Health Services, Department of** |

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	3	Radiation Control
Measure Type	EF	
Measure No.	1	Average Cost Per Surveillance Activity - Radiation Control

Calculation Method: N **Target Attainment: L** **Priority: H** Cross Reference: Agy 537 087-R-S52-1 03-01-03 EF 01

Key Measure: Y **New Measure: N** **Percentage Measure: N**

BL 2024 Definition

The average cost per surveillance activity is defined as the average of all costs for the inspection and investigation programs relative to radiation control.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The number of surveillance activities is obtained from the data are obtained from the regulatory system application(s). The expenditures data is obtained from the DSHS accounting system.

BL 2024 Methodology

The year-to-date cost is calculated for the radioactive materials, x-ray, lasers, industrial radiography, and mammography programs. These costs are divided by the program area's year to date number of surveillance activities conducted

BL 2024 Purpose

Measures the average cost per surveillance activity for radiation control.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	3	Radiation Control
Measure Type	OP	
Measure No.	1	Number of Surveillance Activities Conducted - Radiation Control

---

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 03-01-03 OP 01

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The number of surveillance activities, inspections and investigations performed by staff documented by an appropriate report. Includes routine, special, complaint, and compliance inspections.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The data are obtained from the regulatory system application(s). The programs collect routine, special complaint, and compliance inspections and investigation data, including data and recall effectiveness data

BL 2024 Methodology

The total number of inspections and investigations where there is a documented report are counted. Included are routine, special, complaint, and compliance inspections, and collection of samples.

BL 2024 Purpose

It illustrates the level of workload borne by each inspector as an average which aides in justifying staff resources. This data are necessary to calculate the cost of inspections. Without knowing how many activities are performed under this measure it would be impossible to determine the average cost of inspections/activities.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	3	Radiation Control
Measure Type	OP	
Measure No.	2	Number of Enforcement Actions Initiated - Radiation Control

---

Calculation Method: C   **Target Attainment: H**   **Priority: H**   Cross Reference: Agy 537 087-R-S52-1 03-01-03 OP 02

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

The number of enforcement actions initiated is defined as the total number of enforcement related activities initiated. Enforcement actions include a radioactive material license, x-ray or laser registration, industrial radiography certification, general license acknowledgment, mammography certification, or identification card revocation, enforcement conference, proposal of administrative penalties, administrative hearings, forwarding a case to the Attorney General or other appropriate authority for civil or criminal penalties or seeking an injunction for appropriate reason, and any other actions in courts of law.

BL 2024 Data Limitations

Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

The data are obtained from the regulatory system application(s).

BL 2024 Methodology

This measure counts the total number enforcement actions. Included are preliminary reports of administrative penalties, revocation, suspension and denial of licenses, orders, enforcement conferences, and referrals to the Attorney General (AG) and District Attorney (DA) from Enforcement staff; and detentions, incident evaluations and warnings (notices of violations) from Policy, Standards, Quality Assurance (PSQA) and Inspection staff.

BL 2024 Purpose

Measures the number of enforcement actions initiated.

Agency Code:	**537**	Agency:	**State Health Services, Department of**

Goal No.	3	Consumer Protection Services
Objective No.	1	Provide Licensing and Regulatory Compliance
Strategy No.	3	Radiation Control
Measure Type	OP	
Measure No.	3	Number of Licenses/Registrations Issued - Radiation Control

Calculation Method: C   **Target Attainment: H**   **Priority: M**   Cross Reference: Agy 537 087-R-S52-1 03-01-03 OP 03

Key Measure: N   **New Measure: N**   **Percentage Measure: N**

BL 2024 Definition

   This is the measure of the total number of actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, and mammography certifications and mammography accreditations (includes new permits, amendments, renewals, and terminations).

BL 2024 Data Limitations

 Complete data may not be available for the reporting period at the time the report is due; therefore, estimates may be included based on the data available.

BL 2024 Data Source

 The data are obtained from the regulatory system application(s).

BL 2024 Methodology

 The number of licenses and registrations issued is totaled quarterly and is cumulative for the fiscal year. The total number of new, renewal, amendment, and termination actions issued on radioactive material licenses, x-ray or laser registrations, industrial radiography certifications, general license acknowledgments, and mammography certifications and accreditations.

BL 2024 Purpose

 Measures the number of licenses/registrations issues.

Schedule C: Historically Underutilized Business Plan

The Historically Underutilized Businesses Plan, found on the following pages, was developed by the HHSC Division of Procurement & Contracting Services, in compliance with Texas Government Code Section 2161.123.

Health and Human Services System Strategic Plans 2023–2027 Schedule C: Historically Underutilized Businesses Plan

As Required by

Tex. Gov't Code Sec. 2161.123

Health and Human Services Commission

Department of State Health Services

May 2022

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1. Introduction

The Health and Human Services (HHS) System administers programs to encourage participation by historically underutilized businesses (HUBs) in all contracting and subcontracting by HHS agencies. The HHS System's HUB Programs are designed to enhance the ability of HUBs to compete for HHS System contracts, increase agencies' awareness of such businesses, ensure meaningful HUB participation in the procurement process and assist HHS System agencies in achieving their HUB goals.

Each state agency is required to include in its strategic plan a HUB plan. The section below describes, in its entirety, a coordinated HUB plan that covers the HHS System's HUB programs as a whole.

2. Goal

The goal of the HHS System HUB Plan is to promote fair and competitive business opportunities that maximize the inclusion of minority, woman and service-disabled veteran-owned businesses that are certified HUBs in the procurement and contracting activities of HHS System agencies.

3. Objective

The HHS System strives to meet or exceed the Statewide Annual HUB Utilization Goals and/or agency-specific goals that are identified each fiscal year (FY) in the procurement categories related to the HHS System's current strategies and programs.

4. Outcome Measures

In accordance with Texas Government Code Section 2161(d)(5) and the State's Disparity Study, state agencies are required to establish their own HUB goals based on scheduled fiscal year expenditures and the availability of HUBs in each procurement category. The HHS System has adopted the Statewide HUB Goals as the agency-specific goals.

In procuring goods and services through contracts, the HHS System, as well as each of its individual agencies, will make a good-faith effort to meet or exceed the statewide goals, as described in Table 1, for contracts the agency expects to award in a fiscal year.

Table 1: Statewide HUB Goals by Procurement Categories, Fiscal Year 2022

PROCUREMENT CATEGORIES	UTILIZATION GOALS
Heavy Construction	11.20%
Building Construction	21.10%
Special Trade Construction	32.90%
Professional Services Contracts	23.70%
Other Services Contracts	26.00%
Commodity Contracts	21.10%

Source: Data from FY 2022 Statewide HUB Report, Texas Comptroller of Public Accounts.

The HHS System will collectively use the following outcome measure to gauge progress:

- Total expenditures and the percentage of purchases awarded directly and indirectly through subcontracts to HUBs under the procurement categories.

Each HHS System agency may track additional outcome measures.

5. HHS System Strategies

The HHS System maintains and implements policies and procedures, in accordance with the HUB statute and rules, to guide the agencies in increasing the use of HUBs by contracting directly and/or indirectly through subcontracting.

The HHS System employ several additional strategies, such as:

- Implementing policies to ensure good faith effort requirements are performed and maintained from the development of the solicitation through the duration of the contract
- Utilizing the Centralized Master Bidders List and HUB Directory to solicit bids from HUBs
- Maintaining a HUB Program Office of HUB Coordinators at HHSC headquarters for effective coordination for all HHS agencies
- Developing and implementing reporting practices to provide updates to the Executive Commissioner, Chief Operating Officer, Deputy Executive Commissioners and Associate Commissioners on HHS HUB Program activities, related initiatives, and projects
- Developing target-marketing strategies inclusive of web-based training to provide guidance on HHS System procurements
- Maintaining an active upcoming Procurement Forecast schedule on website to provide notices of opportunities prior to posting to encourage HUB participation
- Increasing awareness of the HUB Program across the HHS System by providing information to all new employees and how they may assist in the efforts to increase HUB utilization
- Enhancing outreach efforts internally and externally by promoting access, awareness, and accountability through education and training
- Increasing HUB participation in Spot Bid purchases by mandating the agency solicit a HUB for purchases starting at $5,000 to $10,000

6. Output Measures

The HHS System will collectively use and individually track the following output measures to gauge progress:

- The total number of bids received from HUBs
- The total number of contracts awarded to HUBs
- The total amount of HUB subcontracting expenditures
- The total amount of HUB Procurement Card expenditures
- The total number of mentor-protégé agreements
- The total number of HUBs provided assistance in becoming HUB certified.

Additional output measures which may be used by specific System agencies:

- The total number of outreach initiatives such as HUB forums attended and sponsored
- The total number of HUB training provided to the vendor community as well as internally to agency staff.

7. HUB External Assessment

According to the Comptroller of Public Accounts, the HHS System collectively awarded 10.46% in FY 2020, and 3.45% in FY 2021 to HUBs. Tables 2 and 3 reflects utilization for HHSC and DSHS total spending with HUBs directly and indirectly through subcontracting use.

Table 2: HHS System Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2020

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	$1,089,159,032	$173,706,727	15.95%
Department of State Health Services	$846,435,410	$28,828,218	3.41%
Total	$1,935,594,443	$202,534,945	10.46%

Source: Data from FY 2020 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

Table 3: HHS System Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2021

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	$1,254,096,820	$197,668,652	15.76%
Department of State Health Services	$5,815,625,383*	$46,517,933	0.80%
Total	$7,069,722,203	$244,186,585	3.45%

Source: Data from FY 2021 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.
*Note: In FY 2021, DSHS expenditures increased from $846 million in FY2020 to $5.8 billion. A substantial portion of the $5.8 billion was expended on the state's response to the COVID pandemic which were made using the emergency procurement process which resulted in the decrease in percentage spent with certified HUBs.

The HHS System agencies continuously strive to make internal improvements to meet or exceed HUB goals. HHS System agencies continued outreach efforts to educate HUBs and minority businesses about the procurement process.

Other areas of progress include:

- Maintaining relationships with the Texas Association of African-American Chambers of Commerce and the Texas Association of Mexican-American Chambers of Commerce among other organizations focused on small minority, women, and/or service-disabled veteran-owned businesses
- Conducting post-contract-award meetings with contractors to discuss HUB Subcontracting Plan compliance and monthly reporting requirements

Additional goals include:

- Enhancing minority/woman/services-disabled veteran-owned business participation in HHS System-sponsored HUB Forums where exhibitors may participate in trade-related conferences
- Enhancing HHS System HUB reporting capabilities
- Expanding HHS System mentor-protégé program vision to maximize the

state's resources through cooperation and assistance from other public entities and corporate businesses
- Promoting and increasing awareness of HHS System procurement opportunities for direct and indirect capacity.

Schedule D: Statewide Capital Plan

The statewide capital plan for the Department of State Health Services will be submitted once approved.

Schedule E: Health and Human Services Strategic Plan

The Health and Human Services Strategic Plan, developed by the Health and Human Services Commission and the Department of State Health Services in accordance with Texas Government Code Chapter 531, will be submitted to the Strategic Plan Distribution List entities October 2022. The Plan will be available on the Health and Human Services Commission website.

Schedule F: Agency Workforce Plan

The Health and Human Services System Workforce Plan, found on the following pages, was developed by the HHSC Division of System Support Services, Department of Human Resources, in compliance with Texas Government Code Section 2056.0021.

Strategic Staffing Analysis and Workforce Plan

For the Planning Period 2023-2027

As Required by

Texas Government Code

Section 2056.0021

Health and Human Services System

May 2022

Table of Contents

Prepared by: System Support Services
Human Resources

1. Executive Summary

The Health and Human Services (HHS) System Strategic Staffing Analysis and Workforce Plan is an integral part of HHS' staffing plan. Workforce planning is a business necessity due to many factors, including:

- constraints on funding;
- increasing demand for HHS services;
- increasing number of current employees reaching retirement age resulting in fewer, less experienced workers available as replacements; and
- increasing competition for highly skilled employees.

HHS agencies are proactively addressing this challenge by preparing for the future and reducing risks. Designed for flexibility, the HHS System Strategic Staffing Analysis and Workforce Plan allows HHS executive management to make staffing adjustments according to the changing needs of HHS agencies.

State leaders in Texas recognize the importance of workforce planning. As part of their strategic plans, state agencies are required under the Texas Government Code, Section 2056.0021, to develop a workforce plan in accordance with the guidelines developed by the State Auditor's Office (SAO). To meet these requirements, this HHS Workforce Plan – a Schedule attachment to the HHS System Strategic Plan for the Fiscal Years 2023–2027 - analyzes the following key elements for the entire HHS System:

- **Current Workforce Demographics** – Describes how many employees work for the HHS agencies, where they work, what they are paid, how many of them are return-to-work retirees, how many have left HHS, how many may retire, and whether minority groups are underutilized when compared to the state Civilian Labor Force (CLF) for Equal Employment Opportunity (EEO) job categories. The workforce is examined by gender, race, age and length of state service.
- **Expected Workforce Challenges** – Describes anticipated staffing needs based on population trends, projected job growth and other demographic trends. A detailed examination of each identified shortage occupation was conducted to identify and understand retention and recruitment problems.
- **Strategies to Meet Workforce Needs** – Describes recruitment and retention strategies that address expected workforce challenges for shortage occupation jobs.

The following is the detailed HHS System Strategic Staffing Analysis and Workforce Plan.

2. Health and Human Services

The Health and Human Services System, as reflected in Article II of the General Appropriations Act, consists of the two agencies described below:

- Health and Human Services Commission (HHSC). HHSC began services in 1991. HHSC provides leadership to the HHS agencies, manages the day-to-day operations of state supported living centers and state hospitals, and administers programs that deliver benefits and services, including:
  - ▸ Medicaid for families and children.
  - ▸ Long-term care for people who are older or who have disabilities.
  - ▸ Supplemental Nutrition Assistance Program food benefits and Temporary Assistance for Needy Families cash assistance.
  - ▸ Behavioral health services.
  - ▸ Services to help keep people who are older or who have disabilities in their homes and communities.
  - ▸ Services for women.
  - ▸ Services for people with special health needs.

The agency also oversees regulatory functions including:

  - ▸ Licensing and credentialing long-term care facilities, such as nursing homes and assisted living.
  - ▸ Health care facilities regulation.
  - ▸ Licensing child-care providers.

- Department of State Health Services (DSHS). DSHS includes programs previously administered by the Texas Department of Health, the Texas Commission on Alcohol and Drug Abuse, and the Health Care Information Council. The agency began services on September 1, 2004 and continues to administer programs to promote and protect public health by creating better systems that include prevention, intervention and effective partnerships with communities across the state. The agency works to:
  - ▸ Improve health outcomes through public and population health strategies, including prevention and intervention.
  - ▸ Optimize public health response to disasters, disease threats, and outbreaks.
  - ▸ Improve and optimize business functions and processes to support delivery of public health services in communities.
  - ▸ Enhance operational structures to support public health functions of the state.
  - ▸ Improve recognition and support for a highly skilled and dedicated workforce.
  - ▸ Foster effective partnership and collaboration to achieve public health goals.

- ▸ Promote the use of science and data to drive decision-making and best practices.

HHS Vision

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

HHS Mission

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

3. Workforce Demographics

With a total of 36,991 full-time and part-time employees, the HHS workforce has decreased by approximately seven percent (2,552 employees) in the period from August 31, 2019 to August 31, 2021.[1][2][3]

Figure 1: HHS System Workforce for FY 19 - FY 21
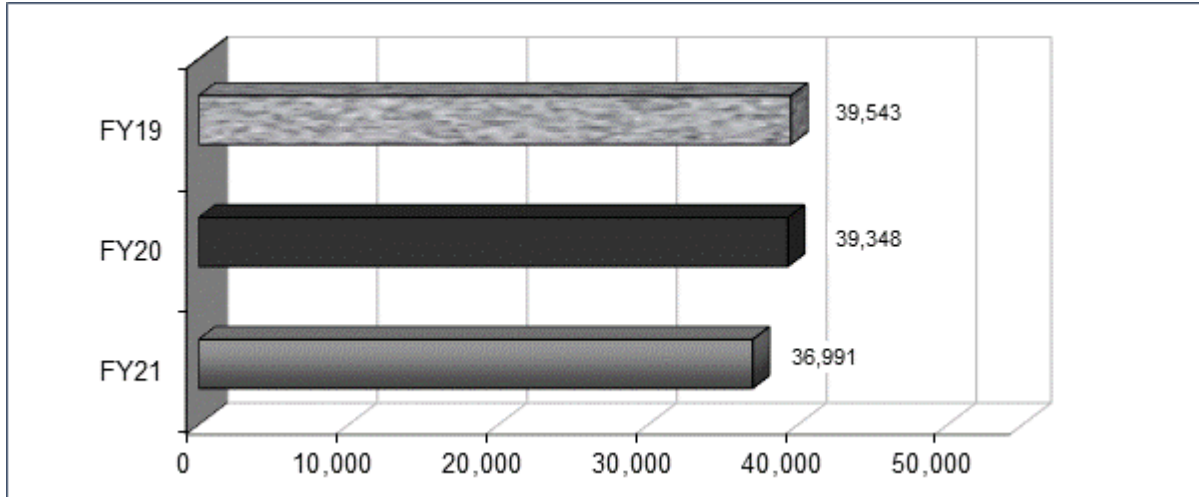
Figure 2: HHS System Workforce by Agency for FY 21
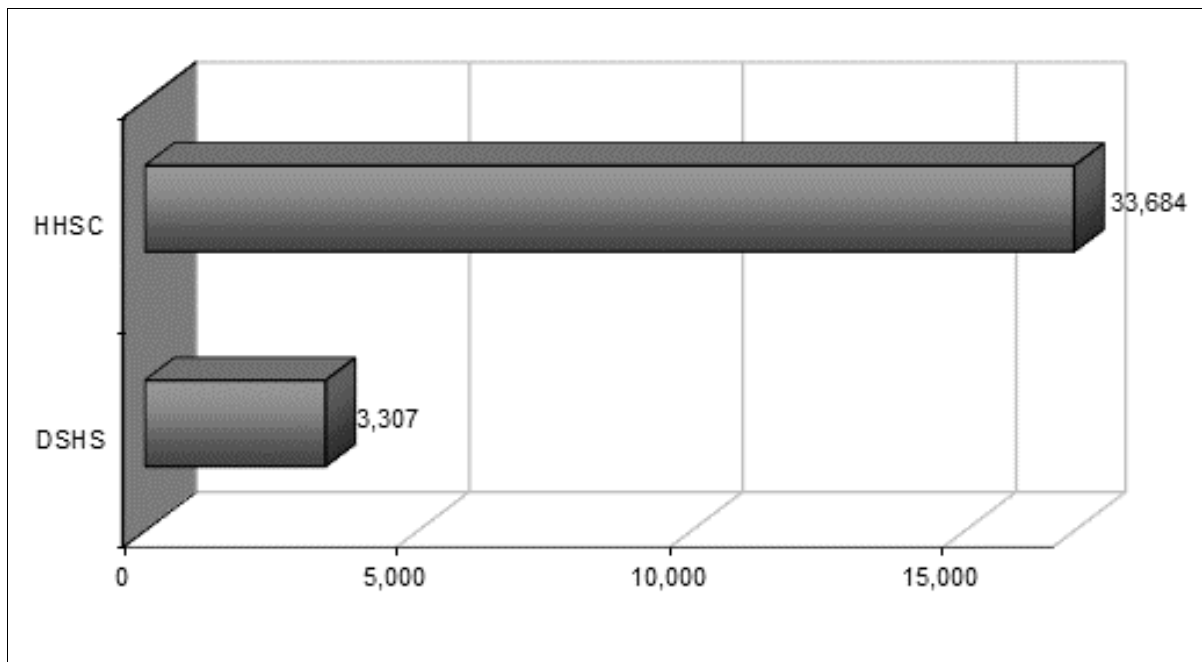
Job Families

Approximately 80 percent of HHS employees (29,676 employees) work in 23 job families.[4]

Table 1: Largest Program Job Families

Job Family	Number of Employees
Direct Care Workers[5]	6,623
Eligibility Workers[6]	4,978
Clerical Workers	3,108
Program Specialists	2,207
Registered Nurses (RNs)[7]	1,965
Managers	1,204
Licensed Vocational Nurses (LVNs)	870
Program Supervisors	876
Rehabilitation Technicians	864
System Analysts	764
Food Service Workers[8]	748
Inspectors	740
Custodial Workers	598
Directors	577
Maintenance Workers	566
Investigators	529
Contract Specialists	413
Security Workers	404
Accountants	376
Claims Examiners	373
Public Health Technicians	328
Training Specialists	315
Qualified Intellectual Disability Professionals	250

Gender

Most HHS employees are female, making up approximately 72 percent of the HHS workforce. This breakdown is consistent across all HHS agencies.[9]

Table 2: HHS System Workforce Gender for FY 19 – FY 21[10] [11] [12]

Gender	FY 19	FY 20	FY 21
Male	27.4%	27.8%	27.8%
Female	72.6%	72.2%	72.2%

Figure 3: HHS System Workforce by Gender for FY 21
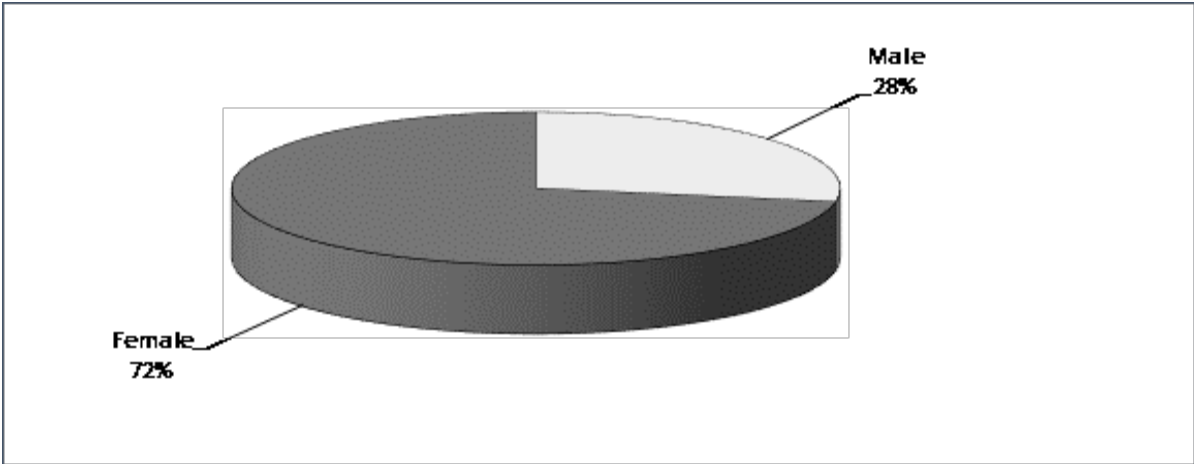
Table 3: HHS Agencies by Gender

Agency	Percentage Male	Percentage Female
HHSC	27.9%	72.1%
DSHS	27.8%	72.2%

Ethnicity

The workforce is diverse, with approximately 37 percent White, 31 percent Hispanic, 27 percent Black, and six percent Other.[13] This breakdown is consistent across all HHS agencies.[14]

Table 4: HHS System Workforce Ethnicity for FY 19 – FY 21[15] [16] [17]

Race	FY 19	FY 20	FY 21
White	37.5%	37.1%	37.1%
Black	28.7%	27.8%	26.5%
Hispanic	29.9%	30.4%	30.8%
Other	3.5%	4.7%	5.6%

Figure 4: HHS System Workforce by Ethnicity for FY 21
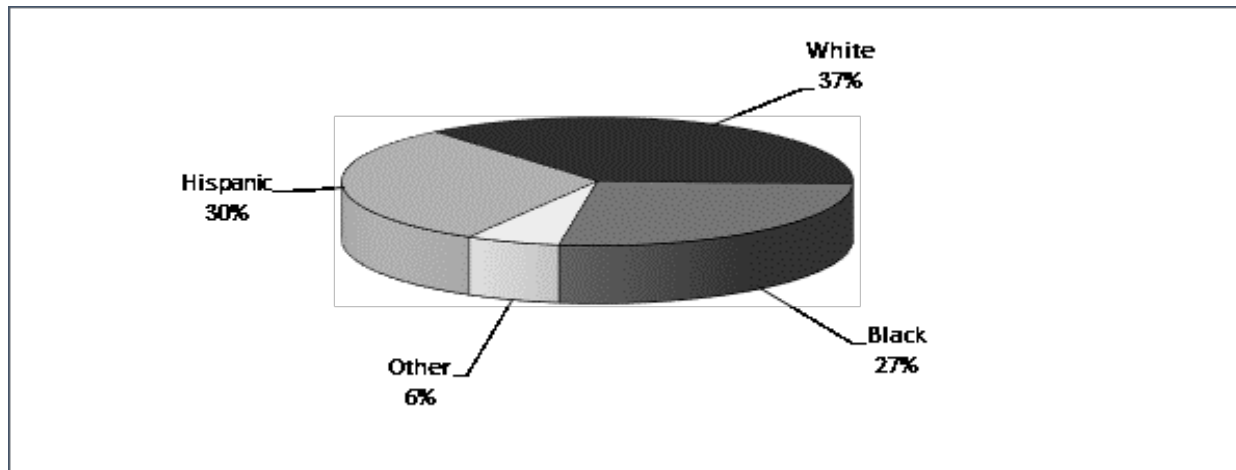
Table 5: HHS Agencies by Ethnicity[18]

Agency	Percentage White	Percentage Black	Percentage Hispanic	Percentage Other
HHSC	36.4%	27.7%	30.6%	5.3%
DSHS	44.7%	14.8%	32.3%	8.3%

Age

The average age of an HHS worker is 45 years. This breakdown is consistent across all HHS agencies.[19]

Table 6: HHS System Workforce Age for FY 19 – FY 21[20] [21] [22]

Age	FY 19	FY 20	FY 21
Under 30	14.6%	14.4%	12.3%
30-39	23.7%	23.5%	23.4%
40-49	25.1%	25.2%	25.8%
50-59	24.6%	24.7%	25.5%
60 and Over	12.0%	12.2%	13.1%

Figure 5: HHS System Workforce by Age for FY 21
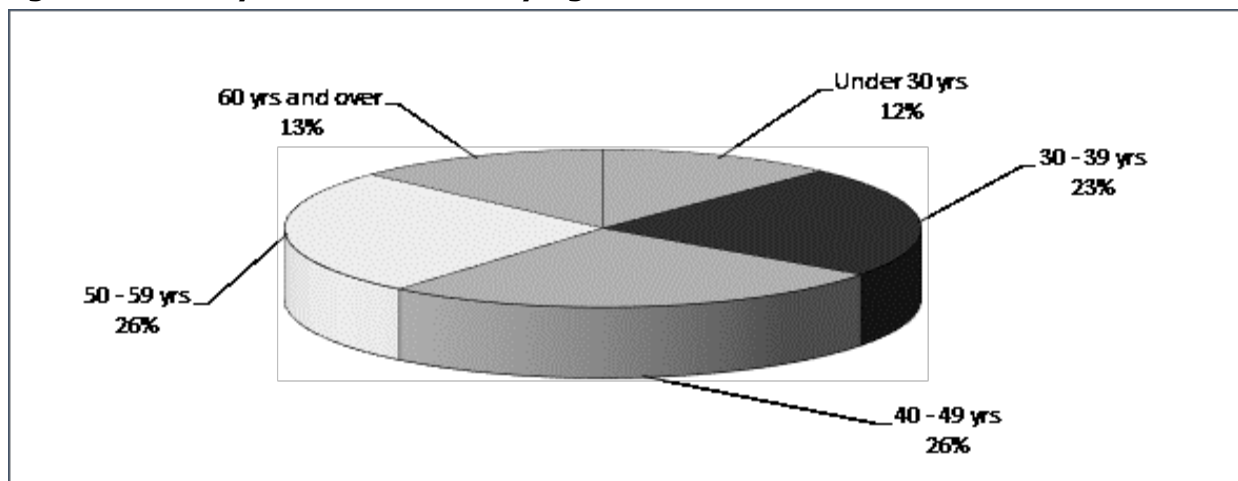
Table 7: HHS Agencies by Age[23]

Agency	Percentage Under 30	Percentage 30-39	Percentage 40-49	Percentage 50-59	Percentage 60 and over
HHSC	12.3%	23.1%	25.9%	25.6%	13.0%
DSHS	11.6%	26.4%	23.9%	23.8%	14.3%

Utilization Analysis

Texas law requires that each state agency analyze its workforce and compare the number of Blacks, Hispanics and females employed by the agency to the available state Civilian Labor Force (CLF) for each job category.

The utilization analysis was conducted for each HHS agency using the 80 percent rule. This rule compares the actual number of employees to the expected number of employees based on the available state CLF for Black, Hispanic and Female employees. For purposes of this analysis, a group is considered potentially

underutilized when the actual representation in the workforce is less than 80 percent of what the expected number would be based on the CLF.

The HHSC Civil Rights Office (CRO) reviewed and conducted analyses for each individual agency's workforce to identify potential underutilization.

The utilization analysis of the HHS agencies for fiscal year 2021 indicated potential underutilization in the HHSC workforce. The following table summarizes the results of the utilization analysis for the HHS System.

Table 8: HHS System Utilization Analysis Results[24] [25] [26]

Job Category	HHS System	HHSC	DSHS
Officials/Administrators	No	No	No
Professionals	No	No	No
Technicians	No	No	No
Protective Service	No	No	N/A
Administrative Support	No	No	No
Skilled Craft	Black Hispanic Female	Black Hispanic Female	N/A N/A N/A
Service Maintenance	Hispanic	Hispanic	Black

Although potential underutilization was identified in the Skilled Craft job category, it should be noted that the job category comprises 1.6% of the HHS System workforce.

The other job category showing potential underutilization is Service Maintenance, which comprises 5.2% of the HHS System workforce.

Figure 6: HHS System – Percent of Employees by Job Category
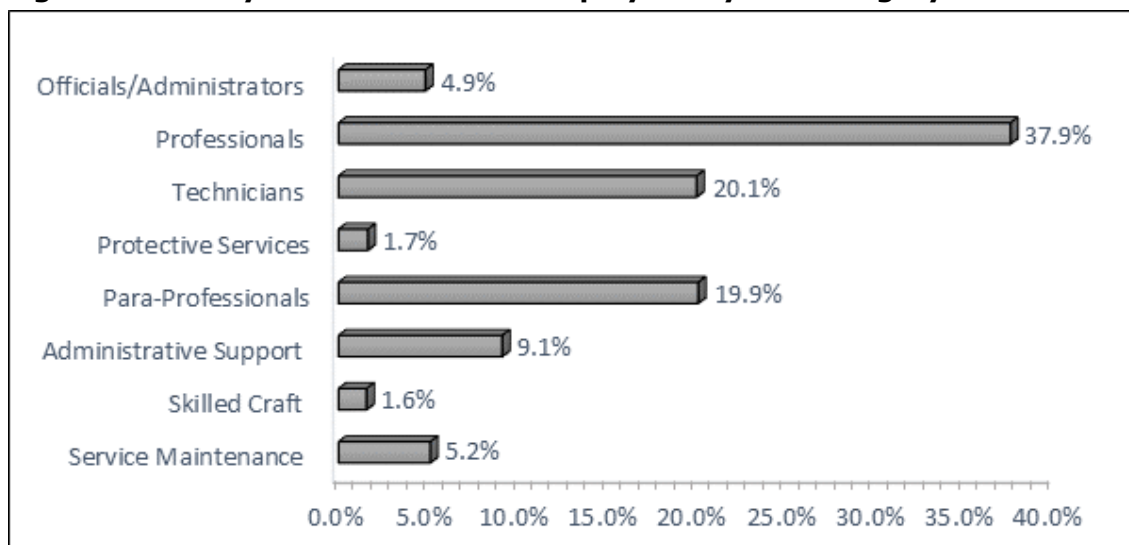
Veterans

About four percent of the workforce (1,646 employees) are veterans.

Table 9: HHS System Workforce by Veterans Status[27]

Agency	Number of Veterans	FY 21 Percentage
HHSC	1,432	4.3%
DSHS	214	6.5%
HHS System	1,646	4.4%

State Service

Approximately 40 percent of the workforce has 10 or more years of state service. About 19 percent of the workforce have been with the state for less than two years. This breakdown is consistent across all HHS agencies.[28]

Table 10: HHS System Workforce Length of State Service for FY 19 – FY 21[29] [30] [31] [32]

State Service	FY 19	FY 20	FY 21
less than 2 years	25.4%	23.8%	18.5%
2-4 years	16.5%	17.8%	19.9%
5-9 years	20.7%	20.5%	21.9%
10 years or more	37.4%	37.9%	39.7%

Figure 7: HHS System Workforce by Length of State Service[33]
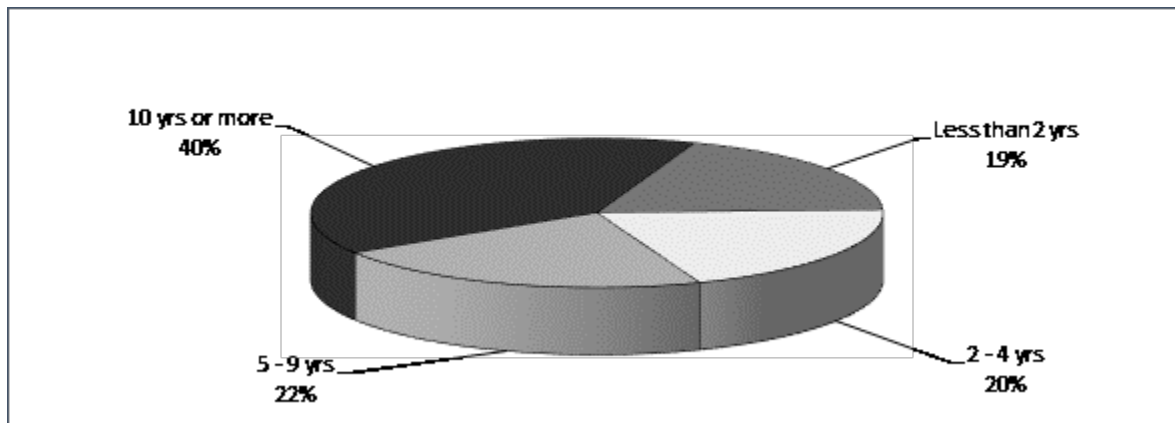
Table 11: HHS Agencies by Length of State Service[34]

Agency	Percentage Less than 2 yrs.	Percentage 2-4 yrs.	Percentage 5-9 yrs.	Percentage 10 yrs. or more
HHSC	18.4%	19.9%	22.0%	39.7%
DSHS	19.0%	19.8%	21.0%	40.2%

Average Annual Employee Salary

On average, the annual salary for an HHS System employee is $45,078.[35]

Figure 8: HHS Average Annual Salary by Agency
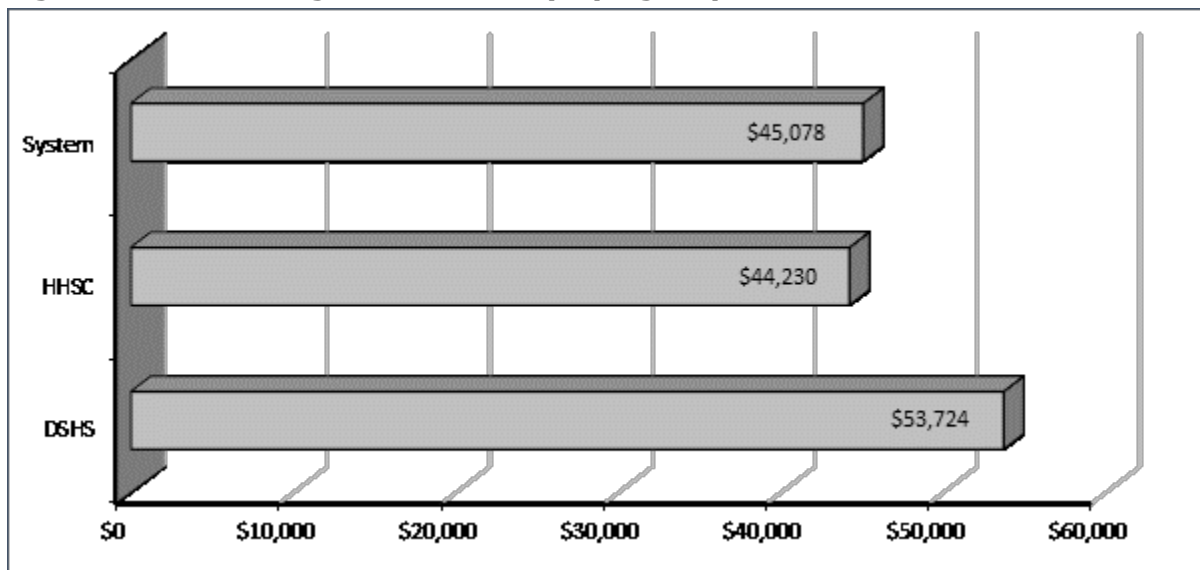
Return-to-Work Retirees

HHS agencies hire retirees to support both ongoing operational needs and to assist in implementing new initiatives. When recruiting for shortage occupations, special skill required positions or for special projects, retirees provide a good source of relevant program-specific knowledge. Rehired retirees constitute about three percent of the total HHS workforce.[36]

Figure 9: HHS Return-to-Work Retirees by Percent of Workforce
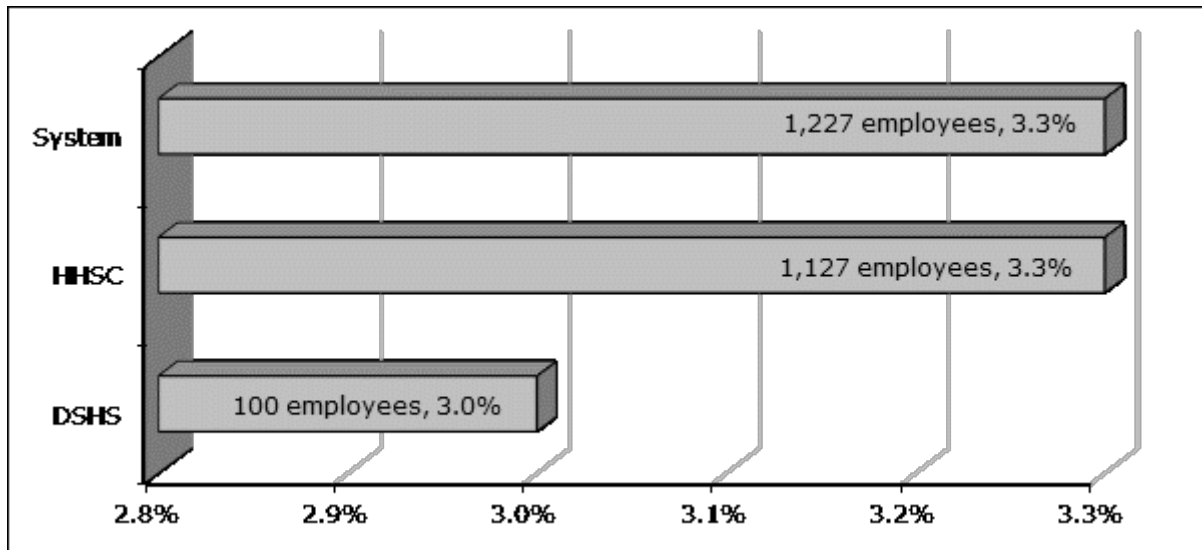
HHS management understands that demographic trends over the next decade will increasingly impact recruitment from typical sources. Retired workers who have institutional knowledge will be needed to pass their expertise to others.

Dealing with an aging workforce will require HHS agencies to attract more people to apply for work, encourage them to work longer and help make them more productive. Creative strategies are being planned to keep older workers on the job, such as hiring retirees as temporary status employees; letting employees phase into retirement by working part time; having experienced workers mentor younger employees; promoting telecommuting, flexible hours and job-sharing; and/or urging retirement-ready workers to take sabbaticals instead of stepping down.

4. Turnover

The HHS System turnover rate for fiscal year 2021 was 26.1 percent, about five percent higher than the statewide turnover rate of 21.5 percent.[37] [38]

Table 12: HHS System Workforce - Turnover for FY 19 – FY 21 (excludes inter-HHS agency transfers)[39]

Agency	FY 19	FY 20	FY 21
HHS System	27.6%	24.2%	26.1%

Of the two HHS agencies, HHSC experienced the highest turnover rate (27.1 percent).[40]

Table 13: Turnover by HHS Agency for FY 21 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	37,199	10,085	**27.1%**
DSHS	3,386	517	**15.3%**
Grand Total	**40,585**	**10,602**	**26.1%**

Turnover at HHS agencies was highest for Males at HHSC (at 28.4 percent) and lowest for Females at DSHS (at 15.1 percent). Turnover across ethnic groups ranged from a high of 32.7 percent for Black employees to a low of 23.5 percent for White and Hispanic employees.[41]

Table 14: HHS Agency Turnover by Gender for FY 21 (includes inter-HHS agency transfers and excludes legislatively mandated transfers)

Agency	Gender	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	Female	26,770	7,134	26.6%
	Male	10,373	2,951	28.4%
DSHS	Female	2,443	370	15.1%
	Male	934	147	15.7%
HHS System	**Female**	**29,213**	**7,504**	**25.7%**
	Male	**11,307**	**3,098**	**27.4%**

Table 15: HHS Agency Turnover by Ethnicity for FY 21 (includes inter-HHS agency transfers and legislatively mandated transfers and excludes legislatively mandated transfers

Agency	White	Black	Hispanic	Other[42]
HHSC	24.5%	33.1%	24.6%	28.8%
DSHS	14.7%	23.1%	11.9%	18.3%
HHS System	**23.5%**	**32.7%**	**23.5%**	**27.5%**

Of the total losses during fiscal year 2021, approximately 79 percent were voluntary separations and 20 percent were involuntary separations.[43] [44] Voluntary includes resignation, transfer to another agency and retirement. Involuntary includes dismissal for cause, resignation in lieu of separation, and separation at will.[45]

Table 16: Reason for Separation

Type of Separation	Reason	Separations	Percentage [46]
Voluntary	Personal reasons	6,824	64.01%
	Transfer to another agency	531	4.98%
	Retirement	1,046	9.81%
Involuntary	Termination at Will	47	.44%
	Resignation in Lieu of Termination	171	1.60%
	Dismissal for Cause	1,954	18.33%

Certain job families have significantly higher turnover than other occupational series, including direct care workers[47] at 53.2 percent, food service workers[48] at 43.8 percent, laboratory technicians at 22.0 percent, and licensed vocational nurses (LVNs) at 28.6 percent.[49]

Table 17: FY 21 Turnover for Significant Job Families[50]

Job Title	Average Annual Headcount	Separations	Turnover Rate
Direct Care Workers[51]	8,472	4,509	53.2%
Food Service Workers[52]	881	386	43.8%
Licensed Vocational Nurses (LVNs)	994	284	28.6%
Social Workers	263	72	27.4%
Registered Nurses (RNs)[53]	1,738	431	24.8%
Psychologists[54]	227	56	24.7%
Laboratory Technicians	50	11	22.0%
Eligibility Workers[55]	5,332	1,123	21.1%
Eligibility Clerks[56]	949	192	20.2%
Guardianship Specialists	72	14	19.4%
Epidemiologists	132	25	18.9%
CCL and RCCL Specialists[57]	409	75	18.3%
Health Physicists	57	10	17.5%
Veterinarians	18	3	16.7%
Dentists	32	5	15.7%
Physicians	100	13	13.0%
Microbiologists[58]	148	19	12.8%
Registered Therapists[59]	312	36	11.5%
Nurse Practitioners[60]	89	10	11.3%
Psychiatrists	124	13	10.5%
Chemists	58	5	8.6%
Sanitarians	128	11	8.6%

5. Retirement Projections

Currently, about 11 percent of the HHS workforce is potentially eligible to retire and leave state employment. About 2.6 percent of the eligible employees retire each fiscal year. If this trend continues, approximately 13 percent of the current workforce is expected to retire in the next five years.[61]

Table 18: HHS System Retirements - Percent of Workforce (FY 17 – FY 21)

Fiscal Year	Retirement Losses	Retirement Turnover Rate
2017	989	2.4%
2018	1,175	2.9%
2019	1,069	2.6%
2020	956	2.3%
2021	1,045	2.6%

Table 19: HHS System First-Time Retirement Eligible Projection (FY 21 – FY 26)

Agency	FY 21		FY 22		FY 23		FY 24		FY 25		FY 26	
HHSC	582	1.7%	830	2.5%	852	2.5%	983	2.9%	1003	3.0%	1,052	3.1%
DSHS	64	1.9%	80	2.4%	91	2.8%	94	2.8%	103	3.1%	113	3.4%
Grand Total	**646**	**1.7%**	**910**	**2.5%**	**943**	**2.5%**	**1,077**	**2.9%**	**1,106**	**3.0%**	**1,165**	**3.1%**

The loss of this significant portion of the workforce means the HHS agencies will lose some of their most knowledgeable workers, including many employees in key positions. Effective succession planning and employee development will be critical in ensuring there are qualified individuals who can replace those leaving state service.

6. Critical Workforce Skills

The current climate of the information age, advances in technology, increasing population for the state, consolidation of services, right-sizing and outsourcing will continue to place increased emphasis on the demand for well-trained and skilled staff.

The outsourcing and self-service automation of major HR functions, such as employee selection, have made it critical for HHS managers and employees to improve and commit to a continual learning of human resource policy, employee development, conflict resolution, time management, project management and automation skills.

It is important for HHS to employ professionals who have the skills necessary for the development, implementation and evaluation of the health and human services programs. These skills include:

- analytic/assessment skills;
- policy development/program planning skills;
- communication skills;
- cultural competency skills;
- basic public health sciences skills;
- financial planning and management skills;
- contract management skills; and
- leadership and systems-thinking skills.

As the Spanish speaking population in Texas increases, there will be an increased need for employees with bilingual skills, especially Spanish-English proficiency.

In addition, most management positions require program knowledge. As HHS continues to lose tenured staff, effective training will be needed to ensure that current employees develop the skills necessary to transfer into management positions.

To promote this staff development, HHS must continue to grow the skills and talents of managers as part of a plan for succession. HHS has demonstrated this belief by establishing the HHS Leadership Academy, a formalized interagency training and mentoring program that provides opportunities to enhance the growth of high-potential managers as they take on greater responsibility in positions of leadership. The primary goals of the academy are to:

- prepare managers to take on higher and broader roles and responsibilities;
- provide opportunities for managers to better understand critical management issues;
- provide opportunities for managers to participate and contribute while learning; and
- create a culture of collaborative leaders across the HHS system.

Through this planned development of management skills and the careful selection of qualified staff, HHS will continue to meet the challenges posed by increased retirements.

7. Environmental Assessment

COVID-19

In early 2020, the nation experienced both a public health emergency and an economic crisis as the novel coronavirus (COVID-19) spread across the country. The federal government declared COVID-19 a national emergency on March 13, 2020,[62] and government entities at the state and local levels took measures to help stop the spread of the virus. Every state declared a state of emergency, and the majority put stay-at-home orders in place.

The effects of the pandemic struck the economy almost immediately in 2020: Over 22 million jobs were lost from February to April of that year.[63] In response to these challenges, Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act (2020) on March 25, 2020. CARES provided direct financial assistance to families, workers, and small businesses.[64]

Subsequently, as positive COVID-19 cases fell across the country, consumer confidence grew and employment levels increased.[65] Employment rose by 431,000 jobs in March 2022 and the unemployment rate for the country currently stands at 3.6 percent.[66]

The Texas Economy

Texas, which had sustained years of positive job growth, and added over 250,000 jobs in 2019,[67] lost 1.4 million jobs between February and April of 2020[68] due to the initial stages of the pandemic. The unemployment rate reached a high of 12.9 percent in April 2020, but the rate dropped to 6.9 percent for the year. In 2021, the annual average unemployment rate for Texas fell to 5.7 percent.[69]

Texas' economy began to bounce back as COVID cases decreased in 2021. Texas added approximately 657,300 jobs from June 2020 to June 2021 and by December 2021 all the jobs lost during the pandemic were recovered.[70] In addition, the Federal Reserve Bank of Dallas predicts employment to grow 3.3 percent in 2022.[71] The Texas Leading Index rose 17 times in the last 19 months, which shows consumer confidence in spending and saving. This also suggests strong job growth in the future.[72]

Poverty in Texas

As the number of families living in poverty increases for the state, combined with the challenges created by the pandemic, the demand for services provided by the HHS System will continue to increase.

The U.S. Department of Health and Human Services defined the poverty level for 2021 according to household/family size as follows:

- $26,500 or less for a family of four;

- $21,960 or less for a family of three;
- $17,420 or less for a family of two; and
- $12,880 or less for individuals.[73]

It is estimated that 13.4 percent of Texas residents live in families with annual incomes below the poverty level. This rate is slightly higher than the national poverty rate of 11.4 percent.[74]

Population Growth

According to the 2020 United States Census Bureau, as of July 2021, the estimated population of Texas was over 29 million people, which represents a 1.3 percent increase from 2020 and 15.9 percent increase from the census count in April 2010.[75]

The distribution of age groups in Texas closely mirrors that of the nation, with the largest percentage of Texas residents (61 percent) being between ages 19 to 64, followed by those 18 and under (26 percent) and those 65 and over (13 percent).[76]

Figure 10: Population Distribution by Age[77]
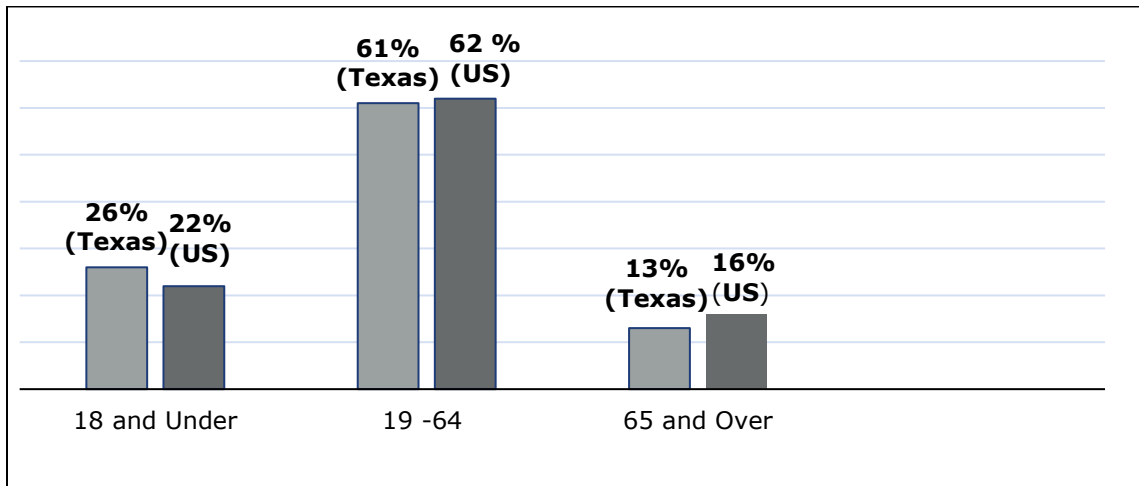
According to long term population projections by the Texas State Data Center, it is estimated that by 2050, Texans older than age 65 will triple in size from 2010-2050, approaching 8.3 million.[78]

8. Expected Workforce Challenges

HHS will need to continue to recruit and retain health and human services professionals. Certain jobs will continue to be essential to the delivery of services throughout the HHS System. Many of the jobs are low paying, highly stressful and experience higher than normal turnover.

Additionally, the demand for certain public health positions is expected to increase as the response to the COVID-19 pandemic continues.

Direct Care Workers (Direct Support Professionals and Psychiatric Nursing Assistants)

There are approximately 6,624 direct care workers employed within HHS. The direct care worker group is made up of direct support professionals in state supported living centers and psychiatric nursing assistants in the state hospitals. Though these positions require no formal education to perform the work, employees must develop interpersonal skills to effectively engage with residents and patients. The physical requirements of the position may be challenging due to the nature of the work and the pay is low.[79]

The overall turnover rate for employees in this group is very high, at about 53 percent annually.[80] State supported living centers and state hospitals have historically had trouble in both recruiting and retaining these valuable workers.

Direct Support Professionals at State Supported Living Centers

There are 4,418 direct support professionals in state supported living centers across the state, representing approximately 18 percent of the System's total workforce.[81] These employees provide 24-hour direct care to residents in state supported living centers. They directly support these individuals by providing services including basic hygiene needs, dressing, and bathing, general health care, and dining assistance. They support life-sustaining medical care such as external feeding and lifting individuals with physical challenges. A trained and experienced direct care staff is essential to ensure resident safety, health, and well-being.

There are no formal education requirements to apply for a job in this series; however, extensive on-the-job training is required. It takes six to nine months for a new direct support professional to become proficient in the basic skills necessary to carry out routine job duties.

A typical HHS direct support professional is 40 years of age and has about seven years of state service.[82]

Turnover for direct support professionals is over twice the state average at 55 percent, which is one of the highest turnover rates of any job category in the System. During fiscal year 2021, the System lost about 3,131 direct support professionals. Within this job family, entry-level Direct Support Professional Is

experienced the highest turnover at approximately 72 percent. Turnover rates by location ranged from 38 percent at Austin State Supported Living Center to 77 percent at the San Angelo State Supported Living Center.[83] [84]

The vacancy rate for these professionals is 35 percent, and it often takes up to five months to fill vacant positions.

The State Auditor's Office (SAO) 2020 market index analysis found the average state salary for Direct Support Professional Is and IIIs to range from four to seven percent behind the market rate, contributing to challenges in recruitment.[85]

Psychiatric Nursing Assistants at State Hospitals

There are approximately 2,206 psychiatric nursing assistants employed in HHS state hospitals across Texas.[86]

Some of their daily essential job functions include assisting licensed nurses with medication administration or treatment in addition to monitoring patients' vital signs to ensure their health and safety. At times, psychiatric nursing assistants are the first to intervene during crisis situations and act as the frontline staff most likely to de-escalate situations to avoid the need for behavioral interventions. These critical positions also have a higher potential for on-the-job injuries, both from lifting requirements and intervention during crisis situations. They also may be required to work throughout the day and night.

The SAO 2020 market index analysis found the average state salary for a Psychiatric Nursing Assistant Is and IIIs to be seven to 12 percent behind the market rate, increasing existing challenges to recruitment.[87] [88]

The average psychiatric nursing assistant is about 39 years of age and has an average of seven years of service.[89]

Turnover for psychiatric nursing assistants is very high at about 50 percent, reflecting the loss of 1,378 workers during fiscal year 2021. Within this job family, Psychiatric Nursing Assistant Is experienced the highest turnover at 67 percent. Turnover rates vary by location, from 33 percent at Terrell State Hospital to 66 percent at the Big Spring State Hospital.[90]

HHS is currently having trouble filling vacant psychiatric nursing assistant positions, as there are 873 vacancies in this job family. Vacant positions are going unfilled an average of four months.[91]

Food Service Workers

HHS employs approximately 748 food service workers.[92]

The average hourly rate paid to food service workers is $11.51.[93] The turnover rate for food service workers is very high, at about 44 percent.[94] The SAO 2020 market index analysis found the average state salary for Food Service Workers ranged eight to 11 percent behind the market rate; Food Service Managers ranged from six to 15 percent behind the market rate; and Cooks ranged from nine to 11 percent behind the market rate.[95]

Retention and recruitment of these workers remains a major challenge for the System.

Food Service Workers at State Supported Living Centers

There are 449 food service workers employed in HHS state supported living centers throughout Texas.[96] The typical food service worker is about 46 years of age and has an average of approximately nine years of service.[97]

Turnover in these food service worker positions is very high, at 49 percent. By location, turnover rates range from 35 percent at Richmond State Living Center to 87 percent at Lubbock State Living Center.[98]

Food Service Workers at State Hospitals

There are 289 food service workers employed at HHS state hospitals and centers throughout Texas.[99]

The typical food service worker is about 46 years of age and has an average of about eight years of service.[100]

Of the state hospitals with over 20 food service workers, turnover rates range from 16 percent at Rio Grande State Hospital Center to 56 percent at Rusk State Hospital.[101]

Food Service Workers at Texas Center for Infectious Disease

There are 10 food service workers employed in the Texas Center for Infectious Disease (TCID).[102]

The typical food service worker is about 46 years of age and has an average of approximately seven years of service.[103]

At 26 percent, turnover for these food service worker positions is high and slightly above the state average of 21.5 percent.[104] [105]

Dietetic and Nutrition Specialists

There are 56 dietetic and nutrition specialists employed by HHS, with the majority (55 percent) classified as Dietetic and Nutrition Specialists IIIs.[106] These specialists facilitate/direct operations of nutrition care services, serve as a member of the patient's recovery team, and plan special therapeutic menus for patients.

Dietetic and nutrition specialists work in state hospitals, state supported living centers, and in Health, Developmental and Independence Services (HDIS). The typical system dietetic and nutrition specialist is 45 years of age and has nine years of service. Thirty-four percent of these specialists have 10 or more years of service.[107]

The average salary for the dietetics and nutrition specialists is $57,229, which is below both the national average wage of $65,620 and Texas average wage of $64,560.[108] [109]

Turnover is about the same as the state average at 21 percent, which represents a total loss of 13 employees.[110] [111] The vacancy rate is 15 percent, and it can take over five months to fill these vacancies.[112]

According to the Bureau of Labor Statistics, employment of dietitians and nutritionists is projected to grow 11 percent from 2020 to 2030. This is faster than the average for all occupations.[113]

Dietetic and Nutrition Specialists at State Supported Living Centers

There are 22 Dietetic and Nutrition Specialist IIs and IIIs at state supported living centers across Texas.[114]

On average, these specialists are about 45 years of age and have 10 years of service.[115]

The turnover rate for these dietetic and nutrition specialists is high at 17 percent (representing four total losses), with a high vacancy rate of approximately 24 percent.[116] [117]

Dietetic and Nutrition Specialists at State Hospitals

There are 13 dietetic and nutrition specialists employed in the state hospital system, which the slight majority working as Dietetic and Nutrition Specialist IIIs (seven specialists).[118]

The typical specialist at these facilities is about 50 years of age and has an average of nine years of service.[119]

Only the San Antonio State Hospital experienced turnover in the group, as they lost only one employee. The vacancy rate is 24 percent and it often takes over six months to fill a position.[120] [121]

Dietetic and Nutrition Specialists in Health, Developmental and Independence Services

About 21 percent of dietetic and nutrition specialists (12 employees) work in HDIS.[122]

The typical dietetic and nutrition specialist in HDIS is about 35 years of age and has an average of five years of service. Over eight percent of these specialists are currently eligible to retire.[123]

The average turnover rate for dietetic and nutrition specialists is currently high 23 percent, which is higher than the state average rate of 21.5 percent.[124] [125]

Eligibility Services Staff

Across the state, there are about 4,978 eligibility advisors within the Access & Eligibility Services (AES) area accounting for about 13 percent of the HHS System workforce.[126]

Most of these individuals (4,199 employees or 84 percent) are employed as Texas Works advisors with the remaining made up of Hospital-Based advisors and Medical Eligibility specialists.[127]

Overall turnover for these workers is high at 21 percent, with Texas Works advisors and Medical Eligibility specialists experiencing the highest turnover at 21 percent, followed by hospital-based workers at 15 percent.[128]

Texas Works Advisors

There are approximately 4,199 Texas Works advisors within AES that make eligibility determinations for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needly Families (TANF), Medicaid for children, families, and pregnant women, and the Children's Health Insurance Plan (CHIP). The typical Texas Works advisor is 42 years of age and has an average of seven years of service.[129]

Turnover for these employees is high at 21 percent, representing a loss of 963 workers in fiscal year 2021. Certain regions of Texas experienced higher turnover than others, including the Northeast area of the state at 28 percent, and the Metroplex area at 27 percent. Entry-level Texas Works Advisor Is experienced the highest turnover at 52 percent.[130]

In addition, AES has encountered difficulties finding qualified candidates for new eligibility advisor positions. Due to this shortage of qualified applicants, vacant positions go unfilled for an average of over four months, with vacant positions in the Houston area remaining unfilled for an average of a little more than six months.[131]

Medical Eligibility Specialists

Within AES, there are 526 Medical Eligibility specialists determining financial eligibility for Medicaid for Elderly and People with Disabilities (MEPD). Medical Eligibility specialists have, on average, eight years of service, with an average age of 43.[132]

Turnover for these specialists is high at about 21 percent, representing the loss of 118 employees in fiscal year 2021. Entry-level Medical Eligibility Specialist Is experienced the highest turnover, at 58 percent, which is 15 percent higher than fiscal year 2019.[133]

Hospital Based Workers

AES has about 253 Hospital-Based advisors stationed in nursing facilities, hospitals, and clinics. These advisors determine eligibility for the SNAP, TANF, Medicaid and CHIP programs.[134]

These tenured advisors have an average of 13 years of service and over 56 percent of these employees have 10 or more years of service, with an average age of 46.[135]

Turnover for these employees is currently below the state average at 15 percent.[136]
[137]

Community Care Workers

HHS employs about 412 Community Care workers within AES. These workers conduct home visits, determine needs for services, develop service plans, and refer individuals for appropriate services.[138]

The typical Community Care worker is 47 years of age and has an average of 12 years of service.[139]

Community Care workers make an average salary of $33,679, which is below both the national average wage of $40,460 and Texas average wage of $39,630.[140] [141]

The turnover rate for AES Community Care workers is moderately high at 14 percent, representing the loss of about 61 employees.[142] The vacancy rate for these positions is well-managed at six percent, with these positions often remaining unfilled for about five weeks.[143]

Child Care Licensing and Residential Child Care Licensing Specialists

There are 406 Child Care Licensing (CCL) and Residential Child Care Licensing (RCCL) specialists employed within the System who monitor, investigate and inspect child day-care facilities and homes, residential child-care facilities, child-placing agencies and foster homes.[144] [145] In addition, they conduct child abuse/neglect investigations of children placed in 24-hour childcare facilities and child placing agencies licensed or certified by Residential Child Care Licensing.

The typical specialist is 41 years of age and has an average of nine years of service. About 34 percent of these employees have 10 or more years of service.[146]

CCL and RCCL specialist turnover is high at 18 percent, though slightly below the state average rate of 21.5 percent. Within this group, the highest turnover was experienced by RCCL Inspector IIIs at 36 percent and RCCL Investigator and Compliance Specialist IIs at 21 percent.[147] [148]

Guardianship Staff

The HHS System employs 81 guardianship specialists and guardianship supervisors who are responsible for providing guardianship services to eligible clients.[149] Staff continuously assess and determine whether guardianship is the most appropriate and least restrictive alternative necessary to ensure the consumer's health and safety.

Retention continues to be a challenge, since these positions require specialized skills and salaries are not comparable with that paid by other agencies and the private sector.

Guardianship Specialists

There are 69 guardianship specialists employed at HHS.[150]

HHS guardianship specialists are about 46 years of age and have an average of 10 years of service.[151]

The turnover rate for guardianship specialists is high at about 19 percent annually, which is slightly below the state average turnover rate of 21.5 percent.[152] [153]

About 16 percent of these tenured employees will be eligible to retire in the next five years.[154]

Guardianship Supervisors

There are 12 guardianship supervisors working for HHS.[155]

HHS guardianship supervisors has an average of about 18 years of service, with an average age of 52 years.[156]

Though the turnover rate for these highly tenured guardianship supervisors is currently well-managed at about eight percent, HHS may face significant recruitment challenges in the next few years to replace these tenured employees who are eligible for retirement. With about 25 percent of these employees currently eligible to retire, this rate is expected to increase in the next five years to about 67 percent.[157] [158]

Architects

These are 16 Architect IIs employed within the Chief Policy and Regulatory Office (CPRO). These architects perform architectural plan reviews and conduct initial and annual surveys and complaint/incident investigations on state licensure, and (when applicable) federal certification requirements for nursing facilities, assisted living facilities, Day Activity and Health Services facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and in-patient Hospice facilities.[159]

These HHS Architect IIs have, on average, 10 years of service, with an average age of 59 years of age. Over 85 percent of these employees have five or more years of service.[160]

The SAO 2020 market index analysis found the average state salary for Architect IIs is $75,786. The SAO 2020 market index analysis found that the average state salary for Architect IIs to be four percent behind the market rate.[161]

Though the turnover rate for these employees is only 11 percent, with a vacancy rate of 20 percent, vacant positions often go unfilled for over seven months due to a shortage of qualified applicants available for work.[162]

Though only 13 percent of these employees are currently eligible to retire, over 56 percent will be eligible to retire in the next five years.[163]

HHS needs to expand their recruitment strategies to replace these highly skilled workers.

Contract Specialists

There are 413 contract specialists employed within the HHS System. These specialists utilize various levels of technical expertise related to procurement,

contract development, contract management, and program performance to meet agency needs for goods and services. Contract specialists may also consult and communicate with various community stakeholders and state and local authorities to evaluate the effectiveness of programs to meet the agency's needs. In addition, contract specialists may be responsible for monitoring contract performance, administering billing and tracking expenditures, and facilitate meetings between the System and vendors.[164]

System contract specialists are, on average, 45 years of age and have about 12 years of service. Over 50 percent of these employees have 10 or more years of service.[165]

The average salary for contract specialists is $54,892 a year.[166] The SAO market index analysis found that state Contract Specialist IIIs and IVs make two to seven percent less than the market rate.[167]

Turnover for these specialists is above the state average at 26 percent.[168] [169] With a vacancy rate of about 13 percent, vacant positions often go unfilled for over four months due to a shortage of qualified applicants available for work.[170]

Contract Specialists in DSHS Program Operations

The Program Operations (PO) area of DSHS employs 59 Contract Specialist IVs and Vs. These contract specialists have an average of 12 years of service and are about 46 years of age. Over 45 percent of this group have over 10 years of service.[171]

The turnover rate for these contract specialists is currently well-managed at four percent, though the vacancy rate is high at 19 percent.[172] [173] With over 30 percent of these Contract Specialist Vs eligible to retire in the five years, HHS will need to focus on competitive recruitment strategies.[174]

Contract Specialists in Procurement and Contracting Services

In HHSC Procurement and Contracting Services (PCS), there are 46 Contract Specialist IVs and Vs. The average contract specialist in this group is, on average, 47 years of age, with 12 years of service.[175]

The total turnover rate for these contract specialists is moderately high at 14 percent, though it often takes over five months to fill vacancies with qualified candidates.[176] [177]

Contract Specialists in Health, Developmental and Independence Services

There are 42 contract specialists in HDIS. On average, these contract specialists are about 46 years of age, with an average of 11 years of service. Forty-three percent of this group have over 10 years of service.[178]

The turnover rate for these contract specialists is currently well below the state average at 12 percent, it can take up to six months to fill vacancies.[179] [180] [181]

Contract Specialists in Intellectual & Developmental Disability & Behavioral Health Services

Intellectual & Developmental Disability & Behavioral Health Services (IDD-BH) employs 54 Contract Specialist IVs and Vs. These contract specialists have an average of 11 years of service and are about 47 years of age. Fifty-two percent of this group has at least 10 years of service.[182]

The turnover rate for these specialists is below the state average at 16 percent, though the vacancy rate is high at 21 percent.[183] [184] Over 29 percent of these contract specialists are eligible to retire in the next five years.[185] [186]

Purchasers

There are 97 purchasers employed within HHSC PCS. With 32 employees, Purchaser IVs make up over half of the group.[187] Purchasers perform functions such as assisting with procurements, receiving and tracking vendor responses, as well as distributing responses to assigned buyers. They may also assist with identifying provider resources and evaluating information supplied by bidders. Advanced employees, such as Purchaser VIs, identify purchasing related issues and work with management, requesters, subject matter experts, and outside stakeholders.[188]

The average salary for this group of PCS purchasers is $50,554.[189] In the SAO market report index for fiscal year 2020, state Purchaser IVs make 13 percent below the state market index rate.[190]

These tenured purchasers are, on average, 48 years of age and have an average of 12 years of service. Over 43 percent of these employees have more than 10 years of service.[191]

Though the turnover rate for this group is high at 15 percent, the vacancy rate is very low at five percent.[192] [193] On average, it can take over four months to fill these vacancies.[194]

Financial Analysts

There are 117 financial analysts employed in the HHS System. These employees perform advanced financial analysis, examine and investigate accounting records, as well as conduct regulatory work related to revenue collections and budget appropriations.[195]

The average financial analyst is 46 years of age with about 12 years of service. Almost 30 percent of these employees will be eligible to retire in the next five years.[196] [197]

Turnover is well-managed for these positions, as the rate is well below the state average at nine percent.[198] [199]

The SAO's report on market index for fiscal year 2020 found the market index rate salary for financial analysts to be four to seven percent below the market index, which may account for the high vacancy rate at 18 percent. It can take up to three months to fill these vacancies.[200] [201]

Financial Analysts in the DSHS Program Operations

There are 17 Financial Analyst Is, IIs, and IIIs in the PO Division of DSHS. The average PO financial analyst is 37 years of age and has about six years of service.[202]

Turnover for this group is high with a turnover rate of 32 percent.[203] The vacancy rate is also high at 15 percent.[204]

Financial Analysts in the HHSC Chief Program and Services Office

In the CPSO, there are 11 Financial Analyst Is, IIs, IIIs, and IVs. The average CPSO financial analyst has about 11 years of service and is 48 years of age.[205]

Turnover is low for this group, and the vacancy rate is only eight percent, but it can take up to a year to fill vacant positions.[206] [207]

Social Workers

There are 234 social workers employed in the HHS System, with the majority (58 percent) housed in state hospitals across the state.[208]

Turnover for these social workers is high at 27 percent.[209]

High turnover may be due to the large disparity between private sector and HHS salaries. The average annual salary for system Social Worker I through V is $46,567, which falls significantly below the market rate. The SAO 2020 market index analysis found that the average state salary for Social Worker IIs and IIIs ranged from eight to nine percent behind the market rate. In addition, the average annual salary for social workers is below the national ($62,310) and state ($64,480) averages.[210] [211]

These problems are expected to worsen as tenured employees approach retirement. Though only nine percent of these employees are currently eligible to retire, this number is expected to increase to about 21 percent in the next five years.[212]

Social Workers at State Supported Living Centers

Approximately 12 percent of HHS social workers (27 employees) work at state supported living centers across the state.[213] These employees serve as liaisons between the resident's legally authorized representative and others to assure ongoing care, treatment, and support using person-centered practices. They gather information to assess a resident's support systems and service needs, support the assessment of the resident's rights and capacity to make decisions, and assist with the coordination of admissions, transfers, transitions, and discharges.

The typical social worker at these facilities is about 51 years of age and has an average of 13 years of service.[214]

The average turnover rate for these social workers is very high at 39 percent, much higher than the state average rate of 21.5 percent, with positions often remaining unfilled for an average of over five months before being filled.[215] [216] [217]

Social Workers at State Hospitals

There are 135 social workers at HHS state hospitals.[218] These employees are critical to managing patient flow in state hospitals and taking the lead role in communicating with patient families and community resources. Social workers provide essential functions within state hospitals that include conducting psychosocial assessments, therapeutic treatment and case coordination for individuals receiving services from HHS in-patient psychiatric hospitals and the Waco Center for Youth.

State hospital social workers are about 42 years of age and have an average of nine years of service.[219]

The overall turnover rate for these social workers is high at around 29 percent, with the Kerrville State Hospital experiencing turnover of more than 68 percent.[220]

Public Health Social Workers

There are 61 Public Health Region social workers across the state.[221] These employees provide case management consultation for families with children who have health risks, conditions, or special healthcare needs.

The typical public health social worker is about 44 years of age and has an average of nine years of service.[222]

The average turnover rate for these social workers is high at 20 percent, though slightly below the state average rate of 21.5 percent.[223] [224] Of the regions with two or more employees, the Arlington area experienced the highest rate at 36 percent and the South Texas area had the lowest at 12 percent.[225]

With a high vacancy rate of 24 percent, and with nearly 20 percent of these employees being eligible for retirement within the next five years, recruitment and retention of these workers remains a challenge.[226]

Social Workers in the Chief Program and Services Office

The CPSO employs 11 Social Worker IIIs.[227] Some of their essential job functions include providing case management, collecting and analyzing information to determine care eligibility, and providing resource facilitation. They may also develop and maintain relations with community referral sources and stakeholders.

The typical social worker in this group is about 43 years of age and has an average of six years of service.[228]

The average turnover rate for these social workers is well-managed at 10 percent, although the vacancy rate is high at 27 percent. Positions often remain vacant for an average of over two months before being filled.[229] [230]

Case Managers

There are 58 case managers employed by HHS, with the majority (91 percent) housed in state hospitals across the state.[231] Case managers assume an advocate role for both acute and chronically disabled psychiatric patients, coordinating

functions to ensure patients actively involve themselves in those activities which will promote acquisition of skills to enhance their ability to function more independently and successfully in the community.

The typical case manager is about 41 years of age and has an average of 11 years of service.[232]

Turnover for the case managers is high at 24 percent. Turnover rates by location ranged from 0 percent at Big Springs State Hospital to 50 percent at the Rio Grande State Center.[233]

This high turnover may be due to the large disparity between private sector and HHS salaries. The average annual salary for HHS Case Manager I through V is $33,666, which falls below the market rate.[234] The SAO 2020 market index analysis found that the average state salary for Case Manager Is and IIIs to be seven percent behind the market rate.[235]

These problems are expected to worsen as tenured employees approach retirement. About 16 percent of these employees will be eligible to retire in the next five years.[236]

Claims Examiners

HHS employs 373 claims examiners in AES. Over 99 percent of these examiners work in the Division for Disability Services (DDS), which is under AES. These employees research and verify DDS jurisdiction to process incoming disability cases for adjudication. The typical claims examiner is 43 years of age and has 11 years of service.[237]

The average turnover rate for Claims Examiner IIs, IIIs, and IVs is high at 18 percent, though slightly below the state average rate of 21.5 percent. With a turnover rate of 45 percent, Claims Examiners II positions are the most challenging to retain and therefore contribute the highest number of vacancies.[238] [239]

Claims Examiner IIs earn an average annual salary of $38,880.[240] This salary falls significantly below the market rate. The SAO 2020 market index analysis found Claims Examiner IIs to be 10 percent below the market index rate.[241]

This disparity may contribute to HHS' ability to recruit qualified applicants, as Claims Examiners IIs experience the highest vacancy rate at 70 percent. With over 200 vacant Claims Examiners positions, it often takes over six months to fill the vacancies.[242]

Registered Therapists

There are 295 registered therapists employed at HHS state hospitals and state supported living centers. [243] [244] They specialize in various areas, such as audiology, speech-language pathology, physical therapy, and certified occupational therapy. This group also includes licensed physical therapy assistants (LPTA). Registered therapists provide essential care to the citizens of Texas and are critical workers for direct-care services.

The average salary for all registered therapists is $75,609, which is above the national average wage of $65,030 and Texas average wage of $67,520.[245] [246]

Occupational therapists earn, on average, $89,715 a year. This is comparable to the national average wage of $89,740, but below the Texas average wage of $96,100. [247] [248]

The national average salary for physical therapists of $92,920 is also comparable to the system average of $92,076. The average salary for physical therapists in Texas is higher at $98,340. [249] [250]

System speech language pathologists' average salary of $84,306 is commensurate with national average wage of $85,820 and the Texas average wage of $82,940. [251] [252]

The turnover rate for all registered therapists is low at 12 percent. Registered Therapist IIs experienced the highest turnover at 18 percent. They also have the highest vacancy rate at 23 percent, with it often taking almost six months to fill vacant Therapist II positions.[253] [254]

HHS will need to strengthen their recruitment efforts for these critical workers, as 23 percent of these employees will be eligible to retire in the next five years.[255]

Registered Therapists at State Supported Living Centers

HHS employs 231 registered therapists in state supported living centers across Texas.[256] These employees have, on average, nine years of service, with an average age of 48.[257]

The turnover for all registered therapists in state supported living centers is below the state average at 11 percent. El Paso State Supported Living Center has the highest turnover rate at 54 percent, followed by Mexia State Supported Living Center at 32 precent.[258] [259]

HHS may face significant recruitment challenges in the next few years to replace these employees who will be eligible for retirement. Though only about eight percent of these employees are currently eligible to retire, approximately 21 percent will be eligible in the next five years.[260]

Registered Therapists at State Hospitals

There are 54 registered therapists working in state hospitals across Texas. These employees have, on average, 12 years of service, with an average age of 45. Fifty percent of the therapists have 10 or more years of service.[261]

The turnover for all registered therapists in the state hospitals is high at 17 percent, though slightly below the state average rate of 21.5 percent. North Texas State Hospital experienced the highest turnover rate at 30 percent. Of state hospitals with at least 10 registered therapists, San Antonio State Hospital experienced the lowest at eight percent.[262] [263]

Like the state supported living centers, HHS may face recruitment challenges in the next few years to replace these tenured employees who will be eligible for

retirement. Thirteen percent of these employees are currently eligible to retire, and approximately 33 percent of them will be eligible in the next five years.[264]

Full staffing of these positions is critical to direct-care services.

Registered Therapy Assistants

There are 12 registered therapy assistants employed in HHS state hospitals.[265] These assistants write therapy summary reports, assure therapeutic interventions are consistent with optimal client function, and maintain therapy space, materials, and equipment. Under the supervision of a registered therapist, they may also plan and facilitate therapeutic groups and activities.

The average registered therapy assistant is 47 years of age and has an average of seven years of service. Seventy-five percent of these employees work at the Austin State Hospital, with the remaining 25 percent at San Antonio State Hospital.[266]

Registered therapy assistants earn an average salary of $51,585, which is below the national average wage of $60,740 and Texas average wage of $69,470. [267] [268]

Turnover for registered therapy assistants is high at 18 percent, though vacancies are currently well-managed, as all positions for their group are filled.

Registered Nurses

Registered nurses (RNs) constitute one of the largest healthcare occupations. With over three million jobs in the U.S., job opportunities for RNs are expected to grow nine percent from 2020 to 2030, about as fast as the average for all occupations. About 194,500 openings for registered nurses are projected each year, on average, over the decade.[269] [270]

HHS employs approximately 1,581 RNs across the state.[271] [272] As the demand for nursing services increases, the recruitment and retention of nurses will continue to be a challenge, and the need for competitive salaries will be critical.

Currently, the average annual salary for HHS System RNs is $63,856.[273] This salary falls below both national and state averages for these occupations. Nationally, the average annual earnings for RNs in 2020 was $82,750.[274] In Texas, the average annual earnings for RNs in 2020 was $ 79,120.[275] In addition, the SAO 2020 market index analysis found the average state salary for Nurse II-IVs ranged from five to 10 percent behind the market rate and 10 percent behind the market rate for Public Health Nurse IIs.[276] Posted vacant positions are currently taking about six months to fill.[277]

To address these difficulties, HHS may consider requesting additional funding to increase salary levels for these positions.

Registered Nurses at State Supported Living Centers

About 42 percent of System RNs (664 RNs) work at HHS state supported living centers across Texas.[278]

The typical state supported living center RN is about 48 years of age and has an average of approximately nine years of service.[279]

The turnover rate for these RNs is considered high at about 21 percent. Turnover is especially high at the El Paso State Supported Living Center at approximately 41 percent and the San Antonio State Supported Living Center at about 34 percent.[280]

In addition, HHS finds it difficult to fill these vacant nurse positions. With a vacancy rate of approximately 18 percent, RN positions often remain open for more than six months before being filled. Some facilities are experiencing even longer vacancy durations. At the Brenham and Denton state supported living centers, it takes about nine months to fill a vacancy.[281]

Registered Nurses at State Hospitals

About 41 percent of System RNs (649 RNs) work at state hospitals across the Texas, providing frontline medical care of patients. They provide medications, primary health care and oversee psychiatric treatment.[282]

System nurses at state hospitals are generally required to work varied shifts and weekends. The work requires special skills and staff often work long hours with minimal staffing. The work is also physically demanding, making it increasingly more difficult for the workforce to keep up with these work demands. All of these job factors contribute to higher-than-average turnover rates. Turnover for these RNs is considered very high at about 32 percent. Turnover is over 40 percent at the El Paso Psychiatric Center, the Rusk State Hospital, the Terrell State Hospital, and the Waco Center for Youth.[283]

The typical RN at a System state hospital is about 48 years of age and has an average of approximately 10 years of service.[284]

At these state hospitals, there are always vacant nursing positions that need to be filled. These RN positions often remain open for about six months before being filled. Some hospitals are experiencing longer vacancy durations. At the Big Spring State Hospital, the Rusk State Hospital, and the Waco Center for Youth, it takes about eight months to fill a position.[285]

Public Health Registered Nurses

Approximately 57 System RNs provide direct care and population-based services in the many counties in Texas that have no local health department, or where state support is needed. [286] [287] These RNs are often the individuals who are on the frontline in the delivery of public health services to rural communities throughout the state. These nurses serve as consultants and advisors to county, local, and stakeholder groups, and educate community partners. These RNs assist in communicable disease investigation, control and prevention, and are critical to successful public health preparedness and response throughout the state.

Public Health RNs have, on average, seven years of service, with an average age of 48 years.[288]

Overall turnover for these RNs is about 19 percent. Certain areas of Texas experienced higher turnover than others, including those in the Lubbock area at 44 percent and the El Paso area at 67 percent.[289]

Licensed Vocational Nurses

There are 870 licensed vocational nurses (LVNs) employed by HHS. The majority of these employees (about 97 percent) work at state hospitals and state supported living centers across Texas.[290] [291]

About three percent work in Public Health Regions and central office program support, assisting in communicable disease prevention and control and the delivery of population-based services to individuals, families, and communities.[292]

On average, HHS LVNs are 47 years of age and have nine years of service.[293]

As with RNs, the nursing shortage is also impacting the HHS' ability to attract and retain LVNs. Turnover for LVNs is currently high at about 29 percent.[294]

Currently, the average annual salary for System LVNs during fiscal year 2021 was $42,444.[295] This salary falls below both national and state averages for this occupation. Nationally, the average annual earnings for licensed practical nurses and LVNs is $ 51,850, and $ 50,220 in Texas.[296] The SAO 2020 market index analysis found the average state salary for LVN Is was 14 percent behind the market rate, and the salary for LVN IIs were 13 percent behind the market rate.[297]

Recruitment and retention of these highly skilled employees remains a significant challenge.

Licensed Vocational Nurses at State Supported Living Centers

There are 469 LVNs employed at HHS state supported living centers across Texas. These LVNs are, on average, 47 years of age and have an average of approximately nine years of service.[298]

Turnover for LVNs at state supported living centers is very high at about 30 percent. The state supported living centers experienced the loss of 166 LVNs in fiscal year 2021. Turnover is extremely high at the El Paso State Supported Living Center at 72 percent and the Corpus Christi Bond Homes at 57 percent.[299]

With a very high vacancy rate of about 35 percent, vacant positions often go unfilled for over seven months. Some centers are experiencing even longer vacancy durations. At the Brenham, Denton, and San Angelo state supported living centers it takes about 10 months to fill a position.[300]

Licensed Vocational Nurses at State Hospitals

There are approximately 372 LVNs employed at HHS state hospitals and centers across Texas.[301]

On average, a state hospital LVN is about 47 years of age and has nine years of service.[302]

Turnover for these LVNs is high at about 27 percent. Turnover is especially high at Rusk State Hospital (at 43 percent) and the San Antonio State Hospital at 35 percent.[303]

State hospitals continue to experience difficulty in recruiting and retaining qualified staff which can be attributed to a shortage in the qualified labor pool. Market competition and budget limitations significantly constrain the ability of state hospitals to compete for available talent.

Licensed Vocational Nurses in Public Health Roles

About three percent of System LVNs (29 LVNs) work in the Public Health Regions across Texas.[304]

They have, on average, 11 years of service, with an average age of about 50 years.[305] The overall turnover for these LVNs is high, at about 17 percent, though slightly below the state average rate of 21.5 percent.[306] [307]

Retention is expected to remain an issue as employment of LVNs is projected to grow nine percent from 2020 to 2030, about as fast as the average for all occupations. Budgetary limitations will continue to make it difficult for the System to offer competitive salaries.[308]

Nurse Practitioners

HHS employs 90 nurse practitioners throughout the System.[309] [310] Under the supervision of a physician, 51 of these nurse practitioners are responsible for providing advanced medical services and clinical care to individuals at state hospitals and those who reside in state supported living centers across Texas.[311]

These highly skilled employees have, on average, 10 years of service, with an average age of 49. Approximately 40 percent of these employees have 10 years or more of service.[312]

System nurse practitioners earn an average annual salary of $118,202.[313] This salary falls slightly below the market rate. The SAO 2020 market index analysis found the average state salary for nurse practitioners was about 10 percent behind the market rate for the Advanced Practice Registered Nurse I and about four percent behind the market rate for the Advanced Practice Registered Nurse II.[314] Recruitment and retention of nurse practitioners continue to be challenging for state supported living centers, which are also competing with private sector salaries.

The turnover rate for nurse practitioners is well-managed at about 11 percent.[315] About 11 percent of nurse practitioners are currently eligible to retire, with this number increasing to 22 percent in the next five years.[316]

Nurse Practitioners at State Supported Living Centers

HHS employs 38 nurse practitioners at state supported living centers across Texas.[317] These highly skilled employees have, on average, eight years of service, with an average age of 47.[318]

The overall turnover rate for these nurse practitioners is high at about 19 percent.[319]

Nurse Practitioners at State Hospitals

HHS employs 51 nurse practitioners at state hospitals across Texas.[320]

These employees have, on average, 11 years of service, with an average age of 50.[321]

About 10 percent of these highly skilled employees are currently eligible to retire. This number will increase to approximately 26 percent retirement eligibility in the next five years.[322]

Expansion projects at certain state hospitals will require additional clinical and non-clinical professional staff in Kerrville, San Antonio and at the North Texas State Hospital - Vernon Campus. These projects are expected to increase the demand for employees in positions that are already at critical shortage levels.

Pharmacists

HHS employs 105 pharmacists, with an average annual salary of $106,766.[323] This salary falls significantly below the market rate. The average annual salary for pharmacists nationally is $125,690 and $127,320 in Texas.[324] In addition, the SAO 2020 market index analysis found the average state salary for Pharmacist Is 15 percent behind the market rate, and Pharmacist IIs at five percent behind the market rate.[325] This disparity is affecting the System's ability to recruit qualified applicants for open positions. Pharmacist positions often remain unfilled for over three months.[326]

Though pharmacist turnover is only moderately high at 14 percent, a significant number of pharmacists are nearing retirement age (or have already retired and returned to work), and over 20 percent will be eligible to retire in the next five years.[327] [328] Recruitment and retention of these highly skilled employees will continue to be a problem for the System.

Pharmacists at State Supported Living Centers

About 45 percent of System pharmacists (47 employees) work at HHS state supported living centers. The typical pharmacist at these facilities is about 47 years of age and has an average of seven years of service.[329]

Turnover for these pharmacists is currently moderately high at about 12 percent, though some Centers are experiencing much higher turnover, including the Lufkin State Supported Living Center at 75 percent and the Abilene State Supported Living Center at 25 percent.[330]

HHS may face significant recruitment challenges in the next few years to retain these highly skilled employees who will be eligible for retirement. Though only six percent of these employees are currently eligible to retire, 17 percent them will be eligible in the next five years.[331]

Pharmacists at State Hospitals

There are 33 System pharmacists working in state hospitals across Texas. These highly skilled employees are essential to the timely filling of prescribed medications for patients in state hospitals. The majority of these employees are in Pharmacist II positions (23 employees or 70 percent).[332]

These pharmacists play a key role in the monitoring of costs and inventory of medications, and in the ongoing monitoring of in-patients' medication histories, needs and potential adverse drug issues. They provide important clinical consultation to psychiatrists and physicians regarding complex medical and psychiatric conditions that may be intractable to traditional medication treatment interventions.

The typical pharmacist at a state hospital is about 48 years of age and has an average of 10 years of service. About 39 percent of these employees have 10 or more years of service.[333]

Turnover for these pharmacists is currently high at about 22 percent, with positions often remaining unfilled for nearly four months before being filled.[334][335] Some state hospitals are experiencing much higher turnover.

With 22 percent of these pharmacists currently eligible to retire, and 38 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these skilled and highly tenured employees.[336]

Pharmacy Technicians

There are 73 pharmacy technicians in HHS, with the majority (99 percent) employed in state hospitals and state supported living centers across the state.[337] These employees assist pharmacists in various technical aspects of preparation of non-routine medication orders for passes, furloughs and discharges. They fill medication carts, maintain required medication stock for after-hours pre-packaging and labeling unit-dose and multiple dose medication orders, perform courier and drug delivery duties, and inspect medication rooms for out-of-date merchandise and appropriateness of stock.

System pharmacy technicians earn an average annual salary of $29,057, which is below the average national wage of $37,970, and lower than the Texas average wage of $38,330.[338][339] This salary also falls below the market rate. The SAO 2020 market index analysis found the average state salary for Pharmacy Technician Is to be 14 percent behind the market rate and Pharmacy Technician IIs to be seven percent behind the market rate.[340]

Turnover for these pharmacy technicians is very high at 37 percent.[341] With a high vacancy rate of 41 percent, pharmacy technician positions often remain unfilled for over five months before being filled.[342]

Pharmacy Technicians at State Supported Living Centers

About 48 percent of HHS pharmacy technicians (35 employees) work at state supported living centers across Texas.[343]

The typical pharmacy technician at these facilities is about 45 years of age and has an average of nine years of service.[344]

Turnover for these pharmacy technicians is high at about 26 percent, reflecting the loss of about 10 workers during fiscal year 2021. Turnover rates by location ranged from 0 percent at the San Antonio State Supported Living Center to 100 percent at the Lufkin State Supported Living Center.[345]

Pharmacy technician positions often remain open for months before being filled. At the Denton State Supported Living Center, positions have remained vacant for an average of six months.[346]

Pharmacy Technicians at State Hospitals

There are 37 pharmacy technicians working at HHS state hospitals, with about 68 percent employed in Pharmacy Technician II positions.[347]

These employees have, on average, nine years of service, with an average age of 43.[348]

Turnover for these pharmacy technicians is very high at about 32 percent. Big Springs State Hospital experienced one of the highest turnover rates at 73 percent.[349]

The vacancy rate for these positions is high, at about 18 percent, with positions often remaining unfilled for over five months.[350]

HHS may face significant recruitment challenges in the next few years, as 16 percent of these employees will be eligible for retirement in the next five years.[351]

Dentists at State Supported Living Centers

The demand for dentists nationwide is expected to increase as the overall population ages. Employment of dentists is projected to grow by eight percent through 2030.[352]

The System employs a total of 30 dentists across the state.[353] Of the 30 dentists employed by the System, a little over half (53 percent) provide advanced dental care and treatment for residents living at the HHS supported living centers across Texas. The typical dentist at these facilities is about 55 years of age and has an average of 12 years of service.[354]

Facility dentists earn an average salary of $143,074, which is below the national average wage of $167,160, and lower than the Texas average wage of $150,060.[355] [356]

Turnover for these dentists is high at about 27 percent.[357] State supported living centers face challenges competing with private sector salaries to fill current vacancies.

It is anticipated that HHS will face significant recruitment challenges in the next few years to replace these highly skilled employees who will be eligible for retirement. About 19 percent of these employees are currently eligible to retire, and this number will increase to about 38 percent in the next five years.[358]

Dental Assistants

There are 21 Dental Assistant Is and IIs working in the state hospitals and state supported living centers, with IIs make up 86 percent of the total.[359] These assistants prepare treatment areas, assist dentists with instrumentation, and instruct staff, guardians, or patients regarding treatment and hygiene.

Dental assistants have, on average, 11 years of service, with an average age of 47 years of age. Over 76 percent have five or more years of service.[360]

Dental assistants make an average salary of $30,727, which is below the national wage of $42,510 and state wage of $38,370 average salaries.[361]

Turnover for dental assistants is much lower than the state average, at only nine percent.[362] [363] There were no vacancies for dental assistants in fiscal year 2021.[364]

Nineteen percent of dental assistants are eligible to retire this year, and over 29 percent will be eligible to retire in five years.[365]

Physicians

There are currently about 256,670 active physicians across the country.[366]

HHS employs 95 physicians, with 71 percent employed in HHS state supported living centers, state hospitals.[367]

These highly skilled employees have, on average, nine years of service, with an average age of 57. About 37 percent of these employees have 10 years or more of service.[368]

System physicians are currently earning an average annual salary of $194,982.[369] This salary is below the average nationally wage of $231,500 and lower than the Texas average wage of $237,890.[370] The SAO 2020 market index analysis found the average state salary for Physicians to be six to 10 percent behind the market rate.[371]

Turnover for these physicians is currently moderately high at 13 percent, though positions are remaining vacant for an average of more than six months.[372] [373]

About 17 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 37 percent in the next five years.[374]

Physicians at State Supported Living Centers

There are 41 physicians working at state supported living centers across Texas.[375] Full staffing of these positions is critical to direct-care services.

These physicians have, on average, eight years of service, with an average age of 58.[376] Local physicians who have established long term private practices often apply

as a staff physician at state supported living centers late in their career to secure retirement and insurance benefits, thus explaining the reason for the high average age.

Turnover for these physicians is moderately high at 14 percent.[377]

To meet the health needs of individuals residing in state supported living centers, it is critical that HHS recruit and retain qualified physicians. However, due to the short supply and large demand, state supported living centers are experiencing difficulty hiring physicians, with positions remaining unfilled for an average of almost seven months.[378]

Physicians at State Hospitals

There are currently 26 physicians at HHS who are providing essential medical care in state hospitals.[379] They take the lead role in diagnosing, determining a course of treatment, making referrals to outside medical hospitals, prescribing medications and monitoring the patients' progress toward discharge. Physician services in state hospitals are essential to the ongoing monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD). These employees are critical to the System's preparedness and response to medical services provided by the state and to major public health initiatives, such as obesity prevention, diabetes, disease outbreak control and others.

These physicians have, on average, 13 years of service, with an average age of about 57. Local physicians who have established long term private practices often apply as physicians at state hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. More than 40 percent of the full-time physicians are 50 years of age or older.[380]

Turnover for these physicians is currently low at eight percent, though it takes about nine months to fill a state hospital physician position with someone who has appropriate skills and expertise.[381] [382]

In addition, HHS may face significant challenges in the next few years to replace those employees who are eligible for retirement. About 31 percent of these highly skilled and tenured employees are currently eligible to retire. Within five years, about 46 percent will be eligible to retire.[383] If these employees choose to retire, HHS will lose some of the most experienced medical personnel – those with institutional knowledge and skills that will be difficult to match and even harder to recruit.

Psychiatrists

There are currently about 25,520 psychiatrists nationwide.[384] A 4.5 percent decrease is projected in the state government sector by 2030.[385]

HHS employs 121 psychiatrists throughout the System, with about 84 percent employed in state hospitals across Texas.[386]

These highly skilled and tenured employees have, on average, 12 years of service, with an average age of 53.[387]

System psychiatrists currently earn an average annual salary of $247,565.[388] The SAO 2020 market index analysis found the average state salary for Psychiatrist IIs and IVs ranged from 14 to 10 percent behind the market rate.[389]

Turnover for System psychiatrists is currently at about 11 percent.[390] The vacancy rate is high at about 20 percent, with positions remaining vacant for an average of seven months.[391]

About 23 percent of these highly skilled and tenured employees are currently eligible to retire, with this number increasing to 34 percent in the next five years.[392]

Psychiatrists at State Supported Living Centers

There are 16 psychiatrists assigned to state supported living centers.[393] Full staffing of these positions is critical to providing psychiatric services needed by residents.

These psychiatrists have, on average, nine years of service, with an average age of 55.[394]

With a high vacancy rate of 16 percent, vacant positions in state supported living centers go unfilled for about seven months.[395]

Psychiatrists at State Hospitals

There are currently 102 System psychiatrists providing essential medical and psychiatric care in state hospitals.[396] These highly skilled employees take the lead role in diagnosing, determining a course of treatment, prescribing medications and monitoring patient progress. Recruiting and retaining psychiatrists at the state hospitals has been especially difficult for HHS.

These psychiatrists have, on average, 13 years of service, with an average age of 53. About 53 percent of these employees have 10 or more years of service.[397]

Annual turnover for these psychiatrists is currently well-managed at about 10 percent, although much higher rates were reported for Big Springs State Hospital at 42 percent and 19 percent for North Texas State Hospital.[398]

With an overall high vacancy rate of about 20 percent, most vacant psychiatrist positions go unfilled for over seven months.[399] These challenges are expected to continue, as about 26 percent of these highly skilled and tenured employees are currently eligible to retire and may leave at any time. Within five years, this number will increase to 35 percent.[400]

State hospitals continue to face increasing difficulty in recruiting qualified psychiatrists as salaries are not competitive with the private sector, and there is a general shortage of a qualified labor pool.

Due to the complex medical and mental challenges that individuals residing in state hospitals exhibit, it is critical that HHS is able to effectively recruit and retain qualified psychiatrists.

Psychologists

There are 43 psychologists in HHS, with 72 percent employed in state hospitals across the state.[401]

System psychologists earn an average annual salary of $84,883.[402] This salary falls below the market rate. The SAO 2020 market index analysis found the average state salary for Psychologist Is to be 11 percent behind the market rate and Psychologist IIIs to be eight percent behind the market rate.[403]

Turnover for these psychologists is very high at 37 percent. With a high vacancy rate of 41 percent, psychologist positions often remaining unfilled for over five months.[404] [405]

Psychologists at State Hospitals

There are 31 psychologists working at HHS state hospitals, with about 65 percent employed in Psychologist II positions.[406] Full staffing of these positions is critical to providing needed psychological services to patients.

State hospital psychologists play a key role in the development of treatment programs for both individual patients and groups of patients. Their evaluations are critical to the ongoing management and discharge of patients receiving competency restoration services, an ever-growing patient population in the state hospitals. They also provide testing and evaluation services important to ongoing treatment, such as the administration of IQ, mood, and neurological testing instruments.

These highly skilled and tenured employees have, on average, 11 years of service, with an average age of 51.[407]

Turnover for these psychologists is very high at about 36 percent. Rio Grande State Center experienced the highest turnover at 80 percent.[408]

The vacancy rate for these positions is very high, at about 34 percent, with positions often remaining unfilled for over six months.[409]

HHS may face significant recruitment challenges in the next few years, as 13 percent of these highly skilled and tenured employees are currently eligible for retirement and may leave HHS at any time.[410]

Behavioral Health Specialists

There are 130 behavioral health specialists within HHS.[411] These specialists are employed at state supported living centers across the state, providing behavior support services, including behavior observations, data analysis, training of behavioral interventions, and the modeling of behavior support. Behavior health specialists participate as a member of individuals' interdisciplinary teams, and are responsible for assisting in the development, implementation, and evaluation of behavior support plans (including comprehensive functional behavioral assessments), staff training, data collection and reporting, and program evaluation.

On average, HHS behavioral health specialists are 40 years of age and have about eight years of service. About 28 percent of these employees have 10 or more years of service.[412]

The turnover rate for these employees is currently high at about 26 percent. Both the Lufkin State Supported Living Center and the Austin State Supported Living Center are experiencing the highest turnover rate, at 44 percent.[413]

HHS experienced difficulty filling vacant positions. With a high vacancy rate of 17 percent, vacant positions often go unfilled for over four months.[414]

With 15 percent of these employees eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these skilled employees.[415]

Mental Health Specialists

There are 33 mental health specialists within HHS.[416] These specialists are employed at state hospitals across the state, performing psychological testing, assessments, group therapies, counseling, reporting and data collection. They participate in Program Recovery Teams, with duties of coordinating recovery planning.

On average, HHS mental health specialists are 41 years of age and have about eight years of service. About 21 percent of these employees have 10 or more years of service.[417]

The turnover rate for HHS mental health specialists is high at about 21 percent, reflecting the loss of about eight specialists during fiscal year 2021. Turnover rates by location ranged from 0 percent at the Austin State Hospital to 45 percent at the North Texas State Hospital.[418]

With a very high vacancy rate of 31 percent, vacant positions often go unfilled for more than six months.[419]

With 18 percent of these employees eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these skilled employees.[420]

Epidemiologists

HHS employs 127 epidemiologists who provide services in the areas of infectious disease and injury control, chronic disease control, emergency and disaster preparedness, disease surveillance and other public health areas.[421] They provide critical functions during disasters and pandemics and other preparedness and response planning.

As of May 2021, there were approximately 8,180 epidemiologist jobs in the U.S., with a projected job growth rate of 10 percent by 2030.[422]

On average, System epidemiologists have about six years of service, with an average age of approximately 35 years.[423]

Turnover for System epidemiologists is currently high at about 19 percent. This rate is much higher for experienced Epidemiologist IIIs, at about 22 percent.[424]

Low pay is a contributing factor in the inability to attract qualified epidemiologist applicants. System epidemiologists are currently earning an average annual salary of $60,312.[425] This salary is significantly below the average national wage of $86,740, and also lower than the Texas average wage of $82,810.[426] In addition, the SAO 2020 market index analysis found that the average state salary for epidemiologists range from 11 percent (for Epidemiologist Is) to 12 percent (for Epidemiologist IIIs) behind the market rate.[427]

Currently, only about seven percent of these employees are eligible to retire and this rate will increase in the next five years to 16 percent.[428]

Surveillance functions involving preparedness, response and monitoring will need more qualified public health professionals i.e., Epidemiologists. Emerging threats will require continuous and agile learning for Epidemiologists in areas such as disease prevention and population health. HHS will need to closely monitor this occupation due to the nationally non-competitive salaries and a general shortage of professionals performing this work.

Sanitarians

There are 126 sanitarians employed with HHS, with 73 percent employed within the DSHS Division for Consumer Protection.[429] HHS registered sanitarians inspect all food manufacturers, wholesale food distributors, food salvagers in Texas, as well as all retail establishments in the 188 counties not covered by local health jurisdictions and conduct a multitude of environmental inspections such as children's camps, asbestos abatement, hazardous chemicals/products and many others. Sanitarians are instrumental in protecting the citizens of Texas from food-borne illness and many dangerous environmental situations and consumer products, including imported foods, drugs and consumer products. The U.S. Food and Drug Administration (FDA) and the Consumer Products Safety Commission (CPSC) have little manpower and therefore depend on the state programs to protect citizens. System sanitarians also respond to a variety of emergencies, including truck wrecks, fires, tornados, floods, and hurricanes. They are the first line of defense against a bioterrorist attack on the food supply.

On average, HHS sanitarians are 44 years of age and have about 11 years of service. About 44 percent of these employees have 10 or more years of service.[430]

Though the turnover rate for HHS sanitarians is currently low at about nine percent, HHS has experienced difficulty filling vacant positions, with vacant positions often going unfilled for over seven months due to a shortage of qualified applicants available for work.[431] [432]

Historically, HHS has faced special challenges filling vacancies in both rural and urban areas of the state. In addition, the state requirement for sanitarians to be registered and have at least 30 semester hours of science (in addition to 18 hours

of continuing education units annually) has made it increasingly difficult to find qualified individuals.

With 14 percent of sanitarians currently eligible to retire, and 21 percent eligible to retire in the next five years, HHS will need to develop creative recruitment strategies to replace these skilled and highly tenured employees.[433]

Health Physicists

Within DSHS, there are 51 health physicists, all employed within the Consumer Protection Division.[434] These employees plan and conduct complex and highly advanced technical inspections and license application review of radioactive material, nuclear medicine, industrial x-ray units, general medical diagnostic x-ray units, fluoroscopic units, mammographic units, C-Arm units, radiation therapy equipment, laser equipment, and industrial and medical radioactive materials to assure user's compliance with applicable State and Federal regulations. Health physicists are instrumental in emergency planning for the offsite response of nuclear power plants and are the the first line of defense for radiological disaster response.

Health physicists have, on average, 13 years of service, with an average age of 50 years. Over 60 percent of these employees have 10 or more years of service.[435]

HHS health physicists earn an average annual salary of $60,435 which is higher than both the average national wage of $57,560 and the Texas average wage of $48,200.[436] [437]

Turnover for HHS health physicists is high at 18 percent, though slightly below the state average rate of 21.5 percent.[438] [439] Vacant positions often go unfilled for over four months due to a small number of qualified applicants.[440]

Medical Technicians

Within HHS, there are 20 medical technicians.[441] These workers assist nursing staff with age-appropriate patient care, which includes providing for patient's personal hygiene; making beds and assisting with preparation of unit's and patient's rooms for receiving new patients; taking vital signs; obtaining specimens; cleaning patient care equipment; and transporting patients to and from various departments.

Half of these medical technicians are employed at TCID, with the remaining technicians employed at HHS state hospitals and state supported living centers across Texas.

System medical technicians have, on average, 13 years of service, with an average age of 49 years. About 40 percent of these employees have 10 or more years of service.[442]

The turnover rate for all System medical technicians is high at 22 percent. This rate is 38 percent for entry-level Medical Technician Is at TCID.[443]

The vacancy rate for System medical technicians is currently high at about 17 percent, though slightly below the state average rate of 21.5 percent.[444] [445] Vacant positions often remain unfilled for three months.[446]

HHS medical technicians earn an average annual salary of $28,549.[447] The SAO 2020 market index analysis found the average state salary for medical technicians ranged from nine to 10 percent behind the market rate.[448] This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Currently, 20 percent of these employees are eligible to retire, with 35 percent of these employees eligible in the next five years.[449]

Public Health and Prevention Specialists

Within HHS, there are 23 public health and prevention specialists employed within the DSHS' Division for Laboratory and Infectious Disease.[450] These employees provide technical consultation to local health departments, human and animal health care professionals, government officials, community action groups, and others on a number of public health areas, including disease epidemiology and surveillance to treat, prevent and control infectious diseases, sexually-transmitted diseases, and zoonotic diseases; provision of vaccines and life-saving HIV medications; and newborn screening testing.

These public health and prevention specialists have, on average, 10 years of service, with an average age of 44 years. Forty-four percent of these employees have 10 or more years of service.[451]

The overall turnover for these public health and prevention specialists is 17 percent, which is high, though slightly below the state average rate of 21.5 percent.[452] [453]

In addition, this division finds it difficult to fill these vacant public health and prevention specialist positions, which often remain open for over a year before being filled.[454]

Retention is expected to remain an issue as these employees approach retirement. Twenty-two percent of these public health and prevention specialists are currently eligible to retire, and about 30 percent will be eligible to retire in the next five years.[455]

Veterinarians

There are 18 veterinarians working for DSHS in the Consumer Protection Division, the Division for Laboratory and Infectious Disease Services, and in Public Health Regions across the state.[456] System veterinarians perform advanced veterinary work and are responsible for the day-to-day management of the Zoonosis Control Program.

These highly skilled and tenured employees have, on average, 15 years of service, with an average age of 53.[457]

System veterinarians make $91,544, which is below the average national wage of $109,920 and state wage of $113,720. [458] [459] In addition, the SAO 2020 market

index analysis found that the average state salary for Veterinarian IIs to be nine percent behind the market rate.[460]

Turnover for veterinarians is high at 17 percent, though slightly below the state average rate of 21.5 percent.[461] [462]

The agency may face significant recruitment challenges in the next few years to replace these highly skilled and tenured employees who are eligible for retirement. Currently, 17 percent of veterinarians are eligible to retire, and over 50 percent of Veterinarian II's will be eligible to retire in the next five years.[463]

Laboratory Staff

DSHS operates a state laboratory in Austin and two regional laboratories, one in San Antonio and the other in Harlingen. In addition, the Austin State Hospital provides laboratory services for the other HHS state hospitals and state supported living centers.

While laboratory staff is made up of several highly skilled employees, there are four job groups that are essential to laboratory operations: chemists, microbiologists, laboratory technicians, and medical technologists.

Chemists

There are 58 chemists employed in the HHS Division for Laboratory and Infectious Disease Services, all located in Austin.[464]

HHS chemists are about 44 years of age and have an average of about 11 years of service. Most of the employees have 10 years or more of service.[465]

The turnover rate for HHS chemists is well maintained at about nine percent annually, which is significantly below the state average turnover rate of 21.5 percent.[466] [467]

Vacant HHS chemist positions often go unfilled for over seven months due to a shortage of qualified applicants available for work.[468] These vacancy problems are expected to worsen as employees approach retirement. About 17 percent of these tenured and highly skilled employees are currently eligible to retire, with that number increasing to 26 percent within the next five years.[469]

Low pay is a factor in the inability to attract qualified chemist applicants. System chemists earn an average annual salary of about $53,722.80.[470] The SAO 2020 market index analysis found the average state salary for chemists ranged from eight to 10 percent behind the market rate.[471] The average annual national wage is $89,130, and the Texas wage is $88,070.[472]

Microbiologists

There are 148 microbiologists working for HHS, with the majority at the Austin laboratory.[473] [474]

System microbiologists have, on average, 10 years of service, with an average age of about 40 years.[475]

The turnover rate for all System microbiologists is moderately high at about 13 percent, which is below the state average rate of 21.5 percent. The rate is much higher for mid-level Microbiologist IIIs at 21 percent.[476] [477]

System microbiologists earn an average annual salary of $51,865.[478] The SAO 2020 market index analysis found the average state salary for Microbiologist IIs was 13 percent behind the market rate and seven percent behind the market rate for Microbiologists IV.[479] This average annual salary also falls below the national and statewide market rates for this occupation. The average annual national wage is $87,820, and the Texas wage is $62,350.[480] This disparity in earnings is affecting the System's ability to recruit qualified applicants for open positions. Microbiologist positions often remain unfilled for over seven months.[481]

In addition, HHS may face significant recruitment challenges in the next few years to replace these highly skilled and tenured employees who are eligible for retirement. Approximately 10 percent of these employees are currently eligible to retire, this rate will increase in the next five years to about 16 percent.[482]

Laboratory Technicians

There are 50 laboratory technicians employed at HHS.[483]

The typical laboratory technician is about 41 years of age and has an average of nine years of service.[484]

The turnover rate for System laboratory technicians is high at about 22 percent.[485]

While the vacancy rate for System laboratory technicians is low, at about six percent, vacant positions often go unfilled for about five months due to a shortage of qualified applicants available for work.[486]

Low pay is a factor in the inability to attract qualified laboratory technician applicants. HHS laboratory technicians earn an average annual salary of about $34,221.[487] The average national wage is $56,910, and the Texas wage is $53,240.[488] The SAO 2020 market index analysis found the average state salary for Laboratory Technician Is to IIs ranged from three to 11 percent behind the market rate.[489]

These problems are expected to worsen as employees approach retirement. About 24 percent of these tenured employees will be eligible to retire in the next five years.[490]

Medical Technologists

Within HHS, there are 62 medical technologists.[491] These workers perform complex clinical laboratory work and are critical to providing efficient and quality healthcare.

System medical technologists have, on average, eight years of service, with an average age of 43 years. About 29 percent of these employees have 10 or more years of service.[492]

The turnover rate for all System medical technologists is currently high at about 20 percent, though slightly below the state average rate of 21.5 percent.[493] [494]

The vacancy rate for System medical technologists is at about 10 percent, with vacant positions often going unfilled for over five months due to a shortage of qualified applicants available for work.[495]

HHS medical technologists earn an average annual salary of $49,960.[496] The SAO 2020 market index analysis found the average state salary for medical technologists ranged from nine to 15 percent behind the market rate.[497] This disparity is affecting HHS' ability to recruit qualified applicants for open positions.

Though only about seven percent of these employees are currently eligible to retire, almost 20 percent of these employees will be eligible in the next five years.[498]

Day Care Inspectors

There are 73 day care inspectors within HHS.[499] These specialists are responsible for conducting investigations and inspections of unregulated child care facilities and conducting parent and provider trainings related to the benefits of regulation.

The typical day care inspector is about 40 years of age and has an average of seven years of service. Nearly 20 percent of these employees have 10 or more years of service.[500]

These day care inspectors earn an average annual salary of $41,048.[501] This salary is below the average national wage of $78,740, and lower than the Texas wage of $76,510.[502] In addition, the SAO 2020 market index analysis found the average state salary for Inspector IIIs to be six percent behind the market rate and Inspector Vs to be two percent behind the market rate.[503] This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Turnover for these inspectors is high at 19 percent, though slightly below the state average rate of 21.5 percent.[504] [505] With a vacancy rate of about 11 percent, vacant positions often go unfilled for about four months due to a shortage of qualified applicants available for work.[506]

Health Facility Social Services Surveyors

The HHS System employs 23 health facility social services surveyors.[507] These employees are responsible for planning, organizing, and conducting investigations in Long Term Care facilities to determine compliance with state and federal laws, regulations, and rules.

The typical health facility social services surveyor is about 54 years of age and has an average of 11 years of service. Nearly 44 percent of these employees have 10 years or more of service.[508]

The overall turnover rate for these surveyors is high at about 25 percent annually, which is slightly above the state average turnover rate of 21.5 percent.[509] [510]

With a high vacancy rate of 23 percent, health facility social services surveyor positions often go unfilled for six months due to a shortage of qualified applicants available for work.[511] These vacancy concerns are expected to worsen as employees approach retirement. About 35 percent of these employees are currently eligible to

retire, and about 39 percent of these tenured employees will be eligible to retire in the next five years.[512]

Qualified Intellectual Disability Professionals

There are 250 qualified intellectual disabilities professionals employed by HHS, with the 99 percent housed in state supported living centers across the state.[513] These qualified intellectual disabilities professionals are responsible for the development, implementation, monitoring, and revision of highly individualized Personal Support Plans for residents which promote dignity, respect, choice, and the exercising of personal rights for each person who is on their assigned caseload.

The typical qualified intellectual disabilities professional at these facilities is about 41 years of age and has an average of nine years of service. About 36 percent of these professionals have 10 or more years of service.[514]

Turnover for the qualified intellectual disabilities professional job family is high at 19 percent, reflecting the loss of 51 professional during fiscal year 2021. Turnover was highest at the Lufkin State Support Living Center at 37 percent and the Corpus Christi State Supported Living Center at 29 percent.[515]

Blind Children Specialists

HHS employs 14 Blind Children Specialist Is.[516] These specialists all work within the Rehabilitative and Independence Services section of HDIS. These specialists are responsible for assisting blind children and their families with counseling, information, support, training, and guidance that foster vocational discovery and development using the agency's employment lifestyle philosophy while promoting the blind or visually impaired child's self-sufficiency.

The typical Blind Children Specialist I is about 40 years of age and has an average of only three years of service. Seventy-nine percent of these specialists have less than two years of service.[517]

Turnover for these specialists is high at 19 percent, though slightly below the state average of 21.5 percent.[518] [519] With a high vacancy rate of 22 percent, vacant positions often go unfilled for about four months due to a shortage of qualified applicants available for work.[520]

Since these employees require a nine-month probationary training period, all resignations are costly to the program. Their knowledge and skill level are critical to the delivery of quality services to children and families.

Rehabilitation Therapy Technicians

There are approximately 571 rehabilitation therapy technicians employed across Texas in the state hospitals and state supported living centers. Technician Vs make up most of this job family at 33 percent. Many of the technicians perform entry-level habilitative and rehabilitative therapy work. Some of their essential job functions include studying clients' behavior to determine the need for therapeutic activities and writing progress notes and assisting clients with instructions for their

selected therapeutic activities such as arts, crafts, drama, music, printing, sewing and recreation. Higher level technicians at state hospitals may be responsible for developing a comprehensive, structured, hospital-wide recreational activity program.[521]

The U.S. Bureau of Labor Statistics estimates that about 11,200 openings for these types of positions are projected each year until 2030 as many of the vacancies are expected to come from workers who transfer to different occupations or retire.[522]

The average rehabilitation therapy technician is 43 years of age with, on average, 11 years of service. Forty-five percent of technicians have 10 or more years of service.[523]

The average salary for Rehabilitation Therapy Technician Is is $22,171.[524] Technician IIIs earn $27,429 per year and Technician Vs make the most at $32,306 annually.[525] Rehabilitation counselors, which is the most similar profession in U.S. Bureau of Labor Statistics' categories, make an average national wage of $44,740, and Texas wage of $43,610.[526]

The turnover rate for these technicians is 28 percent, higher than the state average rate of 21.5 percent. [527] [528] Rehabilitation Therapy Technician Is have the highest turnover rate at 55 percent.[529] The Technician Is had the highest vacancy rate at 47 percent.[530] Over 25 percent of rehabilitation therapy technicians are eligible to retire in five years.[531]

Rehabilitation Therapy Technicians at State Hospitals

There are 293 rehabilitations therapy technicians working in state hospitals, with 34 percent classified as Technician IIs. There are 126 who work at the North Texas State Hospital; the Waco Center for Youth has the smallest group with six technicians on staff. The average technician working at the state hospitals is 42 years of age with 11 years of service.[532]

The turnover rate for state hospital rehabilitation technicians is high at 21 percent, with Kerrville State Hospital experiencing the highest turnover at 39 percent.[533] Austin State Hospital has the lowest turnover rate at 13 percent.[534] The vacancy rate is 16 percent, and it can take almost six months to fill these vacancies.[535]

Rehabilitation Therapy Technicians at State Supported Living Centers

The state supported living centers employs 571 rehabilitation therapy technicians. The Denton Sate Supported Living Center has the largest group, with 80 technicians, while the Rio Grande State Center has the smallest, with 17 technicians.[536]

On average, these rehabilitation therapy technicians are about 44 years of age and have 11 years of service.[537]

The overall turnover rate for these technicians is very high at 31 percent.[538] The vacancy rate for these positions is also high at 24 percent.[539]

Health Assistants

There are 103 health assistants employed in the HHS system, with 98 percent working in state supported living centers. The remaining two percent work at the North Texas State hospital. Some of the health assistants' essential job functions include assisting with performing diagnostic and treatment functions, assisting with research projects and program evaluations, and gathering information and data from direct care and clinical staff. They may also administer or assist with various behavioral and psychiatric assessments as deemed necessary by a specialist or analyst. The average health assistant is about 38 years of age and has an average of 10 years of service.[540]

System health assistants earn an average salary of $31,592 per year.[541] This is lower than the national average wage of $35,850 and Texas average wage of $34,660.[542]

Turnover for health assistants is 22 percent, slightly higher than the state average rate of 21.5 percent, reflecting a loss of 24 workers during fiscal year 2021. Richmond State Supported Living Center had the highest turnover rate at 61 percent, followed by San Angelo State Supported Living Center at 56 percent.[543] [544]

The vacancy rate for health assistants is well-managed at 11 percent. Denton State Supported Living Center had the highest vacancy rate at 25 percent. It often takes over four months to fill vacant positions in that area.[545]

Human Services Specialists

There are 83 human services specialists employed within the system. Over 42 percent work in HDIS. The specialists have various responsibilities, including determining eligibility and need for Personal Care Services and Community First Choice. They may provide case management consultation, assessment and services for children and families who have health risks, conditions, or special health care needs.[546]

The typical human services specialist is about 48 years of age and has an average of 11 years of service. Over 70 percent of these specialists have five or more years of service.[547]

Human services specialists earn an average salary of $43,926, with Human Services Specialist VIIs, who make up 63 percent of this group, earning $45,848.[548] According to the Bureau of Labor Statistics, the average national wage for health education specialists and community health workers is $48,140.[549]

The average turnover rate for this group is moderately high at 12 percent, though lower than the state average rate of 21.5 percent, with Human Services Specialist IVs experiencing the highest turnover at 27 percent.[550] [551] With a high vacancy rate of 15 percent, vacant positions have remained unfilled for over six months.[552]

HHS will need to prepare recruitment strategies for these specialists, as 16 percent of them are currently eligible to retire, and 28 percent will be eligible in the next five years.[553]

Human Services Technicians

There are 24 human services technicians employed within the Health and Specialty Care System (HSCS), with the 75 percent housed in Corpus Christi Bond Homes.[554] These technicians are responsible for the daily supervision and care of assigned individuals, and focus on training, implementing, and monitoring assigned Person Support Plan activities. These technicians also support and encourage families during the treatment process, performing work as a family partner, engaging families during the admission process, answering questions about the process, encouraging participation in treatment and helping families make informed decisions about recovery.

The typical HSCS human services technician is about 49 years of age and has an average of 10 years of service. Fifty percent of these technicians have 10 or more years of service.[555]

Turnover for these technicians is very high at 30 percent, with all these losses occurring at Corpus Christi Bond Homes.[556]

This high turnover may be due to the large disparity between private sector and HHS salaries. The average annual salary for HSCS Human Services Technician I through III is $26,328, which falls below the market rate.[557] The SAO 2020 market index analysis found that the average state salary for Human Services Technician IIs to be 10 percent behind the market rate.[558]

These problems are expected to worsen as tenured employees approach retirement. About 17 percent of these employees are currently eligible to retire, with that number increasing to 38 percent in the next five years.[559]

Research Specialists

HHS employs 125 research specialists throughout the System.[560] These research specialists are responsible for providing statistical and programming work critical to supporting the services the agencies provide.

These employees have, on average, 11 years of service, with an average age of 42. Approximately 47 percent of these employees have 10 years or more of service.[561]

HHS research specialists earn an average annual salary of $59,588.[562] The SAO 2020 market index analysis found the average state salary for research specialists ranged from about eight to 13 percent behind the market rate for Research Specialists I - III.[563] Recruitment and retention of research specialists continue to be challenging for HHS, who is also competing with other public and private sector salaries.

The turnover rate for research specialists is about 18 percent, with turnover slightly higher in the DSHS Division for Laboratory and Infectious Disease at 22 percent.[564]

The vacancy rate for research specialists is high at approximately 17 percent, with positions remaining unfilled for over three months.[565]

About 12 percent of research specialists are currently eligible to retire, with this number increasing to 22 percent in the next five years.[566]

Training Specialists

There are 17 Training Specialist IIIs, IVs, and Vs employed within HDIS. They develop, implement, and evaluate training programs, as well as develop methods for assessing and evaluating the effectiveness of training. About 53 percent of these employees are Training Specialist Vs.[567]

Training specialists in this area have, on average, nine years of service, with an average age of 48. Over 64 percent of these employees have five or more years of service.[568]

These training specialists earn an average annual salary of $57,399, which is, according to the SAO's most recent classification report, up to 14 percent behind the market rate.[569] [570]

Human Resources Specialists

HHS employs 37 human resources specialists who provide support services to over 36,000 HHS employees.[571] Human Resources (HR) is a core business area of HHS and has quickly established itself as an HHS strategic business partner.

HR has evolved and now plays an important role in strategic planning, employee engagement, recruitment and onboarding, legal and regulatory compliance, a change agent, training partner, and data steward.

Although the role of human resources has evolved, the average annual salary paid to HHS human resources staff falls below the average annual salary of many of the same classified positions in other state agencies of similar size and organizational structure. HHS human resources specialists are currently earning an average annual salary of $55,941.[572] The SAO 2020 market index analysis found that the average state salary for human resources specialists range from seven percent for Human Resources Specialist IIIs to fifteen percent for Human Resources Specialist IIs behind the market rate.[573] In addition, the salary paid to HHS human resources specialists is significantly below the average national wage of $70,720, and also lower than the Texas average wage of $69,360.[574]

As of May 2021, there were approximately 674,800 human resources specialist jobs in the U.S., with a projected job growth rate of 10 percent from 2020 to 2030, about as fast as the average for all occupations.[575]

On average, HHS human resources specialists have about eleven years of service, with an average age of approximately 47 years.[576]

Turnover for HHS human resources specialists is currently high at about 25 percent, with System Support Services Division experiencing the highest turnover rate at 23 percent.[577]

Currently, about 11 percent of these employees are eligible to retire. This rate is expected to increase in the next five years to about 22 percent.[578]

Administrative Assistants

HHS employs 1,213 administrative assistants who provide office support services to the various HHS program areas.[579]

The turnover rate for HHS administrative assistants is moderately high at about 16 percent.[580] Although the overall vacancy rate is high at 14 percent, AES experienced the highest vacancy rate at 31 percent, with positions remaining unfilled for over five months.[581] [582]

The average annual salary paid to HHS administrative assistants falls below the average annual salary of many of the same classified positions in other state agencies of similar size and organizational structure. HHS administrative assistants are currently earning an average annual salary of $33,944.[583] The SAO 2020 market index analysis found that the average state salary for administrative assistants range from six percent for Administrative Assistant IVs to 12 percent for Administrative Assistant Is behind the market rate.[584] In addition, the salary paid to HHS administrative assistants is significantly below the average national wage of $42,250, and also lower than the Texas average wage of $38,110.[585]

On average, HHS administrative assistants have about 13 years of service, with an average age of approximately 48 years.[586]

About 17 percent of these employees are currently eligible to retire. This rate is expected to double to about 34 percent within the next five years.[587]

Managers

Managers perform a variety of high-level task throughout the system. There are 1,204 managers employed by the system, with a moderately high turnover rate of 13 percent.[588] [589]

Though turnover is consistent for managers throughout the system, there are certain areas that vary, both higher and lower.

In DSHS's Community Health Improvement Division, the turnover rate was high at 23 percent (nine separations), higher than the state average rate of 21.5 percent. Other areas of note include the DSHS Laboratory and Infectious Disease Services Division at 19 percent (seven separations); Information Technology (IT) at 16 percent (nine separations), and System Support Services at only seven percent (two separations).[590] [591]

The vacancy rate for System managers is 10 percent, which is also consistent among most areas, but with a few notable exceptions. In the Regulatory Division, the vacancy rate is much lower, at five percent, with only seven losses. On the other hand, IT had a higher than average vacancy rate at 19 percent.[592]

IT Business Analysts

Within the IT Division, there are 20 Business Analyst IIs and IIIs.[593] This group of business analysts provide critical support to the agency and some of their responsibilities include the gathering, assessment and validation of business requirements, while providing assistance to development team members and support to application users.

These business analysts have, on average, six years of service, with an average age of 46 years. About 50 percent of these employees have five or more years of service.[594]

IT Business Analyst IIs and IIIs earn an average annual salary of $79,327.[595] This is below the national average wage of $102,210 and Texas average wage of $105,130.[596] This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

The turnover rate for these business analysts is moderately high at 16 percent.[597]

The vacancy rate for these positions is 13 percent, with positions remaining unfilled for over three months. [598]

IT System Analysts

The IT Division employs 465 system analysts.[599] This group of system analysts provide technical support, analyze business requirements and procedures, and collaborate with vendors, business providers, and application teams. These positions provide critical support to the IT division and HHS system.

This group of analysts are, on average, 50 years of age and have an average of 12 years of service. Over 45 percent of these employees have 10 or more years of service.[600]

Turnover for these analysts is currently well-managed at 10 percent, though with a vacancy rate of 16 percent, it often takes up to four months to fill vacant positions.[601] [602]

These system analysts earn an average annual salary of $77,960.[603] This is below the national average wage of $102,210 and Texas average wage of $105,130.[604]

HHS will need to focus on creative recruiting and retention strategies, since 30 percent of employees will be eligible to retire in the next five years.[605]

System Support Specialists

Within the IT Division, there are 57 System Support Specialist IVs.[606] These workers perform various functions, such as software installations, troubleshooting/diagnosing complex hardware, software, and network performance problems, in addition to interpreting technical documents for users. This group of employees provide essential technical support to the agency.

These System Support Specialist IVs have, on average, 17 years of service, with an average age of 46 years. Over 63 percent of these employees have 10 or more years of service.[607]

The turnover rate for System Support Specialist IVs is below the state average at 12 percent.[608][609] The vacancy rate is currently low at eight percent, though vacant positions often remain unfilled for four months.[610]

IT System Support Specialist IVs earn an average annual salary of $47,328.[611] The SAO 2020 market index analysis found the average state salary for System Support Specialist IVs to be $58,800.[612] This disparity may be affecting HHS' ability to recruit qualified applicants for open positions in a timely manner.

Currently, 16 percent of these employees are eligible to retire, and over 42 percent will be eligible within the next five years.[613]

Cybersecurity Analysts

There are 10 cybersecurity analysts employed within the IT Division.[614] These employees provide direction and guidance in strategic and tactical cybersecurity operations. They protect cybersecurity assets, deliver cybersecurity incident detection, and monitor cybersecurity alerts using advanced information systems. Cybersecurity analysts play a critical role in protecting the agency's data.

Cybersecurity analysts have, on average, eight years of service, with an average age of 48 years of age. Over 30 percent of these employees have 10 or more years of service.[615]

HHS cybersecurity analysts earn an average annual salary of $110,978 which is below the average national wage of $113,270, but higher than the Texas average wage of $101,800.[616][617]

The turnover for cybersecurity analysts is high at 19 percent, though slightly below the state average of 21.5 percent.[618][619]

HHS will need to develop creative retention strategies to keep these highly skilled employees in a competitive field.

Database Administrators

There are 29 database administrators working in the IT Division.[620] Some of their job responsibilities include designing, developing, maintaining, and improving database solutions for the agency. They also are responsible for performing advanced logical database administration and development. These workers provide critical support to various areas of the agency.

These highly skilled employees have, on average, nine years of service, with an average age of 52.[621]

HHS database administrators earn an average annual salary of $93,487, which is below the national average wage of $96,550 and Texas average wage of $98,910.[622][623]

Turnover for database administrators is high at 17 percent, though slightly below the state average rate of 21.5 percent.[624] [625] In addition, the vacancy rate for these positions is also high at 22 percent, with position often going unfilled for almost three months.[626]

Due to the high vacancy rate, the agency will need to make special efforts to recruit adept workers in Texas' growingly competitive IT field.

Information Technology Security Analysts

There are 20 IT security analysts within the IT Division.[627] These are key positions that strategically plan and execute HHS's Information Security Risk roadmap. Many of them are subject matter experts on IT Security Risk and Assurance related topics and lead internal security and compliance assessments for assurance purposes. Information technology security analysts help facilitate and promote security awareness within the agency.

HHS IT security analysts earn an average annual salary of $96,034, which is well below the national average wage of $113,270 and Texas average wage of $101,800.[628] [629]

The typical IT security analyst is 48 years of age and has an average of 11 years of service. Nearly half of these of these employees have 10 or more years of service.[630]

Turnover for these analysts is high at 17 percent, though slightly below the state average rate of 21.5 percent.[631] [632] With a vacancy rate of about 17 percent, vacant positions often go unfilled for over two months due to a shortage of qualified applicants available for work.[633]

Programmers

There are 51 Programmer IVs, Vs, and VIs employed within the IT Division.[634] These skilled programmers perform functions such as computer programming, analysis, and development of complex business processes and system solutions. These employees code, test, and debug programs that are in development, as well as provide technical direction and guidance to technical staff in related programming activities.

These programmers are, on average, 47 years of age and have an average of five years of service. Over 27 percent of these employees have less than two years of service.[635]

The turnover rate for this group is well below the state average at six percent, although the vacancy rate is high at 27 percent. [636] [637] [638] On average, it can take up to four months to fill these vacancies.[639]

9. Development Strategies to Meet Workforce Needs

Recruitment Strategies

General Strategies

- Continue to advertise job postings in relevant schools, colleges and professional listings and organizations.
- Continue to advertise job postings on agency approved social media outlets, using LinkedIn and occupation-specific association job boards.
- Mention staffing needs when networking with professionals in the field.
- Hold in-person and virtual job fairs in various regions across Texas and provide conditional job offers on-site.
- Utilize hiring "sprints" to expedite the recruitment process by filling multiple positions at a time.
- Create college campus flyers for distribution to local colleges and universities.
- Notify existing staff of job postings to encourage recruitment of qualified candidates.
- Host internships to recruit from local colleges and universities.
- Continue to promote a positive workforce culture, which leads to word-of-mouth advertising from current employees to their friends and acquaintances.
- Establish "promote from within" as a first principle when looking for, and filling, internal leadership roles. For example, post senior positions internally for a period of time before posting externally.
- Continue to inform applicants of state benefits, including job stability, medical/dental/vision insurance options for the employee and family members, career advancement, and defined benefit retirement plans.
- Continue to inform applicants of job incentives, including flexible schedules, compressed workweek schedule options, telework options, and other site-specific benefits (e.g., cafeteria, gym, etc.).
- Advertise the Public Service Loan Forgiveness (PSLF) program to potential applicants and that HHS agencies are qualifying employers and provide information regarding PSLF program requirements to new employees.
- Explore expanding opportunities for flexible work schedules, telework, mobile work, and alternative offices.
- Place work-from-home policies in job postings and job descriptions.
- Use functional titles in job postings instead of more general position titles.
- Broaden experience requirements to attract a larger pool of applicants.
- Explore increasing entry level salaries to be competitive in a market where qualified applicants are in short supply.
- Post and hire at mid-range or higher salary for key positions in order to compete with other public and private employers.
- Continue to submit salary exception requests for approval of salary offers greater than the HHS allowable amount when appropriate.

- Review and update position classifications as necessary.
- Identify positions that could benefit from the Texas Workforce Commission's Veteran's Direct Hire Process.

State Supported Living Centers and State Hospitals

- Continue to provide sign-on bonuses for select critical shortage positions, including direct support professionals, psychiatric nursing assistants, and registered nurses.
- Pilot flexible schedules, part-time positions within facilities, particularly for direct support professionals and psychiatric nursing assistants.
- Procure a Practice Match recruiting tool subscription to help recruit physicians, psychologists, dentists, psychiatrists, registered nurses, and other specialties who have a provider identification number.
- Coordinate with the Office of Communications to explore:
  ‣ Developing individual facility landing pages to help aid in recruiting but also communication with current staff.
  ‣ Purchasing targeted Facebook Ads for recruiting select critical shortage and hard to fill positions.
  ‣ Obtaining social media access for all recruitment specialists.
  ‣ Creating social media pages for facilities.
- Renew CareerArc recruiting tool to increase visibility for open positions.
- Continue to use salary increase plans for all facility staff.
- Develop compensation plans by discipline to further support a unified strategy to compensate employees.
- Explore the potential use of locality pay based on geographical location.
- Pilot different shift patterns to provide better work-life balance.
- Evaluate expanded use of the tuition reimbursement program.
- Explore hiring a recruitment specialist at each facility, primarily focusing on talent acquisition.
- Implement the first-step application to assist with making more immediate contact with potential candidates and assist them with completing the state of Texas application.
- Enhance internship program options.
- Develop or procure leadership training to promote an improved workplace culture.
- Through the Health and Specialty Care System (HSCS) Recruitment and Retention Workgroup, develop HSCS workforce initiatives, strategic planning for workforce-related challenges, and establish priorities for workforce-related policy development or changes, statutory initiatives, or implementation.
- Use the Recruitment Specialist Workgroup to share recruitment best practices, discuss facility recruitment needs, learn from facility successes in recruiting efforts, and strategize to promote and evolve recruitment efforts.
- Implement a Compensation Workgroup to explore the possibility of designing a competitive, automated, and equitable compensation plan for new and tenured staff.

Access and Eligibility Operations

- Updated initial screening criteria for eligibility advisors to increase pool of candidates by reducing customer service requirement to one year and removing screening disqualifications for travel and work hours.
- Explore hiring part-time employees who have previous Texas Works (TW) and Medicaid for the Elderly and People with Disabilities (MEPD) experience (i.e., retirees), and work with The Office of Veteran Affairs Services Coordinators.
- Inform applicants of the opportunity for career advancement and promotion of internal hiring preferences to program specialist and management positions.
- Speak at local colleges and universities in rehabilitation, social work and medical schools.
- Interview applicants at local high-traffic eligibility offices.

Intellectual & Developmental Disability & Behavioral Health Services

- Explore the development of a career ladder for program specialists and contract specialists.
- Establish partnerships with universities such as the University of Texas-Steve Hicks School of Social Work to provide interns during fall and spring semesters.
- Distribute notifications of job openings through state and national outlets such as the National Association of State Mental Health Program Directors, Substance Abuse and Mental Health Services Administration, and state professional organizations such as the Texas Counseling Association.

Health, Developmental, and Independence Services

- Continue to use a hybrid virtual and in-person work model to attract applicants for contract specialist, financial analyst, and training specialist positions.
- Explore reclassifying lower-level positions for contract specialists, reimbursement officers, financial analysts, training specialists.
- Explore the development of career ladders for social workers, blind children specialists and human services specialists.
- Continue to encourage internal staff to apply for higher level positions within the program.
- Continue to increase visibility to skilled workers by speaking at the Executive Leadership Academy (ELA), as well as state and industry conferences.

Policy and Regulatory

- Explore increasing salaries for architects, engineers, and investigators.
- Explore establishing market rates for Regulatory positions.

Medicaid and CHIP Services

- Evaluate which positions are appropriate to shift to regional full-time equivalents to overcome salary versus cost-of-living barriers.
- Continue implementation of the MCS Professional Internship Program.
- Develop and improve onboarding tools for staff, including interview questions aligned to MCS mission and values, a sample onboarding calendar and checklist, a one-page document on hiring processes, and other guides to help managers with virtual onboarding process.

Chief Operating Officer

- Offer full-time telecommuting for more Information Technology (IT) positions.
- Continue to utilize the IT Workforce Support Team for assistance with job postings, and recruitment and hiring activities.
- Continue to use the HHSC Procurement and Contracting Services (PCS) promotion-from-within model to recruit and retain staff.
- Continue to advertise vacant Human Resources (HR) positions on association web sites, such as Texas State Human Resources Association, as well as on external job boards.
- Use data analytics to assist agency leadership in making data-driven informed decisions.
- Expand the use of agency-wide market salary data analysis to help support the funding of increased salaries in certain positions that are hard-to-fill and retain.
- Upgrade the telecom system to enable Operations and Support Services operators to telework.

Office of Inspector General

- Explore the development of a career ladder for Audit division staff.
- Present the Officer of Inspector General (OIG) mission and work at universities to help proactively recruit students.

Consumer Protection Division

- Increase the number of interns performing programmatic work to help introduce public health work as a career choice to college students.
- Explore strategies to improve the starting salary structures to align more closely with those provided by state, federal and private entities.

Center for Public Health Policy and Practice

- Continue advertising job postings in public health schools and professional listings, as well as non-public health schools (to target students with more intense policy and administration expertise).
- Host virtual outreach events to faculty and students to highlight and market careers in public health.

Community Health Improvement

- Send job postings for certain positions (epidemiologists, registered and public health nurses, research specialists, and manager positions) to different state and national organizations, such as Public Health departments in universities, the U.S. Health Resources & Services Administration (HRSA), the Association of Maternal & Child Health Programs (AMCHP), and the American College of Obstetricians and Gynecologists (ACOG).
- Explore bringing up the starting salary for registered and public health nurses to 75 percent of the maximum of the salary range.
- Explore bringing up the starting salary for public health and prevention specialists to the mid-range or greater of the salary range.

Laboratory and Infectious Disease Services

- Re-evaluate Pharmacy Unit positions to identify those under market rate for equity adjustments and ensure that pay is comparable to other salaries within the same geographic area.
- Explore increasing the starting salary for research specialist positions to be competitive with those with statistical or programing experience in the private sector.
- Explore the development of a career ladder for veterinarian and social worker positions.
- Upgrade specific entry level positions to be commensurate with other programs in the agency.

Regional and Local Health Operations

- Explore the development of a career ladder for social worker positions.
- Explore aggressive marketing and direct recruiting through the implementation of an agency-level staffing services contract.

DSHS Program Operations

- Accept more diversity in education for financial analyst positions (e.g., public health or social services degree in addition to accounting and finance), while not requiring a specified amount of college level accounting coursework.
- Increase entry-level salaries for contract specialist and financial analyst positions to be competitive in a market where qualified applicants are in short supply.
- Continue to use the COVID Grants Hiring Team, made up of three Hiring Specialists who support DSHS managers with all aspects of the hiring activities.
- Establish a team to support DSHS by developing recruitment strategies and programs, conduct studies, and increase/strengthen partnership with HHSC and other state agencies on best practices.
- Explore setting up a contract with a staffing agency to provide open-position marketing and candidate sourcing for all vacant COVID grant-funded positions.

Retention Strategies

General Strategies

- Focus more resources on succession planning activities.
- Explore opportunities to mentor professional staff.
- Ensure workloads are evenly and effectively distributed.
- Establish "promote from within" principles to retain top talent by showing them a clear and attainable career path within the organization.
- Award merits when funding is available.
- Explore expanding opportunities for flexible work schedules, telework, mobile work, and alternative offices.
- Pay certification/licensure fees and training opportunities when funds are available.
- Encourage staff to apply for internal promotion opportunities.
- Continue to provide advanced and ongoing training opportunities.
- Continue to provide staff with leadership training opportunities, including the HHS Executive Leadership Academy (ELA) and the Aspiring Leaders Academy (ALA), and other state and national leadership academies.
- Continue to cross-train staff.
- Establish focus groups to hear retention ideas directly from staff.
- Survey staff about their needs and design engagement opportunities based on their feedback.
- Continue to engage staff through activities such as all staff meetings, newsletters and management meetings.
- Develop a management forum and other tools to assist individuals with the technical skills transition and be successful in positions that require both technical and management skills.
- Identify ways for staff to feel more connected through team building activities.
- Explore engaging staff in the full spectrum of cross-program activities and collaborations.
- Continue to provide regular performance and career discussions to start proactively identifying, evaluating, and fostering emerging leaders.
- Continue to foster a culture that is meaningful and rewarding by increasing team member job satisfaction by providing ownership of building and planning programs out using their own creativity, and providing meaningful guidance and feedback, and one-on-one assistance as needed.
- Continue to recognize and reward employees who make significant contributions.
- Hold staff appreciation events on a regular basis.
- Continue to use administrative leave to reward staff when expectations are exceeded.
- Create shared resources for teams to improve their performance and experience (e.g., memo writing guides, etc.).
- Continue to use technology such as Microsoft Teams in lieu of travel for onsite meetings/monitoring, where possible.

- Consider requesting additional funding to increase salary levels for high turnover and hard-to-fill positions and large salary discrepancies compared to the Texas labor market and other Texas state agencies.

State Supported Living Centers and State Hospitals

- Pilot flexible schedules, part-time positions within facilities, particularly for direct support professionals and psychiatric nursing assistants.
- Hire a retention specialist at each facility.
- Enhance internship program options.
- Continue to use salary increase plans for HSCS staff.
- Develop compensation plans by discipline to further support a unified strategy to compensate employees.
- Explore the potential use of locality pay based on geographical location.
- Pilot different shift patterns to provide better work-life balance.
- Evaluate expanded use of the tuition reimbursement program.
- Explore a program in which childcare assistance is provided to staff.
- Explore ride-share options for facility staff.
- Expand texting service to facility level support staff.
- Host quarterly Town Hall meetings.
- Establish routine meetings with division and facility leadership for routine information sharing.
- Provide training targeted for non-standard shift staff, and to complement existing work schedules.
- Develop or procure leadership training to promote an improved workplace culture.
- Develop on-the-job training programs to support ongoing coaching and mentoring of new hires.
- Use the HSCS Recruitment and Retention Workgroup to develop workforce initiatives, strategic planning for workforce-related challenges, and establish priorities for workforce-related policy development or changes, statutory initiatives, or implementation.
- Use the Retention Specialist Workgroup to share retention best practices and current data, discuss facility needs and collaborations with other local teams and learn from facility successes in retention efforts.
- Use the Workplace Violence Workgroup to develop strategies that can be implemented to reduce, address, and respond to workplace violence.
- Use the Reducing Staff Injuries Workgroup to develop strategies to reduce staff injuries in restraint or other related incidents.
- Use the Compensation Workgroup to explore the possibility of designing a competitive, automated, and equitable compensation plan for new and tenured staff.
- Use the Health and Wellness Workgroup to develop and expand strategies to foster overall employee wellness and ensure employee's needs (emotional, physical, mental) are being met through trauma informed care approaches.

Access and Eligibility Operations

- Explore providing equity adjustments for Eligibility Advisor Is and claims examiners.
- Explore expanded use of retention bonuses for claims examiners.

Intellectual & Developmental Disability & Behavioral Health Services

- Explore the development of career ladders for program specialists and contract specialists.
- Explore feasibility of increased funding for positions and opportunities for advancement and/or regular increases in salary.
- Utilize job audits to keep experienced staff.
- Examine pay equity and formulate strategies to address disparities in wages amongst peers in like roles across the division.
- Explore covering the costs for professional licensing and renewals.
- Support a pro-team environment by using a "buddy system."
- Encourage one-on-one meetings with all staff, not just direct reports.
- Implement findings identified from IDD-BH responses to the Survey of Employee Engagement.
- Leverage interns as a retention as well as recruitment strategy.

Health, Developmental, and Independence Services

- Explore the development of career ladders for social workers, blind children specialists and human services specialists.
- Explore feasibility of increased funding for positions and opportunities for advancement and/or regular increases in salary.
- Create an internal structure for awarding merits.
- Explore salary equity assessments.
- Explore increasing the percent of new staff participating in HDIS New Employee Orientation.
- Explore increasing the percent of directors, managers, and supervisors completing Crucial Conversations training.
- Continue ongoing recognition for extraordinary work, award administrative leave, encourage team building activities, developed "'A' Team" recognition for staff that exhibit positive teamwork and support to peers.
- Continue to use the ECI Office Employee Engagement Committee at the state office level, which plans activities to help promote connection and community, frequently shares available training and professional development opportunities, and encourages participation in those opportunities for ECI staff.

Policy and Regulatory

- Work with the HHSC budget team to identify funds to increase salaries for existing staff.

- Develop "stay surveys" to determine what employee needs are before staff begin looking for new positions.

Medicaid and CHIP Services

- Continue hosting bi-monthly MCS Immersion sessions, which provide new staff with information about the work MCS does, its structure and culture. This allows new staff to immediately learn more about the division and encourages staff to make connections with other new hires.
- Continue to host quarterly all-staff meetings to gather (virtually) as a group to share good news and current agency priorities from MCS leadership.
- Continue to communicate consistently with staff through the weekly MCS newsletter, which includes updates on projects, staff members, engagement opportunities, and helpful resources.
- Launch an academy for staff to participate in a cohort-model program to improve on both hard and soft skills necessary to succeed in the division.

Chief Operating Officer

- Explore the development of career ladders for HR staff.
- Expand the use of agency-wide market salary data analysis to help support the funding of increased salaries in certain positions that are hard-to-fill and retain.
- Continue to review budget reports on a regular basis to determine if funds are available to award regular or one-time merit awards, administrative leave, development opportunities, and tuition reimbursement to staff meeting eligibility requirements in an effort to enhance retention.
- Continue to review HR positions and reclassify to a more appropriate classification and salary group.
- Use data analytics to assist agency leadership in making data-driven informed decisions.
- Offer full-time telecommuting for IT positions where possible.
- Explore expanding telework opportunities for HR positions that are not traditionally eligible to telework due to location or nature of the job.
- Utilize LinkedIn Learning licenses that have been purchased to create learning paths for positions that are at risk of turnover or high vacancies. This will give employees a roadmap to learn the skills necessary to advance to the next level in their classification.
- Expand training and development opportunities for HR team members and create leads within teams to assist with training new team members and providing support to managers with large teams.
- Reassign administrative work away from key IT staff.
- Create an internship program within IT for paid and unpaid interns to assist in generating a pipeline of candidates and market HHSC IT job opportunities.

Office of Inspector General

- Explore the development of a career ladder for Audit division staff.

Consumer Protection Division

- As part of the regular audit process for health physicist and sanitarian positions, assess the federal and private sector compensation packages for comparison, and make recommendations on pay scales as appropriate.
- Establish a salary entry point for health physicist and sanitarian positions that encourages qualified applicants to apply, along with a protocol to increase compensation that is tied to ongoing training and subject matter expertise.
- Continue to internally promote the DSHS Shine Awards, an agency-wide awards and recognition program.
- Ensure, to the extent possible, that the workplace reflects continuous upgrades and improvements, especially in the areas of IT and communication technologies.

Laboratory and Infectious Disease Services

- Explore the development of a career ladder for veterinarian and social worker positions.
- Continue to assess salaries as compared with market levels for chemists, microbiologists, laboratory technicians, public health prevention specialists, and managers.
- Explore increasing the pay for epidemiologists to coincide with the increase in the Austin metropolitan area cost of living, and to remain competitive with national salaries.
- Explore offering shift differential pay for chemists, medical technologists, and molecular biologists who work weekends.
- Review supervisory-level veterinarian jobs for appropriateness and for reclassification to the Veterinarian IV and/or director series.
- Increase funding for positions and opportunities for advancement (position) and/or regular increases in salary.
- Explore allowing managers to telework or manage from regional offices.

Regional and Local Health Operations

- Explore the development of a career ladder for social worker positions.
- Work with Certified Nursing Assistant (CNA) programs to develop and promote CNA (Medical Technicians) tracks with rotations at the Texas Center for Infectious Disease (TCID).
- Explore equity adjustments for staff serving in the Specialized Health and Social Services (SHSS) Program.

DSHS Program Operations

- Establish a team that will support DSHS by developing retention strategies and programs, conducting studies, and increasing/strengthening partnerships with HHSC and other state agencies on best practices.
- Work internally to cross-train team members and document processes for each area of oversight.
- Decrease travel for staff with increased remote work.

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[7] RNs include public health nurses, nurse surveyors, and direct care nurses.
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[11] HHSAS Database, as of 8/31/20.
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[13] Ethnicity ̏Other" includes American Indian, Alaska Native, Asian, Native Hawaiian, Other Pacific Islander and two or more races.
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[20] HHSAS Database, as of 8/31/19.
[21] HHSAS Database, as of 8/31/20.
[22] HHSAS Database, as of 8/31/21.
[23] Totals may not equal 100% due to rounding.
[24] HHS System workforce data is from CAPPS-HCM Database as of 8/31/2021.
[25] CLF data for underutilization percentages comes from the "Equal Employment Opportunity and Minority Hiring Practices Report Fiscal Years 2017-2018" published by the Texas Workforce Commission (TWC). Note: CLF data from TWC did not include Para-Professionals as a job category and did not indicate if members of that category were counted as part of any other categories - as a result, it is not included in the above table.
[26] "N/A" for Protective Service is due to that workforce being integrated into HHSC as part of Transformation. "N/A" for Skilled Craft indicates the number of employees in that job category was too small (less than 30) to test any differences for statistical significance.
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[33] Ibid.
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[37] HHS turnover calculations do not consider interagency transfers due to legislatively mandated transfers as separations. All other interagency transfers were counted as separations since these separations significantly impact HHS agencies.
[38] State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," October 2020 Report No. 21-107 web page https://sao.texas.gov/reports/main/21-701.pdf, last accessed 4/11/22. Note: The State Auditor's Office does not consider transfers between state agencies as a loss to the state and therefore does not include this turnover in their calculations.

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40 HHSAS Database for FY 2021. Note: Legislative transfers are not considered separations.

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42 Ethnicity "Other" includes American Indian, Alaska Native, Asian, Native Hawaiian, Other Pacific Islander and two or more races.

43 Death accounted for .83% of separations.

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46 Death accounted for .83% of separations (88 separations).

47 Direct care workers include direct support professionals and psychiatric nursing assistants.

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50 HHSAS Database for FY 2021. Note: Legislative transfers are not considered separations.

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52 Food service workers include food service workers, managers and cooks.

53 RNs include public health nurses and direct care nurses.

54 Psychologists include behavioral health specialists and behavioral analysts.

55 Eligibility workers includes Texas works advisors, hospital-based workers and medical eligibility specialists within Access and Eligibility Services (AES).

56 Eligibility clerks includes clerical, administrative assistant, and customer service representative positions within AES.

57 CCL and RCCL specialists include CCL inspectors and specialists and RCCL inspectors and investigators.

58 Microbiologists include molecular biologists.

59 Registered therapists include registered audio, speech, occupational, licensed, certified, and physical therapists at state supported living centers and state hospitals.

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Schedule G: Workforce Development System Strategic Planning

Schedule G is not required for the Department of State Health Services.

Schedule H: Report on Customer Service

The DSHS 2022 Report on Customer Service, found on the following pages, was compiled by the DSHS Center for System Coordination and Innovation, in compliance with the Texas Government Code Section 2114.002.

Introduction

This "2022 Report on Customer Service" is prepared in response to §2114.002 of the Government Code, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the Office of the Governor's (OOG) Budget and Policy Team and the Legislative Budget Board (LBB).

This report reflects the combined efforts of the Texas Department of State Health Services (DSHS) divisions during the State Fiscal Year (SFY) 2020 and SFY 2021 reporting period (September 2019 to August 2021).

The DSHS mission is "To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions." In pursuit of this mission, DSHS divisions administer a wide array of surveys to assess the quality of DSHS services. This report includes results of DSHS surveys that examine customer satisfaction in various programs. DSHS divisions use survey feedback to help improve customer service for individuals served in those programs.

DSHS divisions and programs independently conduct surveys that include questions about customer satisfaction with specific agency programs and services. This report presents descriptions and major findings from the following surveys:

- Children with Special Health Care Needs (CSHCN) Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys
- Business Filing and Verification Section – Customer Service Satisfaction Survey
- Surveillance Section – Customer Service Satisfaction Survey
- Human Immunodeficiency Virus (HIV) Care Services Ryan White Part B – Post Monitoring Satisfaction Survey
- Laboratory Services Testing – Customer Satisfaction Survey
- South Texas Laboratory – Water Sample Testing Survey

Overall, DSHS obtained feedback from a diverse group of customers. However, given the multitude of programs operated and customer groups served, it is possible this report only reflects a subset of all customers served in DSHS. Still, most respondents provided positive feedback regarding the services and supports they received, while a small percentage offered opportunities for improvement.

Department of State Health Services

DSHS conducted six surveys during SFY 2020 and SFY 2021 that collected customer satisfaction data. More than 2,600 responses were received through these surveys, primarily from families of children with special health care needs. For readability, this chapter is organized into three sections:

- Community Health Improvement
  - ‣ CSHCN Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys
- Consumer Protection Division
  - ‣ Business Filing and Verification Section – Customer Service Satisfaction Survey
  - ‣ Surveillance Section Customer Service Satisfaction Survey
- Laboratory and Infectious Disease
  - ‣ Human Immunodeficiency Virus Care Services Ryan White Part-B, Post Monitoring Satisfaction Survey
  - ‣ Laboratory Services Testing Customer Satisfaction Survey
  - ‣ South Texas Laboratory – Water Sample Testing Survey

Community Health Improvement

CSHCN Systems Development Group Case Management and Family Supports and Community Resources Family Satisfaction Surveys

Purpose

The CSHCN Systems Development Group (SDG) serves children ages 0 to 21 with special health care needs. The program works to strengthen community-based services to improve systems of care for children and youth with special health care needs by funding organizations across Texas through two different contracts: Case

Management (CASE) and Family Support and Community Resources (FSCR). CASE contractors work in partnership with children and youth with special health care needs (CYSHCN) and their families to assess needs, develop service plans, provide linkages to state and local resources, and coordinate care. FSCR contractors help CYSHCN and their families by providing a wide range of services and activities in response to community needs. Services and activities include respite assistance, educational workshops, recreational and fitness programs, parent to parent networking, and crisis prevention.

In the first quarter of SFY 2020, CSHCN SDG developed separate FSCR and CASE family experience surveys to better assess each contractor program. Previously, the survey was the same for both contracts. The new FSCR family experience survey gauges contractor responsiveness to family inquiries, respect for culture and traditions, quality of linkages to needed resources, facilitation of parent-to-parent connections, and support in helping families feel included in the community. Additionally, the CASE survey measures family satisfaction with service plan development, emergency preparedness planning, timeliness of follow-up, and shared decision-making for their child.

Sample and Methods

The CSHCN FSCR and CASE Family Satisfaction Surveys were distributed during two separate time periods, one for SFY 2020 and one for SFY 2021. CSHCN SDG contractors sought responses from all families served by their organization with CSHCN SDG funding. All families served were provided a survey at least once during the contract year. Paper and online surveys were offered in both English and Spanish. To ensure distribution, the CSHCN SDG sent each contractor printed surveys, return envelopes, and links to the online surveys. Individuals who completed a paper survey sent their response via postal mail to DSHS.

In SFY 2020, there were 558 completed FSCR responses out of 4,715 surveys distributed by the CSHCN SDG contractors (11.8 percent response rate). There were 116 completed CASE responses out of 1,004 surveys distributed by CSHCN SDG contractors (11.6 percent response rate).

In SFY 2021, there were 847 completed FSCR responses out of 4,687 surveys distributed by the CSHCN SDG contractors (18.1 percent response rate). There were 146 completed CASE responses out of 1,077 surveys distributed by CSHCN SDG contractors (13.5 percent response rate).

Performance Metrics

Table 4 provides the output measures for CSHCN FSCR and CASE Family Satisfaction Surveys.

Table 4. Output Measures for CSHCN FSCR and CASE Family Satisfaction Surveys

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total customers served (i.e., population)	Total number of customers receiving services from the program.	5,720	7,110	7,200
Total customers in sampling frame	The total number of customers meeting criteria to participate in the survey.	5,720	7,110	7,200
Total customers solicited to take the survey	The number of customers who receive access to surveys regarding agency services.	5,719	5,764	5,750
Total customers who responded to the survey	The number of customers who responded to the survey.	674	993	1,296
Response Rate	The percentage of customers who responded to the survey out of the total number of customers solicited to take the survey.	11.8%	17.2%	22.5%

Notes. CSHCN=Children with Special Health Care Needs; FSCR=Family Supports and Community Resources; CASE=Case Management; SFY=State fiscal year (September 1-August 31).

Table 5 shows the efficiency measures for the CSHCN FSCR and CASE Family Satisfaction Surveys. DSHS CSHCN SDG does not calculate the cost to distribute the surveys since the cost is minimal and dispersed between DSHS and the community-based contractors. The efficiency measures are not applicable to the CSHCN FSCR and CASE Family Satisfaction Surveys.

Table 5. Efficiency Measures for CSHCN FSCR and CASE Family Satisfaction Surveys

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total costs	The total costs for the agency to administer customer surveys.	N/A	N/A	N/A
Cost per customer surveyed	Total costs divided by the total number of customers solicited to take the survey.	N/A	N/A	N/A

Notes. CSHCN=Children with Special Health Care Needs; FSCR=Family Supports and Community Resources; CASE=Case Management; SFY=State fiscal year (September 1-August 31).

Major Findings

Table 6 shows several key findings from the CSHCN FSCR and CASE Family Satisfaction Surveys.

Table 6. Findings from the CSHCN FSCR and CASE Family Satisfaction Surveys

Satisfaction Measure	SFY 2020 Proportion of Respondents[1] (N=674)	SFY 2021 Proportion of Respondents[1] (N=993)
Expressed satisfaction with DSHS staff courtesy	95.6%	96.8%
Expressed satisfaction with the timeliness of services or information DSHS provided	94.4%	94.0%
Expressed satisfaction with the ease in requesting or accessing services or information	94.4%	94.0%

Notes. [1] Proportions indicate respondents who chose responses "somewhat satisfied," "satisfied," or "very satisfied" rather than "somewhat dissatisfied," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions. CSHCN=Children with Special Health Care Needs; FSCR=Family Supports and Community Resources; CASE=Case Management; SFY=State fiscal year (September 1-August 31); N=Sample size; DSHS=Department of State Health Services.

Additional results, grouped by SFY, are presented below.

SFY 2020

FSCR and CASE Survey Results

- Most respondents (94.4 percent) reported having access to staff when they had questions or concerns about their child.

- Most respondents (95.0 percent) reported that the staff respected their culture and traditions when working with their family.

- Most respondents (91.2 percent) reported that the organization helped link them with services and resources needed for their child's care.

- Most respondents (91.6 percent) reported the organization provided resources to help them feel included in the community.

- Most respondents (96.8 percent) reported that the staff made their family feel supported and cared for.

Additional CASE Survey Results

- Most respondents (97.4 percent) reported that they were included in the planning and decisions for their child's care.

- Most respondents (93.9 percent) reported that the services provided met the needs of their child and family.

- Most respondents (94.8 percent) reported that they were happy with the services they received from the organization.

SFY 2021

FSCR and CASE Survey Results

- Most respondents (94.0 percent) reported having access to staff when they had questions or concerns about their child.

- Most respondents (96.8 percent) reported that the staff respected their culture and traditions when working with their family.

- Most respondents (94.9 percent) reported that the organization helped link them with services and resources needed for their child's care.

- Most respondents (95.5 percent) reported the organization provided resources to help them feel included in the community.

- Most respondents (97.9 percent) reported that the staff made their family feel supported and cared for.

Additional CASE Survey Results

- Most respondents (95.9 percent) reported that they were included in the planning and decisions for their child's care.

- Most respondents (93.2 percent) reported that the provided services met the needs of their child and family.

- Most respondents (95.9 percent) reported that they were happy with the services they received from the organization.

Consumer Protection Division

Business Filing and Verification Section – Customer Service Satisfaction Survey

Purpose

The Business Filing and Verification Section (BFV) serves businesses and individuals by processing and issuing certifications, licenses, and registrations to applicants, while ensuring compliance with specific program regulations to ensure the safety of Texans. The types of businesses and individuals that are served include retail stores that sell abusable volatile chemicals; asbestos abatement; hazardous products; retail consumable hemp, manufacturers, and distributors; lead abatement; youth camps; drugs and medical devices manufacturers, distributors and salvagers; food manufacturers, distributors, and salvagers; emergency medical services personnel and providers; milk and dairy; radiation producing machines and radioactive materials; industrial radiographers; retail food and school food establishments; and tattoo and body piercing studios.

The BFV staff also provide customer service to businesses and individuals via email and the telephone. In addition, staff provide answers and instructions related to the submission of licensing applications and fees.

The purpose of the BFV Customer Service Satisfaction Survey is to measure customer satisfaction with the BFV staff, the application submission experience, and the information and instructions posted on the program website pages. The survey

data and comments are also used as a quality improvement tool by managers. The information is reviewed to identify trends that could lead to improvements.

Sample and Methods

The BFV Customer Service Satisfaction Survey was available to businesses and individuals who submitted certification, licensing, or registration applications. Using SurveyMonkey, the BFV Customer Service Satisfaction Survey was accessible online via a link that is posted on all program specific website pages. Additionally, BFV staff frequently interacted with customers via email, and an invitation to complete the survey with the online link was included in the BFV staff's individual signature lines. The BFV Customer Service Satisfaction Survey was offered in English only.

Performance Metrics

Table 7 provides the output measures for the BFV Customer Service Satisfaction Survey.

Table 7. Output Measures for the BFV Customer Service Satisfaction Survey

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total customers served (i.e., population)	Total number of customers receiving services from the program.	101,700	81,000	100,000
Total customers in sampling frame	The total number of customers meeting criteria to participate in the survey.	101,700	81,000	100,000
Total customers solicited to take the survey	The number of customers who receive access to surveys regarding agency services.	101,700	81,000	100,000
Total customers who responded to the survey	The number of customers who responded to the survey.	301	317	310
Response Rate	The percentage of customers who responded to the survey out of the total number of customers solicited to take the survey.	0.3%	0.4%	0.3%

Notes. BFV=Business Filing and Verification; SFY=State fiscal year (September 1-August 31).

Table 8 shows the efficiency measures for BFV Customer Service Satisfaction Survey. The BFV Customer Service Satisfaction Survey uses SurveyMonkey and therefore costs are minimal. Thus, BFV does not track survey administration costs

associated with the customer service survey and provided answers of "not applicable" within the table.

Table 8. Efficiency Measures for the BFV Customer Service Satisfaction Survey

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total costs	The total costs for the agency to administer customer surveys.	N/A	N/A	N/A
Cost per customer surveyed	Total costs divided by the total number of customers solicited to take the survey.	NA	NA	NA

Notes. BFV=Business Filing and Verification; SFY=State fiscal year (September 1-August 31).

Major Findings

Table 9 shows the major findings from the BFV Customer Service Satisfaction Survey.

Table 9. Findings for the BFV Customer Service Satisfaction Survey

Satisfaction Measure	SFY 2020 Proportion of Respondents[1] (N=301)	SFY 2021 Proportion of Respondents[1] (N=317)
Expressed satisfaction with staff being helpful, courteous, and knowledgeable	79%	79%
Expressed satisfaction with communicating with DSHS (via telephone, mail, or electronically) and found it to be an efficient process	76%	76%
Expressed satisfaction with the DSHS website and found it to be user-friendly and contained adequate information	75%	75%
Expressed satisfaction with the ease of filing an application and the processing of it in a timely manner	82%	69%
Expressed satisfaction with the forms, instructions, and other information provided by DSHS and found them helpful and easy to understand	64%	66%

Notes. [1] Proportions indicate respondents who chose responses "somewhat satisfied," "satisfied," or "very satisfied" rather than "somewhat dissatisfied," "dissatisfied," or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions. BFV=Business Filing and Verification; SFY=State fiscal year (September 1-August 31); N=Sample size; DSHS=Department of State Health Services.

There was a decrease in the number of customers who reported their application was easy to file and processed in a timely manner, from 82 percent in SFY 2020 to 69 percent in SFY 2021. BFV staff believe that upon the state's reopening from the COVID-19 public health emergency, the significant increase in the number of application submissions across all programs led to longer processing timeframes, which was inconsistent with previously established expectations. There were no other significant changes from SFY 2020 to SFY 2021.

Surveillance Section Customer Service Satisfaction Survey

Purpose

The Surveillance Section of the Consumer Protection Division protects consumer health and safety by ensuring compliance with state and federal law and rules regulated under DSHS. Activities performed by Surveillance Section staff include inspections, product and environmental sampling, complaint investigations, and technical assistance.

The entities inspected include retail stores that sell abusable volatile chemicals or hazardous products, asbestos abatement contractors, lead abatement contractors, tattoo and body piercing studios, drugs and medical device manufacturers or distributors, food manufacturers or warehouses, food and drug salvagers, milk plants and dairy farms, entities that use and store radioactive materials, x-ray machines, and mammography machines.

The purpose of the Surveillance Section Customer Service Survey is to determine customer satisfaction of the regulated entities that interact with Surveillance Section staff and provide the regulated entities a mechanism for input into the inspections process. Additionally, the Surveillance Section Customer Service Survey data and comments can be used as a quality assurance tool by managers. The information is reviewed to identify trends that may lead to training opportunities for staff and/or regulated entities.

Sample and Methods

The Surveillance Section Customer Service Survey, conducted online through SurveyMonkey, is made available to all regulated entities who met with an inspector. The survey was made available on March 1, 2017 and has been perpetually listed for entities to complete. The link to the survey is printed on the back of inspectors' business cards. Inspectors are required to present their business cards and credentials upon entering a firm. On average, the Surveillance Section conducts approximately 40,000 inspections annually. The survey is offered online and in English only. From September 1, 2017 through August 31, 2021, 171 surveys were completed. For the reporting period of SFY 2020 and SFY 2021, a total of 21 surveys were completed. The unit conducted additional remote and

virtual inspections during this time; however, due to the COVID-19 public health emergency, lower response numbers were collected.

Performance Metrics

Table 10 provides the output measures for the Surveillance Section Customer Service Survey.

Table 10. Output Measures for the Surveillance Section Customer Service Survey

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total customers served (i.e., population)	Total number of customers receiving services from the program.	53,800	69,181	61,500
Total customers in sampling frame	The total number of customers meeting criteria to participate in the survey.	53,800	69,181	61,500
Total customers solicited to take the survey	The number of customers who receive access to surveys regarding agency services.	53,800	69,181	61,500
Total customers who responded to the survey	The number of customers who responded to the survey.	1	20	100
Response Rate	The percentage of customers who responded to the survey out of the total number of customers solicited to take the survey.	0.00%	0.03%	0.16%

Notes. SFY=State fiscal year (September 1-August 31).

Table 11 provides efficiency measures for Surveillance Section Customer Service Survey. Because the survey was conducted through SurveyMonkey, costs are minimal. Thus, the Surveillance Section does not track costs associated with the customer service survey and provided "not applicable" in the table.

Table 11. Efficiency Measures for the Surveillance Section Customer Service Survey

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total costs	The total costs for the agency to administer customer surveys.	N/A	N/A	N/A
Cost per customer surveyed	Total costs divided by the total number of customers solicited to take the survey.	N/A	N/A	N/A

Notes. SFY=State fiscal year (September 1-August 31).

Major Findings

Table 12 presents the major findings from the Surveillance Section Customer Service Survey.

Table 12. Findings from the Surveillance Section Customer Service Survey

Measure	SFY 2020 Proportion of Respondents[1] (N=1)	SFY 2021 Proportion of Respondents (N=20)
The inspector introduced himself/herself and presented his/her credentials/ID before the inspection.	N/A	100%
The purpose of the inspection was adequately described at the beginning of the inspection.	N/A	98.2%
The on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.	N/A	94.6%
The DSHS inspector was prepared and well organized.	N/A	98.2%
The inspection was handled in a courteous and professional manner.	N/A	98.2%
The inspector clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information.	N/A	98.2%
I now have a better understanding or knowledge of state and/or federal requirements affecting my business.	N/A	94.6%
The inspector clearly explained their findings.	N/A	98.2%
If deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.	N/A	96.4%

Notes. [1] Results are not presented for SFY 2020 due to the small sample size (the COVID-19 public health emergency limited the number of responses collected).
SFY=State fiscal year (September 1-August 31); N=Sample size; DSHS=Department of State Health Services.

Laboratory and Infectious Disease

Human Immunodeficiency Virus (HIV) Care Services Ryan White Part-B, Post Monitoring Satisfaction Survey

Purpose

DSHS HIV Care Services Ryan White Part-B and State Services Program serves approximately 35,000 low income people living with HIV in Texas. This program provides resources and funding to access medical and support services. The program's focus is to promote improved health outcomes and reduce HIV transmission. The HIV Care Services Group conducts annual program monitoring to assess the compliance to the 27 HIV Program Service Standards of Care of each 58 funded service providers across the state. This survey summary covers SFY 2020 and SFY 2021 of the HIV Care Services Post Monitoring Survey results.

The purpose of the annual Texas HIV Care Services Post Monitoring Survey is to assess and gather feedback from program funded medical clinics and support service agencies on the monitoring process and their satisfaction with their experience. The survey, which is conducted by the HIV Care Services Groups' Quality Management Coordinator, is an annual quality management activity.

Sample and Methods

The HIV Care Services Post Monitoring Survey sought responses from 58 Ryan White Part-B and State Services funded service providers in SFY 2020 and SFY 2021.

During SFY 2021, the program implemented a burden reduction process, cutting monitoring in half by monitoring 28 service providers in SFY 2021 and the remaining 30 service providers in SFY 2022. The survey link was sent to each monitored service provider agency representative after monitoring was completed.

The study was conducted electronically using Microsoft Forms. The surveys were offered in English only. Individuals completed the survey themselves and electronically submitted their responses using a survey link with the option to self-identify or remain anonymous.

Performance Metrics

Table 13 provides the output measures for HIV Care Services Post Monitoring Survey.

Table 13. Output Measures for HIV Care Services Post Monitoring Survey

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total customers served (i.e., population)	Total number of customers receiving services from the program.	58	28	30
Total customers in sampling frame	The total number of customers meeting criteria to participate in the survey.	58	28	30
Total customers solicited to take the survey	The number of customers who receive access to surveys regarding agency services.	58	28	30
Total customers who responded to the survey	The number of customers who responded to the survey.	51	17	27
Response Rate	The percentage of customers who responded to the survey out of the total number of customers solicited to take the survey.	87.9%	60.7%	90.0%

Notes. HIV=Human Immunodeficiency Virus; SFY=State fiscal year (September 1-August 31).

Table 14 provides the efficiency measures for HIV Care Services Post Monitoring Survey.

Table 14. Efficiency Measures for HIV Care Services Post Monitoring Survey

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total costs	The total costs for the agency to administer customer surveys.	$240	$240	$240
Cost per customer surveyed	Total costs divided by the total number of customers solicited to take the survey.	$4	$9	$8

Notes. HIV=Human Immunodeficiency Virus; SFY=State fiscal year (September 1-August 31).

Major Findings

Overall survey results for each fiscal year show high satisfaction rates with the monitoring process and the monitoring teams' performance (Table 15).

Table 15. Findings for HIV Care Services Post Monitoring Survey

Measure	SFY 2020 Proportion of Respondents (N=51)	SFY 2021 Proportion of Respondents (N=17)
The monitoring team was professional, respectful, and courteous throughout the remote monitoring process	100%	100%
The annual program monitoring process helps my agency to identify potential areas of deficiency and opportunities for improvement[1]	94%	88%

Notes. [1] The survey facilities the identification of opportunities for improvement in their respective service delivery practices in relation to compliance with the Texas HIV Service Standards of Care.
HIV=Human Immunodeficiency Virus; SFY=State fiscal year (September 1-August 31); N=Sample size.

Laboratory Services Testing Customer Satisfaction Survey

Purpose

The DSHS Laboratory Services Section (LSS) provides unique testing services for a myriad of sample types and facilities across the state. Services include testing newborn blood samples for inherited, potentially deadly disorders; testing water quality for biologic contaminants from local sources; and testing milk and meat. LSS's goal is to improve the public health and patient outcomes for all Texans and serve thousands of facilities across the state that submit samples to the laboratory.

The purpose of the DSHS LSS Survey was to allow laboratory management to gauge client satisfaction with the type of services provided, ease of use with electronic reporting systems, and experience with customer support services. The goal is to improve client satisfaction. Surveys were conducted annually by the LSS Quality Assurance Unit and included all facilities that received LSS services from 2019 through 2020.

Sample and Methods

DSHS LSS issued a survey for services rendered in 2019 and 2020 with surveys issued the following year, 2020 and 2021 respectively. Facilities were made aware of the survey opportunities through notices placed on results web portals, issued via GovDelivery or ListServ, email, and the DSHS website. The responses could be completed electronically by facility representatives for 30 days. The 2020 DSHS LSS Survey closed February 28, 2020 and the 2021 DSHS LSS Survey closed on April 15, 2021. The surveys were offered in English and were available online only.

Performance Metrics

Table 16 provides output measures for the DSHS LSS Survey. The number of customers who received access to the survey (26,323) is much larger than the number of customers served in the program for several reasons:

- The laboratory openly advertises to everyone via the laboratory website, online portals, and email distribution lists. The website can be seen by everyone, including the general public. Online portals are actively seen by a subset of active submitters (not all submitters use the online portals). The email distribution lists are open to anyone who takes the time to subscribe. The laboratory maintains seven email distribution lists and took count of the number of email addresses part of each distribution list to arrive at 26,323.

- For every active submitting entity, many supporting staff members interact with the laboratory on a regular or sporadic basis. Each submitting entity, whether it be a clinic, hospital or individual, has supporting staff including administrative, nurses, techs, etc. In the cases of hospitals and clinics, their support staff, all those who work for the submitting doctor/hospital/clinic/etc., can be large and often siloed. For instance, techs sending out specimens are in a different area from those attaching results to patient records, etc. Each has a portion of the job to ensure their patients are taken care of. Each has its own experiences when interacting with the laboratory. To get the information to the staff that needs it, the laboratory maintains email distribution lists that send out periodic alerts, reminders, etc. Customers, including all support staff, can sign up to be on any email distribution list available.

Table 16. Output Measures for the DSHS LSS Survey

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total customers served (i.e., population)[1]	Total number of customers receiving services from the program.	5,277	4,980	4,980
Total customers in sampling frame	The total number of customers meeting criteria to participate in the survey.	5,277	4,980	4,980
Total customers solicited to take the survey	The number of customers who receive access to surveys regarding agency services.	26,323	26,323	26,323
Total customers who responded to the survey	The number of customers who responded to the survey.	70	144	144
Response Rate	The percentage of customers who responded to the survey out of the total number of customers solicited to take the survey.	0.3%	0.5%	0.5%

Notes. [1] The total number of customers receiving services from the programs is equivalent to the number of "active" submitters for the time frame being surveyed. To be classified as "active," the submitter/provider must have submitted at least one specimen/sample for testing within the calendar year being surveyed. All submitters that fell into the "active" submitters criteria within the 2019 calendar year were included in the total number of customers served for the 2020 survey. All "active" submitters within the 2020 calendar year were included in the 2021 DSHS LSS Survey.
DSHS=Department of State Health Services; LSS=Laboratory Services Section; SFY=State fiscal year (September 1-August 31).

Table 17 provides efficiency measures for the DSHS LSS Survey. The survey tool used, Microsoft Forms, is part of the Microsoft suite of products used for other business purposes, so no additional costs were incurred.

Table 17. Efficiency Measures for the DSHS LSS Survey

Measure	Specification	SFY 2020	SFY 2021	Projected SFY 2022
Total costs	The total costs for the agency to administer customer surveys.	N/A	N/A	N/A
Cost per customer surveyed	Total costs divided by the total number of customers solicited to take the survey.	N/A	N/A	N/A

Notes. DSHS=Department of State Health Services; LSS=Laboratory Services Section; SFY=State fiscal year (September 1-August 31).

Major Findings

Findings for the DSHS LSS Survey issued in 2020 and 2021 show that respondents were satisfied with the laboratory performance, communication, and services (Table 18). Across all measures, satisfaction ratings in 2021 were higher than those in 2020. Specifically, submitter satisfaction with the quality of service and information provided increased in the 2021 DSHS LSS Survey with submitters citing the clear communications surrounding test delays due to Winter Storm Uri with re-testing results provided quickly. Submitter concerns and dissatisfaction were most often expressed regarding the online platform where submitters access patient results. The issue noted the most was the inability to quickly reset passwords to regain access to online results and the difficulty searching for results.

Table 18. Findings for the DSHS LSS Survey

Satisfaction Measure	SFY 2020 Proportion of Respondents[1] (N=70)	SFY 2021 Proportion of Respondents[1] (N=144)
Expressed satisfaction with the quality of service or information DSHS provided	90%	96%
Expressed satisfaction with DSHS staff courtesy	88%	98%
Expressed satisfaction with the timeliness of services or information DSHS provided	90%	97%
Expressed satisfaction with the ease in requesting or accessing services or information	85%	92%

Notes. [1] Proportions indicate respondents who chose responses "satisfied", "very satisfied", "neither satisfied or dissatisfied" rather than "dissatisfied" or "very dissatisfied." Those who did not answer the survey question are not counted in these proportions.
DSHS=Department of State Health Services; LSS=Laboratory Services Section; SFY=State fiscal year (September 1-August 31); N=Sample size.

South Texas Laboratory – Water Sample Testing Survey

Purpose

The South Texas Laboratory (STL) is a branch of the Laboratory Services Section located in Harlingen, Texas. One service provided by the STL is bacterial water testing for drinking water. Testing is performed on public water systems, companies who sell bottled or vended water, and private individuals (i.e., self-owned businesses or properties with ground wells). The program also provides bacterial water testing for drinking water submitters who are required to follow the Texas Commission of Environmental Quality (TCEQ) regulations.

The purpose of the Water Sample Testing Survey is to seek feedback from the submitters. The feedback is used to improve customer service, the management system, and testing. The survey is a Quality Systems General Requirement by The National Environmental Laboratory Accreditation Program Institute and part of the TCEQ Standards. The survey, which was conducted by the STL Water Department, included all water submitters.

Sample and Methods

The study sought responses from water submitters who are current customers of the South Texas Laboratory and was conducted from January 21, 2020 through February 29, 2020. The Water Sample Testing Survey was offered in English only. Individuals completed the survey themselves. The total number of completed responses was 31 of 85 for a response rate of 36 percent.

Performance Metrics

Table 19 provides SFY 2020 output measures for Water Sample Testing Survey. Output measures for Projected SFY 2022 is estimated to be the same as SFY 2020. A survey was not conducted during SFY 2021 and is noted as "not applicable."

Table 19. Output Measures for Water Sample Testing Survey

Measure	Specification	SFY 2020	SFY 2021[1]	Projected SFY 2022
Total customers served (i.e., population)	Total number of customers receiving services from the program.	85	N/A	85
Total customers in sampling frame	The total number of customers meeting criteria to participate in the survey.	85	N/A	85
Total customers solicited to take the survey	The number of customers who receive access to surveys regarding agency services.	85	N/A	85
Total customers who responded to the survey	The number of customers who responded to the survey.	31	N/A	31
Response Rate	The percentage of customers who responded to the survey out of the total number of customers solicited to take the survey.	36.5%	N/A	36.5%

Notes. [1] The Water Sample Testing Survey was not conducted in SFY 2021.
SFY=State fiscal year (September 1-August 31).

Table 20 provides the SFY 2020 efficiency measures for the Water Sample Testing Survey. The efficiency measures for Projected SFY 2022 are estimated to be the same as SFY 2020. A survey was not conducted during SFY 2021 and is marked as "not applicable."

Table 20. Efficiency Measures for Water Sample Testing Survey

Measure	Specification	SFY 2020	SFY 2021[1]	Projected SFY 2022
Total costs	The total costs for the agency to administer customer surveys.	$200	N/A	$200
Cost per customer surveyed	Total costs divided by the total number of customers solicited to take the survey.	$2	N/A	$2

Notes. [1] The Water Sample Testing Survey was not conducted in SFY 2021.
SFY=State fiscal year (September 1-August 31).

Major Findings

The findings of the Water Sample Testing Survey were as follows:

- Most submitters (94 percent) received lab reports in a timely manner (faxed, mailed, or other).

- Most submitters (94 percent) spoke with an STL staff member immediately or within 3 to 5 minutes.

- Most submitters (72 percent) indicated their water issues were resolved within minutes.

- Most submitters (94 percent) gave a highly satisfied rating.

- Most submitters (80 percent) reported well above average on customer service experience, on-time delivery of service, professionalism, quality of service, and understanding of customers' needs.

- Most submitters (65 percent) rated the STL service much higher to comparable labs.

- Most submitters (78 percent) strongly agreed that the STL staff member was knowledgeable.

- Most submitters (75 percent) rated the overall laboratory service well above average on instructing changes on the G-19 form.

- Most submitters (94 percent) reported that STL gave clear instructions on collection of water samples and clear answers to resolve issues.

- Most submitters (81 percent) expressed high satisfaction with STL responsiveness.

- Most submitters (90 percent) provided an overall rating on the process of problem resolving as "very good."

- Many submitters (77 percent) rated the STL staff member as well above average for the following characteristics: patience, enthusiastic, listens carefully, friendly, responsive, and courteous to the water submitters.

Appendix A. Customer Inventory for the Department of State Health Services (DSHS)

Services Provided to Customers by Budget Strategy, as listed in HHS System Strategic Plan 2019–2023, Volume II, Schedule A

Objective A.1

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.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.	**Citizens of Texas:** DSHS is responsible for public health and medical services during a disaster or public health emergency and ongoing surveillance for infectious disease outbreaks with statewide potential such as influenza and foodborne outbreaks. **Other Local, State, and Federal Agencies**: DSHS coordinates with local health departments (LHDs); Texas Division of Emergency Management; Regional Advisory Councils; laboratories and laboratory response networks; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; hospitals; and healthcare systems. **Texas-Mexico Border Residents and Border Health Partners:** DSHS coordinates and promotes health issues between Texas and Mexico and provides interagency coordination and assistance on public health issues with local border health partners referenced in *Strategy 1.1.4. Border Health and Colonias*. **Public Health Services:** DSHS Public Health Regions (PHR) are responsible for ensuring the provision of public health services to communities across Texas where no LHD has been established or the LHD does not have the capacity or wish to provide a full range of public health services. State and federal funds are used to support DSHS Regions in the prevention of epidemics and spread of disease; protection against environmental hazards; prevention of injuries; promotion of healthy behaviors; and response to disasters. Through public health social workers, DSHS supports its statutory responsibility to link individuals who have a need for community and personal health services to appropriate community and private providers. **Committees:** DSHS provides support to the Public Health Funding and Policy Committee and Preparedness Coordinating Council.

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.1.2. Vital Statistics. Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.	**Citizens of Texas:** DSHS provides vital records needed to access benefits and services. **Local Governments:** DSHS maintains and operates a statewide information system, Texas Electronic Vital Events Registrar (TxEVER), for use by statewide officials responsible for birth and death registration. DSHS receives information from district and county clerks responsible for registering vital event information associated with marriages, divorces, and suits affecting the family. **Funeral Directors, Funeral Home Staff, Medical Directors, and Facilities:** DSHS maintains and operates TxEVER for use by funeral directors and funeral home staff that provide death certificates as part of funeral services and to collect demographic data associated with registered deaths. Physicians, justices of the peace, medical examiners, hospitals, and hospices also contribute medical data associated with registration of death events. **Hospitals, Birthing Centers, and Midwives:** DSHS maintains TxEVER for hospitals, birthing centers, and certified and non-certified midwives that are responsible for registration of birth events.
Strategy A.1.3. Health Registries. Collect health information for public health research and information purposes that inform decisions regarding the health of Texans.	**Direct Consumers and Policymakers:** DSHS provides health-related disease registry for health planning and policy decisions. This includes the Texas Cancer Registry, Birth Defects Registry, Blood Lead Registry, Traumatic Brain Injury, Trauma and Emergency Medical Services Registries. DSHS collects, maintains, and disseminates data for all Texas residents and for policymakers. The aggregated data that is shared with a diverse group of users and stakeholders that contribute to prevention and control of diseases and conditions, and improve diagnoses, treatment, survival, and quality of life for all Texans.
Strategy A.1.4. Border Health and Colonias. Promote health and address environmental issues between Texas and Mexico through border/binational coordination, maintenance of border health data, and community-based healthy border initiatives.	**Texas-Mexico Border Residents:** DSHS coordinates and promotes health issues between Texas and Mexico and identifies resources and develops projects that support community efforts to improve border health. **Border Health Partners:** DSHS provides interagency coordination and assistance on public health issues with local border health partners; border LHDs; binational health councils; community health work groups, state border health offices in California, Arizona, and New Mexico; U.S.-Mexico Border Health Commission; U.S. EPA Border 2020 Program; U.S. Department of Health and Human Services (DHHS) Office of Global Affairs, U.S. DHHS Health Resources and Services Administration (HRSA) Office of Border Health; México Secretaria de Salud; and other state and federal agency border programs. **Committees:** DSHS provides support to the Taskforce of Border Officials.

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.1.5. Health Data and Statistics. Collect, analyze, and distribute information about health and healthcare.	**Citizens of Texas:** DSHS utilizes data to help address Texas residents' concerns regarding health conditions in their neighborhoods. DSHS posts healthcare facility-level, community-level, and statewide health and healthcare workforce data on the Texas Health Data website. Texas Health Data is an interactive data website to support public health officials, educators, and students in improving service delivery, evaluating healthcare systems, and monitoring the health of the people of Texas. DSHS provides data to researchers and for other public health purposes, including inclusion in national and international documents that discuss and/or report the burden of health conditions nationally and/or internationally. This data may also be used for community health assessments, public health planning, and making informed healthcare decisions. **Other External Partners:** DSHS coordinates with the Texas Medical Association (TMA), Texas Academy of Family Physicians, Texas Midwifery Association, Association of Texas Midwives, County Medical Societies, Texas and New Mexico Hospice Organization, Texas Justice Court Training Center, Texas County Commissioners Court, County and District Clerks' Association of Texas, Texas Hospital Association (THA), Texas Society of Infection Control and Prevention, local chapters of the Association for Professionals in Infection Control and Epidemiology, Texas Tumor Registrars Association, the National Program of Cancer Registries - part of the Centers for Disease Control and Prevention (CDC), and the North American Association of Central Cancer Registries (NAACCR). **Other State Agencies:** DSHS coordinates with the Office of Attorney General, DFPS, Texas Department of Transportation, Texas Workforce Commission, HHSC, Texas Commission on Environmental Quality, Cancer Prevention and Research Institute of Texas (CPRIT), Texas Department of Housing and Community Affairs, Texas Poison Center Network, Texas Medical Board, Texas Board of Nursing, Texas Department of Agriculture, and Texas State Commission on Judicial Conduct. **Federal Agencies:** DSHS coordinates with the CDC, National Center for Health Statistics, Social Security Administration, Federal Bureau of Investigations, Food and Drug Administration (FDA), National Institute of Occupational Safety and Health, Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registries, Department of Veteran Affairs, and EPA.

Objective A.2

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.2.1. Immunize Children and Adults in Texas. Implement programs to immunize children and adults in Texas.	**Direct Consumers:** DSHS operates the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) programs to provide immunizations for eligible children, adolescents, and adults. These programs also work to educate and perform quality assurance activities with healthcare providers vaccinating these groups. DSHS maintains an electronic vaccine inventory system that enables participating providers to order vaccine stock and report on vaccines administered. DSHS maintains a statewide immunization registry (ImmTrac2) that contains millions of immunization records, mostly for children. Healthcare providers use ImmTrac to ensure timely administration of vaccines and to avoid over-vaccination. Parents may obtain immunization records for their children. DSHS also conducts surveillance, investigation, and mitigation of vaccine-preventable diseases. **Local Governments:** DSHS helps LHDs in conducting immunization programs at the local level, including providing immunizations for eligible children, adolescents, and adults; providing immunization education; and assisting with activities to increase immunization coverage levels across Texas. **Schools and Childcare Facilities:** DSHS provides education and technical assistance to school and childcare facilities on school immunization requirements. DSHS conducts an annual survey of private schools and public school districts to assess vaccination coverage. Additionally, DSHS conducts audits on schools and childcare facilities to ensure that the facilities comply with school immunization requirements. **External Partners:** DSHS works with the Texas Immunization Stakeholder Working Group, which includes representatives from TMA, Texas Pediatric Society (TPS), parents, schools, LHDs, pharmacists, nurses, vaccine manufacturers, immunization coalitions, and other organizations with a role in the statewide immunization system. **Other State Agencies:** DSHS works with Texas Education Agency, DFPS and HHSC in the delivery of immunization services.

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.2.2. HIV/Sexually Transmitted Disease (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.	**Direct Consumers:** DSHS provides access to HIV treatment and care services, including life-enhancing medications, for low-income, uninsured, or underinsured persons. DSHS also provides ambulatory healthcare and supportive services to persons living with HIV disease through contracted providers. DSHS contracts to provide HIV counseling and testing, linkage to HIV related medical care and behavior change interventions to prevent the spread of HIV and other STDs. DSHS provides testing for HIV and STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs.
	Local Governments: DSHS helps local governments in the delivery of services to assure that persons diagnosed with HIV and high priority STDs are notified and linked to medical care and treatment. Assistance is provided to assure that partners of persons newly diagnosed with HIV and high priority STDs are notified and offered testing services. DSHS provides capacity building and technical assistance/training services to LHDs that provide HIV/STD prevention and treatment and care services. DSHS works with LHDs to promote HIV/STD as a health and prevention priority among medical providers and the community at large. DSHS provides local leaders and groups across Texas with information on the size and scope of HIV and STD cases in their communities, with HIV/STD-specific strategic planning tools, and with best risk reduction practices to support creation of HIV/STD prevention and services action plans.
	Community-Based Organizations: DSHS provides capacity building and technical assistance/training services to contracted providers providing HIV/STD prevention and treatment and care services.
	Committee: The Texas HIV Medication Advisory Committee advises DSHS about the Texas HIV Medication Program formulary and policies.

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.2.3. Infectious Disease Prevention, Epidemiology and Surveillance. Conduct surveillance on infectious diseases, including respiratory, vaccine-preventable, bloodborne, foodborne, zoonotic diseases and healthcare associated infections. Implement activities to prevent and control the spread of emerging and acute infectious and zoonotic diseases.	**Citizens of Texas:** DSHS coordinates disease surveillance and outbreak investigations including information on the occurrence of disease, as well as prevention and control measures. DSHS conducts surveillance for and investigations of infectious diseases, recommends control measures in accordance with best practices, and implements interventions. In addition, DSHS provides information on infectious disease prevention and control to the public through the website and personal consultation. DSHS facilitates the distribution of rabies biologics to persons exposed to rabies, provides Animal Control Officer training opportunities, inspects animal rabies quarantine facilities, immunizes wildlife that can transmit rabies to humans, mobilizes community efforts such as pet neutering programs through the Animal Friendly grant, and maintains investigative response capacity. **Local Governments:** DSHS coordinates infectious disease prevention, control, epidemiology, and surveillance activities with LHDs. **Other State and Federal Agencies:** DSHS collaborates daily with the CDC to maintain consistency with national guidance on infectious disease surveillance, investigation, and mitigation. DSHS serves as the lead on a cooperative project with U.S. Department of Agriculture and Texas Military Forces. Other stakeholders are THA, Texas Health Care Association, Texas Organization of Rural & Community Hospitals (TORCH), Texas Ambulatory Surgery Center Society, End State Renal Disease (ESRD) Network of Texas, the Texas Animal Health Commission, Texas Parks and Wildlife Department, Texas Veterinary Medical Diagnostic Laboratory, U.S.-Mexico Border Health Commission, Rotary International, CDC, FDA, HRSA, schools of public health in Texas, voluntary agencies, HHSC, and federal Office of Refugee Resettlement. **Medical Community:** DSHS provides information and consultation to the human and veterinary medical communities, as well as to healthcare professionals through personal consultation and professional organizations, presentations and posters at scientific meetings, and peer-reviewed publications. **Committees:** DSHS provides support to the Task Force on Infectious Disease Preparedness and Response and the Healthcare Safety Advisory Committee. (The Healthcare Safety Advisory Committee was abolished on September 1, 2020 as per Texas Administrative Code (TAC) (25 TAC §200.40 (e)(2)(f)).

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.2.4. Tuberculosis (TB) Surveillance and Prevention. Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.	**Direct Consumers:** DSHS establishes disease surveillance and outbreak investigations processes and provides information on the occurrence of TB disease in communities across Texas. DSHS implements TB disease control measures, including testing and diagnostic services and promoting adherence to treatment. DSHS also ensures that all persons residing in Texas and the Texas/Mexico border who are diagnosed with TB or Hansen's disease receive treatment regardless of ability to pay for services. In addition, DSHS provides information to the public on TB prevention and control and Hansen's disease through its website. Phone consultations are also provided to the public on TB and Hansen's disease.
	Local Government: DSHS contracts with LHDs to provide outpatient clinical and public health services for TB and Hansen's disease management. DSHS works with DSHS PHRs and LHD providers on TB binational projects and other special projects targeting individuals and groups at high risk for TB. DSHS provides medications, laboratory services, capacity building, technical assistance, and training services to contracted providers on TB and Hansen's disease. DSHS works in collaboration with LHDs and PHRs to evaluate TB screening, reporting and case management activities conducted by local jails statewide.
	State Agencies: DSHS collaborates with Texas Commission on Jail Standards to uphold standards for jails with a TB screening program. DSHS collaborates with Texas Department of Criminal Justice on TB screening, prevention, and reporting activities.
	Federal Agencies: DSHS collaborates with the CDC, the National Hansen's Disease Program, Bureau of Prisons, Immigration Customs Enforcement, U.S. Marshal's Office on disease surveillance, reporting and management.
	Medical Community: DSHS provides consultation services to healthcare professionals on TB and Hansen's disease. DSHS works in collaboration with medical partners to evaluate persons for TB, reporting and patient management activities.
	Contracted Providers: DSHS contracts with private organizations, hospitals, university medical centers and federally qualified health centers (FQHCs) to provide outpatient TB screening and diagnosis services.
	DSHS partners with Heartland National TB Center, a CDC Regional Training and Medical Consultation Center, to provide training to healthcare professionals and to maintain an educated TB workforce. DSHS also participates in professional organizations including conducting presentations and presenting posters at scientific meetings and submitting peer-reviewed publications.
Strategy A.2.5 Texas Center for Infectious Disease. Provide medical treatment to persons with tuberculosis and Hansen's disease.	**Hospital Services:** Through the Texas Center for Infectious Disease, DSHS provides inpatient and outpatient TB treatment and outpatient Hansen's disease evaluation and treatment.

Objective A.3

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.3.1. Health Promotion and Chronic Disease Prevention. Develop, implement, and evaluate evidence-based interventions to reduce health risk behaviors that contribute to chronic disease. Conduct chronic disease surveillance.	**Citizens of Texas:** DSHS provides awareness and educational resources/materials for diabetes, Alzheimer's disease, cancer, asthma, and cardiovascular disease (CVD). DSHS provides child safety seats to low-income families with children less than eight years of age. DSHS provides support to communities for planning and implementing evidence-based obesity prevention interventions through policy and environmental change.
	Councils, Task Forces, and Collaboratives: DSHS provides administrative support to the Texas Diabetes Council, Texas Council on Alzheimer's Disease and Related Disorders, Texas Council on CVD and Stroke, Texas CVD and Stroke Partnership, Texas School Health Advisory Committee, Stock Epinephrine Advisory Committee, and the Cancer Alliance of Texas.
	Healthcare Professionals: DSHS provides toolkits and information that include professional and patient education materials featuring self-management training, minimum standards of care, and evidence-based treatment algorithms.
	Contracted entities: DSHS contracts with various LHDs, universities, non-profits, private sector entities, and others to implement interventions and collect data to reduce the burden of chronic disease and related risk factors.
	Community Diabetes Projects: DSHS contracts with LHDs, community health centers, and grassroots organizations to establish programs for promoting wellness, physical activity, weight and blood pressure control, and smoking cessation for people with or at risk for diabetes.
	Schools: DSHS provides technical assistance on the care of students with or at risk for chronic disease. DSHS provides child safety seats and education to community partners that assist in the distribution of the safety seats to low-income families and trains nurses, police officers, and other community members to be nationally certified child passenger safety technicians.
	State Agencies: DSHS provides subject matter expertise, including research and data analysis, on topics related to chronic disease. DSHS also collaborates with the CPRIT on cancer-related activities. DSHS works with state agency worksite wellness coordinators to implement health promotion and wellness activities in Texas state agencies.

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.3.2. Reducing the Use of Tobacco Products Statewide. Develop a statewide program to reduce the use of tobacco products.	**Citizens of Texas:** DSHS plays a leadership role in educating the public about the importance of tobacco prevention and cessation. DSHS also provides cessation counseling services to all Texas residents. **Healthcare Providers:** DSHS provides training and resources for healthcare providers to implement best practices for treating tobacco dependence in multiple healthcare settings. **External Partners:** DSHS works with the University of Texas at Austin, University of Texas at El Paso, University of Houston, The Council on Alcohol and Drug Abuse, Optum, Texas State University, Texas A&M University, MD Anderson Cancer Center, American Cancer Society, and American Lung Association. **Contracted Services:** DSHS contracts with a media firm; a national Quitline service provider; state institutions of higher education; and local coalitions to implement comprehensive tobacco prevention, cessation, and environmental change policies.

Objective A.4

Budget Strategy	Stakeholder Groups/Services Provided
Strategy A.4.1. Laboratory Services. Provide analytical laboratory services in support of public health program activities.	**Citizens of Texas:** DSHS tests specimens for infectious diseases such as HIV, STD, and TB; screens for lead in children; tests bay water and milk samples for contamination; tests for rabies; screens every newborn for 54 metabolic and genetic disorders; and identifies organisms responsible for disease outbreaks throughout Texas. DSHS also provides testing for chemical and biological threats. **Other Local, State, and Federal Agencies:** DSHS coordinates with LHDs and their laboratories; laboratories that are part of CDC Laboratory Response Network; first responders; law enforcement; environmental, veterinary, and agricultural laboratories; vector control programs; and animal control programs. **Public Water Systems:** DSHS provides testing of water samples as part of the EPA Safe Drinking Water Act. **External Partners:** DSHS works with the Texas Newborn Screening Advisory Committee, THA, TMA, TPS, and other professional associations.

Objective B.1

Budget Strategy	Stakeholder Groups/Services Provided
Strategy B.1.1. Maternal and Child Health. Provide easily accessible, quality, and community-based maternal and child health services to low-income women, infants, children, and adolescents.	**Direct Consumers:** DSHS provides contracted clinical, educational, and support services to Texas residents who meet specific eligibility requirements. DSHS provides preventive oral health services to children in low-income schools and provides training and certification for vision and hearing screening. In addition, DSHS makes audiometers available to schools and day care centers for their staff to conduct screenings. DSHS also provides preventive and primary care, medical and limited dental services, and case management to low-income pregnant women and children through contracts with Title V funds. In the public health regions, DSHS participates in community assessment and provides a variety of Maternal and Child Health related special projects and community health promotion interventions to improve the health of families and the community. Limited genetics services are also provided through contracts. DSHS notifies primary care physicians and families of newborns with out-of-range newborn screening results to ensure clinical care coordination to prevent development delays, intellectual disability, illness, or death. DSHS also provides education to providers and the public regarding genetics. **Contracted Providers:** DSHS provides professional education to dental, medical, and case management providers through online provider education and in-person training opportunities. DSHS contracts with nonprofit organizations including LHDs, hospital districts, university medical centers, FQHCs, and other community-based organizations. **Certified Individuals:** DSHS provides oversight of the training and certification requirements for promotoras/community health workers and training instructors. **Schools:** DSHS contracts with entities that provide primary and preventive services through school-based health centers. DSHS also provides training and technical assistance to school administrators, school nurses, and parents on the provision of health services within the school setting. **Other State Agencies:** DSHS provides subject matter expertise, including research and data analysis, on topics related to maternal and child health populations. DSHS also collaborates with the CPRIT on cancer-related activities. Under authority of Title XIX of the Social Security Act (SSA), Chapters 22 and 32 of the Human Resource Code and an Interagency Cooperation Agreement (IAC) with HHSC, DSHS provides for administrative functions related to periodic medical and dental checkups for Medicaid-eligible children 0 through 20 years of age and case management for children 0 through 20 years of age and pregnant women with health risks or health conditions. **External Partners:** DSHS interacts with the American Cancer Institute, TPS, Texas Dental Association, TMA, THA, TORCH, March of Dimes, Children's Hospital Association of Texas, Head Start programs, independent school districts, and healthcare providers. **Committees:** DSHS provides administrative support to the Newborn Screening Advisory Committee, Promotor(a)/Community Health Worker (CHW) Training and Certification Advisory Committee, Sickle Cell Task Force, and the Maternal Mortality and Morbidity Review Committee.

Budget Strategy	Stakeholder Groups/Services Provided
Strategy B.1.2. CSHCN. Administer population health initiatives for children with special health care needs.	**Direct Consumers:** DSHS is responsible for public health initiatives for children with special health care needs and their families and people of any age with cystic fibrosis. Regional staff also provide case management, eligibility determination, and enrollment services. DSHS community-based initiatives for the CSHCN population include medical home, transition to adult care, and community integration through contractors. Through community-based contracts, family supports and community resources are provided and case management is available for CSHCN who are not part of Medicaid. **External Partners:** DSHS actively participates on a variety of advisory groups including but not limited to the Children's Policy Council and the Texas Council for Developmental Disabilities. DSHS interacts with professional organizations, including Children's Hospital Association of Texas, THA, TMA, and TPS, and advocacy/support groups, including Texas Parent to Parent, Every Child, Inc., and Disability Rights Texas. DSHS facilitates the Medical Home Learning Collaborative, Transition to Adult Care Learning Collaborative and participates in the STAR Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the ECI Advisory Committee.

Objective B.2

Budget Strategy	Stakeholder Groups/Services Provided
Strategy B.2.1. Emergency Medical Services (EMS) and Trauma Care Systems. Develop and enhance regionalized emergency healthcare systems.	**Citizens of Texas:** DSHS ensures a coordinated statewide Emergency Medical Services (EMS) and trauma system and designates trauma and stroke facilities in Texas. DSHS regulates and sets standards for EMS professionals and providers. **Emergency Medical Services:** DSHS sets standards and maintains oversight of EMS providers, EMS education providers and EMS personnel. **Healthcare Facilities:** DSHS sets standards and maintains oversight of a system of designations for hospitals in trauma, stroke, neonatal care. **Regional Advisory Councils (RACs)**: DSHS contracts and coordinates with 22 RACs that are tasked with developing, implementing, and monitoring a regional emergency medical service trauma system plan, for the purpose of improving and organizing trauma care. **External Partners:** DSHS interacts with professional organizations including Texas Ambulance Association, Texas Fire Chiefs Association, Texas EMS Alliance, Texas Hospital Association, Texas Medical Association, Texas Organization of Rural and Community Hospitals, and Texas EMS Trauma and Acute Care Foundation. **Committees:** DSHS provides administrative support for the Medical Advisory Board and the Governor's EMS and Trauma Advisory Council (GETAC).

Budget Strategy	Stakeholder Groups/Services Provided
Strategy B.2.2. Texas Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.	**Local Health Departments:** DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas. **Schools of Public Health and Universities:** DSHS partners with these entities in recruitment activities for the National Health Service Corps and Texas Conrad 30 J-1 Visa Waiver Program. **Other Organizations:** DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.

Objective C.1

Budget Strategy	Stakeholder Groups/Services Provided
Strategy C.1.1. Food (Meat) and Drug Safety. Design and implement programs to ensure the safety of food, drugs, and medical devices.	**Citizens of Texas:** DSHS protects Texas residents from contaminated, adulterated, and misbranded foods by enforcing food safety laws and regulations and investigating foodborne illness outbreaks to identify sources of contamination. DSHS also protects Texas residents from adulterated or misbranded foods, consumable hemp products, drugs, medical devices, cosmetics, and tattoo and body-piercing procedures through regulation. DSHS protects school-age children by inspecting school cafeterias. **Local and State Entities:** DSHS interacts with Texas Department of Agriculture, the Texas Board of Pharmacy, U.S. Department of Agriculture, and U.S. Food and Drug Administration.
Strategy C.1.2. Environmental Health. Design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health, and community sanitation.	**Citizens of Texas:** DSHS provides protection and handles compliance over a broad range of commonly used consumer items including automotive products, household cleaners, polishes and waxes, paints and glues, infant items, and children's toys. DSHS also protects and promotes the physical and environmental health of Texans from asbestos, and lead. DSHS protects children attending private and university-based summer youth camps by requiring completion of certain trainings and inspections. **Committees:** DSHS provides administrative support from the Youth Camp Advisory Committee.

Budget Strategy	Stakeholder Groups/Services Provided
Strategy C.1.3. Radiation Control. Design and implement a risk assessment and risk management regulatory program for all sources of radiation.	**Citizens of Texas:** DSHS protects Texas residents from unnecessary exposure to radiation sources by enforcing radiation laws and regulations and investigating events related to radiation sources. DSHS also responds to emergency response when there is a potential risk of exposure to radiation sources. **Other State Agencies:** DSHS coordinates with the Texas Division of Emergency Management, local governments and other state agencies as part of the DSHS responsibility for Annex D, Radiological Emergency Response, of the State of Texas Emergency Management Plan. DSHS also interfaces with Texas Commission on Environmental Quality, the Texas Railroad Commission, the U.S. FDA, and the U.S. Nuclear Regulatory Commission. **Committees:** DSHS provides administrative support for the Texas Radiation Advisory Board.
Strategy C.1.4. Texas.Gov. Estimated and Nontransferable. Texas.Gov. Estimated and Nontransferable.	**Regulated Entities:** DSHS is statutorily permitted to increase license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by TexasOnline.

Objective D.1

Budget Strategy	Stakeholder Groups/Services Provided
Strategy D.1.1. Agency Wide Information Technology Projects. Provide data center services and a managed desktop computing environment for the agency.	**DSHS Employees:** DSHS provides information technology support for DSHS employees and programs.

Objective E.1

Budget Strategy	Stakeholder Groups/Services Provided
Strategy E.1.1. Central Administration. Central administration. **Strategy E.1.2. Information Technology Program Support.** Information Technology program support. **Strategy E.1.3. Other Support Services.** Other support services. **Strategy E.1.4. Regional Administration.** Regional administration.	**DSHS Employees:** DSHS provides administrative support for DSHS employees and programs.