

Department of State Health Services Strategic Plan for 2025-2029 Part II

**As Required by
Texas Government Code
Chapter 2056**

Department of State Health Services

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Commissioner**

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TEXAS
Health and Human
Services

Texas Department of
State Health Services

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Table of Contents

Schedule A: Budget Structure	A-1
Schedule B: Performance Measure Definitions	B-1
Schedule C: Historically Underutilized Business Plan	C-1
Schedule D: Statewide Capital Plan	D-1
Schedule E: Health and Human Services Strategic Plan	E-1
Schedule F: Agency Workforce Plan	F-1
Schedule G: Workforce Development System Strategic Planning	G-1
Schedule H: Report on Customer Service	H-1
Schedule I: Certification of Compliance with Cybersecurity Training	I-1
Schedule J: Report on Projects and Acquisitions	J-1

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Schedule A: Budget Structure

The budget structure for the Department of State Health Services, found on the following pages, was approved by the Office of the Governor and the Legislative Budget Board for the 89th Regular Session.

Agency Goal/Objective/Strategy
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE
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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 Goal/Objective/Strategy
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE
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<u>5</u>	SHORT NAME:	HEALTH DATA AND STATISTICS
	FULL NAME:	Health Data and Statistics
	DESCRIPTION:	Collect, analyze, and distribute information about health and health care.

<u>2</u>	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.

<u>1</u>	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.

<u>2</u>	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.

<u>3</u>	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.

<u>4</u>	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 Goal/Objective/Strategy
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE
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<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 Goal/Objective/Strategy
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE
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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 through 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 HEALTHCARE 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 Goal/Objective/Strategy
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE
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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 Goal/Objective/Strategy
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE
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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 Goal/Objective/Strategy
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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

GOAL SEQUENCE	OBJECTIVE SEQUENCE	STRATEGY SEQUENCE
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<u>3</u>	SHORT NAME:	OTHER SUPPORT SERVICES
	FULL NAME:	Other Support Services
	DESCRIPTION:	Other support services.

<u>4</u>	SHORT NAME:	REGIONAL ADMINISTRATION
	FULL NAME:	Regional Administration
	DESCRIPTION:	Regional administration.

Schedule B: Performance Measure Definitions

The list of measure definitions for the Department of State Health Services, found on the following pages, was approved by the Office of the Governor and the Legislative Budget Board for the 89th Regular Session.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-01-01 EX 01

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

BL 2026 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 2026 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 2026 Data Source

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

BL 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-01-01 EX 02

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

BL 2026 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 2026 Data Limitations

None.

BL 2026 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 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-01-01 OP 01

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

BL 2026 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 2026 Data Limitations

None.

BL 2026 Data Source

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

BL 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-01-02 EF 01

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

BL 2026 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 2026 Data Limitations

None.

BL 2026 Data Source

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

BL 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-01-02 OP 01

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

BL 2026 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 2026 Data Limitations

None.

BL 2026 Data Source

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

BL 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-01-04 OP 01

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

BL 2026 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 2026 Data Limitations

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

BL 2026 Data Source

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

BL 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-01-05 EF 01

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

BL 2026 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 2026 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 2026 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 2026 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 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-01-05 OP 01

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

BL 2026 Definition

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

BL 2026 Data Limitations

None.

BL 2026 Data Source

Web Server Log Files.

BL 2026 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 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-01 EX 01

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

BL 2026 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 2026 Data Limitations

None

BL 2026 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 2026 Methodology

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

BL 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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	

Calculation Method: N **Target Attainment:** H **Priority:** M Cross Reference: Agy 537 088-R-S70-1 01-02-01 EX 02

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

BL 2026 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 2026 Data Limitations

None.

BL 2026 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 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-01 OP 01

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

BL 2026 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 2026 Data Limitations

Texas Vaccines for Children (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. Due to this delay, the late provider reports are not consistently included in this measure.

BL 2026 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 2026 Methodology

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

BL 2026 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 TVFC program.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-01 OP 02

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

BL 2026 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 2026 Data Limitations

Adult Safety Net (ASN) 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. Due to this delay, the late provider reports are not consistently included in this measure.

BL 2026 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 2026 Methodology

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

BL 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-02 EF 01

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

BL 2026 Definition

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

BL 2026 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 2026 DataSource

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 2026 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 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-02 OP 01

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

BL 2026 Definition

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

BL 2026 Data Limitations

None.

BL 2026 Data Source

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

BL 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 088-R-S70-1 01-02-02 OP 02

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

BL 2026 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 2026 Data Limitations

None.

BL 2026 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 2026 Methodology

The unduplicated number of clients receiving medical and psychosocial services funded by Ryan White Part B or DSHS State Services funds is reported in the URS.

BL 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-03 OP 01

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

BL 2026 Definition

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

BL 2026 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 2026 Data Source

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

BL 2026 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 2026 Purpose

Measures the number of communicable disease reports.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-03 OP 02

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

BL 2026 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 2026 Data Limitations

None.

BL 2026 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 2026 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 2026 Purpose

Measure the number of surveillance activities and field investigations conducted.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-03 OP 03

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

BL 2026 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 2026 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 2026 Data Source

The data are captured in TxHSN.

BL 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 088-R-S70-1 01-02-04 OP 01

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

BL 2026 Definition

The number of TB reports managed during the fiscal year.

BL 2026 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 2026 Data Source

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

BL 2026 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 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-05 OP 01

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

BL 2026 Definition

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

BL 2026 Data Limitations

None.

BL 2026 Data Source

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

BL 2026 Methodology

Calculated by summing all inpatient days for the reporting period.

BL 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-02-05 OP 02

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

BL 2026 Definition

Number of admissions for the reporting period.

BL 2026 Data Limitations

None.

BL 2026 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 2026 Methodology

Whole number cumulated for the reporting period.

BL 2026 Purpose

Measures activity and utilization of Tuberculosis inpatient treatment.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-04-01 OP 01

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

BL 2026 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 2026 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 2026 Data Source

Summary reports from the laboratory information management systems.

BL 2026 Methodology

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

BL 2026 Purpose

To provide an indicator of the volume of testing performed by the Department of State Services Laboratory.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 01-04-01 OP 02

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

BL 2026 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 Department of State Health Services (DSHS) Laboratory when the infant is less than or equal to 7 days of age.

BL 2026 Data Limitations

None.

BL 2026 Data Source

Newborn Screening Laboratory Information Management System.

BL 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 02-01-01 OP 01

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

BL 2026 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 2026 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 2026 Data Source

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

BL 2026 Methodology

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

BL 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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	

Calculation Method: N **Target Attainment:** L **Priority:** H Cross Reference: Agy 537 088-R-S70-1 02-01-02 EF 01

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

BL 2026 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 2026 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 2026 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 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 02-01-02 OP 01

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

BL 2026 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 2026 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 2026 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 2026 Methodology

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

BL 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 02-02-01 EX 01

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

BL 2026 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 2026 Data Limitations

None.

BL 2026 Data Source

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

BL 2026 Methodology

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

BL 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 02-02-01 EX 02

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

BL 2026 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 2026 Data Limitations

None

BL 2026 Data Source

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

BL 2026 Methodology

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

BL 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 02-02-01 EX 03

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

BL 2026 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 2026 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 2026 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 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 02-02-01 EX 04

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

BL 2026 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 2026 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 2026 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 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 02-02-01 OP 01

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

BL 2026 Definition

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

BL 2026 Data Limitations

None.

BL 2026 Data Source

The EMS and Trauma Systems database of contractors and files.

BL 2026 Methodology

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

BL 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 088-R-S70-1 02-02-01 OP 02

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

BL 2026 Definition

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

BL 2026 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 2026 Data Source

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

BL 2026 Methodology

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

BL 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 Licenses Issued for EMS Providers	

Calculation Method: C **Target Attainment: H** **Priority: M** Cross Reference: Agy 537 088-R-S70-1 02-02-01 OP 04

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

BL 2026 Definition

The number of EMS Provider licenses issued reflects the number of newly licensed entities, entities renewing licenses, and changing address and name.

BL 2026 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) because as initial licenses are being issued to new entities, a number of entities are closing.

BL 2026 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 are entered into the regulatory system application(s).

BL 2026 Methodology

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

BL 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 EMS Inspections, Audits, and Surveys Conducted	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 088-R-S70-1 02-02-01 OP 06

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

BL 2026 Definition

This measure is defined as the number of surveys, audits, and inspections by EMS staff on all EMS license holders, excluding complaint investigations.

BL 2026 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 2026 Data Source

Each survey, audit, 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 2026 Methodology

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

BL 2026 Purpose

This measure illustrates the total number of surveys, audits, and inspections conducted by staff, excluding complaint investigations.

Strategy-Related Measures Definitions
89th Regular Session, Base Recon, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-01 EF 01

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

BL 2026 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 2026 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 2026 Data Source

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

BL 2026 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 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-01 OP 01

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

BL 2026 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; milk and dairy state surveys and laboratory evaluations; collection of samples; recall effectiveness checks and scheduling of drugs.

BL 2026 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 2026 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 2026 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 2026 Purpose

The measure illustrates the level of workload for each inspector as an average which aids in justifying staff resources. The 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 Compliance Actions Initiated - Food/Meat and Drug Safety	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 088-R-S70-1 03-01-01 OP 02

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

BL 2026 Definition

Compliance actions initiated include notices of violation that propose revocation, suspension and denial of licenses; administrative penalties and orders; compliance 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, removal (or downgrade) of milk and dairy laboratories, laboratory analysts, or milk and dairy establishments from interstate commerce and inspection warrants obtained and all other actions at law.

BL 2026 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 2026 Data Source

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

BL 2026 Methodology

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

BL 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-01 OP 03

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

BL 2026 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 2026 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 2026 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 2026 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 2026 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-02 EF 01

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

BL 2026 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 2026 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 2026 Data Source

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

BL 2026 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 2026 Purpose

Measures the average cost per surveillance activity for environmental health.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-02 OP 01

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

BL 2026 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, youth camp, tattoo & body piercing studios, temporary workplace, or other facility.

BL 2026 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 2026 Data Source

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

BL 2026 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 workplace, or other facility.

BL 2026 Purpose

It illustrates the level of workload borne by each inspector as an average which aids in justifying staff resources . The 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 Compliance Actions Initiated - Environmental Health	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 088-R-S70-1 03-01-02 OP 02

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

BL 2026 Definition

Compliance actions initiated include notices of violation with proposed revocation, suspensions and denials of licenses, administrative penalties and orders, compliance 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 2026 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 2026 Data Source

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

BL 2026 Methodology

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

BL 2026 Purpose

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

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-02 OP 03

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

BL 2026 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, abusable volatile chemical, hazardous products, asbestos, tattoo and body piercing studios, and lead.

BL 2026 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 2026 Data Source

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

BL 2026 Methodology

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

BL 2026 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, tattoo and body piercing studios, and asbestos 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.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-03 EF 01

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

BL 2026 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 2026 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 2026 Data Source

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

BL 2026 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 2026 Purpose

Measures the average cost per surveillance activity for radiation control.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-03 OP 01

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

BL 2026 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 2026 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 2026 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 2026 Methodology

The total number of inspections and investigations are counted and documented. Included are routine, special, compliance, sample collections, dosimetry exchange, and complaint inspections.

BL 2026 Purpose

It illustrates the level of work borne by inspectors, which aids in justifying staff resources. The 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 and other activities.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 Compliance Actions Initiated - Radiation Control	

Calculation Method: C **Target Attainment: H** **Priority: H** Cross Reference: Agy 537 088-R-S70-1 03-01-03 OP 02

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

BL 2026 Definition

The number of compliance actions initiated is defined as the total number of compliance related activities initiated. Compliance actions include a radioactive material license, x-ray or laser registration, industrial radiography certification, general license acknowledgment, mammography certification, or identification card revocation, compliance 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 2026 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 2026 Data Source

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

BL 2026 Methodology

This measure counts the total number of compliance actions. Included are preliminary reports of administrative penalties, revocation, suspension and denial of licenses, orders, compliance conferences, and referrals to the Attorney General (AG) and District Attorney (DA) from compliance staff; and detentions, incident evaluations and warnings (notices of violations) from Consumer Protection staff.

BL 2026 Purpose

Measures the number of compliance actions initiated.

Strategy-Related Measures Definitions
 89th Regular Session, Base Recon, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

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 537 088-R-S70-1 03-01-03 OP 03

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

BL 2026 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 2026 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 2026 Data Source

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

BL 2026 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 2026 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 Strategic Plans
2025–2029
Schedule C:
Historically Underutilized
Businesses Plan**

As Required by

**Texas Government Code Section
2161.123**

**Health and Human Services Commission
Department of State Health Services**

May 2024



TEXAS
**Health and Human
Services**

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1. Introduction

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

2. Goal

The goal of the HHS 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 agencies.

3. Objective

The HHS 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 current HHS strategies and programs.

4. Outcome Measures

In accordance with Texas Government Code Section 2161.123(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. HHS has adopted the Statewide HUB Goals as the agency-specific goals.

In procuring goods and services through contracts, HHS, 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.

HHS 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 agency may track additional outcome measures.

5. HHS Strategies

HHS 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.

HHS employs 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 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 HHS 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

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

HHS System Strategic Plans for 2025–2029
Schedule C: Historically Underutilized Businesses Plan

- 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, HHS collectively awarded 5.78% in FY 2022, and 13.91% in FY 2023 to HUBs. Tables 2 and 3 reflect utilization for HHSC and DSHS total spending with HUBs directly and indirectly through subcontracting use.

Table 2: HHS Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2022

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	\$1,322,824,737	\$198,980,956	15.04%
Department of State Health Services	\$2,986,168,701*	\$50,184,031	1.68%
Total	\$4,308,993,438	\$249,164,987	5.78%

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

***Note: The increase in total expenditures were in support of COVID-19 purchases made under the Governor’s Emergency Declaration. These purchases were made using the emergency procurement process which resulted in a decrease in percentage spent with certified HUBs.**

Table 3: HHS Expenditures with Historically Underutilized Businesses, by Agency, Fiscal Year 2023

AGENCY	TOTAL EXPENDITURES	TOTAL SPENT WITH ALL CERTIFIED HUBS	PERCENT
HHSC	\$1,544,506,391	\$231,959,536	15.02%
Department of State Health Services	\$418,348,311	\$41,145,786	9.84%
Total	\$1,962,854,702	\$273,105,322	13.91%

Source: Data from FY 2023 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

HHS agencies continuously strive to make internal improvements to meet or exceed HUB goals. HHS 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-sponsored HUB Forums where exhibitors may participate in trade-related conferences
- Enhancing HHS HUB reporting capabilities

HHS System Strategic Plans for 2025–2029
Schedule C: Historically Underutilized Businesses Plan

- Expanding HHS 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 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

Submission of former Schedule E, Health and Human Services Strategic Plan, is no longer required. Senate Bill 956, Eighty-eighth Legislature, Regular Session, 2023, repealed the coordinated strategic plan for Health and Human Services. Health and Human Services agencies, including the Department of State Health Services, are no longer required to submit the coordinated strategic plan.

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
2025-2029**

**As Required by
Texas Government Code
Section 2056.0021**

**Health and Human Services
May 2024**



TEXAS
Health and Human
Services

Table of Contents

1. Executive Summary	F-5
2. Health and Human Services	F-6
HHS Vision	F-7
HHS Mission	F-7
3. Workforce Demographics	F-8
Job Families	F-9
Gender	F-10
Ethnicity	F-10
Age	F-11
Utilization Analysis	F-11
Veterans	F-12
State Service	F-12
Average Annual Employee Salary	F-13
Return-to-Work Retirees	F-14
4. Turnover	F-15
5. Retirement Projections	F-18
6. Employee Engagement	F-19
7. Critical Workforce Skills	F-20
8. Environmental Assessment	F-22
The Texas Economy	F-22
Poverty in Texas	F-22
Population Growth	F-22
9. Expected Workforce Challenges	F-24
Direct Care Workers (Direct Support Professionals and Psychiatric Nursing Assistants)	F-24
Food Service Workers	F-26
Custodians	F-27
Eligibility Services Staff	F-28
Community Care Workers	F-29
Community Care Services Eligibility (CCSE) Unit Supervisors	F-30
Guardianship Staff	F-30
Inspectors	F-31
Investigators	F-32
QIDP Surveyors	F-33
Architects	F-33
License and Permit Specialists	F-34

Safety Officers.....	F-34
Attorneys.....	F-35
OIG Auditors.....	F-35
OIG Data Analysts.....	F-36
Contract Specialists.....	F-36
Purchasers.....	F-38
Financial Analysts.....	F-38
Financial Examiners.....	F-39
Registered Nurses (RNs).....	F-39
Licensed Vocational Nurses.....	F-42
Physicians.....	F-43
Psychiatrists.....	F-45
Psychologists.....	F-47
Epidemiologists.....	F-48
Health Physicists.....	F-49
Disease Intervention Specialists.....	F-49
Public Health and Prevention Specialists.....	F-50
Laboratory Staff.....	F-50
Social Workers.....	F-53
IT Business Analysts.....	F-55
IT System Support Specialists.....	F-56
Research Specialists.....	F-57
Program Specialists.....	F-58
Project Managers.....	F-59
Managers.....	F-60
Vehicle Drivers.....	F-60
Customer Service Representatives.....	F-60
Administrative Assistants.....	F-61
SSS Document Services Technicians.....	F-63
Clerks.....	F-63
Inventory and Store Specialist.....	F-63
Strategies to Meet Workforce Challenges.....	F-64
Shared Recruitment Strategies Across Program Areas.....	F-64
Shared Retention Strategies Across Program Areas.....	F-66
Recruitment Strategies: Program Specific.....	F-67
Retention Strategies: Program Specific.....	F-69
References.....	F-71

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1. Executive Summary

The Health and Human Services (HHS) Strategic Staffing Analysis and Workforce Plan is an integral part of the 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 employees reaching retirement age resulting in fewer, less experienced workers available as replacements; and
- Increasing competition for highly skilled employees.

HHS agencies proactively address these challenges by preparing for the future and reducing risks. With the support of funds appropriated by the 88th Legislature, the Texas Health and Human Services Commission (HHSC) has made significant investments in recruitment and retention efforts to reduce the vacancies in difficult to fill critical positions for eligibility and state hospital workforce. As a result of these funds, the vacancy rate for the eligibility workforce as of May 2024 is 3.55 percent. The vacancy rate for all positions HHSC is authorized to fill in state hospitals and state supported living centers as of May 2024 is 6.16 percent and 5.72 percent respectively.

Texas Government Code, Section 2056.0021 requires state agencies to develop a workforce plan in accordance with guidelines developed by the State Auditor's Office (SAO) and include it in their strategic plan. To meet these requirements, this HHS Workforce Plan - Schedule F attachment to the HHSC and the Department of State Health Services (DSHS) Strategic Plans for the Fiscal Years 2025–2029 - analyzes the following key elements for HHS:

- **Current Workforce Demographics** – Describes HHS workforce demographics, and whether minority groups are underutilized when compared to the state Civilian Labor Force (CLF) for Equal Employment Opportunity (EEO) job categories.
- **Expected Workforce Challenges** – Describes anticipated staffing needs based on population trends, projected job growth and other demographic trends.
- **Strategies to Meet Workforce Needs** - Describes recruitment and retention strategies that address expected workforce challenges.

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2. Health and Human Services

HHS, as reflected in Article II of the General Appropriations Act, consists of the two agencies described below.

Health and Human Services Commission. HHSC began services in 1991. HHSC 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 (SNAP) food benefits and Temporary Assistance for Needy Families (TANF) 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.
- Services for people with mental health issues.

The agency also oversees regulatory functions including:

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

Department of State Health Services. 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 leads the state public health system and provides programs and services at the state, regional, and local levels. DSHS is organized in these programmatic areas, including Public Health Laboratory, Infectious Disease Prevention, Regional and Local Health Operations, Consumer Protection, Community Health Improvement, Chief State Epidemiologist, and the Center for Public Health Policy and Practice that:

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- prevent, detect, and respond to infectious diseases;
- lead public health and medical response during disasters and emergencies;
- develop and implement evidence-based public health interventions through data analysis and science;
- reduce health risks and threats by establishing minimum standards for consumer protection; and
- promote healthy living through disease and injury prevention.

HHS Vision

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

HHS Mission

We serve Texas.

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3. Workforce Demographics

Figure 1 below shows a total of 39,985 full-time and part-time employees across HHS. The HHS workforce has increased by eight percent (3,165 employees) between August 31, 2021 and August 31, 2023. Of these, 36,353 are employed by HHSC and 3,632 are employed by DSHS (please refer to Figure 2).¹

Figure 1: HHS Workforce (FY21 - FY23)

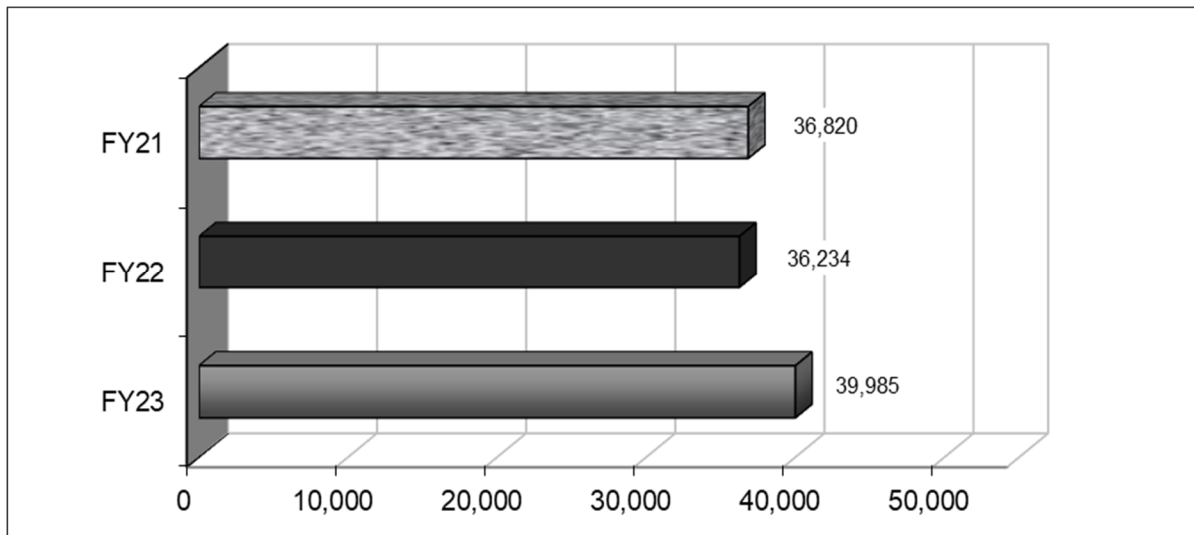
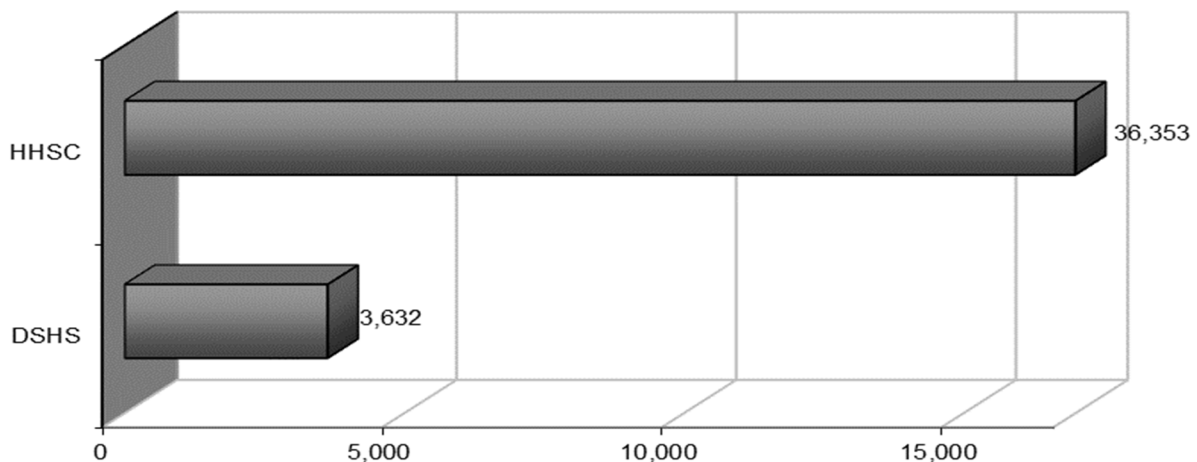


Figure 2: HHS Workforce by Agency for FY23



The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

Job Families

Eighty-one percent of HHS employees (32,287 employees) work in 23 job families (please refer to Table 1).

Table 1: HHS Largest Job Families for FY23

Job Family	Number of Employees
Human Services Specialists ²	6,641
Direct Support Professionals	4,878
Clerical Workers ³	2,931
Psychiatric Nursing Assistants	2,449
Program Specialists ⁴	2,280
Registered Nurses (RNs)	1,966
Managers ⁵	1,333
Program Supervisors	931
Rehabilitation Technicians	929
Inspectors ⁶	913
Licensed Vocational Nurses (LVNs)	883
Food Service Workers ⁷	823
Directors ⁸	738
Custodians ⁹	632
System Analysts ¹⁰	624
Maintenance Workers ¹¹	566
Security Officers	475
Accountants	427
Contract Specialists	417
Public Health Technicians ¹²	394
Investigators	381
Human Resource Developers ¹³	347
Claims Examiners	329

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Gender

Most HHS employees are female, making up 72 percent of the HHS workforce (please refer to Table 2). This breakdown is consistent across HHS agencies (please refer to Table 3).

Table 2: HHS Workforce Gender (FY21 – FY23)

Gender	FY21	FY22	FY23
Male	27.9%	27.5%	27.6%
Female	72.1%	72.5%	72.4%

Table 3: HHS Agencies by Gender for FY23

Agency	Percentage Male	Percentage Female
HHSC	27.6%	72.4%
DSHS	27.8%	72.2%

Ethnicity

The workforce is diverse, with 35 percent White, 31 percent Hispanic, 27 percent Black, and 7 percent Other Ethnicities (please refer to Tables 4 and 5).

Table 4: HHS Workforce Ethnicity (FY21 – FY23)

Ethnicity	FY21	FY22	FY23
White	37.0%	36.0%	34.5%
Black	26.5%	26.1%	27.3%
Hispanic	30.6%	31.3%	31.2%
Other Ethnicities	5.9%	6.5%	7.0%

Table 5: HHS Agencies by Ethnicity for FY23

Agency	Percentage White	Percentage Black	Percentage Hispanic	Percentage Other Ethnicity
HHSC	33.8%	28.5%	31.0%	6.7%
DSHS	41.6%	15.4%	32.7%	10.2%

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Age

The average age of an HHS worker is 45 years. This breakdown is consistent across HHS agencies (please refer to Tables 6 and 7).

Table 6: HHS Workforce Age (FY21 – FY23)

Age	FY21	FY22	FY23
Under 30	12.3%	12.6%	13.9%
30-39	23.4%	22.8%	22.9%
40-49	25.7%	25.7%	25.2%
50-59	25.5%	25.4%	24.6%
60 and Over	13.1%	13.5%	13.4%

Table 7: HHS Agencies by Age for FY23

Agency	Percentage Under 30	Percentage 30-39	Percentage 40-49	Percentage 50-59	Percentage 60 and over
HHSC	13.7%	22.8%	25.4%	24.8%	13.4%
DSHS	15.8%	24.2%	23.7%	23.0%	13.4%

Utilization Analysis

Texas Labor Code, Section 21.501, requires each state agency analyze its workforce and compare the number of Blacks, Hispanics and females employed by the agency to the available state CLF for each job category, as required by Texas Labor Code, Section 21.0035.

A utilization analysis was conducted for each HHS agency using the 80 percent rule developed by the United States Department of Labor under 29 Code of Federal Regulations, Section 1607.4(D), which 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 the 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 HHS Civil Rights Office (CRO) conducted analyses for each HHS agency's workforce and identified potential underutilization.

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The fiscal year 2023 HHS utilization analysis indicated potential underutilization in both the HHSC and DSHS workforces. Table 8 includes job categories with potential underutilization of a specific group.

NOTE: "N/A" indicates that the number of employees in the category was too small to test for statistical significance.

Table 8: HHS Utilization Analysis Results for FY23^{14 15 16 17}

Job Category	HHS	HHSC	DSHS
Officials/Administrators	--	--	Black
Professionals	--	--	--
Technicians	--	--	--
Protective Service	Black	Black	Female
Administrative Support	--	--	--
Skilled Craft	Black Female	Black Female	N/A N/A
Service Maintenance	Hispanic	Hispanic	Black

Veterans

Four percent of the workforce (1,504 employees) are veterans (please refer to Table 9).

Table 9: HHS Workforce by Veteran Status for FY23

Agency	Number of Veterans	FY23 Percentage
HHSC	1,276	3.5%
DSHS	228	6.3%
HHS	1,504	3.8%

State Service

Thirty-seven percent of the workforce has 10 or more years of state service (please refer to Table 10). Twenty-six percent of the workforce have been with the state for less than two years. This breakdown is consistent across HHS agencies (please refer to Table 11).

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Table 10: HHS Workforce Length of State Service (FY21 – FY23)

State Service	FY21	FY22	FY23
less than 2 years	18.8%	20.4%	26.4%
2-4 years	19.8%	19.4%	17.1%
5-9 years	21.9%	20.6%	19.3%
10 years or more	39.6%	39.5%	37.2%

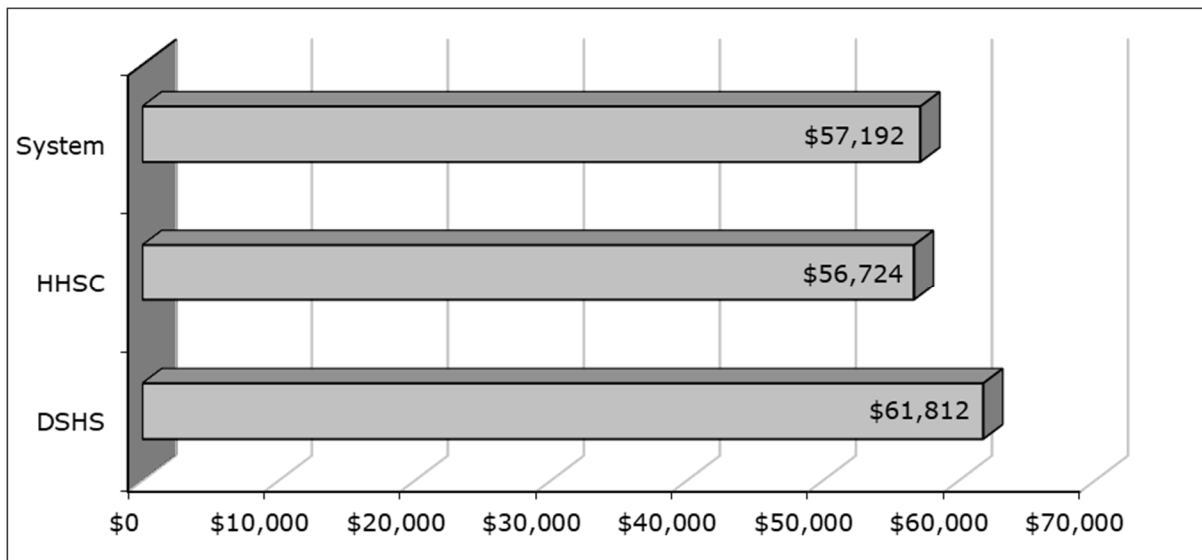
Table 11: HHS Agencies Workforce by Length of State Service for FY23

Agency	Percentage Less than 2 yrs.	Percentage 2-4 yrs.	Percentage 5-9 yrs.	Percentage 10 yrs. or more
HHSC	26.3%	17.5%	19.2%	37.1%
DSHS	26.4%	17.0%	19.3%	37.3%

Average Annual Employee Salary

The average annual salary for an HHS employee is \$57,192 (please refer to Figure 3). The average annual salary for DSHS is \$61,812 and HHSC is \$56,724.

Figure 3: HHS Average Annual Salary by Agency for FY23

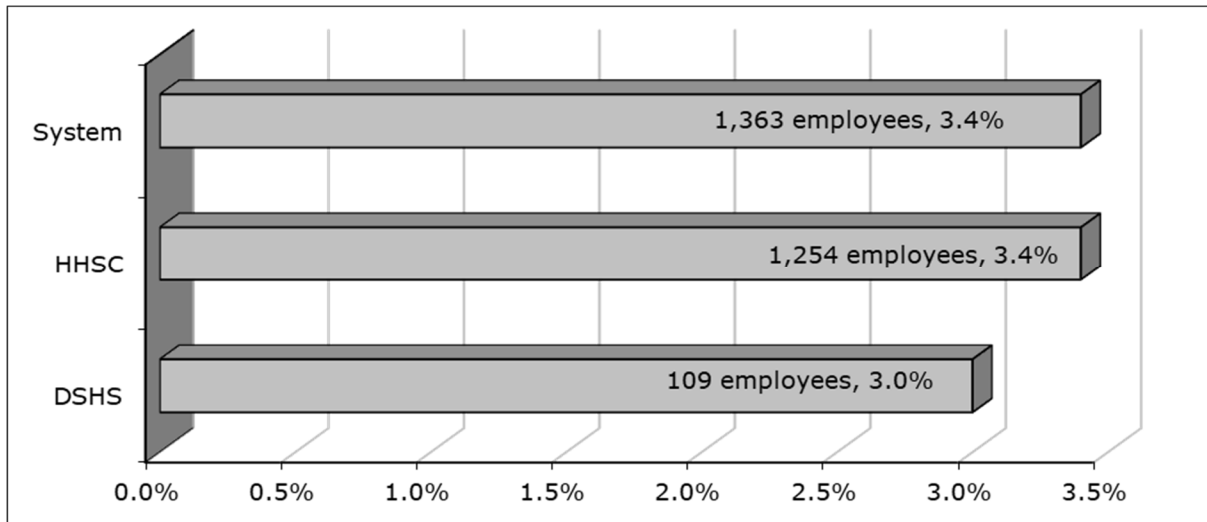


The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

Return-to-Work Retirees

Rehired retirees constitute three percent of the total HHS workforce (please refer to Figure 4).

Figure 4: HHS Return-to-Work Retirees by Percent of Workforce for FY23



The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

4. Turnover

The fiscal year 2023 HHS turnover rate was 21.4 percent, three percent higher than the statewide turnover rate of 18.7 percent (please refer to Table 12).^{18 19}

Table 12: HHS Workforce Turnover (FY21 – FY23) (excludes inter-HHS agency transfers)

Agency	FY21	FY22	FY23
HHS	26.1%	28.3%	21.4%
Statewide	21.5%	22.7%	18.7%

Of the two HHS agencies, HHSC experienced a higher turnover rate at 21.7 percent (please refer to Table 13).

Table 13: Turnover by HHS Agency for FY23 (includes inter-HHS agency transfers)

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	36,521	7,923	21.7%
DSHS	3,639	686	18.9%
HHS	40,160	8,609	21.4%

Turnover at HHS agencies was highest for HHSC males at 21.9 percent and lowest for DSHS males at 16.0 percent (please refer to Table 14). Turnover was highest for Black employees at 27.2 percent and lowest for White employees at 18.7 percent (please refer to Table 15).

Table 14: HHS Agency Turnover by Gender for FY23 (includes inter-HHS agency transfers)

Agency	Gender	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	Female	26,462	5,718	21.6%
	Male	10,059	2,205	21.9%
DSHS	Female	2,650	528	19.9%
	Male	989	158	16.0%
HHS	Female	29,113	6,246	21.5%

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

Agency	Gender	Average Annual Headcount	Total Separations	Turnover Rate
	Male	11,047	2,363	21.4%

Table 15: HHS Agency Turnover by Ethnicity for FY23 (includes inter-HHS agency transfers)

Agency	White	Black	Hispanic	Other Ethnicity ²⁰
HHSC	18.8%	27.3%	19.7%	22.2%
DSHS	17.8%	25.9%	16.8%	18.8%
HHS	18.7%	27.2%	19.4%	21.8%

Of the fiscal year 2023 separations, 73 percent were voluntary, and 26 percent were involuntary (please refer to Table 16).²¹ Voluntary separations include personal reasons, transfers to other agencies, and retirements. Involuntary separations include terminations at will, resignations in lieu of termination, and dismissals for cause.

Table 16: HHS Separations by Reason for FY23

Type of Separation	Reason	Separations	Percentage ²²
Voluntary	Personal reasons	5,079	58.93%
	Transfer to another agency	514	5.96%
	Retirement	695	8.06%
Involuntary	Termination at Will	61	0.71%
	Resignation in Lieu of Termination	143	1.66%
	Dismissal for Cause	2,059	23.89%

Certain job families have higher turnover rates including Direct Support Professionals at 40.7 percent, Psychiatric Nursing Assistants at 37.4 percent, and Food Service Workers at 33.7 percent (please refer to Table 17). The data in this table are a point-in-time estimate from August 31, 2023. They do not reflect current turnover or vacancy rates as of the date of this publication.

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

Table 17: HHS Turnover by Job Family for FY23

Job Family	Average Annual Headcount	Separations	Turnover Rate
Direct Support Professionals	4,981	2,026	40.7%
Psychiatric Nursing Assistants	2,486	931	37.4%
Food Service Workers ²³	834	281	33.7%
Rehabilitation Teachers ²⁴	70	22	31.5%
Custodians ²⁵	638	184	28.9%
Vehicle Drivers	196	55	28.1%
Security Officers	471	123	26.1%
Research Specialists	134	32	24.0%
Human Services Technicians ²⁶	67	16	23.8%
Behavioral Health Specialists ²⁷	227	50	22.1%
Licensed Vocational Nurses (LVNs)	873	191	21.9%
Human Services Specialists ²⁸	6,611	1,441	21.8%
Purchasers	95	20	21.0%
Medical Technologists ²⁹	86	18	21.0%
Inventory and Store Specialists	141	29	20.6%
Clerical Workers ³⁰	3,048	623	20.4%
Psychiatrists ³¹	118	23	19.5%
Public Health Registered Nurses	116	22	18.9%
Inspectors ³²	816	154	18.9%
Psychologists ³³	101	19	18.8%
Safety Officers	53	10	18.8%
Microbiologists ³⁴	150	28	18.7%
Social Workers	221	40	18.1%
Investigators	503	87	17.3%
Health Physicists	52	9	17.2%
Epidemiologists	146	25	17.2%
Registered Nurses (RNs)	1,931	323	16.7%

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

5. Retirement Projections

As of August 31, 2023, 10 percent of the HHS workforce is potentially eligible to retire and leave state employment. Twenty-two percent of the current workforce could potentially retire in the next five years.³⁵

Tables 18 below shows the turnover rate for retirees.

Table 18: HHS Retirements - Percent of Workforce (FY19 – FY23)

Fiscal Year	Retirement Losses	Retirement Turnover Rate
2019	1,069	2.60%
2020	956	2.30%
2021	1,045	2.60%
2022	975	2.53%
2023	694	1.73%

Table 19 below shows the percent and number of eligible first-time retirees across HHS.

Table 19: HHS First-Time Retirement Eligible Projection (FY23 – FY28)

Agency	FY23		FY24		FY25		FY26		FY27		FY28	
HHSC	556	1.5%	843	2.3%	949	2.6%	1,053	3.0%	1,091	3.0%	1,147	3.2%
DSHS	78	2.2%	83	2.3%	91	2.5%	110	2.9%	111	3.1%	93	2.6%
HHS	634	1.6%	926	2.3%	1,040	2.6%	1,163	2.9%	1,202	3.0%	1,240	3.1%

The potential loss of this portion of the workforce means HHS will lose some of its 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.

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6. Employee Engagement

The Survey of Employee Engagement (SEE) provides agency leadership with insight on how employees perceive their work, workplace, and HHS. Reported data reflect a 2024 SEE response rate of 54 percent for HHSC and 67 percent for DSHS.

Engaged employees lead to higher productivity, a more skilled workforce, and reduced turnover. Factors which foster positive impressions of DSHS and HHSC and contribute to a commitment to stay employed include employee perceptions of their workgroup, understanding of their role within the agency, and satisfaction with their supervisor.

According to the 2024 SEE, 32 percent of HHSC employees are highly engaged, and 38 percent of DSHS employees exhibit similar levels of engagement (please refer to Table 20). Results also indicate HHSC and DSHS employees are concerned with compensation and do not feel compensation packages hold up when compared to similar jobs in other organizations. In both agencies, five percent of respondents indicated they intend to leave within the next 12 months.

Table 20: HHS Agency 2024 SEE Results on Employee Engagement

Agency	Highly Engaged	Engaged	Moderately Engaged	Disengaged
HHSC	32%	25%	31%	11%
DSHS	38%	28%	27%	8%

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7. Critical Workforce Skills

The current climate of the information age, advances in technology, increasing state population, 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 resources policy, employee development, conflict resolution, time management, project management, and automation skills.

It is important for HHS to employ individuals who have the skills necessary to develop, implement, and evaluate HHS programs. These skills include:

- Analytics, assessment, and data management;
- Policy development and program planning;
- Communications;
- Basic public health sciences;
- Financial planning and management;
- Contract management;
- Technical proficiency; and
- Leadership and systems-thinking.

As HHS loses tenured staff, effective training is necessary to ensure current employees have the necessary skills to succeed in management positions.

To promote staff development and succession planning, HHS must continue to grow the skills and talents of its managers. HHS has demonstrated a leadership development focus by creating a formalized Leadership Development Program. This interagency training and mentoring program provides opportunities to enhance the growth of high-potential managers as they take on greater responsibility. The primary goals of the program are to:

- Prepare managers to take on higher and broader roles and responsibilities;

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

- 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 HHS.

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8. Environmental Assessment

The Texas Economy

Texas continues to sustain years of positive job growth, adding 650,100 jobs in 2022 and 426,900 in 2023.^{36 37} Texas economic growth remains healthy and is expected to gradually return to a more historically normal pace of expansion in 2024 following a strong pandemic recovery.³⁸

The Texas Employment Forecast indicates jobs will increase 2.0 percent with an expected 283,500 additional jobs in 2024. The forecast suggests job growth will continue, with employment reaching 14.4 million by December 2024. Ranking 5th in the nation, Texas had broad based job growth across major sectors, with only the high-tech services sector recording losses in 2023. Robust labor demand resulted in increased hourly wages, which rose nearly six percent last year.³⁹

Poverty in Texas

The U.S. Department of Health and Human Services defined the poverty level for 2024 according to household/family size as follows:

- \$31,200 or less for a family of four;
- \$25,820 or less for a family of three;
- \$20,440 or less for a family of two; and
- \$15,060 or less for individuals.⁴⁰

It is estimated that 14 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 11.5 percent.⁴¹

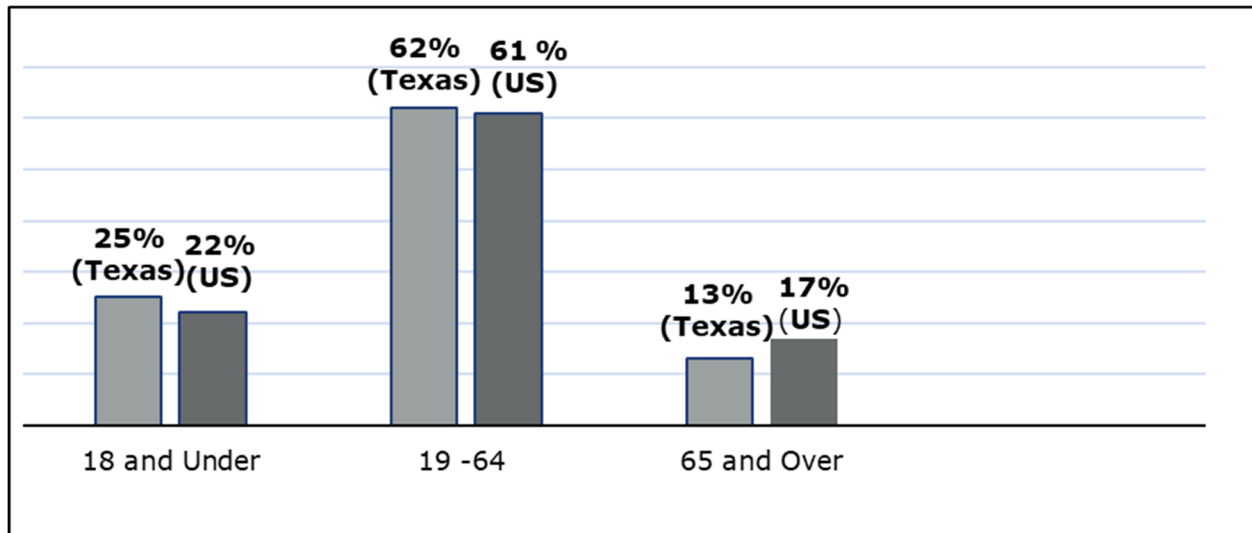
Population Growth

According to the United States Census Bureau, as of July 2023, the estimated population of Texas was over 30 million, which represents a 1.6 percent increase from 2022, and 4.7 percent increase from the census count in 2020.⁴²

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

The distribution of age groups in Texas closely mirrors the United States, with the largest percentage of Texas residents (62 percent) being between ages 19 to 64, followed by those 18 and under (25 percent) and those 65 and over (13 percent) (please refer to Figure 5).⁴³

Figure 5: 2023 Texas and United States Population Distribution by Age⁴⁴



According to long-term population projections by the Texas State Data Center, the age category of Texans over 85 years of age is projected to nearly quadruple between 2010 and 2050, approaching 1.5 million. The age category including those 65 to 84 years of age is projected to be the second fastest growing, doubling in size by 2050, to a population of over 6.8 million.⁴⁵

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

9. 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 delivering services throughout HHS.

The data used for this analysis are a point-in-time estimate from August 31, 2023. As such, they do not reflect the turnover or vacancy rates as of this publication.

With the support of funds appropriated by the 88th Legislature, HHSC has made significant investments in recruitment and retention efforts.^{46 47 48 49}

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

HHS employs 7,327 direct care workers. 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. The state supported living centers serve people with intellectual and developmental disabilities who are medically fragile or who have behavioral problems. The centers provide campus-based direct services and support at 13 centers located throughout the state. The state hospitals provide rehabilitative mental health patient services for Texans in need. The Direct Support Professionals and Psychiatric Nursing Assistants require, at a minimum, a high school education or equivalent, or previous work experience necessary to perform the essential job functions.

The overall turnover rate for employees in this group is 40 percent annually. State supported living centers and state hospitals struggle to attract and retain qualified talent who provide direct care services to the residents and patients served.

NOTE: The data for turnover and vacancy rates represented above are a point-in-time estimate from August 31, 2023, or fiscal year 2023. With the support of funds appropriated by the 88th Legislature, HHSC made significant investments in recruitment and retention efforts in the current fiscal year toward improving the recruitment and retention of these direct-care positions. The vacancy rate for positions all HHSC is authorized to fill in state hospitals and state supported living centers as of May 2024 is 6.16 percent and 5.72 percent respectively.

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

Direct Support Professionals at State Supported Living Centers

There are 4,878 Direct Support Professionals in state supported living centers, representing 12 percent of the HHS total workforce. A typical Direct Support Professional is 40 years of age and has six years of state service. These employees provide 24-hour direct care to residents in state supported living centers. The Direct Support Professionals directly support residents by providing services including basic hygiene needs, dressing and bathing, general health care, and dining assistance. They support life-sustaining medical care including feeding residents and lifting individuals with physical challenges. Trained and experienced direct care staff is essential to ensure residents' safety, health, and well-being.

Direct Support Professionals, at a minimum, require a high school diploma or equivalent or previous work experience. The roles require extensive on-the-job training and it takes from six to nine months for a new Direct Support Professional to become proficient in the basic skills necessary to carry out routine job duties.

Turnover for Direct Support Professionals is 41 percent. During fiscal year 2023, there were 2,026 separations in the Direct Support Professionals job family. Within this job family, entry-level positions (Direct Support Professional I) experienced the highest turnover rate at 63 percent. Turnover rates by location ranged from 50 percent at Lubbock State Supported Living Center to almost 70 percent at the El Paso and San Angelo State Supported Living Centers.

The vacancy rate for Direct Support Professionals is 17 percent and it often takes over three months to fill vacant positions.

The SAO 2022 market index analysis found the average state salary for Direct Support Professional Is and IIIs to range from six to 17 percent behind the market rate, contributing to challenges in recruitment.

NOTE: The data for turnover and vacancy rates represented above are a point-in-time estimate from August 31, 2023, or fiscal year 2023. With the support of funds appropriated by the 88th Legislature, HHSC made significant investments in recruitment and retention efforts in the current fiscal year toward improving the recruitment and retention of these critical positions. The vacancy rate for all positions HHSC is authorized to fill in state hospitals and state supported living centers as of May 2024 is 6.16 percent and 5.72 percent respectively.

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

Psychiatric Nursing Assistants at State Hospitals

There are 2,449 Psychiatric Nursing Assistants employed in state hospitals. The average Psychiatric Nursing Assistant is 39 years of age and has an average of six years of service.

Essential job functions include assisting licensed nurses with medication administration or treatment and monitoring patients' vital signs to ensure 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 have a higher potential for on-the-job injuries, both from lifting requirements and intervention during crisis situations. Psychiatric Nursing Assistants provide care 24 hours a day, seven days a week.

The SAO 2022 market index analysis found the average state salary for Psychiatric Nursing Assistant Is and IIIs to be 16 to 19 percent behind the market rate, increasing existing challenges to recruitment.

Turnover for Psychiatric Nursing Assistants is 37 percent, reflecting the loss of 931 employees during fiscal year 2023. Within this job family, Psychiatric Nursing Assistant Is experienced the highest turnover at 91 percent. Turnover rates vary by location, from 25 percent at Kerrville State Hospital to 50 percent at the Waco Center for Youth.

As of August 31, 2023, there are 576 vacancies in this job family. Vacant positions tend to be unfilled for an average of four months.

NOTE: With the support of funds appropriated by the 88th Legislature, HHSC made significant investments in recruitment and retention efforts in the current fiscal year toward improving the recruitment and retention of these critical positions. The vacancy rate for all positions HHSC is authorized to fill in state hospitals and state supported living centers as of May 2024 is 6.16 percent and 5.72 percent respectively.

Food Service Workers

HHS employs 823 Food Service Workers.

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The average hourly rate paid to Food Service Workers is \$18.61. The turnover rate for Food Service Workers is 34 percent. The SAO 2022 market index analysis found the average state salary for Food Service Workers ranged 13 to 19 percent behind the market rate; and Cooks ranged from 14 to 19 percent behind the market rate.

Retention and recruitment of these workers remains a challenge for HHS.

Food Service Workers at State Supported Living Centers

There are 294 Food Service Worker Is and IIs employed in state supported living centers. Within this group, the typical Food Service Worker is 44 years of age and has an average of seven years of service.

Turnover in Food Service Worker positions is 45 percent. By location, turnover rates range from 32 percent at Richmond State Supported Living Center to 77 percent at Lubbock State Supported Living Center.

Food Service Workers at State Hospitals

There are 202 Food Service Worker Is and IIs employed at state hospitals and centers. The typical Food Service Worker is 45 years of age and has an average of six years of service.

Turnover rates vary by location, with higher turnover rates of 46 percent and 50 percent at the North Texas State Hospital and Terrell State Hospital, respectively.

Custodians

Custodians perform moderately complex custodial work to maintain a safe and healthy environment. HHS employs 589 Custodians. These Custodians have, on average, eight years of service, and are on average, 52 years old.

The vacancy rate is 11 percent and positions remain unfilled for an average of three months. The turnover rate for Custodian positions is 31 percent.

Thirty-two percent of these employees will be eligible for retirement in the next five years. Strategies will need to be in place to plan for these potential retirements.

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Custodians at State Supported Living Centers

Fifty-three percent (318) of HHS Custodians are employed at state supported living centers. These employees have on average nine years of service and are on average, 54 years old.

The vacancy rate is seven percent, while the turnover rate for this group is 30 percent. Turnover is especially high at the Lubbock State Supported Living Center (66 percent) and the San Antonio State Supported Living Center (64 percent). Thirty-four percent of these employees will be eligible for retirement within the next five years.

Custodians at State Hospitals

Forty-four percent (260) of the HHS Custodians are employed at state hospitals. These employees have on average eight years of service and are on average, 50 years old.

The vacancy and turnover rates for Custodians are 16 percent and 32 percent, respectively. Turnover is especially high at the Kerrville State Hospital (85 percent) and the Big Spring State Hospital (54 percent). Thirty-two percent of Custodians will be eligible to retire in the next five years.

Eligibility Services Staff

HHS' Access & Eligibility Services (AES) division employs 6,031 eligibility advisors accounting for 15 percent of the HHS workforce.

Most of these individuals (5,180 employees or 86 percent) are employed as Texas Works Advisors with the remaining made up of Hospital-Based Workers and Medical Eligibility Specialists.

Overall turnover for these eligibility services staff is 21 percent, with entry-level workers experiencing the highest turnover at 43 percent.

Texas Works Advisors

There are 5,180 HHS Texas Works Advisors that make eligibility determinations for SNAP; TANF; Medicaid for children, families, and pregnant women; the Children's

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Health Insurance Plan (CHIP); and other programs. The typical Texas Works Advisor is 41 years of age and has an average of six years of service.

Turnover for Texas Works Advisors is 21 percent. Certain regions of Texas experience higher turnover than others, including Brazos Valley at 34 percent, and the Greater Metroplex (Dallas-Fort Worth) at 29 percent. Entry-level Texas Works Advisor Is experience turnover at 43 percent.

NOTE: With the support of funds appropriated by the 88th Legislature, HHSC made significant investments in recruitment and retention efforts in the current fiscal year toward improving the recruitment and retention of these critical positions. The vacancy rate for eligibility staff is 3.55 percent of May 2024.

Medical Eligibility Specialists

HHS employs 586 Medical Eligibility Specialists who determine financial eligibility for Medicaid for Elderly and People with Disabilities (MEPD). Medical Eligibility Specialists have an average of seven years of service and are on average, 43 years old.

Turnover for Medical Eligibility Specialists is 20 percent. Entry-level Medical Eligibility Specialist Is experienced turnover at 42 percent.

Hospital-Based Workers

HHS employs 265 Hospital-Based Workers stationed in nursing facilities, hospitals, and clinics. These Hospital-Based Workers determine eligibility for the SNAP, TANF, Medicaid, and CHIP programs for individuals receiving treatment in these facilities.

These tenured Hospital-Based Workers have an average of 11 years of service and over 49 percent of these employees have 10 or more years of service and are on average, 46 years old. Turnover for these employees is currently slightly below the state average at 17 percent.

Community Care Workers

HHS employs 376 Community Care Workers. These workers conduct home visits, determine needs for services, develop service plans, and refer individuals to appropriate services. The typical Community Care Worker is 47 years old and has an average of 10 years of service.

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Community Care Workers make an average salary of \$35,616, which is below both the national average wage of \$41,600 and Texas average wage of \$40,190.

The turnover rate for Community Care Workers is 33 percent, representing the loss of 139 employees, with entry-level Community Care Worker Is experiencing the highest turnover at 64 percent, representing the loss of 74 employees. The vacancy rate for these positions is 13 percent.

Community Care Services Eligibility (CCSE) Unit Supervisors

There are 47 Community Care Services Eligibility (CCSE) Unit Supervisor Is and IIs in HHS Community Service regions. Fifty-one percent of these supervisors are CCSE Unit Supervisors IIs. These CCSE Unit Supervisors perform highly complex administrative and supervisory eligibility program work. CCSE Unit Supervisors are, on average, 52 years old and have an average of 20 years of service.

The turnover rate for these tenured employees is slightly below the state average at 17 percent. In addition, 55 percent of these employees will be eligible to retire in the next five years.

Guardianship Staff

HHS employs 82 Guardianship Specialists and Guardianship Supervisors responsible for providing guardianship services to eligible clients. Staff continuously assess and determine whether guardianship is the most appropriate and least restrictive alternative necessary to ensure a consumer's health and safety.

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

Guardianship Specialists

There are 70 HHS Guardianship Specialists. HHS Guardianship Specialists are on average, 47 years of age and have an average of 10 years of service.

The turnover rate for Guardianship Specialists is 10 percent, with 23 percent of these tenured employees eligible to retire in the next five years.

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Guardianship Supervisors

There are 12 Guardianship Supervisors working for HHS. HHS Guardianship Supervisors are on average, 50 years of age and have an average of 17 years of service. The turnover rate for Guardianship Supervisors is eight percent.

HHS may face recruitment challenges in the next few years to replace tenured employees who are eligible for retirement. Thirty-three percent of Guardian Supervisors are currently eligible to retire. This rate is expected to increase to 58 percent in the next five years.

Inspectors

There are 913 Inspectors employed at HHS, with the majority (95 percent) housed in the HHSC Regulatory Services Division and DSHS Division for Consumer Protection. Inspectors are on average 43 years of age and have an average of nine years of service. The average annual salary for an Inspector is \$52,836.

Turnover for Inspectors is slightly above the state average at 19 percent. This turnover may be affected by salary. The SAO 2022 market index analysis found the average state salary for inspectors ranged from eight to 12 percent behind the market rate.

Child Care Regulation and Residential Child Care Regulation Inspectors

The HHSC Regulatory Services Division employs 359 Child Care Regulation and Residential Child Care Regulation Inspectors who inspect child day-care facilities and homes, residential child-care facilities, child-placing agencies, and foster homes. These Inspectors are on average, 42 years of age and have an average of eight years of service. The average turnover rate is 22 percent.

HCR and LTCR Inspectors

The HHSC Regulatory Services Division employs 262 Health Care Regulation (HCR) and Long-Term Care Regulation (LTCR) inspectors. On average, LTCR and HCR Inspectors are 44 years of age and have an average of nine years of service.

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HCR Inspectors are responsible for the regulatory oversight of health care facilities to protect consumer and patient health and safety by ensuring compliance with state laws and rules. LTCR inspectors conduct inspections to ensure long-term care providers are complying with state and federal health and safety regulations.

LTCR and HCR are experiencing retention and recruitment issues. The overall turnover rate for these inspectors is 15 percent. The vacancy rate is 16 percent. Positions often remain unfilled for an average of three months.

Consumer Protection Inspectors

DSHS' Division for Consumer Protection employs 90 Inspector IIIs in the Meat Safety Program. These Inspectors are on average, 42 years of age and have an average of seven years of service. Turnover for these Inspectors is 22 percent, with positions often remaining unfilled for an average of over seven months.

Investigators

HHS employs 381 Investigators. On average, HHS Investigators are 48 years old and have an average of 11 years of service. Turnover for HHS Investigators is slightly below the state average at 17 percent.

This turnover may be affected by salary. The average annual salary for Investigators is \$60,804. The SAO 2022 market index analysis found the average state salary for Investigator IVs was eight percent behind the market rate, while the average state salary for Investigator Vs was 11 percent behind the market rate.

OIG Investigators

Of the 381 Investigators working for HHS agencies, 179 of them (47 percent) work within the Office of Inspector General (OIG). These employees perform investigations to detect fraud, waste, and abuse in HHS programs. They ensure investigations are conducted and reported in compliance with law, agency policy, and professional standards.

The typical OIG Investigator is 49 years of age and has an average of 13 years of service. Over 60 percent of these tenured employees have 10 or more years of service.

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Turnover for OIG Investigators is 12 percent, with over 35 percent of these tenured employees eligible to retire in five years.

HCR and LTCR Investigators

In the HHSC Regulatory Services Division, there are 172 HCR and LTCR Investigator V, VI, and Vs. These Investigators are on average, 48 years old and have eight years of service.

These Investigators conduct complaint and incident investigations to determine health care and long-term care facility compliance with state and federal laws, regulations, and rules. The overall turnover rate for these positions is 21 percent.

QIDP Surveyors

In the HHSC Regulatory Services Division, there are 35 Qualified Intellectual Disabilities Professional (QIDP) Surveyors employed in LTCR. These employees serve as members of an interdisciplinary team to assess active treatments, health issues, and other required areas during surveys and inspections of Intermediate Care Facilities/Individuals with Intellectual Disabilities/Related Conditions (ICF/IID/RC) facilities, to determine compliance with federal and state regulations.

The typical QIDP Surveyor is 50 years of age and has an average of 11 years of service. Forty-three percent of these professionals have 10 or more years of service.

The program is experiencing retention and recruitment issues. Turnover for QIDP Surveyors is 23 percent. In addition, 34 percent of these Surveyors will be eligible to retire in the next five years.

Architects

HHS employs 18 Architects IIs and IVs within the HHSC Regulatory Services Division. These Architects have on average, 10 years of service, with an average age of 60 years. Eighty-nine percent of these employees have five or more years of service.

Architects perform architectural plan reviews and conduct initial and annual surveys and complaint/incident investigations on state licensure, and (when applicable)

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federal certification requirements for nursing, assisted living, Day Activity and Health Services, ICF/IDD, and in-patient Hospice facilities.

The average salary for Architect IIs and IVs is \$92,820. The SAO 2022 market index analysis found the average state salary for Architects to be 10 percent behind the market rate. Over 50 percent will be eligible to retire in the next five years. The turnover rate for Architects is 19 percent. In addition, positions often go unfilled for seven months due to a shortage of qualified applicants available for work. Over 50 percent will be eligible to retire in the next five years.

HHS will need to expand recruitment strategies to replace these highly skilled professionals.

License and Permit Specialists

There are 82 HHS License and Permit Specialists. Sixty-seven percent of License and Permit Specialists work in the HHSC Regulatory Services Division, performing complex, journey-level, licensing and permitting work related to the licensing of mental health professionals.

The typical License and Permit Specialist is 45 years of age and has 11 years of state service. Forty-three percent of these employees have 10 or more years of state service.

Turnover for these Specialists is slightly below the state average at 17 percent. Vacant positions often go unfilled for four months due to a shortage of qualified applicants available for work.

License and Permit Specialists earn an average annual salary of \$47,340. The SAO 2022 market index analysis found the average state salary for License and Permit Specialist Is to be eight percent behind the market rate. This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

Recruitment of these employees is an ongoing challenge.

Safety Officers

HHS employs 31 Safety Officer IIs in the HHSC Regulatory Services Division. Safety Officers are, on average, 51 years old and have an average of 12 years of service. Fifty-two percent of these employees have 10 years or more years of service.

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Safety Officers protect residents receiving long-term care by assessing facilities' compliance with state and federal life safety code requirements.

Safety Officers currently earn an average yearly salary of \$50,028. The SAO 2022 market index analysis found the average state salary for Safety Officer IIs to be 11 percent behind the market rate.

Turnover for these positions is 20 percent and the vacancy rate is 22 percent. Positions typically remain vacant for more than three months.

In addition to these recruitment and retention issues, 42 percent of these employees will be eligible to retire in the next five years.

Attorneys

The HHS Office of Chief Counsel (OCC) employs 123 Attorney IIIs and IVs. These Attorneys are, on average, 49 years of age and have an average of 12 years of service. Twenty-nine percent of these highly skilled professionals will be eligible to retire in the next five years.

OCC Attorneys currently earn an average yearly salary of \$98,256. The SAO 2022 market index analysis found the average state salary for attorneys to be 16 to 17 percent behind the market rate.

Turnover for these employees is 12 percent, with positions remaining vacant for an average of more than six months.

Recruitment remains a challenge as the specific expertise needed for these roles, related to open records, data governance, and privacy is in high demand.

OIG Auditors

HHS employs 48 Auditors within OIG, with 54 percent (26 employees) working as Auditor IVs and Auditor Vs. OIG Auditor IVs and Vs perform operational and performance audits of programs, processes, and systems across HHS agencies. OIG Auditors are responsible for performing contractor and medical provider audits and reviews to help ensure compliance with state and federal laws, rules and regulations and to identify potential overpayments. Employees in these classifications prepare audit reports that make recommendations for increasing

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operational efficiency, strengthening management controls, mitigating business risks, and improving compliance.

The typical OIG Auditor IV and V is 43 years old and has an average of 10 years of state service. Forty-six percent of these employees have more than 10 years of service.

OIG Auditor IVs and Vs earn an average annual salary of \$81,528, which is below both the state and national average. The average annual wage for accountants and auditors in 2022 was \$86,740 nationally, and \$87,300 in Texas. In addition, the SAO 2022 market index analysis found the average state salary for Auditor IVs was 17 percent behind the market rate, and Auditor Vs was 15 percent behind the market rate.

Turnover for these OIG Auditors is 12 percent, and the vacancy rate for these positions is 19 percent.

OIG Data Analysts

There are 20 Data Analysts within OIG, with 85 percent (17 employees) working as Data Analyst IIIs and IV. These OIG data analysts provide key data research, analytics, and reporting functions to support Medicaid provider investigations related to suspected fraud, waste, and abuse. These employees conduct advanced data research and analysis to support investigative efforts related to Medicaid and other HHS programs.

The typical OIG Data Analyst III and IV is 38 years old and has five years of state service. Fifty-three percent of these employees have less than two years of service.

Turnover for these OIG Data Analysts is 25 percent.

OIG Data Analyst IIIs and IVs earn an average salary of \$70,056, which is below the national average wage of \$115,240 and Texas average wage of \$102,230, contributing to challenges in retention. In addition, the SAO 2022 market index analysis found the average state salary for Data Analyst IVs to be four percent behind the market rate.

Contract Specialists

HHS employs 417 Contract Specialists. These Contract Specialists use various levels of technical expertise related to procurement, contract development, contract

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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 HHS and vendors.

HHS Contract Specialists are, on average, 48 years of age and have an average of 13 years of service. Over 54 percent of these employees have 10 or more years of service.

The average salary for Contract Specialists is \$59,609 a year. The SAO 2022 market index analysis found that state Contract Specialist IIs earn 17 percent below the market rate, and Contract Specialist IIIs and IVs earn seven to 13 percent less than the market rate.

Turnover for Contract Specialists is 13 percent, with vacant positions often going unfilled for four months due to a shortage of qualified applicants available for work.

Contract Specialists in Procurement and Contracting Services

HHSC Procurement and Contracting Services (PCS) employs 35 Contract Specialist IVs and Vs. The average Contract Specialist in this group is 45 years of age and has an average of 12 years of service.

The turnover rate for these Contract Specialists is 16 percent, and it typically takes four months to fill vacancies with qualified candidates.

Contract Specialists in Behavioral Health Services

HHSC Behavioral Health Services employs 27 Contract Specialist Vs. These Contract Specialists have an average of 14 years of service and are on average, 50 years of age. Fifty-six percent of this group has more than 10 years of service.

The turnover rate for these Contract Specialists is eight percent, which is well below the state average at 18.7 percent. The vacancy rate is 18 percent and it can take

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four months to fill vacancies. Within the next three years, 41 percent of these employees will be eligible for retirement.

Purchasers

HHSC PCS employs 92 Purchasers. With 32 employees, Purchaser IVs make up a large segment of the group. These Purchasers assist with procurements, receive and track vendor responses, and distribute 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. Finding qualified candidates and availability of funding to be competitive with the external market has been an ongoing workforce challenge for this group.

The average salary for PCS Purchasers is \$56,181. The SAO market report index for fiscal year 2022, state Purchaser IVs earn 15 percent below the state market index rate. These tenured Purchasers are, on average, 47 years of age and have an average of 11 years of service. Within five years, over 32 percent of these employees will be eligible for retirement.

The turnover rate for this group is 21 percent. The vacancy rate is five percent. On average, it can take over a month to fill these vacancies.

Financial Analysts

HHS employs 154 Financial Analysts. Financial Analysts perform advanced financial analysis, examine and investigate accounting records, and conduct regulatory work related to revenue collections and budget appropriations. Financial Analysts are on average, 46 years of age and have an average of 12 years of service. Twenty-seven percent of these highly skilled professionals will be eligible to retire in the next five years.

Financial Analysts currently earn an average yearly salary of \$74,808. The SAO 2022 market index analysis found the average state salary for Financial Analyst Is, IIIs, and IVs ranged from six to 12 percent behind the market rate.

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Turnover for these positions is 13 percent, with positions remaining vacant for an average of more than four months. Twenty-seven percent of these highly skilled professionals will be eligible to retire in the next five years.

Recruitment remains a challenge as the specific expertise needed for these roles is in high demand.

Financial Analysts in the DSHS Program Operations

The DSHS Program Operations (PO) Division employs 24 Financial Analyst Is, IIs, IIIs and IVs. These Financial Analyst are on average, 38 years of age and have an average of three years of service. Turnover for these positions is 39 percent.

Financial Examiners

The HHSC Chief Financial Office employs 39 Financial Examiner IIIs. Financial Examiner IIIs conduct moderately complex financial, non-audit desk reviews and cost reports. These employees are on average, 53 years of age and have an average of 16 years of service.

Financial Examiner IIIs currently earn an average yearly salary of \$66,648. The SAO 2022 market index analysis found the average state salary for Financial Examiner IIIs to be seven percent behind the market rate.

Turnover for these employees is 12 percent. Retention may soon be a concern, as 51 percent of these professionals will be eligible to retire in the next five years. Due to salary competition for these highly skilled professionals, recruiting will remain a challenge.

Registered Nurses (RNs)

RNs make up one of the largest health care occupations. With over three million jobs in the U.S., opportunities for RNs are expected to grow six percent from 2022 to 2032, about as fast as the average for all occupations. About 193,100 openings for registered nurses are projected each year, on average, over the decade.^{50 51}

HHS employs 1,966 RNs.⁵² 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.

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Currently, the average annual salary for HHS RNs is \$85,416. This salary is slightly above the state of Texas average of \$84,320 for these occupations but falls below the national average of \$89,010 for these occupations. Nationally, the average annual earnings for RNs in 2022 was \$82,750. In Texas, the average annual earnings for RNs in 2022 was \$84,320. In addition, the SAO 2022 market index analysis found the average state salary for Nurse II-IVs ranged from eight to 14 percent behind the market rate and 18 percent behind the market rate for Public Health Nurse IIs. Posted vacant positions are currently taking five months to fill.

Registered Nurses at State Supported Living Centers

Thirty-five percent of HHS RN IIs and IIIs (691) work at state supported living centers. RNs at state supported living centers are generally required to work varied shifts and weekends. The typical state supported living center RN is 48 years of age and has eight years of service.

The turnover rate for these RNs is 15 percent. Turnover is especially high at the El Paso State Supported Living Center at 46 percent and the Rio Grande State Supported Living Center at 27 percent.

The vacancy rate is six percent. In addition, RN positions often remain open for five months before being filled. Some facilities are experiencing even longer vacancy durations. At the San Antonio, Denton, Lubbock, Brenham, and Rio Grande state supported living centers, it takes six months to fill a vacancy.

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Registered Nurses at State Hospitals

Thirty-six percent of HHS RN IIs and IIIs (711) work at state hospitals, providing frontline medical care of patients. They provide medications, primary health care

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and oversee psychiatric treatment. The typical RN at an HHS state hospital is 49 years of age and has nine years of service.

HHS 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. Considering these job factors, the average turnover rate for these RNs is 14 percent. Turnover is over 27 percent at the El Paso Psychiatric Center, and 24 percent the Waco Center for Youth.

At state hospitals, there are always vacant nursing positions that need to be filled. RN positions often remain open for five months before being filled. Some hospitals are experiencing longer vacancy durations. At the Big Spring State Hospital, the Kerrville State Hospital, the Rio Grande State Center, and the Waco Center for Youth, it takes over six months to fill a position.

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Public Health Registered Nurses

There are 110 HHS Public Health RNs who provide direct care and population-based services in counties without local health departments, or where state support is needed. These Public Health RNs are often the individuals who are on the frontline in the delivery of public health services to rural communities throughout the state. Public Health RNs serve as consultants and advisors to county, local, and stakeholder groups, and educate community partners. Public Health RNs assist in communicable disease investigation, control and prevention, and are critical to successful public health preparedness and response. Market competition and budget limitations constrain the program area's ability to compete for available talent.

Public Health RNs have an average of seven years of service and are on average, 48 years of age. Overall turnover for Public Health RNs is 19 percent. Certain public

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health regions experienced higher turnover than others, including those in the Austin area at 31 percent and the El Paso area at 36 percent.

Licensed Vocational Nurses

HHS employs 874 LVNs. The majority of these employees (97 percent) work at state hospitals and state supported living centers. On average, LVNs are 48 years of age and have nine years of service.

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.

As with RNs, the nursing shortage is impacting HHS' ability to attract and retain LVNs. Turnover for LVNs is 22 percent.

The average annual salary for LVNs in fiscal year 2023 was \$59,220. The SAO 2022 market index analysis found the average state salary for LVN was 19 percent behind the market rate, and the salary for LVN IIs was 18 percent behind the market rate. Recruitment and retention of these highly skilled employees remains a challenge.

Licensed Vocational Nurses at State Supported Living Centers

There are 497 LVNs employed at state supported living centers. These LVNs are on average, 48 years of age and have an average of nine years of service.

Turnover for LVNs at state supported living centers is 22 percent. Turnover is highest at the El Paso State Supported Living Center at 78 percent and the Lubbock State Supported Living Center at 32 percent.

The vacancy rate for these LVNs is 27 percent. In addition, vacant positions often go unfilled for over seven months. Some centers are experiencing even longer vacancy durations. At the Austin and Lubbock state supported living centers it takes nine months and 10 months, respectively to fill a position.

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recruitment and retention efforts in the current fiscal year toward improving the recruitment and retention of these critical positions. The vacancy rate for all positions HHSC is authorized to fill in state hospitals and state supported living centers as of May 2024 is 6.16 percent and 5.72 percent respectively.

Licensed Vocational Nurses at State Hospitals

There are 348 LVNs employed at state hospitals and centers. On average, these LVNs are 48 years of age and have nine years of service.

Turnover for these LVNs is 21 percent. Turnover is highest at Rusk State Hospital and the Rio Grande State Center (both at 29 percent) and the Terrell State Hospital at 32 percent.

State hospitals continue to experience difficulty 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.

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Physicians

There are currently 305,260 active Physicians across the country.⁵³

HHS employs 101 Physicians, with 67 percent employed in state supported living centers and state hospitals as Physician I-IVs.

These highly skilled employees have an average of nine years of service and are on average, 56 years old.

HHS Physicians currently earn an average annual salary of \$228,084. This salary is below the average national wage of \$238,700 and lower than the Texas average wage of \$274,650. The SAO 2022 market index analysis found the average state salary for Physician Is to be six to 11 percent behind the market rate.

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Turnover for these Physicians is 11 percent, with a vacancy rate of 16 percent. Positions are vacant for an average of more than ten months.

Thirteen 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.

Physicians at State Supported Living Centers

HHS employs 40 Physicians at state supported living centers. Full staffing of these positions is critical to direct-care services.

These Physicians have an average of seven years of service and are on average, 58 years old. Local Physicians who have established long-term private practices often apply to work 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.

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 have difficulty hiring Physicians, with some positions remaining unfilled for an average of almost one year.

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Physicians at State Hospitals

HHS employs 24 Physicians who provide essential medical care in state hospitals. 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 monitoring and management of an increasing number of complex chronic medical conditions, such as diabetes, seizure disorders, hypertension and chronic obstructive pulmonary disease (COPD).

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These Physicians have an average of 13 years of service and are on average, 59 years old. Similar to state supported living centers, local Physicians who have established long-term private practices often apply to work as Physicians at state hospitals late in their working career to secure retirement and insurance benefits, contributing to the high overall age. Seventy-five percent of the full-time Physicians are 50 years of age or older.

Turnover for these Physicians is 15 percent, and it takes five months to fill a state hospital Physician position with someone who has appropriate skills and expertise.

HHS may face challenges in the next few years to replace employees eligible for retirement. Almost 30 percent of these highly skilled and tenured employees are currently eligible to retire. Within five years, 42 percent will be eligible to retire. 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.

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Psychiatrists

There are currently about 26,500 Psychiatrists nationwide.⁵⁴ A 2.1 percent decrease is projected in the state government sector by 2032.⁵⁵

HHS employs 109 Psychiatrists, with 81 percent employed in state hospitals. These highly skilled and tenured employees have an average of 12 years of service and are on average, 53 years old.

Psychiatrists currently earn an average annual salary of \$269,436. The SAO 2022 market index analysis found the average state salary for Psychiatrist IVs and IIs ranged from 10 to 14 percent behind the market rate.

Turnover for Psychiatrists is 19 percent. The vacancy rate for these positions is 20 percent. In addition, positions are remaining vacant for an average of eight months.

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Twenty-three 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.

Psychiatrists at State Supported Living Centers

HHS employs 18 Psychiatrists at state supported living centers. Full staffing of these positions is critical to providing psychiatric services needed by residents. These Psychiatrists have an average of 11 years of service, with an average age of 56. Vacant positions in state supported living centers go unfilled for an average of eight months.

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Psychiatrists at State Hospitals

HHS employs 89 Psychiatrists providing essential medical and psychiatric care in state hospitals. 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 an average of 13 years of service and are on average, 52 years old.

Annual turnover for these Psychiatrists is 19 percent, although much higher rates were reported for Kerrville State Hospital at 64 percent and Big Spring State Hospital at 50.

The vacancy rate for these positions is 20 percent. In addition, most vacant Psychiatrist positions go unfilled for over seven months. These challenges are expected to continue, as 23 percent of these highly skilled and tenured employees are eligible to retire and may leave at any time. Within five years, this number will increase to 35 percent.

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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 effectively recruit and retain qualified Psychiatrists.

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Psychologists

HHS employs 32 Psychologists, with 75 percent employed at state hospitals.

Psychologists earn an average annual salary of \$107,392. The SAO 2022 market index analysis found the average state salary for Psychologist Is to be 13 percent behind the market rate and Psychologist IIIs to be nine percent behind the market rate.

Turnover for these Psychologists is 19 percent. The vacancy rate for these positions is 26 percent. In addition, these Psychologist positions often remain unfilled for over 10 months.

Psychologists at State Hospitals

HHS employs 24 Psychologists at state hospitals. Full staffing of these positions is critical to providing needed psychological services to patients. These highly skilled and tenured employees have an average of 11 years of service and are on average, 52 years old.

State hospital Psychologists play a key role in developing treatment programs for 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

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provide testing and evaluation services important to ongoing treatment, such as the administration of IQ, mood, and neurological testing instruments.

Turnover for these Psychologists is 17 percent. Austin State Hospital experienced the highest turnover at 57 percent. The vacancy rate for these positions is 14 percent. In addition, positions often remain unfilled for over nine months.

HHS may face recruitment challenges in the next few years, as 21 percent of these highly skilled and tenured employees are currently eligible for retirement and may leave HHS at any time.

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Epidemiologists

HHS employs 144 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. They provide critical functions during disasters and pandemics and other preparedness and response planning. On average, Epidemiologists have five years of service and are 35 years old.

As of September 2023, there were approximately 10,000 Epidemiologist jobs in the U.S., with a projected job growth rate of 27 percent by 2032.⁵⁶ Turnover for Epidemiologists is 17 percent. This rate is much higher for experienced Epidemiologist IIIs, at 28 percent.

Low pay is a contributing factor in the inability to attract qualified Epidemiologist applicants. Epidemiologists are currently earning an average annual salary of \$65,832. This salary is below the average national wage of \$85,880, and also lower than the Texas average wage of \$80,600. In addition, the SAO 2022 market index analysis found the average state salary for Epidemiologist was 10 percent behind the market rate.

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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.

Health Physicists

Within DSHS, there are 49 Health Physicists, all employed within the Division for Consumer Protection. 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, 12 years of service, with an average age of 50 years. Fifty-three percent of these employees have 10 or more years of service.

Health Physicists earn an average annual salary of \$74,712 which is higher than both the average national wage of \$63,230 and the Texas average wage of \$63,090.

Turnover for Health Physicists is 17 percent, slightly below the state average rate of 18.7 percent.

Disease Intervention Specialists

HHS employs 38 Disease Intervention Specialists. These Disease Intervention Specialists are employed within DSHS' Regional and Local Health Operations, conducting comprehensive prevention, intervention, and surveillance activities. They conduct interviews and investigations, complete epidemiologic and non-epidemiologic paperwork, and establish and maintain relationships with local health care agencies, health care providers, laboratories, correctional facilities, and other organizations.

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Disease Intervention Specialists are on average, 38 years old and have an average of five years of service. Half of these employees have less than two years of service.

The turnover rate for Disease Intervention Specialists is 22 percent. The vacancy rate for these positions is 21 percent. In addition, vacant positions often go unfilled for 10 months.

Public Health and Prevention Specialists

There are 231 Public Health and Prevention Specialists employed within the DSHS' Community Health Improvement (CHI) and the Regional and Local Operations divisions. These employees provide technical consultation to local health departments, human and animal health care professionals, government officials, community action groups, and others on several 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, eight years of service, with an average age of 44 years.

The overall turnover for these Public Health and Prevention Specialists is 15 percent, with a higher turnover rate of 22 percent for specialists in the DSHS CHI division.

DSHS CHI finds it difficult to fill these vacant Public Health and Prevention Specialist positions, which often remain open for almost six months before being filled.

Retention is expected to remain an issue as these employees approach retirement. Thirteen percent of these Public Health and Prevention Specialists are currently eligible to retire, and 22 percent will be eligible to retire in the next five years.

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 state hospitals and state supported living centers.

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While laboratory staff is made up of several highly skilled employees, there are three job groups that are essential to laboratory operations: Chemists, Microbiologists, and Medical Technologists.

Chemists

HHS employs 51 Chemists in the DSHS Division for Laboratory and Infectious Disease Services (LIDS), all located in Austin. Chemists are on average, 42 years of age and have an average of nine years of service. Most of the employees have 10 years or more of service.

The turnover rate for DSHS LIDS Chemists is 13 percent, which is below the state average turnover rate of 18.7 percent.

Vacant DSHS LIDS Chemist positions often go unfilled for more than four months due to a shortage of qualified applicants available for work. These vacancy problems are expected to worsen as employees approach retirement. Seventeen percent of these tenured and highly skilled employees are currently eligible to retire within the next five years.

Low pay is a factor in the inability to attract qualified Chemist applicants. DSHS LIDS Chemists earn an average annual salary of \$62,412. The SAO 2022 market index analysis found the average state salary for Chemists ranged from five to 14 percent behind the market rate. The salary of \$62,412 is lower than the average national wage of \$90,530, and the Texas average wage of \$88,310.

Health Informatics Specialists

HHS employs 28 Health Informatics Specialist IIs, IIIs, and IVs in the DSHS LIDS division, all located in Austin. These highly skilled individuals perform complex health informatics work such as conducting program evaluation utilizing multiple methods of data collection and analyses. This group works with large data sets, health-related data, and various programming languages. Recruiting and retaining qualified staff remains a challenge.

These Health Informatics Specialists are on average, 39 years of age and have an average of eight years of service. The average salary of a DSHS LIDS Health Informatics Specialist is \$79,085, which is below the Texas average salary of \$106,720 as well as the national average salary of \$107,530.

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The turnover rate for this group is 23 percent. The vacancy rate for these positions is 33 percent. In addition, these vacant positions often go unfilled for more than seven months due to a shortage of qualified applicants available for work.

Microbiologists

HHS employs 79 Microbiologists in the DSHS LIDS division. The employees have an average of six years of service and are on average, 37 years old.

The turnover rate for these Microbiologists is 15 percent, which is below the state average rate of 18.7 percent.

DSHS LIDS Microbiologists earn an average annual salary of \$56,592. The SAO 2022 market index analysis found the average state salary for Microbiologist IIs was 18 percent behind the market rate and twenty percent behind the market rate for Microbiologists IV. This average annual salary also falls below the national and statewide market rates for this occupation. The average annual national wage is \$88,950, and the Texas wage is \$64,530. This disparity in earnings is affecting HHS' ability to recruit qualified applicants for open positions. DSHS LIDS Microbiologist positions often remain unfilled for over seven months.

Molecular Biologists

HHS employs 54 Molecular Biologist IIIs, IVs, and Vs in the DSHS LIDS division. These Molecular Biologists have on average, eight years of service, with an average age of 37 years.

The turnover rate for these Molecular Biologists is 21 percent, which is above the state average rate of 18.7 percent.

DSHS LIDS Molecular Biologists earn an average annual salary of \$67,296. This average annual salary also falls below the national and statewide market rates for this occupation. The average annual national wage is \$99,250, and the Texas wage is \$83,000. This disparity in earnings continues to affect HHS recruiting and retention efforts.

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Laboratory Technologists (Medical Technologists)

HHS employs 40 Medical Technologist II-IVs in the DSHS LIDS division. These individuals perform complex clinical laboratory work and are critical to providing efficient and quality health care. DSHS LIDS Medical Technologists have on average, seven years of service. Twenty-seven percent of these employees are eligible for retirement within the next five years.

The vacancy rate for these positions is 15 percent. In addition, these positions typically go unfilled for more than five months due to a shortage of qualified applicants. The turnover rate for these Medical Technologists is 17 percent.

Low pay is a factor in the inability to attract qualified Medical Technologist applicants. DSHS LIDS Medical Technologists earn an average annual salary of \$56,880. The average national wage is \$59,130, and the Texas wage is \$54,790. The SAO 2022 market index analysis found the average state salary for Medical Technologists IIs to IVs ranged from 12 to 17 percent behind the market rate. This disparity is affecting HHS' ability to recruit qualified applicants for open positions.

These problems are expected to worsen as employees approach retirement. Twenty-seven percent of these tenured employees will be eligible to retire in the next five years.

Social Workers

HHS employs 226 Social Workers, with the majority (60 percent) housed in state hospitals.

Turnover for these Social Workers is 18 percent. This turnover may be due to the disparity between private sector and HHS salaries. The average annual salary for Social Worker I through IV is \$64,920, which falls below the market rate. The SAO 2022 market index analysis found the average state salary for Social Worker Is, IIs and IIIs ranged from 14 to 17 percent behind the market rate.

The vacancy rate for these positions is 19 percent. In addition, positions are remaining unfilled for an average of over six months. These problems are expected to worsen as tenured employees approach retirement. Though only 12 percent of

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these employees are currently eligible to retire, this number is expected to increase to 25 percent in the next five years.

Social Workers at State Supported Living Centers

Twelve percent of HHS Social Workers (26 employees) work at state supported living centers. 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 in the state supported living centers is 53 years of age and has 14 years of service.

The average turnover rate for these Social Workers is 28 percent, higher than the state average rate of 18.7 percent, with positions often remaining vacant for an average of nearly nine months before being filled.

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Social Workers at State Hospitals

There are 135 Social Workers at state hospitals. 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.

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State hospital Social Workers are on average, 43 years of age and have an average of nine years of service.

The overall turnover rate for these Social Workers is 11 percent, though some hospitals are experiencing much higher turnover. The Waco Center for Youth is experiencing 36 percent turnover, while the North Texas State Hospital is experiencing turnover of 20 percent.

The vacancy rate for these positions is 15 percent. In addition, positions often remain unfilled for an average of six months.

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Public Health Social Workers

There are 59 Public Health Social Workers. These Public Health Social Workers provide case management consultation for families with children who have health risks, conditions, or special health care needs.

The typical Public Health Social Worker is 48 years of age and has 11 years of service.

The average turnover rate for Public Health Social Workers is 17 percent, slightly below the state average rate of 18.7 percent. Of the regions with two or more employees, the Arlington area experienced the highest rate at 40 percent.

With a vacancy rate of 22 percent, and 31 percent of these employees being eligible for retirement within the next five years, recruitment and retention of these workers remains a challenge.

IT Business Analysts

Within the HHS Information Technology (IT) Division, there are 71 IT Business Analyst IIs and IIIs. This group of IT Business Analysts provide critical support to the agency and some of their responsibilities include the gathering, assessment and

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validation of business requirements, while providing assistance to development team members and support to application users.

IT Business Analysts have an average of 13 years of service and are on average, 48 years old. Fifty-five percent of these employees have 10 or more years of service.

IT Business Analyst IIs and IIIs earn an average annual salary of \$77,160. This is below the national average wage of \$107,530 and Texas average wage of \$106,720. The SAO 2022 market index analysis found the average state salary for IT Business Analysts ranges from six percent for IT Business Analyst IIs to 18 percent for IT Business Analyst IIIs behind the market rate. This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

The turnover rate for IT Business Analysts is seven percent.

HHS will need to focus on creative recruiting and retention strategies, since over 30 percent of these employees will be eligible to retire in the next five years.

IT System Support Specialists

HHS employs 170 System Support Specialists within the IT Division. 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.

IT System Support Specialists have an average of 11 years of service and are on average, 44 years old. Forty-four percent of these employees have 10 or more years of service.

The turnover rate for IT System Support Specialists is below the state average at 13 percent.

IT System Support Specialists earn an average annual salary of \$51,624. The SAO 2022 market index analysis found the average state salary for System Support Specialist IIs, IVs, and Vs range from three to 15 percent behind the market rate, contributing to challenges in retention.

Currently, 16 percent of these employees are eligible to retire, and 25 percent will be eligible within the next five years.

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Research Specialists

HHS employs 127 Research Specialists. These Research Specialists are responsible for providing statistical and programming work critical to supporting the services the agencies provide. Research Specialists have an average of eight years of service and are on average, 41 years old.

Research Specialists earn an average annual salary of \$62,748. The SAO 2022 market index analysis found the average state salary for Research Specialists ranged from 11 to 16 percent behind the market rate for Research Specialists I - III. 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 24 percent. The vacancy rate for Research Specialist positions is 13 percent. These positions often remain unfilled for over four months.

Six percent of Research Specialists are currently eligible to retire, with this number increasing to 17 percent in the next five years.

Research Specialists in LIDS

HHS employs 14 Research Specialists in the DSHS LIDS division. The average Research Specialist working in this division is 36 years of age with four years of service.

The turnover rate for these Research Specialists is 64 percent. The vacancy rate for these positions is 13 percent. In addition, it can take almost eight months to fill these vacancies.

Research Specialists in Community Health Improvement

HHS employs 12 Research Specialists in the DSHS CHI division. The average Research Specialist working in this division is 32 years of age and has three years of service. Ninety-two percent of these employees have less than five years of service.

The turnover rate for these employees is 16 percent. The vacancy rate is 14 percent.

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

Research Specialists in Regulatory Services

HHSC Regulatory Services Division employs 11 Research Specialists in HCR and LTCR. The average Research Specialist in these program areas is 49 years of age with 12 years of service. Over half of these employees have 10 or more years of service.

The turnover rate for these Research Specialists is 19 percent.

Program Specialists

HHS employs 2,197 Program Specialists. On average, Program Specialists are 45 years of age and have 12 years of service. Forty-eight percent of Program Specialists have 10 or more years of service.

The turnover rate for these tenured Program Specialists is 14 percent. The overall vacancy rate for these positions is 11 percent. In addition, positions are remaining unfilled for five months.

Though only 13 percent of these employees are currently eligible to retire, this rate is expected to increase to 25 percent within the next five years.

Civil Rights Program Specialists

The HHS CRO has 56 employees, with 41 percent (23 employees) being Program Specialist IVs. These employees are on average, 46 years of age, with an average of 10 years of service. Forty percent of these employees have 10 or more years of state service.

With a turnover rate of 36 percent, CRO is experiencing retention issues. The vacancy rate for these positions is 26 percent. In addition, positions are remaining unfilled for an average of three months.

Eligibility Services Program Specialists

HHS employs 27 Program Specialist VI and VIIs within AES. The typical AES Program Specialist VI and VII is 46 years of age and has 16 years of service. Nearly 80 percent of these tenured employees have 10 or more years of service.

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The average turnover for Program Specialists is eight percent. The vacancy rate for these positions is 16 percent. In addition, positions remain unfilled for an average of six months.

With 37 percent of these program specialists eligible to retire in five years, special attention to recruitment and retention will be needed.

CHI Program Specialists

DSHS' CHI division employs 151 Program Specialists. These Program Specialists are on average, 44 years of age and have an average of 10 years of service.

Turnover for these Program Specialists is 20 percent. The vacancy rate for these positions is 16 percent. In addition, positions are remaining unfilled for an average of five months.

LIDS Program Specialists

DSHS' LIDS division employs 222 Program Specialists. The typical DSHS LIDS Program Specialist is 39 years of age, with six years of service.

Both recruitment and retention are a concern. The turnover rate for these employees is 25 percent. The vacancy rate for these assistants is 15 percent. In addition, positions are remaining unfilled for an average of five months.

Project Managers

HHS's Office of Audit and Compliance employs 12 Project Manager IVs. These Project Managers are on average, 45 years of age and have an average of 14 years of service. Seventy-five percent of these employees have 10 years or more of service.

These Project Manager IVs earn an average yearly salary of \$95,220. The SAO 2022 market index analysis found the average state salary for Project Managers to be 13 percent behind the market rate.

Turnover for these positions is 16 percent. The vacancy rate for these positions is 14 percent. In addition, unfilled positions are remaining vacant for an average of more than six months.

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The shortage of available senior staff with the level of expertise needed to fill these positions will continue to challenge recruitment efforts.

Managers

Managers perform a variety of high-level tasks throughout HHS. HHS employs 1,039 Managers. Turnover is nine percent. Nearly 40 percent of these Managers are eligible to leave HHS in the next five years.

In DSHS' CHI division, there are 33 Manager Is, IIs, IIIs and IVs. These Managers have on average, 13 years of service, with an average age of 49 years. Eighty-two percent of these employees have five or more years of service.

DSHS CHI Managers earn an average annual salary of \$67,908. The SAO 2022 market index analysis found the average state salary for Managers ranges from nine percent for Manager IIs to 11 percent for Manager IVs behind the market rate. This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

The turnover rate for these DSHS CHI Managers is 18 percent. The vacancy rate for these positions is 11 percent, though much higher for Manager Is, at 21 percent.

Vehicle Drivers

HHS System Support Services (SSS) employs 35 Vehicle Driver IIIs. These Vehicle Driver IIIs are on average, 44 years of age and have an average of five years of service. Fifty-one percent of these employees have less than two years of service.

Vehicle Driver IIIs currently earn an average yearly salary of \$32,796. The SAO 2022 market index analysis found the average state salary for Vehicle Driver IIIs to be 15 percent behind the market rate.

Turnover for these positions is 39 percent. In addition, the vacancy rate for these positions is 15 percent. Recruiting will continue to be a challenge competing with other public and private sector salaries.

Customer Service Representatives

DSHS' CHI division employs 90 Customer Service Representatives. These Customer Service Representatives are responsible for the production and management of requests for vital records, interpreting program policies and procedures and the

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coordination of quality assurance reviews. These representatives have on average, seven years of service, with an average age of 48 years. Nearly half of these employees have less than two years of service.

These Customer Service Representatives earn an average annual salary of \$38,940. The SAO 2022 market index analysis found the average state salary for Customer Service Representatives ranges from nine percent for Customer Service Representative IIs to 15 percent for Customer Service Representative Is behind the market rate. This disparity may be affecting HHS' ability to recruit qualified applicants for open positions.

The turnover rate for these DSHS CHI Customer Service Representatives is 41 percent.

The vacancy rate for these positions is 34 percent. In addition, positions are remaining unfilled for an average of over six months.

Administrative Assistants

HHS employs 1,339 Administrative Assistants who provide office support services to the various HHS program areas. On average, Administrative Assistants have 12 years of service and are 48 years old.

The turnover rate for Administrative Assistants is 15 percent. In addition, these positions are remaining unfilled for over four months.

Administrative Assistants are currently earning an average annual salary of \$41,052. The SAO 2022 market index analysis found the average state salary for Administrative Assistants range from four percent for Administrative Assistant VIs to 16 percent for Administrative Assistant IIIs behind the market rate.

Seventeen percent of these employees are currently eligible to retire. This rate is expected to double to 31 percent within the next five years.

SSS Administrative Assistants

HHS SSS division employs 41 Administrative Assistant Is and IIs. These Administrative Assistants are on average, 48 years of age, with an average of nine years of service.

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With a turnover rate of 30 percent, SSS is experiencing retention issues. In addition, 20 percent of these employees are currently eligible to retire, with that percentage increasing in the next five years to 32 percent.

SSS is also experiencing recruitment issues. The vacancy rate for these positions is 13 percent. In addition, these positions are remaining unfilled for an average of three months.

Child Care Regulation and Residential Child Care Regulation Administrative Assistants

HHSC Regulatory Services Division employs 37 Child Care Regulation and Residential Child Care Regulation Administrative Assistant IIIs.

These Administrative Assistants are on average, 45 years of age and have an average of eight years of service. The average turnover for these employees is 16 percent.

HCR and LTCR Administrative Assistants

HHSC Regulatory Services Division employs 13 Administrative Assistant Is in HCR and LTCR. These Administrative Assistants are on average, 47 years of age, with an average of seven years of state service.

With an average turnover rate of 21 percent, retention is an ongoing issue.

LIDS Administrative Assistants

DSHS' LIDS division employs 15 Administrative Assistant IIs as data entry operators. The average DSHS LIDS Administrative Assistant II is 44 years of age, with seven years of state service.

Both recruitment and retention are a concern. The turnover rate for the DSHS LIDS Administrative Assistants is 34 percent. The vacancy rate for these Administrative Assistants is 42 percent. Positions are remaining unfilled for an average of nine months.

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SSS Document Services Technicians

HHS employs 17 Documents Services Technicians IIIs, IVs and Vs within the SSS division. These Document Services Technicians are on average, 57 years of age and have an average of 25 years of service.

Document Services Technicians currently earn an average annual salary of \$42,492. The SAO 2022 market index analysis found the average state salary for Document Services Technicians to be 11 to 14 percent behind the market rate.

Seventy percent of these employees will be eligible to retire in the next five years.

Clerks

HHS employs 15 Clerk IIs and IIIs within the SSS division. Ninety-three percent of these employees are Clerk IIs. These Clerk IIs and IIIs are on average, 53 years of age and have an average of 15 years of service.

Turnover for Clerks is 19 percent. The vacancy rate for these positions is 21 percent. Forty percent of Clerks will be eligible to retire in the next five years.

Inventory and Store Specialist

HHS employs 32 Inventory and Store Specialist IIs and IIIs within the SSS division. These Inventory and Store Specialists provide administrative support to the Warehouse Managers and assist with warehouse inventory control and records.

These Inventory and Store Specialists are on average, 50 years of age and have an average of eight years of service.

These Inventory and Store Specialists currently earn an average yearly salary of \$36,744. The SAO 2022 market index analysis found the average state salary for Inventory and Store Specialists to be 12 percent behind the market rate.

Turnover for these positions is 15 percent, and positions remain vacant for an average of more than five months. Twenty-five percent of these employees will be eligible to retire in the next five years.

As pay remains a challenge, recruitment efforts may need to be more strategic.

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Strategies to Meet Workforce Challenges

Below are the current and future targeted HHS and program area strategies to address identified workforce challenges.

Shared Recruitment Strategies Across Program Areas

- Use social media, Human Resources (HR) hiring platforms, and electronic job boards. Including industry specific and professional association job boards.
- Develop targeted outreach to diverse talent pools, including Spanish speakers.
- Promote telework, hybrid work, and compressed work schedules.
- Attend career fairs, including industry specific job fairs and events.
- Leverage network of internal and external stakeholder relationships.
- Create partnerships with educational institutions.
- Identify emerging talent through internships, Early Career Programs, and mentorships.
- Develop promotional materials for hard-to-fill job openings.
- Update initial applicant screening criteria.
- Generate applicants through the Texas Workforce Commission (TWC) Veterans Services and part-time workers.
- Promote, post, and hire from within.
- Use public engagement and offline marketing tools targeting specific job openings.
- Create a job fair toolkit supporting the ability to interview on-the-spot.
- Promote and share the benefits of state employment.
- Develop systems that track time to fill and turnover rates.
- Use digital ad campaigns and search engine marketing.
- Survey new staff in orientation to gather feedback to refine recruiting tactics.
- Leverage a positive work culture to promote and incentivize employee referrals.

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- Increase industry visibility to skilled professionals by allowing department leaders to speak at state and industry conferences.
- Use career ladders showing clear steps to advancement and use the Career Pipeline Program.
- Seek applicants statewide and recruit outside of Texas and distribute notifications of jobs through state and national outlets.
- Continually review and revise job postings for clarity and benefits.
- Collaborate with the HR Talent Acquisition Office to have job openings spotlighted at job fairs.
- Train hiring managers in the interview process, applicant selection and onboarding.
- Develop and expand the use of realistic job previews.
- During recruitment, share examples where training, professional certifications and conference attendance are paid.
- Conduct market salary data analysis to establish salaries at market rates and continue to look at reclassification to better align job roles with pay.
- Consider the size and structure of HHS to develop a unique approach to compensation.
- Promote work life balance.
- Streamline interviews for proper applicant feedback and to reduce hiring time.
- Use a tracking system to monitor open positions and vacancy rates on a weekly basis and track recruitment efforts at each step in the hiring process.
- Audit vacant positions to more clearly reflect the job duties and reclassify positions to higher pay to remain competitive and attract higher numbers of applicants.
- Explore “return-ships,” professionals with significant work history who want to re-enter the workforce.
- Outline clear onboarding processes and actions.

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Shared Retention Strategies Across Program Areas

- Promote flexible work arrangements including remote work, flexible scheduling and alternative officing. Expand telework opportunities as job duties allow.
- Continue robust employee appreciation events, recognition, and awards programs.
- Build regular feedback and communication channels for employees to voice ideas to managers and vice versa. Including manager lead quarterly staff meetings.
- Use employee surveys and hold feedback sessions to communicate results.
- Use salary equity adjustments where appropriate.
- Administer stay interviews and surveys.
- Promote workplace wellness initiatives, including mental health.
- Provide leadership development to strengthen the leadership bench through Manager Bootcamps, Book Clubs, Leadership YoU, and other HHS leadership programs.
- Focus on internal promotions as an avenue for career advancement.
- Develop employee newsletters, podcasts, and webpages to promote employee connection and engagement.
- Educate staff on the Student Loan Forgiveness program.
- Hold division, regional and department All-Staff meetings, Town Halls and Lunch and Learn sessions to promote staff communication and team building.
- Use the biennial Survey of Employee Engagement as a tool for continuous feedback and to define new opportunities for improvement.
- Encourage leadership to conduct weekly or bi-weekly one-on-ones with direct reports.
- Use timely job audits to prevent employee work overload.
- Conduct regular performance evaluations with the opportunity to provide feedback to managers.
- Generate development plans for staff outlining areas for growth.
- Continue to award administrative leave for outstanding performance.

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- Consider stipends for Spanish speakers.
- Consider retention bonuses.
- Pay for employee conference attendance, training, professional licensing, certifications, and professional organization memberships.
- Use a succession planning framework.
- Develop mentoring, coaching, and job shadowing programs.
- Cross train staff to help prepare them for future roles and ensure continuity of effort.
- Provide targeted training to address individual employee skill gaps.
- Continue team building and collaboration efforts that include coordinating teams across cities, regular work group meet ups, and cross department work groups.
- Continue positive work culture activities such as social connections and regular manager check-ins.
- Conduct quarterly leadership meetings for knowledge sharing and leadership development.
- Continue to monitor staff salaries, provide merit awards, and provide equity adjustments where needed.
- Use job shadowing programs allowing team members interested in other roles to explore the skills needed for success.

Recruitment Strategies: Program Specific

Chief Program Services Office (CPSO)

- **Health and Specialty Care Services**
 - ▶ Provide facility open houses and tours.
 - ▶ Create realistic job preview videos.
 - ▶ Create a state application tutorial video. Develop a measurement with HR of incomplete state applications versus complete state applications.
 - ▶ Create a Compensation Plan Calculator.
- **Access and Eligibility Services**

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- ▶ Partner with TWC to offer paid volunteering opportunities for a specified duration at local offices.
- ▶ Provide an incentive to current employees who refer candidates that are hired into an entry-level eligibility advisor position.
- **Behavioral Health Services**
 - ▶ Improve the naming convention of job titles on postings by including the working title, rather than a generic one.

Chief Operating Officer (COO)

- **Emergency and Risk Management**
 - ▶ Implement a Disaster Volunteer Management Program to introduce volunteers to the department and the job opportunities available.

Chief Medicaid and CHIP Services Officer (CMCSO)

- Hire fellows as full-time team members.

Department of State Health Services (DSHS)

- **Laboratory and Infectious Disease Services**
 - ▶ Update qualifications to focus on experience in lieu of education to attract more applicants with relevant employment history.
- **Chief State Epidemiologist**
 - ▶ Consider fellowships to bring in talented individuals who could be retained in the future.
 - ▶ Consider involving Public Health and other college students in volunteering, completing their practicum experience, and designing a capstone, thesis, or dissertation project under a DSHS staffer. This initiative could potentially groom them as future employees.
- **Consumer Protection Division**

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- ▶ Communicate with Texas university meat science programs about a potential switch to state inspection (currently under federal inspection). Having a CPD inspector on campus may increase visibility of division programs and promote state inspections as a potential career choice for students.

Retention Strategies: Program Specific

Chief Medicaid and CHIP Services Officer (CMCSO)

- Create an Essentials for Leaders SharePoint page with tools, and best practices for managers and directors.
- Host social events for new hires several times a year to promote connections.
- Start a volunteer group for staff to assist in planning and hosting quarterly engagement opportunities, with a particular focus on enabling regional staff to connect and engage.

Office of Audit and Compliance (OAC)

- Offer 40 hours of paid training each fiscal year.

Chief Policy and Regulatory Officer (CPRO)

- Develop a plan to monitor positions that received funds for salary increases from the 88th Legislative Session. This monitoring will provide information on whether the salary increases attracted more applicants and aided in retaining employees.

Chief Operating Officer (COO)

- **Human Resources**
 - ▶ Solicit process-improvement ideas from team members and create opportunities to collaborate in work groups to develop and implement process-improvement initiatives.

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Chief Program Services Office (CPSO)

- **Health Specialty Care Services**

- ▶ Submit photos with descriptions from various facilities to all staff. The photos provide a sense of unity, and insight into everyday activities at the hospitals and state assisted living centers.
- ▶ Use the Creative Ideas Portal to allow staff members to submit process improvements ideas.
- ▶ Use the Associate Commissioner's texting service as a platform for open communication, allowing staff to send information. Leadership can respond, and staff can text anonymously if desired.

- **Behavioral Health Services**

- ▶ Use the shared Microsoft Teams channel titled "Kudos" to facilitate recognition among staff members.

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References

- ¹ Data source for Section 3, Workforce Demographics: HHS Centralized Accounting and Payroll/Personnel System - Human Capital Management (CAPPS-HCM) as of 8/31/21, 8/21/22, and 8/31/23. Note: Percentage totals may not equal 100% due to rounding.
- ² Job family includes Community Care Workers, Hospital Based Workers, Human Services Specialists, Medical Eligibility Specialists, Social Services Case Analysts and Texas Works Advisors.
- ³ Job family includes Administrative Assistants, Clerks, Customer Service Representatives, Data Entry Operators and Receptionists.
- ⁴ Job family includes Disease Intervention Specialists, HIV/STD Team Leads, Portfolio Project Managers, Program Consultants, Program Specialists, and Project Management Specialists.
- ⁵ Job family includes Food Service Directors, Laboratory Managers, Life Safety Code Managers, Managers, Program Managers, and Regulatory Services Improvement Coordinators.
- ⁶ Job family includes Compliance Reviewers and Inspectors.
- ⁷ Job family includes Cooks, Food Service Managers, and Food Service Workers.
- ⁸ Job family includes Assistant Superintendents and Directors.
- ⁹ Job family includes Custodial Managers and Custodians.
- ¹⁰ Job family includes Business Analyst IIIs, Criminal Intelligence Analyst IIIs, Cybersecurity Analysts, Geographic Information Specialists, Information Security Analysts, Information Technology (IT) Business Analysts, IT Security Analyst IIIs, System Administrators, and Systems Analysts.
- ¹¹ Job family includes Air Conditioning and Boiler Operators, Electricians, Electronics Technicians, HVAC Mechanics, Machinist Is, Maintenance Specialists, Maintenance Supervisors, and Motor Vehicle Technicians.
- ¹² Job family includes Community Health Specialists, Public Health and Prevention Specialists, and Surveillance and Reporting Specialists.
- ¹³ Job family includes E-Learning Developers and Training and Development Specialists.
- ¹⁴ CLF data for underutilization percentages comes from the "Equal Employment Opportunity and Minority Hiring Practices Report Fiscal Years 2019-2020" 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 table below.
- ¹⁵ "N/A" indicates that the number of employees in this category was too small (less than thirty) to test any differences for statistical significance.
- ¹⁶ "No" indicates no underutilization for this job category.
- ¹⁷ The State category "Para-Professional" was not included because it is not possible to derive a "Para-Professional" category from the available American Community Survey data. The other job categories showing potential underutilization are Officials/Administrators and Service Maintenance.
- ¹⁸ Data source for Section 4, Turnover: HHS CAPPS-HCM for FY 2021-2023. Note: Legislative transfers are not considered separations.
- ¹⁹ State Auditor's Office, State Auditor's Office, "Classified Employee Turnover for Fiscal Year 2023," January 2024 Report No. 24-702 web page <https://sao.texas.gov/reports/main/24-702.pdf>, last accessed 3/03/24. 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.
- ²⁰ Ethnicity "Other" includes American Indian, Alaska Native, Asian, Native Hawaiian, Other Pacific Islander and two or more races.
- ²¹ Death accounted for .83% of separations.
- ²² Death accounted for .78% of separations (67 separations).
- ²³ Job family includes Cooks, Food Service Managers, and Food Service Workers.

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

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- ²⁴ Job family includes Blind Children Specialists and Rehabilitation Teachers.
- ²⁵ Job family includes Custodial Managers and Custodians.
- ²⁶ Job family includes Human Services Technicians and Long Term Care Screeners.
- ²⁷ Job family includes Behavioral Health Specialists, Health Informatics Specialists, Health Specialists, and Mental Health Specialists.
- ²⁸ Job family includes Community Care Workers, Hospital Based Workers, Human Services Specialists, Medical Eligibility Specialists, Social Services Case Analysts and Texas Works Advisors.
- ²⁹ Job family includes Medical Technicians and Medical Technologists.
- ³⁰ Job family includes Administrative Assistants, Clerks, Customer Service Representatives, Data Entry Operators and Receptionists.
- ³¹ Job family includes Assistant Medical Directors and Psychiatrists.
- ³² Job family includes Compliance Reviewers and Inspectors.
- ³³ Job family includes Behavior Analysts and Psychologists.
- ³⁴ Job family includes Microbiologists and Molecular Biologists.
- ³⁵ Data source for Section 5, Retirement Projections: HHS CAPPs-HCM as of 8/31/19, 8/31/20, 8/31/21, 8/21/22, and 8/31/23. Note: Retirement estimations include return-to-work retirees.
- ³⁶ "Texas Outpaces the Nation, Adding the Most Jobs in 2022," (2023, January 24). [twc.texas.gov](https://www.twc.texas.gov). Retrieved January 26, 2024, from <https://www.twc.texas.gov/news/texas-outpaces-nation-adding-most-jobs-2022>.
- ³⁷ "Texas Employment Update" (2024, January 19) [dallasfed.org](https://www.dallasfed.org). Retrieved January 26, 2024, from <https://www.dallasfed.org/research/forecast/2024/emp240119update>.
- ³⁸ "Texas economy moderates toward more normal growth in 2024" (2024, February 6). www.dallasfed.org. Retrieved February 16, 2024, from <https://www.dallasfed.org/research/economics/2024/0206>.
- ³⁹ Texas Employment Forecast (2024, February 9). www.dallasfed.org. Retrieved February 10, 2024, from <https://www.dallasfed.org/research/events/2024/24outlook>.
- ⁴⁰ 2024 Poverty Guidelines. ASPE. Retrieved January 26, 2024, from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
- ⁴¹ U.S. Census Bureau QuickFacts: Texas. Census Bureau QuickFacts. Retrieved January 26, 2024, from <https://www.census.gov/quickfacts/TX>.
- ⁴² Ibid.
- ⁴³ Ibid.
- ⁴⁴ U.S. Census Bureau QuickFacts: Texas. Census Bureau QuickFacts. Retrieved January 26, 2024, from <https://www.census.gov/quickfacts/TX>.
- ⁴⁵ Texas Population Projections, 2010 to 2050," Office of the State Demographer, January 2019, web page [20190128_PopProjectionsBrief.pdf \(texas.gov\)](https://demographics.texas.gov). Retrieved January 26, 2024, from <https://demographics.texas.gov/>.
- ⁴⁶ Primary data source in Section 9, Expected Workforce Challenges: HHS CAPPs-HCM as of 8/31/23. Note: Five-year retirement estimations include return-to-work retirees.
- ⁴⁷ Data source for turnover data for Section 9, Expected Workforce Challenges: For HHS turnover - HHS CAPPs-HCM for FY 2023. For state-wide turnover: State Auditor's Office, "Classified Employee Turnover for Fiscal Year 2023," January 2024 Report No. 24-702 web page <https://sao.texas.gov/reports/main/24-702.pdf>, last accessed 3/03/24.
- ⁴⁸ Data source for market data in Section 9, Expected Workforce Challenges: State Auditor's Office, "A Biennial Report on the State's Position Classification Plan," September 2022 Report No. 23-701 web page <https://sao.texas.gov/SAOReports/ReportNumber?id=23-701>, last accessed 03/03/24.
- ⁴⁹ Data source for national and Texas average wages for Section 9, Expected Workforce Challenges: U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <https://www.bls.gov/oes/tables.htm>. Last accessed on 3/4/24.

The data for turnover and vacancy rates included in this report are a point-in-time estimate from August 31, 2023. As such they do not reflect the turnover or vacancy rates as of the date of this publication.

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- ⁵⁰ U.S. Department of Labor, Bureau of Labor Statistics, Occupational Outlook Handbook, web page <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>, last accessed on 3/6/2024.
- ⁵¹ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data. Period: May 2020; <https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-6>, last accessed on 3/6/2024.
- ⁵² RNs include public health nurses.
- ⁵³ U.S. Department of Labor, Bureau of Labor Statistics. Last accessed on 3/5/23.
- ⁵⁴ U.S. Department of Labor, Bureau of Labor Statistics, Selected Occupational Projections Data, web page <https://www.bls.gov/oes/tables.htm>. Last accessed on 3/1/2024.
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- ⁵⁶ U.S. Department of Labor, Bureau of Labor Statistics, *Occupational Outlook Handbook*, Chemists and Materials Scientists, at <https://www.bls.gov/ooh/life-physical-and-social-science/epidemiologists.htm>. Last accessed on 3/6/2024.

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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 2024 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.



2024 DSHS Report on Customer Service

**As Required by
Texas Government Code,
Chapter 2114**



TEXAS
Health and Human
Services

May 2024

Table of Contents

Executive Summary	4
1. Introduction	5
2. Survey Methods.....	7
3. DSHS Customer Service Survey	8
DSHS Customer Service Survey Results	8
Additional Performance Measures	15
4. Survey Limitations & Potential Improvements	16
Appendix A. Customer Inventory for DSHS	18
Services Provided to Customers by Budget Strategy	18
Appendix B. Customer Service Surveys.....	32
Standardized Questions	32
Survey Availability	33
DSHS Customer Service Survey	33
Appendix D. Measure Specifications.....	38
Appendix E. Previous Reports on Customer Service	42
Appendix F. DSHS Supplement.....	44
Distribution of Respondents.....	44
Satisfaction by Service Element	45
Additional Performance Measures	50
List of Acronyms	57
References	58

Executive Summary

The “2024 DSHS Report on Customer Service” was prepared in response to Government Code, Chapter 2114, 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 customer satisfaction results for Department of State Health Services (DSHS) during the Fiscal Year (FY) 2022 and FY 2023 reporting period (September 2021 to August 2023).

The DSHS mission is “A Healthy Texas.” In pursuit of this mission, DSHS administered an online survey to its customers to assess satisfaction with several elements of customer service. This report summarizes the 1,200 responses from the DSHS survey.

Results from the DSHS Customer Service Survey demonstrate that more than one-third of all respondents are satisfied with DSHS, and an additional one-fifth expressed neutral opinions. Across FY 2022 and 2023, respondents were most satisfied with DSHS’ facilities and least satisfied with DSHS’ complaint handling process. Further, satisfaction varied across respondent types. Among DSHS respondents, advisory committee members were most satisfied, while service recipients and their parents/guardians were least satisfied. DSHS identified limitations to the FY 2022-2023 survey process and ideas for improvements which are described in the Survey Limitations & Potential Improvements section.

DSHS will evaluate the results of the DSHS Customer Service Survey and the results from additional programmatic surveys to inform the agency’s strategic planning action items and inform its customer and consumer activities.

1. Introduction

The “2024 DSHS Report on Customer Service” is prepared in response to Government Code, Chapter 2114, which requires that Texas state agencies biennially submit information gathered from customers about the quality of agency services to the OOG’s Budget and Policy Team and the LBB.

Pursuant to Government Code §2114.002(a), agencies must include an inventory of external customers served by each strategy in the General Appropriations Act and a brief description of the types of services provided to them. Appendix A presents an inventory of external customers and a description of services provided to customers from each agency by strategic plan budget strategy.

The OOG’s Budget and Policy Team and the LBB are required to jointly develop a standardized method to measure customer service satisfaction and establish standardized performance measures for agencies per Government Code §2114.003. In February 2022, the OOG’s Budget and Policy Team and the LBB published *Instructions for Preparing and Submitting Agency Strategic Plans* for FY 2023-2027. These instructions specify a set of eight standardized questions (see Appendix C) and four types of performance measures (see Appendix D).

Government Code §2114.006 directs agencies and institutions of higher education to develop customer service standards and implement customer satisfaction assessment plans. The Health and Human Services (HHS) System consists of two agencies, the Health and Human Services Commission (HHSC) and Department of State Health Services (DSHS). HHS customer service standards can be found on the Compact with Texans website.¹ The biennial Report on Customer Service reflects one way in which HHS implements customer satisfaction assessment plans.

Approaches to assessing HHS customer service have evolved since the first system-wide survey was administered in 2006 (see Appendix E). Beginning in 2012, the HHS Report on Customer Service summarized findings from a range of existing agency surveys designed to assess customer satisfaction for specific agency programs and services. Those surveys are ongoing, as their program-specific design best positions them to support and guide program monitoring efforts for individual HHS programs. Appendix E provides results from select program-administered surveys, which indicate that satisfaction with specific HHS programs

¹ <https://www.hhs.texas.gov/services/your-rights/compact-texans>

was relatively consistent between FY 2020 and FY 2023. However, as noted in previous Reports on Customer Service, the program-specific nature of these individual surveys presents challenges to aligning their survey material with OOG/LBB guidance.

The 2024 DSHS Report on Customer Service leverages a new approach that better aligns with the OOG/LBB guidance. Specifically, the current report summarizes findings from the DSHS online customer service survey. The survey included OOG/LBB-required questions and was administered during the FY 2022-2023 reporting period.

2. Survey Methods

The HHS system administered online surveys to both DSHS and Health and Human Services Commission (HHSC) customers. The DSHS and HHSC Customer Service Surveys included general background questions and the eight standardized questions specified by the OOG and LBB. Appendix C shows the standardized questions, as well as the full text from the DSHS and HHSC Customer Service Surveys.

The HHSC Office of Data, Analytics, and Performance (DAP) programmed and administered the DSHS and HHSC Customer Service Surveys using Alchemer, an online survey platform. DAP leveraged skip logic to selectively present the standardized questions to respondents based on their interactions with the HHS system in the past year. Accordingly, the sample size differs across each question. The first five standardized questions were separated into multiple sub-questions to assess customer satisfaction for each service element. All standardized questions used the OOG/LBB-required Likert scale (1=Very Unsatisfied, 5=Very Satisfied).

The Customer Service Surveys were distributed by each agency and available in English and Spanish on various DSHS and HHSC webpages. Appendix C lists the webpages through which individuals could access each survey. The Customer Service Surveys were posted three times during FY 2022 and 2023 (see Table 1). Links were made available for a minimum of 30 calendar days during each posting. No changes were made to the surveys between postings to maintain consistency.

Table 1. Administration Dates for the DSHS Customer Service Survey

Survey Administration	FY	Survey Posting	DSHS N
Planned FY Administration	2022	8/1/2022-8/31/2022	12
Ad Hoc Survey Administration	2023	2/1/2023-3/8/2023	780
Planned FY Administration	2023	8/1/2023-8/31/2023	408

Notes. FY=Fiscal Year (September to August); DSHS=Department of State Health Services; N=Sample size.

3. DSHS Customer Service Survey

This section summarizes the results and implications of the DSHS Customer Service Survey, as well as additional DSHS performance measures. A total of 1,200 individuals responded to the DSHS Customer Service Survey in FY 2022-2023, including service recipients, health professionals, and researchers.

DSHS Customer Service Survey Results

Output Measures

The OOG and LBB instructions require all Reports on Customer Service to include three output measures: the total number of customers served, the total number of customers surveyed, and the response rate.

Table 2 displays these measures from the DSHS Customer Service Survey during FY 2022-2023, as well as projected estimates for FY 2024. Across FY 2022 and FY 2023, 1,937 individuals initiated the DSHS Customer Service Survey, and of those, 1,200 completed the survey. The response rate across both FYs was approximately 62%.

Table 2. Output Measures for the DSHS Customer Service Survey by FY

Measure	Measure Specification ¹	FY 2022	FY 2023	Projected FY 2024
Total customers served	Estimated total population of Texas ²	30,048,879	30,301,595	30,618,408
Total customers surveyed	Number of individuals who clicked on the survey link	20	1,917	1,925
Total customers surveyed who responded to the survey	Number of individuals who answered at least one question ³	12	1,188	1,200
Response rate	Percentage of individuals who clicked survey link that responded to the survey	60.0%	62.0%	62.3%

Notes. ¹ Additional details on measure specifications are provided in Appendix D. ² Texas population estimates (Texas Demographic Center, 2022) and projections (Texas Demographic Center, 2022) obtained from the Texas Demographic Center and reflect calendar years. ³ The data above do not reflect unique individuals as respondents could take the survey more than once during each survey administration period and could provide responses in both FYs. Source: DSHS Customer Service

Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August).

Efficiency Measure

The OOG and LBB instructions require all Reports on Customer Service to include one efficiency measure: the cost per customer surveyed. DSHS utilized an existing online survey software subscription managed by HHSC DAP to administer the survey, making the cost per customer surveyed \$0 (Table 3).

Table 3. Efficiency Measure for the DSHS Customer Service Survey by FY

Measure	Measure Specification ¹	FY 2022	FY 2023	Projected FY 2024
Cost per customer surveyed	N/A; there was no additional cost to administer the survey, and therefore the cost per customer surveyed is \$0.	\$0	\$0	\$0

Notes. ¹ Additional details on measure specifications are provided in Appendix D. DSHS=Department of State Health Services; FY=Fiscal Year (September to August).

Outcome Measure

The OOG and LBB instructions require all Reports on Customer Service to include one outcome measure: the percentage of respondents expressing overall satisfaction with services received. Approximately 35% of respondents across FY 2022 and FY 2023 were satisfied with DSHS services (Table 4).

Table 4. Outcome Measure for the DSHS Customer Service Survey

Measure	Measure Specification ¹	FY 2022-2023 ²	Projected FY 2024
Percentage of surveyed customer respondents expressing overall satisfaction with services received	The percentage of respondents who responded 'Satisfied' or 'Very satisfied' to the survey question: Please rate your overall satisfaction with DSHS.	34.8% ³	35.0%

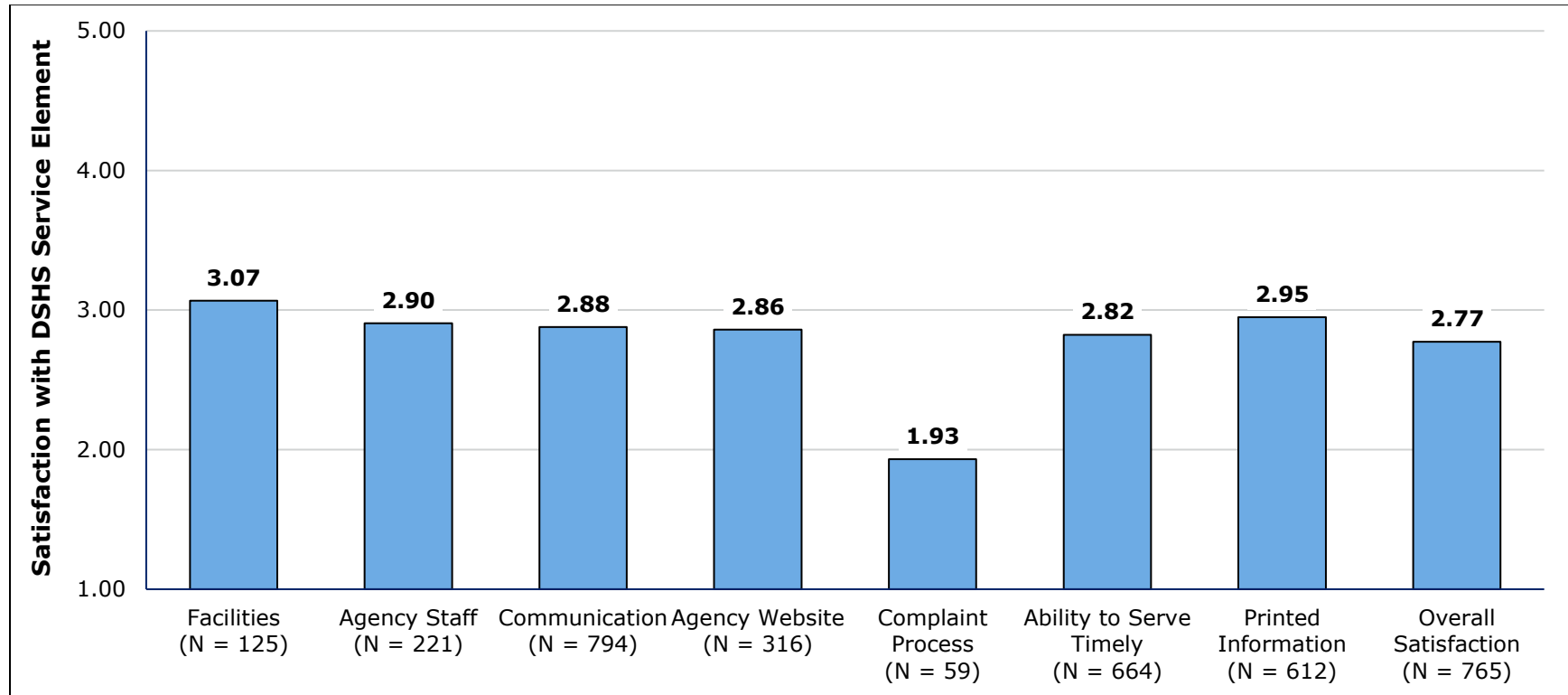
Notes. ¹ Additional details on measure specifications are provided in Appendix D. ² Survey responses were combined across FY 2022 and FY 2023 due to limited survey responses received during FY 2022.

³ A total of 765 respondents answered this question. Of those, 34.8% were satisfied or very satisfied with DSHS, 22.0% expressed neutral opinions on DSHS, and 43.3% were unsatisfied or very unsatisfied with DSHS. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August).

Customer Satisfaction by Service Element

In addition to the overall outcome measure, all Reports on Customer Service are required to summarize satisfaction across seven elements of customer-determined service quality: agency facilities, staff, communications, internet site, complaint handling process, ability to timely service customers, and brochures or printed materials. Figure 1 on the next page displays the average level of satisfaction by service element. Across most service elements, the average level of satisfaction was near the midpoint of the scale (3.00, which reflects a “Neutral” response). Respondents were most satisfied with DSHS’ facilities, followed by printed information and agency staff. Appendix F ‘Satisfaction by Service Element’ presents results for separate components within each service element.

Figure 1. Average Satisfaction with DSHS by Service Element

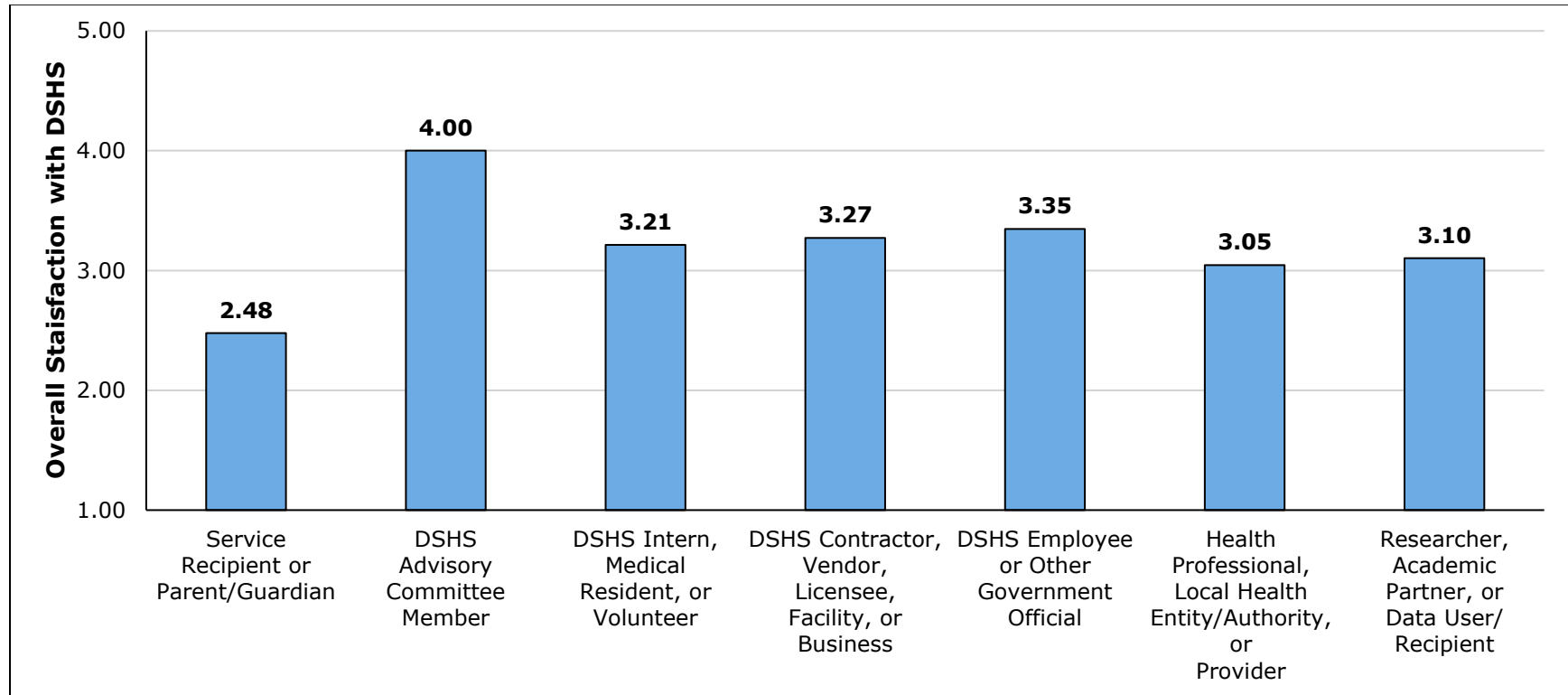


Notes. Satisfaction ranges from 1=Very Unsatisfied to 5=Very Satisfied. Survey responses were combined across FY 2022 and FY 2023 due to limited survey responses received during FY 2022. The sample size differs across the eight service elements because skip logic was used to selectively present questions to respondents based on their interactions with DSHS in the past year. Respondents may have interacted with DSHS in multiple ways, so the sample sizes across service elements do not sum to the total survey sample size. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

Customer Satisfaction by Respondent Type

The DSHS Customer Service Survey respondents represent a wide range of DSHS customers, including service recipients, health professionals, and researchers. Figure 2 on the next page displays the average level of satisfaction with DSHS by respondent type. Sample sizes for each respondent type are provided in Appendix F (Table 13). The 'DSHS Advisory Committee Member' respondent category had the highest overall satisfaction score, followed by 'DSHS Employee or Other Government Official'.

Figure 2. Overall Satisfaction with DSHS by Respondent Type



Notes. Satisfaction ranges from 1=Very Unsatisfied to 5=Very Satisfied. Survey responses were combined across FY 2022 and FY 2023 due to limited survey responses received during FY 2022. Sample size differs across respondent types (see Appendix F, Table 13).

Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August).

Explanatory Measures

The OOG and LBB instructions require all Reports on Customer Service to include two explanatory measures: the total customers identified, and total customer groups inventoried, both shown in Table 5. As a public health agency, DSHS serves an expansive and diverse population that directly or indirectly reaches all Texas residents. As a result, for the purposes of this report, the total customers identified reflects the estimated population of Texas. It is not feasible to accurately determine the second explanatory measure (total customer groups inventoried) because DSHS’ population encompasses various customer groups, which are not mutually exclusive, and cannot always be quantified.

Table 5. Explanatory Measures for the DSHS Customer Service Survey by FY

Measure	Measure Specification ¹	FY 2022	FY 2023	Projected FY 2024
Total customers identified	Estimated total population of Texas ²	30,048,879	30,301,595	30,618,408
Total customer groups inventoried	N/A; it is not feasible to determine the total population of customers in all unique customer groups.	N/A	N/A	N/A

Notes. ¹ Additional details on measure specifications are provided in Appendix D. ² Texas population estimates (Texas Demographic Center, 2022) and projections (Texas Demographic Center, 2022) obtained from the Texas Demographic Center and reflect calendar years. DSHS=Department of State Health Services; FY=Fiscal Year (September to August).

Additional Performance Measures

In addition to the standard measures reported above, the OOG and LBB instructions require all Reports on Customer Service to include performance measure information for agency-specific customer service standards and customer satisfaction, such as wait times, complaints, and responses. DSHS gathered additional performance measures from a selection of existing DSHS programs. Select results are presented in the following bullets. Full details can be found in Appendix F 'Additional Performance Measures'.

- In FY 2022 and 2023, an average of 73% of businesses and individuals who submitted certification, licensing, or registration applications to DSHS Consumer Protection Division Licensing Programs expressed satisfaction with the ease of filing an application and the processing of it in a timely manner.
- In FY 2022 and 2023, 100% of entities surveyed who met with a DSHS Radiation inspector indicated that the on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.
- In calendar years 2022 and 2023, an average of 96% of facilities surveyed that used DSHS Public Health Laboratory services expressed satisfaction with the timeliness of services or information DSHS provided.
- In FY 2023, 99% of tuberculosis regional clinics surveyed indicated that they received lab reports from the South Texas Laboratory in a timely manner, and 99% indicated that they received above average or well above average on-time delivery of service.

4. Survey Limitations & Potential Improvements

The DSHS and HHSC Customer Service Surveys adhere to the OOG and LBB's standardized method to measure customer service and are representative of the HHS system's expansive customer base. The implementation of standardized questions provides opportunities to compare satisfaction ratings across respondent types and monitor progress on specific service elements between reporting periods. However, the results of the DSHS Customer Service Surveys should be interpreted alongside several key limitations.

First, the 1,200 survey respondents are only a small portion of the individuals served by DSHS programs. Further, because the surveys were administered online, results may be less representative of specific DSHS customers (e.g., those who do not speak English or Spanish, do not use the website, or do not have Internet access). Relatedly, because the survey was anonymous, DSHS could not verify unique respondents (i.e., individuals could take the survey more than once). Collectively, these limitations suggest that the results may not be generalizable to all DSHS customers. Future iterations of the DSHS survey may leverage existing communication channels and additional solicitation methods, such as GovDelivery email distribution lists, social media campaigns, and/or paper surveys available at various DSHS facilities.

Second, DSHS received a small number of responses when the survey was first posted onto the DSHS website's home page for the FY 2022 survey administration. Due to the low response, DSHS reposted the survey in February 2023, after the launch of the redesigned DSHS website, using a new sitewide banner feature that made the link appear on every DSHS webpage. This approach increased the number of responses. The same approach was used for the FY 2023 survey administration and yielded a high number of responses. DSHS plans to use the sitewide banner feature for future iterations of the Customer Service Survey.

Third, given that the Customer Service Survey was launched in FY 2022, it is unknown whether the opinions expressed by respondents reflect stable attitudes or are temporary reflections of historical and environmental factors. If the Customer Service Survey is utilized again for the 2026 Report on Customer Service, DSHS can investigate whether findings reported here continue in the future.

Fourth, many respondents answered 'None of the Above' to the survey items about respondent type and services received. In the future, DSHS will consider enhancing survey response options to accommodate a wider range of customer groups. This change would also offer DSHS more insight into the types of customers participating in the survey.

Lastly, the data are susceptible to common threats to validity among survey data, such as response bias, recall bias, and social desirability bias.

Despite these limitations, the DSHS Customer Service Survey provides important insight into the quality of agency services. DSHS will continue to collect and evaluate customer feedback to improve agency programs and customer service for all Texas residents.

Appendix A. Customer Inventory for DSHS

Services Provided to Customers by Budget Strategy²

Objective A.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p>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.</p>	<p>Texas Residents: 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.</p> <p>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.</p> <p>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 <i>Strategy 1.1.4. Border Health and Colonias</i>.</p> <p>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 PHRs 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 with a need for community and personal health services, to appropriate community providers, private providers, and partners.</p> <p>Committees: DSHS provides support to the Public Health Funding and Policy Committee and Preparedness Coordinating Council.</p>

² As listed in DSHS Strategic Plan 2023–2027, Volume II, Schedule A.

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy A.1.2. Vital Statistics. Maintain a system for recording, certifying, and disseminating information about births, deaths, and other vital events in Texas.</p>	<p>Texas Residents: DSHS provides vital records needed to access benefits and services.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Strategy A.1.3. Health Registries. Collect health information for public health research and information purposes that inform decisions regarding the health of Texans.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p> <p>Border Health Partners: DSHS provides interagency coordination and assistance on public health issues with local border health partners; border local health departments; binational health councils; community health work groups, state border health offices; U.S.-Mexico Border Health Commission; U.S. Environmental Protection Agency (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.</p> <p>Committees: DSHS provides support to the Task Force of Border Health Officials.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy A.1.5. Health Data and Statistics. Collect, analyze, and distribute information about health and healthcare.</p>	<p>Texas Residents: DSHS utilizes data to help address Texas residents’ concerns regarding health conditions in their communities. 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.</p> <p>DSHS provides data to researchers and for other public health purposes that discuss and/or report the burden of health conditions. This data may also be used for community health assessments, public health planning, and making informed healthcare decisions.</p> <p>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).</p> <p>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.</p> <p>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 Cancer Institute (NCI), National Institutes of Health (NIH), National Institute of Occupational Safety and Health (NIOSH), Centers for Medicare & Medicaid Services (CMS), Agency for Healthcare Research and Quality, Agency for Toxic Substances and Disease Registries (ATSDR), Department of Veteran Affairs, and Environmental Protection Agency (EPA).</p>

Objective A.2

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy A.2.1. Immunize Children and Adults in Texas. Implement programs to immunize children and adults in Texas.</p>	<p>Direct Consumers: DSHS operates the Texas Vaccine 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 populations. DSHS maintains an electronic vaccine inventory system that enables participating providers to order vaccine stock and report on vaccines administered. DSHS maintains a statewide Texas 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.</p> <p>Local Governments: DSHS contracts with LHDs to provide immunization services in the clinic setting and to serve as the Responsible Entity (RE) for TVFC/ASN program operations. As an RE, the local health departments (LHDs) are the direct point of contact for TVFC/ASN program enrolled providers. Activities for the LHDs include but are not limited to 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.</p> <p>Schools and Childcare Facilities: DSHS provides education and technical assistance to school and childcare facilities regarding 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.</p> <p>External Partners: DSHS works with the Texas Immunization Stakeholder Working Group, which includes representatives from TMA, Texas Pediatric Society (TPS), Texas Hospital Association (THA), parents, schools, LHDs, pharmacists, nurses, vaccine manufacturers, immunization coalitions, and other organizations with a role in the statewide immunization system.</p> <p>Other State Agencies: DSHS works with Texas Education Agency, DFPS and HHSC in the delivery of immunization services.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy A.2.2. Human Immunodeficiency Virus / Sexually Transmitted Disease (HIV/STD) Prevention. Implement programs of prevention and intervention including preventive education, case identification and counseling, HIV/STD medication, and linkage to health and social service providers.</p>	<p>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 people living with the 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 STDs. DSHS provides testing for HIV and STDs, medications for some STDs, and disease intervention and partner services to reduce the spread of STDs.</p> <p>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.</p> <p>Community-Based Organizations: DSHS provides capacity building and technical assistance/training services to contracted providers providing HIV/STD prevention and treatment and care services.</p> <p>Committee: The Texas HIV Medication Advisory Committee advises DSHS about the Texas HIV Medication Program formulary and policies.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>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.</p>	<p>Texas Residents: 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.</p> <p>Local Governments: DSHS coordinates infectious disease prevention, control, epidemiology, and surveillance activities with LHDs.</p> <p>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 Texas Hospital Association (THA), Texas Health Care Association, Texas Organization of Rural & Community Hospitals (TORCH), Texas Ambulatory Surgery Center Society, End Stage 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, Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), schools of public health in Texas, voluntary agencies, and HHSC.</p> <p>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.</p> <p>Committees: DSHS provides support to the Task Force on Infectious Disease Preparedness and Response.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy A.2.4. TB Surveillance and Prevention. Implement activities to conduct TB surveillance, to prevent and control the spread of TB, and to treat TB infection.</p>	<p>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 people 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Contracted Providers: DSHS contracts with private organizations, hospitals, university medical centers, and local health departments 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.</p>
<p>Strategy A.2.5 Texas Center for Infectious Disease. Provide medical treatment to persons with tuberculosis and Hansen’s disease.</p>	<p>Hospital Services: Through the Texas Center for Infectious Disease (TCID), DSHS provides inpatient and outpatient assessment, treatment, support and medical services for TB and Hansen’s disease.</p>

Objective A.3

Budget Strategy	Stakeholder Groups/ Services Provided
<p>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.</p>	<p>Texas Residents: 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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<p>Strategy A.3.2. Reducing the Use of Tobacco Products Statewide. Develop a statewide program to reduce the use of tobacco products.</p>	<p>Texas Residents: 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.</p> <p>Healthcare Providers: DSHS provides training and resources for healthcare providers to implement best practices for treating tobacco dependence in multiple healthcare settings.</p> <p>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.</p> <p>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.</p>

Objective A.4

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy A.4.1. Laboratory Services. Provide analytical laboratory services in support of public health program activities.</p>	<p>Texas Residents: 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 over 50 metabolic and genetic disorders; and identifies organisms responsible for disease outbreaks throughout Texas. DSHS also provides testing for chemical and biological threats.</p> <p>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.</p> <p>Public Water Systems: DSHS provides testing of water samples as part of the EPA Safe Drinking Water Act.</p> <p>External Partners: DSHS works with the Texas Newborn Screening Advisory Committee, THA, TMA, Texas Pediatric Society (TPS), and other professional associations.</p>

Objective B.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p>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.</p>	<p>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 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.</p> <p>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, federally qualified health centers (FQHCs), and other community-based organizations.</p> <p>Certified Individuals: DSHS provides oversight of the training and certification requirements for promotoras/community health workers and training instructors.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy B.1.2. Children with Special Health Care Needs (CSHCN). Administer population health initiatives for children with special health care needs.</p>	<p>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.</p> <p>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.</p> <p>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 State of Texas Access Reform (STAR) Kids Advisory Council, the Texas Respite Coalition, the statewide Community Resource Coordination Group (CRCG), and the Early Childhood Intervention (ECI) Advisory Committee.</p>

Objective B.2

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy B.2.1. Emergency Medical Services (EMS) and Trauma Care Systems. Develop and enhance regionalized emergency healthcare systems.</p>	<p>Texas Residents: DSHS ensures a coordinated statewide EMS and trauma system in Texas. DSHS administratively supports the Medical Advisory Board, which makes recommendations to the Texas Department of Public Safety on cases of persons with health conditions that may adversely affect their ability to safely hold a drivers or concealed handgun license.</p> <p>Emergency Medical Services: DSHS sets standards and maintains oversight of EMS providers, EMS education providers and EMS personnel.</p> <p>Healthcare Facilities: DSHS establishes requirements and maintains oversight of a system of designations for hospitals in trauma, stroke, maternal, and neonatal care.</p> <p>Regional Advisory Councils (RACs): DSHS establishes performance criteria for the 22 RACs and oversees contracts that task them with developing, implementing, and monitoring a regional trauma and healthcare system.</p> <p>External Partners: DSHS collaborates 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, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and American College of Surgeons.</p> <p>Committees: DSHS provides administrative support for the Medical Advisory Board and the Governor’s EMS and Trauma Advisory Council, and works with the Perinatal Advisory Council (PAC). (The PAC is administratively supported by HHSC.)</p>
<p>Strategy B.2.2. Texas Primary Care Services. Develop systems of primary and preventive healthcare delivery in underserved areas of Texas.</p>	<p>Local Health Departments: DSHS may recommend areas where local health entities operate for federal designation as Health Professional Shortage Areas and Medically Underserved Areas.</p> <p>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.</p> <p>Other Organizations: DSHS works with communities and nonprofit organizations to develop and expand FQHCs in Texas.</p>

Objective C.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy C.1.1. Food (Meat) and Drug Safety. Design and implement programs to ensure the safety of food, drugs, and medical devices.</p>	<p>Texas Residents: DSHS protects Texas residents from contaminated, adulterated, and misbranded foods, drugs, medical devices, consumable hemp products, and cosmetics by enforcing laws, and adopting and implementing regulations. DSHS investigates foodborne illness outbreaks and complaints about products to identify sources of contamination. DSHS protects school-age children by inspecting school cafeterias in cities and counties that do not have local health departments.</p> <p>Other Entities: DSHS interacts with Texas Department of Agriculture, Texas Animal Health Commission, Texas Feed and Fertilizer Control Service / Office of the Texas State Chemist, Texas Commission on Environmental Quality, Texas Department of Emergency Management, Texas Department of Public Safety, Texas Parks and Wildlife, Texas Apiary Inspection Service, Texas Board of Pharmacy, U.S. Department of Agriculture, U.S. Food and Drug Administration, and other state and local health departments.</p>
<p>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.</p>	<p>Texas Residents: DSHS protects 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 protects children attending private and university-based summer youth camps by requiring certain trainings and inspections. DSHS protects the health of Texans by licensing and inspecting individuals and businesses to prevent exposures to asbestos, lead-based paint, hazardous chemicals and unsafe consumer products. DSHS also reduces the incidence of drownings, illness and injuries by implementing safety and sanitation standards for public swimming pools and spas, youth camps, and tattoo and body piercing studios. DSHS responds to public nuisance complaints in areas of the state with no local health authority.</p> <p>Other State Agencies: DSHS interacts with the Texas Commission on Environmental Quality and local municipal and county governments. DSHS also coordinates with the U.S. Environmental Protection Agency the U.S. Consumer Product Safety Commission.</p> <p>Committees: DSHS provides administrative support for the Youth Camp Advisory Committee.</p>
<p>Strategy C.1.3. Radiation Control. Design and implement a risk assessment and risk management regulatory program for all sources of radiation.</p>	<p>Texas Residents: 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.</p> <p>Other State Agencies: DSHS coordinates with the Texas Department 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. Food and Drug Administration and the U.S. Nuclear Regulatory Commission.</p> <p>Committees: DSHS provides administrative support for the Texas Radiation Advisory Board.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy C.1.4. Texas.Gov. Estimated and Nontransferable. Texas.Gov. Estimated and Nontransferable.</p>	<p>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.</p>

Objective D.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy D.1.1. Agency Wide Information Technology Projects. Provide data center services and a managed desktop computing environment for the agency.</p>	<p>DSHS Employees: DSHS provides information technology support for DSHS employees and programs.</p>

Objective E.1

Budget Strategy	Stakeholder Groups/ Services Provided
<p>Strategy E.1.1. Central Administration. Central administration.</p> <p>Strategy E.1.2. Information Technology Program Support. Information Technology program support.</p> <p>Strategy E.1.3. Other Support Services. Other support services.</p> <p>Strategy E.1.4. Regional Administration. Regional administration.</p>	<p>DSHS Employees: DSHS provides administrative support for DSHS employees and programs.</p>

Appendix B. Customer Service Surveys

This appendix includes the eight standardized OOG-LBB questions, the webpages that hosted a link to the surveys, and the full text from the DSHS Customer Service Survey.

Standardized Questions

The eight standardized questions are as follows:

1. How satisfied are you with the agency's facilities, including your ability to access the agency, the office location, signs, and cleanliness?
2. How satisfied are you with agency staff, including employee courtesy, friendliness, and knowledgeability, and whether staff members adequately identify themselves to customers by name, including the use of name plates or tags for accountability?
3. How satisfied are you with agency communications, including toll-free telephone access, the average time you spend on hold, call transfers, access to a live person, letters, electronic mail, and any applicable text messaging or mobile applications?
4. How satisfied are you with the agency's Internet site, including the ease of use of the site, mobile access to the site, information on the location of the site and the agency, and information accessible through the site such as a listing of services and programs and whom to contact for further information or to complain?
5. How satisfied are you with the agency's complaint handling process, including whether it is easy to file a complaint and whether the responses are timely?
6. How satisfied are you with the agency's ability to timely serve you, including the amount of time you wait for service in person?
7. How satisfied are you with any agency brochures or other printed information, including the accuracy of that information?
8. Please rate your overall satisfaction with the agency.

The OOG and LBB also prescribed the following scale to accompany the standardized questions (Table 6).

Table 6. OOG/LBB-Required Scale

1	2	3	4	5	NA
Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	Not Applicable

Survey Availability

Table 7 lists the webpages through which individuals could access the DSHS Customer Service Survey.

Table 7. Webpages With a Link to the DSHS or HHSC Customer Service Survey

Agency	Webpage	Main Webpage Links
DSHS	DSHS ¹	https://www.dshs.state.tx.us/ https://www.dshs.state.tx.us/Spanish.aspx

Notes. ¹ In FY 2022, the DSHS Customer Service Survey was posted only on the DSHS homepage; however, in FY 2023, it was posted on every DSHS webpage. DSHS=Department of State Health Services; FY=Fiscal Year (September to August).

DSHS Customer Service Survey

Texas Department of State Health Services (DSHS) wants to learn more about your experiences with our services. Your answers will help inform how DSHS provides services across the state of Texas.

Your responses to this survey are anonymous and confidential. Your answers will not change your ability to receive or provide services. The survey will take 5-10 minutes to complete. Thank you for taking this survey.

First, we would like to know more about you.

1. Which of the following option(s) describe you? (Select all that apply)
 - A. Service Recipient or Parent/Guardian of Service Recipient
 - B. DSHS Advisory Committee Member
 - C. DSHS Intern, DSHS Medical Resident, or DSHS Volunteer
 - D. DSHS Contractor, Vendor, Licensee, Facility, or Business
 - E. DSHS Employee or Other Government Official

- F. Health Professional, Local Health Entity/Authority, or Provider
 - G. Researcher, Academic Partner, or Data User/Recipient
 - H. None of the above
2. Which of the following DSHS programs or services do you or your family currently participate in or receive? (Select all that apply)
- A. Administrative services (customer service, communications, external relations, media relations, financial services, fiscal monitoring, contract management, data governance, public health data and statistics, privacy/HIPAA and special investigations)
 - B. Community health improvement (maternal and child health, vital statistics, health promotion and chronic disease prevention, environmental epidemiology and disease registries)
 - C. Consumer protection (compliance, environmental licensing and inspections, food and drug licensing and inspections, meat safety assurance, radiation licensing and inspections, EMS/Trauma systems)
 - D. Laboratory and infectious disease services (Laboratory services, TB/HIV/STD, Immunizations)
 - E. Regional and local health operations (emergency preparedness and response, border public health, coordination of public health services with local health entities and public health regions, Texas Center for Infectious Disease [TCID])
 - F. None of the above
3. What interaction(s) have you had with DSHS in the past year? (Select all that apply)
- A. Visited a DSHS building or facility
 - B. Communicated with DSHS staff
 - C. Visited the DSHS website
 - D. Filed a complaint
 - E. None of the above

Next, we would like to know how satisfied you are with your experiences with the Department of State Health Services (DSHS) in the past year.

4. **(If Q3=A)** Please indicate your level of satisfaction with DSHS facilities, specifically:

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
Your ability to access the agency						
The office location						
The signs (inside and around the building)						
Cleanliness (of the agency facilities)						

5. **(If Q3=B)** Please indicate your level of satisfaction with DSHS staff, specifically:

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
Employee courtesy						
Friendliness						
Knowledgeability						
Adequacy of identification (such as using name plates or name tags)						

6. Please indicate your level of satisfaction with DSHS communications, specifically:

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
Toll-free telephone access						
The average time you spend on hold						
Call transfers						
Access to live persons						
Letters						
Email						

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
Text messaging						
Mobile applications (smartphone or tablet app)						

7. (If Q3=C) Please indicate your level of satisfaction with the DSHS website, specifically:

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
Ease of use of website						
Mobile access to the website (smartphone access)						
Information on the location of an agency office						
Information accessible through the website (such as a listing of services and programs, or who to contact for more information or to make a complaint)						

8. (If Q3=D) Please indicate your level of satisfaction with DSHS' complaint handling process, specifically:

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
Ease of filing a complaint						
Responses to complaints are timely						

9. Please indicate your level of satisfaction with:

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
DSHS' ability to timely serve you (including the amount of time you wait for service in person)						

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
Any DSHS brochures or other printed information (including the accuracy of that information)						

10. Please indicate your overall satisfaction with DSHS:

	Very unsatisfied	Unsatisfied	Neutral	Satisfied	Very satisfied	N/A
My overall satisfaction with services provided by DSHS is...						

Thank you for taking our survey. Your feedback is very important to us. To learn more about DSHS services, please visit the DSHS website (*link provided*).

Appendix D. Measure Specifications

The OOG and LBB instructions require all Reports on Customer Service to include four types of measures: output measures, efficiency measures, outcome measures, and explanatory measures. The following tables show the standard description for each OOG/LBB-required measure, as well as how HHS specified these measures in the current report.

Table 8. Required Output Measures

Measure	Standard Description	Specification within Current Report
Total customers surveyed	<p>The number of customers who receive access to surveys regarding agency services.</p> <p>This number includes all customers who receive surveys in person or by phone, mail, email, website, or any other means.</p>	<p>The survey relied on a voluntary response sample, in which respondents self-selected to participate in the survey (Murairwa, 2015). Survey links were posted on high-traffic HHS websites; surveys were not sent directly to individuals. As a result, any individual who visited these HHS websites during survey administration periods could have theoretically accessed the survey. However, obtaining the number of unique viewers across multiple webpages is not feasible, and some website visitors likely did not see the survey invitation. Therefore, for the purposes of this report, the total customers surveyed reflects the number of individuals who clicked on the survey link. It should be noted that individuals could take the survey more than once; DAP is unable to un-duplicate responses because the survey was anonymous.</p>
Response rate	<p>The percentage of total customers surveyed who completed the survey.</p>	<p>For the purposes of this report, survey completion reflects individuals who responded to the survey (i.e., provided a valid response to at least one survey question). As a result, the response rate reflects the percentage of individuals who clicked on the survey link that responded to the survey.</p>

Measure	Standard Description	Specification within Current Report
Total customers served	Total number of customers receiving services through the agency's programs.	HHS serves an array of customer groups, including services targeting all Texas residents, as well as services to more focused customer groups, such as committees, taskforces, providers, or individuals meeting certain eligibility characteristics. The specific number of individuals directly served by the HHS system is not actively tracked given the complexity and multitude of programs offered. However, the HHS system directly or indirectly affects the lives all Texas residents through services provided by DSHS and HHSC (Texas Health and Human Services, Health and Human Services System Coordinated Strategic Plan for Fiscal Years 2023-2027, 2022). As a result, for the purposes of this report, the total number of customers served reflects the estimated total population of Texas.

Table 9. Required Efficiency Measure

Measure	Standard Description	Specific Description within Current Report
Cost per customer surveyed	Total costs for the agency to administer customer surveys divided by the total number of customers surveyed.	HHSC DAP programmed and administered the online survey via Alchemer, an online survey platform. DAP maintains an Alchemer account for ongoing survey needs. As a result, there was no additional cost to the HHS system to administer the survey, and therefore the cost per customer surveyed was \$0.

Table 10. Required Outcome Measure

Measure	Standard Description	Specific Description within Current Report
Percentage of surveyed customer respondents expressing overall satisfaction with services received	The total number of agency survey respondents indicating that they are satisfied or very satisfied with the agency, divided by the total number of agency survey respondents.	As permitted by the OOG and LBB’s Instructions for Preparing and Submitting Agency Strategic Plans (Legislative Budget Board, 2022), HHS disaggregated the eight standardized questions into twenty-five sub-questions that examine separate components of customer service. The report presents responses to each satisfaction item, using the scale provided by the OOG and LBB, and overall satisfaction composites based on responses to all survey items for each of the eight standardized questions. For the purposes of presenting a single estimate of overall satisfaction with services received, the percentage of respondents who answered ‘Satisfied’ or ‘Very satisfied’ to the following item is reported: Please rate your overall satisfaction with the agency.

Table 11. Required Explanatory Measures

Measure	Standard Description	Specific Description within Current Report
Total customers identified	The total population of customers in all unique customer groups.	HHS serves an expansive and diverse population that directly or indirectly reaches all Texas residents (Texas Health and Human Services, Health and Human Services System Coordinated Strategic Plan for Fiscal Years 2023-2027, 2022). As a result, for the purposes of this report, the total customers identified reflects the estimated number of all Texas residents.

Measure	Standard Description	Specific Description within Current Report
Total customer groups inventoried	The total number of unique customer groups identified for each agency program. Customer groups served by more than one agency program should be counted only once.	HHS serves over 200 unique customer groups (Texas Health and Human Services, Report on Customer Service, 2022), which are not mutually exclusive (e.g., direct customers of DSHS maternal-health services may also be included in HHSC’s pregnant women eligibility group), and cannot always be quantified as individual customers (e.g., agencies or committees). Moreover, HHS programs may serve multiple customer groups, or specific subgroups within a customer group. Given this, it is not feasible to determine the total number of unique customers inventoried for each program. However, client counts for several of the largest agency programs are available on the HHS Data & Statistics website. ³

³ <https://www.hhs.texas.gov/about/records-statistics/data-statistics>

Appendix E. Previous Reports on Customer Service

In 2006, HHS agencies worked collaboratively to develop a system-wide survey to assess the satisfaction of HHS customers. This survey was featured in the 2006 and 2008 iterations of the Report on Customer Service, and included questions about service access and choice, staff knowledge, staff courtesy, complaint handling, quality of information and communications, and internet use. For the 2010 Report on Customer Service, HHS agencies adapted the system-wide survey to focus on children with special health care needs (CSHCN) enrolled in each HHS agency. For each of these iterations of the Report on Customer Service (2006-2010), HHS hired an independent contractor to administer the system-wide survey at a cost of \$65,000 to \$90,000 per biennium.

To reduce project expenditures, HHS stopped administering the system-wide survey in 2012. Instead, for the 2012, 2014, and 2016 iterations of the Report on Customer Service, HHS agencies began drawing on independently conducted surveys that included questions about customer satisfaction with specific agency programs and services, and each agency provided the results of those independent surveys to HHSC for compilation. Some surveys focused entirely on customer satisfaction while others included customer satisfaction as one of several service categories being assessed.

The 2018 Report on Customer Service adopted a similar approach to the 2012-2016 reports, with each HHS agency providing the results of customer surveys for their particular programs. Because many of the surveys were conducted prior to HHS system reorganization, the 2018 report was structured to reflect both the current and legacy location of each survey. The overall format of the report reflected the three HHS agencies in operation at the time—the Department of Family and Protective Services (DFPS), DSHS, and HHSC. The HHS system reorganization (mandated by Senate Bill 200, 84th Texas Legislature, Regular Session, 2015) increased the number of programs operating under the HHS system, substantially increasing the scope and the nature of the report.

For the 2020 and 2022 Reports on Customer Service, results included customer surveys administered by programs in DSHS and HHSC, reflecting the current HHS system organization. DFPS, which became a standalone agency at the direction of House Bill 5, 85th Texas Legislature, Regular Session, 2017, now submits its own Report on Customer Service. Table 12 presents results from select DSHS and HHSC program-administered surveys summarized in the 2022 Report on Customer

Service. The satisfaction rates for most surveys were relatively consistent between FY 2020 and FY 2023 (reporting timeframes for the 2022 and 2024 Reports on Customer Service).

Table 12. Select Program-Administered Survey Results, FY 2020-2023

Survey	Measure	FY 2020	FY 2021	FY 2022	FY 2023
Adult Mental Health Survey	Satisfaction with services	87%	87%	86%	86%
Youth Services Survey for Families	Satisfaction with services	81%	75%	79%	79%
STAR Caregiver	Rating of Health Plan	84%	83%	81%	N/A
STAR Health Caregiver Survey	Rating of Health Plan ¹	82%	N/A	66%	N/A
STAR Kids Caregiver Survey	Rating of Health Plan	74%	72%	73%	N/A
STAR+PLUS Member Survey	Rating of Health Plan	61%	58%	58%	N/A
HIV Care Services Ryan White Part-B, Post Monitoring Satisfaction Survey	The monitoring team was professional, respectful, and courteous throughout the remote monitoring process.	100%	100%	92%	89%
Laboratory Services Customer Satisfaction Survey	Expressed satisfaction with the quality of service or information DSHS provided	90%	96%	93%	95%
South Texas Laboratory Survey	Staff responsiveness	81%	N/A	N/A	100%

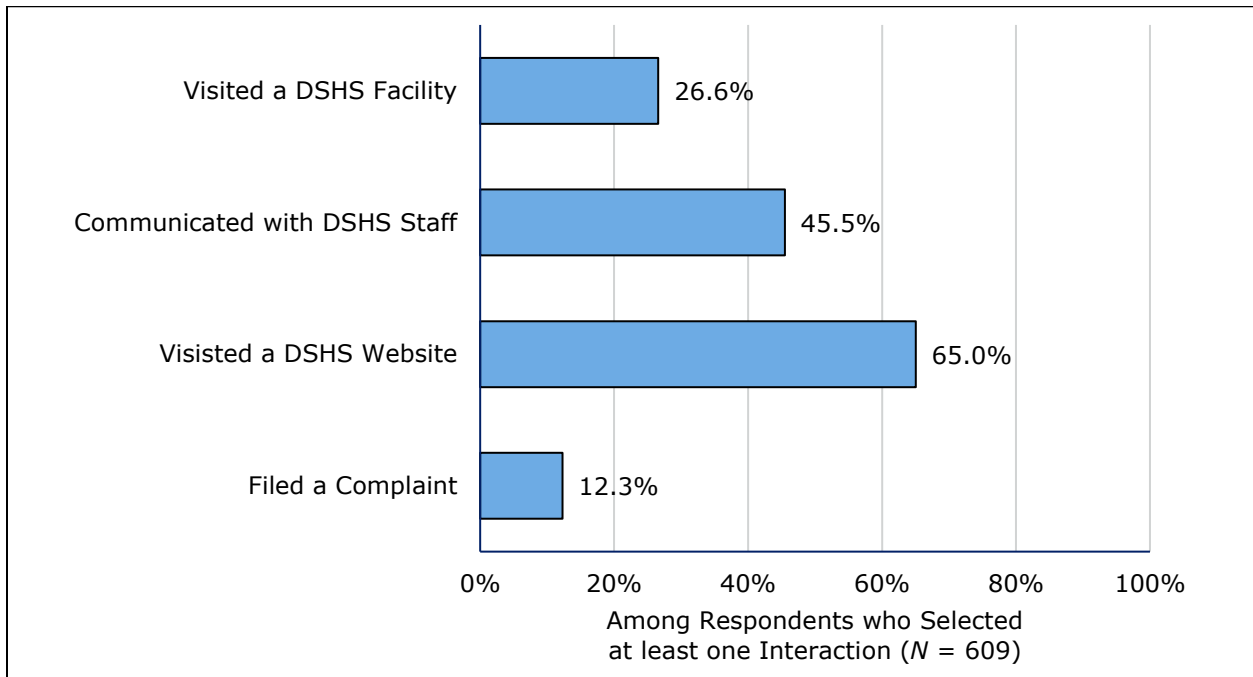
Notes. ¹ The decrease from 82% to 66% for the STAR Health Caregiver Survey reflects a return to previous levels of satisfaction, as satisfaction levels for the Rating of Health Plan measure were 62% and 65% in 2016 and 2018 respectively. N/A indicates the survey was not administered that year or that results were not available at the time of writing. Sources: 2022 HHS Report on Customer Service; Texas Healthcare Learning Collaborative Portal; Adult Mental Health Survey; Youth Services Survey for Families. Prepared by: Office of Data, Analytics, and Performance, HHSC. FY=Fiscal Year (September to August); STAR=Medicaid managed care program that serves children, newborns, pregnant women, and some families and children; STAR Health=Medicaid managed care program that serves individuals under or transferring out of conservatorship or foster care; STAR Kids=Medicaid managed care program that serves children and adults age 20 and younger with a disability; STAR+PLUS=Medicaid managed care program that serves people with a disability and people who are age 65 and older (including those dually eligible for Medicare and Medicaid) and women with breast or cervical cancer; HIV=Human Immunodeficiency Virus; DSHS=Department of State Health Services; HHS=Health and Human Services; HHSC=Health and Human Services Commission.

Appendix F. DSHS Supplement

Distribution of Respondents

Interactions with DSHS

Figure 3. Percentage of DSHS Respondents by Type of Interaction



Notes. In response to survey question 3, respondents could have interacted with DSHS in multiple ways, so percentages will not sum to 100%. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

Respondent Type

Table 13. Number of Respondents who Indicated Their Overall Satisfaction with DSHS by Respondent Type

Respondent Type	FY 2022-2023
Service Recipient or Parent/Guardian of Service Recipient	281
Health Professional, Local Health Entity/Authority, or Provider	109
Researcher, Academic Partner, or Data User/Recipient	39
DSHS Employee or Other Government Official	49

Respondent Type	FY 2022-2023
DSHS Contractor, Vendor, Licensee, Facility, or Business	33
DSHS Intern, DSHS Medical Resident, or DSHS Volunteer	14
DSHS Advisory Committee Member	10

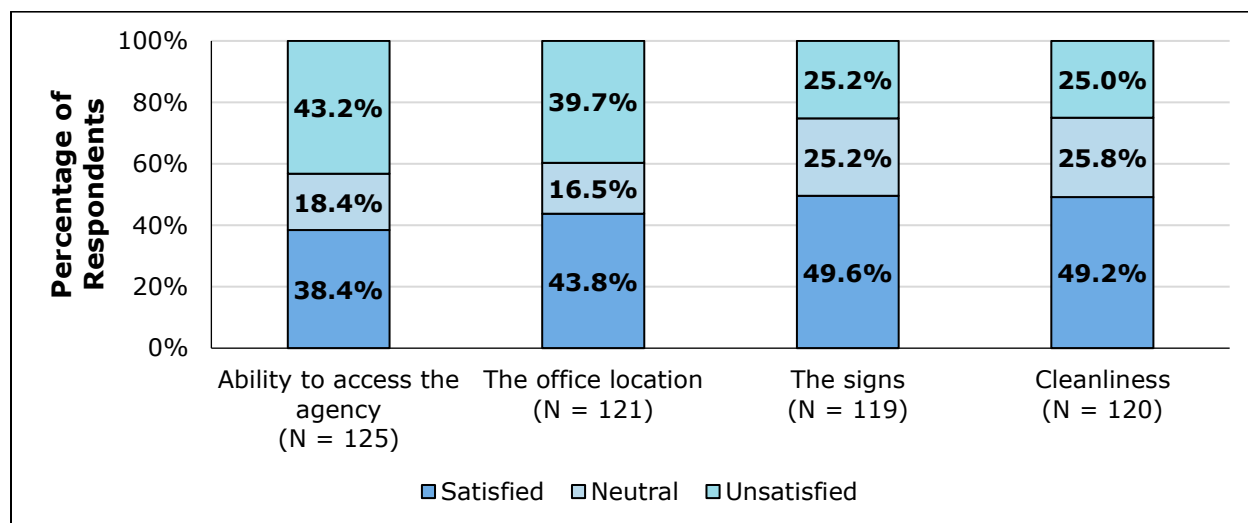
Notes. Numbers only reflect respondents who indicated their overall satisfaction with DSHS for survey question 10. Respondents could identify with more than one of the above groups; therefore, the sample sizes across respondent types do not sum to the total survey sample size. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

Satisfaction by Service Element

The DSHS Customer Service Survey included the eight standardized questions, and respondents used the required Likert scale (1=Very Unsatisfied to 5=Very Satisfied) to indicate their level of satisfaction with each sub-question. Aggregate results across the biennium are provided in the following sections for each sub-question. To analyze the data, DSHS collapsed the response categories at either end of the scale so that results are reported by “Unsatisfied,” “Neutral,” and “Satisfied.”

DSHS Facilities

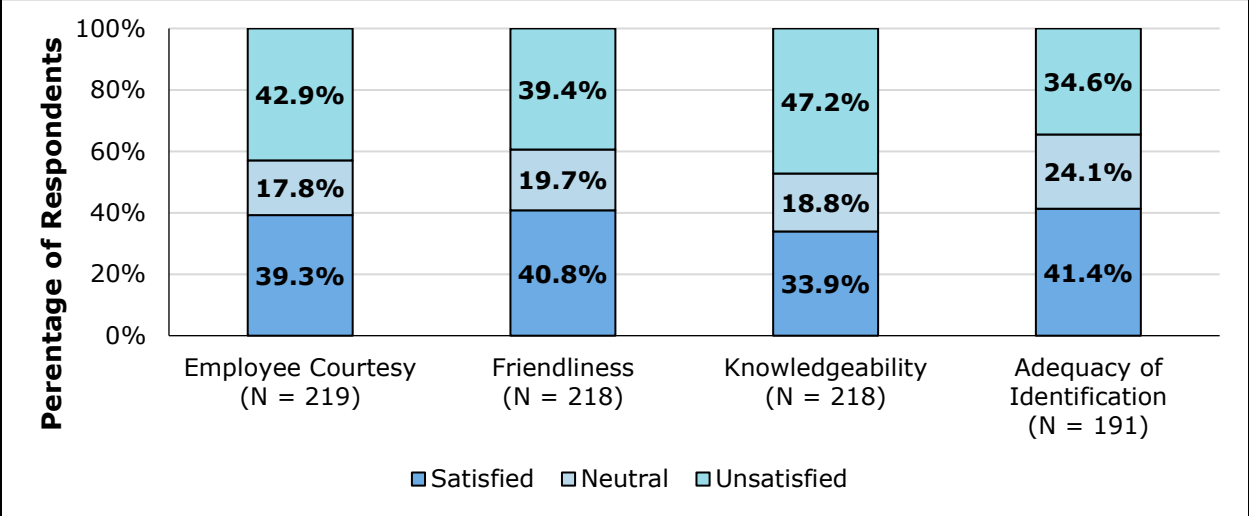
Figure 4. Satisfaction with DSHS Facilities, FY 2022-2023



Notes. These questions were only presented to respondents who indicated they visited an DSHS building or facility in the past year. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

DSHS Staff

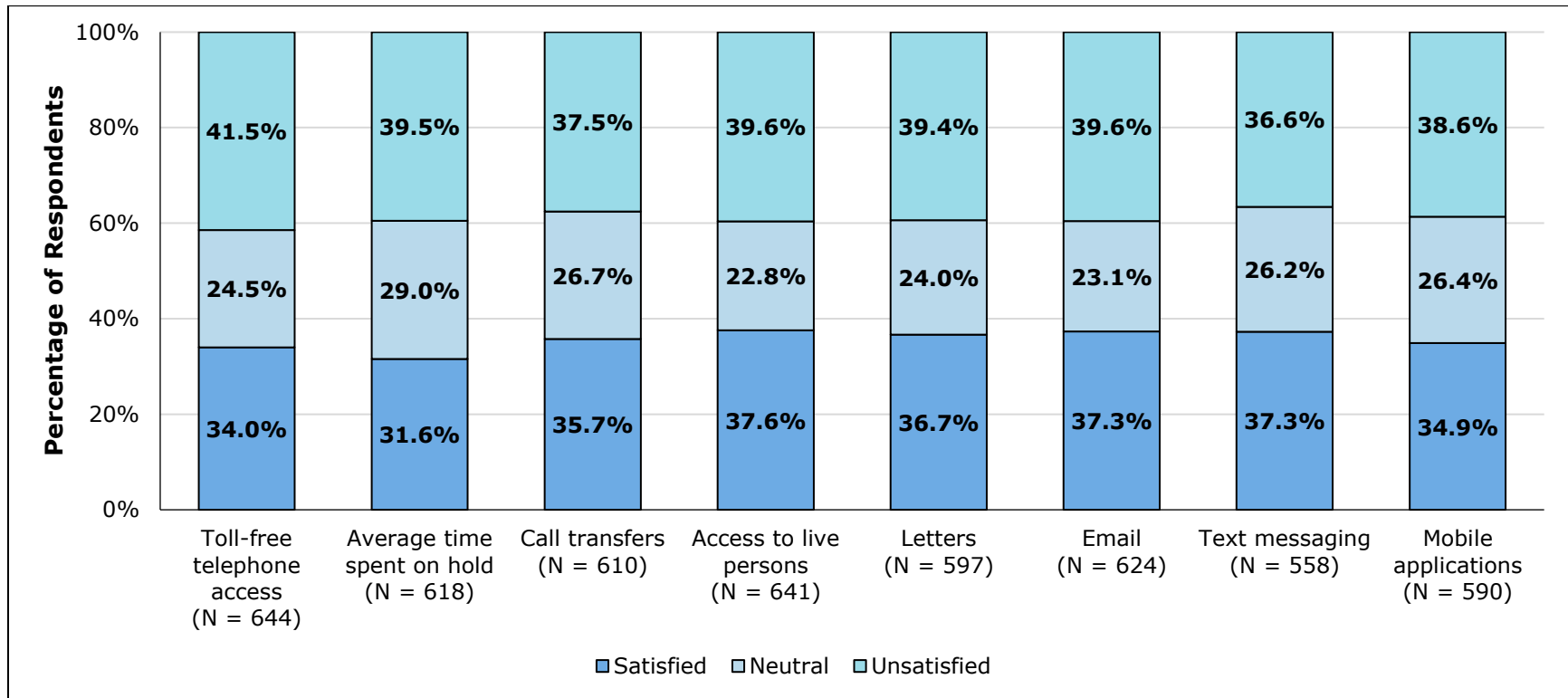
Figure 5. Satisfaction with DSHS Staff, FY 2022-2023



Notes. These questions were only presented to respondents who indicated they communicated with DSHS staff in the past year. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

DSHS Communications

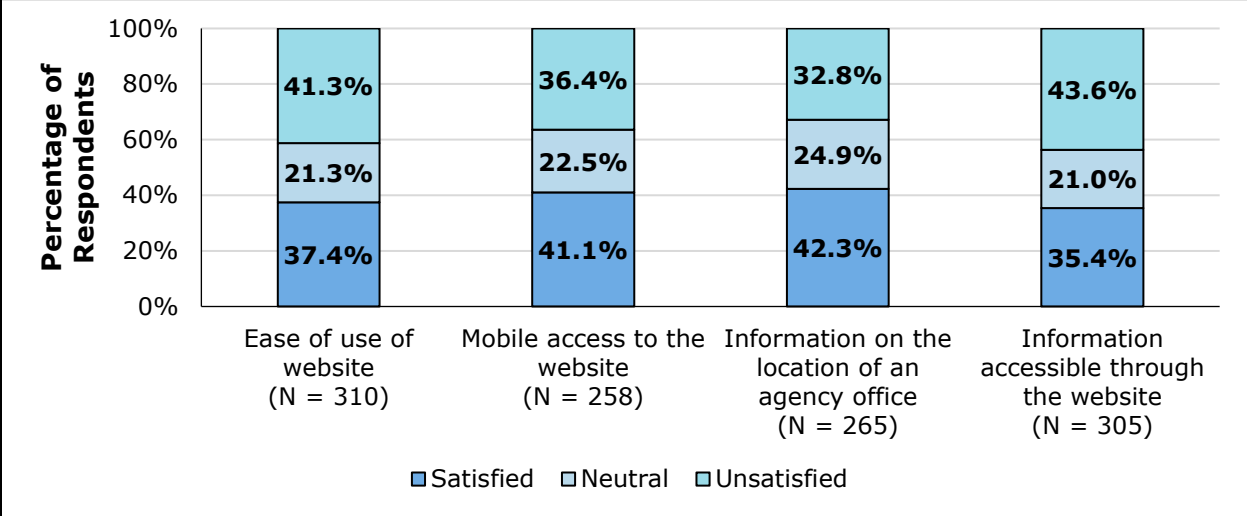
Figure 6. Satisfaction with DSHS Communications, FY 2022-2023



Notes. These questions were presented to all respondents. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

DSHS' Internet Site

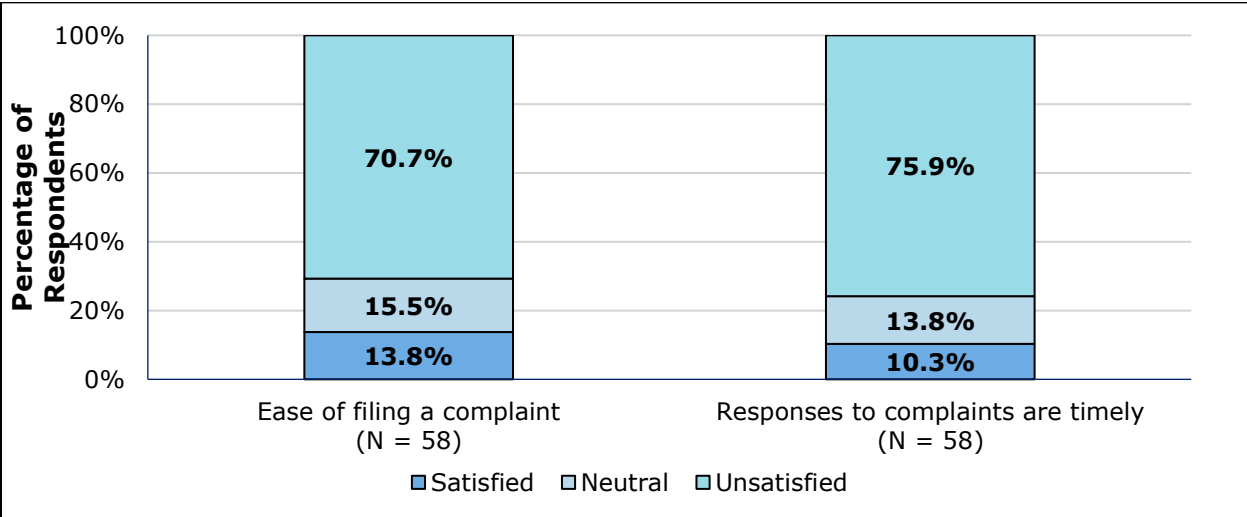
Figure 7. Satisfaction with DSHS' Internet Site, FY 2022-2023



Notes. These questions were only presented to respondents who indicated they visited the DSHS website in the past year. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

DSHS' Complaint Handling Process

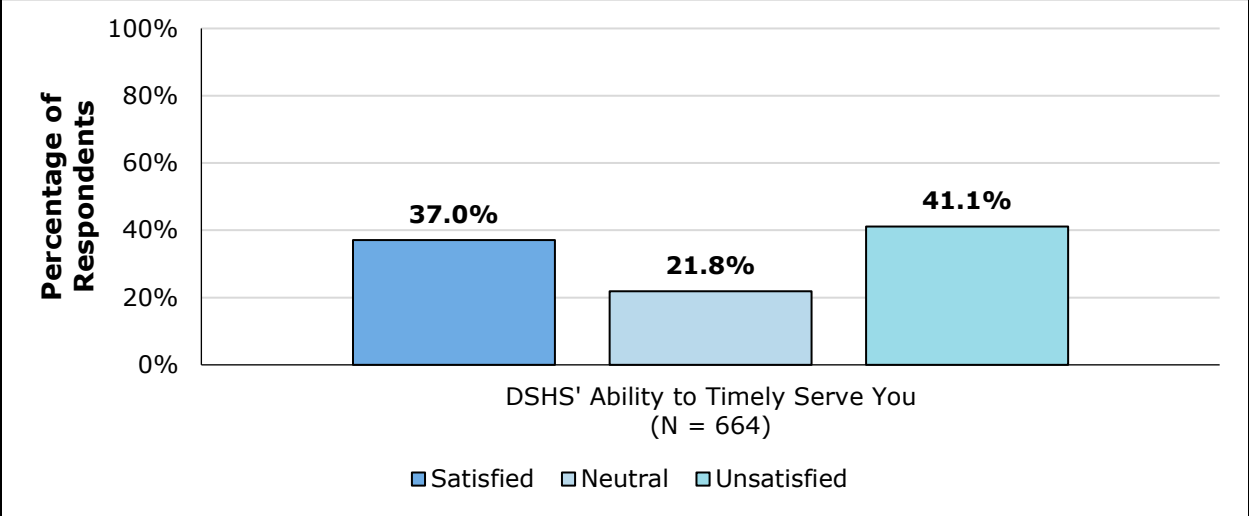
Figure 8. Satisfaction with DSHS' Complaint Handling Process, FY 2022-2023



Notes. These questions were only presented to respondents who indicated they filed a complaint in the past year. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

DSHS' Ability to Timely Serve Customers

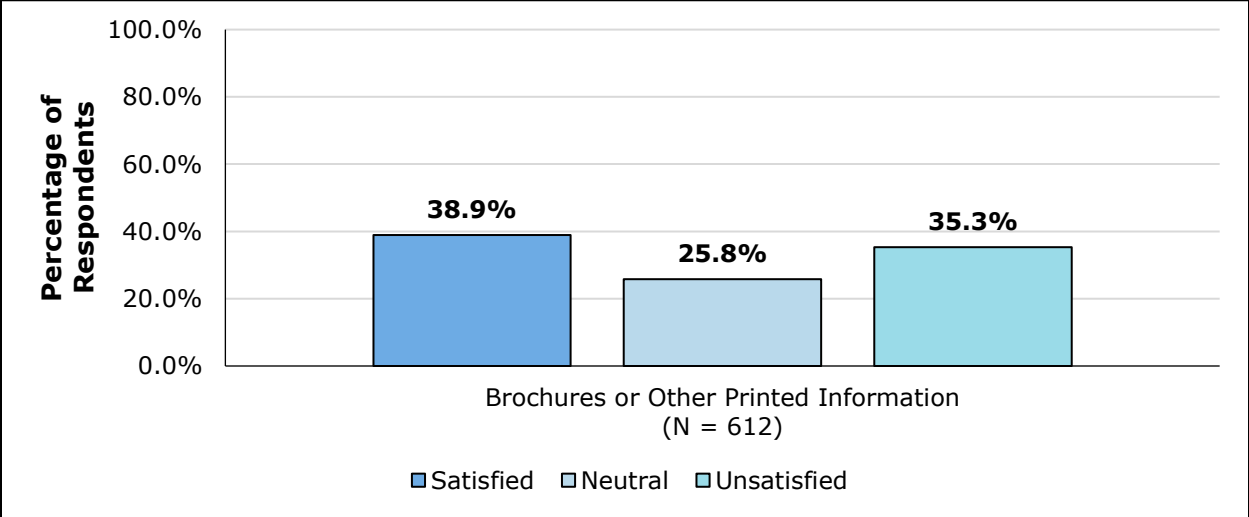
Figure 9. Satisfaction with DSHS' Ability to Timely Serve Customers, FY 2022-2023



Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

DSHS Brochures and Other Printed Information

Figure 10. Satisfaction with DSHS Brochures and Other Printed Information, FY 2022-2023

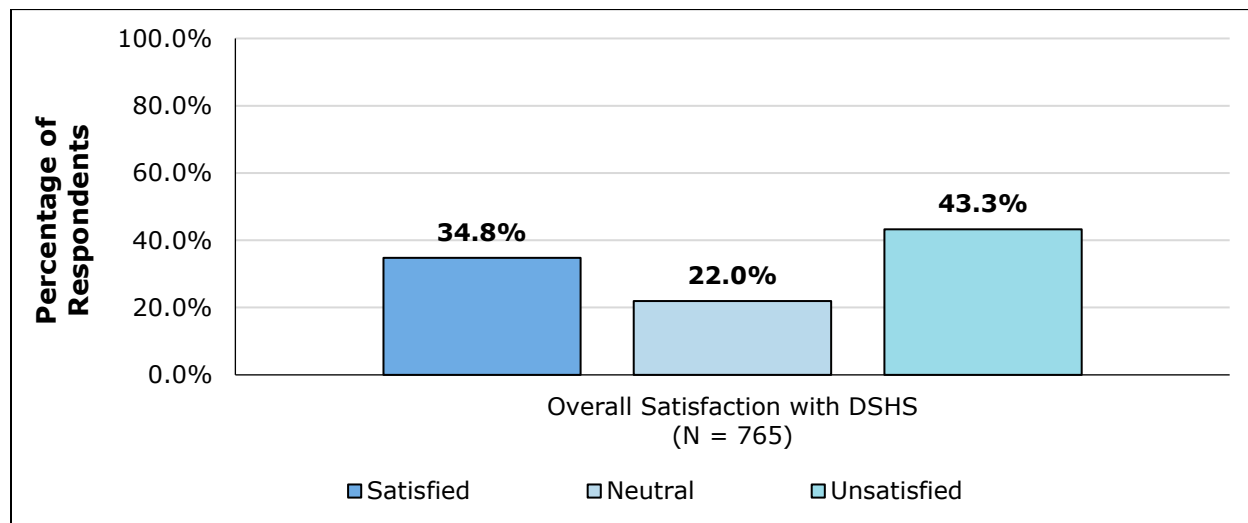


Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit,

DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

Overall Satisfaction with DSHS

Figure 11. Overall Satisfaction with DSHS, FY 2022-2023



Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, FY 2022-2023. Prepared by: Center for System Coordination and Innovation Process Improvement Unit, DSHS. DSHS=Department of State Health Services; FY=Fiscal Year (September to August); N=Sample size.

Additional Performance Measures

DSHS gathered additional performance measures for customer service standards and/or customer satisfaction from a selection of existing DSHS programs (see tables below). These additional performance measures were determined from the results of customer service surveys provided by each program during FY 2022 and/or FY 2023.

DSHS Infectious Disease Prevention Division

The Human Immunodeficiency Virus (HIV) Care Services Ryan White Part-B and State Services Program serves low-income people living with HIV in Texas and provides resources and funding to access medical and support services with the goal of improving health outcomes and reducing HIV transmission. The HIV Care Services Group conducts annual monitoring of 60 funded service providers across the state to review their compliance to the HIV Program Service Standards of Care. The program completed annual monitoring for 35 providers in FY 2022 and 25

providers in FY 2023. The annual Texas HIV Care Services Post Monitoring Survey is provided to medical clinics and support service agencies funded by the program and gathers feedback about the monitoring process and satisfaction with their experience. Table 14 shows results from FY 2022 and FY 2023 for the HIV Care Services Post Monitoring Survey. Of 60 total service providers, 24 out of 35 service providers monitored responded to the survey in FY 2022 (68.6% response rate), and 18 of 25 providers monitored responded in FY 2023 (72.0% response rate).

Table 14. Findings from the HIV Care Services Ryan White Part-B, Post Monitoring Satisfaction Survey

Measure	FY 2022 (N = 24)	FY 2023 (N = 18)
The monitoring team was professional, respectful, and courteous throughout the remote monitoring process.	92%	89%
The annual program monitoring process helps my agency to identify potential areas of deficiency and opportunities for improvement. ¹	83%	94%

Notes. ¹ The survey facilitates 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; FY=Fiscal Year (September 1-August 31); N=Sample size.

DSHS Consumer Protection Division

The Consumer Protection Division (CPD) protects the health and safety of Texans by ensuring compliance with state and federal laws and program rules. Activities include inspections, product and environmental sampling, complaint investigations, technical assistance, and issuing and renewing certifications, licenses, and registrations for businesses and individuals who perform activities that impact the safety of Texans. DSHS staff also provide email and telephone customer service to businesses and individuals to assist them with these processes. The CPD Licensing Customer Service Satisfaction Survey was provided to businesses and individuals who submitted certification, licensing, or registration applications, and the CPD Radiation Inspections Customer Service Survey was provided to entities who met with a Radiation inspector. Results for both surveys in FY 2022 and FY 2023 are shown in Table 15 and Table 16.

Table 15. Findings from the CPD Licensing Customer Service Satisfaction Survey

Measure	FY 2022 (N = 325)	FY 2023 (N = 306)
Expressed satisfaction with staff being helpful, courteous, and knowledgeable.	79%	86%
Expressed satisfaction with communicating with DSHS (via telephone, mail, or electronically) and found it to be an efficient process.	74%	80%
Expressed satisfaction with the DSHS website and found it to be user-friendly and contained adequate information.	73%	78%
Expressed satisfaction with the ease of filing an application and the processing of it in a timely manner.	69%	76%
Expressed satisfaction with the forms, instructions, and other information provided by DSHS and found them helpful and easy to understand.	72%	82%

Notes. CPD=Consumer Protection Division; FY=Fiscal Year (September 1-August 31); N=Sample size.

Table 16. Findings from the CPD Radiation Inspections Customer Service Satisfaction Survey

Measure	FY 2022 (N = 11)	FY 2023 (N = 35)
The inspector introduced himself/herself and presented his/her credentials/ID before the inspection.	100%	100%
The purpose of the inspection was adequately described at the beginning of the inspection.	100%	100%
The on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.	100%	100%
The DSHS inspector was prepared and well organized.	100%	100%
The inspection was handled in a courteous and professional manner.	100%	100%
The inspector clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information.	100%	100%

Measure	FY 2022 (N = 11)	FY 2023 (N = 35)
I now have a better understanding or knowledge of state and/or federal requirements affecting my business.	91%	91%
The inspector clearly explained their findings.	100%	100%
If deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.	73%	89%

Notes. CPD=Consumer Protection Division; FY=Fiscal Year (September 1-August 31); N=Sample size.

DSHS Public Health Laboratory Division

The DSHS Public Health Laboratory Division (PHLD) Laboratory Services Section provides unique testing services for a myriad of sample types and facilities across the state to improve the public health and patient outcomes for all Texans, e.g. testing newborn blood samples for potentially deadly inherited disorders; testing water quality for biologic contaminants from local sources; and, testing milk and meat. In FY 2023, 11,071 customers received laboratory testing services. The purpose of the PHLD survey was to gauge client satisfaction with the type of services provided, ease of use with electronic reporting systems, and experience with customer support services. Surveys are conducted annually by the Laboratory Services Section Quality Assurance Unit and provided to all facilities that received services. Table 17 shows results from calendar years 2021, 2022, and 2023.

Table 17. Findings from the *Laboratory Services Customer Satisfaction Survey*

Measure	2021 (N = 144)	2022 (N = 144)	2023 (N = 172)
Expressed satisfaction with the quality of service or information DSHS provided.	96%	93%	95%
Expressed satisfaction with DSHS staff courtesy.	98%	100%	97%
Expressed satisfaction with the timeliness of services or information DSHS provided.	96%	96%	96%
Expressed satisfaction with the ease in requesting or accessing services or information.	92%	83%	92%

Notes. N=Sample size.

The South Texas Laboratory (STL) is a branch of the Laboratory Services Section and is in Harlingen, Texas. It provides high-quality, accurate test results and acts as a public health laboratory serving ten Texas regions, including more than 70 clinics in addition to local hospitals and health departments in the Rio Grande Valley. STL serves tuberculosis (TB) elimination programs throughout Texas by providing clinical laboratory testing. The survey was provided to the staff of the TB regional clinics with the purpose of meeting accreditation requirements and gathering information about satisfaction with services. In FY 2023, STL received a 17% response rate for the satisfaction survey (18 completed out of 107) and results are shown in Table 18.

Table 18. Findings from the *STL Satisfaction Survey*

Measure	FY 2022	FY 2023 (N = 18)
Overall satisfaction with South Texas Laboratory.	N/A	100%
Received lab reports in a timely manner (fax, mailed, other).	N/A	99.95%
Satisfaction with the supply ordering process.	N/A	78%
Cold boxes arrived at the scheduled time. ¹	N/A	67%
Above average and well above average customer service experience.	N/A	100%
Above average and well above average on-time delivery of service.	N/A	99.95%
Above average and well above average professionalism.	N/A	99.95%
Above average and well above average quality of service.	N/A	99.95%
Above average and well above average understanding of customers' needs.	N/A	89%
Number of respondents who saw a decrease in the number of specimens rejected for stability time or proper temperature in which the specimens were received by STL.	N/A	72%
Satisfaction or high satisfaction with STL staff responsiveness when called with service issues.	N/A	100%
Adequate supplies for sending specimens.	N/A	75%

Notes. ¹ Most respondents who use cold boxes (67%) reported that their cold boxes arrived at the scheduled time. Some respondents did not use cold boxes. STL=South Texas Laboratory; FY=Fiscal Year (September 1-August 31); N=Sample size.

Community Health Improvement Division

The Children with Special Health Care Needs Program (CSHCN) Systems Development Group works to improve systems of care for children and youth ages 0 to 21 with special health care needs by strengthening community-based services and funding organizations across through two different contracts: (1) Case Management and (2) Family Support and Community Resources (FSCR). CSHCN Systems Development Group contractors sought responses from families served by their organization with program funding.

Case management contractors work with the children/youth with special health care needs and their families to assess needs, develop service plans, provide linkages to state and local resources, and coordinate care. For the CSHCN Case Management Satisfaction Survey, there was a 14.6% response rate in FY 2022 (152 completed out of 1,026) and a 19.8% response rate in FY 2023 (153 completed out of 774). Table 19 shows results from FY 2022 and FY 2023 for the CSHCN Case Management Satisfaction Survey.

Table 19. Findings from the CSHCN Case Management Satisfaction Survey

Measure	FY 2022 ¹ (N = 152)	FY 2023 ¹ (N = 153)
When I have questions or concerns about my child, I have someone in the agency that can help me.	88.2%	92.2%
The staff provides services that respects our culture and traditions when working with my child and family.	97.4%	95.2%
The agency helps link me with services and resources needed for my child’s care.	92.8%	93.4%
The agency provides resources to help us feel included in the community.	94.1%	93.4%
The agency provides resources to help me connect with other parents.	78.3%	81.4%
Services provided meet the needs of my child and family.	94.1%	92.8%
I am happy with the services we get from this agency.	95.4%	93.4%

Notes. ¹ Percentages reflect total respondents who indicated “Very often” and “Always”, or “Agree” and “Strongly Agree”, depending on the question’s response options. CSHCN=Children with Special Health Care Needs; FY=Fiscal Year (September 1-August 31); N=Sample size.

The Family Supports and Community Resources (FSCR) contractors help children/youth with special health care needs and their families by providing a wide range of services and activities in response to community needs, e.g., respite assistance, educational workshops, recreational and fitness programs, parent to parent networking, and crisis prevention. For the CSHCN FSCR Family Satisfaction Survey, there was a 24.4% response rate in FY 2022 (1,090 completed out of 4,471) and a 22.0% response rate in FY 2023 (1,127 completed out of 5,113). Table 20 shows results from FY 2022 and FY 2023 for the CSHCN FSCR Family Satisfaction Survey.

Table 20. Findings from the CSHCN FSCR Family Satisfaction Survey

Measure	FY 2022¹ (N = 1,090)	FY 2023¹ (N = 1,127)
When I have questions or concerns about my child, I have someone in the agency that can help me.	95.1%	91.4%
The staff provides services that respects our culture and traditions when working with my family.	97.1%	95.3%
The agency helps link me with services and resources needed for my child’s care.	95.5%	92.9%
The agency provides opportunities to help us feel included in the community.	96.3%	94.0%
The agency provides resources to help me connect with other parents.	93.6%	90.2%
How would you rate the overall quality of the services provided by the agency?	96.5%	96.7%

Notes. ¹ Percentages reflect total respondents who indicated “Very often” and “Always”, or “Good” and “Very good”, depending on the question’s response options. CSHCN=Children with Special Health Care Needs; FY=Fiscal Year (September 1-August 31); N=Sample size.

List of Acronyms

Acronym	Full Name
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
CPD	Consumer Protection Division
CRCG	Community Resource Coordination Group
CSHCN	Children with Special Health Care Needs
CVD	Cardiovascular Disease
DAP	Office of Data, Analytics, and Performance
DFPS	Department of Family and Protective Services
DHHS	Department of Health and Human Services
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Center
FSCR	Family Support and Community Resources
HB	House Bill
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
LBB	Legislative Budget Board
LHD	Local Health Department
NCI	National Cancer Institute
NIH	National Institutes of Health
OIG	Office of Inspector General
OOG	Office of the Governor
PHLD	Public Health Laboratory Division
PHR	Public Health Region
RAC	Regional Advisory Councils
RE	Responsible Entity
FY	Fiscal Year
STL	South Texas Laboratory
TB	Tuberculosis
TCID	Texas Center for Infectious Disease
THSteps	Texas Health Steps

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Schedule I: Certification of Compliance with Cybersecurity Training

The written certification of compliance with cybersecurity training for the Health and Human Services System is found on the following pages, in compliance with the Texas Government Code, Sections 2054.5191 and 2054.5192.

Schedule I: Certification of Compliance with Cybersecurity Training



CERTIFICATE

Texas Health and Human Services Commission

Pursuant to the Texas Government Code, Section 2056.002(b)(12), this is to certify that the agency has complied with the cybersecurity training required pursuant to the Texas Government Code, Sections 2054.5191 and 2054.5192.

4/8/2024

Vikram Muralidharan

Vikram Muralidharan
Chief Information Security Officer
Signed by: Vikram Muralidharan

4/8/2024

Date

Schedule J: Report on Projects and Acquisitions Financed by Certain Fund Sources

Schedule J is not required for the Department of State Health Services.