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

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Department of State Health Services

John Hellerstedt, M.D., Commissioner

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Department of State Health Services
Strategic Plan for 2023–2027

Department of State Health Services

John Hellerstedt, M.D., Commissioner

Submitted June 1, 2022
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Introduction

Vision

A Healthy Texas

Mission

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

Values

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

DSHS has two foundational roles in Texas public health:

1. State leader for the public and population health system, and
2. Provider of state public health programs and services.

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

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

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

In 2020...

...there were:

249,267  
total deaths

839.9  
deaths per 100,000 population

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

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

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

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

4. Accidents  
12,724 deaths  
5.1% of all deaths

5. Alzheimer's disease  
11,949 deaths  
4.8% of all deaths

6. Cerebrovascular diseases  

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

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

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

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

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

DSHS Strategic Plan for 2023-2027, Part I
Data Source
Deaths: Texas Death Certificate Data
County population: Texas Demographic Center 2019 population estimates
Prepared by: Texas Department of State Health Services, Center for Health Statistics
Date of run: 05/05/2022

Please note that data for 2020 are provisional. Provisional statistics are tabulated based on data that are not yet edited and may be incomplete. Provided data are subject to change before data are finalized.

Data Description and Measure Information
Counts of 1-9, and their corresponding rates, are suppressed to prevent the identification of individuals in confidential data.

Calculated death rates are based on the total number of crude deaths in 2020 divided by 100,000 estimated population from the 2019 Texas Demographic Center and have not been adjusted.

This death data comes from death certificates for Texas residents who died in state and out of state. Each death certificate identifies a single underlying cause of death that is defined as the disease or injury that initiated the events resulting in death. Causes of death are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) implemented in 1999.

Texas adopted the new U.S. Standard Certificates of Death and Fetal Death in 2006, so some data items might not be directly comparable with previous years.

Causes of death are aggregated based on predefined lists of cause-of-death categories developed by National Center for Health Statistics (NCHS) for tabulating mortality statistics. The causes of death presented in the table refer to the NCHS List of 113 Selected Causes of Death: ICD-10 Cause-of-Death Lists for Tabulating Mortality Statistics. The top ten causes of death are based on NCHS' broader 51 rankable cause-of-death categories.
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Operational Goals and Action Plan

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

**Goal 1: Improve and support health outcomes and well-being for individuals and families.**

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

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

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

- **Action Item 1.2.1: Tobacco Quitline.** Promote prevention strategies and programming via the Texas Tobacco Quitline to over 10,000 individuals per calendar year. (August 2027)
- **Action Item 1.2.2: Tobacco and Vaping Prevention.** Provide tobacco and vaping prevention training to over 12,000 youth and adults per fiscal year. (August 2027)
- **Action Item 1.2.3: Adult Immunizations.** Improve adult immunizations by increasing total doses administered by 7 percent in the Adult Safety Net program. (August 2025)
• **Action Item 1.2.4: Child Immunization.** Increase the statewide child immunization coverage rate from 66 percent to 72 percent for the 4:3:1:3:3:1:4 vaccine series, which ensures coverage for seven key vaccines: diphtheria; tetanus; acellular pertussis; polio; measles, mumps and rubella; Haemophilus influenzae type b; and pneumococcal conjugate. (August 2025)

• **Action Item 1.2.5: Wellness Programs.** Promote wellness practices by increasing the number of pageviews combined across the Health Promotion and Chronic Disease prevention webpages by 500 annually. (August 2027)

• **Action Item 1.2.6: Prenatal and Infant Oral Health.** Promote maternal and child health by increasing the number of website visitors to the DSHS Smiles for Moms and Babies prenatal and infant oral health webpages by 500 annually. (August 2027)

• **Action Item 1.2.7: Maternal Mortality and Morbidity Prevention.** Provide a biennial summary of maternal mortality and morbidity prevention resources, and track utilization of resources for the DSHS Hear Her Texas Campaign. (August 2027)

• **Action Item 1.2.8: Health Disparities.** Produce a summary of agency-wide health disparity efforts. (December 2023)

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

• **Action Item 1.3.1: Child Blood Lead Follow-up.** Provide guidance regarding referral and follow-up care to over 95 percent of all eligible children annually who show elevated blood lead levels. (August 2027)

• **Action Item 1.3.2: HIV Care.** Increase the percentage of persons diagnosed with HIV who received medical care within one month of diagnosis by 3 percent from a baseline of 76 percent within the Ryan White program. (August 2025)

• **Action Item 1.3.3: HIV Health Outcomes.** Improve health outcomes for persons living with HIV by increasing the percentage of persons who are virally suppressed by 2 percent from a baseline of 67 percent within the Ryan White program. (August 2025)
How Goal 1 and its Action Items Support Statewide Objectives

Accountability

Health Disparities

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

Efficiency

Hear Her Texas Campaign

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

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

Effectiveness

Performance Measures

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

Tobacco and Vaping Prevention Training

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

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

\(^4\) Ibid.

\(^5\) 2021 Texas Youth Tobacco Survey (YTS), 2021, Texas A&M University, College Station. [Outbreak of Lung Injury Associated with the Use of E-Cigarette, or Vaping, Products](https://www.cdc.gov/tobacco/state-data/tx/2021-youth-tobacco-survey.html) | Electronic Cigarettes | Smoking & Tobacco Use | CDC
Adult Safety Net Program

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

Child Immunization

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

Excellence in Customer Service

Texas Tobacco Quitline

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

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

Transparency

Health Promotion Webpage Access

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

6 Data from Blood Lead Surveillance System/DSHS Blood Lead Surveillance Branch
Goal 2: Ensure efficient access to appropriate services.

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

- **Action Item 2.1.1: Public Health Service Inventory.** Develop and maintain a web-based inventory of public health service providers to ensure that all DSHS staff and partners are able to provide referrals to available public health services. (August 2025)

- **Action Item 2.1.2: Public Health Inventory Training.** Develop and deploy training modules and presentations on the use of the public health services inventory. (August 2025)

- **Action Item 2.1.3: Local Health Entities Collaboration.** Improve DSHS and Local Health Entities coordination by increasing opportunities for collaboration and utilizing subject matter experts to increase service awareness. (August 2025)

- **Action Item 2.1.4: Public Health Best Practices.** Increase opportunities for collaboration among DSHS programs, Local Health Entities and Public Health Regions to convene and share best practices. (August 2026)

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

- **Action Item 2.2.1: Wellness Evaluation Tool.** Develop a comprehensive public health wellness evaluation tool for use in regional offices. (August 2024)

- **Action Item 2.2.2: Staff Training on Evaluation Tool.** Ensure that 100 percent of DSHS regional clinical and social service staff are trained on the use of the tool. (August 2024)

- **Action Item 2.2.3: Client Intake.** Ensure that 100 percent of all active DSHS regional clinical and social service clients are offered the voluntary public health wellness evaluation at intake, as appropriate. (August 2025)
Objective 2.3: Ensure people receive services and support in the most appropriate, least restrictive settings based on individual needs and preferences.

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

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

- **Action Item 2.4.1: Standardized Data Release Process.** Improve data access for Local Health Entities and Authorities by implementing a standardized data release process through the State Health Analytics and Reporting Platform. (September 2025)
- **Action Item 2.4.2: Public Health Data Visualization.** Strengthen the public’s access to data by expanding DSHS data visualization capabilities and leveraging the Texas Health Data website. (September 2025)
- **Action Item 2.4.3: Regional Health Communication.** Strengthen consumers’ access to education and information by equipping Public Health Regions with communication resources, training, and support to expand regional health communication capabilities. (December 2024)
- **Action Item 2.4.4: Consumer-centered Health Communication.** Improve health information initiatives and consumer-centered content by developing communications, trainings, guidance, and materials for DSHS staff and Local Health Entities. (December 2024)
- **Action Item 2.4.5: DSHS Public Website.** Improve information and consumer access on the DSHS public website by updating or validating the content of 99 percent of program webpages. (March 2024)
How Goal 2 and its Action Items Support Statewide Objectives

Accountability

Texas Health Data and Access to Data

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

Efficiency

Help Me Grow Texas Program

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

Local Health Entities

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

Excellence in Customer Service

Public Health Wellness Evaluation Tool

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

Transparency

DSHS Website

- The DSHS Communications team develops and hosts the DSHS website for the public to access pertinent and helpful public health information and updates on agency activities and goals.
- The DSHS website received over 29 million web visits in 2021 providing Texans essential public health information.
The DSHS website provides alerts and advisories for public awareness regarding health warnings or issues across the state.

DSHS Communications is actively updating and validating content for 99 percent of DSHS program webpages on the public website to ensure that information desired by Texans is transparent and readily available.

Health Communication Capabilities

- The DSHS Communications team is continuously improving the health communications of DSHS staff, public health regions, and local health departments by providing a multi-faceted communication strategy with resources, training, and support.
- The Communication team ensures effective and informative health communications to the public by developing targeted consumer-centered communications that is evidence-based.
Goal 3: Protect the health and safety of vulnerable Texans.

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

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

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

- **Action Item 3.2.1: Risk-based Inspections.** Assess current risk-based inspection processes for improved efficiency and effectiveness. (June 2024)
- **Action Item 3.2.2: Digital Communication Toolkits.** Develop digital communication toolkits for use among DSHS staff and stakeholders for targeted outreach to vulnerable audiences. (October 2024)
- **Action Item 3.2.3: Health Prevention Strategies.** Leverage DSHS communication channels or materials to result in 5 percent increase of communication metrics during designated prevention strategy periods. (October 2024)
- **Action Item 3.2.4: Training Webinars.** Provide at least three training webinars on emerging public health practices in collaboration with academic partners. (August 2023)
How Goal 3 and its Action Items Support Statewide Objectives

Accountability

Disaster Response Purchasing and Warehouse Capabilities

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

Efficiency

Risk-based Inspections

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

Disaster Response Subject Matter Expertise

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

Public Health Practice Training with Academic Partners

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

Excellence in Customer Service

Emergency Response Data Elements

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

Transparency

Digital Communication Toolkits

- The DSHS Communication team will develop educational communication toolkits for stakeholders for outreach to vulnerable at-risk populations.
These toolkits will enable Texans to have access to transparent and evidence-based messaging and content by being easily downloadable on the DSHS website.
Goal 4: Continuously enhance efficiency and accountability.

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

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

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

- **Action Item 4.2.1: Telework Capabilities.** Support telework capabilities where appropriate through convening operational workgroups to address potential telework enhancements and manager training needs. (August 2027)
- **Action Item 4.2.2: Employee Development.** Increase employee awareness/perception of advancement opportunities to promote job satisfaction and professional development. (August 2025)
- **Action Item 4.2.3: Employee Succession Planning.** Develop and regularly disseminate information on best practices for succession planning. (August 2025)
- **Action Item 4.2.4: DSHS Internship Program.** Create and fill at least five DSHS internships each year designed for community college, trade school, and non-public health students. (August 2025)
- **Action Item 4.2.5: Employee Recruitment.** Increase recruitment of non-public health positions by hosting three outreach events per year for community college, trade school, or non-public health faculty, students, and staff. (August 2025)
- **Action Item 4.2.6: Public Health Consortium.** Create an Academic Public Health Consortium with Texas higher education institutions. (August 2024)
Objective 4.3: Continuously improve business strategies with optimized technology and a culture of data-driven decision-making.

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

How Goal 4 and its Action Items Support Statewide Objectives

**Accountability**

Business Capabilities Model

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

**Efficiency**

Telework Capabilities

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

Employee Advancement and Succession Planning

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

DSHS Internship Program

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

Excellence in Customer Service

Information Technology Product Lifecycle

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

Designated Fee Schedules

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

DSHS currently has no considerations for the Redundancies and Impediments section.
## Appendix A. Glossary of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Name</th>
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</thead>
<tbody>
<tr>
<td>ASN</td>
<td>Adult Safety Net program</td>
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<tr>
<td>BSP</td>
<td>Business Support and Planning</td>
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<tr>
<td>CHEPR</td>
<td>Center for Health Emergency Preparedness and Response</td>
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<tr>
<td>CHS</td>
<td>Center for Health Statistics</td>
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<tr>
<td>CLPPP</td>
<td>Texas Childhood Lead Poisoning Prevention Program</td>
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<tr>
<td>CPD</td>
<td>Consumer Protection Division</td>
</tr>
<tr>
<td>CPHPP</td>
<td>Center for Public Health Policy and Practice</td>
</tr>
<tr>
<td>CFO</td>
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<tr>
<td>DSHS</td>
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<td>EEDRS</td>
<td>Environmental Epidemiology and Disease Registry Section</td>
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<td>HPCDP</td>
<td>Health Promotion and Chronic Disease Prevention</td>
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<td>LHEs</td>
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<td>MCH</td>
<td>Maternal and Child Health</td>
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<td>M.D.</td>
<td>Doctor of Medicine</td>
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<td>Acronym</td>
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<tr>
<td>MMR</td>
<td>Measles, mumps, and rubella</td>
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<tr>
<td>NCHS</td>
<td>National Center for Health Statistics</td>
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<td>OPL</td>
<td>Office of Practice and Learning</td>
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<td>PO</td>
<td>Program Operations Division</td>
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<td>RLHO</td>
<td>Regional and Local Health Operations</td>
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<td>TPCCs</td>
<td>Tobacco Prevention and Control Coalitions</td>
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<td>TYTAP</td>
<td>Texas Youth Tobacco Awareness Program</td>
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<tr>
<td>Say What!</td>
<td>Students, Adults, and Youth Working Hard Against Tobacco</td>
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<td>VFC</td>
<td>Texas Vaccines for Children program</td>
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<td>Texas Youth Tobacco Survey</td>
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