

# **Department of State Health Services Strategic Plan for 2021–2025 Part I**

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**Department of State Health Services  
John Hellerstedt, M.D., Commissioner**

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**TEXAS**  
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# Introduction

**Public health** is the science and professional discipline of preventing, detecting, and responding to specific medical risks and conditions. Public health looks at 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.

## 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

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## Operational Goals and Action Plan

### Goal 1: Optimize public health response to disasters, disease threats, and outbreaks

#### Action Items

- **Action Item 1:** Increase collaboration across health and human services systems in response to infectious disease outbreaks and other public health threats (Ongoing)
- **Action Item 2:** Lead, optimize, and continually improve public health disaster preparedness and response (Ongoing)
- **Action Item 3:** Integrate and standardize optimal public health services at the regional level (Ongoing)
- **Action Item 4:** Strengthen the Department of State Health Services (DSHS) laboratory capacity and capability to perform accurate, timely testing that supports public health decision-making, population health strategies, clinical care, and response to disasters and emerging health threats (Ongoing)
- **Action Item 5:** Enhance disease surveillance systems through stakeholder engagement and investment in surveillance infrastructure (Ongoing)

#### How Goal 1 and Its Action Items Support Statewide Objectives

##### Accountability

The Texas Emergency Management Plan, Emergency Support Function 8, calls for DSHS to serve as the lead agency for public health and medical response and recovery planning in the state. While emergency response begins at the local level, DSHS plays a vital role when there is no local health entity, the response exceeds local capacity, or the public health threat involves multiple jurisdictions. DSHS receives Public Health Emergency Preparedness (PHEP) funding from the Centers for Disease Control and Prevention (CDC) to build and strengthen public health departments' abilities to effectively respond to a range of public health threats, including infectious diseases; natural disasters; and biological, chemical, nuclear, and radiological events. Additionally, DSHS receives Hospital Preparedness Program (HPP) funds from the Office of the Assistant Secretary for Preparedness and

Response to improve the health care system infrastructure, engage in capabilities-based planning, and support healthcare coalitions. DSHS administers both the PHEP and the HPP cooperative agreements to ensure compliance with federal regulations and passes funding through to public health regions, local health entities, laboratories, emergency medical task forces, healthcare coalitions, and other public health partners throughout the state.

The DSHS Laboratory plays a key role in the response to disasters, disease threats, and outbreaks. Annually, the lab tests more than 1 million samples for infectious and food-borne diseases, biological and chemical compounds, and biological agents. The College of American Pathologists accredits the DSHS laboratory for compliance with Clinical Laboratory Improvement Amendments regulations, the National Environmental Lab Accreditation Program for compliance with environmental testing guidelines, and other select agents for compliance with specific federal regulations.

## **Efficiency**

As the lead agency for planning public health medical response and recovery for serious or disastrous health threats in the state, DSHS is always improving the alignment and coordination of state and local health entities. Better coordination of state and local functions allows for more efficient use of resources and good stewardship of public funds. The State Medical Operations Center (SMOC), for example, is a centralized coordination unit that is activated during a public health disaster. The SMOC monitors public health incidents, communicates with relevant jurisdictions, and supports local response. Additionally, the DSHS SMOC receives and evaluates State of Texas Assistance Requests (STARs) for resources that cannot be met regionally. If the resource is available, DSHS works with public health partners to deploy the resource to the requesting jurisdiction. If the resource is not readily available, DSHS works with contracting and procurement to activate contingency contracts and/or to determine cost, identify funding, and procure the resource. The DSHS SMOC then tracks the resource to the requestor, maintains accountability of the resource for demobilization, and coordinates the return of the resources if appropriate.

## **Effectiveness**

DSHS participates in training and simulation exercises to evaluate readiness to respond to all types of public health emergencies or disasters. These exercises assess preparedness capacity and identify areas for improving response to a variety of threats. DSHS conducts exercises annually to test the agency's ability to provide rapid health and medical support for the coastal areas in response to hurricanes.

The agency also conducts local and regional exercises each year to test and enhance DSHS' ability to distribute pharmaceuticals and supplies rapidly to large populations.

During a disaster or public health emergency, DSHS partners with local, state, and federal entities to address the needs of Texans. During the COVID-19 pandemic, for example, the DSHS response has included the following activities, in collaboration with multiple partners:

- Coordination of local and state public health efforts,
- Statewide management and provision of lab testing and capacity,
- Data collection, analysis and reporting,
- Health care system support and deployment of medical staffing to hospitals and nursing facilities,
- Statewide public awareness,
- Public Health guidance for individuals and businesses and consultation with local elected leaders,
- Sourcing and consulting on medical supplies and personal protective equipment, and
- Developing the infrastructure to safely and appropriately disseminate vaccine.

## **Excellence in Customer Service**

Through the DSHS website, media communications, [TexasReady.gov](https://www.texasready.gov), and social media, DSHS provides key information on disasters and disease outbreaks. This information keeps individuals in Texas informed and equipped to navigate through emergency situations.

During the COVID-19 pandemic, for example, DSHS moved quickly to set up the DSHS coronavirus webpage, [dshs.texas.gov/coronavirus/](https://dshs.texas.gov/coronavirus/), and launch a media campaign to communicate and engage with the public and earn their trust. The statewide campaign included bilingual television/radio, social media, key influencers, stakeholder toolkits, and satellite media tours. Creative strategy incorporated insights from iterative, real-time surveys with almost 1,000 Texans. Public health safety messages reached Texans of all ages, with special messaging to high-risk audiences and other vulnerable populations.

The public COVID-19 dashboard has grown to be a large, comprehensive source of major facets of COVID data in Texas. Interactive dashboards are used to show major trends in data and numerous data spreadsheets are made available for download.

## **Transparency**

The ability of the state to help communities prepare for, respond to, and recover from a public health disaster or disease outbreak is a core function of DSHS. Consistent and timely communication to the public is essential to the effectiveness of a disaster response plan. DSHS has a strong public presence communicating through its website, media relations, public awareness campaigns, social media platforms, and other outlets. DSHS maintains the [TexasReady.gov](https://www.texasready.gov) website with resources for individuals and families to make plans and pack essential supplies for natural and man-made disasters. Additionally, the website provides resources and educational materials for schools, local governments, community organizations, and businesses to prepare for disasters before they strike.

## **Goal 2: Promote the use of science and data to drive decision-making and best practices**

### **Action Items**

- **Action Item 1:** Modernize data infrastructure and improve data quality and access (Ongoing)
- **Action Item 2:** Invest in equipment and technology resources to optimize agency operations and communications (Ongoing)
- **Action Item 3:** Continue applying science and data in developing programs and measuring program effectiveness (Ongoing)
- **Action Item 4:** Empower local communities and the public health system through the standardized collection, analysis, and dissemination of high quality and actionable health and safety data (Ongoing)
- **Action Item 5:** Provide guidance on data analysis and support for local and regional health departments (Ongoing)

### **How Goal 2 and Its Action Items Support Statewide Objectives**

#### **Accountability**

DSHS has been increasingly involved in state efforts to improve the quality and safety of healthcare in Texas. Initiatives involve the use of information technology and data for service delivery, quality improvement, and cost containment. For example, reducing hospitalizations due to healthcare-associated infections and preventable adverse events can reduce costs in general healthcare, Medicaid, and uncompensated care. Improvements to data infrastructure, data quality, and data access are key to informed decision-making in these areas of public health.

In 2017, DSHS became the first state to adapt Red Sky, a situational awareness tool used by CDC, for state use. Texas Red Sky provides as single platform for public health and medical personnel to reliably, quickly, and accurately share information during a disaster. Texas Red Sky gives DSHS the ability to collect data from multiple sources; communicate critical information to regional and local jurisdictions; notify leadership in real time of significant incidents and support decision-making; and manage the deployment of state, regional, and local emergency response resources and assets.

Another example of using data to drive decision-making is Texas Syndromic Surveillance (TxS2), a statewide surveillance system hosted by DSHS for use by local health entities, DSHS, and data providers (e.g., hospitals, free standing emergency centers, and urgent care centers). TxS2 utilizes trend analysis to establish a baseline and then algorithms to compare the current data to the baseline to allow for early detection of abnormal disease patterns.

## **Efficiency**

The efficient use of health information allows for quick, informed, data-driven decisions by the agency as well as healthcare providers, communities, and individuals. Health information can help in the design of efficient programs and interventions that result in healthier behaviors. The [Texas Health Data](#) query system on the DSHS website allows public health partners and the public to access public data and statistics on various health topics. The data can be used to plan and improve the delivery of services, evaluate healthcare systems, inform policy decisions, and aid in research.

## **Effectiveness**

Providing health information to improve the health of the public is a core function of DSHS. The effective use of health data allows for DSHS to better focus resources or attention on specific health issues. This data also provides information for communities and healthcare providers to use towards improving health outcomes.

An example of using data to increase effectiveness is the area of human immunodeficiency virus (HIV) surveillance. DSHS analyzes data to identify persons with HIV who have not been in HIV care within the past 12 months and works with local and regional health departments to get persons back into care to ensure medication adherence and obtain undetectable viral load status. HIV surveillance also analyzes data to identify clusters of HIV in the community, either through molecular or time-space analysis. Cluster investigations are then initiated with local and regional health departments to get persons with HIV in the clusters into care and get others tested and on pre-exposure prophylaxis to prevent the transmission of HIV.

## **Excellence in Customer Service**

DSHS is committed to providing the people of Texas with safe, reliable, and accurate data. The availability of key health data allows for more informed health decisions. DSHS shares statistical reports and data on various public health topics

via the website, social media, and other agency outlets. In addition, expanding the use of health information among healthcare and public health professionals can facilitate prompt and informed action in response to health risks and public health emergencies.

## **Transparency**

The availability of health-related data allows the public to be increasingly informed and educated about conditions that may impact their wellbeing. By building on its current technology infrastructure and the effective use of health information, DSHS continues to make data and health information accessible to the public through various modes such as the [Texas Health Data](#) website — a web-based, self-service query system where users obtain public health statistical reports and summaries. This approach supports the information needs of the agency, health and human services programs, health officials, educators, students, and other users in improving service delivery, evaluating healthcare systems, and monitoring the health of the people of Texas.

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## **Goal 3: Improve health outcomes through public and population health strategies, including prevention and intervention**

### **Action Items**

- **Action Item 1:** Increase access to worksite lactation support (Ongoing)
- **Action Item 2:** Reduce maternal mortality and severe maternal morbidity (Ongoing)
- **Action Item 3:** Improve quality of life and life expectancy by increasing public awareness of the need for early childhood immunizations (Ongoing)
- **Action Item 4:** Reduce the burden of HIV, congenital syphilis, tuberculosis (TB), and other infectious diseases (Ongoing)
- **Action Item 5:** Promote consumer health and safety through education, inspection, and investigation activities (Ongoing)

### **How Goal 3 and Its Action Items Support Statewide Objectives**

#### **Accountability**

Prevention and population health strategies can reduce the disease burden on Texans and the health care system. Public health strategies can reduce the cost to the state in Medicaid dollars and uncompensated care by preventing and/or mitigating the consequences of a variety of diseases and conditions. Many research publications demonstrate a significant return on investment for evidence-based and prevention health programs. DSHS promotes the use of public and population health strategies, including prevention and intervention, to improve health outcomes.

The DSHS Pharmacy Branch has obtained a Class "A" pharmacy license that allows for direct dispensing of medications to patients. Utilizing this new license, DSHS pharmacists are able to conduct pediatric compounding of TB medication. Currently health departments, doctors, and parents face many barriers in the treatment of pediatric patients such as the lack of contracted compounding pharmacies throughout the state, geographical locations of those pharmacies, and assurance of accurate pediatric compounding formulations. With the utilization of the new pharmacy license, DSHS will be able to overcome barriers related to the treatment of pediatric TB patients and thus further the goal of TB eradication in the Texas.

The HIV Program has developed an Ending the Epidemic Plan following other states and cities that have done the same. The goal is that by 2030, 90 percent of people living with HIV (PLWH) will know their HIV status and 90 percent of those who know their status will be adherent to their antiretroviral therapy medication. Additionally, 90 percent of those in care will be viral suppressed and Texas will see a 50 percent reduction in HIV incidence.

## **Efficiency**

Using proven public health strategies and evidence-based practices ensures DSHS is a good steward of public funding and that its use will drive positive health outcomes across a spectrum of health issues, including infectious and chronic diseases. DSHS measures the efficiency of its various activities by evaluating program activities regularly and analyzing relevant data. Examples of data routinely collected and analyzed include: persons served, inspections conducted, licenses granted, trainings conducted, cost per person or service, response times, community partners implementing DSHS-promoted best practices, data requests, and disease surveillance information. Specific program examples are listed below:

- The Consumer Protection Division reviews the number of licenses issued; the number of surveillance activities, surveys, and investigations conducted; and the number of enforcement actions taken to evaluate the amount of work conducted in the programs.
- The Infectious Disease Prevention Section monitors the timeliness of investigation of certain notifiable conditions in local health departments as part of contractual obligations.
- The Healthy Texas Mothers and Babies Program tracks increases in worksite breastfeeding sites.
- The Texas Center for Infectious Disease tracks the number of admissions, the percentage of patients treated to cure, and the percentage of patients discharged to directly observed therapy.

## **Effectiveness**

The action items identified in this goal address key health areas affecting Texans and allow DSHS to incrementally improve the health status of Texas. A foundation of public health is the use of data to guide decision-making regarding various public health interventions. This data helps draw conclusions about the success of health programs, interventions, improvements, or enhancements that may be necessary.

Examples of health status indicators DSHS uses to demonstrate the overall effectiveness include:

- Improvements in child health indicators to evaluate the provision of preventive services such as well-child exams;
- Improvements in the rate of women initiating breastfeeding and in disparities of severe maternal morbidity to evaluate the effectiveness Healthy Texas Mothers and Babies initiatives;
- Decrease in the rate of vaccine-preventable diseases and increase in the number of vaccines administered to evaluate immunization programs;
- Mortality and key morbidity indicators such as incident rate, prevalence, and attack rate for Texas notifiable conditions to identify mitigation and prevention efforts that will reduce incidents of infectious diseases; and
- HIV care continuum, a representation of the extent to which PLWH are diagnosed, engaged in care, and benefiting from antiretroviral therapy in terms of full viral suppression, to more effectively manage HIV as a chronic condition and simultaneously reduce the risk of transmitting the virus to others.

Additionally, DSHS demonstrates effectiveness through compliance and enforcement activities, which have resulted in the destruction of foods, drugs, and devices that are adulterated or unsafe prior to reaching consumers. DSHS also detains imported and domestic products that may be unsafe before they injure or harm consumers. As a result of DSHS compliance actions, dozens of users of radioactive sources have improved their practices, reduced unintended exposure to radiation, and assured the security of radioactive materials.

### **Excellence in Customer Service**

DSHS helps to improve health outcomes by leading and convening public health stakeholders in Texas to discuss, strategize, and implement methods of addressing public health priorities and emerging issues. Examples include:

- The Texas Collaboration of Healthy Mothers and Babies, composed of over 150 healthcare providers, scientists, hospitals, state agencies, advocates, and insurers, develops joint quality improvement initiatives, advances data-driven best practices, and promotes education and training to improve birth outcomes in Texas.
- The multi-disciplinary Maternal Mortality and Morbidity Review Committee studies and reviews cases of pregnancy-related deaths and trends in severe

maternal morbidity and provides recommendations to reduce maternal deaths.

DSHS also gathers stakeholder and customer input through public meetings, electronic surveys, and other forums. Multiple advisory committees provide recommendations for program improvements on a myriad of health topics. The DSHS Center for System Coordination and Innovation compiles and analyzes program inquiries and complaints on a monthly basis. Center staff stores, tracks, and reports data through an electronic system and generates and disseminates a monthly report to agency leadership to identify challenges and trends.

## **Transparency**

Communication with stakeholders, public awareness, and education are key components in executing the action items for this goal. Texans have an opportunity to learn about improving health and well-being through multiple avenues such as the DSHS website, news media relations, public awareness campaigns, social media platforms, and other outlets that disseminate information about the agency's initiatives.

DSHS has launched a comprehensive media campaign to increase awareness of Alzheimer's disease, which includes television, radio, digital, and print advertisements in targeted outlets across the state. DSHS is reviewing successful congenital syphilis media campaigns launched in other states to learn what messaging resonates with providers and relevant populations.

## **Goal 4: Foster effective partnership and collaboration to achieve public health goals**

### **Action Items**

- **Action Item 1:** Collaborate with local health entities and other partners to strengthen the public health system in Texas (Ongoing)
- **Action Item 2:** Improve collaboration with institutions of higher education (Ongoing)
- **Action Item 3:** Convene key groups to discuss, strategize, and implement methods of addressing emerging issues (Ongoing)

### **How Goal 4 and Its Action Items Support Statewide Objectives**

#### **Accountability**

Collaboration among partners to advance public health strategies is a critical function of DSHS. Improving interactions and partnerships with multiple stakeholders, specifically local health entities and institutions of higher education, allows DSHS to more successfully achieve its mission. For example, DSHS partners with local health departments through the provision of Community and Clinical Health Bridge Grants that support coordinated integration of public health, healthcare, and community-based efforts to reduce the impact of obesity and related chronic diseases. Additionally, DSHS partners and provides funding to schools of public health, universities, and border community health worker (CHW) training centers to develop innovative public health curriculum and to deliver trainings to CHWs and border residents.

DSHS uses stakeholder input to inform policy decisions, to improve service delivery, and to enhance communication. DSHS program areas also seek stakeholder input on specific topics, initiatives, and policy and rule changes prior to implementing changes. DSHS has over 25 advisory committees that meet regularly and provide valuable input about policies, programs, and services.

The Toxic Substance Coordinating Committee, with representation from Texas Commission on Environmental Quality, Texas Department of Agriculture, Texas Parks and Wildlife, Texas Railroad Commission, and Texas Department of Public Safety, guides environmental exposures and hazards prevention and control efforts through health risk assessments, public education, and community outreach activities.

The Cancer Epidemiology and Surveillance Program works with universities; academic researchers; advocacy groups; local, state, and federal governmental entities; and the Cancer Alliance of Texas to determine the data products and cancer reports that are made available from the Texas Cancer Registry and to obtain feedback on the development of an annual cancer data dissemination plan.

The Texas Childhood Lead Poisoning Prevention Program Strategic Planning Committee works with healthcare providers, local health jurisdictions, academia, and housing and environmental organizations to ensure strategic coordination in activities intended to reduce lead exposure and lead poisoning.

The Texas Asthma Control Program formed the Texas Asthma Control Collaborative, a partnership of more than 230 individuals from multiple sectors, to guide the development and eventual implementation of a strategic plan for asthma control in Texas.

Regional social work staff and other agency subject matter experts in the Birth Defects Family Outreach and Case Management initiative work with clinical consultants; families and parents of children with birth defects; and Health and Human Services Commission (HHSC) Early Childhood Intervention and Special Supplemental Nutrition Program for Women, Infants, and Children staff to obtain data on outreach activities that provide information about unmet needs, barriers to accessing healthcare, and ways to improve the initiative in order to achieve maximum client outcomes.

## **Efficiency**

Collaboration and partnerships are a necessity for the success of public health. DSHS develops multi-disciplinary relationships with a variety of agencies and jurisdictions to maximize efficiency. DSHS engages professional and trade associations, advisory committees, and other stakeholder groups to inform policy and program development. These interactions ensure informed thinking on issues that require collaboration and cross division coordination and result in more efficient processes. Examples of collaborations and partnerships that increase efficiency include:

- A memorandum of understanding with the Texas Animal Health Commission and Texas Veterinary Medical Diagnostic Laboratory to facilitate the exchange of information on communicable diseases in animals between those entities;
- Data use agreements between agencies as well as local health entities to improve cross-jurisdictional communications and facilitate the consistent representation of statewide and local disease data;

- Formation of the Early Care Obesity Prevention Committee to inform strategic planning and increase efficiency of DSHS and member organizations in impacting childhood obesity rates; and
- Collaboration with the University of Texas School of Public Health and Baylor College of Medicine to conduct a study of infectious diseases among rural residents in Texas.
- Cooperation among federal and state partners, local health entities, and private organizations to implement Operation Lone Star, an annual event providing South Texas residents free health services and emergency responders an opportunity to practice setting up and operating clinics similar to those that could be used in the event of a public health emergency.

Additionally, DSHS oversees the Texas Immunization Stakeholder Working Group, an initiative charged with increasing partnerships among community groups across the state and improving immunization practices for all Texans. The group meets periodically and has created public communication materials covering back-to-school vaccinations and flu vaccinations.

## **Effectiveness**

DSHS uses stakeholder input to inform policy decisions, improve service delivery, enhance communications, and execute other core functions of the agency. In addition to holding stakeholder meetings and conducting surveys to seek input on specific topics, DSHS routinely seeks advice and recommendations from advisory committees that have been established by state statute, by federal requirements, or in response to emerging issues. These partnerships provide effective perspectives on public health strategies and processes.

Additionally, DSHS partners with hospitals and universities to ensure that practice is based on the best available evidence to achieve better health outcomes. One example is the partnership between the TB Program and medical experts at Heartland National TB Center, Texas Children's Hospital, and University of North Texas. Together they collaborate to provide input and recommendations on evidence-based practices concerning innovative technologies, medical management, and opportunities to improve TB services infrastructure in Texas.

Another example is HIV surveillance, which requires in-depth collaboration with local and regional health department staff to outreach to persons with HIV and persons at risk. The Texas Medical Monitoring Project (MMP) partners with Houston MMP in several ways. MMP staff help collect data for Houston residents living within the City of Houston and getting care outside of Houston or vice versa. The data is

combined to present findings on PLWH in all of Texas. MMP provides findings on the proportion of PLWH who have adequate access to care, existing barriers to care, referrals to care, current and past risk behaviors, and other topics relevant to HIV providers and patients.

## **Excellence in Customer Service**

DSHS places emphasis on developing partnerships with individuals, families, stakeholders, community organizations, academia, providers, and others to ensure people receive timely and appropriate services. DSHS engages such entities in developing service delivery mechanisms, programs, and policies to enhance public health services. Examples include:

- DSHS Stock Epinephrine Advisory Committee, with representation from the medical and education communities, provided recommendations on the rules for administration of stock epinephrine in the event a child or adult experiences anaphylaxis in schools, youth facilities, higher education, or other entities.
- Help Me Grow partnerships in six pilot sites are building on existing resources to develop and enhance a comprehensive approach to early childhood systems in local communities. The network enhances capacity for the early detection of developmental concerns and then links families with young children to needed community resources, services, and supports.
- The Medical Home Learning Collaborative provides a forum for members to share knowledge, implementation strategies, and best practices for a patient-centered, comprehensive, team-based approach for the provision of necessary care when and where needed and in a manner the patient understands. Providers, youth and young adults, parents, caregivers, as well as representatives from health care plans, hospital and university systems, and local community organizations are invited to participate.
- Smiles for Moms and Babies works to reduce the burden of early childhood tooth decay by promoting oral health for pregnant women and babies. Smiles for Moms and Babies has educated over 400 home visitors and parent educators about perinatal and infant oral health and developed a video about the importance of oral care for babies, available in both English and Spanish on the program website.

## **Transparency**

DSHS ensures visibility for various public health functions through the DSHS website. Other channels of communication that are used to provide transparency on

partnership activities including public awareness campaigns, social media, and other outlets.

Additionally, DSHS meets regularly with many public health partners to seek input and coordinate on initiatives and programs. For example, the Texas Newborn Screening Program, comprised of groups from the Laboratory Services Section and Community Health Improvement Division, has a regularly scheduled conference call with stakeholders including Texas Medical Association, Texas Hospital Association, Texas Pediatric Society, and March of Dimes to ensure transparency and allow for stakeholder feedback on program operations.

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## **Goal 5: Improve recognition and support for a highly skilled and dedicated workforce**

### **Action Items**

- **Action Item 1:** Grow agency culture of continuous improvement and innovation through professional development, cross-system coordination, and workforce diversity (Ongoing)
- **Action Item 2:** Advance workforce development through academic partnerships (Ongoing)

### **How Goal 5 and Its Action Items Support Statewide Objectives**

#### **Accountability**

A highly skilled and motivated workforce is essential to the performance of DSHS in serving the health needs of the public. Performance measurement and evaluation, as well as other best practices, are applied to ensure accountability of the workforce and promote continuous improvement. DSHS is committed to recognizing superior performance and improving the capability of all employees. In 2019, DSHS launched the Shine Awards to spotlight employees who go "above and beyond" in their jobs.

DSHS collaborates with academic partners to: improve curricula and training processes to more efficiently deliver relevant training; encourage a continuous learning environment; and develop the current and future public health workforce. Making these activities available to local and regional public health workforce partners will assist in aligning training needs throughout the state.

#### **Efficiency**

Utilizing best practices, recruiting and retaining high performing employees, and promoting professional development for employees will result in gains on efficiencies. These three components contribute to a steady flow of high productivity from employees and efficiency in business functions and processes. DSHS is committed to recruiting and retaining talented professionals that utilize evidence-based practices and current technology.

## **Effectiveness**

Employees are the most valuable resource at DSHS. Almost all functions and processes require some degree of employee intervention. Training and professional certifications provide an effective way to increase the skill level among employees and continually identify best practices for use in programming and administrative processes. In 2019, DSHS launched a training and development program for managers to improve their ability to successfully manage programs and effectively supervise staff. This program outlines certain training and development expectations for supervisors depending upon their health and human services system management experience.

## **Excellence in Customer Service**

DSHS ensures that employees are performing at the highest level to serve public health needs. Staff recognition and support assist in the retention and motivation of employees to provide the best service possible. In addition, DSHS holds its employees accountable by instilling a performance measures culture using dashboards to ensure that the agency is executing high quality work and remaining committed to its mission.

DSHS works closely with academic partners to provide internships and increase practice-based research to identify and improve efficacy of the DSHS workforce. In addition, DSHS works with academic partners to provide practical experiences that meet standards for academic rigor and align to DSHS goals to create a workforce of trained and experienced professionals.

## **Transparency**

Recognition of employee efforts and dedication boosts morale and provides an incentive for employees to perform at a high level. DSHS seeks to showcase staff talent such as speaking engagements and publication in professional journals. DSHS will continue to maintain visibility and transparency of agency-wide merit, salary, and other forms of employee recognition. In addition, DSHS incorporates data and performance measures to inform decision-making and encourage transparency about overall performance.

## **Goal 6: Improve and optimize business functions and processes to support delivery of public health services in communities**

### **Action Items**

- **Action Item 1:** Improve Vital Statistics customer service, fulfillment, updates, and online processing (Ongoing)
- **Action Item 2:** Implement standardized penalty matrices for Consumer Protection programs (Ongoing)
- **Action Item 3:** In collaboration with HHSC, develop and implement a privacy awareness campaign to reduce the number of unauthorized disclosures and releases (Ongoing)

### **How Goal 6 and Its Action Items Support Statewide Objectives**

#### **Accountability**

Business processes and functions are designed and continuously improved to advance public health strategies. Optimizing business processes and functions ensures that DSHS contributes to sound financial management and provides visibility into the organization's performance.

The Commissioner and other agency leadership meet regularly to provide oversight to priority projects; facilitate communication; and discuss, deliberate, and resolve critical issues affecting the agency. Additionally, the executive team holds planning sessions three to four times a year to review accomplishments and develop strategies and activities to improve service delivery, achieve efficiencies, enhance accountability, and address ongoing and future challenges.

State agencies and national organizations review DSHS functions to ensure compliance with statutory requirements, federal block grant requirements, and other regulations. Independent audits review compliance with specific programmatic guidelines for a particular state or federal program, state or federal purchasing requirements, and state financial requirements, such as the prompt payment act or cash management. Audits also assess controls over assets or data, including confidential information; processes or activities based upon evaluation of management controls, testing of transactions, and review of evidence; and performance, efficiency, and/or effectiveness of program operations. Several state

and federal agencies audit laboratory functions to assure compliance with specific testing requirements. Additionally, peer review audits identify best practices in program operations. Examples include the following:

- CDC HIV Prevention and Surveillance Cooperative agreement requires a detailed Evaluation and Performance Management Plan, which describes efforts for stakeholder engagement, evaluation design, and data sharing and includes outcomes and measures to document effectiveness of prevention and surveillance efforts.
- Programs within the Community Health Improvement and the Laboratory and Infectious Disease Services Divisions have federal performance measures, to ensure compliance with grant initiatives and to assess outcomes.
- Within the Laboratory and Infectious Disease Services Division programs have federal performance measures to assess treatment outcomes for persons diagnosed with TB or Hansen’s Disease.

## **Efficiency**

DSHS is committed to maximizing efficiency, increasing productivity, reducing costs, and minimizing errors and risk. There is a focus on process improvement to ensure that resources are optimally utilized. To maximize results and be good stewards of public funding, DSHS matches the needs of the public to the processes involved to meet those needs. High reliability is a key element in the ability of DSHS to achieve its mission of improving health and well-being in Texans.

Due to increased awareness of the importance of timeliness of newborn screening results, DSHS implemented a quality improvement project to decrease turnaround time from receipt of newborn screening specimens to reporting results, which resulted in a decrease of at least one day to obtain results.

To meet the increased demand for vital records and faster order fulfillment, shipping, and handling, the Vital Statistics Section implemented a standards-based electronic registration system, Texas Electronic Vital Events Registrar (TxEVER), in January 2019. The system serves as a modernized platform for all vital statistics operations, providing an opportunity for efficiencies in order fulfillment processes that otherwise would remain heavily dependent on manual tasks, external processes, and staffing challenges. Towards this goal, DSHS has also worked collaboratively with the Texas Department of Information Resources to develop strategies to resolve increasing demands for products and services.

## **Effectiveness**

An improved, measurable variance in business processes ensures that DSHS continues to evolve with the external environment and keep pace with modern methods of improvement. Performance metric visibility is vital in determining if, and how much, the agency is improving and fulfilling established performance measures.

In addition to the Legislative Budget Board-approved performance measures, DSHS collects and analyzes a variety of other data to evaluate the efficiency and effectiveness of agency operations. Examples include the following:

- The Newborn Screening Program tracks the number of newborn screening results that are considered abnormal to receive follow-up clinical care coordination.
- The Safe Riders Program tracks the number of car seats distributed, education classes, and child passenger safety technicians.
- The DSHS Laboratory monitors the turnaround time for each of its high-volume tests to assure the timely reporting of laboratory reports test results.
- The Infectious Disease Prevention Section monitors timeliness of public health follow-up and case investigations referred to the state by local health departments as well as those investigations performed by the local jurisdiction.

## **Excellence in Customer Service**

DSHS provides key information on disasters and disease outbreaks to the public through multiple communication strategies, including the DSHS website, news releases, public awareness campaigns, [TexasReady.gov](https://www.texasready.gov), and social media. This information keeps individuals in Texas informed and equipped to navigate through emergency situations.

DSHS uses surveys to obtain customer, stakeholder, and employee feedback and to measure the effectiveness of its programs and services. Recent examples have included soliciting feedback from license applicants through Consumer Protection, providers of the Vaccines for Children Program, recipients of Children with Special Health Care Needs community-based contractor services, and entities submitting specimens to the laboratory. The most recent evaluation of the Texas Tobacco Quitline, the state's smoking cessation hotline, found that 89 percent of respondents were satisfied with the program and 93 percent indicated they would recommend Quitline to a friend.

Additionally, the Survey of Employee Engagement, administered through the University of Texas Organizational Excellence Group, provides DSHS management with data to analyze work force issues that affect the quality of services, employee satisfaction and retention, and organizational effectiveness.

## **Transparency**

Communication with stakeholders through various channels allows for transparency into the performance of DSHS. DSHS is committed to providing visibility to operating budgets, financial reports, legislative reports and public health statistics through the DSHS website and other agency outlets that disseminate information.

To promote consistency and transparency in compliance work with licensees, DSHS published penalty matrices outlining specific violations and associated penalty amounts. These matrices provide transparent guidelines, thereby helping licensees be accountable in following consumer protection rules and regulations. Promoting consistency and transparency through penalty matrices will encourage greater voluntary licensee compliance and help protect public health.

## **Redundancies and Impediments**

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

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## Appendix A. Glossary of Acronyms

<b>Acronym</b>	<b>Full Name</b>
<b>CDC</b>	Centers for Disease Control and Prevention (U.S.)
<b>CHW</b>	community health worker
<b>COVID-19</b>	coronavirus disease 2019 pandemic
<b>DSHS</b>	Department of State Health Services
<b>HHSC</b>	Health and Human Services Commission
<b>HIV</b>	human immunodeficiency virus
<b>HPP</b>	Hospital Preparedness Program
<b>M.D.</b>	Doctor of Medicine
<b>MMP</b>	Medical Monitoring Project
<b>PHEP</b>	Public Health Emergency Preparedness
<b>PLWH</b>	people living with HIV
<b>SMOC</b>	State Medical Operations Center
<b>STAR</b>	State of Texas Assistance Request
<b>TB</b>	tuberculosis
<b>TxEVER</b>	Texas Electronic Vital Events Registrar
<b>TxS2</b>	Texas Syndromic Surveillance
<b>U.S.</b>	United States

[dshs.texas.gov](https://dshs.texas.gov)