

Department of State Health Services Strategic Plan for 2027-2031 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 and Outcome 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: Certification of Compliance with Artificial Intelligence Training--	J-1
Schedule K: Report on Projects and Acquisitions	K-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
	<u>5</u>	<p>SHORT NAME: HEALTH DATA AND STATISTICS</p> <p>FULL NAME: Health Data and Statistics</p> <p>DESCRIPTION: Collect, analyze, and distribute information about health and health care.</p>
	<u>2</u>	<p>SHORT NAME: DISEASE CONTRL/PREVENTION/TREATMENT</p> <p>FULL NAME: Infectious Disease Control, Prevention and Treatment</p> <p>DESCRIPTION: Reduce the occurrence and control the spread of preventable infectious diseases.</p>
	<u>1</u>	<p>SHORT NAME: IMMUNIZE CHILDREN & ADULTS IN TEXAS</p> <p>FULL NAME: Immunize Children and Adults in Texas</p> <p>DESCRIPTION: Implement programs to immunize children and adults in Texas.</p>
	<u>2</u>	<p>SHORT NAME: HIV/STD PREVENTION</p> <p>FULL NAME: HIV/STD Prevention</p> <p>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.</p>
	<u>3</u>	<p>SHORT NAME: INFECTIOUS DISEASE PREV/EPI/SURV</p> <p>FULL NAME: Infectious Disease Prevention, Epidemiology and Surveillance</p> <p>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.</p>
	<u>4</u>	<p>SHORT NAME: TB SURVEILLANCE & PREVENTION</p> <p>FULL NAME: TB Surveillance and Prevention</p> <p>DESCRIPTION: Implement activities to conduct tuberculosis surveillance, to prevent and control the spread of tuberculosis, and to treat tuberculosis infection.</p>

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	
		<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 and Outcome Definitions

The list of performance and outcome 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.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 1 of 11

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
Outcome No. 1 % Key Staff Prepared to Respond During Pub Hlth Disaster Resp Drills

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 537 088-R-S70-1 01-01 OC 01
Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2026 Definition

The percent of pre-identified staff members assigned to key positions in the State Medical Operations Center (SMOC) and Public Health Deployable Teams, required to initiate and organize or mount a response, that are alerted and acknowledge their ability to activate within one hour for a No Notice Event at least twice annually.

BL 2026 Data Limitations

None

BL 2026 Data Source

Documentation on Public Health Deployable Teams and staff alerting documentation which indicates the names and total number of staff members involved.

BL 2026 Methodology

Calculate the percentage of staff acknowledging their ability to activate within one hour of notification. The percent is the number of staff that respond “yes” divided by the number of staff contacted.

BL 2026 Purpose

Measure responsiveness of pre-identified staff members during disaster response drills.

OBJECTIVE OUTCOME DEFINITIONS REPORT

89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026

Time: 1:05:27PM

Page: 2 of 11

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

Outcome No. 1 Vaccination Coverage Levels among Children at Age 24 Months

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

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2026 Definition

This measure uses data collected from the National Immunization Survey (NIS) to estimate the percentage of children who are vaccinated at 24 months with the routine childhood vaccines (four doses of diphtheria and tetanus toxoids and pertussis vaccine, three doses of poliovirus vaccines, one dose of measles-mumps-rubella vaccine, three doses of Haemophilus influenzae type b, three doses of hepatitis B vaccine, one dose of varicella vaccine and four doses of Pneumococcal vaccine).

BL 2026 Data Limitations

Data are based on a telephone survey that is statistically weighted to adjust for nonresponse and households without telephones. NIS relies on provider-verified vaccination histories and incomplete records could result in underestimates of coverage. The estimate also assumes that coverage among children whose providers do respond is similar to that among children whose providers do not respond. The Texas coverage level estimates should be interpreted carefully due to the wide confidence interval range applied to the reported estimated vaccination coverage level (percentage).

BL 2026 Data Source

The NIS is coordinated by the CDC National Immunization Program (NIP) and data is collected by a company under contract with NIP. The NIS contractor calls randomly generated telephone numbers to find households that contain children two years of age and then interviews the child's parent or guardian to ascertain the child's vaccination status at age 24 months. The NIS uses the age group based on sampling methodology and data analysis needs. Vaccination dates are verified by the child's medical provider.

BL 2026 Methodology

The percentage of children who are vaccinated by 24 months of age is estimated based on the data collected in the NIS. The NIS is conducted on a quarterly basis utilizing a random digit dial survey and results are reported annually in October to look at trends at the state level.

BL 2026 Purpose

Shows the percentage of Texas children who are up to date at age 24 months with critical childhood immunizations. High vaccination rates indicate that children are better protected against 14 different diseases, whereas low rates would indicate the potential for outbreaks or high disease burden.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 3 of 11

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
Outcome No. 2	Incidence Rate of TB Per 100,000 Texas Residents

Calculation Method: N **Target Attainment: L** **Priority: H** **Cross Reference: Agy 537 088-R-S70-1 01-02 OC 02**
Key Measure: Y **New Measure: N** **Percent Measure: N**

BL 2026 Definition

This measure indicates the degree to which tuberculosis (TB) is occurring in the Texas population.

BL 2026 Data Limitations

Procedures for passive and sentinel surveillance activities between other disease registries, mortality and laboratory data are conducted infrequently. Procedures for active surveillance in hospitals, clinics, and pharmacies have not been established. This could result in the delay of the number of cases reported in the year the initial diagnosis was made.

BL 2026 Data Source

TB is a reportable disease in Texas. The number of TB cases is available through the case register maintained by DSHS. The population estimates are obtained from the U. S. Census American Community Survey.

BL 2026 Methodology

The number of TB cases in the previous calendar year is divided by the mid-year population estimate of Texas times 100,000.

BL 2026 Purpose

This measure reflects how successful TB elimination efforts are in Texas.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 4 of 11

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
Outcome No. 3	% of 1995 Epizootic Zone that is Free From Domestic Dog-Coyote Rabies

Calculation Method: N **Target Attainment:** H **Priority:** H **Cross Reference:** Agy 537 088-R-S70-1 01-02 OC 03
Key Measure: N **New Measure:** N **Percent Measure:** Y

BL 2026 Definition

The percentage of square miles in the original epizootic area free of cases of the specific rabies variant.

BL 2026 Data Limitations

The surveillance data are a combination of active and passive sample submissions.

BL 2026 Data Source

Texas Department of State Health Services Laboratory reports. The requisite data are communicated to the Zoonosis Control Branch as specimens are submitted and tested by DSHS and as test results from other laboratories are received by DSHS laboratory.

BL 2026 Methodology

The area of the epizootic zone that has been treated once or has never been treated will be combined with the home range area of any rabid animal found within the original zone during the year. The resultant sum (A) will serve as the numerator with the original epizootic area (B) as the denominator in the formula: $C = (1 - A/B) \times 100$. "C" will represent the percentage of the original epizootic zone considered free of the specified rabies variant.

BL 2026 Purpose

This is a measure of the effectiveness of the oral vaccination efforts for the targeted wildlife in the epizootic zones.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 5 of 11

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
Outcome No. 4 % of 1996 Epizootic Zone that is Free From Texas Fox Rabies

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 088-R-S70-1 01-02 OC 04
Key Measure: N New Measure: N Percent Measure: Y

BL 2026 Definition

The percentage of square miles in the original epizootic area free of cases of the specific rabies variant.

BL 2026 Data Limitations

The surveillance data are a combination of active and passive sample submissions.

BL 2026 Data Source

Texas Department of State Health Services Laboratory reports. The requisite data are communicated to the Zoonosis Control Branch as specimens are submitted and tested by DSHS and as test results from other laboratories are received by DSHS laboratory.

BL 2026 Methodology

The area of the epizootic zone that has been treated once or has never been treated will be combined with the home range area of any rabid animal found within the original zone during the year. The resultant sum (A) will serve as the numerator with the original epizootic area (B) as the denominator in the formula: $C = (1 - A/B) \times 100$. "C" will represent the percentage of the original epizootic zone considered free of the specified rabies variant.

BL 2026 Purpose

This is a measure of the effectiveness of the oral vaccination efforts for the targeted wildlife in the epizootic zones.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 6 of 11

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 1	Preparedness and Prevention Services
Objective No. 3	Health Promotion and Chronic Disease Prevention
Outcome No. 1	Prevalence of Tobacco Use among Middle and High School Youth Statewide

Calculation Method: N **Target Attainment:** L **Priority:** L **Cross Reference:** Agy 537 088-R-S70-1 01-03 OC 01
Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2026 Definition

This is a measure of the prevalence of tobacco use (all tobacco products including e-cigarettes) among middle and high school (6th-12th grade) students in Texas.

BL 2026 Data Limitations

Survey data is contingent upon the voluntary participation of schools in the Texas Youth Tobacco Survey. Statewide surveys occur only in odd years.

BL 2026 Data Source

Texas Youth Tobacco Survey, a random-selection, weighted school-based survey relating to tobacco use behaviors.

BL 2026 Methodology

Percentage of middle and high school (6th -12th grade) students who use tobacco statewide. Texas Youth Tobacco Survey respondents who reported having used cigarettes, e-cigarettes, cigars, smokeless tobacco, hookah or other tobacco products within thirty days of taking the survey among the total number of valid middle and high school survey respondents in Texas. Data are weighted to the statewide student population composition.

BL 2026 Purpose

Measures the statewide prevalence of tobacco use among middle and high school (6th-12th grade) youth.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 7 of 11

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 1	Preparedness and Prevention Services
Objective No. 3	Health Promotion and Chronic Disease Prevention
Outcome No. 4	Prevalence of Tobacco Use among Adult Texans

Calculation Method: N **Target Attainment:** L **Priority:** H **Cross Reference:** Agy 537 088-R-S70-1 01-03 OC 04
Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2026 Definition

This is a measure of the prevalence of tobacco use among adult Texans (cigarettes, e-cigarettes, or smokeless tobacco), based on the Behavioral Risk Factor Survey, which is a telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis.

BL 2026 Data Limitations

Data is dependent on respondent participation in the survey and is based on self-reported data.

BL 2026 Data Source

Behavioral Risk Factor Surveillance Survey (BRFSS), a population-based, random telephone survey relating to selected life style behaviors, conducted on randomly selected residents on a monthly basis weighted to the adult Texas population.

BL 2026 Methodology

This measure is the percentage of adult Texans who used any tobacco product among all valid responses to the BRFSS survey. "Adults who smoke" is defined as someone who has smoked 100 cigarettes and now smokes every day or some days, someone who has ever tried e-cigarettes and now uses them every day or some days, or someone who uses smokeless tobacco every day or some days. Estimates were weighted to the Texas adult population.

BL 2026 Purpose

This is a measure of the prevalence of tobacco use among adult Texans.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 8 of 11

Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 1 Preparedness and Prevention Services
Objective No. 4 State Laboratory
Outcome No. 1 % High Volume Tests Completed within Established Turnaround Times

Calculation Method: N Target Attainment: H Priority: H Cross Reference: Agy 537 088-R-S70-1 01-04 OC 01

Key Measure: N New Measure: N Percent Measure: Y

BL 2026 Definition

The outcome measure is completion of 95% of the high volume tests within established turnaround times. High volume tests are defined as tests conducted on more than 10,000 specimens per year. The turnaround time includes the pre-analytical, analytical, and post-analytical procedural steps that are taken from the time a sample arrives at the laboratory until the test result is validated and released for reporting.

BL 2026 Data Limitations

There is no widely accepted standard for sample turnaround time because of the diversity of test protocols from laboratory to laboratory. However, the Department of State Health Services (DSHS) Laboratory has established reasonable turnaround times for its testing procedures. These turnaround times are based on procedure complexity and the time required to complete the procedure using good laboratory practices. The performance measure will include the high volume procedures done in each of the three testing areas: Biochemistry and Genetics, Environmental Sciences, and Microbiological Sciences.

BL 2026 Data Source

The DSHS Laboratory information management systems include specimen tracking features which log the date and time a sample is received and the date and time the analysis is completed. These dates will be used to determine turnaround time.

BL 2026 Methodology

In most cases, these data are captured by the DSHS Laboratory information management systems and the calculations of turnaround times are completed during preparation of management reports. In the cases where computer data are not available, staff will manually determine the turnaround time. The turnaround time for each test will be calculated by subtracting the received date from the report date and will be compared with the established target turnaround time for the test procedure. The performance measure will be the percentage of test results that are completed within the target turnaround times.

BL 2026 Purpose

This performance measure demonstrates the efficiency and reliability of laboratory operations in prompt completion of testing procedures and is an important measure of customer service. Test results are used to determine client health status or to indicate environmental quality. Prompt completion of testing procedures allows the DSHS Laboratory customers to reach conclusions about client health status or environmental quality in a timely manner.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 9 of 11

Agency Code: 537	Agency: State Health Services, Department of
Goal No. 2	Community Health Services
Objective No. 1	Promote Maternal and Child Health
Outcome No. 1	# of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)

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

Key Measure: Y **New Measure:** N **Percent Measure:** N

BL 2026 Definition

This measure reports the infant mortality rate (per thousand live births) of Texas resident infants (under 1 year of age) in a given calendar year.

BL 2026 Data Limitations

Information to calculate the infant mortality rate is collected from birth and death certificates by DSHS' Vital Statistics department. The data has a one-year time lag (i.e., the number is calculated by using provisional data from one calendar year prior).

BL 2026 Data Source

The data source is the Texas Vital Statistics Annual Report, Texas Department of State Health Services (DSHS).

BL 2026 Methodology

The number of deaths of Texas resident infants (under 1 year of age) in a given calendar year divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 1000 to give the number of infant deaths per 1000 live births.

BL 2026 Purpose

The measure is used to gauge the state's success in improving infant health. The measure is a requirement of the annual application for the federal Title V Maternal and Child Health Block Grant.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 10 of 11

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

Goal No. 2 Community Health Services

Objective No. 1 Promote Maternal and Child Health

Outcome No. 2 Percentage of Low Birth Weight Births

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

Key Measure: Y **New Measure:** N **Percent Measure:** Y

BL 2026 Definition

This measure reports the number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz.

BL 2026 Data Limitations

The data has a one-year time lag (i.e., the percentage is calculated by using provisional data from one calendar year prior).

BL 2026 Data Source

The data source is the Texas Vital Statistics Annual Report, Texas Department of State Health Services. Information to calculate the percentage is collected from birth certificates by DSHS' department of Vital Statistics.

BL 2026 Methodology

The number of Texas resident live births in a given calendar year with a birth weight less than 5lbs., 9oz., divided by the number of live births to Texas residents during the same period. This figure is then multiplied by 100.

BL 2026 Purpose

The measure is used to gauge the state's success in improving infant health.

OBJECTIVE OUTCOME DEFINITIONS REPORT
89th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

Date: 1/20/2026
Time: 1:05:27PM
Page: 11 of 11

Agency Code: **537** Agency: **State Health Services, Department of**
Goal No. 3 Consumer Protection Services
Objective No. 1 Provide Licensing and Regulatory Compliance
Outcome No. 1 Percentage of Licenses Issued within Regulatory Timeframe

Calculation Method: N **Target Attainment: H** **Priority: H** **Cross Reference: Agy 537 088-R-S70-1 03-01 OC 01**
Key Measure: Y **New Measure: N** **Percent Measure: Y**

BL 2026 Definition

Percentage of individuals credentialed and entities licensed within established timeframes.

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 efficiency measure reflects the annual percentage of individuals credentialed and entities licensed within regulatory timeframes. Calculated using the total number of individuals and entities licensed/credentialed within the established timeframes divided by the total number of individuals and entities licensed/credentialed during the reporting period.

BL 2026 Purpose

Measures the efficiency of licensing activities to ensure compliance with established timeframes.

Schedule C: Historically Underutilized Business Plan

The Historically Underutilized Business Plan (HUB), 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
2027–2031 Schedule C:
Historically Underutilized
Business Plan**

**As Required by
Texas Government Code Section
2161.123**

**Texas Health and Human Services
June 2026**



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 follows the HUB program rules and guidelines defined by the Texas Comptroller of Public Accounts (CPA). This program is designed to enhance the ability of HUBs to compete for HHS contracts, increase agencies' awareness of such businesses, ensure meaningful 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 coordinated HUB plan.

2. Goal

This plan supports the CPA's goal of promoting fair and competitive business opportunities for certified HUBs in the procurement and contracting activities of HHS agencies.

3. Objective

CPA sets goals each fiscal year (FY) and HHS strives to meet or exceed those goals 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 Title 34 Texas Administrative Code Rule 20.284(c), state agencies are required to establish their own HUB goals based on scheduled fiscal year expenditures, the availability of HUBs in each procurement category, historic utilization of HUBs and other relevant factors. Prior to fiscal year 2026, HHS adopted CPA's Statewide HUB Goals as the agency-specific goals. However, for FY 2026, HHS developed and adopted new agency-specific goals to comply with the CPA's December 2, 2025, emergency rules (50 TexReg 7953-61 (2025)).

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 goals, as described in Table 1, for contracts the agency expects to award in a fiscal year.

Table 1: Statewide Goals by Procurement Categories, Fiscal Year 2024 and 2025

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 2024 and FY 2025 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 statute and rules defined by CPA, 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 CPA’s Centralized Master Bidders List and Directory to solicit bids
- Maintaining an Office of HUB Coordinators for effective coordination for all HHS agencies

- Developing and implementing reporting practices to provide updates to the executive leadership team on 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 participation
- Increasing awareness of the 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

6. Output Measures

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

- The total number of bids received from HUBs
- The total number of contracts awarded to HUBs
- The total amount of HUB subcontracting expenditures
- The total amount of HUB Procurement Card expenditures
- The total number of mentor-protégé agreements
- The total number of HUBs provided assistance in becoming 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 12.31% in FY 2024, and 16.80% in FY 2025 to HUBs. Tables 2 and 3 reflect utilization for total spending directly and indirectly through subcontracting use.

Table 2: HHS Expenditures, by Agency, Fiscal Year 2024

Agency	Total Expenditures	Total Spent with all Certified Businesses	Percent
HHSC	\$1,631,630,681	\$206,402,369	12.65%
DSHS	\$303,856,251	\$31,916,230	10.50%
Total	\$1,935,486,932	\$238,318,599	12.31%

Source: Data from FY 2024 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

Table 3: HHS Expenditures, by Agency, Fiscal Year 2025

Agency	Total Expenditures	Total Spent with all Certified Businesses	Percent
HHSC	\$1,599,499,484	\$290,199,794	18.14%
DSHS	\$341,885,074	\$35,920,991	10.51%
Total	\$1,941,384,558	\$326,120,785	16.80%

Source: Data from FY 2025 Statewide Annual HUB Report, Texas Comptroller of Public Accounts.

HHS agencies continuously strive to make internal improvements to meet or exceed program goals while continuing outreach efforts to educate HUB businesses about the procurement process.

Other areas of progress include:

- Maintaining relationships with organizations focused on small service-disabled veteran-owned businesses
- Conducting post-contract-award meetings with contractors to discuss subcontracting plan compliance and monthly reporting requirements

Additional goals for this program include:

- Enhancing participation in HHS-sponsored forums where exhibitors may participate in trade-related conferences

- Enhancing reporting capabilities
- 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


Plan submitted separately to the Texas Bond Review Board (BRB) in accordance with instructions. BRB will compile a statewide capital plan that will be available on their website at: [Statewide Capital Expenditure Planning - Texas Bond Review Board](#).

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
2027-2031**

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

**Health and Human Services
June 2026**



TEXAS
Health and Human
Services

Table of Contents

Executive Summary	F-4
Health and Human Services	F-5
HHS Vision	F-6
HHS Mission	F-6
Workforce Demographics.....	F-7
Job Families	F-8
Veterans	F-8
State Service.....	F-9
Average Annual Employee Salary	F-9
Return-to-Work Retirees.....	F-10
Turnover	F-11
Retirement Projections	F-13
Critical Workforce Skills.....	F-14
Environmental Assessment.....	F-15
The Texas Economy	F-15
Population Growth	F-15
Poverty in Texas	F-15
Expected Workforce Challenges.....	F-17
Strategies to Meet Workforce Challenges	F-20
Recruitment Strategies Across Program Areas	F-20
Retention Strategies Across Program Areas	F-22
References	F-25

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 essential for business operations as it addresses:

- Growing demand for HHS services.
- A rising number of employees approaching retirement age, leading to a smaller pool of experienced replacements.
- Greater competition for highly skilled employees.

HHS agencies take proactive steps to address these challenges by planning ahead and minimizing risks. With the support of funds appropriated by the 88th Legislature, the Texas Health and Human Services Commission (HHSC) made significant investments in recruitment and retention efforts to reduce the vacancies in difficult to fill critical positions.

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.
- **Expected Workforce Challenges** – Describes anticipated staffing needs.
- **Strategies to Meet Workforce Needs** – Describes recruitment and retention strategies that address expected workforce challenges.

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). 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 and substance abuse 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.
- Disaster services.
- Family and safety resources.

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). DSHS 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:

- 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.
- 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.

Workforce Demographics

Figure 1 below shows a total of 41,579 full-time and part-time employees across HHS agencies in fiscal year 2025 (FY25). The HHS workforce increased by four percent (1,594 employees) between August 31, 2023, and August 31, 2025. Of these, 37,933 are employed by HHSC and 3,646 are employed by DSHS (refer to Figure 2).¹

Figure 1: HHS Workforce (FY23 - FY25)

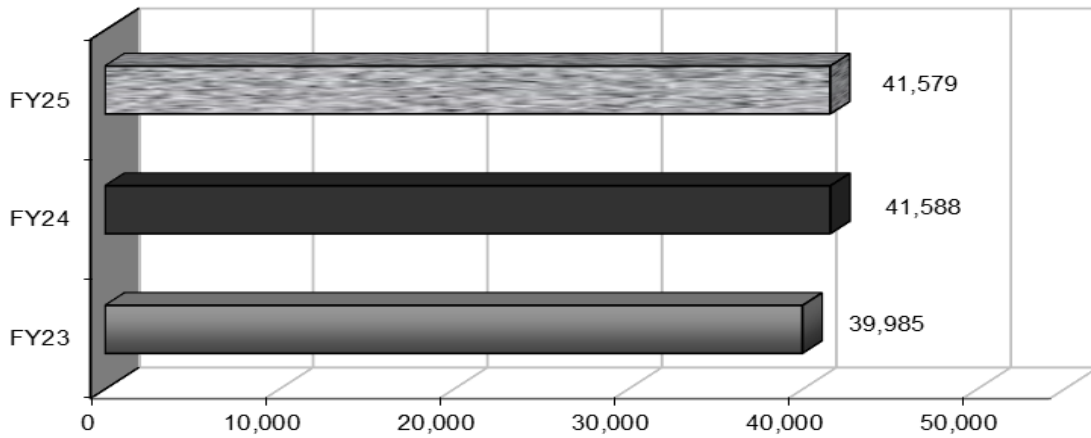
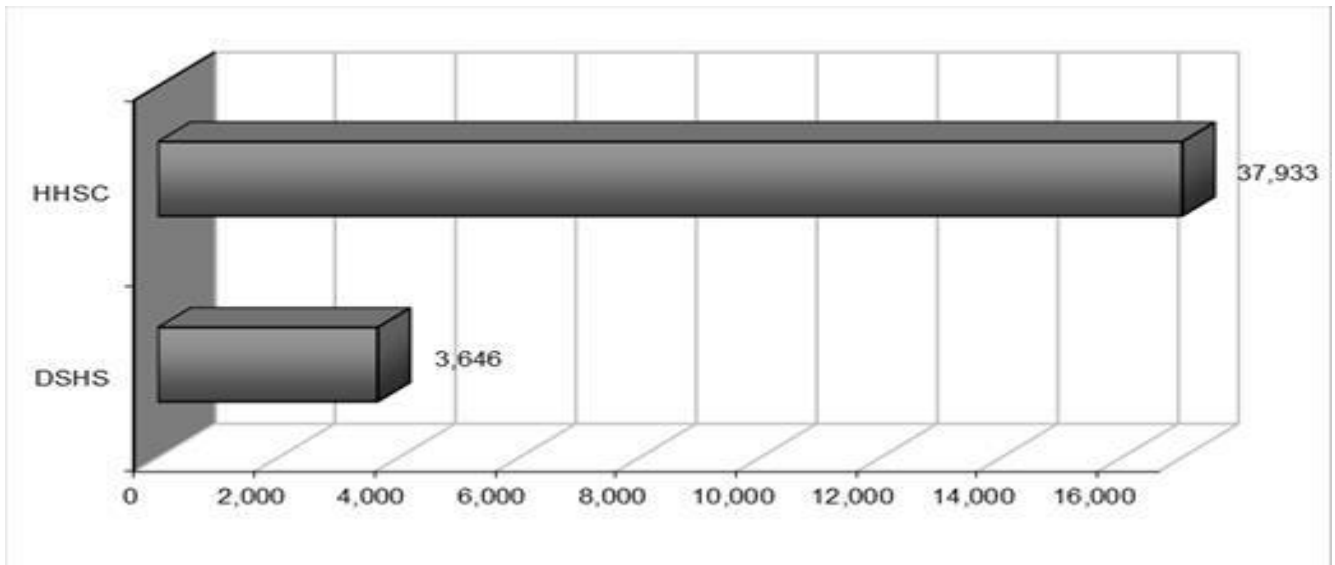


Figure 2: HHS Workforce by Agency for FY25



Job Families

Eighty percent of HHS employees (33,270 employees) work in 22 job families (refer to Table 1).

Table 1: HHS Largest Job Families for FY25

Job Family	Number of Employees
Human Services Specialists	6,906
Direct Support Professionals	5,184
Clerical Workers	2,838
Psychiatric Nursing Assistants	2,694
Program Specialists	2,359
Registered Nurses (RNs)	2,140
Managers	1,320
Licensed Vocational Nurses (LVNs)	964
Inspectors	930
Program Supervisors	918
Rehabilitation Technicians	895
Food Service Workers	832
Directors	816
System Analysts	713
Custodians	638
Maintenance Workers	537
Security Officers	480
Contract Specialists	470
Investigators	467
Accountants	443
Human Resource Developers	366
Public Health Technicians	360

Veterans

Four percent of the workforce (1,593 employees) are veterans (refer to Table 2).

Table 2: HHS Workforce by Veteran Status for FY25

Agency	Number of Veterans	FY25 Percentage
HHSC	1,365	3.6%
DSHS	228	6.3%
HHS	1,593	3.8%

State Service

Thirty-eight percent of the workforce has 10 or more years of state service. Twenty percent of the workforce have been with the state for less than two years. This breakdown is consistent across HHS agencies (refer to Table 3).

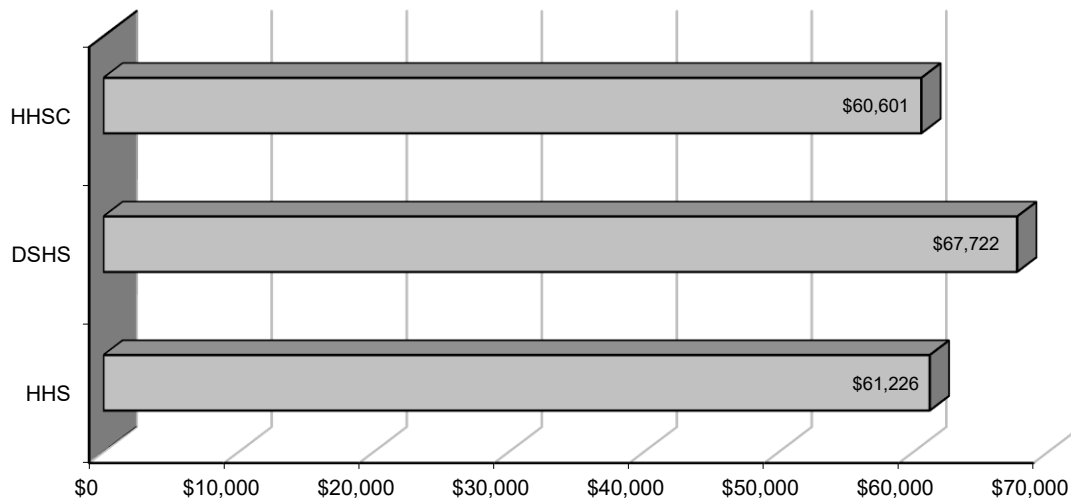
Table 3: HHS Agencies Workforce by Length of State Service for FY25

Agency	Percentage Less than 2 yrs.	Percentage 2-4 yrs.	Percentage 5-9 yrs.	Percentage 10 yrs. or more
HHSC	19.8%	21.8%	20.7%	37.8%
DSHS	16.3%	25.2%	20.4%	38.1%
HHS	19.5%	22.1%	20.7%	37.8%

Average Annual Employee Salary

The average annual salary for an HHS employee is \$61,226 (refer to Figure 3). The average annual salary for DSHS is \$67,722, and HHSC is \$60,601.

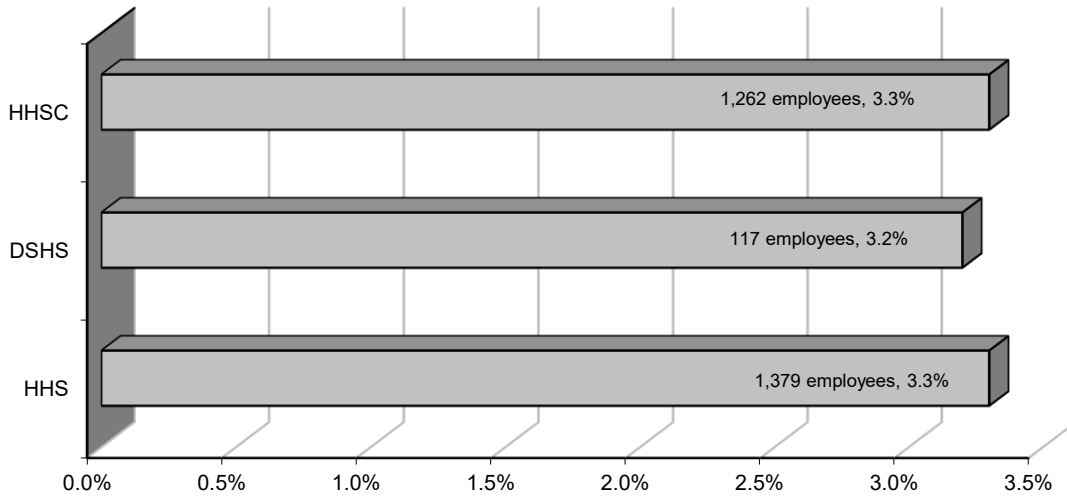
Figure 3: HHS Average Annual Salary by Agency for FY25



Return-to-Work Retirees

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

Figure 4: HHS Return-to-Work Retirees by Percent of Workforce for FY25



Turnover

The FY25 HHS turnover rate was 17.2 percent, two percent higher than the statewide turnover rate for classified regular and part-time employees of 15.4 percent (refer to Table 4).^{2 3}

Table 4: HHS Workforce Turnover (FY23 – FY25)

Agency	FY23	FY24	FY25
HHS	21.4%	18.0%	17.2%
Statewide	18.7%	16.5%	15.4%

Of the two HHS agencies, HHSC experienced a higher turnover rate at 17.5 percent (refer to Table 5).

Table 5: Turnover by HHS Agency for FY25

Agency	Average Annual Headcount	Total Separations	Turnover Rate
HHSC	39,084	6,829	17.5%
DSHS	3,860	541	14.0%
HHS	42,944	7,370	17.2%

Of the FY25 separations, 70 percent were voluntary, and 29 percent were involuntary (refer to Table 6). 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 6: HHS Separations by Reason for FY25

Type of Separation	Reason	Separations	Percentage ⁴
Voluntary	Personal reasons	4,055	55.0%
Voluntary	Transfer to another agency	306	4.2%
Voluntary	Retirement	811	11.0%
Involuntary	Termination at Will	104	1.4%
Involuntary	Resignation in Lieu of Termination	133	1.8%
Involuntary	Dismissal for Cause	1,886	25.6%

Certain job families have higher turnover rates including Direct Support Professionals at 33.7 percent, Psychiatric Nursing Assistants at 25.5 percent, and Food Service Workers at 24.9 percent (refer to Table 7). The data in this table are a point-in-time

estimate from August 31, 2025. They do not reflect current turnover or vacancy rates as of the date of this publication.

Table 7: HHS Turnover by Job Family for FY25

Job Family	Average Annual Headcount	Separations	Turnover Rate
Direct Support Professionals	5,564	1,876	33.7%
Psychiatric Nursing Assistants	2,867	732	25.5%
Food Service Workers	894	223	24.9%
Laundry Workers	94	22	23.5%
Licensed Vocational Nurses (LVNs)	1,029	233	22.6%
Public Health Registered Nurses (RNs)	123	27	22.0%
Custodial Workers	676	148	21.9%
Human Services Technicians	53	11	20.9%
Medical Technologists	80	16	19.9%
Financial Examiners	56	11	19.8%
Project Managers	222	40	18.0%
Claims Examiners	319	57	17.9%
Purchasers	97	17	17.6%
Associate Psychologists	109	19	17.4%
Property Managers	86	15	17.4%
Auditors	98	17	17.3%
Registered Nurses (RNs)	2,232	386	17.3%
Occupational Therapists	59	10	16.9%
Security Workers	500	82	16.4%
Clerical Workers	3,000	476	15.9%
Information Specialists	64	10	15.6%
Human Services Specialists	6,668	1,036	15.5%
Resident Specialists	58	9	15.5%
Qualified Intellectual Disability Professionals	279	43	15.4%
Inventory Coordinators	124	19	15.4%
Groundskeepers	59	9	15.3%

Retirement Projections

As of August 31, 2025, 11 percent of the HHS workforce is potentially eligible to retire and leave state employment. Twenty-three percent of the current workforce could potentially retire in the next five years.⁵

Table 8 below shows the percentage and number of eligible first-time retirees across HHS. **Note:** These percentages do not include return-to-work retirees.

Table 8: HHS First-Time Retirement Eligible Projection (FY25 – FY30)

Agency	FY25	%	FY26	%	FY27	%	FY28	%	FY29	%	FY30	%
HHSC	664	1.8%	878	2.3%	962	2.5%	1,054	2.8%	1,178	3.1%	1,165	3.1%
DSHS	67	1.8%	97	2.7%	101	2.8%	91	2.5%	95	2.6%	86	2.4%
HHS	731	1.8%	975	2.3%	1,063	2.6%	1,145	2.8%	1,273	3.1%	1,251	3.0%

Losing this part of the workforce means HHS will lose experienced employees in important roles. Succession planning and employee development are essential to ensure qualified replacements for those leaving state service.

Critical Workforce Skills

Advances in technology, population growth, and changing service models are raising the need for well-trained staff.

It is important for HHS to recruit and hire individuals who have the expertise to design, implement, evaluate, and execute HHS programs and services. These necessary skills include:

- Analytics, assessment, and handling data management;
- Policy development and program planning;
- Effective communications;
- Basic public health sciences;
- Financial planning and management;
- Contract administration and management;
- Technical proficiency;
- Leadership and strategic guidance;
- Adaptability to changing needs and situations;
- Teamwork and collaboration; and
- Proactive problem-solving.

As HHS experiences a reduction in tenured staff, it is crucial to provide effective training to ensure current employees have the necessary skills to succeed.

To promote staff development and succession planning, HHS must continue to develop the skills and talents of its managers. HHS has shown commitment to leadership and continues to offer a formal leadership development program. This interagency training and mentoring initiative helps high-potential managers prepare for greater responsibilities. The main objectives of the initiative are to:

- Equip managers to handle greater and more varied roles and responsibilities;
- Provide opportunities for managers to gain insight into key management challenges;
- Enable managers to engage and contribute as they learn; and
- Foster a collaborative leadership culture across HHS.

Environmental Assessment

The Texas Economy

In Texas, the unemployment rate remained low at 4.3 percent in December 2025. The state added 132,500 jobs between December 2024 and December 2025, more than any other state, and outpaced the national annual job growth rate by half a percentage point. Looking ahead, wage growth is expected to remain strong in 2026, with a projected increase of 1.1 percent.^{6 7 8}

Population Growth

As the population of Texas grows and the number of residents qualifying for HHS services increases, HHS agencies need to continue recruitment and retention efforts to meet this growing need.

According to the United States Census Bureau, as of July 2025, the estimated population of Texas was over 31 million, which represents an 8.8 percent increase from the census count in 2020.⁹

Poverty in Texas

The U.S. Department of Health and Human Services defined the poverty level for 2025 according to household/family size as follows:

- \$32,150 or less for a family of four;
- \$26,650 or less for a family of three;
- \$21,150 or less for a family of two; and
- \$15,650 or less for an individual.¹⁰

It is estimated that 13.4 percent of Texas residents live in families with annual incomes below the poverty level. This rate is slightly higher than the national poverty rate of 10.6 percent.¹¹

Households or families with an annual income below the poverty level often face challenges in meeting basic needs, such as food and nutrition. This financial hardship increases their reliance on social services, including food and nutrition assistance

programs. As poverty rates rise, the demand for such assistance grows, making these social services essential for supporting vulnerable populations.

Expected Workforce Challenges

For the purpose of expected workforce challenges, HHS focused on positions that are mission critical, difficult to recruit for and/or retain, or are experiencing other challenges as reported by the targeted program area. The major job categories highlighted in Table 9 represent certain positions and skill sets that are vital to fulfilling the mission of the HHS agencies. These roles are integral to the successful delivery of health and human services across the state.

People working in these vital job roles play an important part in delivering services to Texans, helping to meet the community's needs in an effective and efficient way. The continued recruitment and retention of professionals in these positions are crucial for HHS to maintain its commitment to serving the public.

A review of HHS job families shows that, within various program areas, some job families and positions that are related to delivery of essential services are facing recruitment and retention challenges.

Table 9 provides a detailed overview of these jobs, highlighting key metrics such as the number of employees, average salary, turnover rate, vacancy rate, average days vacant, and the percentage of staff eligible for retirement within the next five years. This data highlights the workforce challenges that need specific strategies to maintain consistent service delivery and organizational stability.

Notes:

- Table 9 lists only those HHS program area jobs with at least 10 filled positions and either a turnover rate above 15 percent and/or a vacancy rate exceeding 10 percent.
- The data used for this analysis are a point-in-time estimate from August 31, 2025. As such, they do not reflect the vacancy or turnover rates as of this publication.

Table 9: HHS Targeted Job Families Review for FY25 ¹²

Job Family	Number of Employees	Average Salary	Turnover Rate	Vacancy Rate	Average Days Vacant	Percent Retirement Eligible in Next Five Years
Direct Support Professionals at States Supported Living Centers (SSLCs) within HHSC Chief Program and Services Officer (CPSO) Division	4,970	\$43,683	33.9%	10.1%	101	12.6%
Psychiatric Nursing Assistants at State Hospitals (SHs) within HHSC CPSO Division	2,592	\$44,043	26.2%	9.5%	94	12.2%
Nurse I-Vs at SSLCs and SHs within HHSC CPSO Division	1,187	\$90,135	20.2%	10.6%	126	19.6%
Eligibility Advisor Is within HHSC CPSO Division	1,171	\$38,268	38.4%	19.0%	102	1.3%
Licensed Vocational Nurses at SSLCs and SHs within HHSC CPSO Division	925	\$61,314	22.9%	13.5%	185	21.7%
Medical Eligibility Specialists within HHSC CPSO Division	625	\$45,876	16.1%	6.7%	94	13.4%
Food Service Workers at SSLCs within HHSC CPSO Division	488	\$40,630	26.0%	7.4%	128	25.0%
Community Care Worker I-IIIs in Community Services (CS) within HHSC CPSO Division	411	\$41,268	24.5%	5.1%	37	23.4%
Food Service Workers at SHs within HHSC CPSO Division	313	\$40,558	21.3%	8.2%	51	25.6%
Custodian I-IIIs at SSLCs within HHSC CPSO Division	305	\$36,627	16.1%	6.4%	101	38.0%
Custodian I-IIIs at SHs within HHSC CPSO Division	277	\$35,719	29.9%	8.3%	102	24.9%
Nurse IIIs in Regulatory Services within HHSC Chief Policy and Regulatory Officer (CPRO) Division	243	\$89,936	18.1%	7.3%	137	29.6%
Program Specialists in DSHS Community Health Improvement (CHI) Division	162	\$63,057	16.1%	13.4%	91	22.8%
Purchasers in Procurement and Contracting Services (PCS) within the HHSC Chief Operating Officer (COO) Division	91	\$61,826	17.6%	7.1%	125	31.9%

Job Family	Number of Employees	Average Salary	Turnover Rate	Vacancy Rate	Average Days Vacant	Percent Retirement Eligible in Next Five Years
Information Technology Business Analyst I-IVs within the HHSC Chief Information Officer (CIO) Division	90	\$89,627	14.1%	8.2%	77	31.1%
Environmental Protection Specialist I-Vs within DSHS Consumer Protection (CP) Division	85	\$65,280	10.3%	16.0%	83	27.1%
Microbiologist I-Vs within DSHS Public Health Laboratory (PHL) Division	78	\$61,729	14.2%	12.4%	113	9.0%
Chemist I-Vs within DSHS PHL Division	72	\$65,823	10.7%	14.3%	100	11.1%
Guardianship Specialist I-IIIs in CS within HHSC CPSO Division	65	\$53,860	13.2%	8.5%	63	26.2%
Public Health Nurses within DSHS Regional and Local Health Operations (RLHO) Division, Regions 1, 5/6, 8, 9/10, and 11	55	\$73,054	28.0%	17.9%	52	18.2%
Molecular Biologist III-Vs within DSHS PHL Division	55	\$71,376	6.9%	14.1%	80	9.1%
Vehicle Driver IIIs in Facility Operations Support Services within HHSC COO Division	38	\$36,530	19.9%	7.3%	163	26.3%
Manager I-IVs within the DSHS CHI Division	37	\$76,556	19.3%	9.8%	105	21.6%
Physician II-IVs at SSLCs within HHSC CPSO Division	36	\$283,020	13.5%	10.0%	354	36.1%
Medical Technologist I-Vs within DSHS PHL Division	35	\$62,060	13.1%	12.5%	41	34.3%
Director IIIs and VIs within HHSC CIO Division	27	\$156,832	22.4%	6.9%	152	48.2%
Physician II-IVs at SHs within HHSC CPSO Division	26	\$263,202	11.3%	13.3%	181	26.9%
Data Analyst IV and Vs in Data Analytics and Performance within HHSC CPRO Division	36	\$88,577	8.2%	14.3%	45	0.0%
Program Specialist II-IVs within DSHS RLHO Division, Regions 1, 8, and 9/10	30	\$56,063	6.3%	11.8%	75	26.7%
Program Specialist I-VIIs within DSHS PHL Division	23	\$67,202	23.8%	11.5%	24	39.1%

Job Family	Number of Employees	Average Salary	Turnover Rate	Vacancy Rate	Average Days Vacant	Percent Retirement Eligible in Next Five Years
Program Specialist IVs in Civil Rights Office within HHSC COO Division	23	\$59,974	20.2%	11.5%	244	34.8%
Social Worker I-IVs at SSLCs within HHSC CPSO Division	23	\$69,055	16.5%	8.0%	122	43.5%
Data Scientists within HHSC Office of Inspector General (OIG)	22	\$84,839	23.0%	0.0%	0	4.6%
Epidemiologists within DSHS CHI Division	22	\$75,424	8.7%	12.0%	96	4.5%
Administrative Assistant IIs (Data Entry Operators) within DSHS PHL Division	20	\$42,392	22.7%	13.0%	33	30.0%
Psychiatrists at SSLCs within HHSC CPSO Division	19	\$292,225	15.2%	9.5%	243	36.8%
Nurse II-IVs within DSHS CHI Division	19	\$72,847	10.3%	13.6%	77	31.6%
Contract Manager I-IIs in PCS within HHSC COO Division	19	\$102,773	9.9%	17.4%	30	21.1%
Public Health Prevention Specialists within DSHS RLHO Division, Region 5/6	17	\$51,173	10.5%	15.0%	125	11.8%
Financial Analyst II-IVs in Compliance and Quality Control within HHSC CPRO Division	13	\$79,191	16.0%	7.1%	364	15.4%
Psychologist I-IIIs at SHs within HHSC CPSO Division	13	\$122,348	26.0%	13.3%	257	38.5%
Financial Analyst III-IVs within HHSC CIO Division	13	\$88,700	23.1%	0.0%	0	53.9%
Program Managers in CS within HHSC CPSO Division	12	\$65,883	15.1%	7.7%	36	83.3%
Management Analyst II-IVs within HHSC CIO Division	10	\$76,870	8.7%	44.4%	102	30.0%

Strategies to Meet Workforce Challenges

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

Recruitment Strategies Across Program Areas

- Use social media, HR hiring platforms, and electronic job boards. Including industry-specific and professional associations with job boards.
- 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.
- Generate applicants through the Texas Workforce Commission (TWC) for Veterans Services and part-time workers.
- Promote, post, and hire from within.
- Use public engagement and offline marketing tools to target specific job openings.
- Create a job fair toolkit supporting the ability to interview on-the-spot.
- Promote and share the benefits of state employment.
- 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.
- Increase industry visibility to skilled professionals by having department leaders represent the agency at state and industry conferences.
- Build talent pipelines for certain hard-to-fill or critical roles.
- 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, benefit references, and to ensure accurate applicant screening criteria are listed on postings.
- Collaborate with the Human Resources Talent Acquisition Office to have job openings spotlighted at job fairs.

- Train hiring managers on the processes of applicant selection, interviewing, and onboarding.
- Streamline interviews for proper applicant feedback and to reduce hiring time.
- 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 help address and better align salaries with market pay.
- Consider the size and structure of HHS to develop a unique approach to compensation.
- Promote work life balance.
- 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.
- Improve the naming convention of job titles on postings by including the working title, rather than a generic one.
- Post jobs multiple times to raise listings back to the top of the search list if no qualified applicants apply.
- Explore "return-ships," professionals with significant work history who want to re-enter the workforce.
- Emphasize experience over formal education where appropriate, expanding the applicant pool.
- Encourage existing staff to share job postings to encourage recruitment of qualified candidates.
- Implement a Disaster Volunteer Management Program to introduce volunteers to the department and the job opportunities available.
- 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 help prepare them to become future employees.
- Resume the DSHS Public Health Fellowship Program.

- Develop a paid summer internship with the University of Texas (UT) Biotech Skill Up program for students seeking laboratory careers upon graduation, which provides interns with hands-on experience during an eight-week rotation at the DSHS Laboratory.
- Advertise the Public Service Loan Forgiveness (PSLF) program to potential applicants by highlighting that HHS agencies are qualifying employers and provide information regarding PSLF program requirements to new employees.

Retention Strategies Across Program Areas

- Continue robust employee appreciation events, recognition, and awards programs.
- 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 program-specific initiatives and other HHS leadership programs.
- Focus on internal promotions as an avenue for career advancement.
- Strengthen employee connection and engagement efforts.
- Educate staff on the PSLF 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.
- Solicit process-improvement ideas from team members and create opportunities to collaborate in workgroups to develop and implement process-improvement initiatives.
- Actively evaluate workload levels and staffing needs to ensure the division can effectively support the agency's data-driven goals.
- Encourage leadership to conduct weekly or bi-weekly one-on-ones with direct reports.
- Continue to regularly evaluate and balance employee workloads to ensure effective distribution of responsibilities.

- 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.
- Develop a succession planning framework.
- Develop mentoring, coaching, and job shadowing programs.
- Cross train staff to help prepare 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 workgroup meet ups, and cross department workgroups.
- 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.
- Develop a standardized division and/or agency-wide New Employee Orientation (NEO) to improve retention and engagement.
- 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.
- Add team lead roles and reclassify positions to better align work and roles and provide backup for managers.
- Audit positions to accurately reflect job duties during disaster activation.
- 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 supported living centers.
- Use the Creative Ideas Portal to allow staff members to submit process improvements ideas.
- Advocate for additional staff when workloads are challenging.

- Track turnover in roles that are historically difficult to retain.
- Monitor turnover metrics before and after implementation of new strategies, with a focus on critical and high-turnover roles.

References

- ¹ Data source for Section 3, Workforce Demographics: HHS Centralized Accounting and Payroll/Personnel System - Human Capital Management (CAPPS-HCM) as of 8/31/23, 8/21/24, and 8/31/25. Note: Percentage totals may not equal 100% due to rounding.
- ² Data source for Section 4, Turnover: HHS CAPPS-HCM for FY 2023-2025. Note: Legislative transfers are not considered separations.
- ³ State Auditor's Office, "Classified Employee Turnover for Fiscal Year 2025," February 2026 Report No. 26-703 web page <https://sao.texas.gov/reports/main/26-703.pdf>, last accessed 3/03/26. 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.
- ⁴ Death accounted for 1.0% of separations (76 separations).
- ⁵ Data source for Section 5, Retirement Projections: HHS CAPPS-HCM as of 8/31/25, 8/31/24, 8/31/23. Note: Retirement estimations include return-to-work retirees.
- ⁶ U.S. Facts. Retrieved March 17, 2026, from <https://usafacts.org/answers/what-is-the-unemployment-rate/state/texas/>.
- ⁷ Economic News Release. U.S. Bureau of Labor Statistics. Retrieved March 17, 2026, from <https://www.bls.gov/news.release/laus.nr0.htm>.
- ⁸ Texas Employment Forecast. Federal Reserve Bank of Dallas. Retrieved March 17, 2026, from <https://www.dallasfed.org/research/forecast/2026/emp260206>.
- ⁹ U.S. Census Bureau QuickFacts: Texas. Census Bureau QuickFacts. Retrieved January 12, 2026, from <https://www.census.gov/quickfacts/TX>.
- ¹⁰ 2025 Poverty Guidelines. ASPE. Retrieved January 12, 2026, from <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2025-poverty-guidelines-computations>.
- ¹¹ U.S. Census Bureau QuickFacts: Texas. Census Bureau QuickFacts. Retrieved January 12, 2026, from <https://www.census.gov/quickfacts/TX>.
- ¹² Agency divisions listed in Table 9 reflect HHS organizational structure during fiscal year 2025.

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 2026 Report on Customer Service, found on the following pages, was compiled by the DSHS Office of Compliance and System Coordination, in compliance with the Texas Government Code Section 2114.002.



2026 DSHS Report on Customer Service

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

**Texas Health and Human Services
June 1, 2026**



TEXAS
Health and Human
Services

Texas Department of
State Health Services

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Table of Contents

Executive Summary	4
1. Introduction	5
2. Survey Methods.....	6
3. DSHS Customer Service Survey	7
DSHS Customer Service Survey Results	7
Additional Performance Measures	13
Survey Implications	14
4. Survey Limitations & Potential Improvements	15
5. Conclusion.....	17
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 C. Measure Specifications	39
Appendix D. Previous Reports on Customer Service.....	43
Appendix E. DSHS Supplement.....	44
Distribution of Respondents.....	44
Satisfaction by Service Element	46
Additional Performance Measures	56
List of Acronyms	64
References	67

Executive Summary

The “2026 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 efforts of the Department of State Health Services (DSHS) during the State Fiscal Year (SFY) 2024 and SFY 2025 reporting period (September 2023 to August 2025).

The DSHS mission is “A Healthy Texas.” In pursuit of this mission, DSHS administered online surveys to DSHS customers to assess satisfaction with several elements of customer service. This report summarizes the 659 responses from the DSHS surveys. Overall, the majority of respondents expressed positive or neutral opinions. Customers were most satisfied with DSHS’ agency staff and facilities but noted the complaint process as an area for improvement. Further, satisfaction varied across respondent types. Among DSHS respondents, interns, fellows, medical residents, and volunteers were most satisfied, while service recipients and their parents/guardians were relatively less satisfied.

1. Introduction

The “2026 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 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 2024, the OOG’s Budget and Policy Team and the LBB published *Instructions for Preparing and Submitting Agency Strategic Plans* for SFYs 2025-2029. These instructions specify a set of eight standardized questions (see Appendix B) and four types of performance measures (see Appendix C).

Government Code §2114.006 directs agencies and institutions of higher education to develop customer service standards and implement customer satisfaction assessment plans. Health and Human Services (HHS) customer service standards can be found on the Compact with Texans website.¹ The biennial DSHS 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 D). The 2024 HHS Report on Customer Service implemented a new approach defined by OOG/LBB guidance by summarizing findings from two online customer service surveys, one for each agency in the Texas HHS System (DSHS and HHSC). The surveys were developed using the OOG/LBB-required questions. The 2026 DSHS Report on Customer Service continues to follow this directive by administering the same online customer service surveys during the SFY 2024-2025 reporting period. Overall, most respondents expressed positive opinions about each agency.

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

2. Survey Methods

The DSHS Customer Service Survey included general background questions² and the eight standardized questions specified by the OOG and LBB. Appendix B shows the standardized questions, as well as the full text from the DSHS Customer Service Survey.

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 to 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 B lists the webpages through which individuals could access each survey. The Customer Service Surveys were posted twice during SFY 2024 and 2025 (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 Customer Service Survey

SFY	Survey Posting	DSHS (N)
2024	8/1/2024-9/3/2024 ¹	383
2025	8/1/2025-9/2/2025 ²	276

Notes. ¹ The SFY 2024 survey posting was not removed until September 3, 2024, due to the Labor Day holiday. DSHS excluded September 2024 responses from SFY 2024 data analysis to be consistent with previous data collection periods. ² The SFY 2025 survey posting was not removed until September 2, 2025, due to the Labor Day holiday. DSHS excluded September 2025 responses from SFY 2025 data analysis because they were collected outside of the SFY 2024 to SFY 2025 reporting period. SFY=State fiscal year (September to August); DSHS=Department of State Health Services; N=Sample size.

² Minor changes were made to the background questions in the SFY 2024-2025 Customer Service Surveys (as compared to the SFY 2022-2023 iteration) to reflect common program names with which respondents could more accurately identify.

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 659 individuals responded to the DSHS Customer Service Survey in SFY 2024-2025, 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 SFY 2024-2025, as well as projected estimates for SFY 2026. The total Texas population serves as the measure of customers served because the agency administers programs that collectively reach all Texans, including public health functions that serve the entire population by design. Across SFY 2024 and SFY 2025, 1,440 individuals initiated the DSHS Customer Service Survey, and of those, 659 completed the survey. The average response rate across both SFYs was approximately 47 percent.

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

Measure	Measure Specification ¹	SFY 2024	SFY 2025	Projected SFY 2026
Total customers served ²	Estimated total population of Texas ³	31,290,831	31,572,300	32,046,803
Total customers surveyed	Number of individuals who clicked on the survey link ⁴	897	543	900
Total customers surveyed who responded to the survey	Number of individuals who answered at least one question ⁴	383	276	400
Response rate	Percentage of individuals who clicked survey link that responded to the survey	42.7%	50.8%	44.4%

Notes. ¹ Additional details on measure specifications are provided in Appendix C. ² Total customers served is defined by OOG/LBB guidance as the "total number of customers receiving services through

the agency’s programs.” The specific number of individuals directly served by the HHS system (DSHS and HHSC) is not actively tracked given the complexity and multitude of programs offered. ³ Texas population estimates (Texas Demographic Center, 2025a) and projections (Texas Demographic Center, 2025b) were obtained from the Texas Demographic Center and reflect calendar years. Specifically, population estimates use the Vintage 2024 Population Estimates and the population projection uses the Population Projection Estimate V2024: Mid Migration Scenario. The Mid Migration Scenario assumes the U.S. and Texas migration patterns remain similar to the past two decades. ⁴ 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 SFYs. Source: DSHS Customer Service Survey, SFY 2024-2025. Prepared by: DSHS Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State 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 (see Table 3).

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

Measure	Measure Specification ¹	SFY 2024	SFY 2025	Projected SFY 2026
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 C. DSHS=Department of State Health Services; SFY=State 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 36 percent of respondents in SFY 2024 and 43 percent of respondents in SFY 2025 (39 percent across the two years) were satisfied with DSHS services (see Table 4).

Table 4. Outcome Measure for the DSHS Customer Service Survey

Measure	Measure Specification¹	SFY 2024 (N=274)	SFY 2025 (N=206)	Projected SFY 2026
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.	36.1% ²	42.7% ³	40.0%

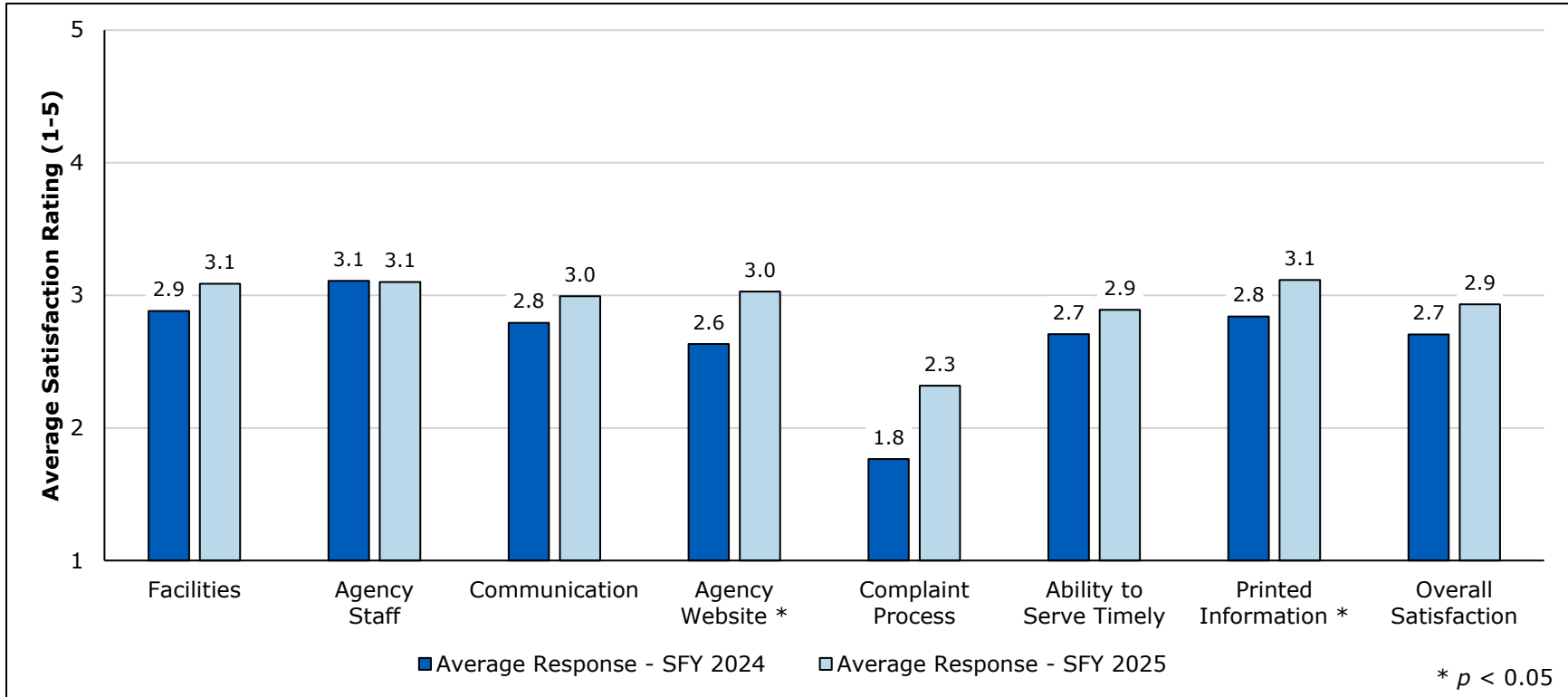
Notes. ¹ Additional details on measure specifications are provided in Appendix C. Sample size reflects the total number of respondents who responded to this question. ² Complete satisfaction results for SFY 2024 are provided in Appendix E. ³ Complete satisfaction results for SFY 2025 are provided in Appendix E. Source: DSHS Customer Service Survey, SFY 2024-2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

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 and SFY. 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' agency staff, facilities, and printed information, and least satisfied with DSHS' complaint handling process. Appendix E shows the sample size for each service element by SFY and presents results for separate components within each service element. From SFY 2024 to SFY 2025, there was a statistically significant increase³ in average customer satisfaction with the agency website and printed information.

³ DSHS used a two-tailed t-test to determine if there were significant differences in customer satisfaction for each service element between survey years.

Figure 1. Average Satisfaction with DSHS, by Service Element and SFY



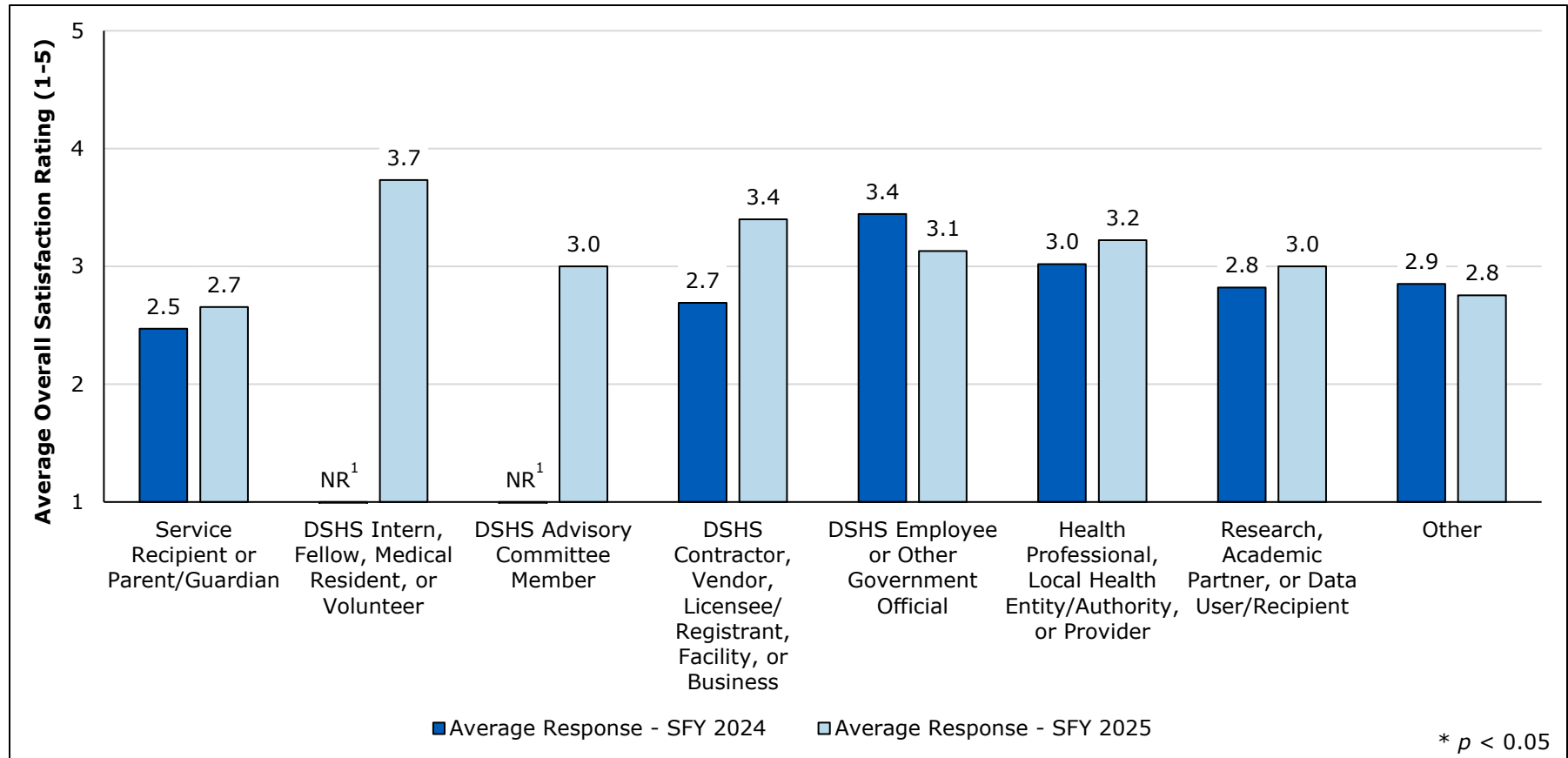
Notes. Satisfaction ranges from 1=Very Unsatisfied to 5=Very Satisfied. The sample size differs across the eight service elements because skip logic was used to selectively present questions to respondents based on their interactions with DSHS in the past year (see Appendix E). DSHS used a two-tailed t-test to determine if there were significant differences in customer satisfaction for each service element between survey years. Source: DSHS Customer Service Survey, SFY 2024-2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August).

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 and SFY. Sample sizes for each respondent type are provided in Appendix F. The 'DSHS Intern, Fellow, Medical Resident, or Volunteer' respondent category had the highest overall satisfaction score, followed by the 'DSHS Employee or Other Government Official' category.

In addition to using the pre-determined responses for respondent type, respondents could also select the "Other" option and provide a custom written response. DSHS reviewed all survey responses for those who selected "Other" and provided comments in the open-response field. Based on the information contained in those comments, DSHS determined whether sufficient detail was provided to accurately reclassify the "Other" respondent into one of the survey's pre-determined respondent types. When appropriate, DSHS updated the respondent's classification and removed them from the "Other" category to ensure more accurate reporting

Figure 2. Overall Satisfaction with DSHS, by Respondent Type and SFY



Notes. Satisfaction ranges from 1 = Very Satisfied to 5 = Very Satisfied. Sample size differs across respondent types (see Appendix E). 1 The 'DSHS Intern, Fellow, Medical Resident, or Volunteer' (N = 3, SFY 2024) and 'DSHS Advisory Committee Member' (N = 1, SFY 2024) respondent types are consolidated with 'DSHS Employee or Other Government Official' respondent type for SFY 2024 calculations due to low sample size; the sample size for both respondent types was acceptable (N > 10) to calculate overall satisfaction rate in SFY 2025. Source: DSHS Customer Service Survey, SFY 2024-2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS = Department of State Health Services; SFY = State fiscal year (September to August); NR = Not Reported.

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 (see 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 SFY

Measure	Measure Specification ¹	SFY 2024	SFY 2025	Projected SFY 2026
Total customers identified	Estimated total population of Texas ²	31,290,831	31,572,300	32,046,803
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 C. ² Texas population estimates (Texas Demographic Center, 2025a) and projections (Texas Demographic Center, 2025b) were obtained from the Texas Demographic Center and reflect calendar years. Specifically, population estimates use the Vintage 2024 Population Estimates and the population projection uses the Population Projection Estimate V2024: Mid Migration Scenario. The Mid Migration Scenario assumes the U.S. and Texas migration patterns remain similar to the past two decades. DSHS=Department of State Health Services; SFY=State 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 E.

- In SFY 2024 and 2025, an average of 88 percent 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 SFY 2024 and 2025, 93.5 percent 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 SFY 2024 and 2025, an average of 88 percent of entities surveyed who met with a DSHS Radiation inspector indicated if deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.
- In calendar years 2024 and 2025, an average of 95.5 percent of customers surveyed that used DSHS Public Health Laboratory services expressed satisfaction with the timeliness of services or information DSHS provided.
- In SFY 2025, 100 percent of tuberculosis regional clinics surveyed indicated that they received lab reports from the South Texas Laboratory in a timely manner, and 99 percent indicated that they received above average or well above average on-time delivery of service.

Survey Implications

Results from the DSHS Customer Service Survey demonstrate that an average of 39 percent of all respondents across SFY 2024 and SFY 2025 are satisfied with DSHS, and an average of 17 percent expressed neutral opinions. Across SFY 2024 and 2025, respondents were most satisfied with DSHS' agency staff, facilities, and printed information, and least satisfied with DSHS' complaint handling process.

DSHS will use the results of this survey to inform its customer and consumer activities and to consider future benchmarks for customer service satisfaction. 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. Additional ideas for improvement to subsequent iterations of the Customer Service Survey are presented in the larger Survey Limitations & Potential Improvements section on page 15.

4. Survey Limitations & Potential Improvements

The DSHS Customer Service Survey adheres to the OOG and LBB's standardized method of measuring customer service and is representative of DSHS' expansive customer base. The use 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 Survey should be interpreted alongside several key limitations.

First, the 659 survey respondents are only a small portion of the individuals served by DSHS and HHSC 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 surveys were anonymous, DSHS is unable to 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 surveys may leverage existing communication channels and additional solicitation methods, such as GovDelivery email distribution lists and social media campaigns, to expand reach and improve generalizability.

Second, it is unknown whether the opinions expressed by respondents reflect stable attitudes or are temporary reflections of historical and environmental factors. If the current survey approach is continued for the 2028 Report on Customer Service, DSHS can investigate whether certain findings persist.

Third, many respondents answered 'Other' to the survey items about respondent type and services received. For future reporting, DSHS will consider enhancing survey response options to accommodate a wider range of customer groups and easily identifiable response options. DSHS could also work to identify and reach additional customer groups that may not be aware of the opportunity to provide feedback. This change would offer more specific 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. Selection bias is an

additional threat to validity for the DSHS Customer Service Survey. For example, individuals may be more likely to visit agency webpages and encounter the survey when they are experiencing a problem or concern with services; as a result, survey responses may disproportionately reflect negative point in time experiences instead of overall attitudes towards programs and services. Distributing the survey through additional channels, as previously mentioned in this section, could help capture feedback from customers with a broader range of experiences and reduce over-representation from those who may be actively experiencing a problem or concern with services.

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.

5. Conclusion

The 2026 DSHS Report on Customer Service describes the results of 659 survey responses from the DSHS Customer Service Survey during the SFY 2024-2025 reporting period. Overall, approximately forty percent of respondents were satisfied with DSHS, and another sixteen percent held neutral responses about the agency. Respondents were most satisfied with DSHS' agency staff and facilities. The surveys also identified some opportunities for improvement, such as the complaint handling process.

DSHS obtained feedback from a diverse group of customers. Respondents included service recipients and guardians; health professionals; employees, interns, and volunteers; advisory committee members; researchers; and contractors and other businesses. Satisfaction varied across respondent types. Among DSHS respondents, the intern, fellow, medical resident, or volunteer customer group was most satisfied across SFY 2024 and SFY 2025; service recipients and their parents/guardians, by contrast, were least satisfied in SFY 2024, but experienced a slight increase in satisfaction by SFY 2025.

DSHS also reported additional performance measures that indicated satisfaction with specific programs and adherence to wait time standards.

Appendix A. Customer Inventory for DSHS

Services Provided to Customers by Budget Strategy⁴

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>Local, State, and Federal Agencies: DSHS coordinates with local health departments (LHDs); local health authorities (LHAs); city and county officials; Regional Advisory Councils; laboratories and laboratory response networks; first responders; law enforcement; environmental, veterinary, and agricultural laboratories and professionals ; hospitals; and healthcare systems; local school districts; institutions of higher education, Texas Division of Emergency Management; Health and Human Services Commission; Federal Emergency Management Agency; Administration for Strategic Preparedness and Response; and Centers for Disease Control and Prevention.</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 provide the infrastructure, leadership and coordination of public health services in the 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>

⁴ As listed in DSHS Strategic Plan 2027–2031, Part 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 who 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 who 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 Texas residents and policymakers. DSHS shares the aggregated data with a diverse group of users and stakeholders who contribute to the prevention and control of diseases and conditions, and improve diagnoses, treatment, survival, and quality of life for 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. Department of Health and Human Services (DHHS) Office of Global Affairs, 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 report the burden of health conditions. DSHS may also use this data for community health assessments, public health planning, and to make 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, Department of Family and Protective Services, 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 overvaccination. 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 and ASN program operations. As an RE, the local health departments (LHDs) are the direct point of contact for TVFC and 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 Texas Medical Association, Texas Pediatric Society, Texas Hospital Association, Texas Pharmacy Association, Texas Organization for Rural and Community Hospitals, Texas Association of Community Health Centers, Texas Academy of Family Physicians, Texas Nurses Association, Texas School Nurses Association, parents, schools, local health departments, healthcare providers, 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, Texas Higher Education Coordination Board, Department of Family and Protective Services and Health and Human Services Commission 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 Texans. DSHS also provides ambulatory healthcare and supportive services to people living with HIV through contracted providers. DSHS contracts with local health departments (LHDs) and community-based organizations 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 contracts with local governments to notify and link to medical care for persons diagnosed with HIV and high priority STDs. DSHS provides assistance to ensure that partners of persons newly diagnosed with HIV and high priority STDs are notified and offered testing services. DSHS provides capacity building, technical assistance, and training services to LHDs providing 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- and STD-specific strategic planning tools, and with best practices to support the creation of HIV and STD prevention and services action plans.</p> <p>Community-Based Organizations: DSHS provides capacity building, technical assistance, and training services to contracted providers providing HIV and 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. DSHS also provides phone consultations 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 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 the Texas Commission on Jail Standards to uphold TB standards for jails statutorily required to maintain TB screening program. DSHS collaborates with the 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 people for TB, reporting, and patient management activities.</p> <p>Contracted Providers: DSHS contracts with laboratories, hospital, and local health departments to provide diagnostic services, pediatric inpatient care, and outpatient care services respectively. DSHS partners with Heartland National TB Center, a training and medical consultation center, to provide training to healthcare professionals, including expert medical consultation services to treat medically complex cases. DSHS contracts with vendor organizations, such as courier and patient location services, to facilitate the delivery of patient care. 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>Texas Residents: Through the Texas Center for Infectious Disease (TCID), DSHS provides inpatient and outpatient hospital services for tuberculosis and Hansen’s disease.</p> <p>Other Local, State and Federal Partners: Local health departments, local health authorities, DSHS Public Health Regions, county officials, local community members and volunteers, University of Texas Health Science Center at Tyler, Health and Human Services Commission, law enforcement, hospitals and medical providers, academic programs from institutions of higher education, other states contracted with DSHS with residents in need of inpatient TB services, Joint Commission, and Centers for Medicare and Medicaid Services.</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, the Cancer Alliance of Texas, Texas Asthma Control Collaborative, School Health Partnership, and Community Health Worker Partnership.</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 Cancer Prevention and Research Institute of Texas on cancer-related activities. DSHS works with state agency worksite wellness coordinators to implement health promotion and wellness activities in Texas state agencies.</p>

Budget Strategy	Stakeholder Groups/ Services Provided
<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, 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; and state institutions of higher education 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, Texas Hospital Association, Texas Medical Association, 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 the Policy Council for Children and Families and the Texas Council for Developmental Disabilities.</p> <p>DSHS also 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 Transition to Adulthood Learning Collaborative and participates in the statewide Community Resource Coordination Group (CRCG).</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>

Budget Strategy	Stakeholder Groups/ Services Provided
<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>

Budget Strategy	Stakeholder Groups/ Services Provided
<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>
<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 Texas.gov.</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	N/A
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 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 SFY 2024 and 2025, the DSHS Customer Service Survey was posted on every DSHS webpage. DSHS=Department of State Health Services; SFY=State 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. Other – Please describe
2. Which of the following DSHS programs or services do you or your family currently participate in or receive? (Select all that apply)
- A. Licensing and regulation, certifications, and inspections [EMS, Environmental, Tattoo, Asbestos, Radiation, Food/Drug]
 - B. Public health laboratory testing [Newborn screening]
 - C. Birth and death certificates [Vital statistics]
 - D. Community health promotion programs [Oral Health, School Health, Tobacco Quitline, Texas Health Steps, Diabetes Prevention and Control, Children with Special Health Care Needs]
 - E. Maternal and child health programs [Smiles for Moms and Babies, Help Me Grow Texas, Healthy Texas Mothers and Babies, Breastfeeding Support/Texas Mother-Friendly, TexasAIM]
 - F. Border public health programs [Binational Tuberculosis, Oral Rabies Vaccination, Rio Grande Valley Border Health Coalition-CHOICES, Community Health Workers]
 - G. Public health data [Texas Public Health Data website, Texas Behavioral, Risk Factor Surveillance System]
 - H. Adult and child immunization programs [Texas Vaccines for Children Program, DSHS Adult Safety Net Program, School Immunization Exemptions]
 - I. Infectious disease programs [HIV/STD Prevention and Treatment, Texas HIV Medication Program, Ryan White HIV/AIDS Program, TB program, TCID services]
 - J. Emergency/Disaster preparedness and response [Emergency Alert Services, Disease Outbreaks, Natural Disasters]
 - K. Administrative services [Grants training, fiscal monitoring, contract management]
 - L. Other – Please describe
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 C. 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. Table 8 shows 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; HHS 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 of all Texas residents through services provided by DSHS and HHSC (Texas Department of State Health Services, 2024); (Texas Health and Human Services Commission, 2024). 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, 2024), 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 Department of State Health Services, 2024); (Texas Health and Human Services Commission, 2024). 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, 2024), 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. ⁵

⁵ <https://www.hhs.texas.gov/about/records-statistics/data-statistics>

Appendix D. 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 and began summarizing findings from a range of existing agency surveys designed to assess customer satisfaction for specific agency programs and services. 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. This process was repeated for the 2014-2022 iterations of the Report on Customer Service.

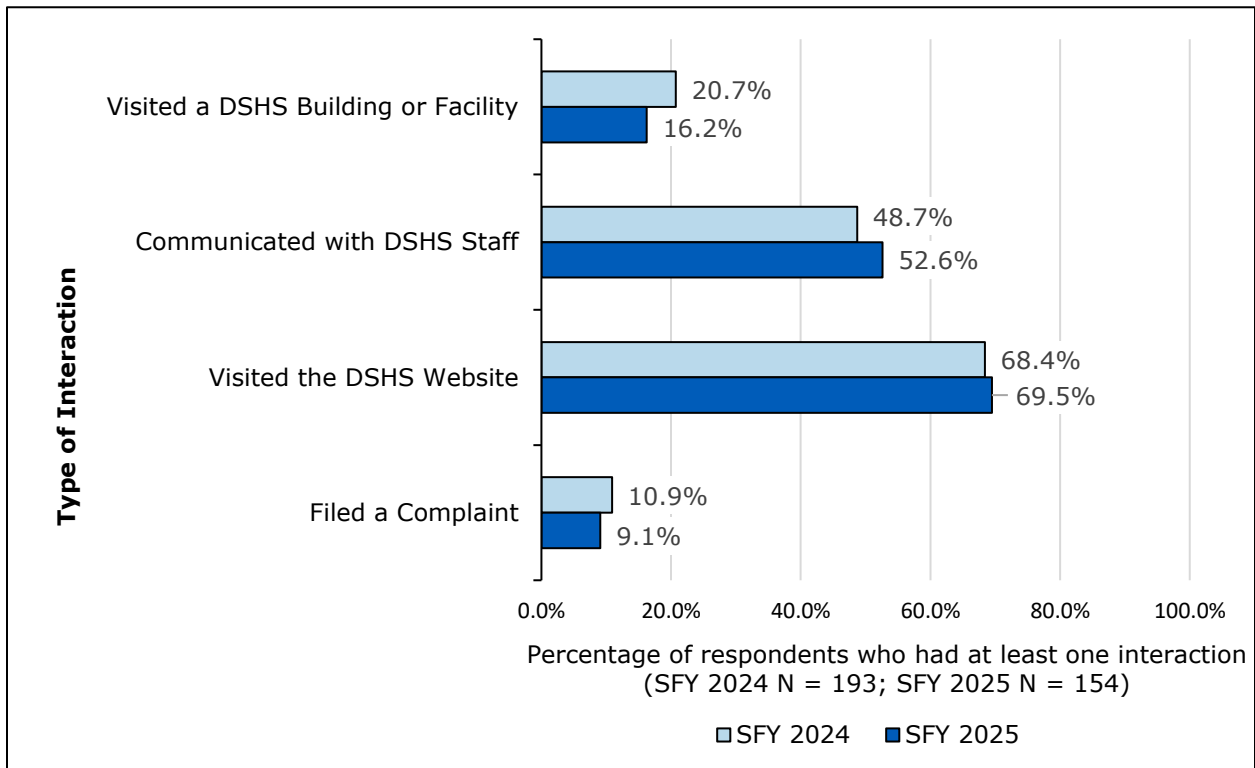
The 2024 Report on Customer Service followed updated OOG and LBB guidance by administering customer surveys with required standardized questions, as well as results from customer surveys administered by programs in DSHS and HHSC. While the program specific customer surveys are no longer used for the HHS Report on Customer Service, they remain ongoing, as their program specific design best positions them to support and guide program monitoring efforts for individual HHS programs. The program-specific nature of these individual surveys presented challenges in aligning their survey material with the new OOG/LBB guidance. Both DSHS and HHSC, which are still part of the HHS system, continue to follow the OOG/LBB guidance in the 2026 Report on Customer Service.

Appendix E. DSHS Supplement

Distribution of Respondents

Interactions with DSHS

Figure 3. Percentage of DSHS Respondents, by Type of Interaction and SFY



Notes. In response to survey question 3, respondents could have interacted with DSHS in multiple ways, so percentages will not sum to 100 percent. Source: DSHS Customer Service Survey, SFY 2024-2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

Respondent Type

Table 12. Number of DSHS Respondents who Indicated Their Overall Satisfaction with DSHS, by Respondent Type and SFY

Respondent Type	SFY 2024 (N = 383)	SFY 2025 (N = 276)	Total (N = 659)
Service Recipient or Parent/Guardian of Service Recipient	156	93	249
Health Professional, Local Health Entity/Authority, or Provider	42	36	78
Researcher, Academic Partner, or Data User/Recipient	11	18	29
DSHS Employee or Other Government Official	14	13	27
DSHS Contractor, Vendor, Licensee, Facility, or Business	16	25	41
DSHS Intern, DSHS Fellow, DSHS Medical Resident, or DSHS Volunteer	3	15	18
DSHS Advisory Committee Member	1	10	11
Other	52	49	101

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. Due to low sample sizes in SFY 2024 for 'DSHS Intern, DSHS Fellow, DSHS Medical Resident' (N=3) and 'DSHS Advisory Committee Member' (N=1), the scores for overall satisfaction with DSHS for survey question 10 for both groups were consolidated into the 'DSHS Employee or Other Government Official' respondent type for SFY 2024 in Figure 2. Source: DSHS Customer Service Survey, SFY 2024-2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

Service Element

Table 13. Number of DSHS Respondents, by Service Element and SFY

Service Element	SFY 2024 (N = 383)	SFY 2025 (N = 276)	Total (N = 659)
Facilities	33	23	56
Agency Staff	76	69	145
Communication	282	210	492
Agency Website	104	95	199
Complaint Process	17	11	28
Ability to Timely Serve	239	181	420
Printed Information	220	172	392
Overall Satisfaction	274	206	480

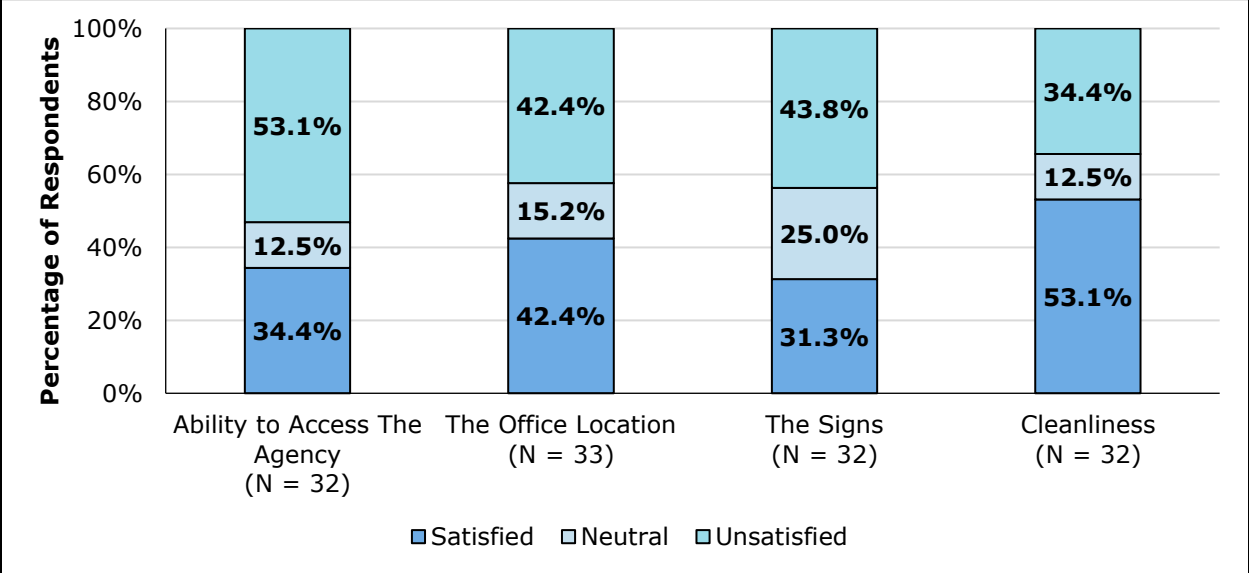
Notes. The sample size differs across the eight service elements because skip logic was used to selectively present questions to respondents based on their interactions with DSHS in the past year. Respondents may have interacted with DSHS in multiple ways, so the sample sizes across service elements do not sum to the total survey sample size. Source: DSHS Customer Service Survey, SFY 2024-2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State 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. Results for each SFY 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."

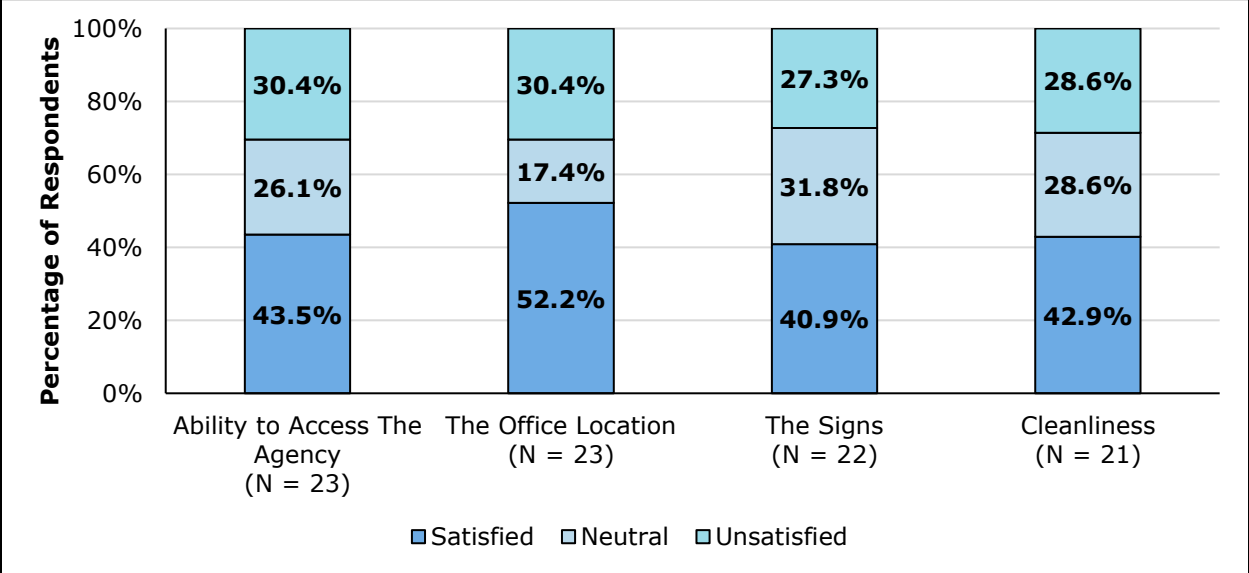
DSHS Facilities

Figure 4. Satisfaction with DSHS Facilities, SFY 2024



Notes. These questions were only presented to respondents who indicated they visited a DSHS building or facility in the past year. Source: DSHS Customer Service Survey, SFY 2024. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

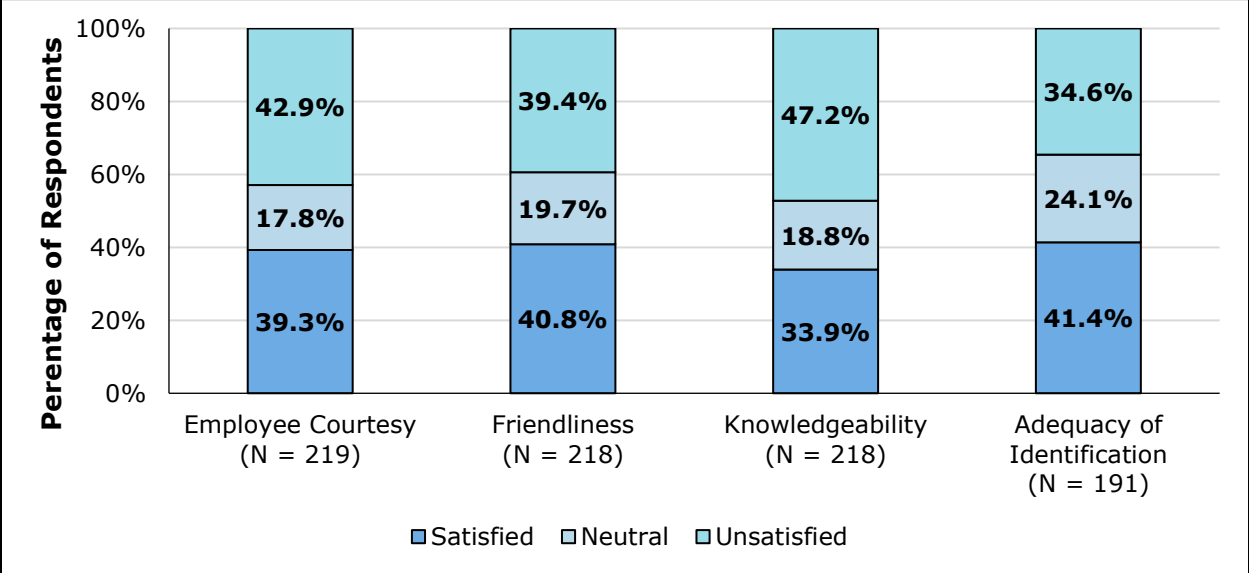
Figure 5. Satisfaction with DSHS Facilities, SFY 2025



Notes. These questions were only presented to respondents who indicated they visited a DSHS building or facility in the past year. Source: DSHS Customer Service Survey, SFY 2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

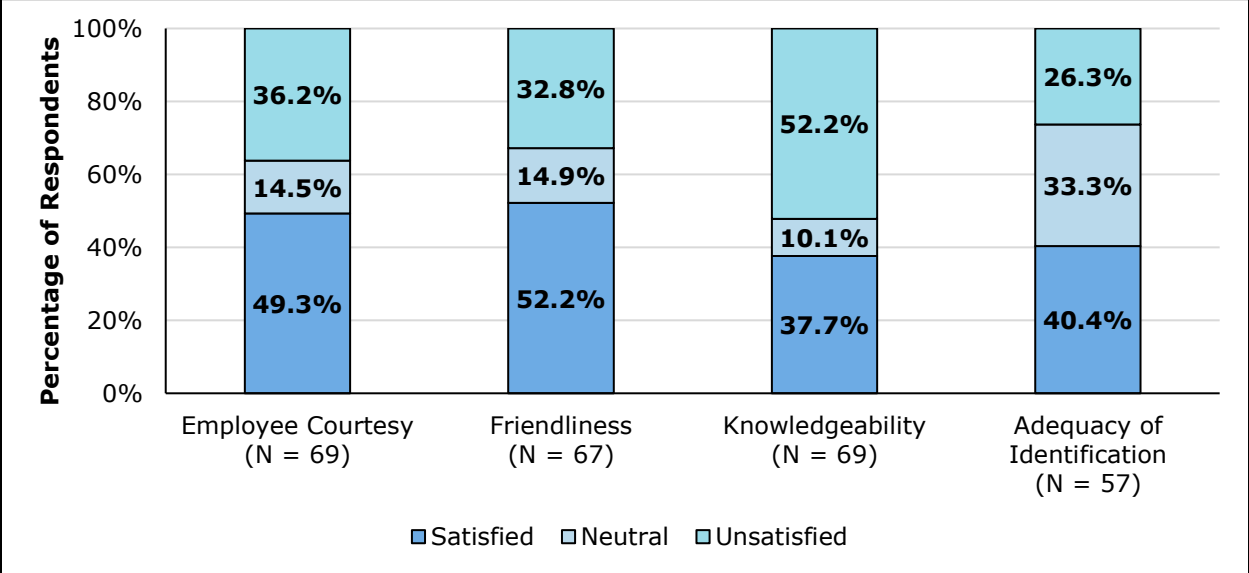
DSHS Staff

Figure 6. Satisfaction with DSHS Staff, SFY 2024



Notes. These questions were only presented to respondents who indicated they communicated with DSHS staff in the past year. Source: DSHS Customer Service Survey, SFY 2024. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

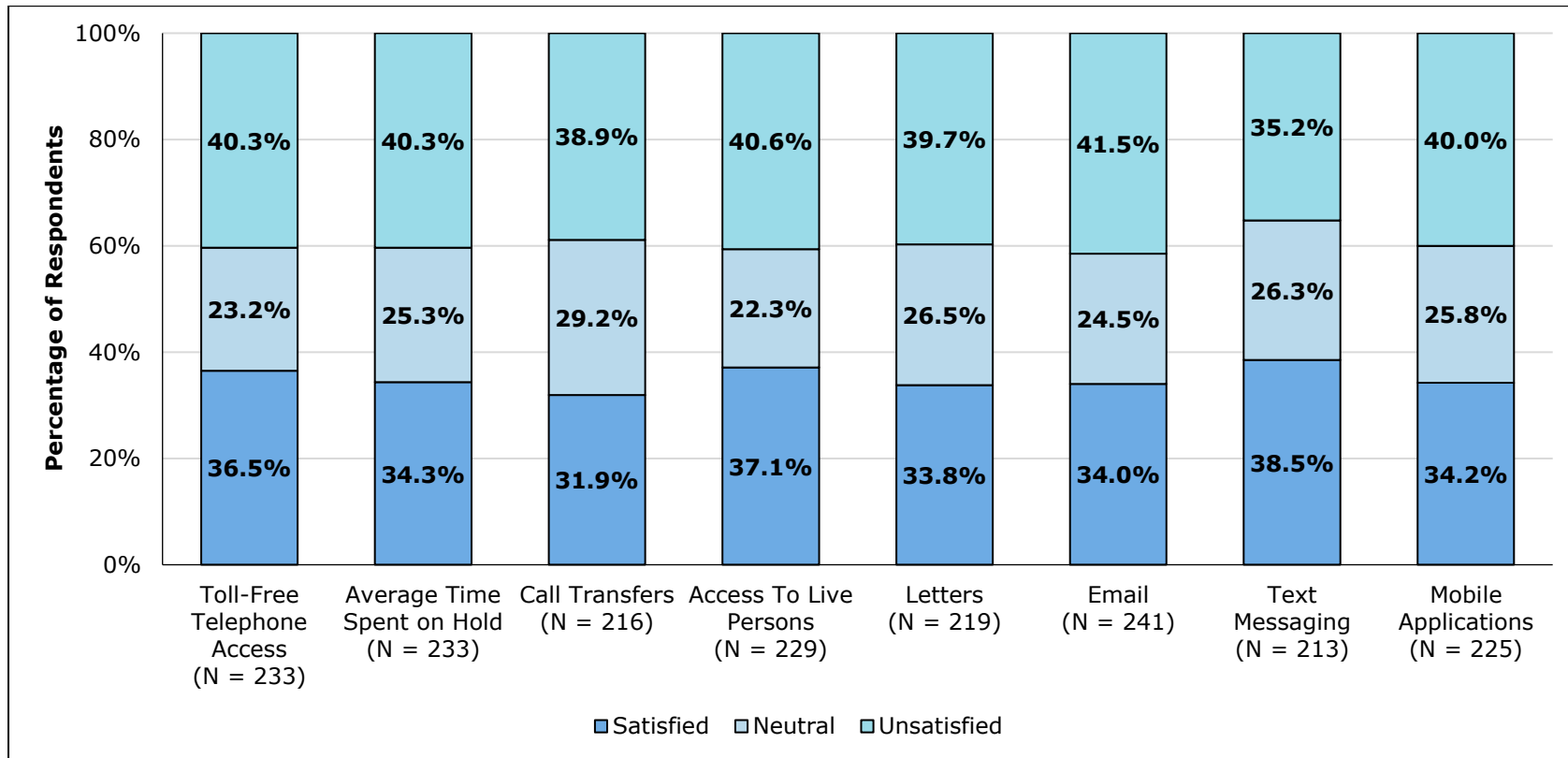
Figure 7. Satisfaction with DSHS Staff, SFY 2025



Notes. These questions were only presented to respondents who indicated they communicated with DSHS staff in the past year. Source: DSHS Customer Service Survey, SFY 2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

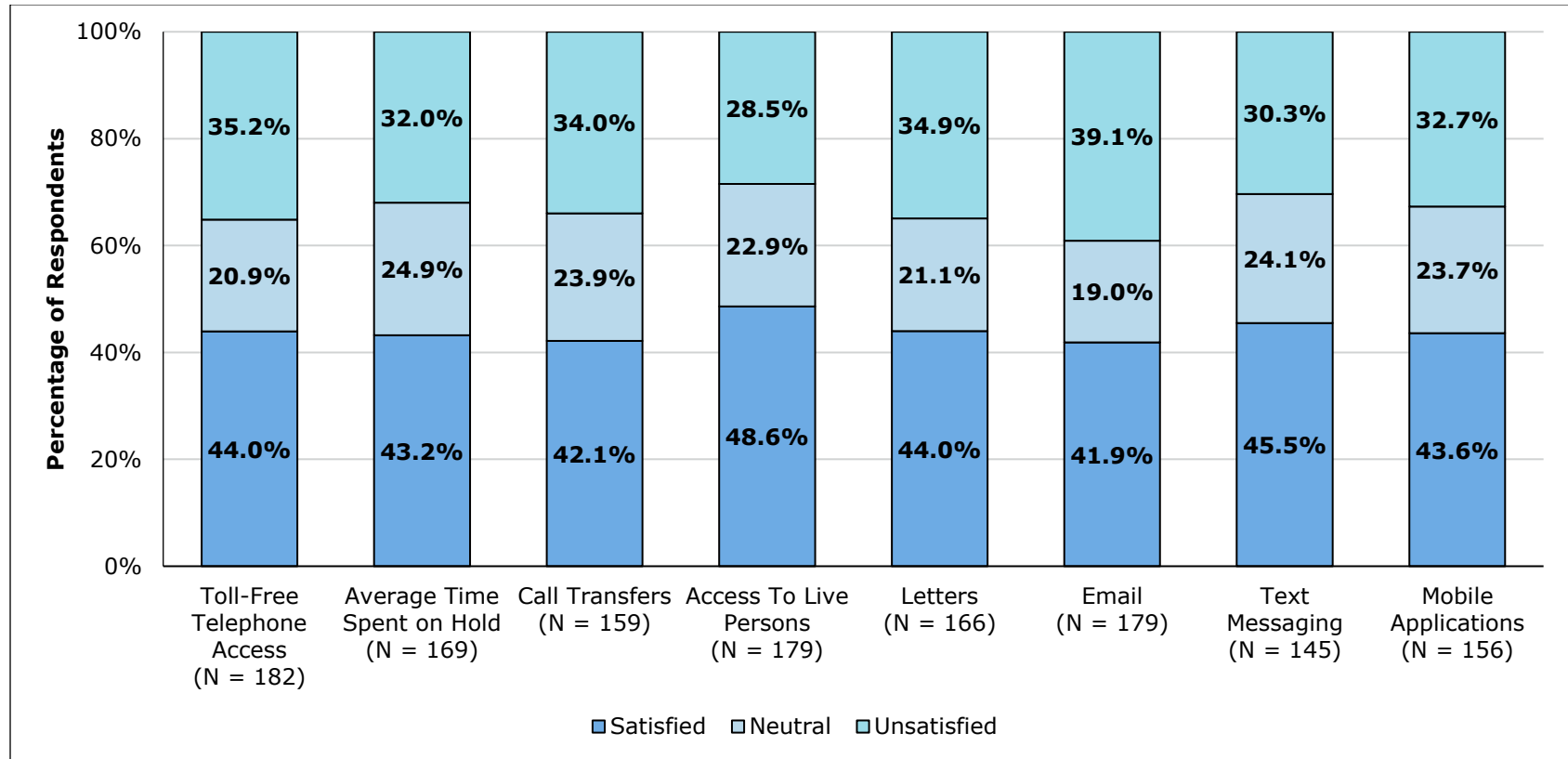
DSHS Communications

Figure 8. Satisfaction with DSHS Communications, SFY 2024



Notes. These questions were presented to all respondents. Source: DSHS Customer Service Survey, SFY 2024. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

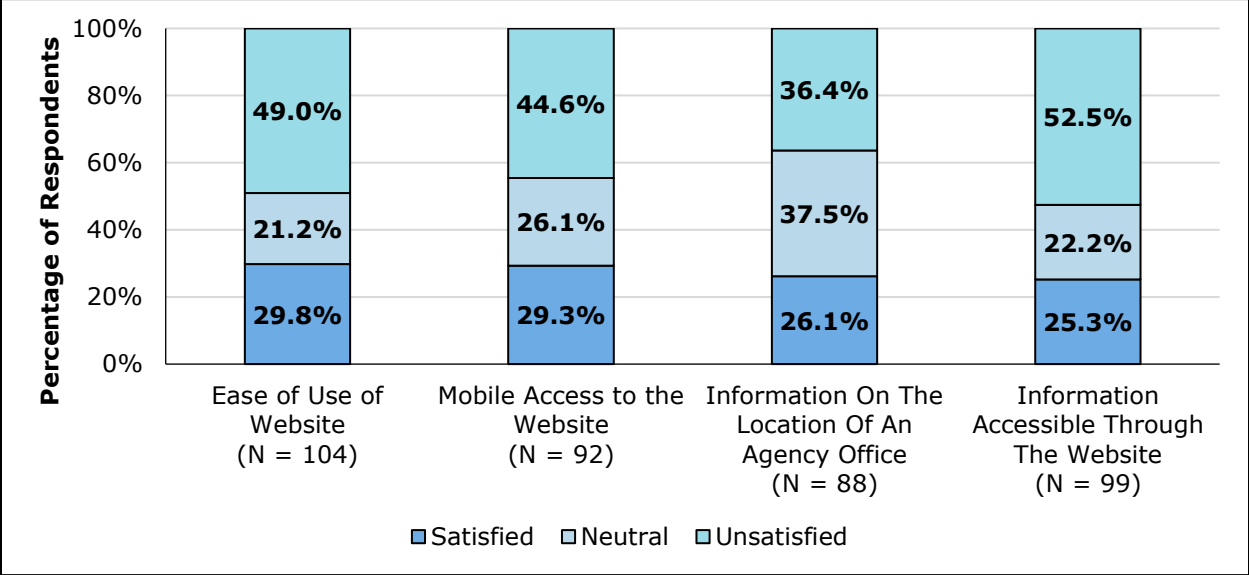
Figure 9. Satisfaction with DSHS Communications, SFY 2025



Notes. These questions were presented to all respondents. Source: DSHS Customer Service Survey, SFY 2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

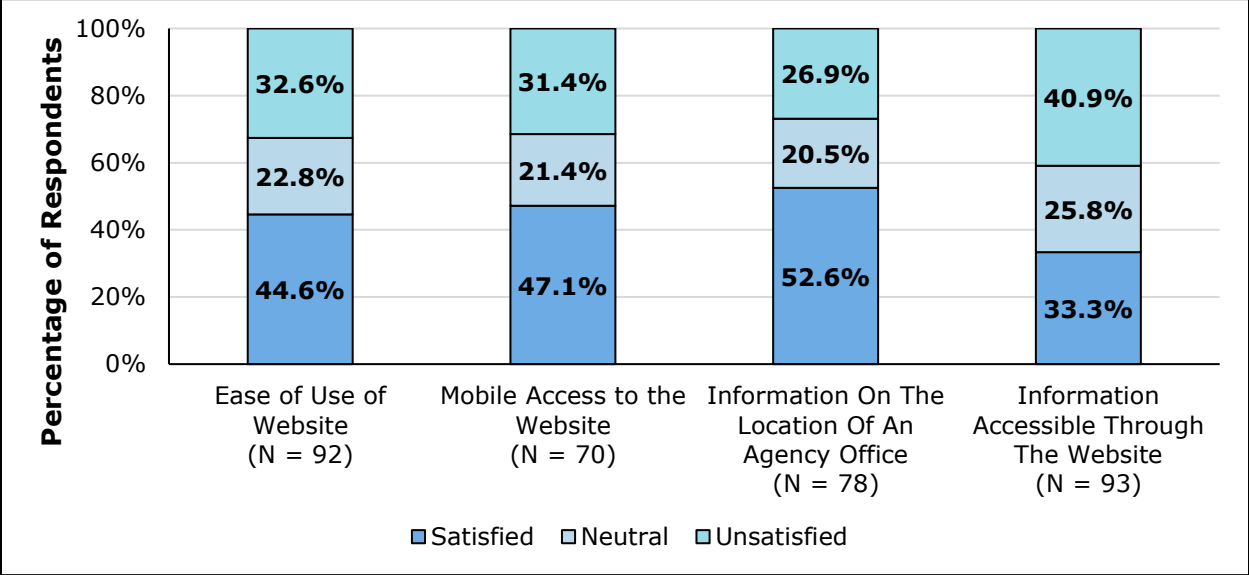
DSHS' Internet Site

Figure 10. Satisfaction with DSHS' Internet Site, SFY 2024



Notes. These questions were only presented to respondents who indicated they visited the DSHS website in the past year. Source: DSHS Customer Service Survey, SFY 2024. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

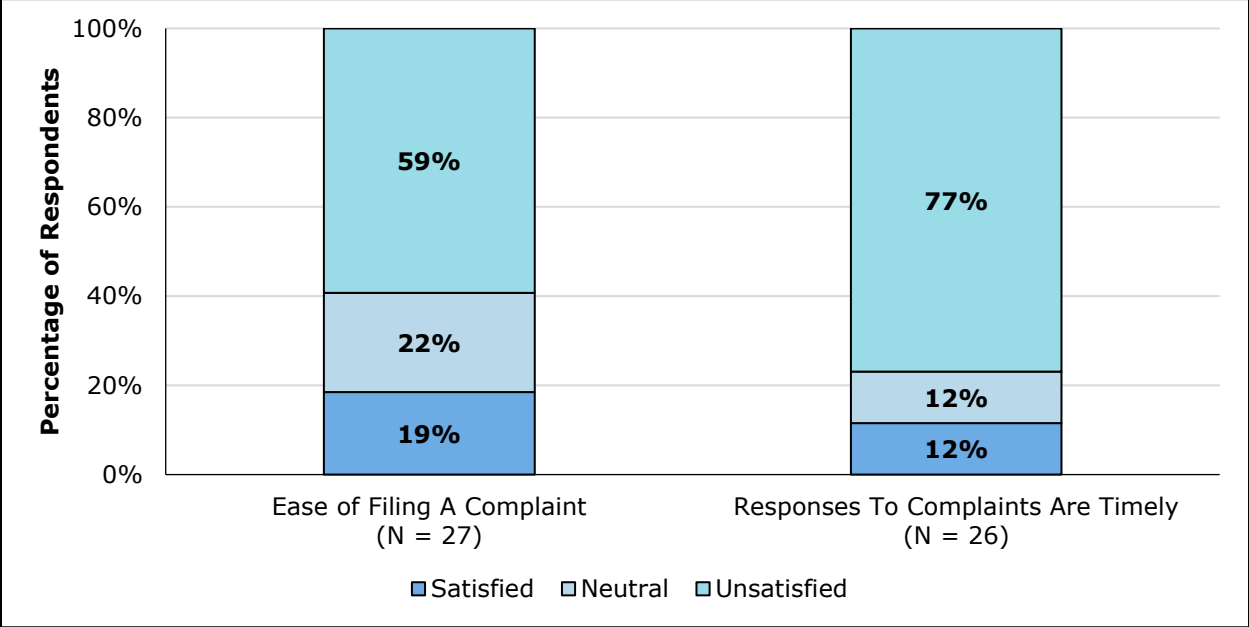
Figure 11. Satisfaction with DSHS' Internet Site, SFY 2025



Notes. These questions were only presented to respondents who indicated they visited the DSHS website in the past year. Source: DSHS Customer Service Survey, SFY 2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

DSHS' Complaint Handling Process

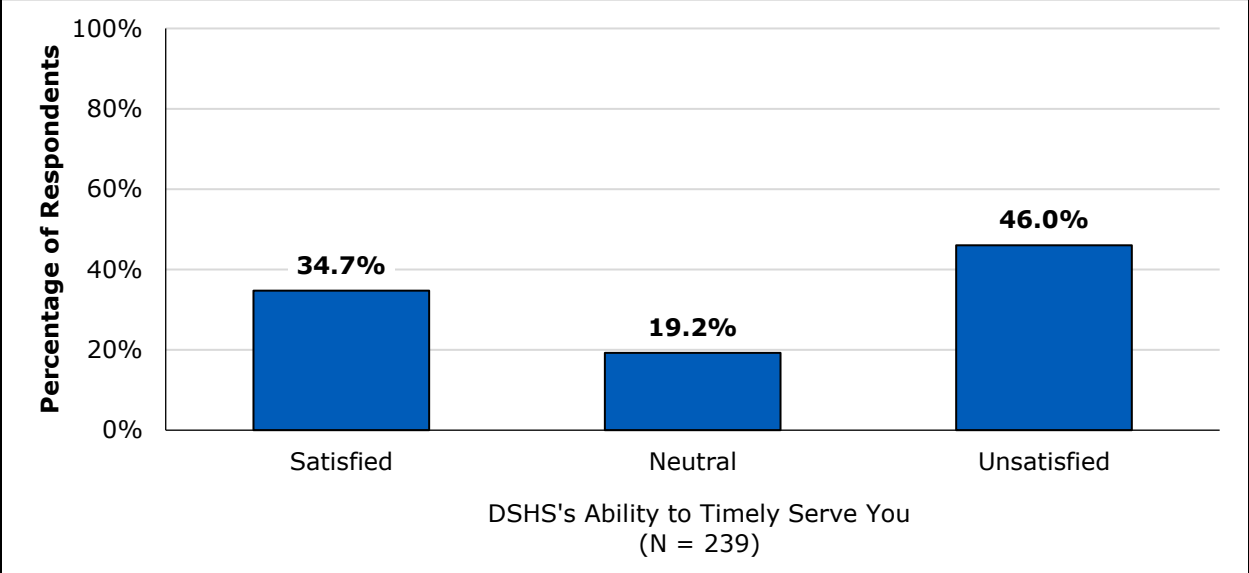
Figure 12. Satisfaction with DSHS' Complaint Handling Process, SFY 2024-2025



Notes. These questions were only presented to respondents who indicated they filed a complaint in the past year. Results from SFY 2024 and SFY 2025 were combined due to low sample sizes in each year. Source: DSHS Customer Service Survey, SFY 2024-2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

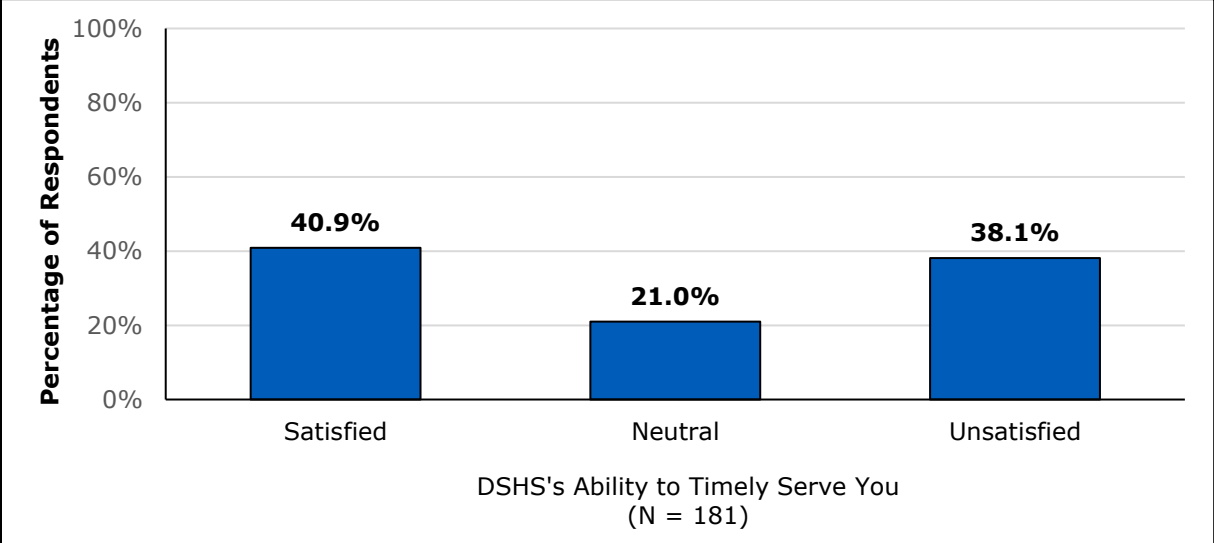
DSHS' Ability to Timely Serve Customers

Figure 13. Satisfaction with DSHS' Ability to Timely Serve Customers, SFY 2024



Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, SFY 2024. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

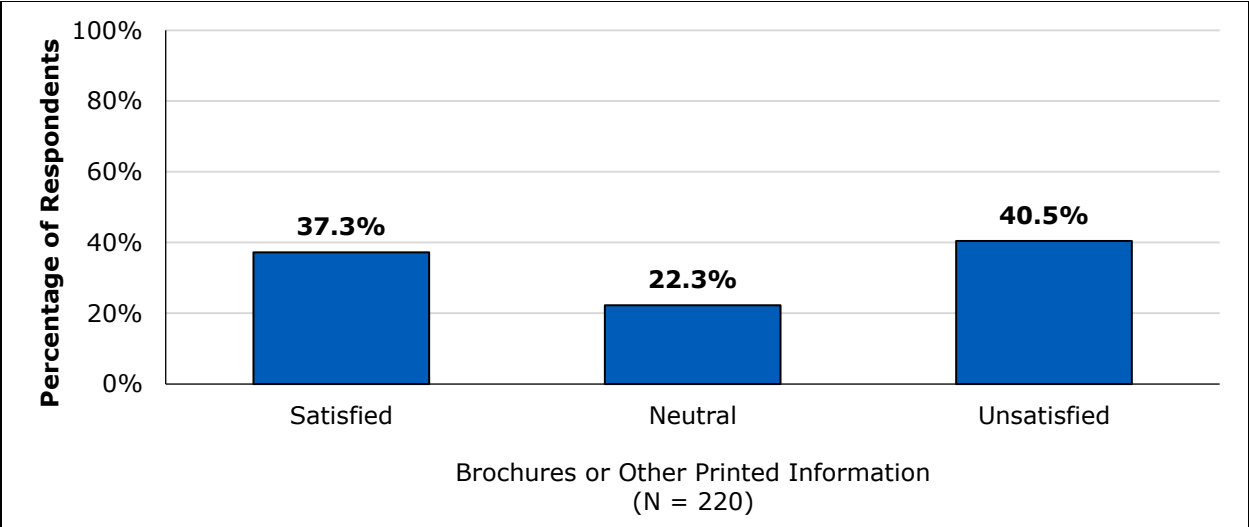
Figure 14. Satisfaction with DSHS' Ability to Timely Serve Customers, SFY 2025



Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, SFY 2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

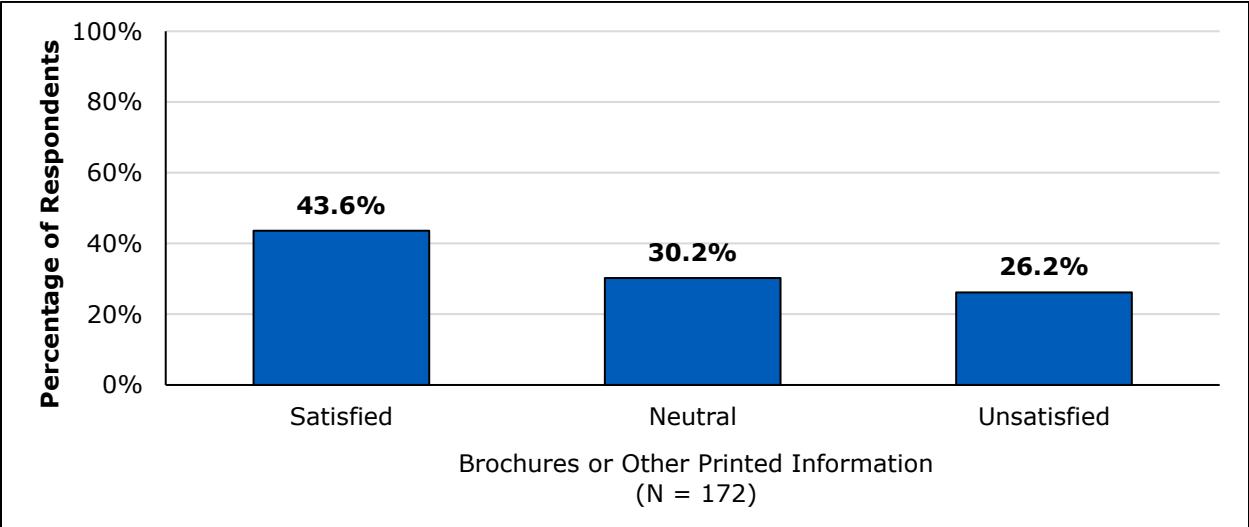
DSHS Brochures and Other Printed Information

Figure 15. Satisfaction with DSHS Brochures and Other Printed Information, SFY 2024



Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, SFY 2024. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

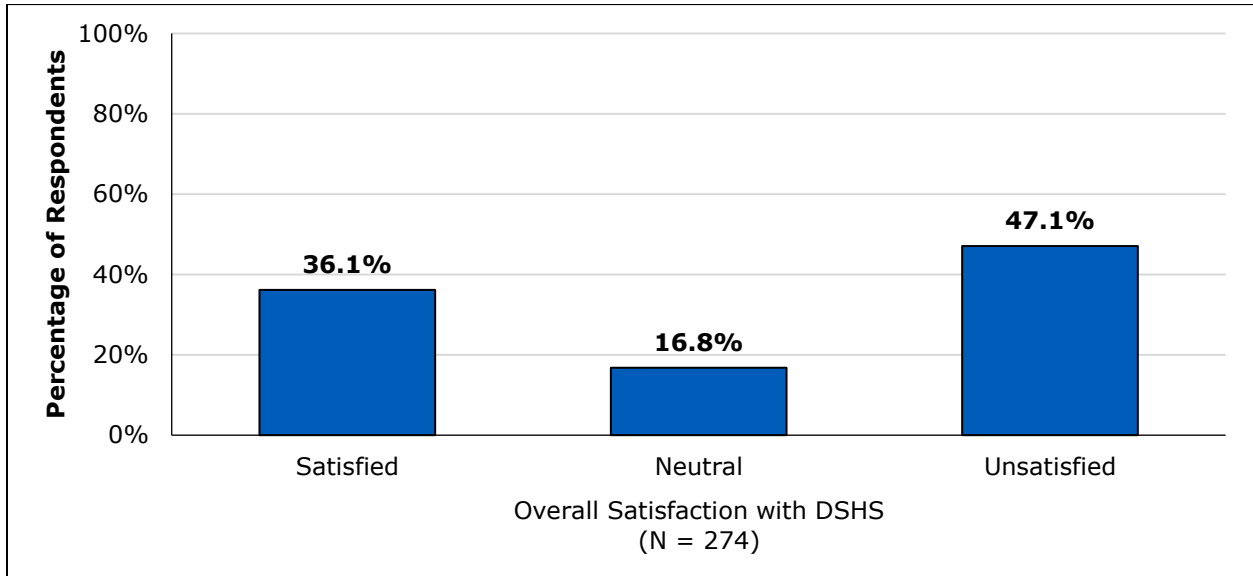
Figure 16. Satisfaction with DSHS Brochures and Other Printed Information, SFY 2025



Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, SFY 2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

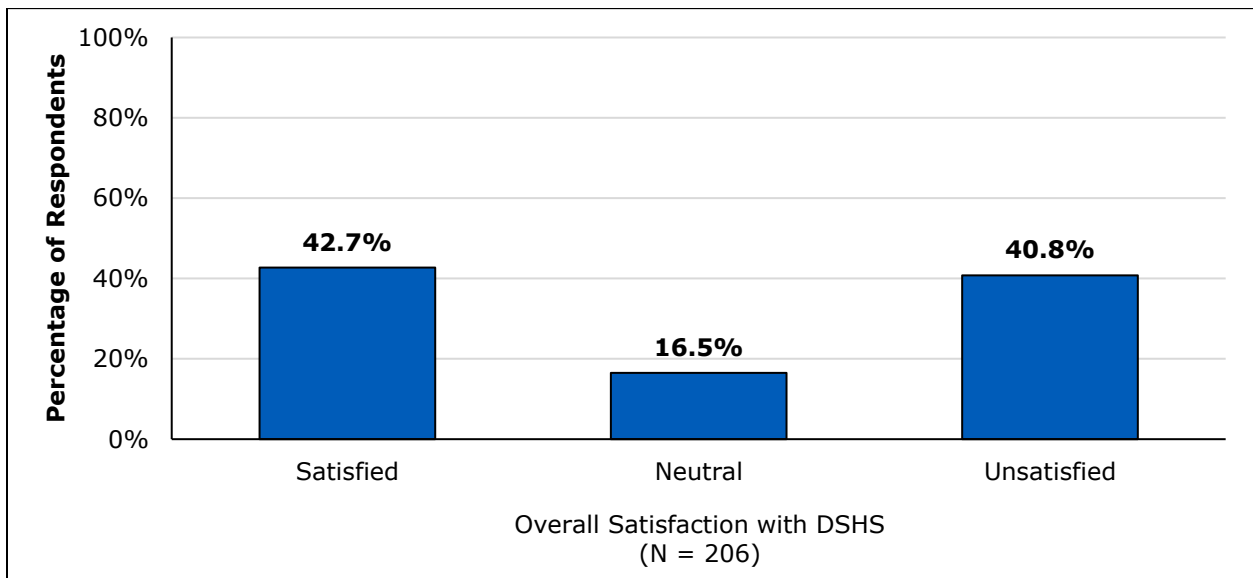
Overall Satisfaction with DSHS

Figure 17. Overall Satisfaction with DSHS, SFY 2024



Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, SFY 2024. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State fiscal year (September to August); N=Sample size.

Figure 18. Overall Satisfaction with DSHS, SFY 2025



Notes. This question was presented to all respondents. Source: DSHS Customer Service Survey, SFY 2025. Prepared by: Office of Compliance and System Coordination Process Improvement Unit, DSHS. DSHS=Department of State Health Services; SFY=State 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 individual program to their customers during SFY 2024 and/or SFY 2025.

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 with the HIV Program Service Standards of Care.

The program completed annual monitoring for 35 providers in State Fiscal Year (SFY) 2024 and 25 providers in SFY 2025. 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 presents the results from the *HIV Care Services Post Monitoring Survey* for SFYs 2024 and 2025. In SFY 2024, 34 out of 35 monitored service providers responded to the survey, resulting in a response rate of 97.1 percent. In SFY 2025, 24 out of 25 monitored providers responded, resulting in a response rate of 96 percent.

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

Measure	SFY 2024 (N = 34)	SFY 2025 (N = 26) ²
The monitoring team was professional, respectful, and courteous throughout the remote monitoring process.	100%	93%
The annual program monitoring process helps my agency to identify potential areas of deficiency and opportunities for improvement. ¹	94%	93%

Notes. ¹ The survey helps identify opportunities to improve service delivery practices in compliance with the Texas HIV Service Standards of Care. ² The total number of survey responses (N) is slightly

higher than the number of service providers represented in SFY 2025. This occurred because two staff members from the same provider office completed the survey independently, resulting in a higher response count than the total number of distinct provider sites. HIV=Human Immunodeficiency Virus; SFY=State fiscal year (September to August); 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 SFY 2024 and SFY 2025 are shown in Table 15 and Table 16.

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

Measure	SFY 2024 (N = 359)	SFY 2025 (N = 384)
Expressed satisfaction with staff being helpful, courteous, and knowledgeable.	95%	96%
Expressed satisfaction with communicating with DSHS (via telephone, mail, or electronically) and found it to be an efficient process.	90%	93%
Expressed satisfaction with the DSHS website and found it to be user-friendly and contained adequate information.	84%	85%
Expressed satisfaction with the ease of filing an application and the processing of it in a timely manner.	87%	89%
Expressed satisfaction with the forms, instructions, and other information provided by DSHS and found them helpful and easy to understand.	89%	88%

Notes. CPD=Consumer Protection Division; SFY=State fiscal year (September to August); N=Sample size.

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

Measure	SFY 2024 (N = 21)	SFY 2025 (N = 40)
The inspector introduced himself/herself and presented his/her credentials/ID before the inspection.	90%	92%
The purpose of the inspection was adequately described at the beginning of the inspection.	90%	92%
The on-site inspection was completed in a reasonable amount of time and did not unduly interfere with the delivery of services.	95%	92%
The DSHS inspector was prepared and well organized.	100%	95%
The inspection was handled in a courteous and professional manner.	100%	95%
The inspector clearly explained any applicable state or federal requirements, answered questions adequately, and/or referred them to an alternate source for the information.	95%	95%
I now have a better understanding or knowledge of state and/or federal requirements affecting my business.	100%	82%
The inspector clearly explained their findings.	95%	95%
If deficiencies, observations, or violations were found, the inspector clearly explained the timeframe and/or process for corrective action.	90%	86%

Notes. CPD=Consumer Protection Division; SFY=State fiscal year (September to August); N=Sample size.

DSHS Public Health Laboratory Division

The DSHS Public Health Laboratory Division (PHLD) provides unique testing services for a myriad of specimen types and facilities across the state to improve public health and patient outcomes for all Texans, to include:

- Testing newborn blood samples for potentially deadly inherited disorders;
- Testing water quality for chemical and biological contaminants from local sources, and;
- Testing milk and meat.

In SFY 2024 and SFY 2025, 10,785 and 9,853 customers, respectively, 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 sent annually via list-serve. Responses are published online by the Public Health Laboratory Division’s Quality Assurance Unit. Table 17 shows results from Calendar Years 2023, 2024 and 2025.

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

Measure	2023 (N=172)	2024 (N = 135)	2025 (N = 126)
Expressed satisfaction with the quality of service or information DSHS provided.	95%	97%	97%
Expressed satisfaction with DSHS staff courtesy.	97%	100%	97%
Expressed satisfaction with the timeliness of services or information DSHS provided.	96%	96%	95%
Expressed satisfaction with the ease in requesting or accessing services or information.	92%	94%	95%

Notes. N=Sample size.

The South Texas Laboratory (STL) is a branch of the Public Health Laboratory Division, located in Harlingen, Texas. STL 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 via Microsoft Teams with the purpose of meeting accreditation requirements and gathering information about satisfaction with services. In SFY 2025, STL received a 10 percent response rate for the satisfaction survey (11 completed out of 107) and results are shown in Table 18.

Table 18. Findings from the *STL Satisfaction Survey*

Measure	SFY 2024	SFY 2025 (N = 11)
Overall satisfaction with South Texas Laboratory.	N/A	100%
Received lab reports in a timely manner (fax, mailed, other).	N/A	100%

Measure	SFY 2024	SFY 2025 (N = 11)
Satisfaction with the supply ordering process.	N/A	91%
Cold boxes arrived at the scheduled time.	N/A	67%
Above average and well above average customer service experience.	N/A	91%
Above average and well above average on-time delivery of service.	N/A	91%
Above average and well above average professionalism.	N/A	91%
Above average and well above average quality of service.	N/A	91%
Above average and well above average understanding of customers' needs.	N/A	91%
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	88%
Satisfaction or high satisfaction with STL staff responsiveness when called with service issues.	N/A	82%
Adequate supplies for sending specimens.	N/A	64%

Notes. ¹ Most respondents who use cold boxes (67 percent) reported that their cold boxes arrived at the scheduled time. Some respondents did not use cold boxes. STL=South Texas Laboratory; SFY=State fiscal year (September to August); N=Sample size.

An additional service provided by STL is bacterial water testing for drinking water. Testing is performed on public water systems, companies who sell bottled or vended water, and private individuals (i.e., self-owned businesses or properties with ground wells). The program provides bacterial water testing for drinking water submitters who are required to follow the Texas Commission of Environmental Quality (TCEQ) regulations.

The purpose of the survey is to seek feedback, both positive and negative, from the submitters. The feedback shall be used to improve the management system, testing, and customer service; the survey is a Quality Systems General Requirement by The NELAC Institute (TNI)/TCEQ Standards. The survey was conducted by the South Texas Laboratory Water Department. The study population included all water submitters.

The study sought responses from water submitters that are current customers of South Texas Laboratory. The study was conducted by paper on January 08, 2024

and returned by February 29, 2024. The surveys were offered in English only. Water submitters provided their responses by completing the survey themselves. The total number of completed responses was 65 out of 66 surveys handed out, totaling a response rate of 98.4 percent. Results are shown in Table 19.

Table 19. Findings from the *STL Bacterial Water Testing Satisfaction Survey*

Measure	SFY 2024 (N=65)	SFY 2025
Submitters received lab reports in a timely manner.	96.9%	N/A
Submitters spoke with STL staff employee immediately.	96.9%	N/A
Submitters' water issues were resolved within minutes or hours.	93.7%	N/A
Submitters gave a highly satisfied rate.	98.46%	N/A
Submitters reported Well Above Average on customer service experience, On-time delivery of service, Professionalism, Quality of Service, and Understanding of customers' needs.	88%	N/A
Submitters strongly agreed on STL staff being knowledgeable.	92.3%	N/A
All submitters fully understood how to complete each field of the chain of custody G-19 form required by TCEQ.	100%	N/A
All submitters fully understand the sample acceptance policy for the submission of a water sample required by TCEQ.	100%	N/A
Submitters were highly satisfied or somewhat satisfied with DSHS STL staff responsiveness when calling to report an issue about service.	96.9%	N/A
Submitters rated staff as Well Above Average or Above Average for the following characteristics: patience, enthusiasm, listens attentively, friendly, responsive, and courteous to the water submitters.	90%	N/A

Expressed satisfaction with their experience in the STL Water Department.	100%	N/A
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Notes. STL=South Texas Laboratory; TCEQ=Texas Commission for Environmental Quality; SFY=State fiscal year (September to August); N=Sample size.

Community Health Improvement Division

The Children and Youth with Special Health Care Needs Program (CYSHCN) 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). The CYSHCN Systems Development Group contractors collected 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 state and local resource links, and coordinate care. For the CYSHCN Case Management Satisfaction Survey, there was a 10.9 percent response rate in SFY 2024 (119 completed out of 1,092) and a 7.8 percent response rate in SFY 2025 (79 completed out of 1009). Table 20 shows results from SFY 2024 and SFY 2025 for the CYSHCN Case Management Satisfaction Survey.

Table 20. Findings from the CYSHCN Case Management Satisfaction Survey

Measure	SFY 2024 ¹ (N = 119)	SFY 2025 ¹ (N = 79)
When I have questions or concerns about my child, I have someone in the agency that can help me.	95%	92.2%
The staff provides services that respects our culture and traditions when working with my child and family.	98.3%	97.5%
The agency helps link me with services and resources needed for my child's care.	100%	96.2%
The agency provides resources to help us feel included in the community.	97.5%	97.5%
The agency provides resources to help me connect with other parents.	93.3%	82.3%
Services provided meet the needs of my child and family.	95%	96.2%

Measure	SFY 2024¹ (N = 119)	SFY 2025¹ (N = 79)
I am happy with the services we get from this agency.	98.3%	97.5%

Notes. ¹ Percentages reflect total respondents who indicated “Very often” and “Always”, or “Agree” and “Strongly Agree”, depending on the question’s response options. CYSHCN=Children and Youth with Special Health Care Needs; SFY=State fiscal year (September to August); N=Sample size.

The CYSHCN FSCR contractors help children and youth with special health care needs and their families by providing a wide range of community needed services and activities, e.g., respite assistance, educational workshops, recreational and fitness programs, parent-to-parent networking, and crisis prevention. For the CYSHCN FSCR Family Satisfaction Survey, there was a 12 percent response rate in SFY 2024 (590 completed out of 4,971) and a 10.9 percent response rate in SFY 2025 (626 completed out of 5,697). Table 21 shows results from SFY 2024 and SFY 2025 for the CYSHCN FSCR Family Satisfaction Survey.

Table 21. Findings from the CYSHCN FSCR Family Satisfaction Survey

Measure	SFY 2024¹ (N = 590)	SFY 2025¹ (N = 626)
When I have questions or concerns about my child, I have someone in the agency that can help me.	92.6%	87.4%
The staff provides services that respects our culture and traditions when working with my family.	96.5%	93.3%
The agency helps link me with services and resources needed for my child’s care.	82%	90.9%
The agency provides opportunities to help us feel included in the community.	95.5%	91.9%
The agency provides resources to help me connect with other parents.	92.9%	87.1%
How would you rate the overall quality of the services provided by the agency?	97.3%	97.3%

Notes. ¹ Percentages reflect total respondents who indicated “Very often” and “Always”, or “Good” and “Very good”, depending on the question’s response options. CYSHCN=Children with Special Health Care Needs; SFY=State fiscal year (September to August); N=Sample size.

List of Acronyms

Acronym	Full Name
ASN	Adult Safety Net
ATSDR	Agency for Toxic Substances and Disease Registries
BEST	Blindness Education, Screening, and Treatment
CACTX	Children’s Advocacy Centers of Texas
CARE	Client Assignment and Registration
CASA	Court Appointed Special Advocates
CBCAP	Community-Based Child Abuse Prevention
CDC	Centers for Disease Control and Prevention
CHI	Community Health Improvement Division
CHIP	Children’s Health Insurance Program
CHW	Community Health Worker
CLASS	Community Living Assistance and Support Services
CMHCS	Community Mental Health Crisis Services
CMS	Centers for Medicare and Medicaid Services
CPD	Consumer Protection Division
CPRIT	Cancer Prevention and Research Institute of Texas
CPS	Child Protective Services
CRCG	Community Resource Coordination Group
CRS	Comprehensive Rehabilitation Services
CSHCN	Children with Special Health Care Needs
CYSHCN	Children and Youth with Special Health Care Needs
CVD	Cardiovascular Disease
CYD	Community Youth Development Program
DAHS	Day Activity and Health Services
DAP	Office of Data, Analytics, and Performance
DBMD	Deaf-Blind Multiple Disabilities
DFPS	Department of Family and Protective Services
DHHS	Department of Health and Human Services
DSHS	Department of State Health Services
ECI	Early Childhood Intervention
EMR	Employee Misconduct Registry
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
ESRD	End Stage Renal Disease
FAYS	Family and Youth Success Program
FDA	Food and Drug Administration
FQHC	Federally Qualified Health Center
FSCR	Family Support and Community Resources
HB	House Bill

Acronym	Full Name
HCS	Home and Community-based Services
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
HTW	Healthy Texas Women
IAC	Interagency Cooperation
ICFs/IID	Intermediate Care Facility for Individuals with Intellectual Disability
IDD	Intellectual or Developmental Disabilities
IDP	Infection Disease Prevention Division
LBB	Legislative Budget Board
LHD	Local Health Department
MCH	Maternal and Child Health
MCO	Managed Care Organization
MCS	Medicaid and CHIP Services
MH	Mental Health
MTO	Managed Transportation Organization
NAACCR	North American Association of Central Cancer Registries
NAR	Nurse Aide Registry
NCI	National Cancer Institute
NIH	National Institutes of Health
NIOSH	National Institute of Occupational Safety and Health
OAA	Older Americans Act
OIG	Office of Inspector General
OOG	Office of the Governor
PAC	Perinatal Advisory Council
PACE	Program of All-Inclusive Care for the Elderly
PHLD	Public Health Laboratory Division
PHR	Public Health Region
QMB	Quality Medicare Beneficiary
QMP	Quality Monitoring Program
RAC	Regional Advisory Councils
RE	Responsible Entity
SFY	State Fiscal Year
SNAP	Supplemental Nutrition Assistance Program
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR	State of Texas Access Reform
STD	Sexual Transmitted Disease
STL	South Texas Laboratory

Acronym	Full Name
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
TCCO	Texas Civil Commitment Office
TCEQ	Texas Commission of Environmental Quality
TCID	Texas Center for Infectious Disease
THA	Texas Hospital Association
THSteps	Texas Health Steps
TIERS	Texas Integrated Eligibility Redesign System
TMA	Texas Medical Association
TMHP	Texas Medicaid Healthcare Partnership
TNI	The NELAC Institute
TORCH	Texas Organization of Rural and Community Hospitals
TPS	Texas Pediatric Society
TVFC	Texas Vaccine for Children
TxEver	Texas Electronic Vital Events Registrar
TxHmL	Texas Home Living
UTMB	University of Texas Medical Branch at Galveston
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
YTB	Your Texas Benefits

References

- Legislative Budget Board. (2024). *Instructions for Preparing and Submitting Agency Strategic Plans, Fiscal Years 2025 to 2029*. Austin, TX: Legislative Budget Board, Office of the Governor.
- Murairwa, S. (2015). Voluntary Sampling Design. *International Journal of Advanced Research in Management and Social Sciences*, 4(2), 185 - 200.
- Texas Demographic Center. (2025, December). *Texas Population Estimates Program*. Retrieved from Texas Demographic Center: <https://demographics.texas.gov/Estimates/>
- Texas Demographic Center. (2025, December). *Texas Population Projections Program*. Retrieved from Texas Demographic Center: <https://demographics.texas.gov/Projections/>
- Texas Department of State Health Services. (2024). *Department of State Health Services Strategic Plan for 2025-2029*. Austin, TX: Texas Health and Human Services.
- Texas External Quality Review Organization. (2024). *External Quality Review of Texas Medicaid & CHIP Managed Care Annual Technical Report*. Retrieved from Texas Health and Human Services Commission: <https://www.hhs.texas.gov/sites/default/files/documents/eqro-annual-technical-report-contract-sfy-2024.pdf>
- Texas Health and Human Services. (2024). *Report on Customer Service*. Austin, TX: Texas Health and Human Services.
- Texas Health and Human Services. (2025a, December). *Report of the HHS Ombudsman*. Retrieved from Texas Health and Human Services: <https://www.hhs.texas.gov/sites/default/files/documents/oo-annual-report-2025.pdf>
- Texas Health and Human Services. (2025b, December). *Supplemental Nutritional Assistance Program (SNAP) Statistics*. Retrieved from Texas Health and Human Services: <https://www.hhs.texas.gov/about/records-statistics/data-statistics/supplemental-nutritional-assistance-program-snap-statistics>
- Texas Health and Human Services. (2025c, December). *Temporary Assistance for Needy Families (TANF) Statistics*. Retrieved from Texas Health and Human Services: <https://www.hhs.texas.gov/about/records-statistics/data-statistics/temporary-assistance-needy-families-tanf-statistics>
- Texas Health and Human Services Commission. (2024). *Health and Human Services Commission Strategic Plan for Fiscal Years 2025-2029*. Austin, TX: Texas Health and Human Services.

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 2063.103 and 2063.104.

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 2036.103 and 2063.104.

Robert Martin

Signature

Robert Martin

Printed Name

DCIO and CISO

Title

05/21/2026

Date

Schedule J: Certification of Compliance with Artificial Intelligence Training

Effective September 1, 2025, Texas Government Code, Section 2054.5193, requires state agencies to ensure that eligible employees complete artificial intelligence (AI) awareness training certified by the Texas Department of Information Resources (DIR). DIR provided certified artificial intelligence trainings agencies can use to meet this requirement, however, the window for agency staff to complete the training is June 1, 2026, through late August 31, 2026. DSHS is unable to finalize and submit the completion certification form until that time. Once the completion window closes and the completion data becomes available, DSHS will comply with the requirements and certify training according to DIR's training certification process outlined on its website: <https://dir.my.site.com/SecurityTrainingVerification/s/CybersecurityTrainingCertification>.

Schedule K: Report on Projects and Acquisitions Financed by Certain Fund Sources

Schedule K is not required for the Department of State Health Services.