

# **Health and Human Services System Coordinated Strategic Plan for 2021–2025**

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**TEXAS**  
Health and Human  
Services

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# Introduction

## Overview

The Texas Health and Human Services (HHS) system is comprised of more than 41,000 public servants under two agencies:

- The Health and Human Service Commission (HHSC)
- The Department of State Health Services (DSHS)

These agencies serve millions of people each month and affect the lives of all Texans, both directly and indirectly.

The client-focused HHSC delivers hundreds of programs and services. It provides for those who need assistance to buy necessities, eat nutritious foods, and pay for healthcare costs, by administering programs such as: Temporary Assistance for Needy Families (TANF); the Supplemental Nutrition Assistance Program (SNAP); the Special Supplemental Program for Women, Infants and Children (WIC); Medicaid; and the Children's Health Insurance Program (CHIP).

The agency operates 13 state supported living centers, which provide direct services and supports to people with intellectual and developmental disabilities, and 10 state hospitals, which serve people who need inpatient psychiatric care. All 23 of these facilities are operated all hours of the day, all days of the year.

HHSC also provides a multitude of additional mental health and substance use services, regulation of child care and nursing facilities, help for people with special healthcare needs, community supports and services for older Texans, disaster relief assistance, and resources to fight human trafficking.

Combined, HHSC programs account for approximately \$38 billion in fiscal year (FY) 2020, or about one-third of state spending. Of this funding, 90 percent is used for grants and client services, while 3.6 percent is for state-operated, facility-based services, and 6.4 percent is for administrative services, including the functions of eligibility determination services, contract management, financial services, information technology, regulatory services, and oversight.<sup>1</sup>

DSHS is charged with promoting and protecting public health through prevention, intervention, and effective partnerships with communities across the state. The agency:

- Helps prevent the spread of communicable diseases;
- Promotes healthy lifestyles through disease and injury prevention;
- Tracks and publishes public health data;
- Protects consumers by regulating food establishments and manufacturers, drugs and medical devices, and other consumer health goods and services;
- Responds to disasters, disease threats, and outbreaks; and
- Maintains one of the largest public health laboratories in the nation.

DSHS also works with local health departments to deliver public health services to communities and identify how to improve the health outcomes of populations in a state as big and diverse as Texas. Currently, DSHS is leading Texas' response to the coronavirus disease 2019 (COVID-19) pandemic.

Appropriations to DSHS for FY 2020 totaled \$843.2 million, allocated as follows: 46.2 percent for laboratory infectious disease services, 19 percent for consumer protection, 13.2 percent for regional and local health operations, 11.5 percent for administrative services, and 10.1 percent for community health improvement.

## **Transformation and a Culture of Process Improvement**

With unprecedented challenges and demands facing state agencies due to the COVID-19 pandemic that is rapidly changing the health and human services environment, HHS is focused on streamlining practices, limiting unnecessary expenditures, and leveraging technology and innovation wherever possible to maximize efficiencies. Several projects are already improving customer service and ensuring smooth implementation of information technology modernization.

Beyond these specific initiatives, HHS is transforming the system-wide culture to a focus on continuous improvement and operational excellence. The Office of Transformation and Innovation serves as the hub of expertise for process improvement methodologies, recently establishing a Process Improvement Team to develop and disseminate a training program across HHS. In FY 2020, the office has: completed 31 process improvement projects with divisions across HHS, created its process improvement program curriculum for HHS team members, and enrolled its first class. As more HHS staff members gain experience and familiarity with process

improvement methodologies, divisions across the system will have the in-house expertise necessary to identify areas in need of improvement, then initiate, develop, and implement strategies and projects to improve performance.

With a workforce that is increasingly inspired and empowered to improve processes, HHS is well positioned to take on the challenges of the future and to implement its vision, mission, and five agency-wide goals.

## **Vision, Mission, and Goals**

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

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

- **Goal 1:** Efficiency, Effectiveness, and Process Improvement
- **Goal 2:** Protecting Vulnerable Texans
- **Goal 3:** Improving the Health and Well-Being of Texans
- **Goal 4:** Integrity, Transparency, and Accountability
- **Goal 5:** Customer Service and Dynamic Relationships

These goals, with the associated objectives and action items to achieve them, are outlined in the following section.

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# Goals, Objectives, and Action Items

Below are the HHS system's five operational goals, each with key objectives and action items to achieve the goals, which is a shared responsibility between HHSC and DSHS.

## Goal 1: Efficiency, Effectiveness, and Process Improvement

### Objective 1.1: Team Texas HHS

Improve our culture, ethics, recruitment, and retention.

- **Action Item 1.1.1: Recruitment and Retention.** Support recruitment and retention agency-wide. (Ongoing)
- **Action Item 1.1.2: Key Occupation Staffing.** Address high turnover and difficult to fill positions. (Ongoing)
- **Action Item 1.1.3: System Culture.** Grow our culture of continuous improvement and innovation through professional development, cross-system collaboration, and workforce diversity, while nurturing a welcoming work environment that encourages the open exchange of ideas, transparency, and clear communication. (Ongoing)
- **Action Item 1.1.4: Communications.** Define and promote a uniform, consistent brand and identity. (Ongoing)

### Objective 1.2: Technology and Innovation

Leverage technology and process improvement to better serve clients.

- **Action Item 1.2.1: Vital Statistics.** Improve Vital Statistics customer service: delivery, fulfillment, updates, and online processing. (Ongoing)
- **Action Item 1.2.2: Consumer Protection Best Practices—Standardized Penalty Matrices.** Implement standardized penalty matrices for DSHS Consumer Protection Programs. (Ongoing)
- **Action Item 1.2.3: Infrastructure Improvement.** Release the first version of the Business Enablement Platform supporting a Case Management Framework. (August 31, 2021)

- **Action Item 1.2.4: Modernization Roadmap.** Improve organizational readiness for implementation of the Information Technology (IT) and Data Services Modernization 10-Year Plan. (Ongoing)
- **Action Item 1.2.5: Performance Management.** Design, implement, and maintain an HHS performance management and analytics system. (Ongoing)
- **Action Item 1.2.6: Data-Driven Decision Support.** Enable data-driven decisions to improve the health outcomes of Texans. (Ongoing)
- **Action Item 1.2.7: Process Improvement.** Develop and implement an agency-wide continuous improvement and operational excellence program focused on increasing efficiency, optimizing processes, and supporting sustainable improvements throughout the HHS system. (August 31, 2021)
- **Action Item 1.2.8: Centralized Accounting and Payroll/Personnel System (CAPPS).** Achieve 100 percent utilization of the employee/supervisor self-service CAPPS system as designed. (August 31, 2022)

### Objective 1.3: Purchasing

Improve procurement and contracting processes.

- **Action Item 1.3.1: Process Improvement in Purchasing, Procurement, and Contracting.** Optimize technology and best practices to support efficient and expedient purchasing, procurement, and contracting processes. (Ongoing)
- **Action Item 1.3.2: Historically Underutilized Businesses (HUBs).** Increase HUB compliance. (Ongoing)

## Goal 2: Protecting Vulnerable Texans

### Objective 2.1: Health and Safety through Improved Regulation

Improve regulatory processes that protect Texans.

- **Action Item 2.1.1: Improved Regulation to Protect Texans.** Reduce the incidence of serious violations in nursing facilities and child care operations through the use of improved communication to these providers; joint trainings for Regulatory Services division staff and providers; and more consistent and efficient licensing, survey, and enforcement processes. (Ongoing)

- **Action Item 2.1.2: Reducing Unregulated Child Care.** Continue focused monitoring and enforcement actions to reduce the number of unregulated child care operations, which will strengthen health and safety protections for children in care. (Ongoing)
- **Action Item 2.1.3: Policy Recommendations.** Beginning on September 1, 2020, written recommendations submitted by the Office of the State Long-Term Care (LTC) Ombudsman to the LTC Regulatory Services unit regarding state rules for nursing facilities and assisted living facilities will be considered as comments submitted on behalf of residents and given adequate regard with respect to needed rulemaking and other policy revisions. (Ongoing)

### **Objective 2.2: Strengthening Advocacy**

Increase State LTC Ombudsman Program capacity.

- **Action Item 2.2.1: Retention.** Improve retention of both volunteers and paid team members through a variety of tools and methods. (August 31, 2022)
- **Action Item 2.2.2: Evaluation and Improvement.** Support the State LTC Ombudsman Program’s participation in the national evaluation of programs and assist the Office of the State LTC Ombudsman with implementation of recommendations from the evaluation as the program budget will allow. (August 31, 2025)

## **Goal 3: Improving the Health and Well-Being of Texans**

### **Objective 3.1: Self-Sufficiency and Well-Being for Families**

Increase self-sufficiency and positive outcomes for families.

- **Action Item 3.1.1: Self-Sufficiency for Families.** Strengthen self-sufficiency and positive outcomes for Texas families. (Ongoing)

### **Objective 3.2: Behavioral Health**

Enhance behavioral healthcare outcomes.

- **Action Item 3.2.1: Community-Based Behavioral Healthcare.** Expand capacity for community-based behavioral health to promote recovery and

engagement in the community to a targeted number of people every year. (Ongoing)

- **Action Item 3.2.2: Medication-Assisted Treatment.** Reduce negative health outcomes associated with opioid use by increasing the number of people receiving state-funded, medication-assisted treatment for an opioid use disorder. (Ongoing)
- **Action Item 3.2.3: Certified Community Behavioral Health Clinics.** Increase the quality of services that local mental health and behavioral health authorities provide by increasing the number of community behavioral health clinics certified to provide integrated acute and behavioral healthcare to improve overall health outcomes. (Ongoing)
- **Action Item 3.2.4: State Hospitals.** Increase the number of people served at state hospitals through programs to increase efficiency of forensic treatments. (Ongoing)

### **Objective 3.3: Well-Being for People with Disabilities**

Increase independence and positive outcomes for people with disabilities and their caregivers.

- **Action Item 3.3.1: Supporting Children with Disabilities.** Increase appropriate referrals that result in enrollment in the Early Childhood Intervention program. (Ongoing)
- **Action Item 3.3.2: Health and Specialty Care System.** Construct and maintain healthy, safe, and efficient healthcare environments. (Ongoing)
- **Action Item 3.3.3: State Supported Living Center (SSLC) Planning.** Evaluate recommendations of SSLC long-term planning. (Ongoing)
- **Action Item 3.3.4: Overcoming Barriers to Transition.** Continue to identify barriers to transition from SSLCs to the community. (Ongoing)
- **Action Item 3.3.5: Community-Based Waiver Programs.** Release additional waiver slots as funding permits, to serve people who are aging out of the foster care system, experiencing a crisis, or are leaving or being diverted from institutions. (Ongoing)
- **Action Item 3.3.6: Improving Communications Access for People Who Are Deaf or Hard of Hearing.** Increase client awareness of rights, public and private organizations' awareness of responsibilities, and community ability to interact with persons who are deaf or hard of hearing via in-person and web-based trainings. (Ongoing)

- **Action Item 3.3.7: Implementing Disability Services Action Plan.** Continue to evaluate delivery of services to people with disabilities and identify initiatives to improve outcomes and experiences. (Ongoing)

### **Objective 3.4: Independence and Well-Being for Older Adults and Their Families**

Enhance and increase older Texans' independence and quality of life.

- **Action Item 3.4.1: Healthy Aging.** Increase older Texans' opportunities for engagement in healthy behaviors, including exercise, good nutrition, and social connections, including virtual options. (Ongoing)
- **Action Item 3.4.2: Outreach to Communities with Limited Resources.** Increase research and outreach to provide organizations and partners in communities with limited resources enhanced opportunities to serve older adults. (Ongoing)
- **Action Item 3.4.3: Older Adults with Developmental Disabilities.** Increase options and resources for older adults with developmental disabilities and their caregivers. (Ongoing)

### **Objective 3.5: Women and Children**

Improve health outcomes for women, mothers, and children.

- **Action Item 3.5.1: Alternatives to Abortion.** Increase the number of Alternatives to Abortion clients enrolled in Medicaid and Nurse-Family Partnership. (Ongoing)
- **Action Item 3.5.2: Prenatal Nutrition.** Increase the number of women entering the WIC program during pregnancy to improve health outcomes for both mothers and infants. (Ongoing)
- **Action Item 3.5.3: Equity in Breastfeeding Rates.** Reduce disparities in breastfeeding rates across the WIC population. (Ongoing)
- **Action Item 3.5.4: Worksite Lactation Support.** Increase access to worksite lactation support. (Ongoing)
- **Action Item 3.5.5: Reproductive Health.** Increase access to women's healthcare and family planning services to avert unintended pregnancies, positively affect the outcome of future pregnancies, and positively impact the health and well-being of women and their families. (Ongoing)
- **Action Item 3.5.6: Childhood Immunizations.** Improve quality of life and life expectancy by increasing public awareness of the need for early

childhood immunizations, as required by Texas Government Code Section 2056.0022. (Ongoing)

### **Objective 3.6: Improving Health and Well-Being of Service Members, Veterans, and Their Families**

Enhance and expand information and service coordination and programs for Texas service members, veterans, and their families.

- **Action Item 3.6.1: Information Sources and Outreach.** Continuously improve and expand information sources through the Texas Veterans App and other agency social and electronic media, programs, and materials. (Ongoing)
- **Action Item 3.6.2: Coordination with Partners to Improve Services.** Enhance and expand initiatives with federal, state, and local governments and with private and faith-based partners. (Ongoing)

## **Goal 4: Integrity, Transparency, and Accountability**

### **Objective 4.1: Medicaid Managed Care**

Improve quality and strengthen accountability.

- **Action Item 4.1.1: Ensuring Access to Providers.** Implement effective policies and continue strengthening oversight activities to ensure access to providers for individuals enrolled in Medicaid and CHIP. (Ongoing)
- **Action Item 4.1.2: Ensuring Access to Services.** Identify potential barriers to the delivery of medically necessary services by enhancing monitoring and using data associated with prior authorizations, service coordination, complaints, fair hearings, and utilization. (Ongoing)
- **Action Item 4.1.3: Optimizing Managed Care Performance.** Refine review processes and data validation efforts that ensure the system of managed care is operating effectively, efficiently, and in the best interest of enrolled individuals, providers, and the state. (Ongoing)

### **Objective 4.2: Fraud Prevention, Detection, and Education**

Improve and expand fraud prevention, detection, and education.

- **Action Item 4.2.1: Prevention of Fraud, Waste, and Abuse across the HHS System.** Engage stakeholders, clients, and HHS in collaborative efforts to prevent fraud, waste, and abuse. (Ongoing)
- **Action Item 4.2.2: Detection of Fraud, Waste, and Abuse across the HHS System.** Continue focus on efforts aimed at identification of fraud, waste, and abuse through timely and thorough audits, investigations, inspections, and reviews. (Ongoing)
- **Action Item 4.2.3: SNAP Fraud Framework.** Support state agency efforts to improve and expand fraud prevention, detection, and education for SNAP recipients. (Ongoing)

### Objective 4.3: Protecting Confidential Information

Increase privacy awareness and compliance to protect confidential client information.

- **Action Item 4.3.1: Privacy Compliance.** Develop and implement a systemwide privacy awareness campaign to reduce the number of unauthorized disclosures and releases. (Ongoing)

## Goal 5: Customer Service and Dynamic Relationships

### Objective 5.1: Services and Supports

Connect people with resources effectively.

- **Action Item 5.1.1: Support for Victims and Survivors of Human Trafficking.** Maintain and update a public-facing provider guidebook online to connect victims and survivors of human trafficking with resources for healthcare, financial assistance, and social services. (Ongoing)
- **Action Item 5.1.2: American Sign Language Videos.** Improve customer service and the effectiveness of the Office of Deaf and Hard of Hearing Services website by publishing American Sign Language videos on the website. (Ongoing)
- **Action Item 5.1.3: Connecting Women to Services.** Increase access to primary healthcare services for women of child-bearing age through greater referrals from the Healthy Texas Women program to the Primary Healthcare Program. (Ongoing)

- **Action Item 5.1.4: Improved Contractor Training.** Improve training on benefits and services provided to contractors in the Family Violence Program and the Alternatives to Abortion Program. (Ongoing)

## **Objective 5.2: Advisory Committee Engagement and Diversity**

Increase stakeholder engagement and advisory committee membership diversity.

- **Action Item 5.2.1: Stakeholder Engagement.** Improve stakeholder engagement by using additional targeted outreach activities to increase the diversity of participants at advisory committee meetings and of applicant pools for appointments to advisory committees. (August 31, 2025 and Ongoing)

## **Objective 5.3: Dynamic Relationships with Partners**

Strengthen connections with partners who help us serve our clients.

- **Action Item 5.3.1: Public Health Collaboration.** Increase collaboration across health and human services systems in response to infectious disease outbreaks and other public health threats.
- **Action Item 5.3.2: Information on Procurement and Contracting.** Increase transparency of procurement and contracting functions for vendors and HHS partners by providing more information and improved guidance on the HHS website about every stage of doing business with HHS. (Ongoing)
- **Action Item 5.3.3: Academic Partnerships.** Continue and expand partnerships in state-of-the-art service delivery, program design, and knowledge-sharing through relationships with institutions of higher learning. (Ongoing)



## External Assessment

This external assessment allows the HHS system to anticipate trends—demographic trends, an economic forecast, health trends, and recent policy direction—that will shape the next five years, guiding planning efforts.

### Demographic Trends

This sub-section examines the following demographic trends: population growth, the aging of the population, the prevalence of disability, the racial/ethnic composition of the population, and the geographical distribution of the population.

#### Population Growth

The population in Texas continues to grow at a rate higher than the national average, due to both a natural increase (the amount by which the number of births exceeds the number of deaths) and positive net migration (the amount by which in-migrants outnumber out-migrants).

Texas is the second-most populous state, with 29.0 million residents in 2019. Between 2010 and 2019, the Texas population grew at a rate of 16 percent, compared to a 6 percent national growth rate.<sup>2</sup>

During the 2021–2025 planning period, the state's population is projected to increase by 2 million, or 7 percent, from 30.2 million in 2021 to 32.2 million in 2025,<sup>3</sup> at which point approximately 9.4 percent of the total United States (U.S.) population will reside in Texas.

#### Aging of the Population

The age composition of the Texas population will change between 2021 and 2050, possibly increasing the demand for services while decreasing the portion of the population that is in the workforce. Much of the change will be associated with the aging of the baby boomer generation, which is comprised of individuals born between 1946 and 1964. By 2021, baby boomers will represent nearly 18 percent of the total Texas population and will range in age from 57 to 75 years old.<sup>4</sup>

The percent of the population age 65 and older is projected to increase during the foreseeable future due to advances in medicine and healthcare that will increase life

expectancy. Those who reach age 65 will have a greater chance of living to age 85 and beyond.

The population age 65 and older is projected to grow from 4.1 million in 2021 to 8.3 million in 2050. This group's share of the total population is projected to increase from 13 percent in 2021 to 18 percent in 2050. The population age 85 and older is projected to more than triple during the 2021–2050 period, growing from 431,000 in 2021 to near 1.5 million in 2050.<sup>5</sup>

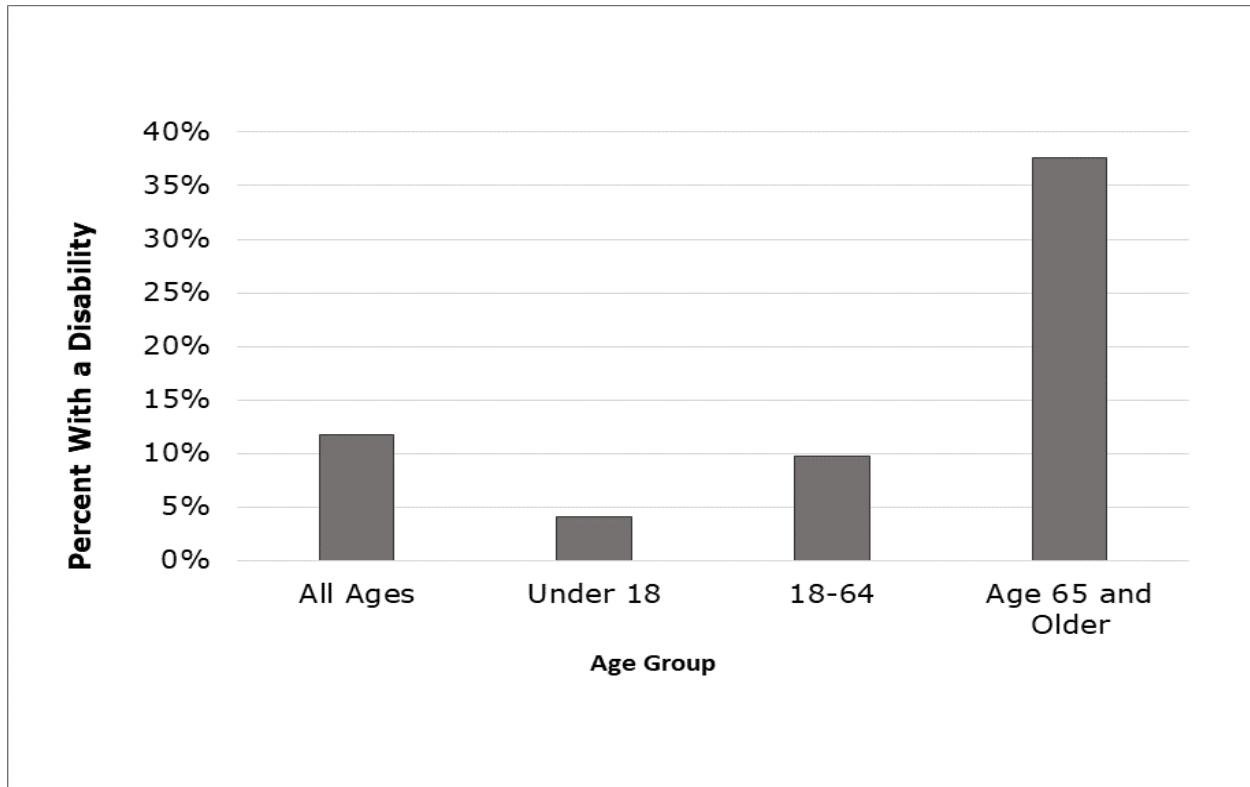
The old-age dependency ratio will also be impacted by changes in the age composition of the population. This ratio represents the number of people age 65 and older per 100 working-age people (ages 18–64). Higher values for this measure suggest a potential for a higher percent of individuals in the population in need of some degree of economic or other support. The old-age dependency ratio for Texas is projected to increase from 22.0 to 29.4 between the years 2021 and 2050, meaning that greater resources may be needed to provide income support and other help to older adults who cannot work.

### **Prevalence of Disability**

The aging of the population will likely result in an increase in the number of people living with a disability, a chronic health condition, or both. People with one or more disabilities, especially those with a severe disability, are more likely to use health and human services.

In 2018, an estimated 3.4 million Texans, or nearly 12 percent, lived with a disability.<sup>6</sup> The prevalence of disability increases with age. In 2018, approximately 38 percent of adults age 65 and older lived with a disability, compared to nearly 10 percent of adults age 18–64. Figure 1.1 illustrates the percent of the population with a disability according to age group.

**Figure 1.1: Percent of Texans with a Disability in 2018**



**Sources: U.S. Census Bureau, 2018 American Community Survey for Texas; HHSC, Center for Analytics and Decision Support, August 2020.**

### **Race/Ethnic Composition of the Population**

Texas is becoming more racially and ethnically diverse. The Texas Demographic Center produces population estimates and projections for the following race/ethnic groups that are discussed in this plan:

- Non-Hispanic white
- Non-Hispanic black
- Hispanic (of any race)
- Non-Hispanic other (including all other non-Hispanic persons of any race not listed above)

While non-Hispanic whites have been the largest group for decades, their percent share of the total population has been declining and will likely continue to decline.

According to Texas Demographic Center projections, in 2021 the non-Hispanic white and Hispanic populations will be about the same size, each accounting for

approximately 40 percent of the state's total population. By 2025, the percent of the population that is non-Hispanic white is projected to decrease slightly, to 39 percent, while the percent of the population that is Hispanic is projected to increase slightly, to 41 percent. Non-Hispanic blacks will account for 12 percent, and all other non-Hispanic groups, combined, will account for the remaining 8 percent of the total population by 2025.<sup>7</sup>

The following growth trends are projected between 2021 and 2025:<sup>8</sup>

- The non-Hispanic white population will grow from 12.2 to 12.5 million, with a growth rate slightly above 2 percent.
- The non-Hispanic black population will grow from 3.6 to 3.9 million, with a growth rate of 8 percent.
- The Hispanic population will grow from 12.1 to 13.1 million, with a growth rate of 8 percent.
- The population of all other non-Hispanic groups combined will grow from 2.3 to 2.7 million, with a growth rate of 17.4 percent.

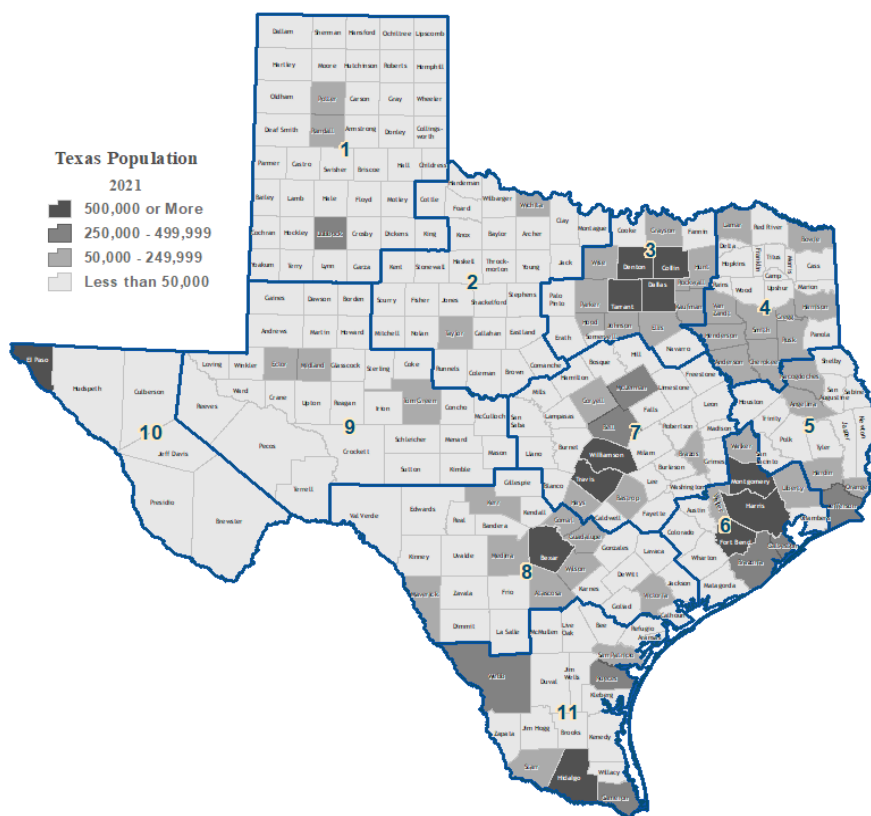
After 2021, Hispanics are projected to remain the largest ethnic group, accounting for 43 percent of the total population in 2050. Non-Hispanic whites' percent share of the population will decrease from 40 percent in 2021 to 29 percent in 2050.

With respect to the population age 65 and older, during 2021–2050 the non-Hispanic white population is projected to grow from 2.5 million to 3.3 million; the non-Hispanic black population is projected to grow from 393,000 to 959,000; and the Hispanic population is projected to grow from 985,000 to 3.1 million. For all other non-Hispanic groups combined, the age 65 and older population is projected to grow from 211,000 in 2021 to almost 1 million in 2050.<sup>9</sup>

## **Rural and Urban Population Trends**

Most of the Texas population resides in counties that are part of a metropolitan area. The map in Figure 1.2 depicts the total population projected for 2021 by county. The largest population concentrations, with 500,000 or more, will be found in and around the major metropolitan areas of the state, such as Houston, Dallas-Fort Worth, San Antonio, Austin, El Paso, and McAllen. Most of the counties with the smallest populations, less than 50,000, will be found in the vast geographical regions of West Texas, Central Northwest Texas, and Northwest Texas.

**Figure 1.2: Total Population by County, 2021**



**Sources: Texas Demographic Center, Population Projections for Texas According to the 2010–2015 Migration Scenario; HHSC, Center for Analytics and Decision Support. August 2020.**

By 2021, 3.1 million Texans, or 10 percent, are projected to reside in non-metropolitan (rural) counties.<sup>10</sup> Although these residents account for a relatively small amount of the state's total population, the combined population for those counties exceeds the total population of many other states in the U.S. Residents of rural counties tend to experience challenges in the delivery of health and human services, including:

- Limited access to affordable healthcare,
- Limited access to trained health professionals,
- Increased need for geriatric services,
- Prolonged response times for emergency services,

- Limited job opportunities and other incentives for youth to stay in the community,
- Limited transportation options, and
- Limited economic development and fiscal resources.

## **Economic Forecast**

The relative strength or weakness of the economy can affect the demand for health and human services, as well as the government's ability to obtain the revenue needed to fund those services and other priorities. When the economy remains strong and no major natural disasters occur, enrollment levels in means-tested programs such as SNAP and Medicaid are less likely to grow beyond increases based on general population growth.

### **Overall Forecast**

In 2019, Texas had the second-largest state economy in the U.S., accounting for 8.8 percent of national economic output, with a gross state product estimated at \$1.92 trillion.<sup>11</sup> Gross state product is the total monetary value of goods and services produced across all industries within the state during that year.

From September 2019 through the end of February 2020, the Texas economy was expanding, and the outlook was very positive. This period was characterized by a robust job market and strong economic activity across most industries. In January and February of 2020, the state saw some of the lowest rates of unemployment in the past two decades.

Beginning in March 2020, the condition of and the short-term outlook for the Texas economy began to change, with the COVID-19 pandemic's negative impact.

The rate of unemployment experienced abrupt changes, increasing from 3.5 percent in February 2020 to 13.5 percent in April of 2020, then decreasing to 8.6 percent in June 2020, as more than a half a million of the almost 1.3 million Texans who lost their jobs between February and April 2020 returned to work. However, some challenges remain, with the number of unemployed workers in June 2020 exceeding the number of unemployed workers in February 2020 by more than 700,000, and the 8.6 percent rate of unemployment in June 2020 being more than double the rate for February 2020.

Looking forward, the economic impacts of COVID-19 and other factors, such as lower oil prices, are difficult to predict.<sup>12</sup>

## Poverty

People living in poverty often rely on health and human services, and many of the programs that provide these services use percentage of the federal poverty level to determine financial eligibility.

The poverty levels for annual household/family incomes are as follows:<sup>13</sup>

- \$26,200 for a family of four;
- \$21,720 for a family of three;
- \$17,240 for a family of two; and
- \$12,760 for one-person households.

The most recent U.S. Census Bureau statistics about poverty in Texas indicate that in 2018 about 4.2 million Texans, or approximately 15 percent, lived in households/families with income below the federal poverty levels.

Among the different race/ethnic groups, the percent living below poverty varied as follows:

- Non-Hispanic white: 8 percent
- Non-Hispanic black: 19 percent
- Hispanics: 21 percent
- All other non-Hispanic groups combined: 11 percent

Among the major age groups, the percent living below poverty varied as follows:

- Children under 18: 21 percent
- Adults ages 18–64: 13 percent
- Adults age 65 and older: 11 percent

## Health Trends

Observing health trends is an important part of an external assessment, helping the HHS system to meet current and future demand for services.

### Maternal and Child Health

#### Maternal Health

High rates of being overweight or obese present significant challenges for maternal health. About 63.3 percent of women in Texas were overweight or obese in 2018,<sup>14</sup>

and between 2009 and 2018, pre-pregnancy obesity rates increased. Among Hispanic women, the increase was 36.0 percent, while non-Hispanic black and non-Hispanic white women had increases of 20.4 and 22.2 percent, respectively.<sup>15</sup>

Key to ensuring the health of expectant mothers and their unborn children is access to timely prenatal care. In 2018, a little more than two-thirds of Texas women of childbearing age (ages 18–44) reported having a routine checkup in the past year (68.7 percent).<sup>16</sup> In 2018, 65.6 percent of mothers entered prenatal care within the first trimester. Timely access to prenatal care increased in Texas from 2009 to 2011 but appears to have plateaued since then.<sup>17</sup>

There were 382 confirmed pregnancy-associated deaths in 2012–2015 in Texas. With more accurate identification of maternal deaths in Texas for 2012, the year with the highest reported maternal mortality rate to date, DSHS showed that, in 2012, the number of maternal deaths within 42 days postpartum in Texas was 56 maternal deaths or 14.6 deaths per 100,000 live births.<sup>18,19</sup>

There is still significant opportunity for improvement, particularly to reduce the disproportionate burden of maternal mortality experienced among non-Hispanic black women. At 42.6 deaths for every 100,000 live births, non-Hispanic black women died at a rate far higher than all other races and ethnicities in 2012–2015. This high level of maternal death among non-Hispanic black women exists regardless of income, education, marital status, or other health factors.<sup>20</sup> In reviewing cases of maternal death from 2012, the Texas Maternal Mortality and Morbidity Review Committee (MMMRC), discussed below, found that non-Hispanic black women were more likely to experience pregnancy-related death. Non-Hispanic black women continue to bear the greatest risk for maternal mortality, and a focus on this disparity must be part of ongoing efforts to improve maternal health.<sup>21</sup> Following recommendations from the DSHS/MMMRC Joint Biennial Report in 2018, the MMMRC established a Subcommittee on Maternal Health Disparities to understand more about the drivers of maternal health disparities.

## **Perinatal and Infant Health**

Trends for perinatal and infant health in Texas are mixed. The rate of preterm births decreased in Texas between 2009 and 2015, especially among infants born to non-Hispanic black mothers. However, the Texas preterm birth rate increased in 2016 for the first time in the past ten years and has continued to increase, reaching 10.8 percent in 2018.<sup>22</sup> Non-Hispanic black mothers continued to have the highest rate of preterm births in 2018, at 14.8 percent.<sup>23</sup>



In 2018, the Texas infant mortality rate reached a historic low of 5.5 deaths per 1,000 live births.<sup>24</sup> Texas' infant mortality rate has been at or below the national rate for the past ten years. Despite this progress, racial/ethnic disparities in infant mortality have persisted; the infant mortality rate for non-Hispanic black mothers (10.9 per 1,000 live births) was more than twice as high as the infant mortality rate for non-Hispanic white mothers (4.8 per 1,000 live births) in 2017.<sup>25</sup>

With an estimated 85.9 percent of mothers initiating breastfeeding among children born in 2017, Texas has exceeded the Healthy People 2020 target for 81.8 percent or more infants who are ever breastfed. However, at 23.9 percent of infants exclusively breastfeeding through six months, the rate of exclusive breastfeeding falls below the Healthy People 2020 target of 25.6 percent of infants breastfed through six months.<sup>26</sup>

## **Child and Adolescent Health**

Children and adolescents have relatively low death rates. As in past years, unintentional injury was the leading cause of death for children ages 1–14 in 2015, accounting for 38.7 percent of all deaths among boys and 27.4 percent of all deaths among girls of this age group.<sup>27</sup>

The suicide rate increased for adolescents (ages 15–19), from 7.53 suicide deaths per 100,000 adolescents in Texas in 2010 to 11.39 suicides per 100,000 in 2018.<sup>28</sup>

## **Behavioral Health**

Behavioral health includes issues relating to mental health and substance use.

### **Mental Health**

Mental illness is a leading cause of disability in the U.S.<sup>29</sup> It is estimated that 19.1 percent of the adult U.S. population has a mental health disorder during the course of a year.<sup>30</sup> In Texas, the number of adults with serious mental illness was estimated to be 1,166,188 in 2019.<sup>31</sup> Federal regulations define a sub-population of children and adolescents with more severe functional limitations, known as serious emotional disturbance. Children and adolescents with serious emotional disturbance comprise about 7 percent of children ages 9–17. In 2019, the estimated number of children with serious emotional disturbance in Texas was over 263,000<sup>32</sup>

Adults, adolescents, and children affected by mental illness and severe emotional disturbance are on a continuum of mental health. They have natural supports and

strengths that can be built on to foster resilience and recovery. As the state's population grows, so will the number of children and adults needing to use a variety of mental health resources, from outpatient services to intensive residential treatment options.

Having a capable and reliable workforce will be an ongoing challenge in the area of mental health. Eighty percent of Texas counties are designated as Mental Health Professional Shortage Areas.<sup>33</sup> It is projected that the role of peer support will grow in urban and rural areas in the future, a crucial part of the Texas Resilience and Recovery approach, which aligns with a national movement that is person-centered and focused on "Hope, resilience, and recovery for everyone." Peer providers are people who have struggled with mental health in the past, are currently in recovery, and have trained and certified as a peer-services provider.

## **Substance Use**

Substance use disorders contribute to and exacerbate many significant health problems and often co-occur with mental health conditions. In FY 2018, 13.1 percent of all HHSC-funded substance use treatment clients participated in programs for co-occurring psychiatric and substance use disorders.<sup>34</sup>

## **Opioid Use**

In Texas, accidental poisoning deaths where any opioids were involved increased 351 percent between 1999 and 2016.<sup>35</sup> Accidental opioid overdose deaths in 2016 were more common among non-Hispanic whites, males, and Texans ages 18–44 compared with other groups. However, the rate of increase in accidental opioid overdose deaths between 2011 and 2016 was higher among females and Texans ages 45–74.

Texas has also experienced an increase in the number of individuals on a waitlist to receive medication-assisted treatment, from 180 in FY 2017 to 613 in FY 2019.<sup>36</sup> This increase occurred despite a significant increase in the number of individuals receiving medication-assisted treatment, from 2,875 in FY 2017 to 5,115 in FY 2019.

As of 2016, most overdose deaths occurred in the major metropolitan areas of Texas, with residents of these areas representing the majority of treatment admissions for opiate use disorder.<sup>37</sup> The leading cause of maternal death from

delivery to 365 days postpartum in Texas is drug overdose, and over half of these deaths involve opioids.<sup>38</sup>

Additionally, pain reliever misuse among Texan youth ages 12–17 was higher than the national average (3.3 percent compared to 2.9 percent).<sup>39</sup>

Finally, quarterly meetings with the three federally recognized tribal nations in Texas determined the most urgent need related to opioid use is technical assistance, specifically with setting up telehealth services, establishing a Prevention Advisory Board, and increasing training capacity for various behavioral health services.

### ***Non-Opioid Drug Use***

While opioid use has been prioritized as a national crisis, the use and misuse of other substances remain health issues in Texas. From 1999 to 2016, Texas experienced a sharp increase in the number of drug poisoning deaths involving psychostimulants, such as methamphetamine, cocaine, and benzodiazepines.<sup>40</sup> Drug use among youth is of particular concern: in 2018, 23.5 percent of secondary and middle school students reported they had used an illicit drug at least once, while 13.9 percent reported drug use in the past month.<sup>41</sup>

### ***Alcohol Use***

In 2010, the economic cost of alcohol use in Texas was estimated to be \$18.8 billion, which includes healthcare expenditures, lost productivity, motor vehicle accidents, crime, and other costs.<sup>42</sup> Of the 3,642 motor vehicle fatalities in Texas in 2018, 1,439, or 39.5 percent, were alcohol-related.<sup>43</sup> Alcohol use among youth is far more prevalent than the use of other substances, with 51.5 percent of secondary and middle school students in Texas reporting they had used alcohol at least once, and almost 29 percent reporting alcohol use in the past month.<sup>44</sup>

### ***Tobacco Use***

Tobacco use remains a leading cause of preventable death and disease in Texas. Each year 28,000 Texans die from smoking-related causes.<sup>45</sup>

Tobacco use takes a high toll on populations with lower education and income levels and on those without healthcare coverage. According to the 2018 Texas Behavioral Risk Factor Surveillance System, the prevalence of cigarette smoking among adults with less than a high school education is 20.6 percent, compared to 14.4 percent

among the general population. In the group of individuals with an annual household income less than \$35,000, 18.2 percent smoke cigarettes. The prevalence of smoking among Texans without healthcare coverage is 20.9 percent.<sup>46</sup>

## **Overweight and Obesity**

Being overweight or obese is the second leading cause of preventable mortality and morbidity in the U.S., accounting for nearly 300,000 deaths every year and giving rise to economic costs that are second only to smoking.<sup>4748</sup> Poor diet and physical inactivity often lead to being overweight or obese.

The prevalence of adults who are obese is rising in Texas. In 2018, 34.8 percent of Texas adults were obese, which is an increase from 31.9 percent in 2014.<sup>49</sup> Nationwide in 2018, 30.9 percent of all adults were obese.<sup>50</sup>

Obesity is also a problem among youth. In 2019, 16.9 percent of high school students in Texas were obese (at or above the 95<sup>th</sup> percentile for body mass index, by age and sex).<sup>51</sup> Male students in Texas were more likely than female students to be obese (20.6 percent compared 13.0 percent). Non-Hispanic black students (17.8 percent) and Hispanic students (18.9 percent) in Texas were more likely than non-Hispanic white students (12.9 percent) to be obese.<sup>52</sup>

Regular physical activity, even in moderate amounts, has been shown to produce significant health benefits, but many adults in Texas report little or no exercise. In Texas, 25.6 percent of adults reported no leisure-time physical activity in the past month, compared to 23.8 percent of adults nationwide in 2018. Hispanic and non-Hispanic black adults in Texas had higher rates of no leisure-time physical activity, 30.4 percent and 25.2 percent respectively, compared to 22.5 percent of non-Hispanic white adults.<sup>53</sup>

Similarly, many adolescents in Texas report little or no exercise. In 2019, 58.2 percent of Texas adolescents in grades 9–12 did not meet physical activity recommendations of 60 minutes per day.

## **Infectious Diseases Threats**

DSHS engages in ongoing prevention, surveillance, and control activities related to emerging and re-emerging infectious diseases.

## **Coronavirus Disease 2019**

Since the emergence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus causing COVID-19, DSHS has been fully engaged in monitoring, detecting, and responding to the spread of the virus. Monitoring began in early January 2020, as did preparation for the arrival of the virus in Texas. DSHS announced the first positive test result for COVID-19 in Texas on March 4 and the first death of a person with lab-confirmed COVID-19 on March 17.

This new coronavirus is different from common coronaviruses that circulate among humans and cause mild illness, like the common cold. The novelty of the virus means that few people, if any, have immunity to it, so they are more vulnerable to the disease. Symptoms of COVID-19 are non-specific, and the disease presentation can range from no symptoms (asymptomatic) to severe pneumonia and death. Common symptoms of COVID-19 include fever, cough, and shortness of breath. Other symptoms reported include chills, fatigue, muscle aches, headaches, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.

Those at highest risk for severe illness include older adults and those with underlying medical conditions such as cancer, diabetes, obesity, and chronic kidney disease. The virus is thought to spread mainly from person to person through respiratory droplets but may also be spread through contact with contaminated surfaces.

As of September 2020, nearly every county in Texas has reported a COVID-19 case, and new information becomes available practically every day. To see the latest information about the number of cases and fatalities, as well as estimated recoveries, statewide hospital data, and case demographics for confirmed cases, see the DSHS website at <https://dshs.texas.gov/coronavirus/>.

COVID-19 represents an ongoing and significant threat to public health, causing high morbidity and mortality, while also placing increased stress on healthcare systems. The response to the COVID-19 pandemic has required collaboration with numerous local, state, and federal partners. For additional information, see the COVID-19 Impact and Response discussion, below.

## **Multisystem Inflammatory Syndrome in Children**

Multisystem inflammatory syndrome in children (MIS-C) is a condition where different body parts can become inflamed, including the heart, lungs, kidneys,

brain, skin, eyes, or gastrointestinal organs. Children with MIS-C may have a fever and various symptoms, including abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, or feeling extra tired. Many children with MIS-C were infected with SARS-CoV-2 or had been around someone with COVID-19. Most children develop MIS-C two to four weeks after infection with SARS-CoV-2.

DSHS is working with local and regional health departments to conduct surveillance for MIS-C and to report confirmed cases to the Centers for Disease Control and Prevention (CDC). As of September 5, 2020, 21 confirmed MIS-C cases had been identified in Texas. The number of MIS-C cases identified is likely to increase as more Texans become infected with SARS-CoV-2. The long-term effects of this and other associated syndromes in children are still under evaluation.

## **Influenza**

During the 2019–2020 season, influenza (flu) was widespread in Texas for 18 consecutive weeks, from late November through mid-March. Flu activity peaked in late December with 15.27 percent influenza-like illness (ILI) reported by ILINet participants and 38.91 percent of respiratory specimens testing positive for influenza at Texas hospital laboratories that reported data.

This was the first season since the 1992–1993 influenza season where influenza B was the predominant circulating virus early in the season. Over the course of the entire season, influenza A (H1N1) was the predominant virus detected, closely followed by influenza B/Victoria. Twenty influenza-associated pediatric deaths were reported in Texas. Eleven deaths were attributed to influenza B, and nine were attributed to influenza A (nine H1N1/2 unsubtype).

According to the most recent estimates from the CDC on Texas influenza vaccination coverage, there was an increase of about 10 percentage points from the 2017–2018 season, when it was 37.6 percent, to the 2018–2019 season, when it was 47.9 percent.<sup>54</sup> Rate estimates for 2019–2020 will be released in late 2020. Achieving a high coverage rate will be important in the 2020–2021 season due to continued presence of COVID-19. Hospitalizations from both influenza and COVID-19 could put a heavy strain on hospital staffing and bed capacity.

## **Healthcare-Associated Infections**

Healthcare-associated infections (HAIs) and preventable adverse events (PAEs) continue as significant causes of morbidity and mortality nationally and in Texas. In the U.S., an estimated 722,000 patients acquire HAIs every year, and as many as

75,000 of those patients die during their hospital stay.<sup>55</sup> At least 500 HAI outbreaks were investigated by the DSHS Healthcare Safety Team from November 2019 through September 2020.

HAI intervention has been applied in response to COVID-19 in nursing homes. To contain outbreaks of disease and to help facilities without COVID-19 infected persons to prepare for the possibility of infection, a team of infection control professionals from DSHS started working alongside HHSC surveyors and other partner agencies. The DSHS team conducts infection control assessment and response activities, completing 640 of these efforts as of September 4, 2020, and ongoing support for these vulnerable populations continues until the threat of COVID-19 is controlled.

In accordance with legislative direction to reduce HAIs and PAEs, general hospitals and ambulatory surgical centers in Texas must report certain infections and PAEs, such as a fall in a healthcare facility or an object left in a patient after surgery. The public can view facility-level HAIs and PAEs for each of these events or procedures on the website [www.haitexas.org](http://www.haitexas.org).

Additional sources of HAIs are organisms and bacteria that have become resistant to many antibiotics. More than 2,600 infections due to multidrug-resistant organisms or bacteria were reported in Texas from December 2018 to November 2019, making these conditions among the most numerous of all reportable infections in Texas.

### **Other Infectious Diseases**

Many other disease threats, from a variety of sources, also present dangers across the state: foodborne outbreaks, emerging diseases such as Zika and flea-borne typhus, rabies, and sexually transmitted diseases.

DSHS works with multiple partners—local and regional health departments, the CDC, and the Food and Drug Administration—to investigate sources, conduct surveillance, monitor conditions, and engage in other activities to control the spread of disease. For more information about these diseases and DSHS efforts to protect Texans, see the DSHS Strategic Plan for 2021–2025, to be published October 30, 2020.

## Leading Causes of Death

In 2017, the most recent year for which death data is available, chronic diseases accounted for a majority of the leading causes of death in Texas. Chronic diseases are generally characterized by a long period of development, a prolonged course of illness, functional impairment or disability, multiple risk factors, and low curability. Table 1.1 lists the ten leading causes of death in Texas in 2017.

**Table 1.1: Leading Causes of Texas Resident Deaths, 2017**

Ranking	Disease	Percentage of Texas Resident Deaths
1	Diseases of the Heart	22.9%
2	Malignant Neoplasms	20.2%
3	Cerebrovascular Diseases	5.5%
4	Accidents	5.4%
5	Chronic Lower Respiratory Diseases	5.4%
6	Alzheimer's Disease	4.8%
7	Diabetes Mellitus	2.9%
8	Septicemia	2.2%
9	Nephritis, Nephrotic Syndrome, and Nephrosis	2.2%
10	Chronic Liver Disease and Cirrhosis	2.1%
	All Other Causes	26.4%
<b>Total Deaths in 2017</b>		<b>100.0%</b>

**Source: Department of State Health Services (2020). 2017 Finalized Death Statistical File.**

Of the top five leading causes of death in Texas in 2017, four have several risk factors in common. Understanding risk factors can help in developing strategies to reduce the impact of preventable or treatable chronic conditions. These risk factors



are tracked at state and national levels to increase understanding of the health status of populations and to inform policymaking. Some of these risk factors include the following:

- Physical inactivity
- Nutrition/dietary behavior
- Obesity
- Tobacco use
- Hypertension
- Environmental dangers
- Lack of access to healthcare
- Heavy alcohol consumption
- High cholesterol

## **Health Insurance Coverage**

Having health insurance can improve access to healthcare services. Among other things, people covered by insurance are more likely to have a medical home, where they can receive preventive care and early diagnosis of conditions that are potentially harmful or even fatal if they are not treated promptly.

Among the uninsured, approximately 775,000, or about 16 percent, were children under age 18. The majority, over 4.1 million, were adults age 18–64, which accounted for approximately 83 percent of the uninsured. While some of these adults were unemployed, in 2018 the uninsured included 2.6 million employed adults age 18–64.

The number of uninsured people age 65 and older in 2018 was approximately 67,000, out of a population of more than 3.5 million. Because most Texans age 65 and older participate in Medicare, the rate of uninsured for this group was less than 2 percent, compared to more than 17 percent for the civilian population as a whole.

Among people without insurance in 2018, certain racial/ethnic groups were disproportionately represented. Non-Hispanic whites represented 41 percent of the total population but just 24 percent of the uninsured. Hispanics represented 40 percent of the total population but 61 percent of the uninsured. Non-Hispanic blacks represented 12 percent of the total population but 10 percent of the uninsured.

According to the U.S. Census Bureau, in 2018 an estimated 17.5 million Texans, or 62 percent, had private insurance coverage. This number represents an increase of 141,000 compared to 2017, but the percentage was unchanged from 2017 to 2018.

In 2018, 17 percent of Texans were covered by Medicaid and 14 percent by Medicare.

Among children age 18 and younger, 52 percent had private insurance, and close to 39 percent had Medicaid or CHIP. Among Texans ages 19–64, 68 percent had private insurance, and 8 percent had Medicaid or CHIP.

Compared with the rest of the country in 2018, a lower percentage of Texans under the age of 65 had private health insurance, yet the percentage for Medicaid participation among children age 18 and younger was comparable to the national average.

For people who use the federal marketplace, the most recent report indicates that 1.3 million Texans obtained coverage through the marketplace during the 2020 open enrollment period. Within that group, 325,050 were new enrollees. Among people covered by plans purchased through the marketplace, 82 percent were eligible for federal financial subsidies.<sup>56</sup>

## **Recent State and Federal Policy Direction**

Significant changes in policy direction have occurred recently at both the state and federal levels.

### **Medicaid and CHIP**

#### **Day Habilitation Guidelines**

Effective March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) published final regulations for day habilitation services for people receiving home and community-based services. These regulations support beneficiaries' full inclusion in the community, including engagement in community life, integrated work environments, and control of personal finances. States must ensure that all settings where home and community-based services are provided comply with the requirements. The regulations also require increased focus on the individual during the planning for and delivery of home and community-based services. States were originally required to come into compliance by March 17, 2022, but due to the impacts of COVID-19, CMS has extended that deadline by one year.

Day habilitation is a service in three of the four 1915(c) waivers that HHSC administers to serve people with intellectual or developmental disabilities. Increasing the extent to which people attending day habilitation have opportunities

for community integration has been identified by HHSC as an area for improvement. HHSC is continuing to work with internal and external stakeholders to develop strategies to comply with the 2023 deadline.

### **Electronic Visit Verification**

Congress passed the 21<sup>st</sup> Century Cures Act on December 13, 2016, amending Section 1903 of the Social Security Act (42 U.S. Code Section 1396b). The legislation requires states to use an electronic visit verification system for personal care services, under a state plan or a waiver of the state plan, furnished in a calendar quarter beginning on or after January 1, 2020. Texas, similarly to most states, requested and received federal approval for a “good faith effort” exemption that extends this timeline to January 1, 2021.

Implementation to cover personal care services will involve four Medicaid programs and the consumer-directed services model. HHSC is working with providers to ensure smooth implementation of the requirements by providing practice periods and training. The act also requires states to use electronic visit verification for home health services, with a January 1, 2023 deadline for compliance.

### **Maternal and Child Health**

Improving maternal and child health has received recent legislative attention.

#### **Texas Maternal and Mortality Review Committee**

Senate Bill (S.B.) 750, 86th Legislature, Regular Session, 2019, reauthorized the Texas Maternal Mortality and Morbidity Task Force until 2027 and renamed it the Texas Maternal Mortality and Morbidity Review Committee (MMMRC). The MMMRC will continue to review cases and make recommendations to reduce maternal mortality and morbidity in Texas. The Subcommittee on Maternal Health Disparities will continue to apply principles of a health equity framework to MMMRC review work through development of tools to better capture and understand the socio-spatial context of the deaths, community-level drivers to maternal health disparities, and consideration of contributing factors to death, particularly at the community level. The MMMRC will use these tools for ongoing case review.

DSHS will continue to improve the MMMRC case review processes in partnership with the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) program. Cases from the 2019 case cohort are scheduled for review during FY 2021, with cases from the 2020 cohort scheduled for FYs 2022 and 2023.

Resources and support from ERASE MM will improve the MMMRC's ability to identify, review, and characterize pregnancy-associated deaths, as well as identify prevention opportunities. Additionally, this work will accomplish the following:

- Facilitating an understanding of the drivers of maternal mortality and complications of pregnancy as well as the disparities associated with maternal death;
- Informing identification of interventions that are likely to have the greatest impact, whether with the patient, the provider, the facility, the system, or the community; and
- Guiding implementation of targeted initiatives for families and communities who need them most.

The MMMRC will continue to provide ongoing consultation to several programs in accordance with legislative direction.

### **High-Risk Maternal Care Coordination**

In response to a DSHS exceptional item request, the Legislature passed S.B. 748, 86th Legislature, Regular Session, 2019, and funded a requirement for DSHS to develop and implement a high-risk maternal care coordination services pilot program in one or more geographic areas. The bill also requires DSHS to:

- Conduct a statewide assessment of training courses provided by community health workers and promotoras to target women of child-bearing age;
- Study existing models of high-risk care coordination services;
- Identify, adapt, or create a risk assessment tool to identify pregnant women who are at a higher risk for poor pregnancy, birth, or postpartum outcomes;
- Create educational materials for community health workers and promotoras, to include information on the risk-assessment tool and best practices for high-risk maternal care;
- Evaluate the new pilot program; and
- Report on these activities by December 1 of each even-numbered year.

### **Postpartum Care**

S.B. 750 also required HHSC to include a limited postpartum service package in the Healthy Texas Women program, for 12 months following the end of pregnancy-related Medicaid coverage. Further, House Bill (H.B.) 253, 86th Legislature, Regular Session, 2019, required HHSC to publish a strategic plan to address postpartum

depression. Implementation efforts are discussed in the Major Initiatives and Planning Efforts section of this document.

### **Improvements in Newborn Screening**

S.B. 747, 86th Legislature, Regular Session, 2019, provides greater clarity for providers who help administer the newborn screening program and allows DSHS to add tests more quickly to the newborn screening testing panel so that earlier interventions can occur for life-threatening conditions in newborns. The bill requires DSHS to provide more price stability, to make cost information more available, and to report on any funding collected and efforts related to adding new tests to the newborn screening testing panel.

S.B. 500, 86th Legislature, Regular Session, 2019, provided DSHS with supplemental funding to screen newborns for X-linked adrenoleukodystrophy, and that test has now been added to the newborn screening panel.

### **Telehealth and Telemedicine**

Level IV hospitals are required to have a physician standing by to respond to emergency room calls at all times, and in the past, telemedicine has not been allowed. When local physicians cannot be available, many rural hospitals contract with visiting physicians to provide trauma-related care, often at great cost. H.B. 871, 86th Legislature, Regular Session, 2019, permits designated Level IV trauma facilities located in a county with a population of less than 30,000 to utilize telemedicine services to comply with the on-call physician requirement when caring for critically injured patients. The bill requires DSHS to adopt rules related to these processes.

To ensure access to care during the COVID-19 pandemic, clinically appropriate telehealth and telemedicine flexibilities have been implemented or temporarily expanded in several programs, such as Medicaid, CHIP, the Healthy Texas Women program, the Family Planning Program, Primary Health Care, and Children with Special Health Care Needs. Beyond the current pandemic, HHSC will assess the use and effectiveness of telemedicine in these programs and review potential permanent policy changes to allow telehealth and telemedicine for a select and appropriate array of services.

Similarly, the behavioral health service delivery system has adapted by shifting to the delivery of services via virtual and telephonic platforms. Post-COVID, the state anticipates this approach will continue as permitted by state and federal laws.

## **Mental Health**

The Legislature continues to expand support for people diagnosed with various mental illnesses and conditions. The three most significant bills from the most recent legislative session are discussed below.

### **Collaboration in Rural Areas**

On a national level, as well as across Texas, policy makers, local government officials, law enforcement officials, and healthcare providers have expressed concern about individuals receiving mental health treatment in the least effective and most expensive places of service: county jails and emergency rooms. The impact of delivering services in these settings is especially felt by local government, law enforcement, and hospitals in rural Texas. Ineffective mental health treatment frequently leads to unrealized recovery, more mental health crises, and emergency room utilization. At the same time, there have been few systematic statewide analyses of the cost estimates in rural Texas associated with mental health crisis and impact to local government, law enforcement, and hospitals.

To increase access to mental healthcare in rural areas, S.B. 633, 86th Legislature, Regular Session, 2019, directed HHSC to study regional collaboration among local mental health authorities (LMHAs) and local behavioral health authorities (LBHAs) serving counties with populations under 250,000. Through the All Texas Access project, HHSC identified rural local authorities, assigned them to regional groups of at least two authorities, and developed regional mental health service plans for each group, with the goal of increasing capacity for the provision of mental health services.

Regional plans conceptualize regional gaps as shared among all the LMHA/LBHAs participating in their respective groups. The plans also share solutions to enhance collaboration with local and regional partners to increase access to care at the right time and place for rural Texans. The increased collaboration and coordination on a regional level is likely to be a trend in the future. HHSC will submit recommendations in the form of a report to the Legislature by December 2020.

### **Partnership with Education Service Centers**

Through passage of H.B. 19, 86th Legislature, Regular Session, 2019, LMHAs can now partner with regional education service centers to house a non-physician mental health professional within the education service center. With funding through HHSC, these mental health professionals will be resources for school

district personnel on best practices and resources related to mental health and substance use.

## **Suicide Prevention**

Suicide prevention and intervention is currently addressed by a patchwork of laws, policies, programs, and initiatives that vary across agencies. This lack of coordination makes it hard for state agency policymakers and the Legislature to have a clear picture of the statewide impact of suicide.

In accordance with H.B. 3980, 86th Legislature, Regular Session, 2019, HHSC coordinated with DSHS to prepare an initial summary report on the prevalence of suicide in Texas and policies and programs to prevent suicide across state systems and agencies. HHSC will issue a final report with recommendations from the Statewide Behavioral Health Coordinating Council by November 1, 2020.

## **Addressing Human Trafficking**

In 2019, the Legislature passed two pieces of legislation that will have significant impact in the fight against human trafficking in Texas. H.B. 2059, 86th Legislature, Regular Session, 2019, requires all healthcare practitioners in the state—more than 1 million providers—to take a new course to help them identify and support victims of human trafficking. HHSC has initiated a stakeholder engagement plan to collaborate with licensing boards to support practitioners through this change. HHSC has also developed training standards that courses must meet and a training review process that each course will undergo prior to approval. The federal “SOAR to Health and Wellness” course is currently listed on the Human Trafficking Resource Center website, and more evidence-based courses will be added to the list as they are approved.

S.B. 20, 86<sup>th</sup> Legislature, Regular Session, 2019, requires HHSC, in collaboration with a health-related institution of higher education, to establish an inpatient and outpatient treatment program for victims of child sex trafficking, create opportunities for research and workforce expansion related to treatment of victims of child sex trafficking, and assist other health-related institutions of higher education in Texas to establish similar programs.

Additionally, HHSC is required to establish a matching grant program to award a grant to a municipality for the development of a sex trafficking prevention needs assessment. The awarded municipality must collaborate with a local institution of higher education on the needs assessment, which must outline the prevalence of

sex trafficking crimes in the area, strategies for reducing the number of those crimes, and the need for additional funding for sex trafficking prevention programs and initiatives.

## Regulatory

The 86th Legislature passed several bills that will significantly impact regulatory matters in Texas.

S.B. 1519, 86th Legislature, Regular Session, 2019, establishes the Long-Term Care Facilities Council, building on the work begun by the Long-Term Care Facility Survey and Informal Dispute Resolution Council that was created and abolished by S.B. 914, 84th Legislature, Regular Session, 2015. The new council will review LTC facility regulations, quality-based Medicaid payment programs for such facilities, and the process for allocating Medicaid beds in certain LTC facilities. In January of odd-numbered years the council will report its findings and recommendations to the Governor, the Legislature, and the Executive Commissioner.

Per recommendations from the Texas Sunset Commission, H.B. 1501, 86th Legislature, Regular Session, 2019, created the Texas Behavioral Health Executive Council by consolidating the Texas State Board of Examiners of Marriage and Family Therapists, the Texas State Board of Examiners of Professional Counselors, and the Texas State Board of Social Worker Examiners with the Texas State Board of Examiners of Psychologists. Authority to administer examinations, issue licenses, set fees, and take disciplinary action for these professionals—marriage and family therapists, licensed professional counselors, social workers, and psychologists—was transferred from each health board, administratively supported by HHSC, to the new council, which is independent of HHSC, effective September 1, 2020.

S.B. 568, 86th Legislature, Regular Session, 2019, seeks to enhance health and safety protections for children in all licensed and registered child care operations by directing HHSC to take the following actions:

- Creating a safety training account, consisting of money collected from administrative penalties, gifts, grants, and donations, to provide safety training materials at no cost to licensed childcare facilities and registered or listed family homes;
- Establishing in rule safe sleeping standards and require operations to notify parents of any violations of these standards;



- Expanding from three years to five years the time that inspection data on all licensed and registered operations will be available on the Search Texas Child Care website;
- Requiring operations to have liability insurance or to notify HHSC and parents in a timely manner if they are unable to secure this insurance;
- Requiring operations to report serious incidents of abuse, neglect, exploitation, injuries, and illnesses involving children to HHSC and to notify affected children's parents and guardians;
- Imposing administrative penalties for violations of certain high-risk standards, including abuse, neglect, or exploitation of children and violations involving failure to report information to parents, guardians, or HHSC; and
- Evaluating the compliance history of an operation prior to the renewal of the operation's license or registration, and if appropriate, placing restrictions on or denying the renewal.

To enhance current regulatory oversight of listed family homes that provide child care, S.B. 569, 86th Legislature, Regular Session, 2019, adopts minimum standards for listed family homes, requires liability insurance unless it is cost-prohibitive, and requires operators of such homes to complete training in safe sleeping practices. In addition, the bill permits HHSC staff to visit during operating hours to investigate, inspect, and evaluate the operation's compliance with the minimum standards.

## **Public Health**

The 86th Legislature, Regular Session, 2019, passed multiple bills impacting public health in Texas. While some are discussed above, this list highlights some additional improvements.

- H.B. 2041 authorizes DSHS to collect and report information about freestanding emergency medical care facilities' fees, billing, insurance practices, and health plan network status.
- H.B. 3704 adds flexibility in sharing public health data with local public health entities while also providing adequate data-sharing safeguards.
- H.B. 1848 requires DSHS to establish regional advisory committees to improve antimicrobial stewardship in LTC facilities through collaborative action. As discussed above, antibiotic resistance and other infectious disease agents are especially threatening to LTC facilities, home to some of the state's most vulnerable residents.

- While on duty, first responders and other emergency medical service (EMS) personnel risk exposure to serious diseases. To prevent the contraction of disease, they must know their vaccination status and get the appropriate vaccines. H.B. 1418 helps by giving first responders access to the statewide immunization registry, ImmTrac2, at the point of EMS certification or recertification so they can learn their vaccination status.
- S.B. 1827 allows peace officers, who are often first responders to emergency calls, to administer an epinephrine auto-injector, a common drug that helps combat allergic reactions and anaphylaxis. DSHS and the Texas Commission on Law Enforcement will develop appropriate training.
- H.B. 1849 and H.B. 4260 require DSHS to develop rules for the use of epinephrine auto-injectors in day care centers and other entities that choose to adopt an epinephrine auto-injector policy. In addition, H.B. 1849 requires day care centers to report the use of the epinephrine auto-injectors to DSHS.
- H.B. 3405 requires the HHS Executive Commissioner to establish and maintain a Sickle Cell Task Force to raise awareness of sickle cell disease and sickle cell trait. The task force will study and advise DSHS on the effectiveness, feasibility, continuation, implementation, and impact of sickle cell awareness campaigns and make recommendations as appropriate.
- Increasing the minimum age at which a person may legally access tobacco could improve health outcomes by delaying initiation of tobacco use. S.B. 21 raises the legal age to access tobacco products to age 21 and requires DSHS to conduct a broad communications effort about the changes in the law.
- S.B. 999 requires DSHS to consult with stakeholders to develop and implement a state plan for education on and treatment of Alzheimer's disease and other dementias, to include best practices and strategies.
- H.B. 2048 eliminates the Driver Responsibility Program but provides alternative sources of revenue intended to support the continued operation of the state hospital trauma system that DSHS facilitates.
- H.B. 1325 establishes the Hemp Farming Act and creates a state regulatory framework for industrial hemp, including the manufacturing and retail sale of consumable hemp products. This regulation will involve both DSHS and the Texas Department of Agriculture.
- S.B. 572 provides greater latitude and clarity for cottage food operations, expanding the types of foods that may be produced and the means by which an operation may sell its products. DSHS will oversee the expansion to support consumer protection.

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## Major Initiatives and Planning Efforts

To ensure the development of a comprehensive, statewide approach to the planning of health and human services, the HHS system agencies coordinate on a variety of initiatives with cross-divisional and cross-system impacts.

### Performance Management and Analytics System

Based on recommendations from the Sunset Advisory Commission and requirements of the Legislature, HHSC is developing an HHS-wide performance management and analytics system (PMAS) which will:

- Provide broad and deep perspectives into overall system performance,
- Increase transparency,
- Improve communication and coordination within the system, and
- Align system activity with agency priorities.

In 2019, the Office of Performance launched a pilot system based on key performance indicators, to test and strengthen HHS capabilities for the larger PMAS objective of a robust performance system with overall strategic integration and program interconnectivity.

As required by the 2020–21 General Appropriations Act, H.B. 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC, Rider 175), HHSC has a 10-year plan to develop and maintain a fully automated performance management and data analytics system that will continually mine systems and information to assist in near-term cost-avoidance and to provide insight into the various aspects of program success. PMAS will be a trusted source of integrated data, which will be leveraged to allow for the following:

- Client-centric service histories that can be used to improve client outcomes,
- A prioritized list of opportunities to support an environment of continuous improvement, and
- Enhancements to be regularly assessed for division-specific and cross-divisional improvements.

Integrating data collected from PMAS into HHS initiatives will have positive impacts both on program expenditures and client outcomes by allowing HHS to operate at maximum efficiency with the ability to predict and prescribe outcomes for clients.

## **Procurement and Contracting Reform**

Because HHS services are administered primarily through contracts with providers and other vendors, the integrity, quality, and compliance of procurement and contracting activities at HHS are critical.

Over the past decade, HHS procurements and contracts grew significantly in number and complexity, with over 20,000 contracts currently valued at approximately \$34 billion annually. These include contracts for a wide range of goods and services, including commodities, building construction, information technology, and managed care and other health services. A lack of clear processes and ineffective oversight were substantial vulnerabilities with this increased volume and complexity of contracts, resulting in systemic issues that ultimately led to the cancellations of several complex, high-value procurements.

For the past two years, HHS has been heavily focused on reforming the procurement and contracting system to address the weaknesses that led to these cancellations and other shortcomings identified by internal and external reviewers, including the State Auditor's Office. Based on the insights and observations of these reviews, the HHS reform strategy has focused on the following overarching goals:

- Enhancing accountability, oversight, and compliance;
- Establishing clear and effective policies, procedures, and processes;
- Strengthening the procurement and contracting workforce;
- Enhancing strategic and long-term planning for procurement and contracting functions; and
- Improving communications and transparency internally and externally.

Overseen by an executive steering committee and led by the Office of Transformation and Innovation, the Procurement and Contracting Improvement Plan is the governance structure that coordinates a group of detailed improvement projects addressing the issues that led to the canceled procurements. This multi-project plan also establishes a sustainable model of procurement and contracting practices that can support and respond to future needs of the system. Collectively, these reforms seek to serve HHS clients in an efficient and effective manner, restore public trust, and ensure the highest level of compliance and accountability.

## **Information Technology Modernization**

As the HHS system has consolidated from 12 legacy agencies in 2003 to 2 agencies in 2020, HHS leadership has embraced the opportunity for positive transformation

across a variety of IT systems and architectures that were built for different times and are now brought together. IT leadership has worked diligently to ensure continuity in the existing infrastructure to ensure reliable support for organizational and program needs.

Because technology continues to evolve rapidly, older systems become inefficient and more difficult to support. To address these challenges, and in accordance with HHSC Rider 175, IT leadership will be implementing a 10-year plan to modernize IT and data services, greatly benefiting Texas communities and the people HHS serves. Enhancements will include:

- Improved responsiveness and availability of systems to support critical programs such as TANF, SNAP, and Medicaid/CHIP;
- A mature cybersecurity program that reduces security attacks and protects the personal health information of Texans;
- A proactive strategy to maintain critical databases for laboratory systems that contain research information for public health programs; and
- Applications for determining client eligibility and benefit levels.

The modernization plan leverages cloud-based infrastructure to provide agility, reliability, cost savings, and improved cybersecurity. Cloud technology also makes an application easier to scale up or down depending on need. The flexibility offered by cloud platforms improves the user's experience and ensures continuity of services to clients, which is particularly important during times of crisis. These improvements will also benefit providers and other external entities that interact with HHS systems, by improving data systems they use to conduct business efficiently with HHS.

## **Health Outcomes for Women and Children**

Improving the health of women, mothers, and children is critical to the future of Texas. Through an array of programs and services that recognize fundamental health connections, HHS supports a continuum of care across a woman's life and coordination of efforts across programs. This work includes efforts to improve quality of care for women and mothers and to ensure programs reach families with important health information and services to give infants and children the healthiest start possible.

Benefit packages in HHS programs—including Medicaid, the Healthy Texas Women program, and the Family Planning Program—broadly cover acute and chronic health

needs along with family planning services. Healthy Texas Women and the Family Planning Program offer women's health and family planning services at no cost to eligible, low-income women in Texas.

As described below, Healthy Texas Women is now a demonstration waiver program within the Medicaid program. Through the Healthy Texas Mothers and Babies program, HHS leads public health initiatives to improve the health and well-being of women and infants.

To improve care for postpartum women, HHS is moving forward with two significant initiatives based on findings by the Texas MMMRC, described above.

- Pursuant to H.B. 253, 86th Legislature, Regular Session, 2019, HHSC released its inaugural postpartum depression strategic plan on September 1, 2020, identifying opportunities to improve access to maternal mental health screenings, referrals, treatment, and support services in Texas.
- Effective September 1, 2020, Healthy Texas Women now offers a limited postpartum service package, pursuant to S.B. 750, 86th Legislature, Regular Session, 2019. This new program, Healthy Texas Women Plus, provides enhanced postpartum benefits to eligible women for 12 months following the end of pregnancy-related Medicaid coverage.

## **Medicaid Managed Care Quality and Accountability**

Over the past decade, HHSC has shifted from a fee-for-service model of service delivery to a managed care model, and now more than 92 percent of the 4.5 million Texans served in Medicaid and CHIP have services delivered through managed care organizations (MCOs) and dental maintenance organizations (DMOs). To achieve consistent improvement in quality and value of service delivery through the managed care model, and to ensure enforcement of contract requirements, HHSC has established an accountability system with multiple components.

This multi-faceted oversight system applies different tools and methodologies to assure positive performance. Many of these processes have evolved in recent years with additional resources allocated by the Legislature. Aspects of HHSC managed care oversight include the following:

- **Access to services** is evaluated through network adequacy monitoring, appointment availability studies, and member satisfaction studies.

- **Service delivery** is monitored through utilization reviews of acute and LTC services and supports, drug utilization reviews, and electronic visit verification.
- **Quality of care** is assessed through custom evaluations and is noted in quality measure indicators and MCO report cards. Various alternative payment models and initiatives, intended to ensure quality improvement, are routinely assessed for results.
- **Operations** of MCOs and DMOs are monitored by HHSC through readiness and operational reviews, as well as targeted reviews.
- **Financial oversight** occurs through validation of contractors' financial reporting, review of administrative expenses and profit limits, experience rebates, and independent auditing.

When HHSC identifies MCO and DMO contractual non-compliance, multiple stages of remedies are available, and the remedy issued is contingent on the type of non-compliance and level of impact. Remedies may initiate as corrective action plans and later progress to accelerated monitoring if not resolved. Advanced remedies such as liquidated damages, suspension of default enrollments, or contract termination are also available and may be applied immediately if warranted.

With effective contract oversight tools in place, HHSC is positioned to identify and resolve performance and non-compliance issues earlier, which helps mitigate negative impacts to Medicaid and CHIP members and providers.

## **Medicaid Section 1115 Demonstration Waivers**

Section 1115 of the Social Security Act allows CMS and states flexibility to waive certain requirements in designing programs to ensure the efficient delivery of healthcare services. Texas has worked with CMS on two significant waivers to improve outcomes for clients.

### **Healthcare Transformation and Quality Improvement Program**

The Texas Healthcare Transformation and Quality Improvement 1115 waiver provides flexibility for Texas to preserve upper payment limit funding for hospitals while expanding risk-based managed care statewide. The waiver created two funding pools:

- The Uncompensated Care pool reimburses costs for care provided to people with no third-party coverage for hospital and other services.



- The Delivery System Reform Incentive Payment pool supports coordinated care and quality improvement goals of about 300 providers in 20 regional healthcare partnerships covering the entire state. Funding for this pool ends September 30, 2021.

Texas' original 1115 waiver was approved from December 10, 2011, to September 30, 2016. Most recently, the waiver was extended effective January 1, 2018, through September 30, 2022. In implementing the waiver, HHSC collaborates with many federal, state, local, and regional partners, including CMS, the Executive Waiver Committee, intergovernmental entities, anchoring entities, performing providers, external stakeholders, and regional healthcare partnerships and their participants.

### **Healthy Texas Women Section 1115 Demonstration Waiver**

On June 30, 2017, HHSC submitted a Section 1115 demonstration waiver application seeking federal participation in the Healthy Texas Women program, and in January 2020, HHSC and CMS reached an agreement to provide comprehensive women's health services through this program. HHSC began drawing down federal funds for the program on February 18, 2020, and the waiver is approved through December 31, 2024. Healthy Texas Women clients ages 18–44 are included in the waiver, and services for clients ages 15–17 in the program are paid using state funds only. CMS requires HHSC to bring Healthy Texas Women eligibility processes and policy into compliance with federal Medicaid requirements within 18 months, which will not result in changes to currently covered benefits.

As of September 2020, the waiver implementation plan was under negotiation with CMS. In accordance with S.B. 750, 86th Legislature, Regular Session, 2019, HHSC will submit a waiver amendment seeking to add an enhanced, cost-effective, and limited postpartum services package for women enrolled in the waiver in the postpartum period.

### **State Hospital Redesign**

State hospitals provide inpatient psychiatric care for adults, adolescents, and children. HHSC has embarked on a multi-year project to expand, renovate, and transform the state hospital system, consistent with direction in the 2018–19 General Appropriations Act, S.B. 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC, Rider 147b). The redesign will accomplish the following:

- Enhancing the safety, quality of care, and access to treatment for Texans with mental health issues;
- Expanding capacity and reducing waiting lists for inpatient psychiatric treatment, particularly for maximum security units; and
- Increasing collaboration with potential partners, particularly higher education and health-related institutions.

S.B. 500, 86th Legislature, Regular Session, 2019, provided \$445 million for the new construction, expansion, and renovation of facilities across the state. In total, more than \$745 million has been appropriated for the first two phases of construction.

As HHSC moves forward with these construction and renovation projects, it is ensuring the changes fit within the broader behavioral health continuum of care. Stakeholder engagement has been a critical component of this effort, including close coordination with the Statewide Behavioral Health Coordinating Council, the Behavioral Health Advisory Committee, and local community partners, with a special focus on the history of the hospital system.

HHSC has begun construction in Kerrville, Rusk, Houston, San Antonio, and Austin:

- In Kerrville, two existing vacant buildings are being renovated to add 70 new maximum-security unit beds, to be completed in early 2021.
- At Rusk State Hospital, HHSC is building a new 100-bed maximum-security unit and a 100-bed non-maximum-security unit.
- In Houston, HHSC has contracted with the University of Texas Health Science Center at Houston to build a new hospital, the Behavioral Continuum of Care Campus, which will bring at least 240 new beds online near the current Harris County Psychiatric Center. This project is under construction and will be completed at the end of 2021.
- An existing building on the San Antonio State Hospital campus is being renovated to add 40 beds of new capacity and will be completed by the end of 2020.
- HHSC has begun construction on a 300-bed replacement hospital in San Antonio.
- Construction has started on the 240-bed replacement hospital in Austin.

The agency will be seeking \$276.5 million from the 87th Legislature to complete these projects, furthering efforts to strengthen the system of psychiatric care and investigating opportunities to bring additional psychiatric beds online in the Dallas-

Fort Worth and Panhandle areas, to provide necessary services and supports statewide.

## **Statewide Behavioral Health Coordination**

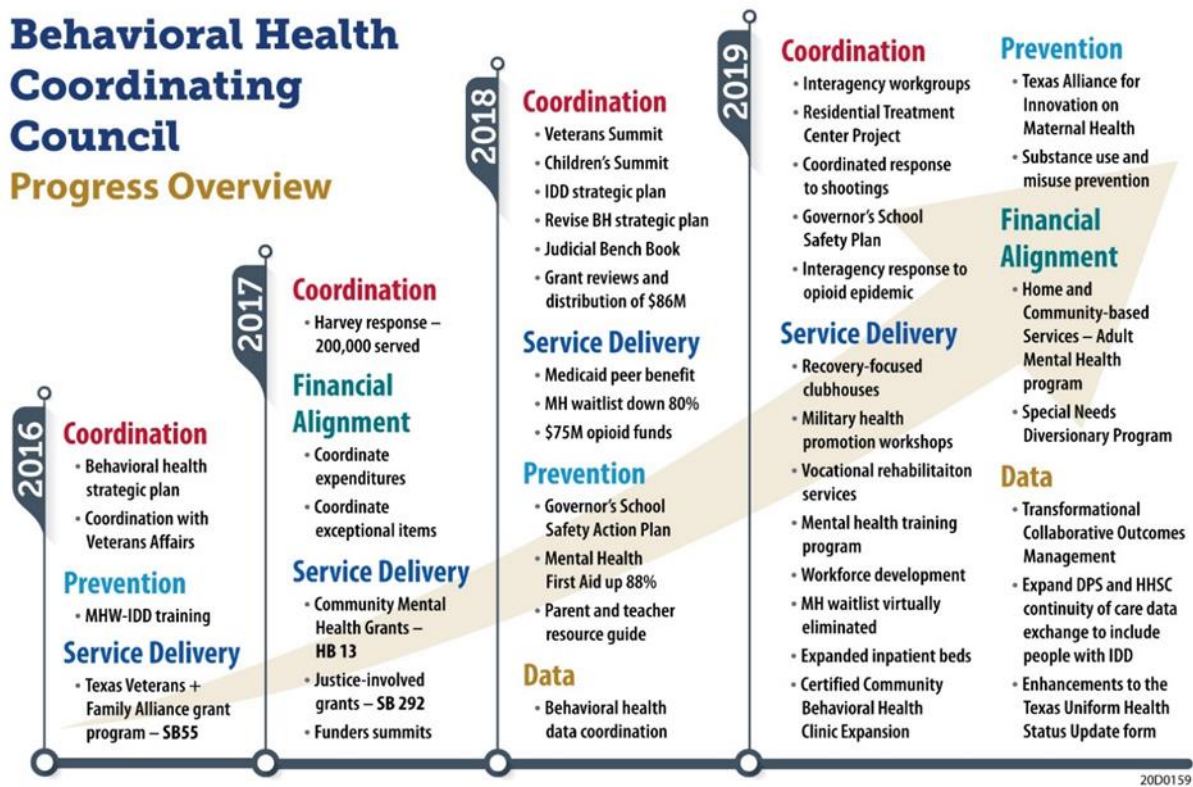
In Texas, behavioral health services—encompassing both mental health and substance use treatment—have evolved and transformed over the past decade. Much of this transformation is due to the significant investment and stewardship of the Governor and the Legislature to improve the behavioral health service delivery system. The movement toward managed care, the increased use of treatment alternatives to incarceration, the improved psychiatric crisis system, enhanced local community collaboration, and leveraged funding efforts have all contributed to significant advancements in behavioral healthcare in Texas. Even with these improvements, there is room for advancement.

Texas currently invests \$3.9 billion biennially at the state level through general revenue, Medicaid, and local and federal dollars to fund behavioral health services. These efforts have not always been coordinated across state agencies. The statewide mental health coordinator position at HHSC works to improve coordination among these entities and to provide statewide, strategic oversight on public mental health policy and services.

The Statewide Behavioral Health Coordinating Council, now comprised of 23 state agencies and institutions of higher education that receive state funding for behavioral health services, developed a five-year strategic plan in 2017 to coordinate and align behavioral health activities and ensure efficient and effective use of behavioral health funding. To enhance effectiveness, each entity on the council focuses its behavioral health services and funding on strategic plan priorities. New and current program funding streams must address one or more goals, objectives, and strategies, and they must also support the state's behavioral health vision and mission. Per legislative direction, the council submits an annual progress report on implementation of the Texas Statewide Behavioral Health Strategic Plan. The figure below illustrates this progress.

# Behavioral Health Coordinating Council

## Progress Overview



In collaboration with the council, HHSC is already developing the next five-year iteration of its strategic plan, for FYs 2022–2026, including a companion plan on substance use disorder services in accordance with legislative direction. The plan will be released in the fall of 2021.

One significant example of coordination efforts for behavioral health is the Housing Choice Plan, both to be published in December 2020 to guide the years ahead. The Housing Choice Plan will support people with mental health conditions, substance use histories, and/or IDD. A formal recommendation of the Behavioral Health Advisory Committee, the Housing Choice Plan also has support from the Statewide Behavioral Health Coordinating Council and will assess current housing options, barriers, and gaps in the housing continuum. The plan will include recommendations for expanding access to affordable, accessible housing to improve the array of options available to people with disabilities throughout the state.

## Border Regions

The Texas border region extends from the Gulf of Mexico at the southernmost tip of Texas, near Brownsville, north and west to El Paso, which borders New Mexico. The

border region is 1,254 miles long and includes the following eight sister communities:

- Brownsville—Matamoros
- McAllen—Reynosa
- Rio Grande City—Miguel Alemán and Camargo
- Laredo—Nuevo Laredo
- Eagle Pass—Piedras Negras
- Del Rio—Ciudad Acuña
- Presidio—Ojinaga
- El Paso—Ciudad Juárez

The Texas border is also home to two tribal nations, resulting in two tri-national communities including the Kickapoo Traditional Tribe of Texas near Eagle Pass and the Ysleta del Sur Pueblo tribe in El Paso.

With a young, growing population, the border region is home to one of the busiest international boundaries in the world. The current border population is approximately 3 million on the Texas side alone.<sup>57</sup> In the Texas border counties, 87.3 percent of residents are of Latino or Hispanic ethnicity, compared to 34.7 percent of the residents of other Texas counties.<sup>58</sup> The Texas border region has higher rates of poverty (25.3 percent of the Texas border population is in poverty, compared to 13.7 percent of non-border residents.)<sup>59</sup> and low levels of health insurance coverage (35.0 percent of border adults ages 18–64 have no health insurance coverage, compared to 25.3 percent for non-border adults in the same age range.).<sup>60</sup>

The Texas border has significant challenges. One critical issue is limited access to healthcare—primary, preventive, and specialty care. The Texas border is also disproportionately affected by obesity, type 2 diabetes, certain contagious diseases like tuberculosis, and additional public health concerns.

On behalf of HHS, the Office of Border Public Health in DSHS works to address these concerns through coordination with a variety of local and regional partners, including the Task Force of Border Health Officials. This task force is an advisory body to address border public health issues affecting Texans living in the Texas-Mexico border region and to advise DSHS on major border public health priorities. In the coming years, these priorities will include:

- Access to healthcare services;

- Public health infrastructure;
- Disease surveillance;
- Disease control and prevention; and
- Collaboration with local, regional, and state officials on both sides of the border.

## **Early Childhood Immunization**

Vaccines improve quality of life and life expectancy by achieving and maintaining an environment free of vaccine-preventable diseases. Increasing immunization rates for vaccine-preventable diseases in Texas is a collaborative effort involving parents, providers, caregivers, and public-sector institutions. A key strategy for increasing early childhood immunizations is to increase public awareness about the need for and benefits of vaccinations.

To that end, increasing early childhood immunizations is a strategy embedded across DSHS in several programs. DSHS will conduct public awareness campaigns to increase provider education about the importance of childhood immunizations. Future campaigns may also target parents of young children to educate them on the importance of childhood immunizations and following the immunization schedule recommended by the Advisory Committee on Immunization Practices.

DSHS immunization activities seek to increase vaccine coverage levels. Key strategies include the following:

- Educating healthcare providers and the public about immunization services;
- Providing education about receiving immunizations in the medical home;
- Promoting the use of the Texas Immunization Registry, ImmTrac2, used for tracking and reporting vaccines and antivirals and for disaster preparedness purposes;
- Encouraging use of reminder/recall systems within the healthcare setting;
- Working with stakeholders, including HHSC, the Department of Family and Protective Services, and other state agencies, to improve implementation of these strategies;
- Increasing access to immunizations by actively recruiting and enrolling pediatric and adolescent immunization providers into the Texas Vaccines for Children Program; and
- Ensuring compliance with vaccine requirements for school and childcare by working with state agencies, schools, and childcare facilities to educate parents and assess coverage and compliance.

## **Involving Fathers**

HHSC provides a wide range of services to children and families, ranging from prenatal care for pregnant women enrolled in Medicaid, to childhood immunizations through the Vaccines for Children Program, to intensive outpatient behavioral health services intended to avoid parental relinquishment. In these programs and the many others provided by the HHS system, HHSC and DSHS strive to engage families, including fathers, to ensure full parental participation in all aspects of service provision.

One example of involving fathers is the Peer Dad program, led by the DSHS Maternal and Child Health Unit, Healthy Texas Mothers and Babies Branch. This program is implemented in two communities. The program provides father-to-father support that helps increase new fathers' breastfeeding support and infant care, including fathers whose infants and/or partners are enrolled in the WIC program.

The Peer Dad program also provides information for each father to support his own wellness as well as his partner's physical, mental, and emotional health, such as recognizing and seeking help for signs and symptoms of perinatal depression and anxiety.

## COVID-19 Impact and Response

The HHS system has risen to meet unprecedented challenges posed by the COVID-19 pandemic. DSHS has led the statewide public health response, while HHSC programs have adapted to ensure that the most vulnerable Texans continue to receive the services upon which they rely.

### Public Health Response

DSHS started monitoring the novel coronavirus situation in early January 2020. On January 23, DSHS launched the [www.dshs.texas.gov/coronavirus/](http://www.dshs.texas.gov/coronavirus/) website to keep healthcare professionals, leaders, and the public informed of the rapidly evolving situation. The DSHS Communication Unit also began preparing #TexasDSHS social media campaigns to communicate and engage with the public.

DSHS activated the State Medical Operations Center (SMOC) on January 31 and began activating the Regional Medical Operations Centers on February 17. DSHS announced the first positive test result for COVID-19 in Texas on March 4 and the first death of a person with lab-confirmed COVID-19 on March 17. On March 19, Commissioner John Hellerstedt, M.D., declared a Public Health Disaster for Texas. The State Operations Center (SOC) integrated the SMOC and other state agencies into its unified command structure on March 26.

In support of Governor Greg Abbott's executive orders to open Texas while minimizing the spread of COVID-19, DSHS has posted minimum standard health protocols for businesses and activities at <https://www.dshs.texas.gov/coronavirus/opentexas.aspx>.

During the pandemic, DSHS has worked in collaboration with local, state, and federal partners on a variety of response efforts.

- **Collecting, analyzing, and publishing data:**
  - ▶ DSHS has collaborated with multiple partners to continuously improve statewide data collection and access.
  - ▶ The DSHS coronavirus website [www.dshs.texas.gov/coronavirus](http://www.dshs.texas.gov/coronavirus) includes frequently updated dashboards for case counts, tests, hospitals, and county trends, among other datasets.



- **Communicating general information about disease progression and prevention:**
  - ▶ DSHS public awareness campaigns have utilized television, radio, social media, key influencers, and satellite media tours.
  - ▶ DSHS launched the #StayHomeTexas campaign on April 2 and has provided many other key messages as the situation has evolved.
  - ▶ Messaging has included an extensive bilingual Spanish campaign.
  - ▶ A multimedia toolkit has been made available online at [www.dshs.texas.gov/coronavirus/tools.aspx](http://www.dshs.texas.gov/coronavirus/tools.aspx).
  - ▶ The DSHS coronavirus call center, set up in the beginning of March, has responded to a large volume of calls and emails.
- **Managing testing and laboratory capacity:**
  - ▶ DSHS has worked closely with the CDC, the Texas Department of Emergency Management (TDEM), and other partners to provide and continuously expand testing capabilities and capacity in Texas.
  - ▶ DSHS has maintained a COVID-19 Self-Checker online tool and the Texas Health Trace to help Texans make decisions about testing and appropriate medical care.
  - ▶ DSHS has provided a COVID-19 Testing Information webpage, [www.dshs.texas.gov/coronavirus/testing.aspx](http://www.dshs.texas.gov/coronavirus/testing.aspx), with advice on testing and a link to a statewide map of test-collection sites.
- **Ensuring hospital bed capacity:**
  - ▶ To assess and help expand hospital bed capacity as needed, DSHS has collected and analyzed data on hospitalizations and staffed-bed availability throughout the state.
  - ▶ DSHS has worked with communities and hospitals to help maintain their capacity to care for COVID-19 patients by providing healthcare staff to support hospital care.
- **Supporting communities:**
  - ▶ DSHS has supported communities across the state as they navigate how best to care for individuals and the community through isolation and quarantine sites.
  - ▶ DSHS has helped communities assess the need for alternative care sites and allocated available resources for supplies and staffing.
- **Ensuring statewide inventory of supplies and equipment:**
  - ▶ DSHS has monitored statewide inventory, sourced medical supplies, and distributed personal protective equipment, other equipment, and medications.

- ▶ DSHS has received shipments of remdesivir from the federal government and distributed them throughout the state in coordination with Texas hospitals.
- **Deploying rapid response teams and medical personnel:**
  - ▶ DSHS has deployed SMOC staff and resources in response to State of Texas Assistance Requests.
  - ▶ DSHS has helped TDEM and other partners allocate deployments of military staff and resources.
  - ▶ DSHS has promoted participation in the Texas Disaster Volunteer Registry and registration with the Statewide COVID Responders.

## Regulatory Response

As the HHSC division responsible for regulating the facilities most heavily affected by COVID-19, the Regulatory Services Division has been on the front lines of the HHS COVID-19 response since January 2020. The division's efforts have included a variety of actions, such as: developing guidance documents, processing emergency rules, investigating complaints, and conducting infection control inspections in LTC facilities.

Prior to the onset of COVID-19 in the U.S., HHSC staff in all regulatory programs began to prepare for the likelihood that the virus would infiltrate many of the thousands of facilities and operations in Texas that HHSC regulates. Regulatory Services began joining daily COVID-19 conference calls led by DSHS in January 2020. The division also directed providers to bolster their infection control plans, and it launched a communication campaign to assist providers.

Throughout the pandemic, providers have requested temporary regulatory flexibility to address individual needs and circumstances arising from local, state, and federal requirements and recommendations—such as social distancing, shelter-in-place, visitor restrictions, and the use of personal protective equipment. For certain regulatory provisions, statute does authorize HHSC to provide variances of regulatory requirements, but the vast majority of temporary suspensions of provisions in statute or rule were issued by the Office of the Governor, as directed by law.

## Child Care Regulation

As soon as Governor Abbott issued the disaster declaration on March 13, HHSC drafted and sent guidance letters for child care providers and adopted emergency

rules to protect the health and safety of children attending daycare. This guidance required screening of children and individuals entering facilities and prohibited access to facilities by visitors or parents who did not have children enrolled or attending the operation.

As the pandemic intensified in Texas, daycare operations started closing, causing significant challenges for essential workers trying to arrange child care. In response, many employers opened daycare services near their worksites. These operations were not regulated daycare facilities, and statute requires that these services could only be provided for a short period of time.

Governor Abbott issued executive orders to address these and other challenges. He allowed the employer-based daycare operations to continue with a single focus, providing services only to children of essential workers. He also created the Frontline Child Care Task Force, with representatives from HHSC, the Texas Workforce Commission, the Texas Education Agency, the Texas Higher Education Coordinating Board, and child care industry representatives, all of whom work collaboratively to help families meet their child care needs during the COVID-19 pandemic.

HHSC also took measures in response to new developments, issuing emergency rules as needed. To address health and safety needs as recommended by the CDC, HHSC provided direct communication to providers via its email list to share the most recent resources, recommendations, and guidance to ensure the health and safety of the children and the child care staffs. To help businesses of essential workers, HHSC created a temporary emergency child care permit so they can provide emergency child care for their employees' children.

Residential child care operations have also sought, and were granted, flexibility in meeting regulatory requirements during the pandemic. HHSC has granted thousands of variance requests since March 1 as providers struggle with a variety of practical challenges, such as:

- Isolating children diagnosed with COVID-19,
- Keeping required cleaning products in stock, and
- Maintaining required child-to-staff ratios when a staff member is diagnosed with COVID-19.

Further, providers also faced challenges meeting statutory requirements for fingerprint checks when hiring new staff members. HHSC worked with the Department of Public Safety to schedule additional fingerprint checks.

## **Health Care Regulation**

To protect the health and safety of Texans in hospitals and other healthcare facilities, as soon as practicable after the disaster declaration HHSC drafted and sent guidance letters to regulated healthcare providers and adopted emergency rules to limit visitor access to hospitals.

HHSC has also continued communicating closely with stakeholders, reviewing their requests and concerns carefully and seeking solutions. Based on stakeholders' needs, HHSC sought and obtained Governor Abbott's approval on emergency rules and waivers so stakeholders can respond appropriately to COVID-19—allowing flexibility, for example, in how to respond to possible staffing shortages.

Emergency rules, waivers, and guidance letters were issued for acute care providers, substance use disorder providers, and behavioral health professionals, and these communications were shared via email and posted on HHSC's website.

Internally, HHSC also generated numerous trainings and memos to keep surveyors up to date on the new guidance letters, emergency rules, waivers, and Q&A documents, so they are best equipped to promote and protect the health and safety of Texans.

## **Long-Term Care Regulatory**

HHSC recognized early that nursing facility residents were proving especially vulnerable to the virus. As soon as possible after the disaster declaration, HHSC drafted and sent LTC provider guidance letters and adopted emergency rules to protect the health and safety of residents and clients. This guidance included screening of individuals entering LTC facilities and prohibiting access to facilities by visitors or individuals who were not providing critical services.

Residents in these facilities are extremely susceptible to infectious disease, and while limiting their exposure to visitors is only one measure to combat the virus, it has proven to be effective. Recognizing the need to balance the mental and physical impacts of isolation due to COVID-19 and the dangers posed by the virus to vulnerable populations, HHSC continues to evaluate the situation in these

facilities daily and will continue to work with partners to further ease restrictions on visitation.

In addition, HHSC regulatory and DSHS staff—in close collaboration with local health and emergency officials, TDEM, and other entities—engage daily with providers statewide via multiple activities communication channels, as highlighted below.

- **Rapid response teams** include HHSC surveyors, DSHS infection control epidemiologists, representatives from TDEM, and others, helping facilities to obtain personal protective equipment and testing, to address staffing concerns, and to resolve other critical issues.
- **On-site investigations** are led by HHSC survey teams in response to all complaints and facility-reported incidents related to COVID-19, with active monitoring as needed after the on-site visit.
- **On-site inspections** focus on infection control, which includes identifying concerns and bringing facilities into compliance with all requirements to protect resident health and safety.
- **Individual phone calls** to all 1,223 nursing facilities and other LTC providers in Texas allowed regulatory staff members to answer providers' questions, ensure they understood the latest state or federal guidance, and identify and address any high-risk concerns.
- **Twice-weekly calls** with industry associations for nursing facilities and assisted living facilities help to ensure updated, critical HHSC messages are pushed out to the associations' members through a trusted source.
- **More than 125 guidance communications and trainings** have been shared with all LTC providers, including provider letters, webinars, alerts, emergency rules, and temporary suspensions of regulatory requirements to give providers the flexibility they need to respond appropriately to COVID-19. These communications included a comprehensive response plan for nursing facilities and other LTC providers, and the plan is continually updated as guidance changes on both the state and federal level.

## Ensuring Continuity of Client Services

To ensure continuity of client services during the COVID-19 pandemic, HHSC has provided flexibilities to clients and providers. These flexibilities help to minimize face-to-face interactions, thus slowing the spread of disease, while ensuring clients get the care they need during these challenging times.

Many types of services are being delivered through telemedicine and telehealth, including medical, behavioral health, case management, professional, and specialized therapy services, in addition to certain components of Texas Health Steps medical check-ups.

Examples of other initiatives to ensure continuity of client services include:

- Extending WIC benefits from three months to four months before recertification is required;
- Provision of WIC services through a curbside and/or drop-box model;
- Authority to issue additional SNAP benefits to current recipients, which allows their monthly allotment (based on household size) to be maximized for up to two months;
- Arranging for SNAP supplements to be issued by electronic funds transfer for enrolled children whose schools were closed due to COVID-19;
- Dedication of a COVID-19 line within the 2-1-1 Texas system; and
- Launching a statewide COVID-19 mental health support line for Texans experiencing anxiety, stress, or other emotional challenges due to the pandemic.

The HHS system will continue to provide ongoing support for all clients and for all Texans until the threat of COVID-19 is controlled.

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<sup>1</sup> This amount does not include contingency items or funds outside the agency's bill pattern.

<sup>2</sup> U.S. Census Bureau. Population Division, National and State Population Estimates, December 2019.

<sup>3</sup> The population projections for Texas cited throughout this Plan are derived from the Texas Demographic Center's 2010–2015 Migration Growth Scenario, which uses the 2010 Census counts and 2010–2015 migration and natural increase trends for producing population projections.

<sup>4</sup> Texas Demographic Center. Population Projections for Texas According to the 2010–2015 Migration Scenario. July 2019.

<sup>5</sup> Ibid.

<sup>6</sup> U.S. Census Bureau. 2018 American Community Survey for Texas.

<sup>7</sup> Texas Demographic Center. Population Projections for Texas According to the 2010–2015 Migration Scenario. July 2019.

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<sup>11</sup> U.S. Bureau of Economic Analysis, [www.bea.gov](http://www.bea.gov).

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## Appendix A. Abbreviations

<b>Acronym</b>	<b>Full Name</b>
<b>CAPPS</b>	Centralized Accounting and Payroll/Personnel System
<b>CDC</b>	Centers for Disease Control and Prevention (U.S.)
<b>CHIP</b>	Children's Health Insurance Program
<b>CMS</b>	Centers for Medicare and Medicaid Services (U.S.)
<b>COVID-19</b>	coronavirus disease 2019 pandemic
<b>DMO</b>	dental maintenance organization
<b>DSHS</b>	Department of State Health Services
<b>EMS</b>	emergency medical service
<b>ERASE MM</b>	Enhancing Reviews and Surveillance to Eliminate Maternal Mortality
<b>flu</b>	influenza
<b>FY</b>	fiscal year
<b>H1N1</b>	influenza A
<b>HAI</b>	healthcare-associated infections
<b>H.B.</b>	House Bill
<b>HHS</b>	Health and Human Services
<b>HHSC</b>	Health and Human Services Commission
<b>HUB</b>	historically underutilized business

<b>Acronym</b>	<b>Full Name</b>
<b>IDD</b>	intellectual and developmental disabilities
<b>ILI</b>	influenza-like illness
<b>IT</b>	information technology
<b>LBHA</b>	local behavioral health authority
<b>LMHA</b>	local mental health authority
<b>LTC</b>	Long-Term Care
<b>MCO</b>	managed care organization
<b>M.D.</b>	Doctor of Medicine
<b>MIS-C</b>	multisystem inflammatory syndrome in children
<b>MMRC</b>	Texas Maternal Mortality and Morbidity Review Committee
<b>PAE</b>	preventable adverse event
<b>PMAS</b>	performance management and analytics system
<b>Q&amp;A</b>	question and answer
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration (U.S.)
<b>SARS-CoV-2</b>	severe acute respiratory syndrome coronavirus 2
<b>S.B.</b>	Senate Bill
<b>SMOC</b>	State Medical Operations Center
<b>SNAP</b>	Supplemental Nutrition Assistance Program
<b>SOC</b>	State Operations Center

<b>Acronym</b>	<b>Full Name</b>
<b>SSLC</b>	state supported living center
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TDEM</b>	Texas Department of Emergency Management
<b>U.S.</b>	United States
<b>WIC</b>	Special Supplemental Program for Women, Infants and Children

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