

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

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Department of State Health Services

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DSHS Commissioner

May 2024



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Health and Human
Services

Texas Department of
State Health Services

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Department of State Health Services
Strategic Plan for 2025–2029



Department of State Health Services

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Jennifer A. Shuford, M.D., M.P.H.
DSHS Commissioner

Submitted May 31, 2024

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Introduction

Vision

A Healthy Texas.

Mission

To improve the health, safety, and well-being of all Texans.

About

The Department of State Health Services (DSHS) is the state’s public health agency, dedicated to improving the health, safety, and wellbeing of all Texans. Our devoted public health professionals, in coordination with our local and regional partners, serve on the frontlines working tirelessly to safeguard all Texans from public health threats. DSHS provides resources and services to individuals, communities, and healthcare providers to improve overall health outcomes across the state of Texas.

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

- preventing, detecting, and responding to infectious diseases;
- leading public health and medical response during disasters and emergencies;
- developing and implementing evidence-based public health interventions through data analysis and science;
- reducing health risks and threats by establishing minimum standards for consumer protection; and
- promoting healthy living through disease and injury prevention.

Read about programs and more on the DSHS website (<https://www.dshs.texas.gov/services>).

Planning Context

Priorities

The DSHS Strategic Plan provides long-term goals and objectives to improve public health for the state over the next five years. It also outlines priority actions that DSHS will take during that time. The Strategic Plan guides DSHS employees, Texans, and partners towards a common vision for A Healthy Texas.

For the 2025-2029 Strategic Plan, DSHS will focus on our core public health activities. This includes public health issues such as tobacco prevention, tuberculosis control, immunizations, emergency preparedness and response, preventing the spread of infectious diseases, and protecting against foodborne, environmental and other health threats. DSHS will also prioritize initiatives to improve the health of mothers and babies as well as leverage data to solve public health problems and to get actionable information to partners, decision-makers, and Texans.

The scope of DSHS' responsibility is broad. The mission and goals of the agency cannot be accomplished alone or in silos. These tasks require effective relationships, and DSHS will make this an agency priority. Public health can become stronger and more effective by partnering within the agency and with local health departments, communities, other state agencies, and academic institutions.

Highlighted Issues

DSHS is taking a lead role to support healthy mothers and babies by engaging in key partnerships and creating initiatives to address several issues related to the health of babies, pregnant women, and women of childbearing age. DSHS made progress in addressing topics like congenital syphilis, maternal mortality and morbidity, and newborn screening. Some noted improvements include:

- DSHS improved congenital syphilis identification and reporting, increased referrals for women with a syphilis diagnosis, and identified barriers to care and missed opportunities for disease intervention.

- DSHS conducted multiple public health initiatives to improve Texas maternal outcomes, including the Texas Maternal Mortality and Morbidity Review Committee, the Texas Collaborative for Healthy Mothers and Babies, the High-Risk Maternal Care Coordination Services Program pilot, and the Hear Her Texas statewide maternal health and safety public awareness campaign.
- DSHS Laboratory regularly screens approximately 800,000 newborn blood samples for 55 conditions to save lives and prevent serious complications by facilitating early treatment. Additional screens are in the process of being added.

While progress has been made, challenges with these issues persist.

Congenital Syphilis

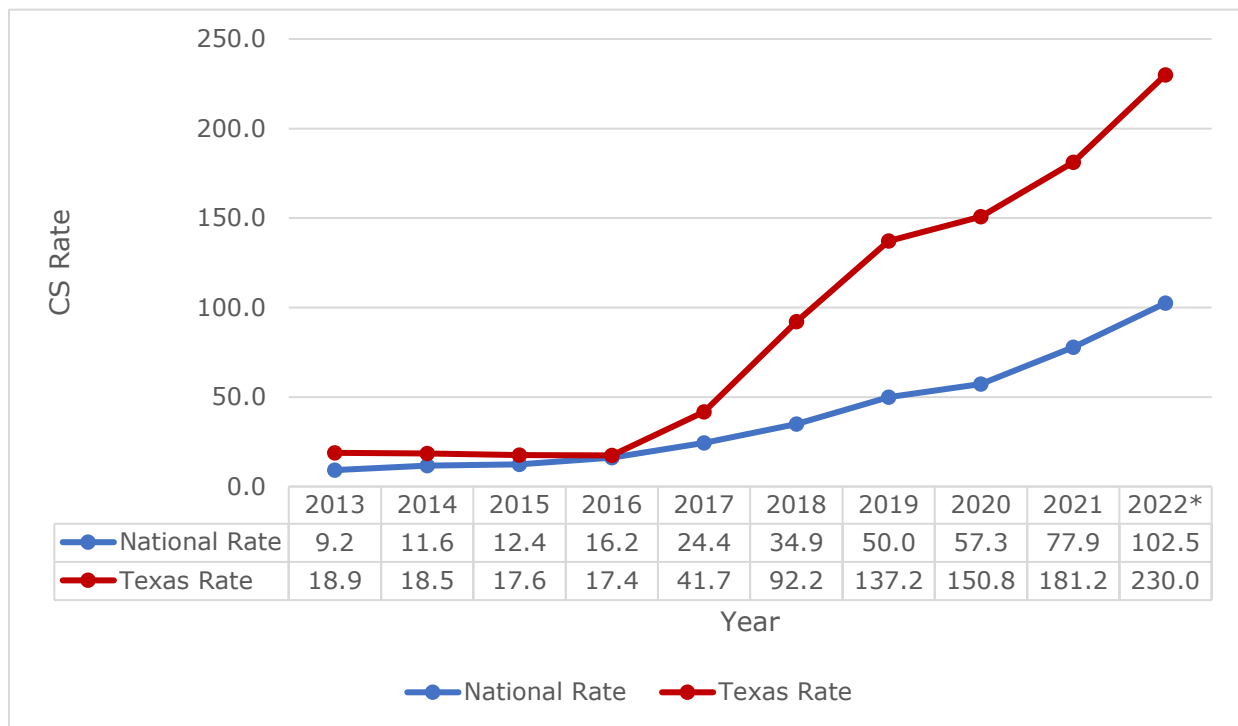
Congenital syphilis (CS) poses significant risk to infants and children. It occurs when the bacteria *Treponema pallidum* is transmitted from a pregnant mother to a fetus. The risk of CS is reduced when an infected mother receives adequate treatment. The consequences of CS can be severe, including miscarriage, stillbirth, preterm delivery, birth defects, and even perinatal death. Some affected infants may initially appear healthy but can develop serious complications later in life.

According to the Centers for Disease Control and Prevention (CDC), up to 40 percent of babies born to untreated syphilis-infected mothers may suffer stillbirth or neonatal death.¹ CS is categorized as early if symptoms appear by age two and late if they manifest thereafter. Early symptoms include vision or hearing loss, jaundice, bone abnormalities, nasal discharge (i.e., snuffles), rash, enlarged liver, anemia, and more, while late symptoms include bone and tooth abnormalities, hearing and vision impairment, and intellectual disabilities. Timely prenatal care, testing, and treatment are important to prevent potentially devastating outcomes for affected children.

¹ Data source: Center of Disease Control and Prevention, "2023 Congenital Syphilis Report", Jan. 2023, [Online]. Available: <https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/2023-Congenital-Syphilis-Report.pdf>. [Accessed 7 March 2024]

In the United States, CS cases have been on the rise since 2012, with Texas accounting for a quarter of cases in 2022.² Figure 1 shows the notable increase in Texas CS rates between 2017 and 2022, attributed to both heightened case numbers and enhanced surveillance efforts by DSHS.

Figure 1. Congenital Syphilis Case Rates in the United States and Texas by Birth Year, 2013-2022



*2022 case rates based on provisional 2022 birth data.
National data is based on 2021 Centers for Disease Control and Prevention Preliminary STD Surveillance data.

Data Source

Original image is Figure 3. *Congenital Syphilis Case Rates in the United States and Texas by Birth Year, 2013-2022*. Found within *Congenital Syphilis in Texas in 2022*, Texas Department of State Health Services, January 2023. Available <https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf> [Accessed 8 April 2024]. Data Source: (a) Centers for Disease Control and Prevention, "Sexually Transmitted Disease Surveillance 2020: Table 20. Congenital Syphilis-Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States 2020," [Online]. Available <https://www.cdc.gov/std/statistics/2020/tables/20.htm> [Accessed 14 September 2022].

² Centers for Disease Control and Prevention, "Congenital Syphilis – CDC Fact Sheet," 12 April 2022. [Online]. Available: <http://www.cdc.gov/std/syphilis/stdfact-congenitalsyphilis.htm>. [Accessed 28 October 2022]

Further, national data in 2022 reported 3,755 cases of CS at a rate of 102.5 cases per 100,000 births.³ Using provisional data for 2022, Texas reported 922 cases of CS at a rate of 230 cases per 100,000 births.⁴ Ranking 4th highest in the nation in 2022, the Texas rate of CS cases was 2.5 times greater than the national case rate.⁵ Visit the DSHS Congenital Syphilis Data and Surveillance website for more data regarding CS in Texas (<https://www.dshs.texas.gov/hivstd/info/cs/data>).

DSHS has already made strides to improve CS identification and reporting, increase referrals for women with a syphilis diagnosis, and identify barriers to care and missed opportunities for disease intervention. In 2018, DSHS also began matching syphilis data with birth and infant death data at least annually. This matching helps to identify previously missed CS cases and identify hospitals incorrectly reporting births. Altogether this increases opportunities to work with hospitals and clinicians to ensure proper testing and reporting in the effort to reduce and prevent CS in Texas.

In addition to efforts already underway, DSHS has initiated strategic plan action items for a comprehensive approach to combat CS, including enhanced surveillance, targeted training for healthcare providers, and follow-up investigations for pregnant women with syphilis history. Texas Fetal Infant Morbidity Review (FIMR) boards in high-risk areas play a crucial role in identifying barriers to care, while various educational initiatives aim to raise awareness among healthcare providers and the broader community. These combined efforts reflect Texas' proactive stance to address CS and improve maternal and infant health outcomes.

³ Centers for Disease Control and Prevention, "National Overview of STIs, 2022," "Congenital Syphilis," 30 January 2024 [Online]. Available: <https://www.cdc.gov/std/statistics/2022/overview.htm>. [Accessed 28 March 2024]

⁴ Congenital Syphilis in Texas in 2022, Texas Department of State Health Services, January 2023. Available <https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf> [Accessed 8 April 2024]

⁵ Centers for Disease Control and Prevention, "Table 31. Congenital Syphilis — Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2022" [Online]. Available: <https://www.cdc.gov/std/statistics/2022/tables/2022-STI-Surveillance-State-Ranking-Tables.pdf>. [Accessed 28 March 2024]

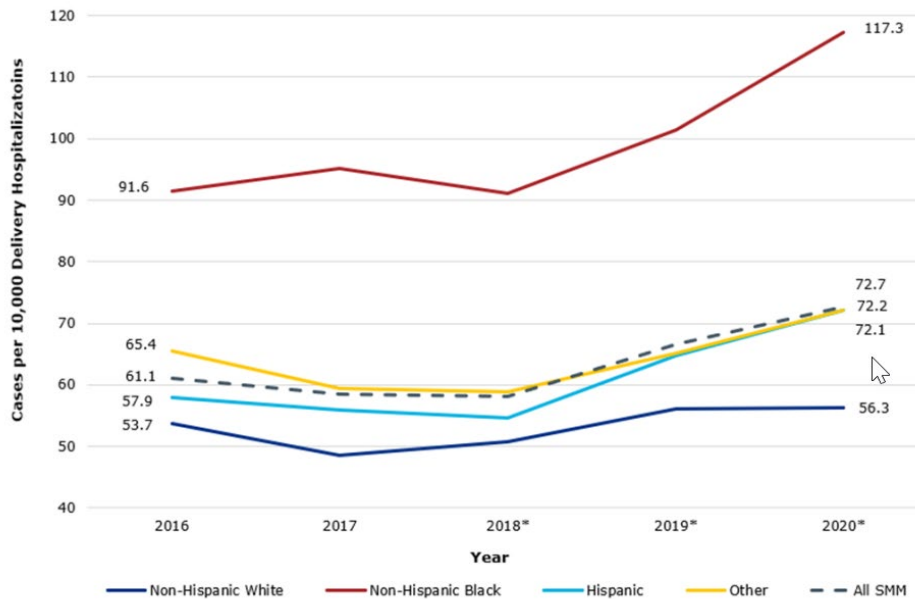
Maternal Mortality and Morbidity

DSHS implements several efforts related to improving the health of Texas mothers and babies. The Healthy Texas Mothers and Babies (HTMB) Data Book provides an overview of infant and maternal health in Texas and underscores disparities in maternal health trends. Further, the 2022 Texas Maternal Mortality and Morbidity Review Committee (MMMRC) and DSHS Joint Biennial Report highlights preventable pregnancy-related deaths and persistent health disparities. Six main underlying causes of death constituted 80 percent of reviewed 2019 cases of pregnancy-related deaths. Highlighting areas for intervention, these resources support DSHS in developing programs and strategies, such as implementation of maternal safety bundles⁶ through Texas Alliance for Innovation on Maternal Health (TexasAIM), to reduce pregnancy-related deaths and severe maternal morbidity for Texas women.⁷ Review of severe maternal morbidity (SMM) rates from 2016 to 2020 shows persistent health disparities with Non-Hispanic Black women being the most impacted (Figure 2).

⁶ An AIM Patient Safety Bundle is a collection of best practices for improving maternal care. Learn more by visiting <https://www.dshs.texas.gov/maternal-child-health/programs-activities-maternal-child-health/texasaim>.

⁷ Community Health Improvement, "Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2022", Dec. 2022, [Online]. Available: <https://www.dshs.texas.gov/sites/default/files/legislative/2022-Reports/2022-MMMRC-DSHS-Joint-Biennial-Report.pdf> [Accessed 7 March 2024]

Figure 2. Rate of Delivery Hospitalizations Involving Severe Maternal Morbidity (SMM) in Texas per 10,000 Delivery Hospitalizations by Race and Ethnicity, 2016-2020

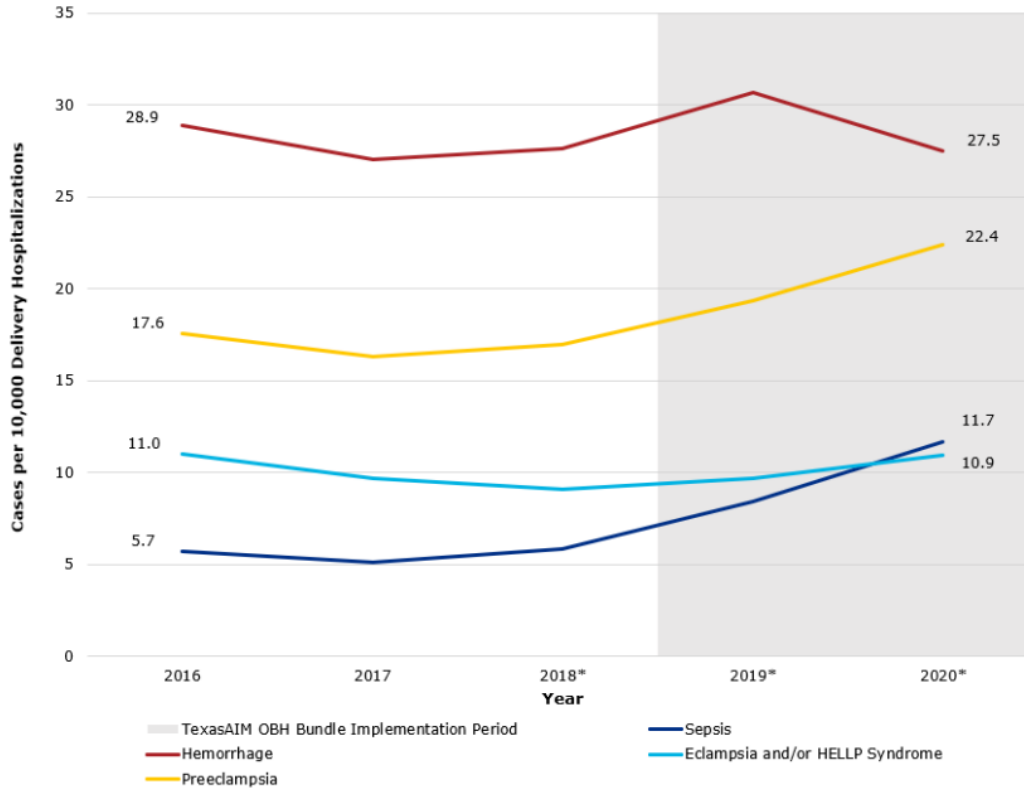


Data Source

Original image is *Figure G-1. Rate of Delivery Hospitalizations Involving Severe Maternal Morbidity in Texas per 10,000 Delivery Hospitalizations by Race and Ethnicity, 2016-2020*. Prepared by: Maternal Child Health Epidemiology Unit, Community Health Improvement Division, DSHS. Data Source: Hospital Inpatient Discharge Research Data File, 2016-2020. Birth Files, 2016-2020. Center for Health Statistics (CHS), DSHS. Found within [Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2022](#).

In addition, further analysis showed that the overall SMM rate for obstetric hemorrhage hospitalizations improved while sepsis and pre-eclampsia rates increased (Figure 3). In 2018, TexasAIM implemented the Obstetric Hemorrhage maternal patient safety bundle, coinciding with this decrease, and continues to target efforts to reduce SMM involving specific morbidities through additional bundles.

Figure 3. Rate of Delivery Hospitalizations Involving Severe Maternal Morbidity (SMM) in Texas per 10,000 Delivery Hospitalizations by SMM Indicator, 2016-2020



*2018-2020 Birth Files are provisional (shown in grey bar). SMM calculated using the Updated AIM SMM Codes List, v08-09-2021. The SMM National Workgroup recently advised calculating SMM using SMM indicators while excluding blood transfusion-only cases. Previously reported SMM rates may not be comparable. See: saferbirth.org/wp-content/uploads/Updated-AIM-SMM-Code-List_10152021.xlsx.

Data Source

Original image is Figure G-4. Rate of Delivery Hospitalizations Involving Severe Maternal Morbidity (SMM) in Texas per 10,000 Delivery Hospitalizations by SMM Indicator, 2016-2020. Prepared by: Maternal Child Health Epidemiology Unit, Community Health Improvement Division, DSHS. Data Source: Hospital Inpatient Discharge Research Data File, 2016-2020. Birth Files, 2016-2020. Center for Health Statistics, DSHS. Found within [Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report 2022](#).

In addition to TexasAIM, DSHS conducts multiple public health initiatives to improve Texas maternal outcomes, including the Texas Maternal Mortality and Morbidity Review Committee, the Texas Collaborative for Healthy Mothers and Babies, the High-Risk Maternal Care Coordination Services Program pilot, and the Hear Her Texas statewide maternal health and safety public awareness campaign.

Newborn Screening Program and Long-Term Planning for DSHS Laboratory

DSHS plays a crucial role in diagnosing and managing various health conditions. The DSHS Public Health Laboratory provides test results for infectious diseases and certain chronic illnesses, and screens for metabolic and genetic disorders in newborns. Additionally, the DSHS laboratory supports food safety testing and ensures the safety of drinking water.

DSHS Newborn Screening Program (NBS) is committed to decreasing the Texas infant morbidity and mortality through customer-oriented and timely newborn screening testing, follow-up, case management, and outreach education. Each year, the DSHS Laboratory screens approximately 800,000 newborn blood samples for 55 conditions. Finding these conditions early through screening and timely intervention by DSHS' NBS nurses and staff saves lives and prevents serious complications by facilitating early treatment. NBS provides free educational materials, resources for parents and health care providers, and a Newborn Screening Benefits Program. Currently, the program follows the Recommended Uniform Screening Panel (RUSP), but there are three additional Lysosomal Storage Disorders (Pompe and Mucopolysaccharidosis type I & II) that are not currently in the DSHS screening panel. DSHS will implement screening for these additional disorders in 2025.

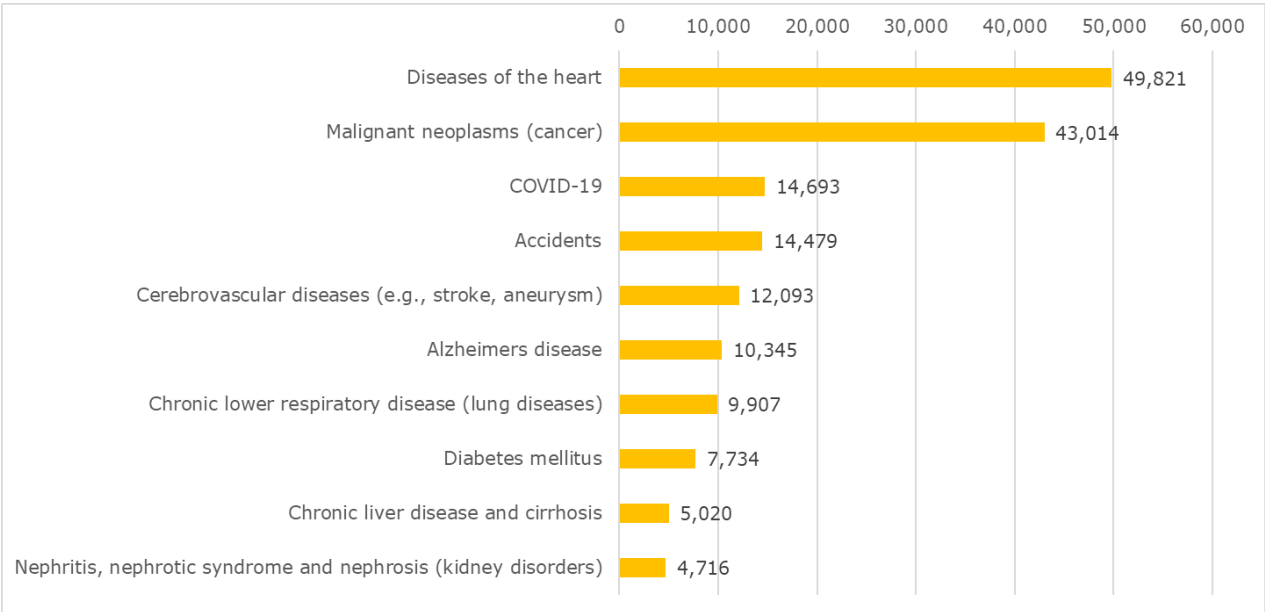
The DSHS laboratory faces space limitations due to the growing demand for testing across all areas but particularly for newborn screening. To address this, DSHS is initiating a five-year project to renovate and expand the DSHS laboratory space. This expansion will ensure the space needed to accommodate future newborn screening and other public health testing to support the health of all Texans.

Leading Causes of Death in Texas

Leading causes of death analysis provides critical context to public health planning. Over the years, many of the past leading causes of death have been eliminated or greatly reduced through public health interventions.

Understanding the current leading causes of death can assist in focusing efforts to prevent or reduce them. In 2022, diseases of the heart and malignant neoplasms (cancer) were the top two leading causes of death for Texas residents along with other chronic diseases (Figure 4). 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.

Figure 4. Leading Causes of Death, Texas, 2022*



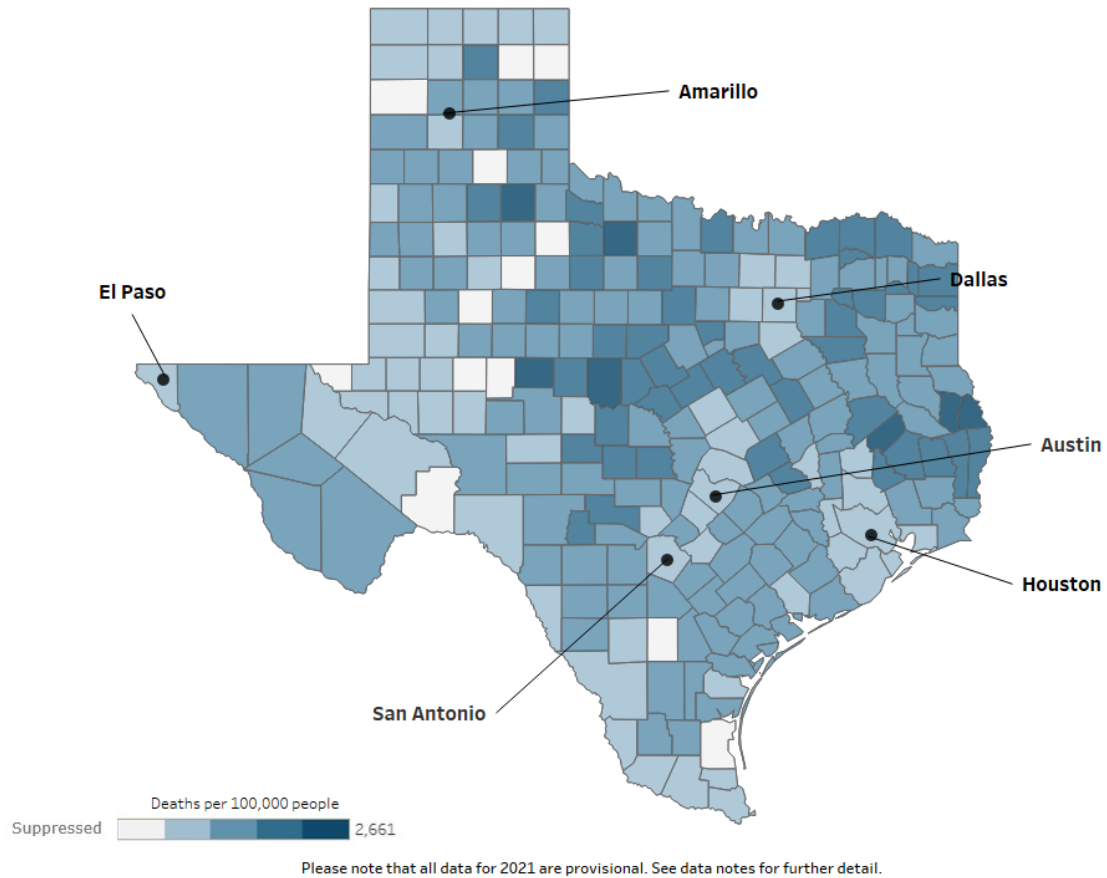
*2022 data is provisional.

Data Source
Texas data are calculated from the Texas death certificates. Prepared by the Texas Department of State Health Services, Center for Health Statistics, 8 May 2023.

Through its five-year Strategic Plan, and additional programs and initiatives, DSHS addresses many of the leading causes of death in Texas with education, prevention and treatment programs, and additional collaborative efforts for long-term planning to protect the future health of Texas residents.

Figure 5. Number of Deaths per 100,000 People among Texas Residents, 2021

Number of deaths per 100,000 people among Texas residents in 2021



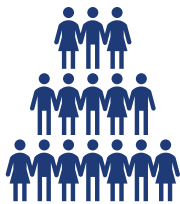
Data Source Deaths: Texas Death Certificate Data
County population: 2018 Texas Demographer State Projection 1.0 Migration Scenario Projections
Prepared by: Texas Department of State Health Services, Center for Health Statistics
Date of run: 04/18/2024

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Operational Goals and Action Plan

This section highlights the agency's four core operational goals, each with corresponding objectives and action items. This section also describes how each goal and corresponding action items support the following five statewide objectives:

1. **Accountability:** Accountable to tax and fee payers of Texas;
2. **Efficiency:** Efficient by producing maximum results with no waste of taxpayer funds and by identifying any function or provision considered redundant or not cost-effective;
3. **Effectiveness:** Effective by successfully fulfilling core functions, achieving performance measures, and implementing plans to continuously improve;
4. **Excellence in Customer Service:** Attentive to providing excellent customer service; and
5. **Transparency:** Transparent such that agency actions can be understood by any Texan.



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

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

- **Action Item 1.1.1: Newborn Screening.** Monitor for any updates to the Recommended Uniform Screening Panel and develop plans for implementation when conditions are added. (February 2029)

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

- **Action Item 1.2.1: Increase Tuberculosis (TB) Treatment Completion Rates.** Increase the percentage of TB cases completing treatment, for clients requiring 12 months or less of treatment, from 84 percent to 90 percent. (August 2029)
- **Action Item 1.2.2: Tobacco Quitline.** Promote prevention strategies and programming via the Texas Tobacco Quitline to over 10,000 individuals per calendar year. (August 2029)
- **Action Item 1.2.3: Tobacco and Vaping Prevention.** Provide tobacco and vaping prevention training to over 25,000 youth and adults per fiscal year. (August 2029)
- **Action Item 1.2.4: Increase Childhood Immunizations.** Increase the statewide child immunization coverage rate from 69 percent to 73 percent for the 4:3:1:3:3:1:4 vaccine series, as reported by the CDC's National Immunization Survey-Child (NIS-Child), which ensures coverage for seven key vaccines: diphtheria, tetanus, and acellular pertussis; measles, mumps and rubella; Haemophilus influenzae type b; and pneumococcal conjugate. (August 2029)
- **Action Item 1.2.5: Prenatal Oral Health.** Promote dental cleaning during pregnancy by implementing DSHS Oral Health Improvement programs. (August 2029)
- **Action Item 1.2.6: Maternal Mortality and Morbidity Prevention.** Improve maternal and child health and begin narrowing the disparities gap by reducing the statewide rate of severe maternal morbidity (cases per 10,000 delivery hospitalizations) by five percent. (August 2029)
- **Action Item 1.2.7: HIV Health Outcomes.** Increase viral suppression rate from 80 percent to 83 percent for people living with HIV in Texas and served through the Ryan White program. (August 2029)
- **Action Item 1.2.8: Adequate Syphilis Treatment Among Women of Childbearing Age.** Increase the percentage of women of childbearing age with syphilis receiving adequate treatment from 73 percent to 78 percent. (August 2029)

- **Action Item 1.2.9: Documented Syphilis Treatment for New Diagnoses.** Increase the percentage of persons newly diagnosed with syphilis who receive adequate syphilis treatment from 66 percent to 71 percent. (August 2029)

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

- **Action Item 1.3.1: Child Blood Lead Follow-up.** Provide guidance regarding referral and follow-up care to greater than or equal to 95 percent of all eligible children annually who show elevated blood lead levels. (August 2029)
- **Action Item 1.3.2: Alzheimer’s Disease.** Implement and support activities outlined in the goals for the 2024-2028 Alzheimer’s State Plan. (August 2029)
- **Action Item 1.3.3: Expand TCID Patient Support Program for Education, Vocational Skills, and Social Support Services.** Expand the support program for Texas Center for Infectious Disease (TCID) patients to include increased opportunities for advancing education, developing life and vocational skills, and focused access to essential social support services to facilitate patients’ transition back to the community. (August 2029)

How Goal 1 and its Action Items Support Statewide Objectives

Accountability

DSHS is accountable for addressing major health issues that affect Texans and utilizes its resources to address them. By setting target measures for multiple action items such as *1.2.7: HIV Health Outcomes* and *1.3.2: Alzheimer's Disease*, DSHS supports solutions to reduce the burden of these health issues.

Efficiency

DSHS works to maximize resources and focus on efforts that achieve the greatest impact. The action items listed in this goal are selected based on identified priorities to invest in areas with demonstrated need.

Effectiveness

DSHS invests in evidence-based practices and programs. In addition, there is an effort towards continuous improvement to better serve the target populations of these programs. Effectiveness is reflected in several action items including increasing TB treatment (*Action Item 1.1.1*) and increasing follow-up care for people with a new syphilis diagnosis (*Action Item 1.2.8*).

Excellence in Customer Service

DSHS works with the public and target populations. The DSHS Health Promotion and Chronic Disease Prevention (HPCDP) Section aims to reduce the toll of tobacco on the health of Texans by providing free, confidential, and convenient cessation services through the Texas Tobacco Quitline (*Action Item 1.2.2*). Texans can get help by calling 877-YES-QUIT (877-937-7848) or visiting YesQuit.org.

Transparency

DSHS is a major resource for promoting health and wellness in our cities and communities, and working with community coalitions increases transparency. Health promotion-based action items such as Texas Tobacco Quitline (*Action Item 1.2.2*) and the increasing tobacco prevention training opportunities (*Action Item 1.2.3*) involves community-based Tobacco Prevention and Control Coalitions.



Goal 2: Ensure efficient access to appropriate services.

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

- **Action Item 2.1.1: THMP Improved Continuous Enrollment and Medication Access.** Increase the percentage of Acquired Immunodeficiency Syndrome (AIDS) Drug Assistance Program participants who have been continuously enrolled in Texas HIV Medication Program (THMP) for the most recent six-month period and have had prescription fills for at least four of those months from 68 percent to 73 percent. (August 2029)

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

- **Action Item 2.2.1: Case Management Family Needs Assessment.** For all children with special health care needs who meet eligibility requirements for case management, administer a family needs assessment within 30 days of opening the case and annually thereafter. (August 2029)
- **Action Item 2.2.2: Expanding TVFC Eligible Sites.** Increase the number of sites participating in the Texas Vaccines for Children (TVFC) program by one percent annually by retaining at least 95 percent of current sites and adding an additional six percent new sites. (August 2029)

Objective 2.3: Ensure people receive services and supports in the most appropriate, least restrictive settings based on individual needs and preferences.

- **Action Item 2.3.1: Community Resources for Children.** Promote Help Me Grow Centralized Access Point to connect more children and their families with access to needed supports and services. (August 2029)

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

- **Action Item 2.4.1: Public Health Data.** Increase the data sets available via Texas Health Data website and increase the number of public data dashboards each year on the DSHS website. (August 2029)

How Goal 2 and its Action Items Support Statewide Objectives

Accountability

DSHS provides various services to Texans, many being vital in collecting essential health data across the state, improving health outcomes for the communities, and promoting well-being for all Texans. *Action Item 2.2.2: Expanding TVFC Eligible Sites* shows accountability by assigning a measure for improvement to track the progress of the group.

Efficiency

Seamless access to services reduces waste and allows for optimal interventions. This is particularly the case with *Action Item 2.2.1: Case Management Family Needs Assessment*, where the agency aims to ensure case management staff administer scheduled assessments with their target population.

Effectiveness

Action Item 2.3.1: Community Resources for Children focuses on continuing to leverage the Help Me Grow System Model. The model focuses on utilizing existing resources and increasing accessibility via the Help Me Grow Texas centralized access point, which helps eliminate redundancy of services within the community.

Excellence in Customer Service

As shown in several action items, DSHS makes programs available to the public and provides resources to empower the public to enroll in eligible services.

Transparency

DSHS recognizes the importance of responsibly sharing public data and statistics to Texans to give greater insight into the health of our communities and provide access to information and education, that help to support and develop solutions. Therefore, action items within this goal, such as *2.4.1: Public Health Data*, are focused on increasing ways to visualize and share this information via public data dashboards and available data sets on the agency websites. Understanding data trends helps improve service delivery, informs policy decisions and aids in research.



Goal 3: Protect the health and safety of vulnerable Texans.

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

- **Action Item 3.1.1: The Respiratory Viruses with Pandemic Potential Plan.** Finalize and publish the Respiratory Viruses with Pandemic Potential Plan that provides activities that can be implemented to ensure a well-developed and sustainable response to a respiratory virus outbreak with pandemic potential. This plan is shared with DSHS programs and leadership, local health entities (LHEs), and state and regional planning partners. (September 2025)
- **Action Item 3.1.2: Health and Medical Emergency Response Logistics.** As part of DSHS’s responsibilities to prepare for and respond to health and medical emergency incidents, systems, and processes to support effective logistics must exist for supply inventory management, distribution, disposition, maintenance and replacement. DSHS will develop and/or revise logistical plans and procedures to ensure processes are in place to identify, review, dispose, replace and/or maintain emergency response supplies and equipment. (August 2027)
- **Action Item 3.1.3: Strengthen Surveillance System.** Strengthen the surveillance systems DSHS uses by:
 - ▶ conducting an inventory of existing systems (August 2026);
 - ▶ identifying five systems that are most important to response activities and identifying health threats (August 2027); and,
 - ▶ completing an assessment of these systems to identify areas of improvement. (August 2029)
- **Action Item 3.1.4: Long-Term Laboratory Needs.** Develop and implement a plan to routinely assess the need for additional personnel, equipment, renovations of existing space, and/or acquisition of new space to ensure the DSHS Public Health Laboratory can meet the changing testing needs of the state’s populations and respond effectively to new or re-emerging public health threats and demands. (January 2028)

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

- **Action Item 3.2.1: Regulatory Outreach and Training.** Develop, deploy, and pilot training/education/outreach toolkits for applicable license types, with a focus on common compliance issues. (August 2027)

How Goal 3 and its Action Items Support Statewide Objectives

Accountability

DSHS shows accountability to protecting the health and safety of Texans by investing in preparation efforts for the agency during an emergency response. *Action Item 3.1.2: Health and Medical Emergency Response Logistics* outlines the ways in which DSHS will investigate the policies and procedures to make sure adequate supplies and equipment are readily available to address these responses.

Efficiency

DSHS recognizes the importance of anticipating future business needs given limited resources. *Action Item 3.1.4: Long-Term Laboratory Needs* puts this concept into action through gathering resources to better prepare for future public health needs.

Effectiveness

DSHS promotes effectiveness through continuous improvements of the systems and tools in place to protect the health and safety of Texans. The various surveillance systems used to measure factors related to human and environmental health will be assessed to identify those with the greatest impact and those with a need for improvement (*Action Item 3.1.3: Strengthen Surveillance System*).

Excellence in Customer Service

DSHS has a role in equipping our local entities with adequate resources to achieve regulatory compliance. DSHS is focusing on developing toolkits and trainings that can help provide this information in a clear and comprehensive manner (*Action Item 3.2.1: Regulatory Outreach and Training*).

Transparency

Many of the action items in Goal 3 consider how the role of DSHS in times of disaster and public health crises can be made transparent to our community partners. *Action Item 3.1.2: The Respiratory Viruses with Pandemic Potential Plan* is focused on establishing the role and necessary activities of the agency in a situation of an outbreak with pandemic potential. This action item also focuses on outlining how the agency role aligns with the roles of other partners who would be involved.



Goal 4: Continuously enhance efficiency and accountability.

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

- **Action Item 4.1.1: Financial Integrity.** Implement an enhanced and comprehensive fiscal review of federal grant sub-recipient invoices to ensure funds are expended consistent with the terms of the grant. (April 2029)
- **Action Item 4.1.2: Grantee Training.** Provide training and technical assistance to all grantees with identified instances of fiscal non-compliance within 90 days of the monitoring report, 95 percent of the time. (August 2025)

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

- **Action Item 4.2.1: Workforce Engagement in DSHS Early Career Programs.** Increase staff involvement in early career programs and experiential learning activities as a recruitment strategy to continue to grow a high-functioning workforce. (August 2026)
- **Action Item 4.2.2: Academic Public Health Partnerships.** Develop a strategy with academic public health partners to bridge the gap between academia and practice to strengthen the current and future public health workforce. (August 2026)
- **Action Item 4.2.3: DSHS Workforce Strategy and Roadmap.** Create an overarching workforce strategy and roadmap to provide vision and direction for agency workforce development programs with the goal of enhancing recruitment and retention. This strategy would serve as a connector for all agency workforce programs to ensure they are aligned, reduce duplicative work, and serve as a prioritization mechanism for future workforce efforts. (May 2026)

Objective 4.3: Continuously improve business strategies with optimized technology and a culture of data-driven decision-making.

- **Action Item 4.3.1: Public Health Data Modernization and Strategy.** Improve public health data modernization coordination across the agency by developing a Texas Public Health Data Strategy (TPHDS) with four focused goals of:
 - ▶ Strengthening the core of Texas public health data;
 - ▶ Accelerating access to analytic and automated solutions to support public health investigations and reduce health disparities among Texans;
 - ▶ Visualizing and sharing insights to inform public health action; and,
 - ▶ Advancing more open and interoperable public health data.This TPHDS plan will include specific targets by goal. (August 2028)
- **Action Item 4.3.2: Standardized Data Sharing with Local Health Entities.** Advance more open and interoperable public health data by increasing the number of LHEs participating in data sharing with DSHS via State Health Analytics and Reporting Platform (SHARP) or other designated pathways by 30 LHEs and three new datasets. (August 2028)

Objective 4.4: Create/enhance a work environment in which employees are empowered to recommend and embrace change.

- **Action Item 4.4.1: Employee Listening Strategy.** As part of maturing DSHS's approach to workforce through the DSHS Workforce Strategy, this effort will focus on enhancing the components that help employees adapt to and recommend change. This will include building an employee listening strategy and examining the ways employees provide input and influence department functions and processes. (December 2026)

How Goal 4 and its Action Items Support Statewide Objectives

Accountability

One way that accountability is considered in this goal is through improving review of federal grant expenditure (*Action Item 4.1.1: Financial Integrity*) and developing tools to improve grantee fiscal compliance (*Action Item 4.1.2*).

Efficiency

DSHS develops processes and tools to reduce duplications and redundancies. *Action Item 4.2.3: DSHS Workforce Strategy and Roadmap* is centered on developing a strategy to prioritize workforce development efforts in a more efficient way.

Effectiveness

Effectiveness is demonstrated in *Action Item 4.3.1: Public Health Data Modernization and Strategy*, which builds on current public health modernization coordination efforts to develop more open data sources to the public.

Excellence in Customer Service

Processes for sharing population health data and information is one way that DSHS collaborates and serves local health entities. *Action Item 4.3.2: Standardized Data Sharing with Local Health Entities* is an example of customer service in this goal.

Transparency

To strengthen the future public health workforce in Texas, DSHS promotes transparency through action items related to directly providing experiential learning opportunities to early career professionals (*Action Item 4.2.1: Workforce Engagement in DSHS Early Career Programs*) as well as fostering partnerships with academic institutions to expose learners to the role of DSHS in providing public health services to our communities (*Action Item 4.2.2: Academic Public Health Partnerships*).

Like in Goal 2, action items in Goal 4 also promote transparency through efforts to share public health data (*Action Items 4.3.1: Public Health Data Modernization and Strategy* and *4.3.2: Standardized Data Sharing with Local Health Entities*).

Contract Manager Training

In collaboration with the Health and Human Services (HHS) Procurement and Contracting Services (PCS), DSHS complies with state training requirements. The Texas Comptroller of Public Accounts established and administers a system of training, continuing education and certification for state agency purchasing personnel. The training and continuing education must include ethics training. State employees with functional responsibilities of a contract manager are required to take the training.

A state agency employee must be a certified Texas contract manager (CTCM) to engage in contract management functions on behalf of a state agency. CTCMs must remain compliant with required continuing education hours (CEH):

- Certifications issued prior to Jan. 1, 2018:
 - ▶ To obtain initial certification, applicants must score 70 percent or higher on the exam.
 - ▶ Certification is issued for a five-year period.
 - ▶ 80 CEH are required within the five-year period, no more than 24 CEH recommended per certification year.
 - ▶ All CEH must pertain to contract/procurement related topics.
- Certifications issued after Jan. 1, 2018:
 - ▶ To obtain initial certification, applicants must score 80 percent or higher on the exam.
 - ▶ Certification is issued for a three-year period.
 - ▶ 12 hours of Comptroller Statewide Procurement Division sponsored CEH are required. One of the 12 hours must be an Ethics course.
 - ▶ A renewal refresher course must be completed between the second and third year of obtaining certification and does not count toward CEH. This course will be required after the 2019 legislative session.

HHS CTCMs are required to complete an additional 18 CEH of Contract Oversight and Support Contract Oversight Services training within the same three-year period. This additional training does not have an impact on the person's contract manager certification renewal.

Redundancies and Impediments

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

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Appendix A. Glossary of Acronyms

Acronym	Full Name
AIDS	Acquired Immunodeficiency Syndrome
ASN	Adult Safety Net program
BSP	Business Support and Planning
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
CHEPR	Center for Health Emergency Preparedness and Response
CHS	Center for Health Statistics
CLPPP	Texas Childhood Lead Poisoning Prevention Program
CPD	Consumer Protection Division
CPHPP	Center for Public Health Policy and Practice
CS	Congenital Syphilis
CTCM	Certified Texas Contract Manager
DSHS	Department of State Health Services
EEDRS	Environmental Epidemiology and Disease Registry Section
FY	Fiscal Year
HHS	Health and Human Services
HIV	Human Immunodeficiency Virus
HPCDP	Health Promotion and Chronic Disease Prevention
HTMB	Healthy Texas Mothers and Babies
ICD	International Statistical Classification of Diseases and Related Health Problems

Acronym	Full Name
IT	Information Technology
LHEs	Local Health Entities
MCH	Maternal and Child Health
MMMRC	Texas Maternal Mortality and Morbidity Review Committee
NBS	Newborn Screening Program
NCHS	National Center for Health Statistics
OPL	Office of Practice and Learning
PCS	Procurement and Contracting Services
PO	Program Operations Division
RLHO	Regional and Local Health Operations
TB	Tuberculosis
TexasAIM	Texas Alliance for Innovation on Maternal Health
TPCCs	Tobacco Prevention and Control Coalitions
TPHDS	Texas Public Health Data Strategy
TVFC	Texas Vaccines for Children Program
TYTAP	Texas Youth Tobacco Awareness Program
SHARP	State Health Analytics and Reporting Platform
YTS	Texas Youth Tobacco Survey

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