



Health and Human Services (HHS) Strategic Plan for 2023-2027

January 31, 2022



1. Welcome. John Chacon, HHSC convened the meeting, laying out the rules for public participation.

2. Overview of the planning process. To ensure a coordinated approach to planning and delivering health and human services, the Texas Government Code Section 531.022 requires the Executive Commissioner of HHSC to **submit a strategic plan** for the Health and Human Services (HHS) system. Since 2004, the HHS system Coordinated Strategic Plan has been combined into one volume that contains the agency strategic plans for HHSC and the other agencies that comprise the HHS system

Every two years, the Texas Health and Human Services system updates its Strategic Plans, which describe its work to address multifaceted and evolving factors affecting health and human services. Each of the system's divisions contributes to the development of the Strategic Plans.

The Plans define the system's mission, goals, objectives and action items to address specific issues over a five-year period. Previous plans can be accessed by following the links below.

- [HHS Strategic Plans FY 2021-2025](#)
- [HHS Strategic Plans FY 2019-2023](#)
- [HHS Strategic Plans FY 2017-2021](#)

For more information, see [Instructions for Preparing and Submitting Agency Strategic Plans, Fiscal Years 2021 to 2025 \(PDF\)](#), published by the Legislative Budget Board and the Office of the Governor. At this writing, instructions for 2023-2027 have not yet been released.

Top executives from across the system discussed and developed broad goals for the future. There are four broad goals and 12 objectives. Action items are still being developed internally.

3. Overview of the HHS Planning Elements for 2023-2027.

HHS Coordinated Strategic Plan for 2023-2027 Goals and Objectives **as of December 9, 2021.**

Goal 1: Improve health outcomes and well-being.

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

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

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

Goal 2: Ensure efficient access to appropriate services.

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

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

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

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

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

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

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

Goal 4: Continuously enhance efficiency and accountability.

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

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

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

4. Public comment. Written comments had already been received but were not made available to the public at this time so are not included in this report.

Susan Murphree, Disability Rights Texas stated she echoes the comments of Colleen Horton (below). Expanding Medicaid coverage is very important. Focusing on workforce shortages is critical to ensure health and wellbeing. Regarding Early Childhood Intervention, the state must address the corrective action plan. Autism services must be addressed. The interest list for services should be a focus of the plan.

An IDD strategic plan has been released and should be incorporated into this plan. [Statewide Behavioral Health Foundation of the IDD Strategic Plan \(texas.gov\)](https://www.texas.gov/statewide-behavioral-health-foundation-of-the-idd-strategic-plan).

Coleen Horton, Hogg Foundation for Mental Health stated that the goals and objectives are very broad, and we won't know if they are meaningful until we see the strategies. There is a gap in the document. It fails to address health disparities. A focused look should be taken on disparities and equities.

The health care workforce does not appear to address social health community workforce. We have shortages in many areas of health care.

In the past the plans have been broad and vague. Specific strategies will be needed and requesting the funding to address them.

Charlie Gaggen, National Lung Association stated that they urge addressing smoking in the plan. He cited some statistics to support his position. Smoking cessation would be an important focus given its impact on health and wellness in Texas. Per capita spending in tobacco control in Texas is only 24 cents per Texan. The quit line is only funded at 53 cents per smoker compared to the national average that is significantly greater. We need a comprehensive and well-funded strategy for fighting tobacco.

Written Comment Notice: A member of the public who wishes to provide **written public comments** must email the comments to strategicplancomments@hhs.texas.gov no later than 5:00 p.m. Monday, January 31, 2022.

5. Adjourn. There being no further comments, the meeting was adjourned.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
