

**Texas Statewide Health Coordinating Council (SHCC)
Minutes of Meeting Held Thursday, October 5, 2023, 10:00 a.m.**

Teleconference from Texas Health and Human Services Commission, 4900 North Lamar Boulevard, Moreton Building, Room M-100, Austin, Texas 78751.

MS Teams link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_MjMyYjRIN2EtOWVkNC00ZWlZLWE5Y2UtZWUzMjQ0NzM4MjU4%40thread.v2/0?context=%7b%22Tid%22%3a%229bf97732-82b9-499b-b16a-a93e8ebd536b%22%2c%22Oid%22%3a%2236c3ca0e-1ad0-41aa-a46e-071919243834%22%7d

Call-in Number: +1 (512) 580-4366

Access Code: 586 132 254#

Members Attending

Aelia Akhtar, MS
Carol Boswell, Ed.D., RN, CNE, ANEF, FAAN
Chelsea Elliott
Courtney Harvey, Ph.D., MA
Kimberly N. Haynes, D.M.D.
Ken Holland
Quincy C. Moore, Ph.D.
Elizabeth Mayer, M.P.Aff.
Elizabeth Protas (Chair), P.T., Ph.D.
Cheryl T. Sparks, Ed.D.
Cheletta Watkins, M.D.
D. Bailey Wynne R.Ph., M.H.A.
Yasser Zeid, M.D.
Emily Hunt, D.N.P, APRN, CPNP-PC/AC

Members Absent

Jimmy Blanton, M.P.Aff. (Excused)
Melinda Rodriguez, D.P.T, PT (Excused)
Tamara Rhodes, MSN, RN

Staff Present

Lisette Curry, Ph.D., Program Lead, Health Professions Resource Center
Gracia Dala, MPH, Research Specialist, Texas Center for Nursing Workforce Studies
Kayla Davis, MS, Research Specialist, Texas Center for Nursing Workforce Studies
Kristina Juarez, MPH, Research Specialist, Health Professions Resource Center
Pamela Lauer, MPH, Manager, Healthcare Workforce Branch
Clarisse Manuel, Research Specialist, Health Professions Resource Center
Abigail Melick, Government Affairs Specialist
Cheyenne Neese, MPH, Research Specialist, Texas Center for Nursing Workforce Studies

<p>1. Chairman’s Welcome and Introductions</p>	<p>Dr. Protas called the meeting to order at 10:03 a.m. Dr. Curry announced that members should state their name for the record when making comments and to mute themselves when not speaking. Dr. Curry reminded the Council to keep their cameras on to maintain quorum if attending virtually.</p>
<p>2. Establish a Quorum – Roll Call and Possible Action to Approve Excused Absences</p>	<p>A quorum was established. Jimmy Blanton and Melinda Rodriguez requested an excused absence. A motion to approve all requested excused absences was made by Dr. Yasser Zeid and seconded by Dr. Carol Boswell. The motion carried.</p>
<p>3. SHCC Discussion and Possible Action to Approve June 8, 2023, Meeting Minutes</p>	<p>A review of the June 8, 2023 minutes elicited one revision.</p> <ul style="list-style-type: none"> • Dr. Protas made one revision under the discussion of the state health plan. She noted that she discussed health literacy as both a topic and an example of an item that has generated legislation in the past. <p>A motion to approve the minutes, with revisions, was made by Dr. Carol Boswell and seconded by Dr. Cheryl Sparks. The motion carried.</p>
<p>4. Presentation by Kelly Schultz and Claire Jamison, Department of Health and Human Services Substance Use Programs Planning and Policy, on the efforts to prevent substance abuse</p>	<p>Claire Jamison, program manager for Promotions and Public Awareness under the Substance Use Programs Planning and Policy Unit, presented on DSHS’s Substance Use Programs.</p> <ul style="list-style-type: none"> • Three programs under Substance Use Programs, Planning, and Policy are designed to prevent, treat, and provide recovery support for substance use activities: Prevention and Behavioral Health Promotion, Substance Use Intervention and Treatment Programs, and the Texas Targeted Opioid Response. • The Prevention and Behavioral Health Promotion Programs seek to promote behavioral health and reduce the use of alcohol use in minors, marijuana and cannabinoids, tobacco and nicotine products, and prescription drug misuse. • The programs implement an upstream approach, which is a holistic approach looking at factors that would prevent substance abuse, such as community conditions. • Prevention programs are at all levels: <ul style="list-style-type: none"> ○ Youth Prevention: YP education programs provide evidence-based curricula at schools and community health centers in 187 counties. <ul style="list-style-type: none"> ▪ YP Universal focuses on the general population, YP Selective focuses on

	<p>subgroups of the general population, and YP Indicated focuses on people in high-risk environments.</p> <ul style="list-style-type: none">○ Community Coalition Partnership Programs: DSHS funds 22 organizations in the state with over 40 coalitions to promote Strategic Prevention Framework focusing on evidence-based strategies like social norm campaigns and environmental policy changes.○ Prevention Resource Centers:<ul style="list-style-type: none">▪ DSHS funds one Prevention Resource Center per service region▪ Four cores: 1) Data core serves as primary resource for data on substance use, 2) Training core builds prevention workforce capacity, 3) Media core builds community understanding of substance use and misuse, and 4) Tobacco core provides education and monitoring activities addressing retailer compliance● Turn To Campaign:<ul style="list-style-type: none">○ Media campaign on substance use prevention focusing on promoting social connection instead of turning to substance use as coping method, as well as promoting a self-assessment tool focusing on substance use.● Data collection initiatives:<ul style="list-style-type: none">○ Opioid Surveillance Dashboards: Provides data on impact of opioids in Texas such as drug-related deaths, alcohol and drug surveys, emergency department visits○ Texans Connecting Overdose Prevention Efforts: TxCOPE.org is a platform for reporting overdoses and overdose reversals to engage community to report incidents allowing for real-time monitoring and response● Texas Opioid Training Initiative: Free online and in-person continuing education for best practices for opioid- and stimulant-related harm in communities● PAX Good Behavior Game: Campus-level initiative consisting of evidence-based strategies to reduce opioid misuse by creating coping skills and classroom regulation● Opioid Misuse Public Awareness Campaign: Statewide campaign to raise awareness of opioid misuse dangers, risk mitigation strategies and treatment resources
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- Safe Drug Disposal: Helps Texans dispose of unused or expired medication
- Overdose Prevention Education and Naloxone: Overdose prevention training on reversing an overdose from opioids, including fentanyl
- Interventions in Traditional Healthcare: Prescription Monitoring Program is operated with the State Board of Pharmacists to monitor dispensing of opioids; also educates on how to counsel patients on safe use of opioids

Questions:

- Dr. Wynne asked about programming directed at senior populations due to increased substance abuse among older adults.
 - Ms. Jamison responded that there is not currently a dedicated program, but that current efforts to target seniors are concentrated in the Turn To Campaign
- Dr. Sparks asked about how many agents such as ERs and sheriff's departments are taking advantage of naloxone availability.
 - Ms. Jamison did not have the specific numbers but said that both demand and funding has increased.
 - Christine Laguna, the Director of Substance Use Programs, Planning, and Policy, said that naloxone is widely available over the counter and that HHSC works with partners at UTHealth San Antonio to engage in statewide distribution of naloxone. They are working on a saturation plan to distribute naloxone to high-need people such as first responders and people with family members engaging in substance use. She noted that more funds will become available due to Opioid Use Settlement that will be used to distribute naloxone to community.
 - Dr. Sparks said that naloxone should be pushed to people who deal with emergencies.
- Dr. Wynne commented that when patients come to the pharmacy to get opiates, they are obligated by law to speak to patients about getting naloxone with their prescription, proper disposal.
- Dr. Kimberly Haynes asked about the TxCOPE program: Who has access to this data? Does SHCC have access to this data? Where is it accessible?
 - Ms. Laguna said they would follow up; aggregate data may become available, but to protect integrity of data individual

	<ul style="list-style-type: none"> • Dr. Watkins asked if educational programs address vaping or e-cigarettes. <ul style="list-style-type: none"> ○ Ms. Jamison responded that the substance use programs do not focus on tobacco use, but that DSHS does have a separate tobacco prevention program. • Dr. Watkins also asked about programs directed at educating family members. <ul style="list-style-type: none"> ○ Ms. Jamison responded that the “More Narcan Please” website provides education, and that the Substance Use Program’s community partners also provide training. • Dr. Protas asked about assessing effectiveness in substance use prevention with regards to monitoring increased fentanyl use. <ul style="list-style-type: none"> ○ Ms. Jamison responded that the program focuses on risk and protective factors, especially at the school-level, to reduce substance use risk in the future. ○ Ms. Laguna added that October is the first Fentanyl Poisoning Awareness month; social media campaign raising awareness of dangers of fentanyl misuse (“One Pill Kills”) has been launched • Dr. Protas asked about ensuring that prevention efforts cover every county. <ul style="list-style-type: none"> ○ Ms. Jamison responded that the PAX Good Behavior program serves as an intervention that can be implemented in any school, and that work is being done throughout the state outside of the Youth Prevention programs. • Dr. Watkins asked about work being done with researchers or physicians to address post-operative analgesic and narcotic use. <ul style="list-style-type: none"> ○ Ms. Laguna will follow up with Dr. Watkins. ○ Dr. Sparks commented on the need for rural hospitals and healthcare providers to be educated on post-operative analgesic and narcotic use.
<p>9. Presentation on the State Health Plan update – topics, proposed outline, timeline</p>	<p>Lissette Curry provided an overview of the proposed outline for the State Health Plan Update:</p> <ol style="list-style-type: none"> 1. Part 1: Supply and Distribution of the Texas Health Care Workforce 2. Part 2: Health Risk Factors – covering access to housing, healthy foods, quality education (including substance use disorders), access to quality health care (covering prescription drugs cost) <p>Discussion:</p>

- Dr. Sparks, Dr. Harvey, and Dr. Watkins expressed approval of the proposed outline.
- Dr. Protas mentioned that the topic of Substance Abuse may merit a dedicated section separate from the section on Health Risk Factors.
- Dr. Harvey, Dr. Wynne, and Dr. Sparks agreed that substance use should have a dedicated section.
- Dr. Haynes suggested titling the new section “Substance Use Programs, Planning, and Policy” and adding it as Section 2 of the SHP and moving Health Risk Factors to Section 3; Dr. Sparks agreed.
 - Dr. Curry clarified that the committee only has to vote on the topics and outline, and that subcommittees would have to be formed for members to help with the sections.
- Dr. Haynes motioned to amend the outline to add a separate subsection on substance use and abuse. Dr. Harvey seconded the motion.
- Ken Holland suggested that the motion be amended to make the substance use topic the second item in the SHP. Dr. Haynes amended the motion to make Section 2 on substance use; Ken Holland seconded the motion.
- Dr. Watkins asked what the committee should discuss in the quality education section in place of substance use education.
 - Dr. Protas said that the health risk factors should include the other topics (housing, healthy foods, quality health care).

Subcommittees:

- Dr. Curry requested that committee members reach out to her to volunteer for their subcommittee of interest and take part in subcommittee meetings.
- Dr. Haynes wanted to review the timeline and asked for clarity how many committees each member needed to be a part of. Dr. Curry responded that members can participate on as many committees as they want and discussed that there will be a standing meeting to keep members informed of SHP updates. There will likely be five subcommittees.
- Dr. Haynes asked if only SHCC members can serve on the committee or if subject matter experts can be part of the subcommittee. Pam Lauer responded that she will have to take a look at the bylaws but that subject matter experts have been used in the past. Pam also added that there will likely be one phone call at the beginning of the plan’s development, one at the end when the drafts are complete,

	<p>and one to draft recommendations- three one hour meetings from November to March per subcommittee.</p> <ul style="list-style-type: none"> • Dr. Protas was concerned that five subcommittees will be excessive – Dr. Curry and the HPRC team will complete the literature review and determine how many subcommittees will be necessary after that. • Dr. Watkins asked if there will be a revised outline provided in the meeting minutes; HPRC team and Dr. Protas affirmed that there would be. <p>Timeline:</p> <ul style="list-style-type: none"> • HPRC will be working on this from now until the end of February for the Spring Meeting. • The draft will be presented in the February 29, 2024 meeting and council will have to approve the draft.. Recommendations will need to be approved at the June 6, 2024 meeting. The Council will vote to approve the final update to send to the governor by November 1 at the September 26, 2024 meeting. • Elizabeth Mayer asked that the timeline be sent with the new outline.
<p>5. SHCC Agency Representatives' Reports</p>	<p>a. Texas Health and Human Services Commission (HHSC): Dr. Harvey with HHSC gave an update on the Behavioral Health Services Department:</p> <ul style="list-style-type: none"> • The Statewide Behavioral Health Coordinating Council's (SBHCC) Suicide Prevention Subcommittee has been meeting monthly since January to track bills that affect organizations represented on the SBHCC. The majority of the bills cover workforce, and the SBHCC has seen bills covering the funding of behavioral healthcare workers' student loan repayment programs, making the process of credentialing less arduous, and the establishment of multi-state compact certifications. • Some of the bills SBHCC are watching also include the providing of mental health services to people who are incarcerated, mental health services for minors, and suicide prevention through the expansion of treatment services. <p>b. Department of State Health Services (DSHS): Aelia Akhtar with DSHS gave an update on the agency:</p> <ul style="list-style-type: none"> • Offered the tobacco team to give a presentation at a future SHCC meeting.

	<ul style="list-style-type: none">• Gave an update on the health disparities grant.• Year 3 of the grant is scheduled to end in June 2024. Presented a map that displayed the Community Conversations on Health COVID-19 Health Disparities Grant<ul style="list-style-type: none">• HB 733/SB 76 would require the SHCC to form a subcommittee on health literacy. Similar bills have been previously filed. HB 1578/SB 589 would require the SHCC to create a health literacy plan, but not form a subcommittee.• Partnerships with area health education centers; grant allows for more collaboration with county officials. There are 24 counties in each public health region, highlighted are counties of focus (on map); would be happy to connect with backbone organizations in these counties• Discussion of map – clarification of color designations, maps without colors do not have specific targeted health disparities grant efforts. There could be other DSHS efforts currently operating in them. <p>c. Jimmy Blanton with HHSC’s Medicaid Program was not here to give an update.</p> <p>d. Elizabeth Mayer provided an update on the Texas Higher Education Coordinating Board (THECB):</p> <ul style="list-style-type: none">• Ms. Mayer provided updates on funding for grant programs that the agency is overseeing.• Increases in funding for health-related workforce programs such as the Texas Child Mental Health Care Consortium, the Graduate Medical Education Expansion program, the Family Practice Medicine Program, the Joint Admissions Medical Program, the Emergency Trauma Care Education Program, the Professional Nursing Shortage Program, the Statewide Preceptorship Program, and Tobacco Funds programs like the Minority Health and Nursing and Allied Health Programs, were discussed.• Ms. Mayer also covered newly funded health workforce programs, such as:<ul style="list-style-type: none">○ Rural Residency Physician Grant Program: awards grants for creation of GME positions in rural programs; \$3 million in funding○ Forensic Psychiatry Fellowship: for the development, expansion, and administration of forensic psychiatry
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	<ul style="list-style-type: none"> ○ Nursing Scholarship Program ○ Nursing Innovation Grant Program: ● New funding for Educational Loan Repayment Programs for Physician Education, Nursing Faculty, and Mental Health Loan Repayment was discussed. ● Dr. Protas noted that it appeared that all programs received an increase in funding. Elizabeth confirmed that every program received an increase in funding.
<p>6. Update on SHCC representation of the Texas Health and Human Services Commission E-Health Advisory Committee</p>	<p>Ken Holland gave an update.</p> <ul style="list-style-type: none"> ● At their September 8 meeting, the E-Health Advisory Committee has requested a four-year extension as they are set to expire December this year. A two-year extension has been approved by the agency. ● One subcommittee is beginning to look further into mental health, and further information on health IT and data retention. ● The telehealth committee will be leading a workshop available to any personnel to learn more about the different areas EHAC is working on. <p>Questions:</p> <ul style="list-style-type: none"> ● Dr. Watkins expressed difficulty in registering for the workshop. <ul style="list-style-type: none"> ○ Ken Holland suggested emailing UTMB who is administering the workshop. ● Dr. Watkins also asked about facilitators. <ul style="list-style-type: none"> ○ Ken said he was unsure but that there would be different sections with different panelists, with opportunities for Q&A. ● Dr. Protas expressed hope that EHAC would continue to provide guidance on the provision of telehealth services. <ul style="list-style-type: none"> ○ Ken mentioned that a representative of EHAC could attend the February meeting to provide updates on the committee's actions. Dr. Protas said that they would follow up.
<p>7. Health Professions Resource Center and SHCC coordinator's report.</p>	<p>Lissette Curry provided an update for HPRC.</p> <ul style="list-style-type: none"> ● HPRC has been working on different projects, including: <ul style="list-style-type: none"> ○ Licensure files: HPRC is currently receiving licensure files from the licensing agencies and working on updating the supply tables for over 40 professions in the state, as well as fact sheets examining trend sheets over time. ○ Conferences: HPRC representatives attended the Texas Rural Health Conference, the Texas Organization on Rural Hospitals, and the Texas

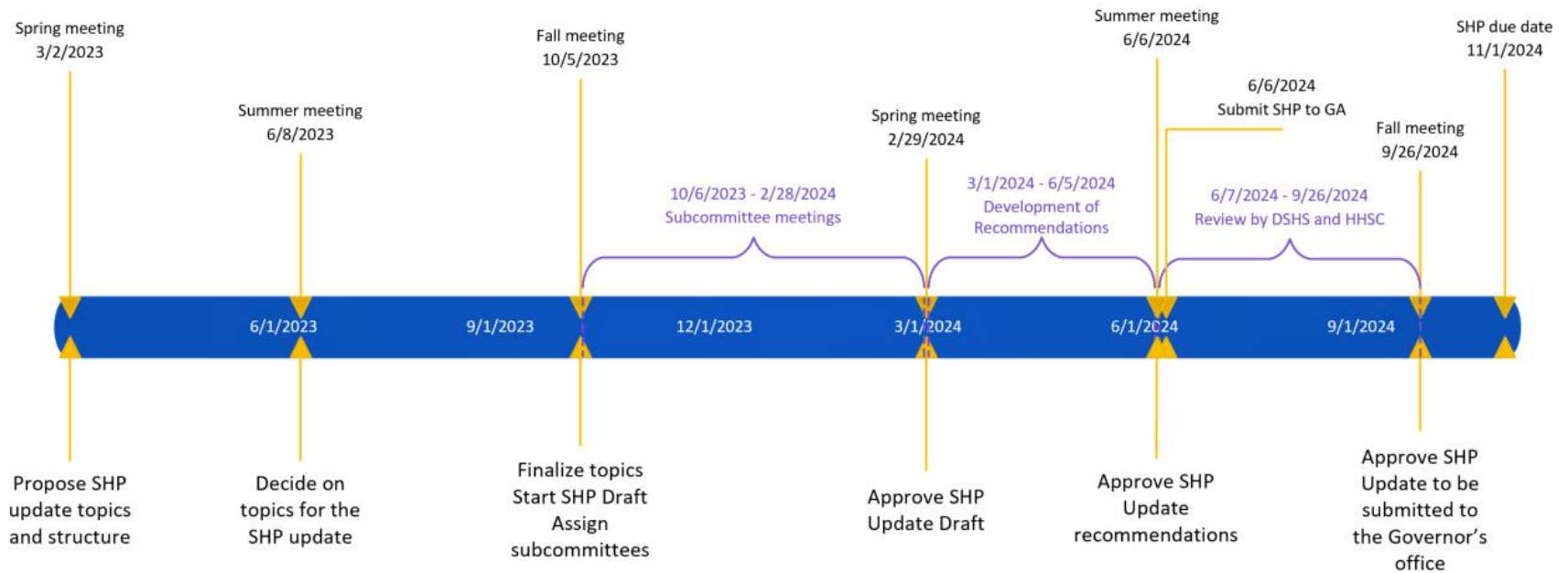
	<p>Oral Health Conference to look at the needs and concerns of providers in delivery of healthcare to Texans.</p> <ul style="list-style-type: none"> ○ TPCO support: HPRC provided support to TPCO in review of J1 waivers to Conrad 30 program to waive home residency requirement for international medical school graduates serving in underserved areas. HPRC is also assisting with the long-term strategic plan to identify actions reduce health provider shortages in the state, as well as developing dashboards on the supply and distribution of health providers. ○ SHCC: HPRC looked at SHP recommendations since 2017, from the 2017-2022 plan, and bills in the legislature relating to these recommendations. <ul style="list-style-type: none"> ▪ Overview of SHP Recommendations and Related Bills; 9 bills introduced, 5 related to health care access and for related to education pipeline of providers, HB 2509 to support or enhance graduate medical education for podiatric medicine ▪ Eight bills introduced related to 2019-2020 update; zero enrolled ▪ 2021-2022 update; 35 related (vaccination, maternal health, ENDS products, nutrition and physical activity, rural health, mental health workforce) eight bills enrolled ▪ 2023-2028 SHP; 17 bills introduced (four related to access to rural health, eleven related to mental health, two related to teleservices); three enrolled related to loan repayment.
<p>8. Texas Center for Nursing Workforce Studies Report</p>	<p>Kayla Davis provided an update on the Texas Center for Nursing Workforce Studies (TCNWS) and discussed the following items:</p> <ul style="list-style-type: none"> ● TCNWS reconvened the School Nurse Taskforce to revisit the survey instrument that had previously been developed. This survey was sent out to approximately 8,000 nurses who identified themselves in their licensure renewal as working as a school nurse. The survey went live on October 2nd and there are already over 500 responses. The survey will close mid-November and results will be reported next year. ● The TCNWS has reconvened the Workplace Violence Against Nurses Taskforce to revisit the individual nurse survey. The survey instrument is finalized, and this survey will go live after the holidays in mid-January.

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	<ul style="list-style-type: none">• The 2023 Nursing Education Program Information Survey went live on Monday and will close next Friday. Through this survey the TCNWS collects admission, enrollment, and graduation data from all the vocational, professional, and graduate level nursing education programs across the state. Student demographics, faculty numbers, and faculty demographics are also collected through this survey. Results and summary reports will be published after the advisory committee meets on February 28th, 2024.• The TCNWS is reconvening the nurse employer task forces as well. Hospitals, nursing facilities, home health agencies, and governmental public health agencies will be surveyed sometime around March 2024. Results from this survey will be available in late October 2024.• TCNWS is working in conjunction with HPRC on supply and demand projections for nurses. <p>Dr. Protas expressed thanks to TCNWS for monitoring nurse workforce needs.</p>
10. Administrative Items and Next Steps	SHCC tentative meeting dates: February 29, 2024, June 6, 2024, and September 26, 2024.
11. Public Comment and Adjourn	<p>There were no public comments.</p> <p>A motion to adjourn the meeting was made by Dr. Wynne and seconded by Dr. Watkins. The motion carried.</p> <p>The meeting adjourned at 12:31 p.m.</p>

Appendix A

State Health Plan update timeline



Appendix B

State Health Plan update outline

Executive Summary

Background

1. Supply and Distribution of the Texas Health Care Workforce
 - a. Physicians
 - i. Distribution and longitudinal trends
 - ii. Projections
 - b. Nurses
 - i. Distribution and longitudinal trends
 - ii. Projections
 - c. Oral Health
 - i. Distribution and longitudinal trends
 - ii. Projections
 - d. Mental and Behavioral Health
 - i. Distribution and longitudinal trends
 - ii. Projections
2. Substance Use Programs, Planning and Policies
3. Health Risk Factors
 - a. Access to Housing
 - b. Access to Healthy Foods
 - c. Access to Quality Education
 - d. Access to Quality Health Care
 - i. Prescription Drugs
4. Recommendations
5. References
6. Acronyms

Appendix A. SHCC Roster

Appendix B. Graphs, Maps, Tables, etc.