

**Texas Statewide Health Coordinating Council (SHCC)
Minutes of Meeting Held Thursday, September 26, 2024 10:00 a.m.**

Teleconference from Texas Health and Human Services Commission, 1100 W 49th
Street, Moreton Building, Room M-100, Austin, Texas 78751.
Webcasted at <https://texashhsmeetings.org/HHSWebcast>.

Members Attending

Jimmy Blanton, M.P.Aff.
Carol Boswell, Ed.D., RN, CNE, ANEF, FAAN
Kimberly N. Haynes, D.M.D.
Ken Holland
Emily Hunt, D.N.P, APRN, CPNP-PC/AC
David Lewis, CFA, CFP
Quincy C. Moore, Ph.D.
Lillian Nguyen, MA
Stephen Pont, M.D., MPH
Cheryl T. Sparks, Ed.D.
Cheletta Watkins, M.D.
D. Bailey Wynne R.Ph., M.H.A.
Yasser Zeid, M.D.

Members Absent

Elizabeth Mayer, M.P.Aff. (Excused)
Elizabeth Protas (Chair), P.T., Ph.D. (Excused)
Tamara Rhodes, MSN, RN
Melinda Rodriguez, D.P.T, PT (Excused)

Staff Present

Lisette Curry, Ph.D., Program Specialist, Health Professions Resource Center
Kristina Juarez, MPH, Research Specialist, Health Professions Resource Center
Clarisse Manuel, Research Specialist, Health Professions Resource Center
Pamela Lauer, MPH, Program Specialist, Texas Center for Nursing Workforce Studies
Gracia Dala, MPH, Research Specialist, Texas Center for Nursing Workforce Studies
Isabel Schwartz, MPH, Research Specialist, Texas Center for Nursing Workforce
Studies
Alison Hern, Government Affairs Specialist

<p>1. Chairman’s Welcome and Introductions</p>	<p>Dr. Yasser Zeid called the meeting to order at 10:00 a.m. Dr. Zeid welcomed Lillian Nguyen to the council as the Health and Human Services Commission representative. 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. Dr. Curry explained the evacuation plan for in-person attendees.</p>
<p>2. Establish a Quorum – Roll Call and Possible Action to Approve Excused Absences</p>	<p>A quorum was established. Elizabeth Mayer, Elizabeth Protas, and Melinda Rodriguez requested an excused absence. A motion to approve all requested excused absences was made by Carol Boswell and seconded by David Lewis. The motion carried.</p>
<p>3. SHCC Discussion and Possible Action to Approve June 6, 2024 Meeting Minutes (4?)</p>	<p>A review of the June 6, 2024 minutes elicited no revisions. A motion to approve the minutes was made by Ken Holland and seconded by David Lewis. The motion carried.</p>
<p>4. SHCC Agency Representatives’ Reports</p>	<p>a. Texas Health and Human Services Commission (HHSC): Lillian Nguyen with HHSC gave an update on the Office of Mental Health Coordination:</p> <ul style="list-style-type: none"> • The Office of Mental Health Coordination is finalizing the Children’s Behavioral Health Strategic Plan, a project which was initiated by the 88th Texas Legislature and required the Office of Mental Health Coordination to create a subcommittee for the development and creation of the strategic plan. • Established five workgroups: Governing; Metrics; Service Array, Financing, and Navigating Access to Care; Workforce; and Youth and Family Voice, which met from March to June 2024 to develop goals and recommendations enhancing the behavioral health continuum of care for children • The Youth and Family Voice workgroup met with youth and family members with lived experience and distributed surveys to the public. Ms. Nguyen noted that the themes which arose from the survey participants matched those of the professionals. • Within the strategic plan, recommendations are developed along the continuum of care, rather than by workgroup. • Subcommittee identified the full continuum of care as a tiered model, with services ranging from prevention and early intervention care through

	<p>inpatient care, levels of care are supported by a foundation of behavioral health awareness and supports for children and their caregivers.</p> <ul style="list-style-type: none">• The draft of Children’s Behavioral Health State Plan is currently under review by the Children’s Behavioral Health State Plan subcommittee, the Statewide Behavioral Health Coordinating Council, the Behavioral Health Advisory Council, and select stakeholder organization.• The final plan will be submitted to Legislative Budget Board and the Office of the Governor by December 1, 2024. <p>b. Department of State Health Services (DSHS): Dr. Stephen Pont with DSHS gave an update on the agency:</p> <ul style="list-style-type: none">• Commissioner’s priorities include: maternal mortality and morbidity prevention (Alliance for Innovation on Maternal Health bundle – care packages focusing on hemorrhage and hypertension have been distributed through hospital partners, will include substance abuse prevention; maternal and child health data dashboards) congenital syphilis (congenital syphilis summit was held in September 2024), promoting public health data to action (respiratory illness dashboard), partnerships between public health entities and academic institutions (working with Texas schools of public health, connecting them with other public health departments)• 2026-2029 Agency Strategic Plan was completed in May and has been published.• Operation Border Health Preparedness• The DSHS Legislative Appropriations Request was submitted in September.• Funding has been secured to continue the Texas Public Health Fellowship Program and the Advance Academic Public Health.• Dr. Zeid asked Dr. Pont to report back on the effectiveness of the Alliance for Innovation on Maternal Health bundles.• David Lewis asked for more information on congenital syphilis. Dr. Pont said that he would invite his colleagues to provide more information on congenital syphilis and the Alliance for Innovation on Maternal Health bundles at the next SHCC meeting. <p>c. Jimmy Blanton presented HHSC’s Medicaid Program update.</p>
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	<ul style="list-style-type: none">• Mr. Blanton stated that September is a busy time, as the Medicaid Program is preparing for the legislative session by participating in pre-session and interim hearings. Mr. Blanton stated that reports and sessions which the Medicaid Program has participated in have concerned children's mental health,• September 1 is the beginning of the fiscal year, projects have gone into effect on September 1 include:• HB 1575, from the 87th Session: requires MCOs to screen pregnant women for non-medical health-related needs, such as food, housing, transportation, and childcare; these results are made available for case management and will be reported to HHSC, case management services will be available via case workers and doulas being made reimbursable by Medicaid, which is being implemented after a pilot• MCO Incentive Program: With September 1 contracts coming into effect, ATLAS program is an incentive for MCOs to work with providers to increase interconnectivity to health information exchange, meaningful use of data for program for value-based care and payment; program is starting with a quantitative assessment of the state system, focusing on how MCOs and hospitals are using health information and data to improve outcomes, beginning in October, information will be processed around the end of the year, program will build towards metrics for exchange of health information and outcomes• Alternative payment models: new contractual requirements from MCOs which were made effective at the beginning of 2024, MCOs have a portion of their payment from providers be connected to outcomes, through new framework will look at how alternative payment models are used to assess priority outcomes like maternal mortality, non-medical drivers of health, and the integration of primary care and behavioral health; MCOs will get points towards meeting contractual requirements• Dr. Zeid asked Mr. Blanton who is responsible for establishing measures of quality. Mr. Blanton responded that for the alternative payment models, the Medicaid program does not dictate what measures the MCOs use, but they are required to
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	<p>establish payment methodologies and outcome measures, and then to report outcome to the Medicaid program. Other programs do have quality measures adopted by the Medicaid programs. The Medicaid program has its own metrics for evaluating MCOs based on their reports. In short, the alternative payment models do not have specific measures.</p> <ul style="list-style-type: none"> • Dr. Zeid asked a follow-up question about if this program is a pilot and about program accountability, such as if the measures used are insufficient. Mr. Blanton said that the program is a pilot, and the goal is to give visibility on this kind of alternative payment model. Dr. Zeid said that not giving directive to the MCOs is a double-edged sword because providers have to comply with a different set of regulations per MCO, which increases the burden on providers, and that some guidance or regulations from the Medicaid program would be ideal. Mr. Blanton agreed and said that measure alignment is considered and that the goal of the program is not to increase administrative burden on the physician, welcoming any other feedback on the alternative payment model. <p>d. Elizabeth Mayer was not present to provide an update on the Texas Higher Education Coordinating Board.</p>
<p>5. Update on SHCC representation of the Texas Health and Human Services Commission E-Health Advisory Committee</p>	<p>Ken Holland provided.</p> <ul style="list-style-type: none"> • eHAC was created to advise the Executive Commissioner and Health and Human Services agencies on strategic planning related • eHAC has met eight times this year, subcommittees on telemedicine, behavioral health, interoperability, and other related topics have met in between • Developed recommendations to HHSC and the legislature in collaboration with stakeholders like pharmaceutical • 2024 Biennial Report draft is in review to be submitted • Actions that need to be addressed: eHAC Representative needs to be selected for next term
<p>6. 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"> ○ 20 professions have been moved to SHARP ○ Completed verification of ○ Completed 18 data requests

	<ul style="list-style-type: none"> ○ HPRC is working on the 2024 licensure data ingestion: ○ 42 professions processed through SHARP, 18 professions will be processed manually ○ HPRC will work on transferring remaining 18 professions to SHARP ○ HPRC is providing support to the Texas Primary Care Office ○ Conferences: Attended and presented at 2024 National Forum, THECB ○ Will attend the Healthier Texas Summit from Oct 10-11 ○
<p>7. Texas Center for Nursing Workforce Studies Report</p>	<p>Gracia Dala 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 has published reports on School Nurses, X, Y, Z ● Presented at the 2024 National Forum Conference and TONL ● ENSS has closed for Long Term ● In Progress: ENSS Reports, WPV Individual and Employer Reports, Education Dashboards ● WPVAN 22-23 grantees ● Reports to be published after Nov 20 AC meeting: ENSS reports, ● 2024 NEPIS data collection begins Oct 1 ● Will be presenting at TX Association of Vocational Nurses and Deans and Directors ● Will organize task force to help develop recommendations for newly licensed nurses ● TCNWS is preparing to begin the 2024 NEPIS in the fall
<p>8. SHP Update</p>	<ul style="list-style-type: none"> ● The finalized draft of the State Health Plan was presented for approval. ● Dr. Curry presented the 11 recommendations which will be included in the SHP. ● There were three sections: Healthcare Workforce, Substance Use Disorders, and Non-Medical Risk Factors. There were 11 recommendations total. ● Workforce: 1) Support, enhance and examine effectiveness of programs strengthening the supply of health professionals; 2) Support the use of creative staffing models and leverage technology to strengthen the supply of health professionals; this section is

	<p>focused on making sure we have adequate supply for all providers.</p> <ul style="list-style-type: none"> • Substance use: 1) Provide outreach for children and adults over 60 years old, 2) assess and address gaps in existing repositories on substance use disorders, 3) exclude testing equipment and strips from list of banned drug paraphernalia, 4) reporting on use and outcomes of allocated funds from Opioid Settlement Funds • Non-medical risk factors: 1) Implement strategies on expanding access to existing state food programs, 2) Establish taskforce to examine availability of affordable housing programs and recommend strategies to increase access, 3) Enhance connections between state health and housing programs, 4) Invest in dedicated housing navigators and health benefits coordinators, who assist individuals in locating and sustaining housing and applying for and maintaining social benefits 5) identify ways to expand access to telehealth services for underserved populations by creating spaces to access care in the community. <p>Dr. Zeid invited a motion to approve the State Health Plan for the Governor’s Office. Carol Boswell made the motion to approve the State Health Plan. David Lewis seconded the motion. The motion carried. The State Health Plan was approved for submission to the Governor’s Office.</p>
<p>9. Administrative Steps</p>	<p>Dr. Zeid mentioned that this meeting would be Dr. Protas’ last meeting, and that he would like to send a note to Dr. Protas thanking her for her service.</p> <p>Ms. Wynne stated that this would also be her last meeting, after having served . Ms. Wynne pointed out that especially for members who have served for as long as Dr. Protas, the Council used to send certificates to members for their tenure. Ms. Wynne also thanked Dr. Curry for her work on the State Health Plan.</p> <p>Dr. Zeid thanked Ms. Wynne for her engagement in the Council, and that the consensus would be for two letters of recognition and two certificates.</p> <p>Ms. Wynne stated that after members have served for three terms, it is preferable for the members to not be re-appointed.</p> <p>The next SHCC meeting is tentatively scheduled for February 27, 2025.</p>

<p>10. Public Comment and Adjourn</p>	<p>There were no public comments.</p> <p>Dr. Zeid entertained a motion for adjournment. A motion to adjourn the meeting was made by Carol Boswell and seconded by Bailey Wynne [unclear – confirm with webcast recording]. The motion carried.</p> <p>The meeting adjourned at 10:54 a.m.</p>
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