

**Texas Statewide Health Coordinating Council (SHCC)
Minutes of Meeting Held Thursday, June 6, 2024 10:00 a.m.**

Teleconference from Texas Health and Human Services Commission, 4900 North Lamar Boulevard, Moreton Building, Room M-100, Austin, Texas 78751.
Webcasted at <https://texashhsmeetings.org/HHSWebcast>.

Members Attending

Courtney Harvey, Ph.D., MA
Kimberly N. Haynes, D.M.D.
David Lewis, CFA, CFP
Quincy C. Moore, Ph.D.
Elizabeth Mayer, M.P.Aff.
Elizabeth Protas (Chair), P.T., Ph.D.
Melinda Rodriguez, D.P.T, PT
Cheryl T. Sparks, Ed.D.
Cheletta Watkins, M.D.
D. Bailey Wynne R.Ph., M.H.A.
Emily Hunt, D.N.P, APRN, CPNP-PC/AC

Members Absent

Jimmy Blanton, M.P.Aff. (Excused)
Carol Boswell, Ed.D., RN, CNE, ANEF, FAAN (Excused)
Ken Holland (Excused)
Stephen Pont, M.D., MPH (Excused)
Tamara Rhodes, MSN, RN
Yasser Zeid, M.D. (Excused)

Staff Present

Lissette 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
Gracia Dala, MPH, Research Specialist, Texas Center for Nursing Workforce Studies
Kayla Davis, MS, Research Specialist, Texas Center for Nursing Workforce Studies
Ann Barnett, Director, Health Provider Resources Branch
Alison Hern, Government Affairs Specialist

<p>1. Chairman’s Welcome and Introductions</p>	<p>Dr. Protas called the meeting to order at 10:03 a.m. Dr. Protas welcomed Mr. David Lewis to the council as a public member. 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, Carol Boswell, Ken Holland, Stephen Pont, and Dr. Yasser Zeid requested an excused absence. A motion to approve all requested excused absences was made by Courtney Harvey and seconded by Bailey Wynne. The motion carried.</p>
<p>3. SHCC Discussion and Possible Action to Approve February 29, 2024 Meeting Minutes</p>	<p>A review of the February 29, 2024 minutes elicited no revisions. A motion to approve the minutes was made by Dr. Melinda Rodriguez and seconded by Dr. Courtney Harvey. The motion carried.</p>
<p>4. 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"> • Statewide Behavioral Health Coordinating Council has been directed to develop a Children’s Mental Health Strategic Plan by December 1 of this year. • Development of strategic plan has been in progress since last year, subcommittees are composed of local mental health authorities, representation from people with youth and family lived experiences, advocacy organizations, and other stakeholders • Council has defined the behavioral health continuum of care for children and is requesting feedback on the plan from the Statewide Health Coordinating Council: topics include workforce, data and IT infrastructure • When recommendations are fleshed out, the recommendations will be shared with the Statewide Health Coordinating Council after the next meeting • Meetings between child-serving state agencies like TEA, TDCJ, DFPS, HHSC, Child Mental Health Care Consortium to discuss substance use in children; discussions have largely revolved around funding for these initiatives for children <p>b. Department of State Health Services (DSHS): Stephen Pont was not available to provide an update.</p>

	<p>c. Dr. Curry presented HHSC's Medicaid Program update.</p> <ul style="list-style-type: none">• Key projects include House Bill 12 for 12-month post-partum coverage, House Bill 1575 for screening of non-medical health-related factors and community health workers and doulas.• Alternative Payment Models Framework to address quality improvement opportunities.• Aligning Technologies by Linking Interoperable Systems for Client Health Outcomes – incentivizing use of technologies by MCOs to increase the exchange of electronic health information for quality improvement and value-based payment.• Dr. Protas inquired about the status of HB 12 – Dr. Harvey said she would follow up with CHIP services and get back to Dr. Protas. <p>d. Elizabeth Mayer provided an update on the Texas Higher Education Coordinating Board (THECB):</p> <ul style="list-style-type: none">• Elizabeth provided updates on funding for grant programs that the agency is overseeing.• GME Program Expansion – Number of medical schools and students has grown, so GME Program is intended to increase the number of residencies funded- 153 programs and 3,092 positions funded.• Emergency and Trauma Care Education Partnership Program – program provides support to increase training and educational experiences for nurses specializing in emergency and trauma care, GME awards announced in May 2024 funded 19 programs and 158 residency positions.• Professional Nursing Shortage Reduction Program – 83 institutions selected to receive an award to enroll, retain, and graduate new registered nurses.• Family Practice Residency Program – intended to support family practice residency programs and decrease family practice shortage; 34 residency programs and 991 residents funded.• Autism Grant Program – 14 awards for this grant program.• GME Planning and Partnership Program – looking into options to increase GME programs, RFA will be released in early 2025.• Forensic Psychiatry Fellowship Grant Program – 9 institutions selected to receive an award, \$5 million in grant awards will be distributed.
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	<ul style="list-style-type: none"> • Minority Health Program (Tobacco Funded) – to support minority health programs, RFA is being developed and will be released in late summer/early fall 2024. • Nursing, Allied Health, and Other Related – 39 grantees awarded \$6.9 million in August 2024, RFA is being developed and will be posted Fall 2024 or Spring 2025. • In process of rule revision for all grant programs; posted to TX Register on May 31, 2024. • Professional Shortage Nursing Reduction Program and Rural Resident Physician Grant Program rule revisions are available for public comment. • Elizabeth Mayer shared that Governor Abbott has directed THECB to make a taskforce addressing healthcare workforce shortages; directed to investigate challenges to maintaining clinical positions and provide students with tools necessary to graduate, task force is expected to release report on findings by October 1, 2024. • Dr. Protas commented on the health workforce directive and asked if the SHCC should interface with THECB; Elizabeth said that THECB is working with the Governor’s Office currently and will likely be in touch with members of the SHCC as details are worked through. • David Lewis asked about the family practice program and if THECB tracks the amount of funding awarded over time; Elizabeth Mayer shared that funding for the family practice program has declined and the amount awarded per resident has declined as the number of residents has increased and offered to share a graphic with Mr. Lewis on funding trends for the family practice program.
<p>5. Update on SHCC representation of the Texas Health and Human Services Commission E-Health Advisory Committee</p>	<p>Ken Holland was not available to provide an update.</p>
<p>6. Health Professions Resource Center</p>	<p>Lisette Curry provided an update for the Health Professions Resource Center (HPRC).</p> <ul style="list-style-type: none"> • HPRC has been working on different projects, including:

<p>and SHCC coordinator's report.</p>	<ul style="list-style-type: none"> ○ The 2022-2036 Physician Supply and Demand Projections report has been completed and is published on the Texas Health Data website as a dashboard. A Supply and Demand Projections Dashboard has been published for other professions as well. ○ Summary report on supply and demand projections for oral health and mental health providers; these reports have not yet been published but are ready. ○ A Long-Term Strategic Plan to address primary care provider shortages was submitted to the Texas Primary Care Office. ○ HPRC is currently working on transferring 30 professions supply tables and factsheets to Texas Health Data to allow for a single repository of information. HPRC hopes to complete this project by next year. ○ Conferences: Attended April 2024 Border Health and May 2024 Texas Demographic Center, will be presenting at National Forum and attended July 2024 Texas Health Improvement Network Workforce meeting ○ Dr. Sparks asked if the supply and demand projections are shown by region; Dr. Curry answered that the projections are shown at the state level, but that the information can be filtered by public health region, metropolitan designation, and by metro/non-metro and border/non-border designation.
<p>7. 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"> ● The Nursing Advisory Committee has not met since the last SHCC meeting ● Hospital Nurse Staffing Survey and Workplace Violence Survey has closed ● The Home Health and Hospice Care, Long Term Care, and Governmental Public Health Nurse Staffing Surveys will close this month ● TCNWS is preparing to begin the 2024 NEPIS in the fall ● Working on education dashboards for vocational, professional, and graduate nursing programs ● Next advisory committee meeting is July 25, will ask to approve the following reports: 2023 Texas School Nurse Workforce, 2023 NEPIS Faculty Profile and Clinical Site

	<p>Reports, Hospital Characters, Staffing, Vacancy and Turnover, 2023 Nursing Workforce Supply and Demographics, hoping to complete the Workplace Violence Factsheet</p> <ul style="list-style-type: none">• TCNWS will also attend the National Forum Conference and will be sharing a combined four presentations.• Dr. Protas commented that the nursing workforce landscape has changed rapidly due to COVID and asked if there is data shifting to support this; Kayla shared that the LVN supply has been declining and that the registered nurse supply has been shifting slightly. The School Nurse Survey had a question on COVID impacts which evidenced that there was a sense of burnout and increased difficulty during the pandemic.• David Lewis asked how much nursing demand is being filled by traveling nurses; Kayla answered that this question is asked in the employer staffing surveys; TCNWS collects licensure data but it is difficult to tell which nurses are traveling based on the licensure data; analysis of the employer staffing surveys particularly in the hospital staffing survey will better reveal the prevalence of traveling nurses.• Dr. Rodriguez shared that there is a nursing shortage in the home health and hospice setting, especially the geriatric population and in rural areas which has affected the quality of patient care. Kayla shared that the nurse staffing surveys do ask about recruitment and retention strategies to see which strategies are working, which will hopefully reach agencies which need this support.• Dr. Wynne asked if the surveys ask if wage cost impacted nurse retention; Kayla said that the survey asked what among pay and other factors was most important in retention. These findings are then shared with advisory committee and nursing taskforce, and recommendations are made. Dr. Wynne said that working in a hospital – difference between staff nurses who work for a facility versus contract nurses; Kayla said the survey asked about payment for contract nurses but that this wage is not compared to the wages of nurses who are employed by the facility, but that she could make a suggestion to include this in the next iteration of the survey.• Dr. Sparks asked if this data is aggregated in such a way that regional differences in supply and demand can be seen; Kayla said that the supply and demand
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	<p>projections and the educational data can be broken down regionally, but that data from other reports are not.</p> <ul style="list-style-type: none"> • Dr. Protas asked if the decline in LVN supply was expected; Kayla shared that the decline of LVN supply and LVN graduates, has been anticipated for the last 15 years, as well as LVN programs (decreased by 10) • Dr. Sparks said that with the way that community colleges are funded, there is a lot of interest in creating pathways and opportunities for people to keep advancing through their career. Community colleges are being funded to promote opportunities for nurses, like LVNs and CNAs, to gain stackable credentials. Kayla agreed and shared that one of the posters which will be shared at the National Forum covers the transitioning LVN to RN workforce. • David Lewis asked if the Workplace Violence report covered; Kayla shared that this has been a rising topic in the nursing workforce space and that a supplemental, individual survey was created and distributed to nurses to track workplace violence incidences. Most of the workplace violence incidences were patients against nurses, though some were among coworkers. This topic was raised during the last legislative session, especially as the pandemic led to an increase in articles on violence against nurses as frontline healthcare workers, so there is greater interest in this topic. • Dr. Haynes-Reese asked what the average or number of years of practice for the nursing workforce was. Kayla answered that she would get back to Dr. Haynes-Reese with this number.
<p>8. SHP Update</p>	<ul style="list-style-type: none"> • The finalized draft of the State Health Plan has been completed after working with subcommittees. • 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 focused on making sure we have adequate supply for all providers.

	<ul style="list-style-type: none">• Substance use: 1) Support schools providing outreach, education, and connection to care, 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 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 <p>Discussion:</p> <ul style="list-style-type: none">• Dr. Protas commented that we have worked on this draft for a year and a half ; she commented that she wanted to invite further comment as the sections and content of the sections are different from what was originally planned. Dr. Curry stated that there was a focus on what recommendations came from the subcommittee groups so that the content would not distract from the recommendations. Dr. Curry also mentioned that if the draft is approved today, there will then be a series of further reviews through agencies and for further public comment, and the final draft will be presented at the September meeting; there will be no further changes to structure• Dr. Protas commented on the health workforce recommendation #1 and asked if it was specific enough for legislators to act on. Dr. Curry responded that one of the suggestions from the subcommittees was to ensure that the recommendations were broad enough to cover all professions, and that not all professions and sub-professions have comparable programs yet. Between programs that do not yet exist and programs that do exist but need more support, this recommendation was intentionally written to be broad so that all professions are encompassed.• Dr. Sparks commented on the non-medical risk factors recommendation on telehealth services and asked if we could expand this recommendation to say “telehealth
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	<p>services and other innovative approaches for underserved populations” to cover any future innovations. Dr. Curry said that this request was noted and if the language is approved, it will be included.</p> <ul style="list-style-type: none">• Dr. Protas added that there have been discussions of other innovative approaches to serve rural areas aside from telehealth and that she would support this change.• Dr. Protas added a comment on the substance use disorders recommendations and raised that naloxone is not mentioned in the recommendations, and asked if this was covered in the school outreach recommendation. Dr. Curry answered that research revealed that there are a number of existing naloxone programs already, but that it is covered as a resource for schools in the plans, just not as its own recommendation.• Dr. Protas thanked the subcommittee members who took the time to hone the report and its recommendations to make it as accessible and understandable as possible.• Dr. Wynne asked about the substance use recommendation regarding the focus on schools, rather than any other settings or populations; Dr. Curry said that the team researched the places of greatest impact in terms of resource allocation. Schools already have some mandates and resources, so continuing to provide this support is a good use of the resources.• David Lewis added that there is a strong concentration of deaths in the senior living areas, in the 50-70 age range; he added that there may be other pockets of need outside of schools.• Dr. Wynne added that there is a burgeoning population of seniors with substance use disorders, not only recreationally but with prescribed medications. Since the problem affects both the youth and the elderly, there should be a mention in the recommendation for populations rather than focusing solely on environment, especially as there is a lack of resources and research.• Dr. Curry asked to clarify if there is a request to make a recommendation or add context to the plan regarding populations; Dr. Wynne responded that the language should be included in the recommendation.• Dr. Curry said that the recommendations came out this way because the subcommittee focused on schools, so she is unsure how to incorporate the recommendation. Dr. Protas suggested adding a sentence to the context
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	<p>emphasizing that people over a certain age have seen increased incidences of substance use. It would then fall under the recommendation addressing gaps in existing data repositories.</p> <ul style="list-style-type: none">• Dr. Sparks said that the recommendation sounds like it focuses on K-12, and colleges also, but not all young adults go to college, so the recommendation should focus on the populations of children, young adults, and the elderly. Dr. Curry asked if the request was to include facilities of children, young adults, and the elderly; Dr. Sparks said that the intention was to focus on vulnerable populations, rather than on facilities, since not all members of the vulnerable populations are located in these facilities; this would provide broader coverage.• David Lewis asked if the recommendations focus on opioid use or also cover other substances like alcohol and amphetamines; Dr. Curry responded that the focus in the subcommittees was on opioids, but the recommendations regard substance use disorders broadly.• Dr. Harvey proposed amendments: “Provide outreach, education, and connection to care regarding substance use with a focus on children and older adults” or “Provide outreach, education, and connection to care regarding substance use with a focus on children, young adults, and older adults 60+”.• Dr. Protas asked if there was a vote to be made or if Dr. Curry would take these down as comment for now. Dr. Curry said that the language of the proposed revisions of the recommendations should be finalized before she will send it to the SHCC members to be approved. Dr. Curry also confirmed that there were two different proposed amendments and read the proposed amendments allowed. Dr. Protas expressed approval of the second proposed amendment to the recommendation read.• Dr. Haynes asked why we don’t want to include “60+”; Dr. Curry said that this decision is up to the council members.• Dr. Harvey said that she wanted to include 60+ because she was unsure how the term elderly or the older population was defined. Dr. Harvey does not feel strongly about including or not including the term “60+”.
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	<ul style="list-style-type: none">• Dr. Haynes that she supported the term “60+” because the term elderly can be subjective. Dr. Sparks supported the inclusion of “60+” as well.• Dr. Rodriguez asked if this should go back to committee since there is still discussion on the recommendations. Dr. Curry said the subcommittee meetings have ended and that this draft is the final iteration, so the priority is to make sure that the recommendations are amenable to all members as soon as possible so that the approval process can begin. By September, there needs to be a final draft which can be sent to the Governor’s Office.• Dr. Sparks asked if it would be possible to amend today’s motion to vote to approve the proposed recommendation and revisions today. Dr. Curry said that this would work if we can agree on all edits to the recommendation.• Elizabeth Mayer asked if the original language and the revised language could be displayed alongside each other on the screen so that a vote could be made.• David Lewis suggested that “55+” should be made since 55 and over is the cutoff for senior living facilities without children.• Dr. Watkins asked to know through data of the older population which age category exactly is being impacted by substance use disorder and overdose.• Dr. Protas responded that the trajectory of substance use disorder can be predicted to increase with age as pain increases.• Dr. Watkins stated that chronic use of pain medications can increase at any age.• Dr. Wynne stated that evidence shows that there is increased substance use disorder incidence starting at 65 and above, and there is increased prescription use at 57 and above.• Dr. Curry shared that in the context of the plan, the age category most impacted is 18-44.• Dr. Sparks asked if references to age or specific populations should be removed from the recommendation. Dr. Curry said that data on the specific age groups could be added to the context of the report.• Dr. Haynes-Reese said that for funding purposes, discussing specific populations, especially those which are particularly affected, can be more impactful.• Dr. Protas asked Dr. Haynes if she was in favor of the second recommendation. Dr. Haynes clarified that she
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	<p>thinks that the recommendation should mention all populations but emphasize the 18-44 population as it is the most impacted.</p> <ul style="list-style-type: none"> • The council members discussed the merits of including language regarding specific populations or keeping the recommendation broad. • David Lewis made a motion to vote on the addition of a recommendation, “Provide outreach, education, and connection to care regarding substance use disorders with a focus on children, young and older adults 60+.” Dr. Sparks seconded this motion. The motion was approved. • Dr. Sparks asked if there is a need to vote on the revision to the telehealth recommendation (#11). Dr. Curry confirmed that there is a need to vote on this revision to the amendment. • Dr. Sparks motioned to approve the revision to Recommendation 11 of “Identify ways to expand access to telehealth services and other innovative approaches for underserved populations by creating spaces to access care in the community.” Dr. Wynne seconded this motion. The motion was approved. • Dr. Curry stated that if there were no further revisions, a vote is needed to approve the draft as amended as a final form. • Dr. Rodriguez motioned to approve the draft. Dr. Haynes seconded this motion. The motion was approved. • Dr. Protas expressed thanks to the Health Professions team and particular admiration of the restructuring of the references.
<p>9. Administrative Steps</p>	<p>The next SHCC meeting is scheduled for September 26, 2024.</p>
<p>10. Public Comment and Adjourn</p>	<p>There were no public comments.</p> <p>A motion to adjourn the meeting was made by Dr. Harvey and seconded by David Lewis. The motion carried.</p> <p>The meeting adjourned at 11:52 a.m.</p>