

Source	Problem Statement	WHO Population(s)	WHAT Health Outcomes	WHY SDOH(s)	Do we have adequate data sets?	Do we have relevant community representation?
Texas Health & Human Services	Child health coverage & family safety net programs enrollment: In addition to getting more kids enrolled in CHIP through 2-1-1, the state needs to make sure that children and families are enrolling in Medicaid, SNAP, WIC, TANF and other programs that they are eligible for; this is especially important in light of the public charge policy, which has led to confusion among families.	Children & Adolescents		Health Care Access and Quality		
Texas Health & Human Services	There is not a seamless transition for young women aging out of Medicaid/CHIP into the Healthy Texas Women's program.	Adolescents, Women		Health Care Access and Quality		
Texas Health & Human Services	Early Childhood Intervention: The 2-1-1 system has the ability to provide developmental screenings and referrals to ECI and relate early childhood programs; however, statewide, the 2-1-1 Texas is not being leveraged and maximized to provide a close-loop referral for early childhood programs, such as ECI and Prevention and Early Intervention (PEI) services. Some United Ways outside of Texas are using 211 to help with developmental screening of children in order to get them to ECI & related early childhood programs. This could help ensure family enrollment in ECI services. For example, the	Children & Adolescents				
Texas Health & Human Services	Behavioral Health: The 2-1-1 platform is not being leveraged by local mental health authorities (LMHAs) to more seamlessly connect individuals with behavioral health needs—including veterans and their families—to substance abuse and mental health UWATX partners with Bluebonnet trails to help get people into services with this LMHA. It would be great to have this statewide to make it easier for people to get into services. Also, people may feel less comfortable asking for help regarding substance abuse or mental health services. If there were a chat or text option for people to talk to someone and get the information they need, this might help increase knowledge of and access to services.	Veterans?	Behavioral Health			
Texas Health & Human Services	Additionally, if 211 website had behavioral health screeners available so people could assess themselves and, if realize might need further support, they can call, text, or chat with someone and/or be directed to a webpage with relevant resources.		Behavioral Health			
Texas Health & Human Services	Housing: The referral and assessment process for housing supports varies across the state and a more seamless connection to and screening for affordable housing is needed across the state. If there was a way for people to take a housing assessment online (or over the phone) and then be directed to services--either a housing resource page or, if via phone, to the appropriate resource. Similarly, if the 211 website housed the Housing Voucher application to make it more accessible to people--and so people can see when applications are open.			Neighborhood and Physical Environment-Housing		
Texas Health & Human Services	Transportation: The quality and accessibility of transportation resources, including medical transportation varies across the state. Moreover, many individuals and providers do not have a clear sense of transportation resources available. How can we use 211 to help people get to their medical appointments and employment training/jobs?			Neighborhood and Physical Environment-Transportation		

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Texas Health & Human Services	Equity: HHSC's 2-1-1 system does not collect and disaggregate data on callers outside of gender and income limiting the state's ability to understand the populations utilizing and relying on 211 as well as gaps and barriers in reaching diverse populations. Would it be possible to collect other demographic data on callers to better understand the populations utilizing and relying on 211, population-specific services and needs, and whether or not services that are being asked about are available in the community/service area. Additionally, is there any data about language barriers for people calling or utilizing 211 (including the website)?					
United Way-Austin	2-1-1 Callers often express multiple needs during a call. What are the most common co-occurring needs? Understanding co-occurring needs will allow for more proactive Social Determinants of Health screenings/assessments and connection to resources.					
Texas Health & Human Services	1) The Texas Health and Human Services provides medical benefits to low-income families and children in Texas. Based on data from the US Census Bureau, the number of uninsured children in Texas increased for the third year in a row. In Texas, the percentage of uninsured children is consistently 5 – 6 percent higher than the national average since 2014. In 2018, 11.2 percent of Texas children under the age of 19 were uninsured, compared to 5.5 percent nationally. These uninsured children are often eligible for but not enrolled in medical benefits through Medicaid or Children's Health Insurance Program (CHIP). HHSC would like to understand why the number of uninsured children in Texas is consistently higher than the national average, who makes up the population of uninsured children in Texas and what factors contribute to these families not applying for Medicaid.					
Texas Health & Human Services	2) What can 2-1-1 Texas Information and Referral data illuminate about health disparities in Texas? In looking at the "health" related needs by geography, what trends do we see?					
CareSet	Hospitalization rates compared to call rates by zip code	Seniors		Health Care Access and Quality		
United Way Worldwide	Is it possible to aggregate call data by zip code and co occurring needs?					