



**Response to the Public Health  
Funding and Policy  
Committee 2017 Report  
Recommendations**

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**As Required by  
Texas Health and Safety Code  
Section 117.151**

**Department of State Health  
Services**

**December 2017**



**TEXAS**  
Health and Human  
Services

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**Texas Department of  
State Health Services**

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## Executive Summary

The Texas Health and Safety Code, [Chapter 117](#), establishes the Public Health Funding and Policy Committee (PHFPC) to meet and advise the Department of State Health Services (DSHS) on matters impacting public health from the perspective of local health entities as fellow partners with DSHS in the public health system of Texas. [Section 117.151](#) requires DSHS to submit a report on the status of implementation of the PHFPC's recommendations as included in their annual report to DSHS. Both reports are due to the Texas Legislature by November 30th of each year.

The [Response to the Public Health Funding and Policy Committee 2017 Report Recommendations](#) reflects the ongoing efforts and progress made by DSHS to address the 15 recommendations submitted by PHFPC in their annual report to the DSHS Commissioner for the following topic areas:

- Core Functions
- Local and Regional Health Services Departments Roles
- Data Sharing
- Insurance Category for Public Health
- Infectious Disease
- Workforce Development
- Technology

As required by Section 117.151, DSHS is committed to considering viable solutions and actions in response to the PHFPC's recommendations, and only reserves the decision not to implement a recommendation based on the following:

- A lack of available funding
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, or evidence-based interventions related to the populations to be served
- Evidence that implementing the recommendation would violate state or federal law
- Evidence that the recommendation would violate federal funding requirements

# 1. Introduction

[Texas Health and Safety Code Section 117.103](#) requires the Public Health Funding and Policy Committee (PHFPC) to annually submit a report to the Governor, Lieutenant Governor, and Speaker of the House of Representatives that details the committee's activities and recommendations the committee made to the DSHS Commissioner. DSHS is required to respond to the PHFPC recommendations and submit a report of these responses to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives.

According to the Health and Safety Code, a decision by DSHS not to implement a recommendation of the PHFPC must be based on:

- A lack of available funding
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, or evidence-based interventions related to the populations to be served
- Evidence that implementing the recommendation would violate state or federal law
- Evidence that the recommendation would violate federal funding requirements

The four previously submitted PHFPC reports, can be found online at: <http://www.dshs.state.tx.us/phfpcommittee/>.

In the PHFPC 2017 Annual Report, the committee made 15 recommendations to DSHS in the following categories:

- Core Functions
- Local and Regional Health Services Departments Roles
- Data Sharing
- Insurance Category for Public Health
- Infectious Disease
- Workforce Development
- Technology

## 2. Background

In accordance with [Texas Health and Safety Code Section 117.103](#), DSHS established the PHFPC. The PHFPC is an independent committee, which consists of nine public health professionals appointed by the DSHS Commissioner tasked with examining public health issues in Texas and providing recommendations on how to improve public health outcomes. This includes examination of funding for programs, projects, and jurisdictions. Specific duties of the committee are:

- Define the core public health services a local health entity (LHE) should provide in a county or municipality;
- Evaluate public health in this state and identify initiatives for areas that need core public health functions;
- Identify all funding sources available for use by LHEs to perform core public health functions;
- Establish public health policy priorities for this state; and
- At least annually, make formal recommendations to DSHS.

Members of the committee include:

- Three local health entity directors
- Two health authorities
- Two representatives from schools of public health
- Two DSHS public health regional medical directors

The PHFPC developed recommendations based on conversations during meetings throughout fiscal year 2017. DSHS reviewed the recommendations and developed responses, which are included in this report.

## 3. Response to Recommendations in the 2017 PHFPC Report

### Core Functions Recommendations

- A. The PHFPC recommends that DSHS adopt core services as listed in the “Defining Core Public Health Services” document as the Texas standard.

#### DSHS Response to Core Functions Recommendation A

DSHS will continue to work with PHFPC to identify a standard set of core public health services an LHE should be expected to provide within their jurisdiction and to understand how a standard set of core public health services would be operationalized within the current public health system. Core services should reflect those services that at a minimum, a resident of Texas would reasonably expect to be provided or available; however, clarification of the term “core” as a minimum set of services versus an ideal set of services still needs further discussion. DSHS will also support continued efforts by PHFPC to show how the “Defining Core Public Health Services” document relates to the essential public health services as defined in [Texas Health and Safety Code Section 121.002](#).

- B. The PHFPC recommends that DSHS define core public health as written in Public Health Service Delivery in Texas: A System for Categorizing Local Health Entities<sup>1</sup> but change the criteria to “assure in the local jurisdiction” not directly provided by LHDs.

#### DSHS Response to Core Functions Recommendation B

DSHS agrees that any definition of core services should be based on the availability of those services not which entity provides it. Chapter 121 of the Texas Health and Safety Code allows local jurisdictions to establish entities to operate as a local

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<sup>1</sup> Texas Department of State Health Services, 2016. [file:///C:/Users/glaughlin929/Downloads/PublicHealthServiceDeliveryinTexas-ASystemforCategorizingLocalHealthEntities033017%20\(3\).pdf](file:///C:/Users/glaughlin929/Downloads/PublicHealthServiceDeliveryinTexas-ASystemforCategorizingLocalHealthEntities033017%20(3).pdf). Accessed November 15, 2107.

health unit, local health department (LHD), or public health district.<sup>2</sup> Local jurisdictions through home rule, can elect to provide a full array of public health services as determined in statute that may include the ten essential public health services or a smaller number of services based on what they choose to provide. When a local health entity is not present or is unable to provide a public health service, the public health region may provide that service, although that may occur on a limited basis.<sup>3</sup>

The analysis included within the report Public Health Service Delivery in Texas: A System for Categorizing Local Health Entities was based on a survey distributed to all LHEs and Public Health Regions (PHRs) in Texas. The survey asked each LHE to respond to a variety of questions related to public health services available in their jurisdictions. For each question, potential responses included 1) directly provided; 2) provided by a contractor, and 3) provided by another entity. A variety of service provision options were included and considered when the categorization report was written. The intent was, and the expectation continues to be, the assurance of public health services throughout Texas regardless of the provider.

**C. The PHFPC recommends that DSHS conduct facilitated meetings in each DSHS HSR with the LHDs and PHR staff to: 1) discuss/determine core functions expected for all residents in Texas, 2) identify the assets in the region/LHD to provide the core services, 3) identify gaps/barriers in the region/LHDs, 4) prioritize gaps, 5) discuss possible solutions, and 6) determine cost-effective and efficient methods in each region to ensure core services.**

## **DSHS Response to Core Functions Recommendation C**

DSHS has initiated a multi-year effort to provide a framework to support statewide public health system improvement through enhanced collaboration and partnership. As part of this effort, DSHS intends to conduct an assessment and regional meetings to establish a clear understanding of public health service delivery capacity, and capabilities as well as identify any gaps across the state. At the

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<sup>2</sup> Texas Health and Safety Code, Title 12, Chapter 1001, Subchapter D, Section 1001.071.

<sup>3</sup> Texas Health and Safety Code, Title 2, Subtitle F, Chapter 121, Sections 121.002 and 121.0066

August 2017 PHFPC meeting, DSHS presented on the planned activities related to this initiative and committed to keeping PHFPC informed throughout this process.

## **Local and Regional Health Services Departments Roles Recommendations**

**A. The PHFPC recommends that DSHS evaluate local and state roles in each region; promote independence and create surge capacity at DSHS PHR offices; define DSHS PHR and local health department functions. To clearly define public health roles, create MOUs describing the DSHS PHR and local responsibilities in each jurisdiction, with or without funding attached.**

### **DSHS Response to Local and Regional Health Services Departments Roles Recommendation A**

DSHS agrees that clearer delineation of roles is important whether established formally through MOUs or more informally through guidance documents. Formal agreements with each jurisdiction in the state where DSHS has a working relationship would be complex as DSHS has relationships with all jurisdictions regardless of whether they are funded or whether they have established a local health department. DSHS will work with PHFPC to determine next steps for helping to better clarify roles.

In terms of surge capacity, DSHS agrees that steps can be taken to strengthen surge capacity to support local public health. DSHS offers assistance to LHEs upon request during routine public health activities and emergency events when resources are available. Two recent examples are when PHR 8 and PHR 9/10 nurses and disease investigation specialists assisted the City of El Paso with caseload support after a tuberculosis outbreak and when PHR 2/3 disease intervention specialists and epidemiologists assisted Dallas County Public Health Department with caseload support after a large-scale sexually transmitted disease/Human Immunodeficiency Virus investigation.

DSHS recognizes locally established health departments, districts, and units, in exercising local control when providing public health services. The Center for Disease Control's model for working with states that PHFPC cited and the examples they provided reflect DSHS' ongoing role in supporting local jurisdiction requests for assistance during disease outbreaks, addressing surge, and providing technical



support as subject matter experts. As a result of both the 83<sup>rd</sup> and 84<sup>th</sup> Legislative Sessions, DSHS received exceptional item funding to support 45 locally placed epidemiologists specifically for public health disease outbreak investigations and response. These positions also aid in statewide surge capacity for DSHS and other locals when the need presents itself. This example could possibly be used as a model for additional public health staffing shortage areas such as nurses and sanitarians.

**B. The PHFPC recommends that DSHS revisit having a Cooperative Agreement between DSHS and LHDs. Describe roles and responsibilities resulting in partnership vs contract.**

**DSHS Response to Local and Regional Health Services Departments  
Roles Recommendation B**

DSHS understands and agrees with the spirit and intent of this recommendation; however, some limitations exist in the use of this concept. DSHS agrees that there is opportunity for negotiation among its programs and LHDs under the state's current contracting standards and will continue to work collaboratively with LHDs to ensure the needs of the communities they serve are being met.

In Texas law, cooperative agreement appears to be synonymous with a grant and is not seen as a separate agreement vehicle according to Comptroller's Uniform Grant Management Standards (UGMS).<sup>4</sup> A cooperative agreement is a legal agreement of financial assistance between a federal agency and a non-federal entity such as a state or local government, tribal government, or other recipient.<sup>5</sup> As such, the term "cooperative agreement" should not be applied to financial assistance instruments between DSHS, a state agency, and LHDs. The federal government recognizes a bigger difference between contracts, grants, and cooperative agreements. Based upon the Contract Manual and UGMS, it does not appear that cooperative agreements are available unless treated as a grant. Currently, there is no evidence of any cooperative agreements in Texas that do not include the federal

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<sup>4</sup> Texas Comptroller of Public Accounts. Uniform Grants Management Standards. <file:///C:/Users/glaughlin929/Downloads/ugms.pdf>. Accessed November 20, 2017.

<sup>5</sup> Office of the Federal Registrar. Electronic Code of Federal Regulations. [https://www.ecfr.gov/cgi-bin/text-idx?SID=46104990e1c2a6428d3e417781304a9f&mc=true&node=pt2.1.200&rgn=div5#se2.1.200\\_124](https://www.ecfr.gov/cgi-bin/text-idx?SID=46104990e1c2a6428d3e417781304a9f&mc=true&node=pt2.1.200&rgn=div5#se2.1.200_124). Accessed November 5, 2017

government. There is emphasis in UGMS that the form of the agreement is less important than the provisions contained within.

- C. The PHFPC recommends that DSHS increase public health capacity at the public health region level in the areas of routine public health functions and the ability for surge capacity in the areas of epidemiologists, disease intervention specialists, nurses and sanitarians.**

## **DSHS Response to Local and Regional Health Services Departments Roles Recommendation C**

DSHS acknowledges the public health workforce shortages that exist in disciplines necessary to provide public health services (e.g. nursing, epidemiology, laboratory, and environmental health). DSHS, through programs and PHRs, provides support as described in our response to recommendation (a), in support of disease outbreaks, and communicable disease case management. Support to locals by DSHS PHRs is ongoing during natural and manmade disasters. As recent as Hurricane Harvey, our PHRs provided epidemiological, public health nursing, and sanitarian support to impacted areas of the state. These examples reflect how DSHS has adopted a systems approach to public health service provision that relies on the cooperation and sharing of staff and expertise among DSHS PHRs. DSHS acknowledges that this approach is constrained by the general shortage of the public health workforce and is willing to explore other possibilities for providing surge capacity.

## **Data Sharing Recommendation**

- A. The PHFPC recommends that DSHS continue to work with the external workgroup to determine how LHDs can obtain public health data maintained by DSHS. Look at options: 1) evaluate the possibility of governmental transfer of information, 2) identify the statutes creating barriers, and review the language, and 3) review and identify legislative barriers and define the interdependent relationship between LHDs and DSHS removing barriers to data sharing.**

## **DSHS Response to Data Sharing Recommendation A**

DSHS understands the LHEs' need for certain public health data. Many data sets are governed by specific statutory requirements while others may have more flexibility. A number of actions bulleted below have been occurring relating to this issue, and DSHS is committed to continuing efforts to address specific issues related to public health data access by LHEs.

- Modifying application forms and processes associated with the DSHS Institutional Review Board to clarify when review is not necessary due to the use of data for public health purposes.
- Eliminating fees for LHEs to receive hospital discharge Public Use Data Files.
- Improving self-service access to select data resources, such as the Texas Health Data at <http://healthdata.dshs.texas.gov>.
- Conducting outreach with LHEs to promote and discuss data resources including Texas Health Data available on the DSHS website and to identify additional data needs to help better serve the population.
- Establishing a single point of contact for escalation of data requests by LHEs.
- Identifying specific statutory issues impacting data sharing with LHEs.
- Maintaining communications and discussions regarding additional improvements that will enhance interoperability and the exchange of information.

## **Insurance Category for Public Health Recommendations**

**A. The PHFPC recommends that DSHS request HHSC to sponsor a meeting between HHSC, Medicaid and LHD and Public Health Region (PHR) representatives to develop solutions and strategies to eliminate the credentialing and contracting barriers that currently exist for LHDs and PHRs seeking contracts with public and private insurance companies.**

## **DSHS Response to Insurance Category for Public Health Recommendation A**

DSHS agrees to request that HHSC sponsor such a meeting and will work with PHFPC to get the topic on the agenda for a future committee meeting. Previously, DSHS had engaged in discussions with the PHFPC to understand the specific problems LHDs are experiencing when they approach third-party payors for provider enrollment. The 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, DSHS, Rider 75) required DSHS to submit a report to measure the caseload and fiscal impact of the federal health insurance marketplace on certain safety net programs and services administered by DSHS. In this report, DSHS provided the option of working with the Texas Department of Insurance (TDI) to develop a public health provider type to allow LHDs to become credentialed as in-network providers. This provider type would allow them to bill for a variety of services for which most are currently unable to bill. DSHS is willing to assist in making any connections with relevant parties such as HHSC and TDI so PHFPC can explore issues with those entities further.

**B. The PHFPC recommends that DSHS identify potential legislation and policies to reduce barriers and challenges LHDs and PHRs experience when accessing Medicaid and other third party reimbursement for services provided to eligible clients.**

## **DSHS Response to Insurance Category for Public Health Recommendation B**

As a state agency, DSHS cannot advocate for specific legislation; however, DSHS will continue to work with the PHFPC to identify potential actions within its current authority as well as any statutory provisions that limit the ability of LHDs to access Medicaid and/or third party reimbursement. DSHS is willing to assist in making connections with relevant parties such as HHSC and TDI so PHFPC can explore issues with those entities further.

**C. The PHFPC recommends that DSHS central office programs, PHRs, and LHDs collectively work with HHSC to support incorporation of community-based public health services into value-based payment/reimbursement models. Examples include community health workers/disease management, lead abatement/asthma trigger removal in the home, etc.**

## **DSHS Response to Insurance Category for Public Health Recommendation C**

The incorporation of community-based public health services into value-based payment/reimbursement models would be an item to include during the aforementioned meeting with HHSC. DSHS will assist in facilitating connections with relevant parties so that LHDs could begin these discussions.

## **Infectious Disease Recommendations**

- A. The PHFPC recommends that DSHS develop and implement a plan to enhance communication and operational processes to ensure the fidelity and efficiency of local health authority role in responding to disease outbreaks.**

## **DSHS Response to Infectious Disease Recommendation A**

Response to infectious diseases varies with the severity and communicability of the disease. LHDs, healthcare providers, emergency responders, and government routinely work together and are in the best position to exact immediate action for both small and large-scale community events. The appointed local health authority brings medical expertise combined with local knowledge and insight to assure appropriate communicable disease control measures are in place in their jurisdiction in accordance with Chapter 81 of the Texas Health and Safety Code.

DSHS respects the role of local health authorities and departments in responding to infectious diseases in their jurisdictions. As the state public health agency, DSHS works across jurisdictions to ensure protection of the whole population as infectious diseases do not respect jurisdictional boundaries. Working toward enhancing communication and operational processes requires a solid understanding of the roles and responsibilities at the local and state level. DSHS is initiating steps to improve the public health system as part of its Public Health Action Plan. Improving communication and coordination will be a significant part of these efforts.

Additionally, DSHS is constantly striving to refine and improve coordination and communication between all of our public health partners. Following significant public health events, the after action review (AAR) process is utilized to analyze what happened, why it happened, and identify lessons learned that can be

incorporated into plans for responding to future events. The areas of focus during an AAR vary based on the specific circumstances of the event, but often address coordination and communication between the various entities involved in the response.

The AAR process involves individuals at every level of a response to ensure that it is reflective of various perspectives. DSHS will continue to engage local entities in the AAR process following significant infectious disease events and outbreaks. If there are specific issues identified outside of the AAR process, PHFPC is encouraged to bring the discussion to a future PHFPC meeting to allow for robust dialogue regarding each of the concerns.

**B. The PHFPC recommends that DSHS invest in the development and maintenance of a robust, multidisciplinary approach, such as One Health, to infectious disease prevention and response.**

### **DSHS Response to Infectious Disease Recommendation B**

DSHS is committed to working with PHFPC to further analyze this recommendation to determine what specific steps can be taken to enhance and improve the approach to infectious disease prevention and response.

DSHS Division for Regional and Local Health Operations is currently implementing an initiative called 'The Whole Person Approach' at the PHR level. The concept is to coordinate disease treatment and prevention, behavioral health, and social services in a patient-centered manner with the goals of improved health outcomes and more efficient and effective use of resources. DSHS will present more details and data on this initiative to the PHFPC at a future meeting.

### **Workforce Development Recommendation**

**A. The PHFPC recommends that DSHS collaborate with academic partners and LHDs to develop role-specific classes and create a general employee public health training class for non-professional and professional staff. The classes should be available electronically (on-line classes/webinars) and some face-to-face options.**

## **DSHS Response to Workforce Development Recommendation A**

DSHS agrees with the importance of a strong public health workforce. DSHS will work with its Office of Academic Affairs to conduct a statewide review of public health academic and educational programs to determine if a general public health module exists. DSHS encourages PHFPC to work with its members that represent schools of public health for solutions that target public health professionals currently in the workforce and students pursuing a career in public health.

DSHS includes continual improvement of the recognition and support for a highly skilled and dedicated workforce as one of its strategic public health goals.<sup>6</sup> DSHS will also continue to look for new and innovative ways to educate the workforce. Currently, DSHS provides a multi-media learning series designed to expand the public health professional's understanding of the science and evidence-based practice of population health. Each of these sessions, which are open to the public, focuses on key challenges related to a specific health topic, and explores cutting-edge scientific evidence and potential impact of different interventions.

DSHS will continue working with PHFPC to understand the educational needs of local public health entities to determine the best course of action.

## **Technology Recommendations**

**A. The PHFPC recommends that DSHS create one centralized disease reporting system for the State. Upgrade DSHS technology to HL7 format so LHD's can electronically send reports to the DSHS database.**

## **DSHS Response to Technology Recommendation A**

DSHS shares PHFPC's interest in improving efficiencies in public health's use of technology, and is focused on adopting technology to enhance collaboration and, where information exchange is utilized, incorporate recognized standards.

To fulfill DSHS' responsibilities, program areas may require different types of interactions with external entities. In some cases, external entities only submit

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<sup>6</sup> Texas Department of State Health Services. An Overview of the Agency and Its Public Health Mission. <http://online.dshs.internal/DSHS2018/pdf/DSHS2018Brief.pdf>. Accessed November, 15, 2017.

information. In others, entities may need to access information developed or modified by DSHS staff. These differences impact how DSHS and its partners approach interoperability.

The complexity of this recommendation will require further dialogue with PHFPC before any action steps can be formulated.

**B. The PHFPC recommends that DSHS create a workgroup to evaluate efficiencies and identify areas where technology solutions can improve the public health system.**

### **DSHS Response to Technology Recommendation B**

The successful expansion of Electronic Health Record (EHR) utilization and the use of technology to advance public health relies on collaboration. DSHS accepts the PHFPC's recommendation to establish a technology-oriented workgroup that expands collaboration between DSHS and LHEs to improve the public health system.



## 4. Conclusion

DSHS continues to be responsive to recommendations made by the PHFPC throughout the year. Efforts are put forth by LHDs, PHRs, and DSHS central office to maintain good working relationships in order to leverage resources to better serve public health clients and stakeholders.

DSHS was able to take steps toward implementing a number of the recommendations in fiscal year 2017. Some of the remaining recommendations require further analysis and consideration; others need legislative action. DSHS will continue to work on these issues and looks forward to continued work with the PHFPC in creating positive change for public health in Texas.

DSHS values the work of the PHFPC, and appreciates that this collaborative effort is improving public health services in Texas.

## **List of Acronyms**

<b>Acronym</b>	<b>Full Name</b>
CDC	Centers for Disease Control and Prevention
DSHS	Department of State Health Services
EHR	Electronic Health Record
HHS	Health and Human Services System
HHSC	Health and Human Services Commission
HIE	Health Information Exchange
HIV	Human Immunodeficiency Virus
HL7	Health Level Seven International
HSG	Health Services Gateway
HSR	Health Services Region
LHD	Local Health Department
LHE	Local Health Entity
MCO	Managed Care Organization
MOU	Memorandum of Understanding
PHFPC	Public Health Funding and Policy Committee
PHR	Public Health Region
STD	Sexually Transmitted Disease
TDI	Texas Department of Insurance

<b>Acronym</b>	<b>Full Name</b>
UGMS	Uniform Grant Management Standards

