

Disease Control and Prevention (DCP) Services Division

Jana Zumbrun, Assistant Commissioner

FTEs: 859.5

The DCP Services Division provides oversight, monitoring, and strategic direction for implementing programs that protect, promote, and improve the public's health by decreasing health threats and sources of disease. The division promotes healthful lifestyles and risk reduction to prevent chronic diseases and infectious diseases such as heart disease, diabetes, cancer, **human immunodeficiency virus (HIV)**, sexually transmitted diseases (STD), and conditions associated with obesity, and implements programs to prevent injuries.

The division includes four sections that correspond to the types of services provided.

- **Environmental Epidemiology and Disease Registries Section** conducts investigations, health risk assessments, and ongoing disease surveillance, and maintains active disease registries.
- Health Promotion and Chronic Disease Prevention Section focuses on preventable chronic health conditions, including type 2 diabetes, high blood pressure, heart disease, stroke, and obesity.
- Infectious Disease Prevention Section manages program services related to tuberculosis (TB), STD, HIV, refugee health, perinatal hepatitis B, Hansen's disease, and immunizations for children and adults.
- Laboratory Services Section provides medical laboratory services for the state-mandated Newborn Screening Program, Texas Health Steps Program, Maternal and Child Health Program, Title V, and Childhood Lead Screening. The section also provides comprehensive diagnostic testing of specimens for the presence of infectious disease organisms and water testing under the federal Safe Drinking Water Act and manages the South Texas Laboratory.

Detailed information about each of these programs is included in a separate Section VII description.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Environmental Epidemiology and Disease Registries
Location/Division	1100 W. 49 th Street, Austin - Disease Control and Prevention (DCP) Services Division
Contact Name	Janna Zumbrun, Assistant Commissioner, DCP Services Division
Actual Expenditures, FY 2012	\$12,875,417
Number of Actual FTEs as of June 1, 2013	121.8
Statutory Citation for Program	Chapters 82, 84, 87, 88, 92, 161, 427, 503, 773, and 777, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

Environmental Epidemiology and Disease Registries have the primary objective to improve health status through disease registration and epidemiology, disease prevention and control, and toxicology surveillance. Major activities include the following.

- Conduct epidemiologic surveillance on child blood lead levels, traumatic injuries, emergency medical service runs, occupational conditions, and other non-communicable diseases.
- Initiate epidemiological and toxicological investigations and/or studies of disease clusters and harmful environmental exposures.
- Use environmental and health data to assess population-specific risks associated with potential exposures.
- Conduct education and outreach activities to reduce morbidity and mortality associated with environmental exposures.
- Create and maintain a registry of birth defects and compile/disseminate data about birth defect patterns in Texas.
- Monitor data for changes through time and place and respond to perceived changes in the occurrence of birth defects (cluster investigations).
- Participate in and facilitate research studies to help identify causes of birth defects.
- Support the education of the public and health professionals about the causes, surveillance, impact, and prevention of birth defects.
- Refer identified children and their families into services.
- Maintain a statewide population-based cancer registry that collects, manages, and analyzes high quality data about cancer cases and cancer deaths.
- Monitor cancer trends over time and determine cancer patterns in various populations.

- Guide planning and evaluation of cancer control programs (that is, determine whether prevention, screening, and treatment efforts are making a difference).
- Advance clinical, epidemiologic, and health services research.
- Provide information for a national database of cancer incidence.
- Maintain a statewide facility-based healthcare safety registry that collects, manages, and analyzes high quality data about healthcare-associated infections (HAIs) and preventable adverse events (PAEs) occurring in healthcare facilities.
- Conduct epidemiologic surveillance on HAIs and PAEs over time, including monitoring incidence and rates in facilities statewide.
- Guide planning and evaluation of infection prevention and patient safety quality improvement programs.
- Share information with the National Healthcare Safety Network (NHSN).
- Support the education of the public and health professionals about patient safety.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Environmental Epidemiology and Disease Registries measure effectiveness and efficiency by evaluating the following key statistics.

Number of Health Assessments and Consultations Provided During Previous 12 Months			
Number of Health Assessments, Consults, Technical Assists	Population Affected	Number of Community Outreach and Educational Activities Provided	Population Receiving Mail Outs or Educational Materials
29	≈ 30,000	96	7,538

2012 Number of EMS/Trauma Registry Cases For Epidemiologic Analysis or Study			
Number of Hospitals Reporting Cases	Number of Hospital Cases Reported	Number of EMS Providers Reporting Cases	Number of EMS Cases Reported
321	127,570	519	2,532,424

2012 Number of Childhood Lead Cases for Epidemiologic Analysis, Study, and Follow-up		
Number of Laboratories Reporting Child Blood Lead Levels	Total Number of Childhood Blood Lead Level Reports Received	Number of Children For Whom Blood Lead Levels were Received
255	467,871	389,405

2012 Number of Occupational Condition Cases For Epidemiologic Analysis or Study	
All Occupational Reportable Diseases	Estimated Worker Population Bureau of Labor Standards
34,567	11,797,000

Key statistics for the Texas Cancer Registry (TCR) in 2012 are as follows.

- Collected 126 data items per cancer, including information on the type, extent, and location (site) of the cancer; type of initial treatment; demographic data; patient vital status over time; and cause of death.
- Received over 250,000 reports of cancer and maintained over 2 million cancer records with personally identifiable protected health information, as well as statutorily protected physician and healthcare facility information.
- Completed 295 data requests.
- Received 23,665 hits on the TCR web query tool.
- Provided complex technical assistance for 43 research studies.
- Published 42 peer-reviewed journal articles using TCR data.

Key statistics for the Texas Birth Defects Registry in 2012 are as follows.

- Reviewed 62,952 medical records.
- Re-reviewed 10,078 case finding entries (for quality assurance).
- Re-reviewed 3,142 medical records (for quality assurance).
- Re-abstracted 695 medical records (for quality assurance).
- Reviewed 10,712 cases by a clinical reviewer (for quality assurance).
- Mailed 13,441 referral brochures to families.
- Visited 238 facilities for routine active surveillance activities.
- Published 15 journal articles using Birth Defects Epidemiology and Disease Surveillance data.
- 2,473 hours of birth defects training received by regional staff.

Key statistics for the Child and Adult Blood Lead Program in 2012 are as follows:

- 3,902 child blood lead tests $\geq 10 \mu\text{g/dL}$;
- 878 case coordination calls to follow-up with providers on children with elevated blood lead levels;
- 3,388 notification letters to parents of children with elevated blood lead levels;
- 31,891 adult blood lead tests received;
- 2,386 adult blood lead tests $\geq 10 \mu\text{g/dL}$; and
- 2,195 notification letters to adults with elevated blood lead levels.

Key statistics for HAI reporting (using Maven software) in 2012 are as follows:

- 891 healthcare facility records included;
- 320 healthcare facilities reporting HAI to Texas;
- 964 Maven user accounts;

- 122,527 procedure records, 1,562 surgical site infection records, and 1,235 bloodstream infections in Maven;
- 2 data requests completed;
- 1,380 Maven-generated, facility-specific reports posted on a public website; and
- 18 facilities underwent site visits to audit >114 medical records.

PAE reporting is still in the process of developing a secure electronic reporting interface.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1979 – House Bill 853 establishes the Texas Cancer Control Act, requiring the Texas Board of Health to establish and maintain a statewide cancer registry.

1985 – In response to concerns raised about ethylene dibromide in grain products, the Texas Department of Health (TDH), predecessor to DSHS, establishes the Environmental Epidemiology Division, predecessor of the Environmental and Injury Epidemiology and Toxicology Unit. TDH directs the division to assess the public health impact of environmental exposures and to make recommendations related to the abatement of the exposures to protect public health.

1989 – The Legislature establishes the Health Risk Assessment of Toxic Substances and Harmful Physical Agents Act and the Reporting of Occupational Conditions Act and assigns duties to DSHS.

1993 – House Bill 87 mandates creating an active, statewide birth defects registry, as concerns about the perceived high rates of birth defects along the Mexico border intensify when three anencephalic babies are delivered in a Brownsville hospital within two-day period. The Legislature also establishes the Injury Prevention and Control Act and the Epidemiologic or Toxicologic Investigations Act and assigns duties to DSHS.

1994 – The Centers for Disease Control and Prevention (CDC) award the TCR its first National Program of Cancer Registries (NPCR) grant. TCR becomes a part of the national cancer surveillance system; however, data does not meet sufficient quality standards for inclusion in national data sets or publications.

1995 – The Legislature establishes the Reports of Childhood Lead Poisoning Act and assigns responsibilities for the collection of data to DSHS.

1996 – The CDC awards the Texas Birth Defects Registry a grant to establish the Texas Center for Birth Defects Research and Prevention, which is still in operation and successful 14 years later. The purpose is to foster collaborative population-based epidemiologic and genetic

research with academic institutions in Texas, and to design and conduct the National Birth Defects Prevention Study.

1999 – The Texas Birth Defects Registry becomes statewide.

2001 – The Legislature establishes the Texas Environmental Health Institute Act, which requires TDH and the Texas Commission of Environmental Quality to examine jointly ways to identify, treat, manage, prevent, and reduce health problems associated with environmental contamination.

2003 – TCR meets CDC-NPCR high quality data standards for the first time, allowing for its data to be included in national cancer data sets and publications.

2003 – The Texas Birth Defects Registry becomes a member of the International Clearinghouse for Birth Defects Surveillance and Research.

2006 – TCR attains Gold level certification from the North American Association of Central Cancer Registries for the first time. TCR continues to maintain this Gold level certification today.

2007 – Senate Bill 288 mandates HAI reporting.

2009 – Senate Bill 203 mandates PAE reporting. CDC’s NHSN receives approval as the HAI data collection system.

2010 – TCR becomes one of 10 “Specialized Comparative Effectiveness Research Cancer Registries,” as part of a collaboration between the NPCR, Office of Genomics at CDC, and the Agency for Healthcare Quality and Research.

2011 – HAI reporting begins.

2012 – DSHS posts first HAI data on the agency website for public viewing.

2013 – DSHS completes phase-in of all HAI reporting.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Environmental Epidemiology and Disease Registries affect the health of all Texans through information and analysis of disease surveillance and disease registry data. A wide range of researchers, communities, and policymakers use the data to understand the causes of disease

and to develop prevention and control strategies. DSHS has no qualifications or eligibility requirements for persons or entities affected.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The Environmental and Injury Epidemiology and Toxicology Unit, along with the Cancer Epidemiology and Surveillance Branch and the Birth Defects Epidemiology and Surveillance Branch, are in the DCP Services Division, Environmental Epidemiology and Disease Registries Section. The staff of Environmental and Injury Epidemiology and Toxicology Unit consists of the Epidemiology Studies and Initiatives Branch, the Blood Lead Surveillance Group, the Injury and Emergency Medical Services/Trauma Registry Group, and the Exposure Assessment Surveillance and Toxicology Group. These staff positions are located in Austin.

TCR has staff in the central office and three DSHS regional offices (San Antonio, Arlington, and Houston). These offices serve all DSHS health service regions (HSRs). The Texas Birth Defects Epidemiology and Surveillance Branch staff conducts registry operations through 60 full-time equivalent staff, 50 of whom are centrally supervised but housed in DSHS regional offices.

The Texas Health Care Safety Group oversees HAI and PAE reporting, and consists of 11 positions: 8 in the central office and 3 centrally supervised but housed in DSHS regional offices. HAI/PAE reporting covers all DSHS HSRs.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/pps.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$4,649,790
General Revenue	\$3,557,757
General Revenue-Dedicated	\$1,611,723
Other	\$3,056,147

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Currently, no internal or external programs provide identical functions.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

Environmental Epidemiology and Disease Registries staff coordinates activities that involve multi-jurisdictional efforts with participating agencies to avoid duplication and conflict. This is accomplished both through meetings, such as those involving the Toxic Substances Coordinating Committee, and through consistent communication with appropriate programs within the other agencies. Staff refers activities that clearly fall within the jurisdiction of another agency to that agency.

The Birth Defects Registry links with the vital statistics system to obtain and confirm an array of demographic information. In addition, the registry makes periodic checks with the birth defects data collected on birth certificates to monitor concordance of both systems.

TCR staff participates in monthly meetings with other DSHS CDC-funded cancer programs (Comprehensive Cancer Control and the Breast and Cervical Cancer Screening Program) to discuss current activities and ensure coordination. DSHS and the Cancer Prevention and Research Institute of Texas (CPRIT) have a memorandum of understanding related to collaborating on TCR and establishing an executive committee. In 2010, DSHS and CPRIT signed an interagency contract establishing a TCR “footprint” of four TCR positions co-located at CPRIT.

HAI and PAE reporting staff has worked extensively with the Center for Health Statistics to avoid duplicating reporting requirements for facilities.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
Local health departments (LHDs)	LHDs focus on issues related to the general health of citizens and compile statistics about health issues in their areas.	DSHS provides CDC funds to LHDs to fight child lead poisoning. DSHS also works with LHDs to assess the potential public health impact of environmental contaminants.

Regional Units of Government

Name	Description	Relationship to DSHS
Regional Advisory Councils (RACs)	Texas has 22 RACs organized to facilitate the development, implementation, and operation of a comprehensive regional emergency medical service (EMS) and trauma system, based on accepted standards of care to decrease morbidity and mortality.	RACs provide EMS and trauma data to DSHS.

Federal Units of Government

Name	Description	Relationship to DSHS
CDC	CDC is the primary federal agency responsible for public health.	DSHS provides data on child blood lead levels and childhood blood lead poisoning prevention activities to CDC.
CDC, National Center for Birth Defects and Developmental Disabilities (NCBDDD)	NCBDDD promotes child development, prevents birth defects and developmental disabilities, and enhances the quality of life for persons with disabilities.	NCBDDD provides funding and technical support for Texas Center for Birth Defects Research and Prevention, and coordinates the National Birth Defects Prevention Study and data sharing with other states. DSHS and NCBDDD provide mutual support in developing state birth defects surveillance programs through the National Birth Defects Prevention Network.
CDC, NHSN	NHSN is a tracking system for multiple healthcare safety metrics.	CDC manages and supports the NHSN, which is the system DSHS uses for collecting reports of HAIs from hospitals and ambulatory surgical centers in Texas.
CDC, NPCR	NPCR collects data on the occurrence of cancer; the type, extent, and location of the cancer; and the type of initial treatment.	NPCR partially funds TCR under a cooperative agreement.
Environmental Protection Agency (EPA)	EPA protects human health and the environment.	EPA provides data necessary to evaluate the potential public health impacts of environmental contaminants.

Name	Description	Relationship to DSHS
National Institute of Occupational Safety and Health (NIOSH)	NIOSH is responsible for conducting research into occupational safety and health matters.	NIOSH provides funds for occupational condition surveillance.
U.S. Department of Health and Human Services, Agency for Toxic Substances and Disease Registry (ATSDR)	ATSDR serves the public by using the best science, taking responsive public health actions, and providing trusted health information to prevent harmful exposures and disease related to toxic substances.	ATSDR provides funds for health assessment and consultation activities and for surveillance of amyotrophic lateral sclerosis.
National Highway Traffic Safety Administration (NHTSA)	NHTSA is part of the Department of Transportation. Its mission is to save lives, prevent injuries, and reduce vehicle-related crashes.	NHTSA indirectly provides funds to the DSHS EMS/Trauma Registry through grants to the Texas Department of Transportation.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

Contracts established in this program focus on environmental epidemiology, toxicology, occupational disease, and injury surveillance, and are aligned with those health registries that most commonly have an environmental health science focus. DSHS establishes contracts to handle the following activities.

- Develop statewide surveillance and registry systems.
- Collect complete, timely, and accurate population-based cancer incidence data.
- Provide agreements for data sharing between agencies.
- Complete clinical reviews of birth defects cases.
- Provide epidemiological surveillance activities and support.
- Identify and investigate disease clusters that may be linked to environmental conditions.
- Identify patterns of injury that may be linked to environmental and other factors.
- Improve early detection and investigation capabilities of poison control centers.

Amount of contracted expenditures in fiscal year 2012: \$957,372

Number of program contracts: 43 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$116,025	Texas A&M University	Review birth defect cases from Texas Birth Defects Registry
\$82,209	University of Texas at Austin	Review birth defect cases from Texas Birth Defects Registry
\$65,719	Texas A&M University	Review birth defect cases from Texas Birth Defects Registry (additional contract)
\$64,188	University of Texas School of Public Health	Review birth defect cases from Texas Birth Defects Registry
\$60,594	Dallas County Hospital District	Improve early detection and investigation capabilities of Poison Control Centers

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to ensure accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs targeted financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system (SOURCE.Net) to document contractor information, contract management activities, and monitoring reports and other reports. DSHS knows of no contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program for the following services.

- Develop statewide surveillance and registry systems.
- Collect complete, timely, and accurate population-based cancer incidence data.
- Provide agreements for data sharing between agencies.
- Complete clinical reviews of birth defects cases.
- Provide epidemiological surveillance activities and support.
- Identify and investigate disease clusters that may be linked to environmental conditions.

- Identify patterns of injury that may be linked to environmental and other factors.
- Improve early detection and investigation capabilities of poison control centers.

Using sub-recipient contracts, the program awards grants in the following manner:

- through legislative mandate that requires DSHS to directly negotiate and execute grant contracts to poison control centers;
- on an emergency or sole source basis when an approved emergency or sole source justification waives competition; and
- to a state or local governmental entity through direct negotiation and grant contract execution (these entities are exempt from competition).

M. What statutory changes could be made to assist this program in performing its functions? Explain.

DSHS suggests the following statutory changes to assist the program in performing its functions.

Data Sharing – DSHS recommends statutory changes to facilitate data sharing among departmental programs for public health purposes. Facilitating the sharing of data could serve to improve public health capacity. Sharing data will allow patients to be tracked across different programs; reduce the burden on hospitals and other reporters; improve the quality and completeness of data across DSHS programs; increase the ability of DSHS disease registries to identify new and existing cases; and increase efficiencies in case finding, data collection, and quality assurance activities.

Chapter 81, Texas Health and Safety Code – DSHS recommends revision of this code to define health information exchange (HIE) as organizations that facilitate the transmission and exchange of electronic health records and to provide explicit authority for DSHS programs to exchange data with HIEs. Healthcare providers, facilities, and medical groups may form HIEs or establish business associations with HIEs.

Chapter 92 and Chapter 773, Texas Health and Safety Code – DSHS recommends revision of this code to allow the release of injury/trauma/EMS data to promote injury/trauma/EMS research. The absence of the research provision limits the use of the data in assessing the Texas EMS and Trauma system and understanding the causes of injury.

Chapter 98, Texas Health and Safety Code – DSHS recommends revision to this code to add PAE reporting, as the events are phased in.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

Disease registries are primary sources of data for prevention and control of diseases. Population-based registries collect disease data from numerous sources such as LHDs, hospitals, healthcare providers, and physicians. The epidemiology data obtained from registries are necessary to understand the burden of disease and trends over time, among population subgroups, or within geographic areas. Epidemiology and surveillance data are vital in identifying the causes of disease, effectiveness of treatment, and outcomes. The coordinated analysis of health and environmental data provides the best means of assessing population-specific risks and examining ways to identify, treat, manage, prevent, and reduce health problems associated with environmental contamination and other exposures. DSHS and others use data and information from these activities to investigate the causes of disease and injury, to direct actions to populations most in need, and to evaluate the success of public health interventions.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Infectious Disease Prevention
Location/Division	1100 W. 49 th Street, Austin - Disease Control and Prevention Services (DCP) Services Division
Contact Name	Janna Zumbrun, Assistant Commissioner, DCP Services Division
Actual Expenditures, FY 2012	\$294,943,769
Number of Actual FTEs as of June 1, 2013	653.3
Statutory Citation for Program	Chapters 81, 85, 89, and 161, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

The Infectious Disease Prevention Program has the primary objective to reduce the occurrence and control the spread of preventable infectious diseases, including:

- human immunodeficiency virus (HIV) and sexually transmitted diseases (STD) and provide treatment and care for persons with HIV,
- tuberculosis (TB) and Hansen’s disease,
- zoonotic diseases, and
- emerging and acute infectious diseases.

Major activities include the following.

Texas HIV Medication Program

The Texas HIV Medication Program provides treatment medications for prescription drugs to low-income HIV-infected Texans who are uninsured or underinsured. The program operates an HIV State Pharmacy Assistance Program (SPAP) that assists low-income HIV-infected Texans with out-of-pocket costs associated with the Medicare Part D prescription drug benefit.

HIV Care Services

The HIV Care Services Program provides funding to local providers to secure medical and social support services for eligible HIV-infected Texans.

HIV/STD Prevention and Intervention Services

The HIV/STD Prevention and Intervention Services Program contracts with local health departments (LHDs) and community-based organizations to provide public information and health education services; HIV and STD screening, testing, and counseling; evidence-based

behavior change interventions; disease intervention services; and support for HIV/STD community planning.

HIV/STD Surveillance

The HIV/STD Surveillance Program oversees a statewide HIV/STD disease surveillance system and monitors trends in HIV/STD. The program manages data systems and provides data and analysis used for planning HIV prevention and services activities. The program also submits required HIV/STD surveillance and epidemiology data to the Centers for Disease Control and Prevention (CDC).

Adult Viral Hepatitis Prevention Coordination Services

The Adult Viral Hepatitis Coordination Services Program promotes integration of viral hepatitis prevention and care activities in agency and community health services.

TB Prevention and Control Program

The TB Prevention and Control Program supports a spectrum of disease prevention and control activities to manage persons diagnosed with TB effectively, including persons suspected of having TB and persons with latent TB infection. Services include screening and testing; clinical assessment, diagnosis and treatment; medical case management; and expert medical and nursing consultation. The program also supports case finding, contact investigation, and outbreak response. The program develops policies and procedures to guide the management of TB disease and infection statewide, to include directly observed therapy, genotyping, interferon gamma release assay testing, and tuberculin skin test screening in correctional facilities and other high-risk settings.

TB Surveillance

The TB Surveillance Program oversees a statewide TB disease surveillance system and monitors trends in TB disease. The program also manages data systems and submits required TB surveillance data to CDC.

Hansen's Disease Program

The Hansen's Disease Program provides outpatient treatment for individuals with Hansen's disease, also known as leprosy. Services include a physician's evaluation and treatment, diagnostic studies, medication, patient education about Hansen's disease and how to prevent disabilities from Hansen's disease, and referral for specialized medical services to treat other conditions resulting from Hansen's disease effectively. DSHS oversees all outpatient treatment services and provides expert medical and nursing consultation on Hansen's disease.

Refugee Health Program

The Refugee Health Program provides health assessments and referrals to newly arrived official refugees and other program-eligible clients, such as victims of human trafficking, parolees, asylees, and persons with special immigrant visas. Health assessments involve screening for communicable diseases such as TB, HIV, syphilis, and hepatitis. The assessments also screen for malaria, intestinal parasites, pregnancy, lead poisoning, nutrition-related conditions, and vision

and hearing. The program conducts these assessments and administers federally recommended immunizations no later than 90 days after individuals arrive in the United States. The program also provides referrals for specialized medical care based on screening results.

Zoonosis Control

The Zoonosis Control Program seeks to prevent the transmission of diseases from animals to humans through epidemiologic measures, intervention strategies, and educational efforts. The program covers prevention of reptile-associated salmonellosis; euthanasia of animals; housing of dangerous wild animals; inspection of rabies quarantine facilities and control of rabies; dispersal of Animal Friendly Fund appropriations; and requirements for circuses, carnivals, and zoos. The program also approves sponsors and curricula for euthanasia training courses for animal shelter employees and maintains an investigative response team of trained personnel capable of mobilizing on short notice to carry out collection, preparation, and submission for analysis of biological specimens.

Oral Rabies Vaccination Program (ORVP)

ORVP prevents reentry of domestic dog-coyote rabies variant in South Texas and controls the gray fox rabies variant in West-Central Texas. The program eliminates the disease by breaking the cycle of disease transmission through distribution of oral rabies vaccine bait to the reservoir species in designated zones by airplane, helicopter, and hand baiting.

Distribution of Rabies Biologicals

DSHS procures and distributes anti-rabies biologicals for treatment of persons exposed to rabies. Regional staff in the Zoonosis Control Program carries out this process.

Animal Control Officer Training

The Animal Control Officer Training Program prescribes standards and curriculum for basic and continuing education courses for animal control officers, delivers courses, and approves courses delivered by sponsors.

Emerging and Acute Infectious Disease

The Emerging and Acute Infectious Disease Program develops policies and procedures to control communicable diseases, and conducts and coordinates surveillance for over 45 communicable diseases to track trends in disease occurrence and to detect new and emerging diseases. The program coordinates surveillance for specific healthcare-associated infections and monitors the occurrence of communicable diseases to identify changes that might indicate common exposure or new routes of transmission. Additionally, the program responds to inquiries from the public and medical communities regarding the occurrence, prevention, and control of communicable diseases and provides guidance to physicians and other medical staff in diagnosis of clinical illnesses. The program coordinates responses to disease outbreaks among LHDs, regional health departments, other DSHS programs, federal agencies, and other state agencies, and conducts analytical studies to identify emerging infectious diseases and their risk factors.

ImmTrac

ImmTrac is the statewide, lifespan immunization registry for first responders, adults, and children and serves as Texas' tracking and reporting system for vaccines, antivirals, and other medications given in preparation for or in response to a disaster.

Texas Vaccines for Children (TVFC)

The TVFC Program recruits and provides vaccine to over 3,600 clinic sites, as well as conducting quality assurance site visits annually on those clinic sites.

Texas Immunization Services Working Group (TISWG)

DSHS created TISWG based on a recommendation of various studies and legislation during the 78th Legislature, Regular Session, 2003. The purpose of TISWG is to raise vaccine coverage levels and improve immunization practices by increasing partnerships across the state. TISWG has members representing all areas of the statewide immunization system for children, and focuses on improving the system and increasing vaccine coverage levels. Members discuss system improvements, and may promote action steps in the organizations they represent.

Immunization Media Campaigns

The Immunizations Program conducts media campaigns annually as a key part of informing the public about the importance of immunizations.

Perinatal Hepatitis B Prevention Program

The Perinatal Hepatitis B Prevention Program promotes screening of all pregnant women for hepatitis B surface antigen (HBsAg) at the first prenatal visit and at delivery, and administration of the hepatitis B vaccine to all newborns prior to hospital discharge or within 12 hours of birth to neonates born to HBsAg positive women. At-risk newborns also receive hepatitis B immune globulin within seven days of birth. The program sets standards of care for maternal screening and case management services for newborns to HBsAg positive mothers, including susceptible household contacts and sexual partners. The program develops educational materials to increase provider and patient awareness of hepatitis B and its long-term effects on infants born to HBsAg positive mothers.

Immunization Contracts with Local Health Departments

The Immunization Program contracts with LHDs to ensure continuity of immunization services at the local level.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The Infectious Disease Prevention Program measures the effectiveness and efficiency of its various activities by implementing evidence-based practices, evaluating program activities, and

analyzing relevant data. The following are examples of the methods used in some of the individual areas.

Texas HIV Medication Program

- In fiscal year 2012, the program served 17,235 clients.
- Data indicate that patients who receive HIV medications have significantly lower inpatient hospital costs than patients not receiving the medications. Effective treatment helps keep many Texans healthy enough to work who would otherwise progress to disability and reliance on costly public health care.
- Appropriate HIV treatment generally slows the progression of the disease and the resultant damage to the immune system. Patients whose immune systems are more intact have, on average, lower healthcare costs than those with damaged immune systems.

HIV Care, Prevention, and Surveillance Services

- Research proves that HIV medical care and supportive services slow the progression of HIV infection to symptomatic disease. This results in reduced costs for unnecessary hospitalization and emergency room visits. Annually, approximately 30,000 Texans with HIV infection access various medical and social services supported by federal and state funding, meaning that almost half of the persons living with HIV in Texas have received services through these systems.
- HIV/STD prevention activities reduce the spread of serious and life-threatening diseases. Each avoided case of HIV results in substantial savings in lifetime medical care costs. Most HIV prevention programs funded by DSHS need to avert only one new HIV infection per year to be cost saving. The consensus figure for lifetime medical care costs for a person with HIV is \$385,200 (calculated in 2004 dollars).
- In HIV testing programs funded by DSHS, about 95 percent of persons testing positive receive those test results. This provides an opportunity to provide prevention counseling and to link persons to medical care and additional prevention programming.
- In fiscal year 2012, the public health system notified 6,397 persons of possible exposure to syphilis (partners), and 4,990 others who were considered to be at risk of contracting syphilis, but were not directly exposed. There were 2,626 partners treated for the onset of incubating disease. Of the 6,397 partners notified, 807 tested positive for syphilis and were appropriately treated. In addition, screenings identified 109 pregnant women who required public health follow-up and 60 women received treatment for syphilis, thus avoiding transmission of the disease to their children. Data suggest every \$1 spent on early gonorrhea and chlamydia detection and treatment saves \$12 in associated costs. Quality surveillance allows DSHS to track and document changes in the HIV and STD disease trends, allowing better planning and implementation of effective interventions.

TB Prevention and Control Program

- In fiscal year 2012, DSHS received reports of 1,297 persons diagnosed with TB. TB is a reportable condition in Texas.

- Of that number, nine had multi-drug-resistant (MDR) TB. MDR TB requires prolonged treatment averaging 24 months when compared to 9 months of treatment for non-MDR TB patients.
- In 2010, the latest year in which therapy completion data are available, 86 percent of patients completed treatment for TB.

Hansen’s Disease Program

- In fiscal year 2012, DSHS received reports of 11 persons diagnosed with Hansen’s disease. Hansen’s disease is a reportable condition in Texas.
- Hansen’s disease presents in two forms, with each having its own treatment period. The treatment for paucibacillary disease is 12 months, and for multibacillary disease is 24 months. The program monitors disease completion rates to determine program effectiveness.

Refugee Health Program

- In federal fiscal year 2012, 5,908 refugees resettled in Texas. All refugees and program eligible clients, such as victims of human trafficking, parolees, asylees, and persons with special immigrant visas, are eligible to receive health assessment screenings within 90 days of arrival or status designation.
- The CDC Immigrant, Refugee, and Migrant Health Branch provides guidelines for screening refugees and program-eligible clients. The DSHS Refugee Health Program establishes performance benchmarks for each recommendation.
- In federal fiscal year 2012, 94 percent of eligible refugees received physical examinations. CDC recommends that a minimum of 90 percent of eligible clients receive a physical examination.
- In federal fiscal year 2012, 99 percent of eligible clients received TB screenings. TB is endemic in many underdeveloped and war-torn countries in which refugees and other eligible clients are born. To prevent exposure to TB, at least 95 percent of all eligible clients must complete TB screening within 90 days of arrival in the United States.

Zoonosis Control

- ORVP eliminated domestic dog-coyote variant rabies from Texas through annual aerial and hand distribution of oral rabies vaccine bait units across South Texas, thereby vaccinating a percentage of the coyote population sufficient to break the cycle of disease transmission. Canine variant rabies persists in Mexico; therefore, ORVP maintains a vaccine-baited zone on the Texas-Mexico border to prevent incursion of the disease into Texas.
- ORVP has used the same strategy and tools to reduce the area impacted by gray fox variant rabies in West-Central Texas, thereby reducing the rabies exposure risk to people and domestic animals. DHS has identified one case of Texas fox variant rabies since May 2009, and DSHS took a contingency action in May 2013 to eliminate that focus of infection. DSHS has enhanced surveillance to gauge the effectiveness of the actions taken. A U.S. Department of Agriculture (USDA)-sponsored benefit/cost economic analysis of the ORVP

domestic dog-coyote project determined that Texas receives \$3.50 to \$13 in benefit for each \$1 expended on the project.

- In fiscal year 2012, Zoonosis Control regional staff trained 38 animal control officers (ACOs) at 15 ACO Basic Training courses and provided other continuing education training opportunities for ACOs and local rabies control authorities.
- In fiscal year 2012, Zoonosis Control regional staff approved approximately 117 euthanasia training courses for animal shelter employees.
- In fiscal year 2012, 592 students successfully completed approved euthanasia courses.
- In fiscal year 2012, Zoonosis Control staff approved an estimated 327 non-DSHS basic and continuing education courses.
- In fiscal year 2012, DSHS distributed \$579,998 in revenue from the sale of specialized Animal Friendly license plates to 16 recipient organizations. Under these grants, 10,470 no-cost or low-cost spay and neuter procedures have been performed on privately owned dogs and cats. Sterilization procedures performed under this program have prevented the birth of countless numbers of puppies and kittens. Controlling the population of unwanted and stray animals reduces the risk of animal bites and zoonotic diseases such as rabies.
- Zoonosis Control regional staff inspected approximately 224 quarantine facilities statewide in fiscal year 2012.
- In fiscal year 2012, Zoonosis Control regional staff distributed 642 courses of rabies post-exposure treatment.

Emerging and Acute Infectious Disease

- The Emerging and Acute Infectious Disease Program collects more than 32,000 disease reports annually and verifies accuracy of data in the reports.
- Surveillance activities have identified important emerging diseases such as methicillin-resistant *Staphylococcus aureus* (MRSA) infections, cryptosporidiosis, and shiga toxin-producing *Escherichia coli*.
- During the past few years, surveillance activities have detected three nationwide salmonellosis outbreaks traced to consumption of papayas, sushi, and cucumbers.
- Surveillance activities in Texas contributed to the rapid detection of vaccine-preventable disease cases in the United States and resulted in rapid control measures minimizing transmission.
- Texas has participated in ongoing surveillance of influenza and other acute respiratory diseases that have emerged internationally.

Immunization Program

The Immunization Program uses the National Immunization Survey (NIS) to assess effectiveness and efficiency. The NIS is an annual national survey conducted by CDC to assess immunization levels among pre-school children and adolescents. The survey provides information on immunization coverage for each state and select urban areas, as well as the nation. Texas uses the data to identify groups at risk of vaccine-preventable diseases and to evaluate trends in coverage.

Texas increased 4.1 percentage points in childhood immunizations coverage rates from 2008 to 2011, based on NIS data of children 19-35 months of age. Coverage is for the recommended 4:3:1:3:3:1:4 immunization series initiated in 2008, which includes four doses of diphtheria/tetanus/pertussis vaccine, three doses of poliovirus vaccine, one dose of measles/mumps/rubella vaccine, three doses of *Haemophilus influenzae* type b (Hib) vaccine, three doses of hepatitis B vaccine, one dose of varicella vaccine, and four doses of pneumococcal vaccine. The decrease in series coverage in 2009 is likely due to the Hib vaccine shortage. The percentage coverage rates are as follows:

- 2008 – 70.5 percent,
- 2009 – 67.6 percent,
- 2010 – 70.1 percent, and
- 2011 – 74.6 percent.

A substantial increase in human papillomavirus (HPV) vaccine series uptake occurred in Texas based on NIS data. The frequency of Texas females 13 to 17 years of age who received one or more HPV vaccine doses increased 17.2 percentage points from 2008 to 2011. The percentage coverage rates are as follows:

- 2008 – 31.6 percent,
- 2009 – 37.6 percent,
- 2010 – 47.5 percent, and
- 2011 – 48.8 percent.

Pneumococcal vaccine coverage levels in Texas adults 65 years of age and older increased 4.6 percentage points based on Behavioral Risk Factor Surveillance System (BRFSS) coverage data from 2008 to 2010. The percentage coverage rates are as follows:

- 2008 – 63.9 percent,
- 2009 – 66.0 percent, and
- 2010 – 68.5 percent.

The BRFSS 2011 prevalence data should be considered a baseline year for data analysis and are not directly comparable to previous years of BRFSS data, because of the changes in weighting methodology and the addition of the cell phone sampling frame. Therefore, 2011 data cannot be compared to 2010.

Perinatal Hepatitis B Prevention Program

- DSHS received reports of 688 HBsAg positive pregnant women in fiscal year 2012.
- DSHS received reports of 542 infants born to HBsAg positive mothers in fiscal year 2012. The National Health and Nutrition Examination Study estimates include 800 to 1,200 births each year to HBsAg positive mothers in Texas.
- 96 percent of infants born to HBsAg positive mothers in fiscal year 2012 received the first dose of the hepatitis B immune globulin within 12 hours of birth. Immunoprophylaxis administered within 12 hours of birth sharply curtails the development of perinatal hepatitis

B and chronic hepatitis B infection; however, all at-risk infants must complete the vaccine series to receive adequate protection.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

2001 – The Legislature enacts revisions to Chapter 822, Texas Health and Safety Code, requiring owners to register their dangerous wild animals with their local animal registration agency and file copies of their certificates with the legacy Texas Department of Health (TDH). Amendments to Chapter 81, Texas Health and Safety Code, require signs and flyers at retail pet stores warning customers about reptile-associated salmonellosis. Legislation directs TDH to promulgate rules pertaining to the format and content of the written warnings.

2003 – The Legislature enacts revisions to Chapter 821, Texas Health and Safety Code, adding limits to the forms of euthanasia that animal shelters may administer to dogs and cats in their custody. Legislation directs TDH to develop rules concerning requirements for the use of sodium pentobarbital and commercially compressed carbon monoxide, and to approve sponsors and curricula for training euthanasia technicians.

2007 – The Legislature amends Chapter 829, Texas Health and Safety Code, mandating basic and continuing education training of ACOs and directing DSHS to prescribe standards and curriculum for training courses, to deliver courses, and to approve sponsors and sponsor-delivered courses.

2012 – CDC releases the funding opportunity announcement for the new **HIV** Prevention Grant cycle. The new guidance for funding includes the following categories:

- Category A: Core HIV Prevention – 75 percent must be spent on targeted HIV testing and linkage to care; condom distribution in high-risk groups; prevention with positives, including adherence, biomedical intervention, and perinatal prevention; policy; and administration.
- Category B: Expanded Testing – Activities will remain the same as those supported under PS10-10138 (HIV testing in healthcare settings and testing in non-healthcare settings); focus will be on Blacks, Latinos, homosexual men, and injecting drug users.
- Category C: Innovative Demonstration Projects – Innovative activities to enhance testing, linkage, integration of biomedical, use of technology, and innovative use of CD4 and viral load data.

2012 – Due to new requirements, certain entering college students must present proof of receiving a meningococcal conjugate vaccine (MCV4) within the past five years. The new college requirement increases the demand for meningococcal vaccine and conscientious exemptions in both adolescents and adults.

2013 – DSHS posts the request for proposal for HIV Prevention Projects. Approximately \$10,000,000 is available to fund approximately 30 contracts in fiscal year 2013. DSHS develops the HIV Prevention funding opportunity to align with the National HIV/Acquired Immunodeficiency Syndrome (AIDS) Strategy as well as the state Community Planning Groups HIV/Sexually Transmitted Diseases Prevention Plan 2011. The 2010 National HIV/AIDS Strategy includes three primary goals: reduce the number of people who become infected with HIV, increase access to care and optimize health outcomes for people living with HIV, and reduce HIV-related health disparities.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

HIV Care, Prevention, and Surveillance Services

The program affects Texans with HIV infection and other STDs, as well as those at high risk of exposure to these diseases. Eligibility requirements for receiving HIV medications include proof of HIV infection, Texas residency, income at or below 200 percent federal poverty level (FPL), and uninsured or underinsured status. Eligibility requirements for receiving HIV care and treatment services include proof of HIV infection and Texas residency. HIV and STD prevention services are available to all who are infected, who may have been exposed, or who are at high risk of infection.

In fiscal year 2012, 17,235 persons received HIV medications. The HIV/STD surveillance program obtains required disease reporting data used to monitor and analyze disease trends. The program uses surveillance data and analysis for planning HIV/AIDS prevention and services activities, thus affecting populations at risk for getting HIV and/or other STD, and populations already infected with HIV and/or STD. LHDs and regional health departments that provide disease intervention and share services also use surveillance data. The program provides a statistical breakdown of persons served in the *HIV/STD Annual Report*, available at: <http://www.dshs.state.tx.us/hivstd/info/annual.shtm>

TB and Hansen’s Disease Control Programs

TB and Hansen’s disease services are available to all residents in Texas who are infected with, have been exposed to, or are at risk for these diseases. In fiscal year 2012, 1,297 newly identified persons with active TB and 11 newly identified persons with Hansen’s disease received public health services.

Zoonosis Control

The Zoonosis Control Program affects everyone, since anyone may contract a zoonotic disease regardless of age, gender, nationality, or race. Additionally, the program more directly affects the following groups.

- Rule requirements and course approval procedures affect shelter personnel tasked with animal euthanasia, and sponsors that provide euthanasia training.

- Caging and registration requirements affect owners of dangerous wild animals.
- Requirements for signage with the public health warning concerning salmonella risk affect pet storeowners selling reptiles.
- Requirements for mandatory training affect ACOs, and requirements for sponsor and course approval affect sponsors of ACO training.
- The disease investigation process affects those diagnosed with reportable zoonotic diseases.
- The risk assessment and distribution of rabies biologicals affect those potentially exposed to rabies.
- Rule requirements, risk assessment, and consultation on treatment protocols affect owners of domestic animals potentially exposed to rabies.
- The application and selection process and the level of available funding affect applicants for Animal Friendly grants and the potential clients of the applicants.
- The program specifically affects residents of 69 counties where DSHS distributes rabies vaccine bait to coyote and gray fox populations, reducing the exposure of humans and domestic animals to wildlife rabies. The program indirectly affects all Texas residents, because rabies has not spread as it did previously in the original epizootic outbreak zone.

Emerging and Acute Infectious Disease

The program activities protect all Texans from infectious diseases. There are no qualifications or eligibility requirements. Because of underlying medical conditions, lifestyles, or behavioral factors, some Texans may be at more risk for certain infections than other individuals.

Immunization Program

The Immunization Program serves an estimated 4,451,903 children who are eligible for the TVFC Program in Texas. These children meet one of the following eligibility criteria: Medicaid, Children’s Health Insurance Program (CHIP), American Indian/Alaskan Native, uninsured, or underinsured. The program provides vaccines for these children and educates the children and their families, healthcare providers, and the public about the importance of immunizations.

Approximately 1,859,842 other children are considered insured and do not qualify for the TVFC Program; however, DSHS plays a leadership role in ensuring providers who serve these children, as well as parents and families, are educated regarding the importance of receiving immunizations on time and in accordance with the United States recommended immunization schedule. The educational information also incorporates appropriate messages for adult immunizations.

Texas is now within reach of the Healthy People 2020 goals for childhood immunization coverage levels; therefore, the Immunization Program is turning attention toward improving coverage levels for adult populations. The availability of new vaccines in recent years has also contributed to a shift from what was largely a childhood immunization program to focus more on vaccinating adolescents and adults. Because of these changing dynamics, central office and

regional staff provide ongoing program activities to include adult and adolescent perspectives, and work with stakeholders and healthcare providers who care for older children and adults.

Funding is limited for adult vaccines, but the Immunization Program provides for all Texans. DSHS expanded the Texas adult vaccine safety net program in 2007 to include all routinely recommended vaccines. The program assesses immunization needs for adults who seek other services through public health departments and provides those immunizations, if the patient wishes. In 2008, supplemental funding through the federal immunization grant provided funds for the hepatitis B vaccine. The funding allowed for administration of the vaccine to high-risk and underinsured adults through federally qualified health centers and family planning clinics. Funding through the American Recovery and Reinvestment Act of 2009 allowed further expansion of all routinely recommended vaccines to these entities as well. Although no money remains in these funding streams, DSHS has determined that funding is sufficient to continue providing vaccines for adults to all provider types currently enrolled. DSHS is no longer recruiting eligible clinics, since funding is not sufficient for expansion. Currently, the Immunization Program has 482 adult clinic sites actively participating in the adult vaccine safety net program.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The DCP Services Division administers the Infectious Disease Program.

The Infectious Disease Prevention Section, TB/HIV/STD Unit includes two branches with HIV/STD responsibilities (the HIV/STD Prevention and Care Branch and the TB/HIV/STD Epidemiology and Surveillance Branch), and two branches with TB responsibilities (the TB Services Branch and the TB/HIV/STD Epidemiology and Surveillance Branch). The TB Services Branch administers several other programs as well.

The Infectious Disease Prevention Section, Infectious Disease Control Unit, Zoonosis Control Branch office in Austin and Zoonosis Control Programs in each of the eight DSHS health service regions (HSRs) administer the Zoonosis Control Program. Regional Zoonosis Control Programs and staff are under the control of the HSR with funding and support from Zoonosis Control Branch.

The Infectious Disease Prevention Section, Infectious Disease Control Unit, Emerging and Acute Infectious Disease Branch performs infectious disease surveillance and response activities. The branch is composed of two groups and two teams: Data and Prevention Group, Epidemiology and Surveillance Group, healthcare-associated infections team, and the surveillance system team.

The Infectious Disease Prevention Section, Immunization Branch administers the Immunization Program. The Immunization Branch consists of five major program areas: Operations Group; Assessment, Compliance, and Evaluation Group; Public Information, Education, and Training Group; ImmTrac Group (immunization registry); and Vaccine Services Group. DSHS also has approximately 200 full-time equivalent positions across the state in the HSRs. Currently, 50 LHDs contract with the Immunization Branch to enhance the delivery of immunization services at the local level. Additionally, the Infectious Disease Prevention Section, Infectious Disease Control Unit, and Emerging and Acute Infectious Disease Branch conduct disease surveillance activities for vaccine-preventable diseases. The Immunization Branch conducts activities related to perinatal hepatitis B prevention.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/pps.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$147,517,796
General Revenue	\$108,679,834
General Revenue-Dedicated	\$411,719
Other	\$38,334,420

The Immunization Program uses a funding formula to allocate \$15.6 million to LHDs to ensure continuity of immunization services at the local level. The funding formula takes into account the number of TVFC providers in the county and the county population density for ages 0-18. The Immunization Program has maintained level funding for the 50 LHD contracts.

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Internal Programs

Name	Similarities	Differences
DSHS Community Mental Health and Substance Abuse Services	These services provide HIV testing and counseling and provision of case management services to HIV-positive persons actively using and in recovery from substance abuse.	These services focus specifically on the substance-using population.

Name	Similarities	Differences
HSRs	Each region conducts activities related to the federal immunization grant with oversight from the Austin office.	The Austin office does not conduct service delivery activities. HSRs operate clinics that vaccinate clients.

External Programs

Name	Similarities	Differences
Ryan White Program Part A Grantees	This program provides medically related and critical support services for persons with HIV/AIDS in specifically defined Eligible Metropolitan Areas (EMA) and Transitional Grant Areas (TGA). Funds flow directly from the U.S. Health Resources and Services Administration (HRSA) to the EMA and TGA.	Part A is not statewide. These funds complement funds DSHS provides to communities for HIV-related medical care. Local plans for use of DSHS funds must take into account services available through Part A funds. DSHS provides support for services inside the EMA/TGA and throughout the rest of the state.
Ryan White Program Part C Grantees	This program provides medical services to persons with HIV. These funds flow directly from HRSA to the clinics.	The program awards Part C funds to individual clinics on a competitive basis. Funds are not statewide. These funds complement funds DSHS provides to communities for HIV-related medical care. Local plans for use of DSHS funds must take into account resources available through Part C funds.
Ryan White Program Part D	This program provides medical services to women and children with HIV/AIDS served by specific clinics. These funds flow directly from HRSA to the clinics.	The program awards Part D funds to individual clinics on a competitive basis. Funds are not statewide. These funds complement funds DSHS provides to communities for HIV-related medical care. Local plans for use of DSHS funds must take into account resources available through Part D funds. DSHS provides services to women and children, regardless of location.

Name	Similarities	Differences
City of Houston	The City of Houston receives direct funds from the CDC to provide HIV prevention and surveillance services.	The service area is limited to Houston and the surrounding area. DSHS provides HIV and STD prevention services and surveillance across the state.
Community-based organizations directly funded by CDC	These organizations provide evidence-based HIV prevention interventions.	CDC funds these organizations to deliver a specific intervention and services are not statewide. DSHS provides HIV prevention services across the state.
Texas Department of Housing and Community Affairs Local housing authorities	These housing authorities provide Section 8 rental assistance vouchers to eligible clients.	Section 8 focuses on the general low-income population and generally has long waiting lists. DSHS Housing Opportunities for Persons with AIDS Program provides rental and utility assistance specifically to low-income persons with HIV/AIDS.
Texas Animal Control Association (TACA)	Both DSHS and TACA provide educational opportunities for ACOs.	DSHS provides training according to Chapter 829, Texas Health and Safety Code.
LHDs	LHDs conduct infectious disease surveillance and healthcare services to their respective constituents. LHDs also conduct activities related to the federal immunization grant with oversight from the Austin office.	LHDs are responsible for their specific local jurisdiction whereas DSHS has statewide responsibility. The Austin office does not conduct service delivery activities. LHDs operate clinics that vaccinate clients.
Health and Human Services Commission (HHSC), Immigrant and Refugee Affairs Program	The Immigrant and Refugee Affairs Program provides technical assistance and consultation and oversees and provides funding for refugee resettlement activities in Texas.	The Immigrant and Refugee Affairs Program provides funding for refugee health assessments via interagency contract, obligating Office of Refugee Resettlement funds.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

HIV Medications Program and HIV Care

DSHS receives Ryan White Part B funds for HIV medications and HIV care and treatment. DSHS carries out coordinated planning and program implementation with Ryan White Program Part A, C, and D recipients, meeting on a regular basis both locally and at the state level with the grantees who receive this funding. At a local level, planned activities and program goals supported with DSHS funds (Part B and General Revenue) are set after consultation with other Ryan White grantees to eliminate duplication of services. DSHS provides grantees of all Ryan White Parts access to the DSHS client level data system free of charge to promote efficient and effective data collection, which in turn promotes solid, coordinated care plans for clients and information for comprehensive planning across funding sources. DSHS also develops the Statewide Coordinated Statement of Need, a consensus document that is the product of consultation across the titles that highlights cross cutting issues affecting all Ryan White programs in Texas.

In the prevention arena, DSHS consults frequently with the City of Houston. In addition, DSHS encourages providers funded by CDC and by the Substance Abuse Mental Health Services Administration to participate in Texas' HIV/STD prevention planning process. DSHS also compiles a resource inventory of funded prevention interventions to guard against funding duplicative programs. The City of Houston performs surveillance only for its local area and enters data into the state registry.

Internally, the DCP Services Division, HIV/STD Program coordinates with the Mental Health and Substance Abuse Services Division, HIV Program via cross unit meetings on specific topics. The programs also work together on special projects.

Zoonosis Control

Chapter 829, Texas Health and Safety Code, mandates the training provided by Zoonosis Control. TACA, plus a plethora of outside sponsors statewide and from other states, provides various training opportunities that, if approved by the Zoonosis Control Branch, can satisfy ACOs' statutory training requirements. Students are free to choose the opportunities that best fit their needs.

The Texas Veterinary Medical Diagnostic Laboratory, Texas Animal Health Commission, and DSHS have a memorandum of understanding that addresses zoonotic disease reporting and coordination.

Immunization Program

The Immunizations Program convenes and coordinates activities by participation in TISWG meetings. This group is comprised of internal and external stakeholders who meet quarterly to provide a forum for diverse partners in the state immunization system to share ideas, perspectives, best practices, and resources to target more effectively efforts to raise vaccine coverage levels in Texas. Routine collaborations with Texas Health Steps, Medicaid, and CHIP occur as business needs arise. The Immunization Branch meets with HSR program managers as

needed to discuss immunization issues. The contracts with 50 LHDs also ensure continuity of services and activities across the state.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
LHDs	LHDs are public health agencies operated by counties and/or cities. They provide healthcare and diagnostic services, including treatment, case management, and contact investigations and conduct disease surveillance.	DSHS contracts and sub-contracts with a number of LHDs for the provision of HIV/STD surveillance, services, and prevention. LHDs receive funding from DSHS to deliver public health services and conduct disease surveillance specific to TB, Hansen’s disease, refugee health screenings, and perinatal hepatitis B prevention. They work in partnership with DSHS in disease surveillance, prevention, and control activities, as well as in infectious disease surveillance, prevention, and control activities.

Federal Units of Government

Name	Description	Relationship to DSHS
CDC	CDC administers HIV/STD prevention and surveillance funding and provides a national framework and funding for TB prevention and control activities. Additionally, CDC participates in setting national refugee health screening guidelines. CDC provides information to enhance health decisions and promotes health through partnerships with state health departments and other organizations.	CDC provides funding and guidance for DSHS HIV and STD prevention and surveillance activities. CDC provides funding for TB services and works in partnership in disease surveillance, prevention, and control activities. The Refugee Health Screening Program incorporates CDC screening guidelines as part of the overall screening requirements for eligible clients. DSHS and CDC work in partnership in infectious disease surveillance, prevention, and control activities. DSHS contracts with the CDC to administer the Immunization Program.
HRSA	HRSA administers the Ryan White Program, which provides funding for	HRSA provides funding and guidance for the DSHS AIDS Drug Assistance Program and HIV services programming that

Name	Description	Relationship to DSHS
	treatment and support services.	includes outpatient medical care and critical support services.
Housing and Urban Development (HUD)	HUD administers the Housing Opportunities for People with AIDS (HOPWA).	HUD provides funding and guidance to the DSHS HOPWA Program for rent and utility assistance to prevent homelessness of persons with HIV/AIDS.
U.S. Department of Health And Human Services (DHHS), Office of Refugee Resettlement	The Office of Refugee Resettlement administers the national refugee resettlement program.	The Office of Refugee Resettlement provides funding for DSHS refugee health assessments.
DHHS, National Hansen’s Disease Program	The National Hansen’s Disease Program provides directives for administering Hansen’s disease services.	The National Hansen’s Disease Program provides funding for DSHS Hansen’s disease services.
USDA, Animal Plant Health and Inspection Services (APHIS) Wildlife Services	APHIS Wildlife Services includes the management of the National Rabies Program.	APHIS Wildlife Services assists DSHS with implementation of the ORVP and provides oral rabies vaccine bait for the gray fox project in West-Central Texas.
Texas National Guard	The Texas National Guard is a component of the U.S. military complex.	The Texas National Guard assists DSHS with implementation of the ORVP when approved by the Governor’s office.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

Contracts established in this program focus on prevention and control of infectious diseases and their complications. DSHS establishes contracts to handle the following activities:

- HIV, STD, TB, and Hansen’s disease;
- HIV and STD surveillance;
- medication to people with AIDS;

- HIV medications through Texas HIV Medication Program;
- refugee health;
- viral hepatitis;
- activities for detection, prevention, and control of other infectious diseases;
- immunization programs for children and adults;
- quality assurance activities for immunization services;
- influenza incidence surveillance and real-time polymerase chain reaction method for typing influenza viruses;
- surveillance activities for arboviruses;
- prevention of healthcare associated infections; and
- sterilization of dogs and cats owned by public.

Amount of contracted expenditures in fiscal year 2012: \$102,216,911

Number of program contracts: 1,053 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$3,508,715.54	Houston Regional HIV/AIDS Resource Group	Improve access to health and support services for people with HIV/AIDS
\$2,497,054.16	Houston Regional HIV/AIDS Resource Group	Improve access to health and support services for people with HIV/AIDS (additional contract)
\$1,777,895.27	Dallas County	Prevent and control the Transmission of vaccine-preventable disease
\$1,544,380.13	Houston Regional HIV/AIDS Resource Group	Outpatient health and support services for individuals with HIV/AIDS
\$1,466,729.39	Dallas County	Improve access to health and support services for people with HIV/AIDS

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor

information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program for the following services:

- HIV, STD, TB, and Hansen’s disease;
- HIV and STD surveillance;
- medication to people with AIDS;
- HIV medications through Texas HIV Medication Program;
- refugee health;
- viral hepatitis;
- activities for detection, prevention, and control of other infectious diseases;
- immunization programs for children and adults;
- quality assurance activities for immunization services;
- influenza incidence surveillance and real-time polymerase chain reaction method for typing influenza viruses;
- surveillance activities for rotavirus infection and immunization;
- surveillance activities for arboviruses;
- prevention of healthcare associated infections; and
- sterilization of dogs and cats owned by public.

Using sub-recipient contracts, the program awards grants in the following manner:

- through competitive solicitations;
- without competitive solicitation (not required when amount is under \$5,000);
- on an emergency or sole source basis when an approved emergency or sole source justification waives competition; and
- to a state or local governmental entity through direct negotiation and grant contract execution (these entities are exempt from competition).

M. What statutory changes could be made to assist this program in performing its functions? Explain.

DSHS suggests the following statutory changes to assist the program in performing its functions.

Chapter 2152, Texas Occupations Code – DSHS recommends revision to remove DSHS’ role in licensing and inspection of circuses, carnivals, and zoos. Since the statute became effective in 1981, DSHS has not issued any permits because circuses, carnivals, and zoos with a federal permit are exempt from the state license requirement. Federal permits issued by the USDA are

required for most of these entities, are more economical to obtain, and can be used in lieu of the state permit. DSHS should be relieved of responsibility in the statute pertaining to the issuance of licenses and inspection of circuses, carnivals, and zoos. However, the law is still of value to have in place to ensure compliance with the minimum standards and to provide enforcement capabilities for local animal control and law enforcement officers when necessary.

Chapter 89, Texas Health and Safety Code – The Historical and Statutory Notes section of this chapter describes a cost allocation formula between DSHS, the Texas Department of Criminal Justice, and counties for TB screening and testing in jails and community correction facilities. The notes excuse a county from responsibilities if the other responsible parties do not follow the formula. Senate Bill 57, 73rd Legislature, Regular Session, 1993, established the funding formula in the Historical and Statutory Notes section. DSHS has been unable to comply with the funding requirement that, if implemented, would be a substantial cost to the agency.

Chapter 98, Texas Health and Safety Code – DSHS recommends revision to this statute to add preventable adverse events reporting as the events are phased in.

Chapter 161, Texas Health and Safety Code – DSHS recommends revision to clarify language regarding the statewide immunization registry, ImmTrac, including the definition of a disaster, a conflict in language regarding the reporting of adverse events, and inconsistencies about release of registry data.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- **why the regulation is needed;**
- **the scope of, and procedures for, inspections or audits of regulated entities;**
- **follow-up activities conducted when non-compliance is identified;**
- **sanctions available to the agency to ensure compliance; and**
- **procedures for handling consumer/public complaints against regulated entities.**

The Legislature has given DSHS and HHSC the authority to establish immunization requirements for children attending secondary schools. The Department of Family and Protective Services (DFPS) has the authority to establish requirements for children in childcare facilities. DFPS and DSHS work very closely to audit childcare facilities annually and provide education when a facility is not adequately enforcing the immunization requirements. DSHS coordinates with the

Texas Education Agency in working with schools. DSHS monitors schools and childcare facilities for compliance and provides technical assistance when deficiencies are identified.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Health Promotion and Chronic Disease Prevention
Location/Division	1100 W. 49 th Street, Austin - Disease Control and Prevention Services (DCP) Services Division
Contact Name	Janna Zumbrun, Assistant Commissioner, DCP Services Division
Actual Expenditures, FY 2012	\$25,494,576
Number of Actual FTEs as of June 1, 2013	53.4
Statutory Citation for Program	Chapter 161, Subchapter A, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

Health Promotion and Chronic Disease Prevention Programs have the following primary objectives.

- Reduce the prevalence of preventable chronic diseases and injury.
- Administer abstinence education programs.
- Administer service care programs related to certain chronic health conditions.

Major activities include the following.

Abstinence Education Program

The Abstinence Education Program provides abstinence education for youth grades 5-12 to delay initiation of sexual activity, as part of a continuum of services to decrease the teen birth rate and rate of sexually transmitted infections in youth ages 15-19. DSHS direct service contracts provide both in-school/school-based and after school/community-based programming. Additionally, DSHS uses some abstinence funding to develop and distribute statewide resources. School districts, community organizations, youth, and parents can access these resources via websites, toolkits, and booklets/DVDs.

Alzheimer's Program and Council

The Alzheimer's Program and Council disseminate information on services and related activities for persons with Alzheimer's disease and related disorders to the medical and academic communities, caregivers, associations, and the public. The program coordinates services and activities of state agencies, associations, and other service providers. The program also coordinates statewide planning to address the burden of Alzheimer's disease. In addition, the program supports the Texas Council on Alzheimer's Disease and Related Disorders, which

recommends actions and policies for the benefit of persons with Alzheimer’s disease and related disorders and their caregivers, and supports statewide coordinated research. The program develops and maintains statewide partnerships and conducts surveillance on the prevalence and burden of Alzheimer’s disease.

Asthma Prevention and Control

Staff promotes the prevention and control of asthma through the implementation of evidence-based programs and clinical treatment standards in healthcare, worksite, and community settings. Additionally, staff encourages local communities to become involved in asthma prevention and control. To address the social and economic burden of asthma in Texas, the Texas Asthma Coalition Program (TACP) provides data, educational materials, and other resources for asthma stakeholders, including healthcare professionals, community and faith-based organizations, schools, and the public on asthma control and management. In addition, TACP conducts ongoing surveillance on the prevalence and burden of asthma in Texas. TACP surveillance data raises awareness about the effect of asthma on the health of the community. Accordingly, TACP develops and maintains a report on the burden of asthma in Texas with the most current report published in Summer 2011, entitled *The 2010 Asthma Burden Report*.

Cardiovascular Health and Wellness (CHW) Program

The CHW Program coordinates a statewide partnership to implement strategies from the Texas Plan to Reduce Cardiovascular Disease and Stroke. Approximately 80 partners from around Texas are participating on four committees that reflect the goals of the state plan.

The CHW Program conducts surveillance activities using available data sets related to prevalence, mortality, hospitalization rates, cost of care, and quality of care indicators. The program provides a burden report and numerous regional and local reports for public and private stakeholders to use. Program staff works with statewide and agency partners to expand high quality stroke care to all Texans, including protocols for rapid transport of stroke victims to stroke-certified facilities, and public education about stroke signs and symptoms and calling 911.

The CHW Program works with the cities of San Antonio and Austin to implement value-based benefits design among a group of 10 employers, 6 of which have over 2,000 employees each. Value-based benefits use incentives to increase employee participation in provided medications and health promotion services that prevent and control risk factors for cardiovascular disease and stroke.

Chronic Kidney Disease (CKD) Program

The CKD Program collaborates with national, state, and community organizations to provide education and outreach regarding CKD. The program develops, implements, and evaluates a social marketing campaign (Love Your Kidneys/Save Their Kidneys). The program provides programmatic oversight to the CKD study, which the Texas Tech University Health Sciences Center is conducting. Finally, the program provides staff support for the CKD Task Force.

Diabetes Control Program

The Diabetes Control Program coordinates statewide diabetes prevention and control efforts, and builds expertise in program, science, and policy to prevent and control diabetes. The program expands systems to define and analyze the scope of the diabetes problem, improves access to diabetes care for all people, and raises the quality of that care. Additionally, the program uses statewide public health projects to reduce diabetes-related problems and to inform, educate, and empower external supporters to prevent and control diabetes. Program staff supports the activities of the Texas Diabetes Council.

Safe Riders

The Safe Riders Program serves as the lead child passenger safety program for Texas. The program distributes car seats for infants and children of low-income families. The program also provides information about car seats to the public and conducts child seat check-up events and national child passenger safety technician training courses.

Texas Comprehensive Cancer Control Program (TCCCP)

TCCCP promotes the implementation of policies, programs, and healthcare system improvements identified as high priorities in the Texas Cancer Plan. TCCCP develops local coalitions to implement comprehensive cancer control programs that include education. TCCCP facilitates the Cancer Alliance of Texas (CAT), a statewide coalition that includes consumers and representatives of public and private educational, treatment, research, and patient support organizations.

Worksite Wellness Program

The Worksite Wellness Program develops and disseminates a model worksite wellness program for state agencies as required by Chapter 664, Texas Government Code, and provides guidance and technical assistance to state agencies as they implement worksite wellness programs. Program staff supports the Worksite Wellness Advisory Board.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Health Promotion and Chronic Disease Prevention programs ensure effectiveness by promoting and implementing proven, evidence-based strategies and initiatives that the Centers for Disease Control and Prevention (CDC) and other federal funding agencies have approved. The following are examples of the methods used in some of the individual areas.

Abstinence Education Program

The Abstinence Education Program encourages contract applicants to use effective interventions for reducing teen pregnancy, including evidence-based programs defined by the Administration of Children and Families as programs that have demonstrated impacts on sexual activity (including delaying initiation of sexual activity), contraceptive use, sexually transmitted

diseases and infections, and pregnancy or births. DSHS provides a menu of evidence-based curricula from which to choose.

Applicants may choose other curricula not on the DSHS menu of curricula with the submission of an evaluation study published in a peer-review journal. The study must demonstrate that the chosen curricula impacts students' thoughts or actions to delay or decrease sexual activity. Any curriculum chosen must be age appropriate and medically accurate. Staff evaluates curricula chosen off the menu on a case-by-case basis during the competitive procurement process.

Asthma Prevention and Control Program

The Asthma Prevention and Control Program works with local organizations to promote evidence-based clinical care guidelines for the treatment of asthma in medical settings and the care of students with asthma in schools. The Texas Asthma Coalition Program has completed the first year of a five-year cooperative agreement that has performance measure reporting as a component of the agreement.

Cardiovascular Health and Wellness Program

The CHW Program works with communities to implement evidence-based policies, which improve health behaviors and lead to a reduction in heart disease, such as implementing worksite wellness programs that include physical activity, nutrition education, and smoking cessation.

Chronic Kidney Disease Program

The CKD Program provides educational services designed to increase awareness, diagnosis, and treatment of CKD through outreach to individuals with diabetes mellitus, and/or a family history of kidney disease, and education to physicians about appropriate screening and treatment for individuals at risk for end stage renal disease (ESRD). The key component of the program is a comprehensive media campaign that targets areas of the state with a disproportionate burden of ESRD and contributing risk factors. A survey of community-based diabetes programs showed that almost half of the survey participants had seen or heard the public service announcements. Almost all reported at least one change in awareness of risk factors, knowledge of kidney disease, or behaviors.

Diabetes Program

The Texas Diabetes Program implements CDC-approved, evidence-based strategies that include funding of community-based education programs to help individuals with diabetes control their blood glucose. The program reports these activities electronically via the Program Management and Tracking System. The program also promotes the use of clinical care guidelines in the medical setting that have been effective in treating and controlling diabetes, as well as preventing complications, such as heart disease, kidney disease, amputations, and blindness. Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. HEDIS measures assess performance of health maintenance organizations

(HMOs) on diabetes indicators, comparing Texas performance with the nation. Basic service HMOs with 5,000 or more members must report HEDIS measures annually to the Texas Health Care Information Collection at DSHS. The Texas Diabetes Program also promotes the use of clinical care guidelines in the medical setting that have been proven effective in the treatment and control of diabetes and in the prevention of complications such as heart disease, amputations, and blindness.

In fiscal year 2012, the Texas Diabetes Program had 61,657 client encounters. This number is derived from the number of clients (persons with or at risk for diabetes) receiving educational services through one-on-one, group, and community outreach and the number of healthcare professionals receiving education.

Safe Riders Program

The Safe Rider Program inspects the installation of infant car seats and makes car seats available to low income families because car seats, if properly installed, prevent injuries and save lives.

Texas Comprehensive Cancer Control Program

TCCCP coordinates the CAT and facilitates the development of local coalitions that implement evidence-based strategies in areas identified as high priorities in the Texas Cancer Plan.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

2001 – Legacy Texas Department of Health (TDH) receives a grant from CDC to develop a state-level asthma program. The program grows from its initial purpose as the main programmatic arm for asthma initiatives in the state to its current role as a sustainable, public health asthma program within a public health agency.

2006 – The CAT collaborates with the Texas Cancer Registry in its successful efforts to achieve Gold level certification from the North American Association of Central Cancer Registries.

2007 – A CAT ad hoc committee provides technical assistance to the group sponsoring the legislation that created the Cancer Prevention and Research Institute of Texas (CPRIT). CPRIT fosters cancer research and prevention by providing financial support for a wide variety of projects relevant to cancer research and prevention.

2009-2010 – The DSHS Alzheimer’s Disease Program and Alzheimer’s Council begins formal discussions around development of the first, coordinated Texas State Plan on Alzheimer’s Disease. During 2009 and 2010, DSHS forms a State Plan Steering Committee, and recruits more than 120 partners. The Committee identifies goals, and develops and implements the plan in 2010.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

The Health Promotion and Chronic Disease Prevention programs work through state and local health organizations, coalitions, and agencies to prevent or control chronic disease and reduce injuries by changing community-based policies, implementing quality systems of medical care, training health professionals, increasing public awareness, conducting educational classes, and monitoring trends in the prevalence of chronic disease. These activities affect the population at large.

Abstinence Education

Abstinence education direct service contracts focus on youth in grades 5-12 with priority consideration for counties that have a birth rate that is equal to or exceeds 42 per 1,000 for females ages 15-19, and that have had at a least 250 births within that county. Contract categories have the following further eligibility requirements.

- In-school intervention – Elementary, middle, and high school sites serving grades 5-12 that have 56-100 percent of students living in poverty (as defined by the Texas Education Agency).
- After school intervention – To be implemented in after-school or other community settings with a focus on high-risk youth such as youth in the child welfare system or foster care.

Any Texan can access statewide resources targeting school districts, community organizations, youth, and parents.

Alzheimer’s Program

The Alzheimer’s Program provides education, information, and referral to persons with Alzheimer’s disease, their caregivers and care providers, and to other statewide organizations. The Alzheimer’s Disease Program has developed a partnership of over 120 members comprised of individuals with diverse backgrounds from state, local, and community level organizations; academic and research institutions; for-profit and nonprofit sectors; businesses; healthcare sector; and family members of individuals afflicted with Alzheimer’s disease, who are committed to working with the program to address the burden of Alzheimer’s disease in Texas.

Asthma Prevention and Control

The Asthma Prevention and Control Program has developed partnerships comprised of individuals with diverse backgrounds from state, local, and community level organizations; academic and research institutions; for-profit and nonprofit sectors; businesses; healthcare sector; and family members of individuals afflicted with asthma, who are committed to working with the program to address the burden of asthma in Texas. The Texas Asthma Coalition activities affect adults and children with asthma and their caregivers through the provision of asthma management and control educational activities. These activities include providing adults and healthcare providers with asthma-related continuing medical education.

Cardiovascular Health and Wellness Program

As a statewide program that works on policy, system, and environmental strategies to prevent and control cardiovascular diseases and stroke, the CHW Program affects nearly all Texans.

Chronic Kidney Disease Program

The CKD Program implements an ESRD campaign that targets areas of the state with a disproportionate burden of ESRD. The program focuses on individuals with diabetes mellitus and/or a family history of kidney disease and provides education to physicians about appropriate screening and treatment for individuals at risk for ESRD. The CKD Program also works through a state university to conduct a study to determine the prevalence of CKD in Texas. In addition, the CKD Program educates healthcare professionals on early screening, diagnosis, and treatment of CKD; complications related to CKD; and advantages of ESRD modality education and early renal replacement therapy.

Diabetes Program

The Diabetes Program works through state and local health organizations and agencies to prevent or control diabetes through community-based policies, environmental changes, implementation of quality systems of medical care, training for health professionals, increased public awareness, educational classes, and monitoring trends in the prevalence of diabetes. During fiscal year 2012, the program's community diabetes projects assisted 1,183 persons with diabetes or at risk for diabetes through nutrition classes; 1,282 persons through physical activity classes; and 1,254 persons through diabetes self-management education classes. Projects conducted outreach and education activities involving 1,370 healthcare providers in Texas.

Community-based diabetes education classes target all persons with type 1 or type 2 diabetes or at risk of developing type 2 diabetes, with special attention to high-risk populations.

Safe Riders

Within the Safe Riders Program, the target audiences are the parents and caregivers of children under age 15. The distribution of child safety seats is limited to persons with low-incomes (self-certified), one seat per family, and the parent/caregiver must attend a one-hour class about child passenger safety.

Texas Comprehensive Cancer Control Program

There are three components within TCCCP. The Statewide Alliance Component provides administrative support and coordination to the CAT. CAT engages organizations, agencies, institutions, and individuals to work collaboratively to reduce the impact of cancer in Texas and promote the Texas Cancer Plan. The Regional Coalition Component disseminates the concepts of comprehensive cancer control to local communities and assists communities with local implementation of the Texas Cancer Plan. Currently, TCCCP staff in Amarillo, Del Rio, Tyler, and Wichita Falls support community coalitions. The third component provides prostate cancer and ovarian cancer prevention activities.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The DCP Services Division, Health Promotion and Chronic Disease Prevention Section administers all Health Promotion and Chronic Disease Prevention programs. The Health Promotion and Chronic Disease Medical Director provides medical direction.

Health Promotion and Chronic Disease Prevention programs work directly with state, regional, and local public health agencies, governmental agencies, nonprofit and for-profit organizations, and volunteer groups to identify available resources and gaps in services to prevent and treat the respective chronic conditions. Most programs contract or form partnerships with organizations and agencies to expand their reach through training, patient education, distribution of resources, data collection, and policy assessment and development. Several programs provide support for legislatively mandated advisory councils, which assist DSHS in setting goals and objectives. Examples of these councils include the Texas Diabetes Council, Texas Council on Cardiovascular Disease and Stroke, Texas Arthritis Advisory Committee, Worksite Wellness Advisory Board, Texas School Health Advisory Committee, and Texas Council on Alzheimer’s Disease and Related Disorders. The TCCCP supports a statewide coalition of partners who help implement the Texas Cancer Plan.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/ppp.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$20,254,621
General Revenue	\$5,131,425
General Revenue-Dedicated	\$250
Other	\$108,280

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Internal Programs

Name	Similarities	Differences
DSHS Cardiovascular Disease Program, Diabetes Program, and Obesity Program	The Asthma Prevention and Control Program is similar to these programs in that the diseases share some common modifiable risk factors.	Asthma has significantly greater immediate environmental causes than those of other diseases. Disease management strategies are different from asthma for each of these other diseases.

External Programs

Name	Similarities	Differences
Texas Cooperative Extension Rural Passenger Safety	This program provides from two to three child passenger seat training workshops per year, child seat checkups, and a limited number of child seats via those events.	This program concentrates on providing child passenger seat services to rural areas of Texas. Safe Riders program is larger in scope, with a systematic seat distribution program, and covers urban areas.
Safe Kids Coalitions	These coalitions provide child seat checkups and a limited number of child seats via those events.	The coalitions do not have any systematic seat distribution program like the Safe Riders program.
Safe Communities Grantees	These grantees provide child passenger seat services in specific areas, such as Waco and El Paso.	Unlike Safe Riders, the grantees do not have any systematic seat distribution programs, do not conduct child passenger seat training courses, and provide only limited educational and leadership services.
Department of Assistive and Rehabilitative Services, Division for Blind Services (DBS), Blindness Education, Screening, and Treatment (BEST) Program	Like the Diabetic Eye Disease Program, the BEST Program assists uninsured adult Texas residents with payment for urgently needed eye-medical treatment.	In addition to diabetic retinopathy, the BEST Program serves qualified individuals with glaucoma, detached retina, or any other eye disease determined to be an urgent medical necessity by both the applicant’s eye doctor and the DBS ophthalmologic consultant or designee. BEST Program is funded with voluntary donations when Texans renew their driver’s licenses or Department of Public Safety-issued identification cards.

Name	Similarities	Differences
Alzheimer's Associations	Both Alzheimer's Associations and the Alzheimer's Program provide information and support to patients with Alzheimer's disease, their families, and long-term care providers. They co-lead in State Plan development and implementation.	Alzheimer's Associations are nonprofit agencies.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The Texas Department of Transportation (TxDOT) funds Safe Riders, Texas Cooperative Extension Rural Passenger Safety, and Safe Communities. TxDOT determines the specific grant objectives for the programs and ensures that the programs complement each other rather than duplicate work.

The DSHS Texas Asthma Control Program partners with local asthma coalitions and other stakeholders for statewide planning and implementation.

The DSHS Alzheimer's Disease Program partners with the Alzheimer's Disease Association in Texas for statewide planning and implementation. The Alzheimer's Disease Program Coordinator is a standing member of the Texas Department of Public Safety, Division of Emergency Management, State AMBER/Blue/Silver Alert Committee and the Texas Department of Aging and Disability Services, Texas Healthy Lifestyles Program and Aging Texas Well Advisory Committee. Through these meetings, programs are able to share information and to identify ways to collaborate and enhance services. Staff report program activities quarterly. DSHS remains the lead agency in Texas on Alzheimer's disease statewide planning.

Within the Abstinence Education Program, school districts or communities may use toolkits as a stand-alone curriculum, if they have no abstinence programming, or they can use them to supplement existing abstinence programming. The educational information provided in the toolkit reinforces the Texas Essential Knowledge and Skills for Health Education for elementary and middle school students by providing a variety of interactive learning techniques to enhance retention of abstinence information.

A cooperative agreement from the CDC funds the TCCCP to fulfill specific functions. As such, there is no duplication. Likewise, the Asthma Control and Prevention Program is the only Health and Human Services System program that coordinates and directs statewide planning

and coordination of asthma strategies and initiatives. Other state and local agencies are involved in providing direct care services to those with asthma, but none coordinates and implements statewide planning to address the burden of asthma in Texas.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
City and county governmental agencies	These entities may be local health departments (LHDs), city management, parks and recreation, police departments, emergency medical services, neighborhood centers, cooperative extension, public hospitals, and social service agencies.	Their relationship with DSHS is contractual. DSHS coordinates service delivery, provides technical assistance, and assists in community assessments. The partnership focuses on common goals.

Federal Units of Government

Name	Description	Relationship to DSHS
CDC	CDC provides information to enhance health decisions and promotes health through partnerships with state health departments and other organizations.	CDC provides funding through cooperative agreements, guidance, and technical resources to programs to accomplish goals and objectives in health promotion and chronic disease prevention.
National Heart Disease and Stroke Prevention (NHDSP) Program, CDC.	The NHDSP Program shares program experiences and outcomes with state programs when requested. The NHDSP Program also contracts with LHDs to work within their communities to implement strategies that meet state plan objectives.	A cooperative agreement with the NHDSP Program funds the CHW Program. The NHDSP Program also provides technical assistance and support to the CHW Program.
National Highway Traffic Safety Administration (NHTSA)	NHTSA directs federal highway safety and consumer programs.	NHTSA provides funding for the Safe Riders Program via the TxDOT.
U.S. Environmental Protection Agency	EPA protects human health and the environment.	The Asthma Program has periodic communications with the EPA

Name	Description	Relationship to DSHS
(EPA) and its regional office		due to the significant environmental causes of asthma, but does not receive any funding from the EPA.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

Contracts established in this program focus on the prevention and control of chronic diseases and their complications through a combination of primary and secondary population-based prevention efforts. DSHS established contracts that provide services in the following areas:

- diabetes,
- asthma,
- Alzheimer’s disease,
- cardiovascular disease,
- obesity and nutrition,
- abstinence education,
- chronic disease transformation,
- prostate and ovarian cancer,
- school health, and
- Safe Riders.

Amount of contracted expenditures in fiscal year 2012: \$14,980,628

Number of program contracts: 147 (includes contracts with no expenditures)

The top five contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$440,728	University of North Texas Health Science Center	Evaluator for the Transforming Texas Program
\$398,050	Northeast Texas Public Health District	Transforming Texas: Healthy People in Healthy Communities Program

Amount Expended FY 12	Contractor	Purpose
\$345,850	Seasons of Change, Inc.	Abstinence education after-school youth club intervention model
\$307,264	Williamson County and Cities Health District	Transforming Texas: Healthy People in Healthy Communities Program
\$306,425	The Institute of Public Health and Education	Transforming Texas: Healthy People in Healthy Communities Program

To ensure accountability, the assigned contract manager monitors contract performance and takes action to resolve performance and compliance issues as needed. Additionally, staff in the Chief Financial Office audits each invoice to confirm accuracy. The accounting system includes edits to match invoices with purchase orders and verification of receipt of goods and services. Staff in the Chief Operating Office performs target financial compliance reviews and provides consultative services and technical assistance on financial management of contracts. DSHS uses an automated contract management system, SOURCE.Net, to document contractor information, contract management activities, and monitoring reports. The program has no known contracting problems.

L. Provide information on any grants awarded by the program.

DSHS awards grants in this program to provide services in the following areas:

- diabetes,
- asthma,
- Alzheimer’s disease,
- cardiovascular disease,
- obesity and nutrition,
- abstinence education,
- chronic disease transformation,
- health disparities,
- CAT website update,
- Texas Cancer Plan,
- prostate and ovarian cancer,
- school health, and
- Safe Riders.

Using sub-recipient contracts, the program awards grants in using the following methods:

- through competitive solicitations;
- without competitive solicitation (not required when amount is under \$5,000);

- on an emergency or sole source basis when an approved emergency or sole source justification waives competition; and
- to a state or local governmental entity through direct negotiation and grant contract execution (these entities are exempt from competition).

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;
- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Laboratory Services
Location/Division	1100 W. 49 th Street, Austin - Disease Control and Prevention Services (DCP) Services Division
Contact Name	Janna Zumbrun, Assistant Commissioner, DCP Services Division
Actual Expenditures, FY 2012	\$44,177,730
Number of Actual FTEs as of June 1, 2013	330.7
Statutory Citation for Program	Chapter 73 and Section 12.0122, Texas Health and Safety Code

B. What is the objective of this program or function? Describe the major activities performed under this program.

Laboratory Services has the primary objective to provide analytical laboratory services in support of public health program activities, the Texas Center for Infectious Diseases, and the South Texas Health Care System. Major activities include the following.

Newborn Screening

The Newborn Screening Program tests all newborns for 29 disorders.

Texas Health Steps Screening

The Texas Health Steps Screening Program provides screening tests, such as blood lead, total hemoglobin, and sickle cell, for children enrolled in Texas Health Steps.

Blood Lead Screening

The Blood Lead Screening Program provides blood lead screening for the state.

Safe Drinking Water

The DSHS Safe Drinking Water Program provides analytical chemistry testing to support the Environmental Protection Agency Safe Drinking Water Program.

Radiation Control

The Radiation Control Program analyzes environmental samples from nuclear power plant sites and provides nuclear emergency response to these sites. Additionally, the Radiation Control Program analyzes surveillance samples from the Pantex Weapons Facility and environmental samples from other facilities, including manufacturers of radioactive sources, radio-pharmaceuticals, and tracer materials.

Environmental Testing

The Environmental Testing Program analyzes consumer products, indoor air samples, and environmental samples for contaminants.

Meat Safety Testing

The Meat Safety Testing Program analyzes meat products for selected constituents.

Infectious Disease Testing

The Infectious Disease Testing Program provides microbiological laboratory testing in bacteriology, mycology, mycobacteriology, parasitology, serology/immunology, virology, molecular biology, and entomology in support of DSHS programs.

Clinical Testing

Laboratory Services provides clinical testing in support of the Texas Center for Infectious Diseases and the outpatient clinic at the South Texas Health Care System.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

The key performance measures for Laboratory Services are the number of laboratory tests performed and the average cost per test ordered. The number of tests performed is a direct measure of the tests submitted to and tested by Laboratory Services. Other DSHS programs use data from these tests to identify and stop outbreaks, assure individuals receive appropriate medical care for identified infections or disorders, and identify and correct environmental issues. The Laboratory receives approximately 1.3 million specimens per year and performs approximately 1.9 million tests.

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

1963 – Newborn Screening begins as a Phenylketonuria (PKU) pilot project. The Legislature mandates PKU screening in 1965.

2001-2002 – Laboratory Services validates and implements methods for tuberculosis extended drug susceptibilities.

2002 – Laboratory Services moves into a new laboratory building.

2005 – Laboratory Services initiates the State of Texas’ participation in National Genotyping Project with the Centers for Disease Control and Prevention (CDC).

2005 – As a result of H.B. 790, DSHS expands the newborn screening panel from 7 to 27 disorders detectable by blood tests.

2006 – Laboratory Services begins using the LabWorks laboratory information management system.

2007 – Laboratory Services receives a Food Emergency Response Network grant, “Food Safety and Security Monitoring Project - Radiological Health.” This grant provides funding for equipment, supplies, and training to enable the analyses of foods and food products in the event that additional laboratory surge capacity is needed for analyses related to radiological terrorism or other emergencies.

2008 – Laboratory Services receives the U.S. Environmental Protection Agency (EPA) cooperative agreement, “Enhancing Capability and Capacity of Environmental Radiological Laboratories Across the Nation.” The grant enables Laboratory Services to add equipment to improve the capacity for response in the event of a radiological or nuclear incident.

2008 – DSHS upgrades the Laboratory Information System to include a module for electronically maintaining inventory and ordering supplies, instead of the previous paper system of handwritten orders and faxes.

2009 – Laboratory Services receives National Environmental Laboratory Accreditation Conference full accreditation. Through exceptional item funding approved by the Legislature, DSHS adds cystic fibrosis to the newborn screening panel, bringing the total to 28.

2009-2010 – Laboratory Services receives PulseNet certification for non-O157 E. coli and Vibrio species. PulseNet is a network of public health and food regulatory agencies designed to detect clusters of foodborne illness. Certification gives the DSHS Laboratory a direct link to the national database.

2010 – Laboratory Services achieves College of American Pathologists accreditation. The federal government recognizes the College of American Pathologists Accreditation Program as being equal to or more stringent than the government’s own inspection program.

2011 – House Bill 411 changes the requirements for use and storage of newborn screening residual specimens from an “opt-out” to an “opt-in” system. Healthcare providers must give parents forms that disclose potential uses of the specimens. If a parent does not sign and submit the forms, DSHS may only use the child’s specimen for specified limited purposes and must destroy the specimen within two years.

2012 – Laboratory Services receives a five-year grant from the U.S. Food and Drug Administration (USDA) to assist with implementation and accreditation for food testing.

2012 – DSHS adds severe combined immunodeficiency to the newborn screening panel, bringing the total to 29.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Laboratory Services affect numerous programs throughout DSHS including the following:

- Infectious Disease Control Unit,
- Community Preparedness,
- Zoonosis Control,
- Immunization Branch,
- Tuberculosis (TB)/Human Immunodeficiency Virus (HIV)/Sexually Transmitted Diseases (STD) Unit,
- HIV/STD Comprehensive Services Branch,
- Refugee Health Screening Program,
- Product Safety Quality Assurance (QA) Unit - Milk Group,
- Product Safety QA Unit - Foods Group,
- Environmental and Consumer Safety Section,
- Meat Safety Assurance,
- Newborn Screening,
- Genetic Screening and Case Management,
- Texas Health Steps,
- Childhood Lead Poisoning Prevention Program,
- Women and Children’s Health Services,
- Family Planning,
- Breast and Cervical Cancer Services,
- Rio Grande State Center/South Texas Health Care System,
- Texas Center for Infectious Diseases, and
- Radiation Safety Licensing.

Each of these programs determines qualifications or eligibility requirements for laboratory services.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field/regional services are used, if applicable.

The DCP Services Division, Laboratory Services Section provides analytical laboratory services at the Central Laboratory in Austin and the South Texas Laboratory, co-located with the Rio Grande State Center in Harlingen. The Central Laboratory provides the majority of the laboratory services. These services include microbiological testing, environmental testing, newborn screening and clinical chemistry testing, and emergency preparedness activities and testing. The South Texas Laboratory provides clinical services for the Rio Grande State Center and the outpatient clinic at the South Texas Health Care System. This laboratory also serves as the local public health laboratory for the South Texas area providing testing for TB, potable water, and STD screening. In addition, this laboratory provides testing for bio-threat agents for the South Texas area.

The program has organizational charts and descriptions of units for review located at: <http://www.dshs.state.tx.us/orgchart/pps.shtm>.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Funding Source	Amount
Federal	\$2,922,578
General Revenue	\$9,730,099
General Revenue-Dedicated	\$12,808,118
Other	\$18,716,935

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

The DSHS public health laboratory provides testing services to diagnose and investigate community health problems and health hazards. Services provided by the DSHS laboratory range from prevention-oriented services to urgent analysis of samples collected during investigations of suspected disease outbreaks. Private clinical laboratories focus on testing for the individual patient. While some services may be similar, the public health laboratory focuses on testing that affects the population of the state.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

The DSHS Laboratory focuses on community health problems and health hazards; private laboratories focus on testing for individual patients.

J. If the program or function works with local, regional, or federal units of government include a brief description of these entities and their relationship to the agency.

Local Units of Government

Name	Description	Relationship to DSHS
Dallas County Department Health and Human Services, Corpus Christi-Nueces County Public Health District, El Paso City-County Health and Environmental District, Houston Department of Health and Human Services, Lubbock City Health Department, San Antonio Metro Health District, Tyler-Public Health Laboratory of East Texas, Tarrant County Public Health District, and Wichita Falls-Wichita County Public Health District	These entities are part of the CDC Laboratory Response Network (LRN) and operate a local public health laboratory.	These entities are grantees and coordinate with DSHS on public health and laboratory activities. The LRN laboratory receives federal grant funding through DSHS and provides testing for biological threat agent incidents and other public health emergencies for the counties in their service region. The public health laboratory provides testing for diseases and environmental issues designated by the local jurisdiction.
Abilene-Taylor County Public Health District, Austin Department of Health and Human Services, Brazos County Health Department, Greenville-Hunt County Health Department, La Marque-Galveston County Health District, City of Laredo Health Department, Midland Health Department, Paris-Lamar County Health Department, Sweetwater-Nolan County Health Department, Tyler-Northeast Texas Public Health District, and Victoria County Health Department	These entities operate local public health laboratories.	These entities coordinate with DSHS on public health and laboratory activities. The public health laboratory provides testing for diseases and environmental issues designated by the local jurisdiction.

Federal Units of Government

Name	Description	Relationship to DSHS
EPA	EPA mandates drinking water testing and provides guidance for testing. EPA, Region 6, is a resource for environmental testing questions and issues and coordinates for environmental emergency preparedness.	EPA is grantor and regulator to DSHS. EPA, Region 6, serves as a consultant to DSHS
CDC	CDC serves as a reference for infectious disease testing; provides testing methodologies, reagents, and materials; and coordinates the LRN. CDC also provides reference materials and proficiency testing services for newborn screening.	CDC is a grantor and consultant to DSHS.
U.S. Federal Drug Administration (FDA)	FDA mandates food, milk, and shellfish testing and provides guidance and assistance.	FDA regulates certain DSHS activities.
Department of Homeland Security	The Department of Homeland Security directs the Biowatch Testing Program.	The Department of Homeland Security provides staff, equipment, and supplies to the Central Laboratory for Biowatch testing.

K. If contracted expenditures are made through this program please provide:

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;
- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

The program does not have any contracts except for supplies and equipment necessary for the laboratory services performed.

L. Provide information on any grants awarded by the program.

The program does not award grants.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

The program does not have any statutory changes to suggest.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The preceding discussion is sufficient to gain a preliminary understanding of the program.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;
- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

Not applicable.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.