High Priority Performance Measures for Local Health Departments

As Required by

2020-21 General Appropriations Act, House Bill 1, 86th Texas Legislature, Regular Session, 2019; Article II, Department of State Health Services, Rider 19

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Health and Human Services

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Executive Summary

The 2020-21 General Appropriations Act, House Bill 1, 86th Texas Legislature, Regular Session, 2019; Article II, Department of State Health Services, Rider 19 (Rider 19) directs the Department of State Health Services (DSHS) to coordinate with the Public Health Funding and Policy Committee (PHFPC) to develop a report on high priority performance measures and attainment by local health departments (LHDs) who receive state-funded grants from DSHS. This report is due to the Governor, Lieutenant Governor, Speaker of the House, Legislative Budget Board, Senate Finance Committee, House Appropriations Committee, and the permanent standing committees in the Senate and the House with primary jurisdiction over health and human services no later than November 1, 2020. However, due to COVID-19 response activities, DSHS requested an extended deadline which was granted. This report serves to fulfill the requirements outlined by Rider 19.

DSHS distributes grants to LHDs, from both general revenue and federal funds, and allocates the funds through a formal contracting process. Funding is based on community need and the LHD's ability to meet that need. Contracts are specific to critical public health services and include performance measures. While these performance expectations vary based on the scope of the public health issue being addressed, these measures are designed to ensure maintenance of standard public health services and activities, and to drive improvement of health outcomes. The state-funded grants provided to LHDs supplement local funding for operations and are critical in supporting continuity of service availability and delivery at the local level. This funding is a key component to maintenance of the state's public health infrastructure.

Based on the directive in Rider 19, DSHS will:

- Continue to evaluate LHD contract measures in collaboration with PHFPC and LHD stakeholders to ensure targets meet local needs and contribute to statewide health improvement objectives.
- Improve the visibility of LHD performance data through proactive dissemination of key contract measures.
- Identify high priority public health measures as those collected through key contracts. Key contacts have been defined as those that have significant public health relevance and primarily relate to issues managed exclusively through the public health system, as well as those that align with agency

priorities and strategic goals. Additionally, key contracts include those that either impact many local health departments or are high dollar contracts with significant funding allocations - and have common performance measures across all contractors.

- Provide an aggregate representation of local health departments' attainment of performance measures outlined in key contracts, as well as narrative related to technical assistance and/or corrective action necessary for LHDs not meeting performance standards and explanation of possible future funding impacts.

Moving forward, DSHS recommends providing information related to LHD attainment of high-level performance measures annually via a secure website.

Through these efforts, DSHS will work with LHDs to enhance the critical services they provide every day by ensuring performance measures are being used to evaluate system integrity and promote statewide health improvement. These efforts will also help inform resource allocation at both the local and state levels. This improved coordination among the primary public health system service providers will result in the continued ability of LHDs to deliver crucial services at the local level and optimize operations based on performance data.

1. Introduction

The 2020-21 General Appropriations Act, House Bill 1, 86th Texas Legislature, Regular Session, 2019; Article II, Department of State Health Services, Rider 19 (Rider 19) directs the Department of State Health Services (DSHS) to coordinate with the Public Health Funding and Policy Committee (PHFPC) to develop a report on high priority performance measures and attainment by local health departments (LHDs) who receive state-funded grants from DSHS. This report is due to the Governor, Lieutenant Governor, Speaker of the House, Legislative Budget Board, Senate Finance Committee, House Appropriations Committee, and the permanent standing committees in the Senate and the House with primary jurisdiction over health and human services no later than November 1, 2020. However, due to COVID-19 response activities, DSHS requested an extended deadline which was granted. This report serves to fulfill the requirements outlined by Rider 19.

DSHS assessed grant funding distributed to LHDs from DSHS, which includes both general revenue and federal funding. DSHS also examined the mechanisms by which funds are allocated to LHDs, as well as associated monitoring practices and reporting requirements. DSHS allocates grants to LHDs through a formal contracting process, and funding is based on community need and the LHD's ability to meet that need. Contracts are specific to critical public health services and include performance measures. While these performance expectations vary based on the scope of the public health issue being addressed, these measures are designed to ensure maintenance of standard public health services and activities, and to drive improvement of health outcomes. The state-funded grants provided to LHDs supplement local funding for operations and are critical in supporting continuity of service availability and delivery at the local level. This funding mechanism is a key component of the public health infrastructure in the state.

The analysis for this report considers a variety of factors, including:

- The structure of the Texas public health system,
- Distribution of funds to local health departments,
- Existing performance measures for local health departments, and
- Stakeholder and PHFPC input.

2. Background

The public health system in Texas is managed through a decentralized structure, and operates according to "home rule", whereby local municipalities determine both the level of local funding invested in public health efforts, as well as what services their local health departments (LHDs) provide.

There are approximately 64 LHDs operating within the state, as detailed in Appendix A. [1] Of the 64 LHDs in Texas:

- 52 provide services primarily within a single county,
- 3 provide services within multiple counties as public health districts,
- 5 operate as city health departments in counties where there is also a county health department, and
- 4 operate as city health departments in counties without a county health department.

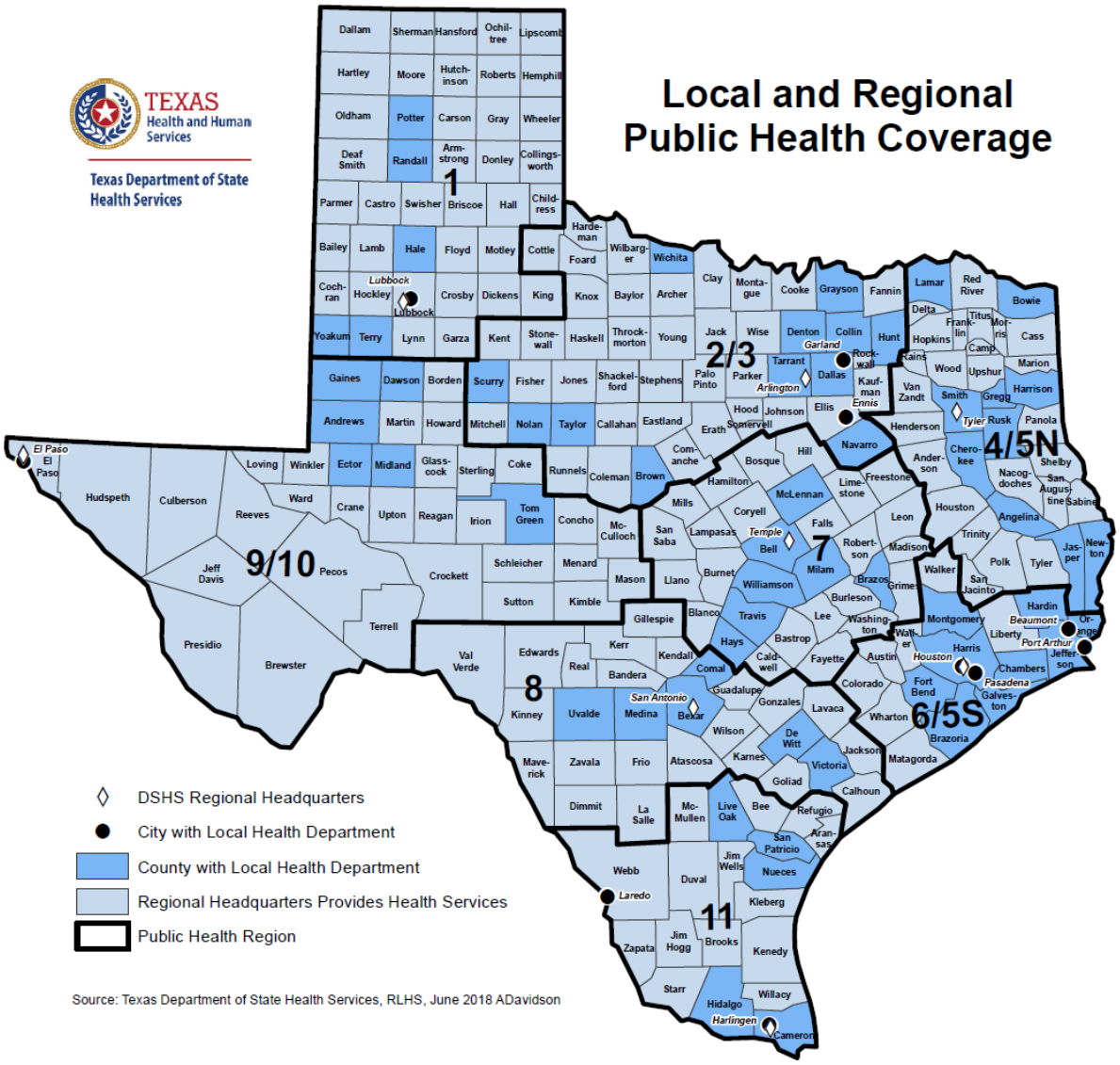
Public health services are provided by LHDs in 60 counties, with another four distinct counties having some coverage in their jurisdiction through a city operated health department. Typically, in areas where a city and county health department both operate, city municipalities provide services within city limits, and the county is responsible for unincorporated areas. In some cases, the city and county may share responsibility and provide distinct services. In areas where no local health department exists, DSHS Public Health Regions (PHRs) are responsible for providing public health services.

Though accounting for approximately 17 percent of the Texas population, DSHS PHRs are responsible for providing public health services in the 194 counties not served by a local health department or public health district. This means that each of the eight Public Health Regions cover expansive geographic areas. The vast area for which DSHS regional staff provide coverage, along with limited staffing and resources, can create challenges in providing robust service delivery in all areas, particularly in rural and remote counties. Please see the map in Figure 1 for an

[1] In addition to the 64 local health departments and public health districts in the state, approximately 95 local health units operate to provide targeted services, such as immunizations, mold remediation, animal control, nuisance abatement, etc.

overview of coverage across the state, and Appendix B for a full-size version of the map.

Figure 1. Map of Local and Regional Public Health Coverage



In addition to providing services in areas where there is no local health department presence, DSHS PHRs may also assist in the provision of certain critical services in areas covered by city or county health departments if local municipalities do not have the resources or choose not to provide those services. Though the variation among LHDs can create complexity within the system structure, there is great benefit in engaging local municipalities in the provision of public health services.

Local health departments have the infrastructure, local presence, and reputation within communities to most effectively and efficiently deliver certain public health services, from both a cost and logistical standpoint.

Because participation in public health service delivery is voluntary at the local level, and there is no minimum threshold for the depth or breadth of services that must be provided, DSHS has a vested interest in providing support to local jurisdictions that choose to provide public health services. If a local health department reduces or discontinues public health operations because of limited resources or local decision-making, DSHS is responsible for filling those gaps in services. DSHS does not have the capacity to assume increased responsibility and cost to the state to maintain public health services in those jurisdictions.

A key way that the state supports local jurisdictions that have decided to provide public health services is through general revenue or federally-funded grants. These grants not only target critical public health issues, they help LHDs remain operational. State funding is provided to local jurisdictions to:

1. Provide support for necessary statewide public health system activities, and/or
2. Supplement local funding that may not be sufficient to carry out public health activities or services critical to health and safety.

In addition to financial support, DSHS central office and regional staff work with LHDs throughout the state to provide technical expertise and supplemental personnel coverage when necessary to help meet local need. Because diseases addressed through the public health system have no regard for city or county boundaries and are easily spread across communities, DSHS is responsible for statewide oversight of the state's disease burden to ensure protections are in place to maintain the health and safety of all Texans. Grant funding allocated through the DSHS contract process to LHDs is designed to maximize investment in the control of potential threats to health at both the community and statewide level. The methodology for funding allocation through contracts allows DSHS to assess risk at the state level and distribute funds to better leverage local resources and partnerships to best mitigate that risk for the benefit of our entire population. The partnership between DSHS and LHDs is crucial to ensure coordination of limited resources to better meet growing demand in a system that has already reached service capacity in many areas.

3. Performance Measures and Attainment

Current Contract Structure

All grant funding from DSHS to local health departments (LHDs) is distributed through a formal contracting process. Grants distributed through contracts focus on high priority public health issues, and funding determinations are made based on need as established through a variety of possible factors, depending on the topic. The type of factors that may be considered during the funding allocation decision making process may include, but are not limited to: disease burden, services area or population size and/or characteristics, capacity to deliver services, ability to expand or leverage existing resources to maximize benefit, geography, potential reach or impact, and level of threat.

DSHS currently contracts with 64 LHDs across the state for the provision of high priority public health services and activities that are critical for health and safety purposes. Contracts with LHDs may use federal funding, state general revenue (GR), or a blend of these two funding sources.

Contract categories organize funding to address specific public health needs and priorities and are focused on distinct objectives. With a few exceptions, standard performance measures are applied to all LHDs who contract within a category and LHDs are accountable for reporting on measures tied to that funding. No single DSHS contract category reaches all 64 LHDs, and the number of LHDs participating in the different contract categories varies. For example, the "Local Public Health Systems[2]" contract category represents the largest number of LHDs participating within any one category, with 55 LHD contracts. Conversely, funding through the "Seafood and Aquatic Life" contract category is only allocated to one LHD.

The performance measures associated with these contracts are tailored to assess progress toward specific outcomes or funding objectives. Through a recent opportunity to engage in a public health service review across the state, in-depth interviews with local health departments on service provision in five major areas of

[2] While this contract category includes the largest number of LHDs, it is not included in the performance measure section of this report as the performance measures vary by individual contract so there would be no way to report on "collective LHD performance".

public health have highlighted the variability within local service delivery and underscored that no two LHDs are the same. This variability must be carefully considered when setting funding levels and establishing performance expectations. Due to the decentralized nature of the public health system, flexibility within the contracting structure is beneficial because it provides the ability to be responsive to local need while maximizing state investment. To achieve the flexibility necessary to address the variations within the public health system, DSHS uses contracts to support LHD activities and services in four principle ways:

- Ongoing funding for maintenance of critical public health services. Though these contracts are revisited and adjusted on a yearly or bi-yearly basis, funding is fairly stable to maintain an acceptable level of service provision to ensure basic public health protections. Examples of these types of contracts include:
  - Funding provided for public health surveillance activities, and
  - The "Local Public Health Systems" funding, allocated to address locally-identified needs of greatest concern.
- Formula-based funding. Formulas are developed based on a variety of local factors, such as disease burden, population, etc., to ensure funding for specific services and activities address community need. Formulas are populated with the unique data points for each LHD and determine the level of funding allocated.
  - Contracts for Tuberculosis services are an example of formula-based funding.
- Time-limited funding. This funding, allocated over a set period, is intended to produce an impact on specific public health concerns through the implementation of best practices or innovative approaches.
  - Texas Healthy Communities funding, provided to 10 LHDs over a three-year period to implement environmental and system change to help prevent chronic disease, is an example of this type of contract.
- One-time funding. This type of contract is typically allocated to address unique threats or emerging disease. Examples of this type of contract include:
  - Funding for public health concerns like COVID-19, Zika Virus Disease, or disaster recovery.

Because of the variation among local health departments and their community needs, these multiple approaches for quantifying need and mechanisms for distributing funds allow Texas public health funding to be responsive to emerging

and changing public health threats. The ability to contract directly with local health departments, as outlined in statute, without the need to post a request for competitive bids allows for distribution of funding where there is need, a mechanism for service delivery already exists, and established partnerships with DSHS are in place. Distribution of funds in this manner provides assurance that service provision and oversight are carried out within an established and effective network of key public health entities, while allowing for greater administrative efficiency.

Performance Measures

Texas Health and Safety Code, Chapter 121, provides DSHS with the ability to contract with local health departments (LHDs) for the provision of public health services. Within the current DSHS contract structure, a variety of performance measures exist and are regularly reported on by LHDs that receive funding. Texas Health and Safety Code, Chapter 121, underscores the need to use grant funding allocated to LHDs in the support of the ten essential public health services, which were defined by the Centers for Disease Control's Core Public Health Functions Steering Committee in 1994. Performance measures within LHD contracts are designed to address one or more of the ten essential public health services, which include:

- Monitoring the health status of individuals in the community to identify community health problems;
- Diagnosing and investigating community health problems and community health hazards;
- Informing, educating, and empowering the community with respect to health issues;
- Mobilizing community partnerships in identifying and solving community health problems;
- Developing policies and plans that support individual and community efforts to improve health;
- Enforcing laws and rules that protect the public health and ensuring safety in accordance with those laws and rules;
- Linking individuals who have a need for community and personal health services to appropriate community and private providers;
- Ensuring a competent workforce for the provision of essential public health services;

- Researching new insights and innovative solutions to community health problems;
- Evaluating the effectiveness, accessibility, and quality of personal and population-based health services in a community.

Because these functions are recognized as the standard for guiding public health operations at the national level and are outlined in Texas Health and Safety Code as critical components for meeting statewide need, existing performance measures incorporated into LHD contracts are all considered high priority based on their correlation to these essential services and the significant public health benefit they provide.

Performance measures within each contract category are specific to that public health outcome objective and expectations are generally standard across LHD contractors, with a few exceptions based on local factors. The following are examples of performance measures currently included in contracts with LHDs:

- All 50 LHDs participating in the Immunization Services contract category must contact and provide case management to 100 percent of the hepatitis B surface antigen-positive pregnant women identified.
- LHDs receiving funding through the Tuberculosis Prevention and Control contract category must ensure that 80 percent of TB cases with initial cultures positive for Mycobacterium tuberculosis complex are tested for drug susceptibility with results documented in the medical record.

Monitoring through the current contracting system assesses both financial and programmatic aspects of an LHD's performance with stated goals and outcomes. Fiscal reviews are conducted onsite to ensure compliance with state and federal law as it relates to each specific contract, and DSHS program staff monitors performance compliance based on several variables, including the scope and term of the contract, as well as the risk level assigned to the contractor (as determined by a standard risk assessment within the System of Contract Operation and Reporting). The type of monitoring that is conducted is dependent on these factors, and may result in site reviews, desk reviews, or periodic self-reporting. All data pertaining to programmatic and financial contract operations are submitted to DSHS, which synthesizes the information and reviews invoices monthly to ensure funds are appropriately expended and performance expectations are met.

DSHS contract reviews are thorough, and sometimes result in providing guidance and/or technical assistance to LHDs to ensure they can comply with requirements.

Because of the importance of the services being provided and the need to ensure these services are adequately delivered to protect public health, DSHS is motivated to assist LHDs in meeting contract expectations and will expend considerable effort to bring LHDs into compliance before imposing any accelerated monitoring actions or sanctions. LHDs are generally good performers and continuously demonstrate the willingness and ability to comply with requirements, but there is occasionally the need to resort to accelerated monitoring actions or sanctions when other support efforts have not been successful.

There is a risk associated with increasing requirements, as DSHS currently relies on LHDs to provide services at the local level. As opposed to restricting funding, DSHS has found better success when it provides technical assistance to LHDs for performance improvement purposes. In most cases there is no alternative entity that could provide services/activities comparable to the LHD, so it is to everyone's advantage to focus on achieving success as opposed to imposing accelerated monitoring actions, sanctions, or punitive actions. Because introducing additional performance measures could cause LHDs to opt out of the provision of certain services or activities, it is important to balance the need for meaningful performance data with operational capacity and capability. If LHDs cannot deliver the level of service necessary to meet the contractual requirements or reporting elements, they may choose to no longer provide those services – in which case the state would then be responsible for ensuring coverage.

Penalizing LHDs that are not able to meet performance standards may result in that entity's inability to provide certain necessary basic public health services. This may cause further damage to a local public health delivery system that is already struggling, and it has the potential to result in greater risk or worse health outcomes for the population they serve or necessitate DSHS Public Health Region involvement in filling the gaps in services that LHDs are no longer able to perform.

Given the reliance upon LHDs to meet critical local public health demands balanced with need for oversight of funding and performance monitoring to ensure allocations are achieving the intended system objectives, DSHS proposes the following:

- Identifying high priority public health measures as those collected through key contracts. Key contracts have been defined as those that have significant public health relevance and primarily relate to issues managed exclusively through the public health system, as well as those that align with agency priorities and strategic goals. Additionally, key contracts include those that

either impact many local health departments or are high dollar contracts with significant funding allocations - and have common performance measures across all contractors.

- Providing an aggregate representation of local health departments' attainment of performance measures outlined in key contracts, as well as narrative related to technical assistance and/or corrective action necessary for LHDs not meeting performance standards and explanation of possible future funding impacts.

Moving forward, DSHS recommends providing information related to LHD attainment of high-level performance measures annually via a secure website.

Stakeholder Input

As directed by Rider 19, DSHS has solicited input on the recommendations for fulfilling this charge through coordination with the Public Health Policy and Funding Committee (PHFPC). Following initial analysis by DSHS staff, a discussion was held with the PHFPC at their October 28, 2020 meeting. During these discussions, DSHS had the opportunity to present information related to Rider 19 background research and contract analysis, and to seek feedback from stakeholders on an approach for identifying performance measures. Based on that presentation, PHFPC had no suggested revisions for this report.

Fiscal Year 2019 Performance Measure Attainment

Fiscal Year 2020 was challenging for local health departments, as response to the novel coronavirus global pandemic required considerable attention, including shifting staff and resources to meet the emergent public health need both at the local and state level. Thus, DSHS accommodated local health departments by allowing them to postpone performance measure reporting for fiscal year 2020. As a result, the following describes local health department attainment across high priority performance measures for key contracts in FY19.

Immunizations

In fiscal year 2019, DSHS had contracts with 50 local health departments to provide immunization services. Table 1 details the attainment of defined high priority performance measures related to immunization contracts.

Table 1. Local Health Department Attainment of Immunization Contract Performance Measures

Performance Measure	LHD Attainment	Narrative
1) Report 90% of confirmed or probable reportable vaccine-preventable disease cases within thirty (30) days of initial report to public health.	100%	100% of the LHDs met the required measure to report vaccine preventable disease cases within 30 days of initial report.
2) Complete 100% of the follow-up activities for Texas Vaccines for Children (TVFC) provider quality assurance site visits.	97%	In the instance where a quality assurance visit was required 97% of the LHDs met this measure.
3) Contact and provide case management to 100% of the number of hepatitis B surface antigen-positive pregnant women identified.	97%	97% of the LHDs met this measure of contacting and providing case management to 100% of the number of hepatitis B surface antigen-positive pregnant women identified. Some LHDs did not see pregnant women therefore case management was not required.
4) Contact 3% or 250 children (whichever is more) per each Full Time Equivalent (FTE) contract employee position, who are not up-to-date on their immunizations according to the ImmTrac2-generated client list provided to the contractor by DSHS at the beginning of each reporting period.	98%	98% of the LHDs met the required performance measure of contacting 3% or 250 children (whichever is more) per each FTE contract employee position, who are not up-to-date on their immunizations.
5) Review 100% of monthly biological reports, vaccine orders (when applicable), and temperature recording forms for accuracy to ensure the vaccine supply is appropriately maintained and within established maximum stock levels.	100%	100% of LHDS met this measure of monthly biological reports, vaccine orders, and temperature recording forms for accuracy.

Public Health Emergency Preparedness

In fiscal year 2019, DSHS contracted with 45 local health departments to provide public health emergency preparedness services. Table 2 details the attainment of defined high priority performance measures related to public health emergency preparedness contracts.

Table 2. Local Health Department Attainment of Public Health Emergency Preparedness Contract Performance Measures

Performance Measure	LHD Attainment	Narrative
1) Timely implementation of public health intervention and control measures.	100%	All local health departments receiving Public Health Emergency Preparedness funding implemented mitigation efforts and control measures for public health emergencies/incidents as needed.
2) Continuity of emergency operations throughout the surge of an emergency or incident.	100%	All local health departments receiving Public Health Emergency Preparedness funding implemented continuity of operations plans and ensured ongoing activities were completed and public health services were provided as needed during emergencies/incidents.
3) Timely communication of situational awareness and risk information by public health partners.	100%	All local health departments receiving Public Health Emergency Preparedness funding implemented risk communications plans, maintained situational awareness, and provided updates to stakeholders during emergencies/incidents.
4) Timely procurement and expedited staffing (hiring or reassignment) to support medical countermeasure distribution and dispensing.	100%	All local health departments receiving Public Health Emergency Preparedness funding staffed or requested staffing as needed to support medical countermeasures distribution and dispensing.
5) Timely coordination and support of response activities with health care and other partners.	100%	All local health departments receiving Public Health Emergency Preparedness funding worked with health care and other partners to support collaborative

Performance Measure	LHD Attainment	Narrative
		response activities during emergencies/incidents.
6) Earliest possible identification and investigation of an incident with public health impact.	100%	All local health departments receiving Public Health Emergency Preparedness funding utilized necessary resources to identify and address incidents with public health impact.

STD/HIV Prevention

In fiscal year 2019, DSHS contracted with 8 local health departments to provide STD/HIV prevention services. Table 3 details the attainment of defined high priority performance measures related to STD/HIV prevention contracts.

Table 3. Local Health Department Attainment of STD/HIV Prevention Contract Performance Measures

Performance Measure	LHD Attainment	Narrative
1) Ensure at least 85% of individuals newly diagnosed with early syphilis cases are interviewed for sex partners, suspects, and associates.	100%	100% of LHDs met the required performance measure that at least 85% of individuals newly diagnosed with early syphilis cases are interviewed for sex partners, suspects, and associates.
2) Achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with early syphilis.	100%	100% of LHDs met the required performance measure that they will achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with early syphilis.
3) Achieve a notification index of at least .75 for all partners initiated on an early syphilis interviews to ensure they are notified of the disease exposure.	100%	100% of LHDs met the required performance measure that they will achieve a notification index of at least .75 for all partners initiated on an early syphilis interviews to ensure they are notified of the disease exposure.
4) Ensure at least 60% of all partners initiated on an early syphilis interview are tested for syphilis.	100%	100% of LHDs met the required performance measure that they will ensure at least 60% of all partners

Performance Measure	LHD Attainment	Narrative
		initiated on an early syphilis interview are tested for syphilis.
5) Achieve a treatment index of at least .75 for individuals newly diagnosed with early syphilis who are interviewed.	100%	100% of LHDs met the required performance measure that they will achieve a treatment index of at least .75 for individuals newly diagnosed with early syphilis who are interviewed.
6) Ensure at least 85% of reported new HIV cases are interviewed for partners, suspects, and associates.	100%	100% of LHDs met the required performance measure that they will ensure at least 85% of reported new HIV cases are interviewed for partners, suspects, and associates.
7) Ensure that 85% of all individuals interviewed who have been newly diagnosed with HIV successfully complete their first HIV medical appointment.	100%	100% of LHDs met the required performance measure that they will ensure that 85% of all individuals interviewed who have been newly diagnosed with HIV successfully complete their first HIV medical appointment.
8) Achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with HIV.	100%	100% of LHDs met the required performance measure that they will achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with HIV.
9) Achieve a notification index of at least .75 for all partners initiated on a new HIV interview to ensure they are notified of the disease exposure.	100%	100% of LHDs met the required performance measure that they will achieve a notification index of at least .75 for all partners initiated on a new HIV interview to ensure they are notified of the disease exposure.
10) Ensure at least 60% of all partners initiated on a new HIV interview are tested for HIV.	100%	100% of LHDs met the required performance measure that they will ensure at least 60% of all partners initiated on a new HIV interview are tested for HIV.
11) At least ninety percent (90%) of clients who come in during normal operating hours to Contractor's STD clinic(s) shall be examined, tested, and/or treated, as	100%	100% of LHDs met the required performance measure that at least ninety percent (90%) of clients who come in during normal operating hours to Contractor's STD clinic(s) shall be examined, tested, and/or

Performance Measure	LHD Attainment	Narrative
medically appropriate, the same day.		treated, as medically appropriate, the same day.

In fiscal year 2019, DSHS contracted with 11 local health departments to provide HIV prevention services. Table 4 details the attainment of defined high priority performance measures related to HIV prevention contracts.

Table 4. Local Health Department Attainment of HIV Prevention Contract Performance Measures

Performance Measure	LHD Attainment	Narrative
1) Ensure at least 95% of clients testing positive for HIV will receive results counseling.	91%	91% of the LHDs met the required measure of ensuring 95% of clients tested positive for HIV will receive counseling. The one LHD that did not meet the measure was only off by 2 individuals to hit their mark. This is acceptable.
2) Ensure at least 75% of clients newly diagnosed with HIV will be linked to HIV-related medical care within 3 months.	100%	100% of LHDs met the required performance measure that they will ensure at least 75% of clients newly diagnosed with HIV will be linked to HIV-related medical care within 3 months.
3) Conduct # of tests. (number varies from area to area based on their workplan).	91%	91% of the LHDs met the required measure of conducting the required number of HIV tests. The LHD that did not meet the measure was due to low morbidity in their area.
4) Identify newly diagnosed people living with HIV. Number varies based on LHD.	91%	91% of the LHDs met the required measure of identifying newly diagnosed people with living HIV. The LHD that did not meet the measure was due to low morbidity in their area.
5) Conduct # of tests for the identified priority population(s). Number varies based on the LHD.	91%	91% of the LHDs met the required measure of conducting the required number of tests for the identified priority population. The LHD that did not meet the measure was due to low morbidity in their area.

Performance Measure	LHD Attainment	Narrative
6) Ensure condoms are distributed.	100%	100% of LHDs distributed condoms as required.

Tuberculosis

In fiscal year 2019, DSHS contracted with 30 local health departments to provide tuberculosis services. Table 5 details the attainment of defined high priority performance measures related to federally and state funded tuberculosis contracts.

Table 5. Local Health Department Attainment of Tuberculosis Contract Performance Measures

Performance Measure	LHD Attainment	Narrative
1) 91% of newly reported TB cases must have an HIV test performed, unless there is documented evidence of an HIV-positive result, or the client refuses.	100%	100% of required TB measure met by all LHDs.
2) 92.2% of probable and confirmed TB clients are placed on Directly Observed Therapy (DOT) at the start of treatment.	100%	100% of required TB measure met by all LHDs.
3) 94% of newly reported probable and confirmed cases of TB are started on the standard four-drug regimen.	100%	100% of required TB measure met by all LHDs.
4) 94% of newly reported clients ages 12 and older for whom TB was identified in the pleura or other respiratory site, must have sputum collected and tested for Acid-Fast Bacilli (AFB) smear and culture results.	100%	100% of required TB measure met by all LHDs.
5) 64.2% of newly reported cases of TB with Acid-Fast Bacilli (AFB)-positive sputum culture results must have documented conversion to sputum culture-negative within 60	100%	100% of required TB measure met by all LHDs.

Performance Measure	LHD Attainment	Narrative
days of initiation of treatment.		
6) 89% of newly diagnosed TB cases that are eligible to complete treatment within 12 months must complete therapy within 365 days or less. Exclude the following TB cases: • diagnosed at death; • who die during therapy; • who are resistant to rifampin; • who have meningeal disease; and • who are younger than 15 years with either miliary disease or a positive blood culture for TB.	100%	100% of required TB measure met by all LHDs.
7) Increase the proportion of culture-confirmed TB cases with a genotyping result reported to 98%.	100%	100% of required TB measure met by all LHDs.
8) 80% of TB cases with initial cultures positive for Mycobacterium tuberculosis complex are tested for drug susceptibility with results documented in the medical record.	100%	100% of required TB measure met by all LHDs.
9) 92% of newly reported TB clients with a positive Acid-Fast Bacilli (AFB) sputum-smear result have at least three contacts evaluated as part of the contact investigation.	100%	100% of required TB measure met by all LHDs.

Infectious Disease Surveillance

In fiscal year 2019, state funds were allocated by DSHS through contracts with 31 local health departments to provide infectious disease surveillance services. Table 6 details the attainment of defined high priority performance measures related to state funded infectious disease surveillance contracts.

Table 6. Local Health Department Attainment of Infectious Disease Surveillance Contract Performance Measures

Performance Measure	LHD Attainment	Narrative
1) Complete and submit at least 75% of questionnaires related to all pertinent case and outbreak investigations within 5 business days after the date requested by the Unit for the conditions specified in the statement of work (SOW).	100%	100% of the required performance measure was met by all LHDs to complete and submit at least 75% of questionnaires related to all pertinent case and outbreak investigations within 5 business days after the date requested by the Unit.
2) Submit completed questionnaires related to conditions and outbreak investigations, specified in the SOW, to DSHS epidemiologist no later than one business day after completion of interview.	100%	100% of the required performance measure was met by all LHDs to submit completed questionnaires related to conditions and outbreak investigations to DSHS epidemiologist no later than one business day after completion of interview.
3) Investigate and document, through National Electronic Disease Surveillance System (NEDSS), at least 75% of risk behavior and exposure information on select case investigations related to the notifiable condition Hepatitis B, acute.	100%	100% of the required performance measure was met by LHDs to investigate and document, through National Electronic Disease Surveillance System (NEDSS), at least 75% of risk behavior and exposure information on select case investigations related to the notifiable condition Hepatitis B, acute.
4) Ensure laboratories are contacted 100% of the time regarding the submission of required isolates for those conditions required by the contract. Verify the isolates for those conditions related to outbreak investigations that have been or will be submitted for confirmatory and/or molecular testing to the DSHS laboratory in Austin or to another public health laboratory as designated by DSHS.	100%	100% of the required performance measure was met by LHDs to ensure laboratories are contacted 100% of the time regarding the submission of required isolates for those conditions required by the contract.
5) For the conditions specified in the SOW, investigate and document at least 90% of confirmed	100%	100% of the required performance measure was met by all LHDs to investigate and document at least

Performance Measure	LHD Attainment	Narrative
and probable notifiable conditions correctly and completely within 30 days of initial report.		90% of confirmed and probable notifiable conditions correctly and completely within 30 days of initial report.

4. Conclusion

The sustainability of local health departments (LHDs) is vital to ensure that critical public health services are available and delivered across the state. The decentralized public health system structure in Texas results in local and regional variability, but also creates a unique landscape that allows each local jurisdiction to focus on their communities' needs. Decision making and resource investment at the local level contribute to the determination of the public health services prioritized by local municipalities and the extent to which they are delivered. It is crucial to recognize the singular nature of each local community and work to address local and statewide needs as appropriate, including through public health funding mechanisms.

The current method of funding from DSHS to LHDs reflects the complexity inherent in a decentralized public health system structure, but ensures that taxpayer funds support local need, while ultimately benefitting the entire state. Because funding supports high priority public health services at both the local and state level, LHDs are diligent in their efforts to ensure funds are used in a highly productive manner to benefit their community. Collaboration between LHDs and DSHS is essential in working toward realizing mutual public health goals.

Through the identification of high priority performance measures in key contracts, DSHS will continue to work closely with the Public Health Funding and Policy Committee and other stakeholders to ensure measures are appropriate for maintaining a strong public health infrastructure, contributing to health improvement, and meeting needs at both the local and statewide level. DSHS intends to make this information available online on an annual basis.

Through these efforts, DSHS will work with LHDs to enhance the critical services they provide every day by ensuring performance measures are being used to evaluate system integrity and promote statewide health improvement. These efforts will also help inform resource allocation at both the local and state levels. This improved coordination among the primary public health system service providers will result in the continued ability of LHDs to deliver crucial services at the local level and optimize operations based on performance data.

List of Acronyms

Acronym	Full Name
DSHS	Department of State Health Services
PHR	Public Health Region
LHD	Local Health Department
PHFPC	Public Health Funding and Policy Committee
ImmTrac2	Texas Immunization Registry (operated by DSHS)
STD	Sexually Transmitted Diseases
HIV	Human Immunodeficiency Virus
TB	Tuberculosis

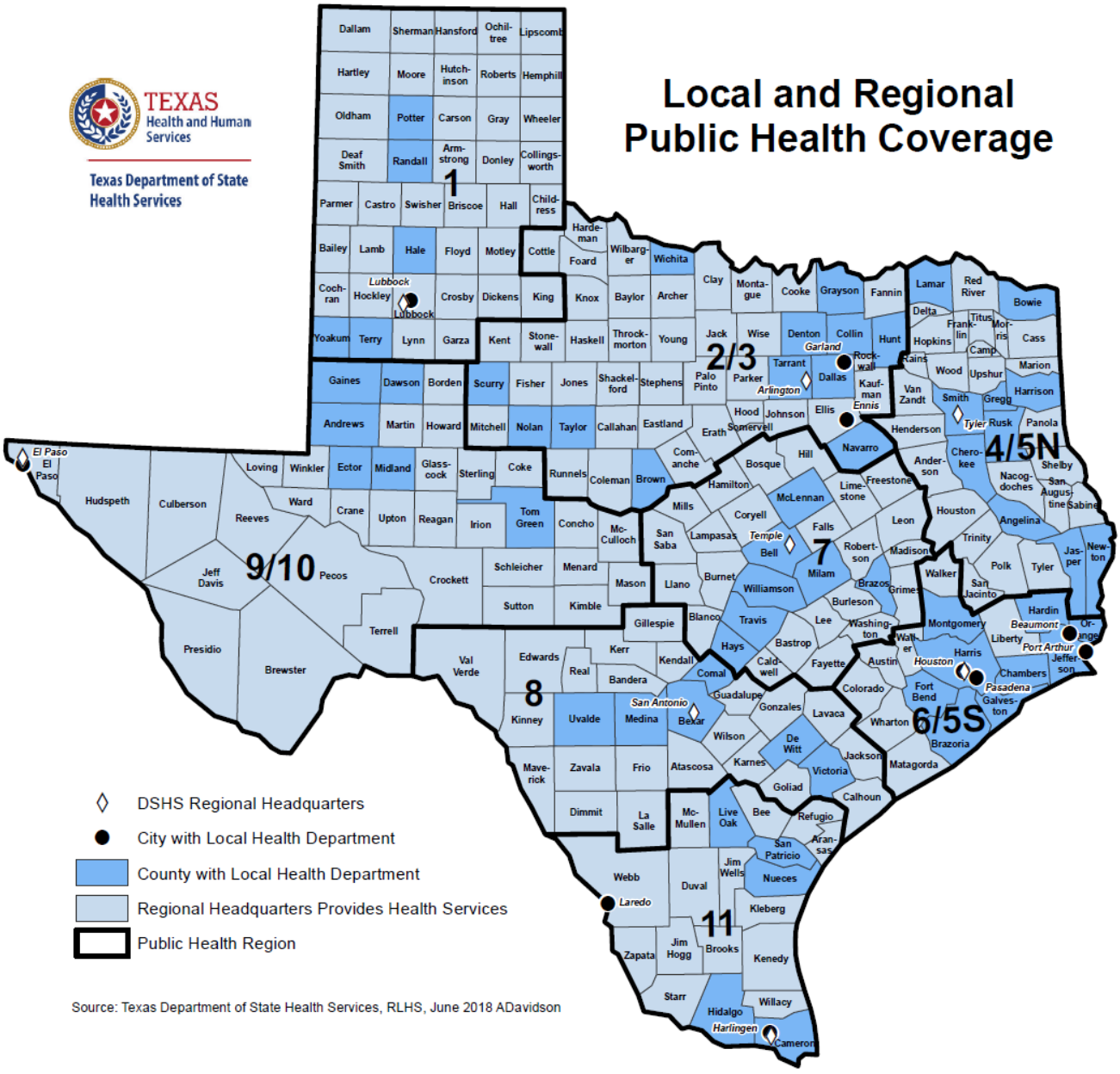
Appendix A. Local Health Departments in Texas

Region	Local Health Department	County/ies *{or City}* Served
1	Amarillo Bi-County Health District	Potter Randall
1	City of Lubbock Health Department	*{City of Lubbock}*
1	Plainview – Hale Health Department	Hale
1 & 9/10	South Plains Public Health District	Dawson (Region 9/10) Gaines (Region 9/10) Terry (Region 1) Yoakum (Region 1)
2/3	Abilene – Taylor County Health Department	Taylor
2/3	Brown County – City of Brownwood Health Department	Brown
2/3	City of Ennis Health Department	*{City of Ennis}*
2/3	City of Garland Health Department	*{City of Garland}*
2/3	Collin County Health Department	Collin
2/3	Corsicana – Navarro County Health Department	Navarro
2/3	Dallas County Health Department	Dallas
2/3	Denton County Health Department	Denton
2/3	Grayson County Health Department	Grayson
2/3	Greenville – Hunt County Health Department	Hunt
2/3	Scurry County Health Unit	Scurry
2/3	Sweetwater – Nolan County Health Department	Nolan
2/3	Tarrant County Public Health Department	Tarrant
2/3	Wichita County Public Health District	Wichita
4/5N	Angelina Counties and Cities Health District	Angelina
4/5N	Cherokee County Health Department	Cherokee
4/5N	Gregg County Health Department	Gregg
4/5N	Jasper – Newton County Public Health District	Jasper Newton
4/5N	Marshall – Harrison County Health District	Harrison
4/5N	Northeast Texas Public Health District	Smith
4/5N	Paris – Lamar County Health Department	Lamar
4/5N	Rusk County Health Department	Rusk
4/5N	Texarkana – Bowie County Family Health Center	Bowie
6/5S	Brazoria County Health Department	Brazoria
6/5S	Chambers County Health Department	Chambers
6/5S	City of Beaumont Public Health Department	*{City of Beaumont}*
6/5S	City of Houston Health Department	*{City of Houston}*
6/5S	City of Pasadena Health Department	*{City of Pasadena}*
6/5S	City of Port Arthur Health Department	*{City of Port Arthur}*
6/5S	Fort Bend Co. Department of Health & Human Services	Fort Bend
6/5S	Galveston County Health District	Galveston

Region	Local Health Department	County/ies *{or City}* Served
6/5S	Hardin County Health Department	Hardin
6/5S	Harris County Public Health	Harris
6/5S	Jefferson County Public Health Department	Jefferson
6/5S	Montgomery County Public Health District	Montgomery
6/5S	Orange County Health Department	Orange
7	Austin Public Health	Travis
7	Brazos County Health Department	Brazos
7	Bell County Health Department	Bell
7	Hays County Health Department	Hays
7	Milam County Health Department	Milam
7	Waco – McLennan County Health Department	McLennan
7	Williamson County and Cities Health District	Williamson
8	Comal County Health Department	Comal
8	Cuero – DeWitt County Health Department	DeWitt
8	Medina County Health Department	Medina
8	San Antonio Metro Health	Bexar
8	Uvalde County Health Department	Uvalde
8	Victoria County Health Department	Victoria
*9/10	Andrews City – County Health Department	Andrews
9/10	Ector County Health Department	Ector
9/10	City of El Paso	*{City of El Paso}*
9/10	Midland Health Department	Midland
9/10	San Angelo – Tom Green County Health Department	Tom Green
11	Cameron County Health Department	Cameron
11	City of Laredo Health Department	*{City of Laredo}*
11	Corpus Christi – Nueces County Public Health District	Nueces
11	Hidalgo County Health Department	Hidalgo
11	Live Oak County Health Department	Live Oak
11	San Patricio County Department of Health	San Patricio

* See Region 1 for info on South Plains Public Health District, which operates in two counties in Region 1 and two counties in Region 9/10

Appendix B. Map of Local and Regional Public Health Coverage



Appendix C. Performance Measures

Immunization Contract Measures (Federally/State Funded)

1. Report 90% of confirmed or probable reportable vaccine-preventable disease cases within thirty (30) days of initial report to public health.
2. Complete 100% of the follow-up activities for TVFC provider quality assurance site visits.
3. Contact and provide case management to 100% of the number of hepatitis B surface antigen-positive pregnant women identified.
4. Contact 3% or 250 children (whichever is more) per each Full Time Equivalent (FTE) contract employee position, who are not up-to-date on their immunizations according to the ImmTrac-generated client list provided to the contractor by DSHS at the beginning of each reporting period.
5. Review 100% of monthly biological reports, vaccine orders (when applicable), and temperature recording forms for accuracy to ensure the vaccine supply is appropriately maintained and within established maximum stock levels.

Public Health Emergency Preparedness Contract Measures (Federally Funded)

6. Timely implementation of public health intervention and control measures.
7. Continuity of emergency operations throughout the surge of an emergency or incident.
8. Timely communication of situational awareness and risk information by public health partners.
9. Timely procurement and expedited staffing (hiring or reassignment) to support medical countermeasure distribution and dispensing.
10. Timely coordination and support of response activities with health care and other partners.
11. Earliest possible identification and investigation of an incident with public health impact.

STD/HIV Prevention Contract Measures

STD/HIV Prevention (Federally/State Funded)

12. Ensure at least 85% of individuals newly diagnosed with early syphilis cases are interviewed for sex partners, suspects, and associates.
13. Achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with early syphilis.
14. Achieve a notification index of at least .75 for all partners initiated on an early syphilis interviews to ensure they are notified of the disease exposure.
15. Ensure at least 60% of all partners initiated on an early syphilis interview are tested for syphilis.
16. Achieve a treatment index of at least .75 for individuals newly diagnosed with early syphilis who are interviewed.
17. Ensure at least 85% of reported new HIV cases are interviewed for partners, suspects, and associates.
18. Ensure that 85% of all individuals interviewed who have been newly diagnosed with HIV successfully complete their first HIV medical appointment.
19. Achieve a partner index of at least 2.0 for all interviews conducted on individuals newly diagnosed with HIV.
20. Achieve a notification index of at least .75 for all partners initiated on a new HIV interview to ensure they are notified of the disease exposure.
21. Ensure at least 60% of all partners initiated on a new HIV interview are tested for HIV.
22. At least ninety percent (90%) of clients who come in during normal operating hours to Contractor's STD clinic(s) shall be examined, tested, and/or treated, as medically appropriate, the same day.

HIV Prevention (State Funded)

23. Ensure at least 95% of clients testing positive for HIV will receive results counseling.
24. Ensure at least 75% of clients newly diagnosed with HIV will be linked to HIV-related medical care within 3 months.
25. Conduct # of tests (number varies from area to area based on their workplan).
26. Identify newly diagnosed people living with HIV. Number varies based on LHD.

27. Conduct # of tests for the identified priority population(s). Number varies based on the LHD.
28. Ensure condoms are distributed.

Tuberculosis Contract Measures

Prevention and Control (Federally and State Funded)

29. 91% of newly reported TB cases must have an HIV test performed, unless there is documented evidence of an HIV-positive result, or the client refuses.
30. 92.2% of probable and confirmed TB clients are placed on Directly Observed Therapy (DOT) at the start of treatment.
31. 94% of newly reported probable and confirmed cases of TB are started on the standard four-drug regimen.
32. 94% of newly reported clients ages 12 and older for whom TB was identified in the pleura or other respiratory site, must have sputum collected and tested for Acid-Fast Bacilli (AFB) smear and culture results.
33. 64.2% of newly reported cases of TB with Acid-Fast Bacilli (AFB)-positive sputum culture results must have documented conversion to sputum culture-negative within 60 days of initiation of treatment.
34. 89% of newly diagnosed TB cases that are eligible to complete treatment within 12 months must complete therapy within 365 days or less. Exclude the following TB cases:
35. • diagnosed at death;
36. • who die during therapy;
37. • who are resistant to rifampin;
38. • who have meningeal disease; and
39. • who are younger than 15 years with either miliary disease or a positive blood culture for TB.
40. Increase the proportion of culture-confirmed TB cases with a genotyping result reported to 98%.
41. 80% of TB cases with initial cultures positive for Mycobacterium tuberculosis complex are tested for drug susceptibility with results documented in the medical record.
42. 92% of newly reported TB clients with a positive Acid-Fast Bacilli (AFB) sputum-smear result have at least three contacts evaluated as part of the contact investigation.

Infectious Disease Surveillance Contract Measures

43. Complete and submit at least 75% of questionnaires related to all pertinent case and outbreak investigations within 5 business days after the date requested by the Unit for the conditions specified in the statement of work (SOW).
44. Submit completed questionnaires related to conditions and outbreak investigations, specified in the SOW, to DSHS epidemiologist no later than one business day after completion of interview.
45. Investigate and document, through National Electronic Disease Surveillance System (NEDSS), at least 75% of risk behavior and exposure information on select case investigations related to the notifiable condition Hepatitis B, acute.
46. Ensure laboratories are contacted 100% of the time regarding the submission of required isolates for those conditions required by the contract. Verify the isolates for those conditions related to outbreak investigations that have been or will be submitted for confirmatory and/or molecular testing to the DSHS laboratory in Austin or to another public health laboratory as designated by DSHS.
47. For the conditions specified in the SOW, investigate and document at least 90% of confirmed and probable notifiable conditions correctly and completely within 30 days of initial report.