Response to the Public Health Funding and Policy Committee Report Recommendations

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Executive Summary

The Public Health Funding and Policy Committee (PHFPC) was established as an independent committee in 2011 with nine appointed members. The PHFPC is required to make formal recommendations to DSHS regarding local public health funding and policy-related improvements deemed by PHFPC as suitable and necessary to support and/or sustain local public health efforts in the state.

Texas Health and Safety Code Section 117.151 requires DSHS to file an annual report with the Governor, Lieutenant Governor, and the Speaker of the House of Representatives detailing the implementation of the PHFPC's recommendations.

The PHFPC report contains recommendations emphasizing the need for increased funding for public health programs and initiatives in order to meet community needs and to improve efficiencies. Listed below is a summary of the recommendations.

- Additional public health funding to address chronic disease prevention
- Support for access to care initiatives
- Funding to assist with Affordable Care Act enrollment
- Additional funding for mental health
- Adequate funding to local health departments (LHDs) for syndromic surveillance
- Legislation to ease the third party billing application process for LHDs and other governmental entities
- Process to track the flow of federal funds from the source to LHDs
- Process and framework to define core public health services
- Monitoring to ensure what services and programs are critical to public health during the transition of programs from DSHS to the Health and Human Services Commission (HHSC)

In addition to the above nine recommendations, this report also contains responses and status updates to any pending recommendation from the PHFPC's two previously submitted annual reports. In the 2012 report, 14 recommendations were put forth. Currently, 12 of those recommendations have been implemented and only 2 remain pending. The 2013 report contained five recommendations and three remain pending. Although DSHS has implemented a number of the recommendations, those that remain pending require further analysis and consideration, or need legislative action to implement. DSHS will continue to work on these issues and continue to work with the PHFPC on improving public health in Texas.

Introduction

Texas Health and Safety Code, Section 117.151 requires the Department of State Health Services (DSHS) to file a report with the Governor, Lieutenant Governor, and the Speaker of the House of Representatives detailing the implementation of Public Health Funding Policy Committee (PHFPC) recommendations with an explanation for any recommendation DSHS did not implement. A decision by DSHS not to implement a recommendation of the PHFPC must be based on:

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

Background

In accordance with S.B. 969, 82nd Texas Legislature, Regular Session, 2011, DSHS assembled the PHFPC. The PHFPC is an independent committee, which consists of nine public health professionals appointed by the DSHS Commissioner: three local health entity directors, two local health authorities, two deans from schools of public health, and two DSHS health service regional medical directors.

Texas Health and Safety Code Section 117.103 requires the PHFPC to submit a report that details its activities and recommendations. The PHFPC previously submitted two annual reports, in 2012 and 2013. DSHS responded to recommendations in both reports, but at the time of submission, some of the recommendations required further analysis and consideration; others required legislative action. Updates to any pending recommendations are addressed in the next two sections of this report. Previous PHFPC reports as well as DSHS responses may be found online at: http://www.dshs.state.tx.us/phfpcommittee/.

This report contains the recommendations made in fiscal years 2014 and 2015. A report detailing the PHFPC's efforts in fiscal year 2016 is expected to be released prior to the 85th Legislative Session.

Update to Recommendations in the 2012 PHFPC Report

The PHFPC presented 14 recommendations grouped into 6 conceptual clusters in their 2012 report.[1] The 12 that have been implemented are as follows:

- Service and contract efficiencies
- Accreditation of public health entities
- Role of public health and the Texas 1115 Medicaid Waiver

[1] Texas Department of State Health Services. Public Health Funding and Policy Committee Annual Report. *Texas Department of State Health Services*. http://www.dshs.state.tx.us/phfpcommittee/. Published April 2014. Accessed March 7, 2016.

- Public health workforce
- Public health program areas
- Healthcare reform and public health

Two recommendations were pending from the PHFPC's 2012 report. Below is updated information on these recommendations.

Recommendation D (1)
The Committee recommends to the DSHS Commissioner that the agency charge the Public Health Consortium, consisting of the Schools of Public Health and Central DSHS administration, to develop a plan to identify and address workforce needs.

Response
The Public Health Consortium is no longer active and, therefore, unavailable to receive and enact charges. However, DSHS is engaged in several efforts to define workforce needs and determine how workforce shortages may be reduced in Texas.

The Statewide Health Coordinating Council (SHCC) developed the 2015-2016 Update to the State Health Plan, published in February 2015. This effort included workforce issues related to mental health and primary care providers, including mid-level practitioners. The 2017-2022 State Health Plan is due to the Governor by November 2016 and will once again address the issue of workforce development.[2]

In addition, the Health Professions Resources Center (HPRC) and Texas Center for Nursing Workforce Studies (TCNWS) at DSHS are currently working with a Geographic Information System (GIS) to develop improved workforce and accessibility mapping models and to develop Texas-specific supply and demand models for various health professions. The initial work will focus on physicians and nurses.

S.B. 18, 84th Texas Legislature, Regular Session, 2015 requires DSHS to identify shortages for physician specialties and subspecialties and produce a report on these findings. In response to Texas Health and Safety Code Section 105.009, DSHS is working towards the development of an analytical framework and model for understanding current and future physician shortages in the state. This model will contribute to health professions workforce planning by informing policymakers and stakeholders on where, and in what specialties and subspecialties, more physicians are needed in Texas. DSHS has published a report outlining the work plan created to implement S.B. 18. Prior to the convening of the 85th Texas Legislative Session, DSHS will publish its model and results validating its use with two hospital-based physician specialties: general surgery and emergency medicine. As DSHS continues to collect necessary data and refine its efforts, the agency anticipates that its 2018 report will incorporate a broader set of specialties, including primary care and psychiatry.

[2] Texas Department of State Health Services. Statewide Health Coordinating Council. *Texas Department of State Health Services* http://www.dshs.state.tx.us/chs/shcc/. Updated December 18, 2015. Accessed March 7, 2016.

In spring 2015, HPRC published briefs for each of its tracked professions.[3] The HPRC has also begun work on a physician-trends and demographics report and briefs for other health professions. These products will highlight workforce issues, while presenting current trend data.

Recommendation E (5)
The Committee recommends to the DSHS Commissioner that the agency support and promote simplified credentialing for local health departments with the Children's Health Insurance Program (CHIP), Medicaid, and private insurance companies.

Response
DSHS engaged in discussions with the PHFPC to understand the specific problems local health departments (LHDs) are currently experiencing when they approach third-party payors for provider enrollment. The 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, Regular Session, 2013 (Article II, DSHS, Rider 75) required DSHS to submit a report to measure the caseload and fiscal impact of the federal health insurance marketplace on certain safety net programs and services administered by DSHS.[4] In this report, DSHS provided the option of working with the Texas Department of Insurance to develop a public health provider type to allow LHDs to become credentialed as in-network providers. This provider type would allow them to bill for a variety of services for which most are currently unable to bill. Additionally, DSHS is working internally to address concerns expressed by LHDs currently enrolled as Medicaid providers to ensure they are appropriately conveyed to the federal Center for Medicare and Medicaid Services.

The Texas Revenue Generation Learning Collaborative (Collaborative) is a partnership between DSHS, the University of Texas at Austin, and Cardea – an organization contracted by DSHS to provide training and evaluation services. The goal of the collaborative is to improve LHD systems for billing and sustainability. This project is in its second phase and has brought together LHDs from across Texas to receive customized training and technical support to improve revenue generation practices. DSHS and the University of Texas at Austin have partnered to identify, recruit, and support LHDs in Texas in making progress toward revenue generation and developing systems for financial sustainability. The nine LHDs who volunteered to be members of the current Collaborative have access to customized training opportunities, one-on-one technical assistance and support, and tools to implement revenue generation and billing systems. This initiative provides the opportunity to exchange lessons learned with other LHDs and become a statewide model for implementation.

Responses to Recommendations in the 2013 PHFPC Report

The PHFPC 2013 annual report included five recommendations to address critical issues impacting public health programs, prepare for healthcare reform and the impact on public health,

[3] Texas Department of State Health Services. 2014 Health Professions Facts Sheets. *Texas Department of State Health Services.* http://www.dshs.state.tx.us/chs/hprc/Publications/2014FactSheets.aspx/. Published March 2015. Accessed March 7, 2016.
[4]Texas Department of State Health Services. Third Party Health Insurance Exchange Report. *Texas Department of State Health Services*. http://www.dshs.state.tx.us/Legislative/Reports.aspx. Published January 2015. Updated February 4, 2016. Accessed March 7, 2016.

and enhance statewide syndromic surveillance efforts.[5] DSHS implemented two of the recommendations in fiscal year 2014. Three recommendations were pending, and updates for each follow.

Recommendation B
The Committee recommends to the DSHS Commissioner that the agency work with the Committee to inform and educate third party payors about LHDs in order to eliminate barriers to entering into contracts with them for billing purposes.

Response
In addition to the activities described above in response to Recommendation E (5) from the 2012 report, DSHS has indicated to the PHFPC that they can help facilitate meetings between representatives of LHDs, the Texas Association of Health Plans, and the Health and Human Services Commission (HHSC).

Recommendation C
The Committee recommends to the DSHS Commissioner that the agency work with the Committee to give greater definition to the scope and duties of the Syndromic Surveillance Governance Council (Governance Council); determine appropriate applications, such as RODS, BioSense, and ESSENCE to use within the statewide network; provide formal assessment of the current syndromic surveillance network infrastructure and recommendations to integrate the current infrastructure into the developing statewide network; determine the optimal number of hubs required; and develop standard operating procedures for data collection, ownership, due diligence of investigational methods, and transfer of data to corresponding LHDs/DSHS Health Service Regions (HSRs).

Response
DSHS is working with LHDs and other partners across Texas to develop and implement a new, modern syndromic surveillance system that can serve to help identify emerging health threats and inform local decision-making while protecting individuals' privacy. DSHS has established a governance council for statewide policy and procedure oversight, as well as regional advisory committees that provide recommendations on routine activities of syndromic surveillance. The scope and duties of the council are laid out in the council charter, which was approved on July 28, 2015. DSHS also established a policy for the duties and responsibilities of the advisory committees.

In June 2015, DSHS completed a Syndromic Surveillance Technical Planning project to address the PHFPC's recommendation regarding a statewide syndromic surveillance network. This allowed DSHS to identify and understand business problems and opportunities, as well as information technology (IT) requirements for implementation of a statewide syndromic surveillance network. The system design will be a cloud based system that is continuously accessible, which allows automated and ad hoc trend analysis of emergency room patient data by

[5] Texas Department of State Health Services. Public Health Funding and Policy Committee. *Texas Department of State Health Services*. http://www.dshs.state.tx.us/phfpcommittee/. Published April 2014. Updated March 3, 2016. Accessed March 7, 2016.

LHDs and HSRs that will allow them to initiate public health activities that will mitigate the spread of disease. DSHS has determined that the system to perform the data analysis will be the Johns Hopkins University Applied Physics Laboratory Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) system. This system was selected because it is the system currently being used on the national level by the Centers for Disease Control and Prevention (CDC). The statewide system will incorporate the two regionally focused systems being operated by Tarrant County Public Health Department and the Houston Health Department.

DSHS, in conjunction with the regional advisory committees, are developing policies and standard operating procedures for use of the system by public health and healthcare facilities. DSHS is providing regular updates to the PHFPC to keep the members informed of the project's process.

Recommendation D
The Committee recommends to the DSHS Commissioner that the agency work with the Committee to establish a funding formula for the Public Health Emergency Preparedness (PHEP) funds that are allocated to LHDs.

Response
The CDC Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, tribal, and territorial public health departments. Since 2002, the PHEP cooperative agreement has provided nearly $9 billion to public health departments across the nation to upgrade their ability to effectively respond to a range of public health threats, including infectious diseases; natural disasters; and biological, chemical, nuclear, and radiological events. Preparedness activities funded by the PHEP cooperative agreement are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable. DSHS convened a stakeholder workgroup that proposed a formula for allocation of PHEP funds to LHDs. The PHFPC recommended full implementation of the formula, but asked the Commissioner to consider mitigation of those LHDs impacted greatly by the formula. Recognizing the potential for reduced capabilities in certain communities, DSHS will cautiously analyze the impact of the PHFPC suggested formula to ensure that the funding is serving the best interests of Texas as a whole. DSHS will conduct further study and analysis over the course of this year, which coincides with the last year of the current federal PHEP cooperative agreement and in anticipation of a new 5-year project period to begin August 2017.

Responses to Recommendations in the PHFPC Report

The PHFPC report includes nine recommendations for DSHS, and DSHS has prepared responses for each recommendation. Some of the recommendations require further analysis and consideration; others would require legislative action. DSHS will continue to work on these issues, and will provide support and assistance to the PHFPC as it fulfills its mission to evaluate public health and recommend ways to improve public health in Texas.

Recommendation 1
The PHFPC recommends that DSHS provide additional funding to address specific areas of chronic disease prevention such as obesity, tobacco cessation, and cardiovascular disease, which includes high blood pressure and stroke.

Response
The DSHS Legislative Appropriations Request (LAR) for the 84th Legislative Session included requests for additional funding for chronic disease initiatives. DSHS is currently building its LAR for the 85th Legislative Session and continuing to evaluate possible Exceptional Items (EIs). There were opportunities for stakeholder input into the EI development during scheduled public hearings. DSHS will continue to maximize federal funding by pursuing opportunities for funding made available to state health departments by CDC through the Preventive Health and Health Services Block Grant and the combined State Public Health Actions Program Grant.[6,7]

Federal allocations related to chronic disease for the 2016-17 biennium were reduced by almost $12 million from the 2014-15 biennium, largely due to the discontinuation of the CDC Community Transformation Grant (CTG) Program (Table 1). From 2011 to 2014, the CTG Program funded state, and LHDs to implement programs and strategies to reduce chronic diseases. While state funding for chronic disease prevention and tobacco prevention and cessation remained relatively constant compared to the previous biennium, the overall allocations for these initiatives were reduced by 37 percent for the 2016-17 biennium (Table 2).

DSHS utilizes a portion of its annual allocation from its CDC Preventive Health and Health Services Block Grant to offset some of the impact resulting from the discontinuation of CTG in an effort to sustain some of the initiatives originally developed through the DSHS CTG. These initiatives address a variety of evidence-based strategies and programs to reduce the impact of chronic diseases on individuals, families, and communities in Texas. Initiatives include the Texas Healthy Communities Program, Older Adults' Confidence in Managing Their Chronic Conditions Program, and Community and Clinical Preventive Services programs that implement quality improvement strategies, standardized clinical measures, and training to prevent and control chronic disease. A small portion of DSHS Preventive Health and Health Services Block Grant is dedicated to tobacco screening in healthcare settings, because a small portion of the expired DSHS CTG also supported tobacco cessation efforts in Texas.

To maximize the impact of the chronic disease funding currently available, DSHS began an internal health quality improvement initiative in May 2015, specifically focused on tobacco prevention and cessation. The purpose of this initiative is to analyze the scope, effectiveness, and integration of tobacco prevention and cessation activities across all program areas within the agency. The results of this effort will provide an understanding of the agency's overall efforts, maximize resources to reduce tobacco use, and develop an agency wide approach for prevention

[6] Centers for Disease Control and Prevention. Preventive Health and Health Services Block Grant. *Office of State, Tribal, Local and Territorial Support.* http://www.cdc.gov/phhsblockgrant/about.htm. Updated October 17, 2014. Accessed March 7, 2016.
[7] Centers for Disease Control and Prevention. State Public Health Actions. *National Center for Chronic Disease Prevention and Health Promotion*. http://www.cdc.gov/nccdphp/dnpao/state-local-programs/funding.html. Updated February 12, 2016. Accessed March 7, 2016.

and cessation. Based on the work completed thus far, four key recommendations have been made including tracking and measuring outcomes to conduct a comprehensive program evaluation to demonstrate the impact of the interventions on tobacco use. These recommendations will be implemented in fiscal year 2017 and fiscal year 2018 with program evaluation conducted in fiscal year 2019. This systematic and methodical approach will be used as a model to potentially assess and implement improvements in other areas such as obesity.

Table 1. Funding for Chronic Disease (not including Tobacco)

Strategy	Source	2014-15	2016-17	Change
Chronic Disease (A.3.1)	State	$15,047,020	$14,547,020	($500,000)
	Federal	$17,163,439	$5,509,788	($11,653,651)
	Other	$12,000	$12,000	$0
	Total	**$32,222,459**	**$20,068,808**	**($12,153,651)**

Table 2. Funding for Tobacco Prevention

Strategy	Source	2014-15	2016-17	Change
Tobacco (A.3.2)	State*	$17,254,547	$20,446,000	$3,191,453
	Federal	$8,717,544	$7,993,414	($724,130)
	Other	$4,823,371	$0	($4,823,371)
	Total	**$30,795,462**	**$28,439,414**	**($2,356,048)**

* Of these funds, $17,254,547 for FY 2014-15 and $9,749,676 for FY 2016-17 are identified as GRD under the strategy Reducing the Use of Tobacco Products Statewide. This strategy number changed from B.2.6 in FY 14-15 to A.3.2 in FY 16-17.

Recommendation 2
The PHFPC recommends that DSHS provide support for access to care initiatives.

Response
In Texas, family planning services are provided through a robust provider network, which could include LHDs. DSHS receives state and federal funds to support other safety net services such as immunization, tuberculosis, and refugee health screenings. LHDs play a critical role in the delivery of these services in communities across the state. DSHS will continue to collaborate with LHDs on the delivery of these services.

Recommendation 3
The PHFPC recommends that DSHS provide funding to assist with marketplace expansion and resources to assist with Affordable Care Act enrollment.

Response
Chapter 1001 of the Texas Health and Safety Code, Sections 1001.080 and 1001.081 require DSHS to collect attestations from potential program clients specifying that the individual does not have access to private healthcare insurance. This statute also directs DSHS to provide information about the Federal Health Insurance Marketplace for clients whose income is above 100 percent of the federal poverty level.

DSHS contractors are required to ensure that state funds are used only after all other benefit options are exhausted. DSHS contracts require that contractors provide enrollment assistance to individuals who may be eligible for third party insurance such as CHIP, Medicaid, or other public or private health benefit coverage.

Recommendation 4
The PHFPC recommends that DSHS continue to provide mental health funding.

Response
In recent years, the Texas Legislature has made significant investments in the state's mental health system. Additional funding was appropriated in the 2014-15 biennium and again in the 2016-17 biennium to support increased treatment alternatives to incarceration, improvements to the psychiatric crisis system, and additional capacity for community mental health services. This investment has contributed to meaningful advancements to the mental health system. Texas currently invests $6.7 billion biennially at the state level through General Revenue, Medicaid, and local and federal dollars to fund behavioral health services (which encompasses both mental health and substance use disorders) provided by various state agencies.[8]

While oversight of community mental health programs transitioned from DSHS to HHSC on September 1, 2016 and operation of inpatient psychiatric hospitals will transition on September 1, 2017, DSHS will remain dedicated to continued improvements to the mental health system in Texas.

Recommendation 5
The PHFPC recommends that adequate funding be provided to LHDs for syndromic surveillance.

Response
DSHS is working with LHDs and other partners across Texas to develop and implement a new, modern syndromic surveillance system that can serve to help identify emerging health threats and inform local decision-making while protecting individuals' privacy. After completing a

[8] Texas Health and Human Services Commission. *Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2017-2021* https://hhs.texas.gov/sites/hhs/files/050216-statewide-behavioral-health-strategic-plan.pdf. May 2016. Accessed September 19, 2016.

participation agreement and supplying data, provider participants will be able to access a set of data analysis tools and make data available to health departments for assisting in community response and health planning. DSHS has initiated a project to incorporate existing infrastructure into a statewide syndromic surveillance network. The information technology and training components for this network will be supported by DSHS. Twenty-eight LHDs were awarded additional support for epidemiology staff through Ebola response temporary supplemental funding from the CDC. This funding was distributed based on population, disease reporting data, current limited epidemiology capacity and interest.[9] Funding awarded for the 2016-17 biennium totals $4.4 million. These epidemiologists will expand LHD capability for disease outbreak investigations including syndromic surveillance.

Recommendation 6
The PHFPC recommends that DSHS support legislation to ease the third party billing application process for LHDs and other governmental entities.

Response
As a state agency, DSHS does not support or oppose legislation. In keeping with its role, DSHS is able to provide information in response to requests from policymakers and other stakeholders and will continue to work with the PHFPC to identify potential actions within current authority. Recommendations from the DSHS 2015 Third Party Health Insurance report (required by the 2014-15 General Appropriations Act, S.B. 1, 83rd Texas Legislature, 2013, Article II, DSHS, Rider 75) included working with stakeholders such as the Texas Department of Insurance and HHSC to create a public health provider type to address the challenges of enrolling with third party payors that are often experiences by state, regional, and local public health providers including LHDs.

Recommendation 7
The PHFPC recommends that DSHS work with the Committee to track federal funding that is allocated through the state to LHDs.

Response
DSHS will continue to look for opportunities to utilize national level expertise to review federal, state, and local funding source amounts; financial flow; allocation determinants; fund use; and lapse. Specifically this project would serve to support efforts of the PHFPC to carry out its duties related to funding and LHD capacity to perform core public health services and provide context from which to develop strategies.

Recommendation 8
The PHFPC recommends that DSHS work with the Committee to establish a process for stakeholder input and a framework to help define core public health services an LHD should provide.

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[9]Centers for Disease Control and Prevention. Office of Public Health Preparedness and Response. *Centers for Disease Control and Prevention*. http://www.cdc.gov/phpr/phep.htm. Updated May 6, 2015. Accessed March 7, 2016.

Response
One of the primary duties of the PHFPC is to define the core public health services an LHD should provide in a county or municipality. In spring 2015, DSHS assembled the Core Public Health Services Workgroup. The workgroup was comprised of representatives of LHDs, DSHS HSRs, and DSHS central office programs. The group met and determined that development of a comprehensive list of public health service categories would ensure a better representation of the range and variety of services currently being delivered from local and state public health entities than a list of individual services. The workgroup then identified eight categories as follows:

- Chronic Disease Prevention and Control
- Communicable Disease Control
- Environmental
- Maternal and Child Health
- Safety and Injury Prevention and Control
- Population Health
- Laboratory
- Access and Linkage to Care
- Preparedness, Response and Recovery
- Surveillance and Epidemiology

Since the conclusion of the workgroup's activities, DSHS has worked with PHFPC and other stakeholders in accordance with The 2016-17 General Appropriations Act, H.B. 1, 84th Texas Legislature, Regular Session, 2015 (Article II, DSHS, Rider 81) to refine the original list of public health service categories developed by the Core Services Workgroup. These categories served as a framework to develop a survey tool for conducting a statewide inventory of public health services currently being delivered by the state and LHDs. The inventory of services was completed in March 2016.

Information collected as a result of the inventory will provide crucial data necessary for PHFPC to best define which public health service categories are core and then develop recommendations on how best to support local health capacity to deliver individual core public health services as identified within those categories. Rider 81 also requires information gathered from the inventory be used to establish statewide priorities for improving the public health system in Texas, as well as create a public health action plan, with regional goals and strategies, to effectively use state funds to achieve these priorities by November 30, 2016.

Recommendation 9
The PHFPC recommends that DSHS work with the Committee to monitor and ensure what services and programs are critical to public health during the transition of programs from DSHS to HHSC.

Response
The recommendation was made in reference to the transformation of health and human services programs and services, as directed by the Texas Legislature and under the leadership of the Health and Human Services Commission. According to HHSC, the transformation process is being driven by several sources: cross-functional workgroups made up of staff from the five Texas health and human services agencies and input from Health and Human Services (HHS)

system stakeholders, the Transition Legislative Oversight Committee and other legislative leadership, and HHS executive leadership. The workgroups used internal program data, staff expertise and stakeholder input to develop recommendations on how a transformed HHS system should be restructured within those core functions. Phase one of this process focused on the structure of the HHS system, while current efforts include a more in-depth focus on program operations within the transformed structure.

DSHS client services programs will move to HHSC on September 1, 2016 and DSHS regulatory functions and state hospital operations will move to HHSC on September 1, 2017. This organizational change will allow DSHS to focus on core public health services, defined as follows: Public health services include protecting, promoting and improving the health and wellness of communities and populations by encouraging healthy behaviors; detecting, monitoring, preventing and controlling the spread of infectious and chronic diseases; analyzing and reporting disease trends; promoting injury prevention; identifying, treating, managing, preventing and reducing health problems related to environmental hazards; and coordinating emergency response and preparedness activities.

Staff used this definition in making recommendations about the programs and services that should remain with DSHS. HHSC held public forums in seven cities across the state during the months of December and January 2015 to provide opportunities for stakeholder comment on the structural phase of transformation. An opportunity to provide public comment is ongoing and ~~is~~ available on the HHSC transformation website at HHS_Transformation@hhsc.state.tx.us. Finally, an updated version of the HHS Transition Plan was made available for review and comment on the HHSC website in July.

Conclusion

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