TEXAS
Health and Human Services

Texas Department of State Health Services

September 2025

Self-Evaluation Report

SUBMITTED TO THE TEXAS SUNSET ADVISORY COMMISSION

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Texas Department of State Health Services
Exhibit 1. Agency Contacts

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Table 1 Exhibit 1 Agency Contacts

II. Key Functions and Performance

A. Provide an overview of your agency's mission, objectives, and key functions.

The Texas Department of State Health Services (DSHS) is the state's public health agency, dedicated to improving the health, safety, and well-being of all Texans. Approximately 3,800 full time DSHS public health professionals, in coordination with local and regional partners, work tirelessly to safeguard all Texans from public health threats. About 1,600 of those work out in the field – in communities, regional clinics, laboratories, and the DSHS tuberculosis hospital. DSHS provides resources and services to individuals, communities, and healthcare providers to improve overall health outcomes across the state of Texas. DSHS leads the state public health system and provides programs and services at the state, regional, and local levels.

The state's public health system is uniquely Texan. It has an extensive history dating back to the 1800s. Local governments choose whether to have their own locally directed health department and whether to have their own local health authority to administer public health laws and functions in the jurisdiction. When a local government decides to create a local health department, it also decides what services to offer and at what level. Local health departments greatly vary in size and scope.

Local decisions about what public health services to offer have a significant impact on DSHS. Where no local health department exists, eight DSHS public health regions and their field offices are responsible for providing basic public health services. Where there is no locally-appointed local health authority, DSHS regional medical directors serve that function.

The interplay between local decision-making and the Department's responsibility to fill in gaps results in a complex web of public health services. In each community, public health looks different based on local decisions and available resources. Demand on DSHS resources may change because of local decisions. High growth counties need an increasing volume of services but may still depend on DSHS regions for basic functions like retail food and public sanitation. Some cities or counties rely fully on state and federal funds to maintain services, and local health departments are heavily impacted in the event of grant reductions. At the same time, DSHS capacity to meet this changing demand is limited.

For the state's 254 counties:

- 186 counties have locally appointed health authorities.
- 176 local health departments operate of some size and scope, from a single function to comprehensive public health services.
- 189 counties rely on DSHS and its public health regions for most public health services.
- All counties rely on DSHS for at least some public health services.

Attachment 18 provides a statewide snapshot of public health coverage throughout the state, as of July 2025.

Even in instances where a county's public health services are "fully" under a local health department's responsibility, DSHS and its regions continue to play a significant role in those jurisdictions. When there is substantial local turnover or long-term vacancies, the DSHS region has to provide coverage of high priority functions. When a significant public health event occurs, or a large-scale disease investigation, the DSHS region acts as the safety net for the LHD and provides surge capacity, guidance, and technical assistance. DSHS and its regions also provide ongoing specialized expertise for local health departments throughout the state.

With the passage of House Bill 2844 in the 89th Legislature, DSHS will have on-the-ground responsibility for every county in the state as it pertains to the licensure and inspection of mobile food vendors effective September 1, 2026. Before HB 2844, the majority of mobile food units operating in Texas were licensed and inspected by local health departments.

Against this backdrop, the DSHS mission is simple: to improve the health, safety, and well-being of all Texans. To accomplish this mission, DSHS focuses on four objectives:

DSHS Mission:

To improve the health, safety, and well-being of all Texans.

Improve and support health outcomes and well-being for individuals and families	Ensure efficient access to appropriate services	Protect the health and safety of vulnerable Texans	Continuously enhance efficiency and accountability

Every day, DSHS performs the following key functions through its regional offices and Central Office. These functions span across DSHS divisions and programs, and in many cases involve collaboration or shared responsibilities with state and federal agencies, local public health, and other partner organizations. These five functions have continuously defined state-directed public health activities since at least the 1960s – and for most of these functions, over a century.

Many services are provided through regional offices, like immunizations, case management, disease screening and investigation, food inspections, and community preparedness. At the same time, DSHS functions include many statewide responsibilities that impact Texans' health every day. These statewide responsibilities span across the lifetime of each Texan. Before birth, DSHS supports maternal education and health initiatives that help lead to better birth outcomes for both mom and baby. At birth, DSHS is responsible for new Texans' birth certificates and for screening them for over 50 disorders so that babies can be treated timely. DSHS also helps makes sure babies who may have conditions like congenital syphilis or perinatal hepatitis B receive quick access to treatment that can improve their outcomes. DSHS also helps moms and their babies by providing breastfeeding education and supporting the establishment of Mother-Friendly Workplaces throughout the state.

As Texans grow up, DSHS works to keep children healthy through programs that keep children safe from lead poisoning, that make their schools healthier places, and that screen them for health conditions. DSHS services that impact everyone, children and adults, include making sure what Texans eat and drink is safe for consumption: including drinking water, milk and dairy products, manufactured foods, and seafood.

DSHS also helps keep institutions and equipment safe that help Texans as they age and experience injury, emergencies, or health issues. DSHS regulates the EMS industry and helps oversee the trauma system that ensures injured Texans get to the right care in the right amount of time. DSHS ensures healthcare devices that emit radiation, like x-rays and mammography machines, operate within safe parameters. DSHS helps healthcare facilities and nursing homes address infection control within their

facilities, leading to a safer experience for all patients. DSHS also provides medical evacuation, medical sheltering, and fatality management during the most challenging times, when Texas experiences natural or manmade disaster.

B. Do your key functions continue to serve a clear and ongoing objective? Explain why each of these functions is still needed.

Yes, state-directed public health functions continue to be a cornerstone of a functioning society and economy. Each of DSHS five core functions are based out of statute and were established for clear reasons that continue to be true today. DSHS core functions are common to all state public health agencies throughout the nation due to their foundational nature.

Preventing, detecting, and responding to infectious diseases: Infectious disease can impact all Texans, regardless of demographics or geography. The DSHS programs within this function provide protection for the broader Texas community, and no private entity can replicate the Department's role in receiving case reports, identifying disease risk and trends, locating the source of risk, and mitigating the ongoing spread of disease. This function was established in the 1800s due to outbreaks of smallpox and yellow fever. Communicable disease mitigation continues to be a priority for the state to preserve Texas health. Recent examples include the Texas measles outbreak, H5N1 outbreak, and preparation for New World screwworm.

Leading public health and medical response during disasters and emergencies: Similarly, public health and medical preparedness and response helps protect entire communities and continues as a necessary core function. Since the 1950s, when the National Weather Service first provided storm tracking and 24-hour notice of hurricane landfall, the ability of state and local governments to prepare and respond to these events has significantly improved. At this time, DSHS and its predecessor agencies were charged with medical disaster planning. Following the 9/11 attacks in 2001, the enactment of federal grants further bolstered public health and medical response. DSHS preparedness activities ensure DSHS, and its response partners are ready to lend medical and public health support for any type of emergency event, whether natural or manmade. Recent examples of DSHS public health and medical response include the July 4th Central Texas floods in 2025, Hurricane Beryl in 2024, wildfires and severe weather throughout the last several years, the COVID-19 pandemic in 2020, and Hurricane Harvey in 2017.

Improving health outcomes through prevention, education, and interventions: Public health education has been a responsibility of DSHS and its predecessor since the 1910s. This originally involved education on prevention related to hygiene, sanitation, and communicable disease. Beginning in the 1920s and 1930s, DSHS and its predecessor agencies also became responsible for efforts to address maternal and child health, including identifying and implementing interventions and promoting education that can lead to better health outcomes for moms and babies. Over time, through federal grants and state legislative action, prevention, education, and intervention efforts have grown to include chronic disease and case management for children exposed to lead or who have certain metabolic and congenital disorders and other health conditions. Examples of the ongoing commitment to this function is the Texas Legislature's investment in TexasAIM, an initiative that seeks to address the most common causes of maternal mortality and morbidity in Texas and in Alzheimer's

disease education and prevention to improve early identification and interventions that can delay onset of symptoms.

Reducing health risks and threats by establishing minimum standards for consumer protection: Since the 1920s, DSHS and its predecessor agencies have been charged with food, drug, and milk and dairy safety. By the 1950s and 1960s, the Department's role in consumer protection also included providing standards, leadership, and regulation related to the Emergency Medical Services (EMS) industry, the trauma system, and radiation control. These functions are critical to reducing health risks to Texas consumers, and ensuring consumers can be confident in the goods and services they receive from Texas companies and healthcare. Examples of the Legislature's ongoing commitment to consumer protection in healthcare are the institutions of new levels of care designation for healthcare facilities: maternal and neonatal levels of care, as well as Centers of Excellence for Fetal Diagnosis and Therapy.

Providing data collection and analysis to support evidence-based health interventions: The underpinning of the four core functions described above is data collection and analysis. Texas recognized the importance of data early in its history. Records of outbreak-related deaths were kept at the state level from the 1800s. Beginning in 1910, the Legislature made the reporting of certain infectious diseases to DSHS and its predecessor agencies. In the 1920s, DSHS and its predecessor agencies were given responsibility of administering and keeping secure Texas vital records. DSHS continues to maintain that focus on the importance of data is it can provide actionable information for identifying problems and opportunities for interventions. DSHS has supported several significant data efforts recently to support policymaking and new programs. This includes DSHS production and distribution of fentanyl and opioid-related data in the effort to curb the number of deaths associated with overdoses. DSHS has also reinvigorated its commitment to providing user-friendly data through the implementation of the Texas Health Data website, which now includes dashboards related to priority health topics such as congenital syphilis, respiratory illness, and maternal mortality and morbidity.

C. What, if any, functions does your agency perform that are no longer serving a clear and ongoing purpose? Which agency functions could be eliminated?

All five of the broad functions described above continue a clear and ongoing purpose. They align with the Department's public health mission and work together to improve the health and well-being of all Texans.

D. Does your agency's enabling law continue to correctly reflect your mission, objectives, and approach to performing your functions?

The agency's enabling laws broadly continue to reflect the Department's mission, objectives, and approach to performing agency functions. When DSHS identifies specific barriers or gaps in authority, the Department works with members of the Legislature on statutory changes to improve operations and efficiencies. There are opportunities, however, to strengthen the Department's ability to carry out its mission by addressing certain statutory gaps. These are included in Section VII.

E. What change have you proposed to the Legislature in the past to improve your agency's operations? If so, explain. Were the changes adopted?

DSHS routinely identifies and includes recommendations of ongoing needs in legislatively mandated reports. The Legislature has acted on the following recommendations in recent biennia:

Maternal Mortality and Morbidity Review Committee Case Review

- ***Summary***: Since 2013, DSHS administratively supports the Texas Maternal Mortality and Morbidity Review Committee (MMRC). Support includes collecting data necessary for the review committee to study and review maternal death cases and trends and make recommendations to help reduce pregnancy-related deaths and severe maternal morbidity. This process requires requesting data from healthcare facilities, providers, and other sources to understand factors that led to a maternal death. The requested data may result in thousands of pages of information, and DSHS facilitates preparation of a case abstract for MMMRC members. Licensed nurses create these case abstracts.
- ***Issue***: Texas statutes, including the Texas Nursing Practice Act, require certain conduct to be reported to a provider's professional licensing board under any circumstances. There was a concern that the nurses who create case abstracts for MMMRC were at risk if they did not report information learned through the abstracting process. To resolve this, DSHS had to establish a redaction process prior to a nurse reviewing the data for abstraction. This redaction step protected the nurses but was time- and resource-intensive, leading to delays in making case information available to the review committee.
- ***Result***: DSHS worked with the Legislature to implement a solution to this situation. House Bill 713 (89R) clarifies that persons supporting the review committee are not subject to occupational conduct reporting requirements when they are gathering and presenting information to the review committee. This will eliminate the redaction step and lead to faster development of case abstracts.

Medical Advisory Board Referrals

- ***Summary***: Since 1970, DSHS administratively supports the Medical Advisory Board (MAB). The MAB reviews cases referred to it by the Texas Department of Public Safety (DPS) for the purposes of making recommendations as to whether an individual should receive a driver's or concealed handgun license. MAB is composed of volunteer physicians who receive compensation for the cases they review. In recent years, DPS referred cases to MAB at a higher rate, resulting in a backlog. The backlog would sometimes result in a case pending for review up to a year after referral to MAB.
- ***Issue***: DSHS included an exceptional item in the fiscal years 2022-2023 Legislative Appropriations Request for dedicated MAB support staff for case preparation and facilitation, and for funds for MAB physician compensation for a higher volume of case review. Previously, MAB had no specific funding source and staff support came from staff who had other full time programmatic duties.

- ***Result***: DSHS received funding and authority to hire up to 11 FTEs. DSHS appointed additional members to the MAB and harnessed the dedicated FTEs to provide a more streamlined process for case preparation and processing. The backlog is expected to be cleared in fiscal year 2026.

Vital Statistics Texas.gov Fees

- ***Summary***: DSHS is charged with maintaining the vital records system for Texas, including birth and death certificates, marriage applications, and divorce records. DSHS operates a self-funded Vital Statistics program, with fees collected through the issuance of certified copies, amendments, and related activities.
- ***Issue***: DSHS Vital Statistics receives significant portion of customer requests electronically via Texas.gov. To support Texas.gov operations, online Vital Statistics convenience fees are split between the Texas.gov administrator, the Department of Information Resources (DIR), and Vital Statistics. The DSHS-DIR fee split facilitated improvements and ongoing operations for the underlying IT infrastructure of Texas.gov. Over time, the fee split allocation became imbalanced such that Vital Statistics struggled with its operational costs for providing services to Texans.
- ***Result***: DSHS and DIR worked together to propose an updated fee split to the Legislature. As a result, the fiscal years 2024-2025 General Appropriations Act directed DSHS and DIR to enter into an agreement to adjust the fee split. With a re-balanced fee split, DSHS has been able to better support Vital Statistics operations and integrate key improvements, such as implementation of digital mailroom tools. These tools and related processes improve the intake of paper-based application requests to reduce manual input of information into the vital statistics IT systems needed to fulfill orders and reduce order processing times.

Newborn Screening Preservation Account

- ***Summary*:** Per Texas Health and Safety Code, Chapter 33, DSHS tests every newborn for certain genetic and metabolic disorders. The Texas newborn screening (NBS) program started in 1963 and has grown exponentially. To date, Texas tests for 59 disorders and is working to actively implement screenings for four additional conditions.
- ***Issue***: The NBS program is supported through testing fees and Medicaid reimbursements. Once DSHS adds a new condition to the NBS panel, DSHS can cover operational costs. In some cases, fees generate revenue in excess of what is appropriated each year. However, adding new conditions to the NBS panel requires significant startup costs and authorization for additional laboratory staff. Historically, startup funds were tied to specific appropriations, which could delay adding new screens by several years.
- ***Result***: DSHS worked with the Legislature in 2019 on the creation of the Newborn Screening Preservation Account, which enables DSHS to deposit excess revenue into an account that can be used to support the costs of new screens for conditions when they are nationally

recommended. The Account first received deposits in 2022. This year, DSHS used Account funds to add four additional conditions to the NBS panel.

Maternal Health and Safety Initiatives Biennial Report 2024

- ***Summary***: Texas Health and Safety Code, Section 34.0156, requires DSHS to provide an update on maternal health and safety initiatives to the executive commissioner of the Texas Health and Human Services Commission (HHSC) by December 1 of each even-numbered year. The report must include recommendations for improving the effectiveness of the initiatives.
- ***Recommendation(s)***: The report included recommendations to continue the high-risk maternal care coordination services program to additional parts of the state; continue the Hear Her Texas public awareness campaign; and continue support and expansion of TexasAIM.
- ***Result***: The fiscal years 2026-2027 General Appropriations Act appropriates funds and staff to expand the high-risk care coordination program, increase public awareness and prevention activities, and increases support for TexasAIM activities.

2024 Newborn Screening Program Annual Report

- ***Summary***: Texas Health and Safety Code, Section 33.020, requires DSHS to identify newborn screening tests not currently included on the NBS panel and barriers to adding more conditions to the NBS panel.
- ***Issue***: DSHS also identified barriers to adding new conditions in the future due to insufficient space at the DSHS laboratory in Austin.
- ***Result***: The 89th Legislature provided DSHS capital authority to construct additional laboratory space in House Bill 500 (89R).

F. Do any of your agency's functions overlap or duplicate those of another state or federal agency? Explain if, and why, each of your key functions is most appropriately placed within your agency. How do you ensure against duplication with other related agencies?

DSHS does not duplicate other state or federal agency functions. As described in Section VII, in some instances federal agencies certify DSHS to provide certain functions like meat inspections and radiation inspections. The parameters of DSHS jurisdiction and federal activities are closely collaborated to ensure efficacy. This approach has been in effect for decades and ensures Texas businesses receive timely services to conduct their operations.

G. In general, how do other states carry out similar functions?

Public health agencies in the U.S. vary widely in functions and scope. Roughly half of state public health agencies are independent agencies, and the others operate under an umbrella agency. DSHS is an independent agency, but the DSHS commissioner is employed by the executive commissioner of the Health and Human Services Commission (HHSC) and the executive commissioner holds rulemaking

authority instead of DSHS. Additionally, administrative services are provided through the Health and Human Services (HHS) structure.

Examples of state public health agencies that operate under an umbrella agency include California, Louisiana, and New York. Examples of states where the public health agency is independent include Florida, Arizona, and New Mexico.

Another major classifying difference among states is centralization versus decentralization. Some state public health systems are centralized, meaning that the state public health agency has direct oversight of local health departments (LHDs), including budget decisions, fee authority, policymaking, and health official appointments. Only about a dozen states have adopted a centralized public health model. Examples of states with a centralized or largely centralized model include Florida, Louisiana, and New Mexico.

Most states operate under a decentralized model, where local governments have decision-making, fee, and operational authority within the bounds of state and federal law. The Texas public health system operates under a largely decentralized model, as discussed in previous responses. Other examples of states with a decentralized model include California, New York, and Arizona.

Public health agencies vary in the services they offer, but certain functions are consistent among most (forty or more) states and territories. These include infectious disease prevention, surveillance, and treatment; HIV/STD services; maternal health functions; public health laboratory services; health registries; injury prevention; immunizations; tobacco prevention; worksite wellness; and vital statistics. Other consistent functions are trauma system development; vector control; food, meat, and dairy safety; and radiation control. Nearly all public health agencies oversee activities related to nutrition and cancer screening. Prior to HHS transformation, DSHS operated the state's breast and cervical cancer screening functions and WIC (Women, Infants, and Child) nutrition program.

While many commonalities exist among the states, there are also many differences. Some state public health agencies are charged with behavioral health services; various licensing functions; correctional health services; and a wide swath of environmental and direct healthcare services. Additionally, the details of what types of services are conducted by each state vary based on individual statutes and on funding availability.

Please see Attachment 7 for more information.

H. What key obstacles impair your agency's ability to achieve its objectives?

Staff Recruitment and Retention: In general, the main obstacle for DSHS is similar as with many state agencies. Recruiting and retaining staff can be difficult, and recent changes like return-to-office and changes to the retirement system have had an impact. However, DSHS has experienced lower vacancy rates recently, possibly due to the reduced federal workforce. DSHS experiences particular challenges because the Department depends on specialized staff like laboratorians, trained sanitarians, veterinarians, epidemiologists, and nurses for many of its programs. One example is the Regional Medical Director position in the DSHS regions. RMDs need to be medical doctors with knowledge in disease and public health issues, given they serve as local health authorities for many jurisdictions and

provide expertise to LHDs and communities on complex infectious disease outbreaks. However, DSHS has had trouble recruiting qualified applicants for vacancies in these critical positions.

Increased Demand on Services: Another obstacle for DSHS is the increasing population of the state. Both DSHS and LHDs have difficulty maintaining adequate public health services in all communities with constrained resources and staff. At the state level, resources remain at similar levels in the past, although the demand on services is growing along with the population. In recent legislative sessions, DSHS has requested support for additional staff in the DSHS regions to help address this.

Additionally, as local decisions change the services provided by their local health department, DSHS must adjust quickly to ensure that essential public health functions are maintained throughout the transitions. Even in instances where locals decide to establish new local health departments, DSHS must facilitate the transition of services without any additional funding.

Federal Funding Changes: Historically, the DSHS budget has depended on federal grant funding for about 50 percent of its total budget. Several federal grants are foundational to the Texas public health system and DSHS passes funds through to LHDs. Recent changes to federal funding levels have the potential to impact DSHS programs and LHD capacity. As federal funding decisions come to fruition, DSHS will work to adjust programmatic work and live within any new constraints and minimize the impact to the field to the extent possible.

In summer 2025, DSHS has received notice of several federal grant reductions or expirations that impact both DSHS and LHDs. As of August, these include reductions to emergency preparedness through the Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) program; tobacco prevention; tuberculosis prevention and control; immunizations; and epidemiology and laboratory capacity. DSHS is waiting to hear word of potential additional impacts to the base Preventive Health and Health Services Block Grant and the Public Health Infrastructure Grant (PHIG). Additionally, DSHS is expecting to learn in fall 2025 whether reductions to HPP and PHEP will be ongoing or whether these programs might be made whole later in the year. Some grants, like Maternal and Child Health Title V and HRSA grants related to HIV prevention and treatment, appear to be largely unaffected as of August 2025.

I. Discuss any changes that could impact your agency's key functions in the near future (e.g., changes in federal law or outstanding court cases).

Several external developments, including court cases, an attorney general opinion, and federal initiatives may affect DSHS' key functions in the future. This section addresses these developments and their potential impacts.

Pending Litigation

***Brenda Vazquez v. Health and Human Services Commission*, No. 03-20-00075-CV, 2021 WL 3176031 (Tex. App. 2021**): *Vazquez* addressed whether birth certificate administrative proceedings are subject to judicial review. Brenda Vazquez challenged a final order denying her a copy of her birth certificate due to potential fraud. Ms. Vazquez appealed the administrative judge's final order, and it was heard by the Texas Third Court of Appeals. The Court held that the *Vazquez* administrative hearing was a

"contested case," and the final order was subject to judicial review. The Supreme Court of Texas (SCOTX) denied review of the appeals court decision on December 30, 2022.

There are approximately 45-60 vital statistics hearings conducted throughout the year. If these cases are appealed, this could potentially increase litigation for the agency.

***Kensington Title-Nevada, LLC, v. Texas Department of State Health Services*:** In January 2021, Kensington Title-Nevada, LLC (Kensington) sued DSHS under Texas Government Code, Section 2001.038(a), seeking a declaratory judgment that DSHS was applying a rule that is not applicable to Kensington and that Kensington owes no duty to decommission the radioactive materials present on its real property. DSHS filed a Plea to the Jurisdiction, arguing it retained sovereign immunity because Kensington's rule-applicability challenge was not proper. The case was appealed to SCOTX, which determined that Kensington properly pled a rule-applicability challenge under Section 2001.038(a) and remanded the case to the trial court for further proceedings. The case is now on remand before the trial court to determine the merits of the rule-applicability challenge. Should the trial court determine that the DSHS rule does not apply to Kensington, DSHS would be unable to hold Kensington, and perhaps other landowners, liable for the decommissioning of the radioactive material. DSHS would then have to expend its own funds and/or seek funds from the legislature to cover the costs of decommissioning.

Texas Department of State Health Services vs. Sky Marketing: In October 2021, plaintiffs Sky Marketing Corp., et al, filed a lawsuit against DSHS and then-Commissioner John Hellerstedt, MD, alleging that DSHS failed to modify the schedule of controlled substances in accordance with state law and that the commissioner acted without legal authority in violation of Texas Health and Safety Code Section 481.034. Plaintiffs complained that DSHS's scheduling modification and a publication on its website stating that Delta-8 is a Schedule I controlled substance, constitutes improper rulemaking in violation of the Administrative Procedures Act (APA).

The trial court and appellate court held that DSHS's statement on its website proclaiming that Delta-8 is considered a Schedule I controlled substance is a rule subject to the rulemaking requirements of the APA. The court of appeals also determined that the legislature expressly contemplated that rulemaking would occur in this context because Section 481.034(e) expressly requires the commissioner to adopt a rule controlling a substance that the commissioner finds has potential for abuse.

If the commissioner objects to a federal law designating a substance as a controlled substance or rescheduling or deleting a substance, the commissioner must hold a hearing on the matter in Austin, obtain approval of the executive commissioner of HHSC, and make required findings under Section 481.035 before making an alteration to the schedule. Therefore, when amending schedules and posting certain statements about those schedules on the Department website, the rulemaking requirements of the APA must be followed.

On January 3, 2024, DSHS filed its Petition for Review with SCOTX. SCOTX granted the petition for review, and the parties filed their briefs on the merits. Oral argument before SCOTX is set for September 10, 2025. If the trial court and the appellate court are upheld, scheduling modifications would take longer to implement under the rulemaking requirements of the APA.

This remains active litigation. On June 22, 2025, Governor Abbott vetoed Senate Bill 3. The bill would have banned Delta-8 and other products containing tetrahydrocannabinols.

Carla Frew et.al. v. Cecile Erwin Young, et al.: In 1993, a class action lawsuit was filed alleging that the Texas Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program did not meet the requirements of the Medicaid Act. The class is comprised of children under age 21 enrolled in Medicaid and eligible for EPSDT benefits. The lawsuit was settled by a consent decree in 1996, and eleven Corrective Action Orders (CAOs) were entered in 2007.

DSHS is a party to the lawsuit and remains subject to the remaining CAOs and Consent Decree paragraphs. The Consent Decree and CAOs set out numerous state obligations and are monitored by the court.

Six of the eleven CAOs and related Consent Decree paragraphs have now been fully dismissed. The five remaining CAOs and related Consent Decree paragraphs include: (1) Case Management, (2) Health Outcome Measures and Dental Assessment, (3) Checkups, (4) Managed Care, and (5) Adequate Supply of Healthcare Providers.

DSHS-specific programs still impacted by the remaining CAOs, and Consent Decree paragraphs include: DSHS Regional Provider Relations Program, DSHS Laboratory, and DSHS Oral Health Improvement Program (OHIP). Some of the remaining CAOs and related Consent Decree paragraphs require compliance and reporting by DSHS program areas. Currently, Defendants HHSC and DSHS file an Annual Monitoring Report (AMR). The AMR replaced the prior Quarterly Monitoring Reports.

Attorney General Opinions

Attorney General Opinion KP-0489 addressed the validity of district court orders directing DPS and DSHS to amend a person's biological sex designation on state identification documents. This opinion relates directly to the Vital Statistics Section and the State Registrar's duties, which include establishing a statewide system of vital statistics and the discretion to determine the items or information to be contained on certificates of birth. See Texas Health and Safety Code, Section191.002, and 25 Texas Administrative Code, Section181.13(a). The Attorney General opined that the judicial power endowed to district courts does not countenance ex parte orders directing DSHS to amend a person's biological sex on a birth certificate. The underlying court proceedings are *coram non judice*, and the resulting orders are void. The attorney general directed the state agencies to immediately correct any altered state identification documents that were changed pursuant to such orders.

Pending Federal initiatives

The Federal Drug Administration (FDA) is conducting reassessments of certain chemicals including food additives, color additives, ingredients generally recognized as safe, food contact substances, and contaminants. Pending the results of reassessments, FDA actions may revoke approvals or authorizations for certain uses. Texas Health and Safety Code, Section 431.244, provides that any regulation adopted under the federal act concerning pesticide chemicals, food additives, and color additives, is a rule in Texas. FDA has announced a sweeping ban on Red Dye No. 3, giving food companies three years to reformulate their products. Senate Bill 25 (89R) amends Section 431 by adding new sections listing certain ingredients which will require identification in manufacturers'

product labels. The bill also provides authority for OAG enforcement and negation of the requirements under certain conditions of federal preemption.

The Trusted Exchange Framework and Common Agreement (TEFCA) is a health sharing network created by the U.S. Department of Health and Human Services to remove barriers to sharing health records electronically among providers, patients, public health agencies and payers. Upon execution of the agreement, this network will allow interstate sharing of health information for specific purposes through a trusted exchange framework. See Major Issues for more information.

J. Aside from additional staff or funding, what are your agency's biggest opportunities for improvement in the future? For example, are there other programs or duties the agency could take on to better carry out its mission?

DSHS has identified major opportunities that are being developed in its upcoming operational plan. These include:

Timeliness and Predictability of Surveillance Data: DSHS receives data from many sources on many health issues. This includes infectious disease and health conditions data that public health, the public, and policymakers can refer to when making decisions about individual and community health. For the last five years, DSHS has had a priority to publish data timelier and in a more user-friendly format so that data is actionable for all Texans. DSHS plans to continue this effort. One specific focus is moving towards the use of provisional data. Historically, DSHS has waited for all datasets to be final before publishing them – a process that can take years and, in some cases, depends on the federal government. By harnessing provisional data consistently throughout DSHS datasets, data will become more meaningful for use and interpretation.

Additionally, DSHS will be focusing on the predictability of when it publishes data. Currently, there is no universal schedule for when DSHS datasets should be expected and published. While individual programs or divisions may have timelines they work to adhere to, this information is not widely available and is not apparent to the public. Some datasets may be complete on a more predictable timeline than others. A DSHS operational item is to establish expectations and metrics for each dataset's completion and publication, in a manner that accommodates provisional data use to the greatest possible extent.

Congenital Syphilis Surveillance and Prevention: In the U.S., congenital syphilis cases have been on the rise since 2012, with Texas accounting for a quarter of all cases nationally. By comparison, Texas accounts for about 9 percent of the U.S. population. Between 2018 and 2023, annual reported congenital syphilis cases increased 150 percent, and Texas is now reporting more than 900 congenital syphilis cases a year.

Infants born to mothers with untreated syphilis in pregnancy can suffer from a variety of symptoms, some of which may be present at birth, and others that appear later in childhood. Some affected infants may initially appear healthy but can later develop serious complications. Early symptoms include vision or hearing loss, jaundice, bone abnormalities, nasal discharge (i.e., snuffles), rash, enlarged liver, anemia, and more. Late symptoms include bone and tooth abnormalities, hearing and vision impairment, and intellectual disabilities.

Timely prenatal care, testing, and treatment can prevent potentially devastating outcomes for affected children and families. Reducing the number of congenital syphilis cases in Texas will require increasing provider awareness and supporting providers who may need assistance with diagnosing and treating syphilis in pregnancy. It will also require educating the public and providing expanded access to treatment.

The 89th Legislature provided DSHS funding to establish more proactive interventions to combat congenital syphilis. This includes a hotline for providers to receive expert consultation on complex diagnoses of syphilis in pregnant mothers and on treatment of babies born with congenital syphilis. It also includes a team of rapid response nurses who will be able to treat pregnant mothers with syphilis who cannot otherwise get treated and follow up on the care and documentation of treatment for women treated in other healthcare settings. Ultimately, with these new intervention tools, DSHS intends to prevent adverse outcomes in babies.

As part of this effort, DSHS is realigning its congenital syphilis-related functions to fall within one division, the Community Health Improvement (CHI) Division. This restructuring will ensure that surveillance, prevention, treatment, and provider education all occur under a unified leadership. Importantly, placement within CHI allows congenital syphilis efforts to be closely aligned with DSHS maternal and child health activities. See Section VII for more information.

K. Overall, how does the agency measure its effectiveness in carrying out its objectives?

DSHS monitors its performance measures for the Legislative Budget Board (LBB), federal grant requirements, and internal metrics. Two critical components of internal monitoring are the strategic and operational plans. Since DSHS has emerged from the pandemic response, the Department has revitalized its use of these two tools to focus on the priority goals and projects.

The DSHS executive team regularly meets on strategic and operational plan items to help guide decision-making, identify challenges that need to be solved, and ensure that plans are meeting their objectives and timelines. This proactive approach to the strategic and operational plans has allowed DSHS to better measure its effectiveness in implementing priority improvements and projects.

DSHS has implemented an approach that better supports programs and their divisions in meeting objectives. The Office of Compliance and System Coordination (OCSC) facilitates project management that supports and tracks goals. Two recent examples are an OCSC-supported project to evaluate and streamline the Medical Advisory Board's (MAB) procedures for receiving, processing, and evaluating applications. See Section VII for more information on the MAB. Another example is federal grant tracking. During the pandemic, the number of federal grants administered by DSHS ballooned significantly. There was an imperative need for DSHS leadership to have visibility on grant status and provide guidance and decision-making on how grants should be administered. OCSC provided project management to ensure that all affected divisions and DSHS leadership met regularly and met federal requirements in line with the state's priorities. This approach has been so effective that DSHS is transitioning the project to cover all major federal grants, now that the COVID-19-related grants have largely ended.

Finally, in recent years, DSHS leadership has proactively monitored high-risk projects to provide support and ensure programs are meeting their objectives. A prime example of this has been the HIV Coordination project, the purpose of which is to regularly monitor the Texas HIV Medications Program (THMP) budget and inventory. A key outcome of this effort has been the rollout of TIAP-PLUS, a new insurance assistance program that is intended to help stabilize the THMP budget through increased rebate revenue. See Section VII for more information.

In the following chart, provide information regarding your agency's key performance measures, including outcome, input, efficiency, and explanatory measures. *See Exhibit 2 Example*. Please provide both performance measures listed in the agency's appropriated bill pattern and other performance indicators tracked by the agency. Please provide information regarding the methodology used to collect and report the data.

Please see Section VII responses, as well as Exhibit 2 below.

Texas Department of State Health Services
Exhibit 2: Performance Measures — Fiscal Year 2024

Performance Measures	Calculation (if applicable)	FY 2024 Target	FY 2024 Actual Performance	FY 2024 % of Annual Target
(Key) 01-01-OC-01: % Key Staff Prepared to Respond During Pub Hlth Disaster Resp Drills		95.00%	100.00%	105.26%
(Key) 01-02-OC-01: Vaccination Coverage Levels among Children at Age 24 Months		68.00%	66.80%	98.24%
(Key) 01-02-OC-02: Incidence Rate of TB Per 100,000 Texas Residents		3.30	3.70	112.12%
(NonKey) 01-02-OC-03: % of 1995 Epizootic Zone that is Free From Domestic Dog-Coyote Rabies		97.00%	97.00%	100.00%
(NonKey) 01-02-OC-04: % of 1996 Epizootic Zone that is Free From Texas Fox Rabies		97.00%	97.00%	100.00%
(Key) 01-03-OC-01: Prevalence of Tobacco Use among Middle and High School Youth Statewide		10.20%	9.04%	88.63%
(Key) 01-03-OC-04: Prevalence of Tobacco Use among Adult Texans		20.66%	19.63%	95.01%
(NonKey) 01-04-OC-01: % High Volume Tests Completed within Established Turnaround Times		99.75%	99.75%	100.00%
(Key) 02-01-OC-01: # of Infant Deaths Per Thousand Live Births (Infant Mortality Rate		5.13	5.76	112.28%
(Key) 02-01-OC-02: Percentage of Low Birth Weight Births		8.36%	8.75%	104.67%
(Key) 03-01-OC-01: Percentage of Licenses Issued within Regulatory Timeframe		99.00%	95.00%	95.96%

(NonKey) 01-01-01-OP-01: # Local Hlth Entity Contractors Carrying Out Essential Pub Hlth Plans		56.00	56.00	100.00%
(NonKey) 01-01-01-EX-01: % Licensed Texas Hospitals Participating in HPP Healthcare Coalitions		95.00%	100.00%	105.26%
(NonKey) 01-01-01-EX-02: # Local Pub Hlth Svcs Providers Connected to TX Health Alert Network		850.00	850.00	100.00%
(NonKey) 01-01-02-OP-01: Number of Requests for Records Services Completed		2,700,000.00	2,400,000.00	88.89%
(Key) 01-01-02-EF-01: Average Number of Days to Certify or Verify Vital Statistics Records		11.00	9.97	90.64%
(NonKey) 01-01-04-OP-01: # of Border/Binational Public Health Svcs Provided to Border Residents		5,000.00	5,000.00	100.00%
(NonKey) 01-01-05-OP-01: Average Successful Requests - Pages per Day		400.00	1,500.00	375.00%
(NonKey) 01-01-0-05-EF-01: Ave # Working Days Required by Staff to Complete Customized Request		6.00	6.00	100.00%
(Key) 01-02-01-OP-01: Number of Vaccine Doses Administered to Children		15,481,365.00	14,522,808.00	93.81%
(NonKey) 01-02-01-OP-02: Number of Vaccine Doses Administered to Adults		238,192.00	432,298.00	181.49%
(Key) 01-02-01-EX-01: Dollar Value (in Millions) of Vaccine Provided by the Federal Govt		530.70	676.51	127.48%
(NonKey) 01-02-01-EX-02: # of Sites Authorized to Access State Immunization Registry System		38,080.00	37,200.00	97.69%
(Key) 01-02-02-OP-01: Number of Persons Served by the HIV Medication Program		23,170.00	23,061.00	99.53%
(NonKey) 01-02-02-OP-02: # of Clients with HIV/AIDS Receiving Medical and Supportive Services		46,960.00	20,736.00	44.16%
(NonKey) 01-02-02-EF-01: Proportion of HIV Positive Persons who Receive their Test Results		96.60	99.30	102.80%
(Key) 01-02-03-OP-01: Number of Communicable Disease Investigations Conducted		350,000.00	1,094,495.00	312.71%
(NonKey) 01-02-03-OP-02: Number Zoonotic Disease Surveillance Activities Conducted		50,000.00	50,000.00	100.00%
(Key) 01-02-03-OP-03: # Healthcare Facilities Enrolled in Texas Health Care Safety Network		4,000.00	4,909.00	122.73%
(Key) 01-02-04-OP-01: Number of Tuberculosis Disease Investigations Conducted		7,226.00	3,026.00	41.88%
(Key) 01-02-05-OP-01: Number of Inpatient Days, Texas Center for Infectious Disease		11,000.00	9,395.00	85.41%
(NonKey) 01-02-05-OP-02: Number of Admissions: Total Number Patients Admitted to TCID		63.00	70.00	111.11%

(NonKey) 01-04-01-OP-01: Number of Laboratory Tests Performed		1,450,000.00	1,343,276.00	92.64%
(Key) 1-04-OP-02: % of Initial Newborn Screen Results Reported within 7 Days of Birth		85.00%	86.30%	101.53%
(NonKey) 02-01-01-OP-01: Number of Newborns Receiving Hearing Screens (All Funding Sources)		375,702.00	374,527.00	99.69%
(NonKey) 02-01-02-OP-01: Number of CSHCN Clients Receiving Case Management		2,920.00	2,146.00	73.49%
(NonKey) 02-01-02-EF-01: Average Annual Cost Per CSHCN Client Receiving Case Management		1,004.66	1,311.75	130.57%
(Key) 02-02-01-OP-01: Number of Providers Funded: EMS/Trauma		2,400.00	2,311.00	96.29%
(Key) 02-02-01-OP-02: # EMS Personnel Licensed, Permit, Cert, Registered		22,000.00	21,578.00	98.08%
(NonKey) 02-02-01-OP-03: Number of EMS Personnel Complaint Investigations Conducted		1,600.00	1,700.00	106.25%
(NonKey) 02-02-01-OP-04: Number of Licenses Issued for EMS Providers		900.00	950.00	105.56%
(NonKey) 02-02-01-OP-05: # EMS Provider and Educ Program Complaint Investigations Conducted		130.00	130.00	100.00%
(NonKey) 02-02-01-OP-06: Number of EMS Provider and Education Program Surveys Conducted		160.00	170.00	106.25%
(Key) 02-02-01-EX-01: Number of Trauma Facilities		299.00	297.00	99.33%
(Key) 02-02-01- EX-02: Number of Stroke Facilities		175.00	190.00	108.57%
(Key) 02-02-01- EX-03: Number of Hospitals with Maternal Care Designation		223.00	217.00	97.31%
(Key) 02-02-01-EX-04: Number of Hospitals with Neonatal Care Designation		224.00	225.00	100.45%
(NonKey) 03-01-01-OP-01: # of Surveillance Activities Conducted - Food/Meat and Drug Safety		99,400.00	110,990.00	111.66%
(NonKey) 03-01-01-OP-02: # of Compliance Actions Initiated - Food/Meat and Drug Safety		4,500.00	4,939.00	109.76%
(NonKey) 03-01-01-OP-03: # of Licenses/Registrations Issued - Food/Meat and Drug Safety		27,921.33	32,751.00	117.30%
(Key) 03-01-01-EF-01: Average Cost Per Surveillance Activity - Food/Meat and Drug Safety		160.00	226.65	141.66%
(NonKey) 03-01-02-OP-01: Number of Surveillance Activities Conducted – Environmental Health		9,412.00	13,776.00	146.37%
(NonKey) 03-01-02-OP-02: Number of Compliance Actions Initiated – Environmental Health		4,000.00	4,364.00	109.10%

(NonKey) 03-01-02-OP-03: Number of Licenses Issued - Environmental Health		18,632.00	20,383.00	109.40%
(Key) 03-01-02-EF-01: Average Cost Per Surveillance Activity – Environmental Health		450.00	459.09	102.02%
(NonKey) 03-01-03-OP-01: Number of Surveillance Activities Conducted – Radiation Control		12,845.33	9,913.00	77.17%
(NonKey) 03-01-03-OP-02: Number of Compliance Actions Initiated - Radiation Control		10,200.00	7,124.00	69.84%
(NonKey) 03-01-03-OP-03: Number of Licenses/Registrations Issued – Radiation Control		13,851.00	20,236.00	146.10%
(Key) 03-01-03-EF-01: Average Cost Per Surveillance Activity - Radiation Control		550.00	810.00	147.27%

Table 2 Exhibit 2 Key Performance Measures

L. Please list all key datasets your agency maintains. Why does the agency collect these datasets and what is the data used for? Is the agency required by any other state or federal law to collect or maintain these datasets? Please note any "high-value data" the agency collects as defined by Texas Government Code, Section 2054.1265. In addition, please note whether your agency has posted those high-value datasets on publicly available websites as required by statute.

See Attachment 21.

J. Does the agency use any analytics software or platforms to collect, store, transform, or analyze agency data?

Texas Department of State Health Services
Exhibit 4: Data Analytics Platforms

Analytics List	Software or Platform	Associated Data Resource(s)
SHARP (State Health Analytics and Reporting Platform)	Platform	Hospital Discharge (THCIC), Vital Statistics, Immunizations, Disease Surveillance (NEDSS), EMS/Trauma Registry, Syndromic Surveillance; Wastewater, Birth Defects, and Newborn Screening
SAS	Software (desktop)	Electronic Laboratory Reports (ELRs), electronic case reporting (eCR), and case investigation data
SAS Viya	Platform	SHARP, NBS SQL DB, case investigation data, ELRs, and eCR
ArcGIS	Software and Server	SHARP
Tableau	Software (desktop) and Server	SHARP, NBS SQL DB, case investigation data, ELRs, and eCR
Informatica	Informatics tool embedded in SHARP	SHARP
Power BI	Software	SHARP, NBS SQL DB, case investigation data, ELRs, and eCR
Python	Software	ELRs and eCR
HL7 Soup	Software	ELRs

Notepad ++	Software	ELR and eCR
XML Spy	Software	eCR
VS Code	Software	ELRs and eCR
Postman	Software	ELRs and eCR
SQL Server Management Studio (SSMS)	Software	Newborn Screening, case investigation data, ELRs, eCR
Excel	Software	ELR, eCR, case investigation data
Smartsheet	Software	Immunizations, surveillance, ELRs, and eCR
Snowflake	Embedded in SHARP Platform	Hospital Discharge (THCIC); Vital Statistics; Immunizations; Disease Surveillance (NEDSS); EMSTR; Syndromic; Wastewater; Birth Defects, and Newborn Screening
Windows PowerShell ISE	Provided with Windows OS	ELR processing

III. History and Major Events

Historical Perspective

State-directed public health activities in Texas originate with the Republic of Texas, during which time the Legislature established a pure food statute that penalized the sale of "unwholesome food or drink." The pure food statute was expanded on during early statehood, at which time the Legislature also conferred quarantine authority to local authorities in 1856 to address the ongoing smallpox and yellow fever epidemics.

By 1879, the Legislature established the position of the State Health Officer, which continues today as the DSHS commissioner. Public health activities that have remained constant over the last one hundred years at DSHS and its predecessor agencies include: vital statistics, infectious disease prevention and control, food and drug regulation, sanitation, maternal and child health, and public health education. Other essential components were established by the 1960s and include: emergency medical services (EMS) regulation, medical disaster planning and response, radiation control, cancer control, and chronic disease programs. By 1974, the state health department became known as the Texas Department of Health (TDH).

In 2004, the Legislature reestablished TDH functions under the Texas Department of State Health Services (DSHS), and gave DSHS responsibility for functions from all or part of the following additional agencies:

- Mental health programs of TDMHMR,
- Texas Commission on Alcohol and Drug Abuse (TCADA), and
- Texas Health Care Information Council (THCIC).

In 2015, as a result of Sunset review, the Legislature transferred several functions to the following agencies, allowing DSHS to focus on its original public health functions:

- Texas Health and Human Services Commission (HHSC): Behavioral health services; state hospital operation, healthcare facility regulation, and client facing programs like women's health and nutrition programs.
- Texas Department of Licensing and Regulation (TDLR): Regulation of the following professions: athletic trainers, dietitians, dyslexia therapists and practitioners, fitters and dispensers of hearing instruments, midwives, orthotists and prosthetists, speech-language pathologists and audiologists, code enforcement officers, laser hair removal, massage therapists, mold assessors and remediators, offender education providers, and sanitarians.
- Texas Medical Board: Regulation of the following professions: medical physicists, medical radiologic technologists, perfusionists, and respiratory care practitioners.

The following History and Major Events timeline focuses on public health functions that remain DSHS's responsibility today.

History and Major Events

1856 – The Legislature establishes quarantine authority at the local level to address the spread of smallpox and yellow fever.

1879 – The Legislature amends the Quarantine Act of 1870 to create the Texas Quarantine Department and to authorize the Governor to appoint a State Health Officer "from the most skilled regular physicians of the state…pledged to the importance of both quarantine and sanitation."

1883 – The Texas Legislature passes a pure food and drug statute that gives the State Health Officer responsibility for inspecting and enforcing food and drug standards in the state. This role remains dormant due to lack of appropriations and staffing.

1891 – The State Health Officer is charged with administering the Texas Quarantine Department, with the duties of guarding against smallpox, cholera, and yellow fever.

1903 – The Legislature renames the Texas Quarantine Department to the Department of Public Health and Vital Statistics.

1907 – Following passage of the federal Food and Drug Act, the Legislature charges the new Dairy and Food Commission with oversight of the state's pure food and drug laws.

1909 – The Legislature creates the Texas State Board of Health, with the duty of appointing the State Health Officer. The State Health Officer's operational arm is referred to as the Texas State Health Department.

1912 – The Board of Health/State Health Department establishes a Bacteriological Laboratory to provide tests for drinking water, tuberculosis, hookworm, syphilis, as well as spinal fluid testing.

1913 – The Legislature charges the Board of Health/State Health Department with providing education to the public on prevention of communicable disease and protection of health, free of charge.

1915 – The State Health Department establishes the Bureau of Sanitary Inspectors, which by 1925 inspects food and slaughterhouses, enforces milk laws, provides oyster regulations, and provides standards for swimming pools, public buildings, schools.

1921 – The Legislature transfers responsibility of the pure food and drug laws to administration by the Board of Health/State Health Department.

1922 – The Legislature supports creation of a bureau within the State Health Department to address high infant mortality, following 1921 funding through the federal Sheppard-Towner Act that continues to 1929. The program focuses on health education, screenings, and promotion of child hygiene.

1922 – The Bureau of Communicable Disease is created within the Department for communicable disease control and epidemiology. The Bureau oversees a wide variety of disease, including cholera, yellow fever, sexually transmitted disease, diphtheria, and malaria. In future years, the Department will organize this work into more specialized divisions.

1925 – By 1925, the Department's Bacteriological Laboratory is developing and supplying Texas providers with anti-meningitis serum, typhoid vaccine, and silver nitrate drops used to prevent ophthalmia neonatorum, a severe eye infection that can lead to blindness in newborns.

1927 – The Legislature officially establishes the Board of Health's operational arm, the State Health Department, as the Texas State Department of Health. The State Department of Health's governance continues under a Board, and the State Health Officer is referred to as the Department's Commissioner.

1927 – The Legislature allows creation of the position of the State Registrar, who operates under the State Health Officer and is charged with receiving and maintaining all vital statistic records in Texas.

1928 – The Department establishes the Bureau of Laboratories, which is housed in a two-story building in downtown Austin. The Bureau consolidates three separate laboratory divisions: the Pasteur Institute that produces anti-rabies prophylactic treatment, the food laboratory that was historically located in the State Capitol, and the Bacteriological Laboratory.

1935 – The federal Maternal and Child Health Services Block Grant is established as part of Title V of the Social Security Act of 1935. The Department is responsible for administration of this grant.

1936 – The Texas State Department of Health creates the Division of Venereal Disease with federal funding. The Division focuses on case finding, testing, and treatment of sexually transmitted diseases, as well as provider education.

1936 – A dental program is established within the Department's Maternal and Child Health Bureau to provide dental education and prevention, including free clinical services for low-income children throughout Texas.

1936 – The Bureau of Laboratories is licensed to make vaccines for typhoid, rabies, tetanus, diphtheria, and pertussis.

1947 – The State Department of Health first creates the Division of Cancer Control, which focuses on cancer morbidity and mortality statistics, professional education, and diagnosis and treatment through grants to clinics.

1956 – The State Department of Health creates the Division of Emergency Medical Services. The Division's span of activities includes ambulance inspections, the development and improvement of communication among ambulances and emergency rooms, and medical disaster planning.

1956 – The Department opens a laboratory in Harlingen, Texas, to support the state's tuberculosis hospital and outpatient clinic there.

1956-1958 – The State Department of Health moves to offices at 1100 West 49th Street, which continues as the DSHS main campus today.

1961 – The Legislature adopts the Texas Radiation Control Act, which establishes the Texas Radiation Advisory Board and designates the Department as the state's Radiation Control Agency.

1963 – An agreement between the Governor of Texas and the U.S. Atomic Energy Commission becomes effective. Under the agreement, Texas assumes all licensing and regulatory authority over

radioactive materials in the state, with federal agencies maintaining responsibility of special nuclear material in excess of critical mass.

1964 – The State Department of Health creates the Vector Control Division to carry out portions of Texas sanitation law related to vector control. These activities include surveillance, technical assistance to local jurisdictions, surveys and testing, and disaster recovery assistance. By 1970, the Department has brought in a State Entomologist to provide expertise on vector control matters.

1965 – The Legislature consolidates all tuberculosis functions under the State Department of Health, including testing, case finding, prevention, follow up, and treatment. The Department begins work to divide the state into regions to organize these functions.

1965 – Four tuberculosis hospitals are transferred to the State Department of Health, including the State Tuberculosis Hospital in San Antonio that now operates as Texas Center for Infectious Disease (TCID).

1965 – The Bureau of Laboratories begins the state's Newborn Screening Program with the implementation of screening for phenylketonuria (PKU), a rare inherited disorder that can cause brain damage or seizures if left untreated.

1968 – The Commissioner finalizes the division of the state into 10 Public Health Regions. Functionally, over time, they operate as 8 regions. The Public Health Regions are envisioned to act as an extension of the Department within their areas, provide assistance to locally organized health units, and work to offer comprehensive services in those areas that do not have locally organized health units.

1968 – The State Department of Health implements the Texas Shellfish Law, including regulating shellfish and crab plants and sampling waters for the presence of mercury and heavy metals to classify waters as being safe for shellfish harvesting.

1969 – Texas enters a cooperative agreement with the federal government for its meat inspection program. This expands the Department's responsibility for meat and poultry regulation.

1970-1972 – The Legislature provides funding to activate Public Health Regions throughout the state. The State Department of Health begins to stand up offices throughout the 10 regions.

1970 – The Commissioner appoints the first physician membership of the Medical Advisory Board (MAB), which evaluates whether an individual's medical history impedes that individual's ability to safely operate a vehicle. MAB opinions are provided to DPS for final determinations on the individual's driver's license.

1971 – The Department ends production of vaccines at the Laboratory as availability becomes more widespread.

1973 – The Legislature passes the Youth Camp Safety and Health Act, with the Department responsible for youth camp licensing.

1974 – The State Department of Health is renamed as the Texas Department of Health (TDH). The Board continues in its role as the governing body of the Department.

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

1985 – Due to concerns about ethylene dibromide in grain products, TDH establishes the Environmental Epidemiology 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.

1986 – The Legislature transfers responsibility for tracking Texas adoptions from the Department of Family and Protective Services (DFPS) to TDH.

1987 – TDH begins the Texas AIDS Drug Assistance Program (ADAP) as a pilot program to provide medications to low-income individuals living with HIV. The Legislature codifies the program in 1989.

1989 – The Legislature requires TDH to develop a regional EMS and trauma care system, including a tiered trauma facility designation process.

1991 – The Legislature creates HHSC to oversee the state's health and human services agencies, including TDH. The HHSC executive commissioner appoints the TDH commissioner. The Texas Board of Health continues in its role as the Department's rulemaking and advisory body.

1992 – The Texas Board of Health adopts rules on the state trauma system and trauma facility designation process. The rules divide the state into 22 trauma service areas (TSAs), with regional advisory councils (RACs) to develop and implement a regional trauma system plan. The rules also provide for the state trauma registry.

1993 – The Legislature creates an active, statewide birth defects registry, as concerns about birth defects intensify when three anencephalic babies are delivered in a Brownsville hospital within a two–day period.

1993 – The Legislature establishes the Injury Prevention and Control Act and the Epidemiologic or Toxicologic Investigations Act and assigns duties to TDH.

1994 – Following the 1989-1991 measles epidemic, the Centers for Disease Control and Prevention (CDC) establishes a program to provide vaccine access to children in low-income families. TDH in turn establishes the Texas Vaccines for Children Program.

1995 – The Legislature creates the Texas Health Care Information Council (THCIC) as a standalone state agency to collect data and report on the quality of performance of hospitals and health maintenance organizations (HMOs) operating in Texas.

1995 – The Legislature establishes reporting requirements for childhood lead poisoning. TDH is charged with responsibility for data collection.

2001-2004 – A series of legislatively required evaluations by the Sunset Commission, State Auditor's Office, and independent consultants finds the TDH organization is inefficient, and recommend numerous improvements are needed to improve data, contract, and program management. At this time, TDH is composed of over 5,000 Full-Time Equivalent (FTE) staff.

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.

2001 – The Legislature creates the Governor's EMS and Trauma Advisory Council (GETAC) to advise TDH on rules regarding EMS and trauma systems.

2002 – TDH creates the Center for Health Statistics (CHS) program to serve as the Department's focal point for the collection, analysis, and dissemination of health-related information to evaluate and improve public health.

2002-2003 – The DSHS Laboratory completes and moves into a new six-story laboratory on the TDH main campus in Austin. A seventh floor will later be completed.

2003 – Following Sunset evaluation, House Bill 2292 establishes DSHS by consolidating all or part of four agencies: TDH, the mental health programs of TDMHMR, TCADA, and THCIC.

2003 – The Legislature places additional regulatory functions within DSHS purview, including mold remediation activities and indoor air quality investigations.

2003 – The Legislature transfers appropriations for Texas Health Steps (THSteps) to HHSC. DSHS continues to conduct day-to-day services for THSteps medical, dental, and case management.

2003 – The Legislature provides general revenue for the Department to create the Adult Safety Net Program, which provides vaccine access to uninsured low-income adults.

2004 – DSHS begins operations on September 1, 2004, and the legacy agencies are abolished. HHSC is responsible for all rulemaking and policymaking authority and administrative services for Texas health and human services agencies. The Board is replaced with a State Health Services Council to assist in developing rules and policies for recommendation to the HHSC Executive Commissioner.

2004 – The TDH laboratory in Harlingen is renamed as South Texas Laboratory (STL) and acts as an extender for the Department's laboratory services in the state's southernmost border counties. STL continues to provide testing services for the outpatient clinic as part of its functions.

2005 – The Legislature requires DSHS to develop stroke facility criteria and a statewide stroke emergency transport plan.

2005 – The DSHS Laboratory now screens for 27 disorders through the Newborn Screening Panel.

2006 – DSHS initiates the Texas Electronic Registry online registration system and imaging project to image 46 million vital records. The system helps decrease the average days to register a death from 39 days to 11.

2007 – The Legislature transfers the licensing of uranium and low-level waste processing, along with uranium inspections, from the DSHS to TCEQ.

2009 – DSHS creates the Office of Academic Linkages to harness the Department's activities for continuing education and health professional development with increased efforts to link academia and practice.

2009 – The Legislature approves funding to implement newborn screening for cystic fibrosis.

2009 – The Beleno et al v. Texas Department of State Health Services et al. lawsuit alleges harm because DSHS keeps de-identified bloodspots after screening without parental consent for approved quality assurance and research. The parties settle in November 2009.

2010 – DSHS collaborates with HHSC to implement components of corrective actions resulting from the 2007 Frew, et al. vs. Suehs, et al. lawsuit.

2010 – The New Texas Center for Infectious Disease tuberculosis hospital opens on the San Antonio State Hospital campus, replacing the San Antonio State Tuberculosis Hospital. TCID is the last remaining state-operated tuberculosis hospital in the country.

2011 – The Legislature requires DSHS to make changes to the newborn screening program and addresses the parental consent process for use of residual blood spots for external public health research purposes.

2011 – The Legislature requires that all birthing facilities perform a hearing screening on a newborn before discharging the newborn from the facility, and sets guidelines for follow-up care and intervention services if a newborn does not pass a screening test.

2012 – With legislative appropriations, the Laboratory begins screening all newborns for severe combined immunodeficiency disorder (SCID) as part of the newborn screening panel.

2013 – The Legislature requires screening all newborns for critical congenital heart disease as a point of care service before the baby goes home.

2013 – The Legislature requires DSHS to design and implement hospital maternal and neonatal levels of care.

2013 – The Legislature creates the Maternal Mortality and Morbidity Task Force, which is charged to study and review individual cases of pregnancy-related deaths to make recommendations to improve maternal mortality and morbidity. The committee is later recoined as the Maternal Mortality and Morbidity Review Committee.

2014 – DSHS responds to the first case of Ebola diagnosed in the United States. Governor Rick Perry creates a task force to advise the commissioner on assessing the state's preparedness for infectious disease. The Legislature codifies the Task Force on Infectious Disease Preparedness and Response the following year.

2015 – Following the April 2013 ammonium nitrate explosion in West, Texas, the Legislature acts to regulate the storage of ammonium nitrate and other hazardous materials. Implementation of the Texas Community Right-To-Know Acts (TCRAs) is transferred from DSHS to TCEQ.

2015 – Following Sunset Commission evaluation, the Legislature scales the Department's responsibilities to focus on core public health functions. This involves the transfer of many functions to HHSC, the Texas Department of Licensing and Regulation, and the Texas Medical Board. The Legislature oversees implementation of these changes through the Texas Legislative Oversight Committee.

2017 – DSHS responds to Hurricane Harvey and activates its State Medical Operations Center (SMOC) to coordinate the public health and medical aspects of the disaster response in concert with the State Operations Center (SOC) structure.

2019 – The Legislature creates a consumable hemp program at DSHS to regulate the manufacture, distribution, and sale of consumable hemp products (CHP) containing less than 0.3% THC.

2019 – The Legislature creates the Newborn Screening Preservation Account, a dedicated account in the general revenue fund that DSHS may use to add new recommended disorders to the screening panel.

2019 – The DSHS Newborn Screening Program begins screening all newborns for X-linked adrenoleukodystrophy (X-ALD), a rare, serious genetic disorder characterized by damage to the nervous system and adrenal glands that do not work properly.

2020 – DSHS responds to the COVID-19 pandemic, with response activities including providing resources for epidemiology, testing, personal protective equipment, hospital surge staff, monoclonal antibodies, and vaccines. DSHS manages an influx of federal grants related to supporting the response and improving the public health infrastructure.

2021 – The Legislature codifies the Office of the Chief State Epidemiologist.

2021 – The Newborn Screening Program begins screening all newborns for Spinal Muscular Atrophy (SMA), a rare neuromuscular disorder that results in loss of motor neurons and progressive muscle wasting and is a leading genetic cause of death in infants and toddlers.

2021 – An injunction granted in the case Sky Marketing Corp DBA Hometown Hero vs DSHS lawsuit prevents DSHS from enforcement action on any THC product other than those involving Delta-9 THC.

2022 – Texas Supreme Court rules on DSHS v. Crown Distributing, LLC, to maintain the ban on smokeable hemp products manufactured or processed within the state. However, it does not ban the sale of smokeable hemp products manufactured outside of Texas.

2023 – The Legislature provides DSHS funding to implement the Federally Qualified Health Center (FQHC) Incubator Grant program and a grant program to increase scholarships for training for EMS professions.

2024 – DSHS launches TIAP (Texas Insurance Assistance Program)-PLUS to assist eligible individuals living with HIV with their health insurance premium and medication copayments and deductibles.

2025 – The Attorney General issues an opinion that district court orders that direct state agencies to amend a person's biological "sex" designation on state identification documents are invalid.

IV. Policymaking Structure

A. Complete the following table to provide information on members of your policymaking body.

Texas Department of State Health Services
Exhibit 5: Policymaking Body

Member Name	Current Term / Appointment Dates / Appointed By	Previous Terms Served (if applicable)	Qualification	City
Cecile Young	Appointed by the Governor	N/A	HHS Executive Commissioner	Austin, TX
Vacant	Appointed by the Governor	N/A	DFPS (Department of Family Protective Services) Commissioner	Austin, TX
Jennifer A. Shuford, MD, MPH	Appointed by the Executive Commissioner	N/A	DSHS Commissioner	Austin, TX
Raymond Winter	Appointed by the Executive Commissioner	N/A	HHS Inspector General	Austin, TX
Jordan Dixon	Appointed by the Executive Commissioner	N/A	HHSC Chief Policy and Regulatory Officer	Austin, TX
Maurice McCreary	Appointed by the Executive Commissioner	N/A	HHSC Chief Operating Officer	Austin, TX
Michelle Alleto	Appointed by the Executive Commissioner	N/A	HHSC Chief Program and Services Officer	Austin, TX
Emily Zalkovsky	Appointed by the Executive Commissioner	N/A	HHSC Chief Medicaid and CHIP Services Officer	Austin, TX

Table 5 Exhibit 5 Policymaking Body

B. Describe the primary role and responsibilities of your policymaking body.

The HHS Executive Council seeks and receives public comment on:

- Proposed rules;
- Recommendations of advisory committees established under Texas Administrative Code, Title 1, Part 15, Chapter 351, Subchapter B, Rule §351.801;
- Legislative appropriations request or other documents related to the appropriations process;
- Operation of health and human services programs; and
- Other items the Executive Commissioner determines appropriate.

Executive Council Members have the following responsibilities:

- Attend regular HHS Executive Council meetings, and delegate attendance as needed;
- Provide agency remarks and updates on a quarterly basis;
- Submit rule projects for formal public comment;
- Hear and receive public comments on rule projects;
- Announce updates or recommendations from advisory committees; and
- Share information on the status of rules projects.

C. How is the chair selected?

The Executive Commissioner is appointed by the Governor. The role entails serving as chair of the HHS Executive Council.

D. List any special circumstances or unique features about your policymaking body or its responsibilities.

Since the HHS Executive Council covers all HHS agencies, its meetings provide a streamlined opportunity for public and industry representatives to hear updates and provide comments on rule proposals for multiple agencies in one venue. Previously, stakeholders would have to keep up with multiple Council meetings and agendas when they wanted to participate in the formal rulemaking process.

E. In general, how often does your policymaking body meet? How many times did it meet in fiscal years 2020 through 2024? Explain if the policymaking body met in-person or virtually during this time.

The HHS Executive Council meets at least quarterly and started monthly meetings in July 2025 to better meet the large volume of rules. In 2020, the Council met virtually. However, the Council now meets in a hybrid setting where Council members attend in person, and external stakeholders can choose to join virtually or in person. The HHS Executive Council conducts meetings in accordance with the requirements of the Open Meetings Act.

F. Does the policymaking body broadcast and archive its meetings?

Yes, the HHS Executive Council meeting is broadcast online and archived on the HHS Executive Council website, in accordance with the Open Meetings Act.

G. Briefly describe all the training the members of the agency's policymaking body receive. How often do members receive this training or updated materials?

The HHSC Advisory Committee Coordination Office (ACCO) coordinates training, scheduling, and meeting facilitation for the HHS Executive Council. ACCO onboards new members and orients them to rules and Council processes. ACCO also helps prepare members for Executive Council meetings. This process includes sharing meeting materials ahead of the meeting.

G. What information is regularly presented to your policymaking body to keep them informed about the agency's operations and performance?

HHS Executive Council members provide updates on their agencies on a quarterly basis, or more frequently if needed. Other meetings focus on presenting and receiving comments on rules under consideration. Executive Council information sharing focuses on keeping the public apprised of key agency highlights, including updates on:

- Financial and appropriation;
- Legislative session;
- Agency and programmatic;
- Proposed and adopted agency rules; and
- Advisory committees.

H. How does your policymaking body obtain input from the public regarding issues under the agency's jurisdiction? How is this input incorporated into the operations of your agency?

In accordance with the Open Meetings Act, the meetings and agendas are shared with the public ahead of time to give the public an opportunity to engage on agenda topics. In some instances, stakeholders may submit informal comments prior to the meeting. Stakeholders may also provide public comments at HHS Executive Council meetings in accordance with the Open Meetings Act. The Executive Council accepts public comments verbally or in writing and must pertain to the items listed on the HHS Executive Council agenda. HHS Executive Council member agencies then review public comments and incorporate feedback as appropriate.

I. If your policymaking body uses subcommittees, advisory committees, councils, or other groups to carry out its duties, fill in the following table. *See Exhibit 6 Example*. For any advisory committees established in statute, please note the date of creation for the committee as well as the abolishment date as required by Texas Government Code, Section 2110.008.

In addition, please attach a copy of any reports your agency filed under Texas Government Code, Section 2110.007 regarding an assessment of any statutory advisory committees as Attachment 28.

Texas Department of State Health Services
Exhibit 6: Subcommittees and Advisory Committees

Name of Subcommittee or Advisory Committee	Size / Composition / How are members appointed?	Purpose / Duties	Legal Basis for Committee (statute or rule citation)	Creation and Abolishment Dates
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Table 6 Exhibit 6 Subcommittees and Advisory Committees

V. Funding

A. Provide a brief description of your agency's major sources of funding.

The Texas Department of State Health Services (DSHS) fiscal year (FY) 2024 budget was $1.8 billion. General Revenue (GR) funds represented 20 percent of the budget, General Revenue-Dedicated (GRD) funds were 9 percent, and other funds were 8 percent. Federal funds represented 63% of the Department's funding sources, higher than historic levels. This was due to the many temporary grants DSHS administered related to the pandemic response.

In the fiscal years 2026- 2027, DSHS continues to close out pandemic-related grants and expects the department's federal funds to normalize at lower levels. DSHS relies heavily on federal funding for many of its major program areas: preparedness, immunizations, maternal and child health, programs related to chronic disease, and disease surveillance and reporting. Prior to the pandemic, federal grant funding accounted for roughly 50 percent of the budget. In some cases, programs supported by federal funds have no GR funding counterpart. The top federal funding sources are:

- HIV Care formula grants,
- Public Health Emergency Preparedness funding,
- Maternal and Child Health Services Block Grant (Title V),
- HIV Prevention funding,
- Hospital Preparedness Program funding,
- Immunization grants, and
- Epidemiology Laboratory Capacity grants.

In FY 2024, DSHS had 72 federal grants unrelated to the pandemic, with many of those grants administered by the Centers for Disease Control and Prevention (CDC) or other U.S. Health and Human Services (HHS) agencies. The wide variety of federal funds creates a complex budget monitoring process. Most federal fund grant periods do not align with the state fiscal year, and changes at the federal level can have significant consequences to the Department's ability to provide core public health services. Additionally, some federal grants require match or maintenance of effort (MOE), including the Maternal and Child Health and HIV Services grants. In FY 2024, 21 percent of the Department's GR appropriations were to cover MOE or match requirements.

DSHS also has several programs that generate fee revenue to cover program costs. Not all of this revenue is appropriated to the Department. In some cases, revenue is deposited into a GR-D account, so the unappropriated amount accumulates into a fund balance. In other cases, fee revenue is deposited into GR, which does not grow a specific fund balance. The fee revenue above appropriations is swept and not able to be used by DSHS, such that the program is more limited in its ability to address increasing or changing demand. Similarly, some fees are set in statute at levels where DSHS is unable to fully recoup the costs of program operation. Additionally, the process to change a fee is very time consuming, in excess of a year, which hinders the Department's ability to be responsive to increased programmatic costs. DSHS programs that generate revenue include consumer protection programs, Vital Statistics, and the DSHS Public Health Laboratory.

Over half the agency's GR-D appropriations are from GRD-5111, the Trauma Facility and EMS Account, which is used to reimburse uncompensated trauma care. Most of these funds are a passthrough to the Texas Health and Human Services Commission (HHSC) to be matched with Medicaid or to other non-Medicaid facilities. The GRD-5111 account receives funds from several sources, including a portion of court fines for traffic-related violations and DWI fines.

B. List all riders that significantly impact your agency's budget.

Most of the DSHS riders direct DSHS on how to administer funds for a specific purpose within a program. However, three riders provide additional guidance on fee-generated revenue and are of significant impact to the Department.

- ***Rider 3, Appropriations Limited to Revenue Collections***. This rider estimates the amount of revenue DSHS will collect and allows appropriations to those estimates for the Food (Meat) & Drug Safety accounts, the Environmental Health accounts, and Radiation Control account.
- ***Rider 5, Texas.Gov Authority Appropriation.*** This rider allows DSHS to increase the fees of certain online services to cover Texas.gov costs and include appropriation amounts for this.
- ***Rider 7, Appropriation: Contingent Revenue***. This rider allows DSHS to collect revenue above the Comptroller's biennial revenue estimate (BRE) for ten GR-D accounts if the Comptroller finds sufficient support for the projection of additional revenue.

Two special provisions also have a significant impact on the DSHS budget.

- ***Article II, Special Provision 14, Limitation: Expenditure and Transfer of Public Health Medicaid Reimbursement***. This special provision appropriates funds from the Public Health Medicaid Reimbursements, which are Medicaid payments for newborn screening tests. The rider appropriates funding to DSHS to run the newborn screening program, the primary care office, and administration to support the program. It also provides funds to Medicaid client services. The special provision in conjunction with Health and Safety Code, Section 33.052, provides transfer authority and appropriation authority for the Newborn Screening Preservation Account, which is used to fund start-up costs for the DSHS Public Health Laboratory to screen for additional disorders.
- ***Article II, Special Provision 15, Use of Trauma Fund Receipts***. This special provision directs the use of the appropriation form GR-D 5111, the Trauma Facility and EMS Account. To maximize the availability of federal funds under Medicaid, an interagency contract between DSHS and HHSC provides for the transfer of approximately $80 million annually to HHSC to provide add-on payments to trauma care and safety-net Medicaid hospitals. The remaining $13 million remains at DSHS for non-Medicaid hospitals, the regional advisory councils, EMS, and to administer the program.

C. Show your agency's expenditures, including transfers, broken down into clear and easy-to-understand categories, as shown in the examples provided. This information forms the basis of the "Agency at a Glance" section of Sunset's reports. *See Exhibit 7 Example.* Please ensure the totals provided for Expenditures and Sources of Revenue are equal.

Texas Department of State Health Services
Exhibit 7: Expenditures — Fiscal Year 2024 (Actual)

Category	Amount Spent	Percentage of Total	Contract Expenditures Included in Total Amount
Center for Health Statistics	$8,895,823	0.76%	$328,000
Disease Surveillance and Epidemiology	$34,513,585	2.95%	$9,228,158
Environmental Epidemiology & Disease Registries	$11,913,936	1.02%	
FQHC Incubator Program	$17,855,875	1.52%	
Health Promotion & Chronic Disease	$19,268,345	1.64%	$8,289,447
Injury Prevention	$2,289,836	0.20%	$512,652
Maternal & Child Health	$53,743,825	4.59%	$13,929,123
Vital Statistics	$17,853,071	1.52%	
Compliance	$1,292,062	0.11%	
EMS/Trauma Systems	$96,621,645	8.25%	$91,718,752
Environmental	$6,051,869	0.52%	
Food & Drug	$15,419,368	1.32%	
Meat Safety	$9,434,495	0.81%	
Radiation	$8,420,690	0.72%	
Admin	$96,567,753	8.24%	$6,940,169
Assoc Comm	$54,060,901	4.61%	$44,618,394
Agency Cost Pools	$120,568,797	10.29%	
HIV/STD	$234,324,160	19.99%	$88,687,119
Immunizations	$140,176,915	11.96%	$74,360,782
Pharmacy	$1,285,827	0.11%	
TB and Hansen's Disease	$28,666,128	2.45%	15,190,639

Category	Amount Spent	Percentage of Total	Contract Expenditures Included in Total Amount
Public Health Laboratory	$77,318,963	6.60%	$4,072,348
Center for Health Emergency Preparedness and Responses	$115,081,079	9.82%	$81,307,468
Office of Border Public Health	$1,684,543	0.14%	$23,269
Regional Support	$19,708,200	1.68%	$112,386
Texas Center for Infectious Disease	$17,319,514	1.48%	
GRAND TOTAL:	**$1,210,337,205**	**100.00%**	**$439,318,706**

Table 7 Exhibit 7 Expenditures

D. Show your agency's sources of revenue broken down into clear and easy-to-understand categories, as shown in the examples provided. This information forms the basis of the "Agency at a Glance" section of Sunset's reports. Include all local, state, and federal appropriations; all professional fees (for licensure and certification) and operating fees (charged to agency customers for services); and all other sources of revenue collected by the agency, including taxes and fines. *See Exhibit 8 Example.* Please ensure the totals provided for Expenditures and Sources of Revenue are equal.

Texas Department of State Health Services
Exhibit 8: Sources of Revenue — Fiscal Year 2024 (Actual)

Source	Amount
GR-0001: General Revenue	$258,661,071
GR-0758: GR Match for Medicaid	$2,131,070
GR-8003: GR for Maternal and Child Health	$19,360,031
GR-8005: GR for HIV Services	$50,901,681
GRD-0019: Vital Statistics	$9,360,967
GRD-0036: Texas Department of Insurance Operating Fund	$6,353,814
GRD-0129: Hospital Licensing	$1,133,049
GRD-0341: Food and Drug Fee	$2,958,366
GRD-0512: Bureau of Emergency Management	$3,213,466
GRD-0524: Public Health Services Fee	$24,029,118
OF-0802: License Plate Trust Fund	$166,109
GRD-5007: Commission on State Emergency Communications	$1,309,035
GRD-5017: Asbestos Removal Licensure	$3,035,840
GRD-5020: Workplace Chemicals List	$43,882

Source	Amount
GRD-5021: Certificate of Mammography Systems	$1,287,728
GRD-5022: Oyster Sales	$77,637
GRD-5024: Food and Drug Registration	$9,184,827
GRD-5048: Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease	$883,000
GRD-5108: EMS, Trauma Facilities, Trauma Care Systems	$2,657,364
GRD-5111: Trauma Facility and EMS	$81,896,802
GRD-5125: Childhood Immunizations	$39,451
GRD-5183: Newborn Screening Preservation	$1,033,337
FF-0325: Coronavirus Relief Fund	$306,733,443
FF-0555: Federal Funds	$317,420,684
OF-0666: Appropriated Receipts	$19,167,819
OF-0707: State Chest Hospital Fees and Receipts	$152,811
OF-0709: Public Health Medicaid Reimbursements	$41,917,058
OF-0777: Interagency Contracts	$20,745,807
OF-8149: HIV Vendor Drug Rebates	$24,481,938
TOTAL	**$1,210,337,205**

Table 8 Exhibit 8 Sources of Revenue

E. If you receive funds from multiple federal programs, show the source agency and type of federal funding. *See Exhibit 9 Example.*

Texas Department of State Health Services
Exhibit 9: Federal Funds — Fiscal Year 2024 (Actual)

Source/Type of Fund	Description of Fund	State/ Federal Match Ratio	State Share	Federal Share	Total Funding
USDA	**10.475.000** Talmadge Aiken (Meat & Poultry Inspections)	50/50	$4,059,669	$4,059,669	$8,119,338
USDA	**10.475.002** Talmadge Aiken (Meat & Poultry Inspections) Technical Assistance	0/100	$-	$242	$242

Source/Type of Fund	Description of Fund	State/ Federal Match Ratio	State Share	Federal Share	Total Funding
USDA	**10.475.003** Talmadge Aiken Base Grant Meat & Poultry Inspection	50/50	$59,061	$59,061	$118,122
USDA	**10.561.000** State Admin Matching Grants for Supplemental Nutrition Assist Prog	0/100	$-	$1,529,562	$1,529,562
HUD	**14.241.000** Housing Opportunities for Persons with AIDS	0/100	$-	$7,944,198	$7,944,198
USDOT	**20.600.002** Car Seat & Occupant Project	0/100	$-	$326,201	$326,201
USDOT	**21.027.119** ARPA	0/100	$-	$6,243,914	$6,243,914
HRSA	**20.616.000** Car Seat & Occupant Project (EMS Trauma)	0/100	$-	$338,918	$338,918
EPA	**66.001.000** Air Pollution Control Program Support	0/100	$-	$267,123	$267,123
EPA	**66.605.000** Lead	0/100	$-	$203,142	$203,142
EPA	**66.701.002** Texas PCB/Asbestos in Schools Compliance	25/75	$12,239	$48,956	$61,195
EPA	**66.707.000** TSCA Title IV State Lead Grants	0/100	$-	$21,632	$21,632
EPA	**81.106.000** Transport of Transuranic Wastes to the Waste Isolation Pilot Plant	0/100	$-	$217,883	$217,883
USDOE	**81.214.000** Environmental Oversite	0/100	$-	$280,928	$280,928
ASPR	**93.069.000** Public Health Emergency Preparedness	10/90	$3,690,469	$36,904,695	$40,595,164

Source/Type of Fund	Description of Fund	State/ Federal Match Ratio	State Share	Federal Share	Total Funding
CDC	**93.070.000** Environmental Public Health and Emergency Response	0/100	$-	$33,957	$33,957
CDC	**93.070.001** Environmental Public Health & Emergency Response: Texas Asthma Control Program	0/100	$-	$645,222	$645,222
CDC	**93.073.000** Birth Defects & Developmental Disabilities - Prevention & Surveillance	0/100	$-	$325,479	$325,479
CDC	**93.079.000** Texas School-Based Surveillance Adolescent Health Practices & Policies	0/100	$-	$83,821	$83,821
CDC	**93.080.000** Sickle Cell Data Collection	0/100	$-	$42,166	$42,166
CDC	**93.088.000** Advancing System Improvements for Key Issues in Women's Health	0/100	$-	$46,264	$46,264
CDC	**93.103.000** Food and Drug Administration Research	0/100	$-	$792,002	$792,002
DHHS	**93.008.000** Texas MRC-STTRONG	0/100	$-	$329,349	$329,349
FDA	**93.065.000** Public Health Laboratory Infrastructure	0/100	$-	$131,601	$131,601
HRSA	**93.110.000** Children's Oral Healthcare Access	0/100	$-	$2,232	$2,232
HRSA	**93.110.005** State System Development Initiative	0/100	$-	$55,638	$55,638
CDC	**93.116.000** Project & Cooperative Agreements for Tuberculosis Control	0/100	$-	$8,043,628	$8,043,628

Source/Type of Fund	Description of Fund	State/ Federal Match Ratio	State Share	Federal Share	Total Funding
HRSA	**93.130.000** Primary Care Services-Resource Coordination & Development	0/100	$-	$176,424	$176,424
CDC	**93.136.000** Injury Prevention and Control Research	0/100	$-	$804,534	$804,534
CDC	**93.136.003** Rape Prevention Education	0/100	$-	$2,810,486	$2,810,486
CDC	**93.197.000** Childhood Lead Poisoning Prevention	0/100	$-	$446,551	$446,551
CDC	**93.240.000** State Capacity Building	0/100	$-	$149,321	$149,321
HRSA	**93.251.000** Universal Newborn Hearing Screening	0/100	$-	$210,836	$210,836
CDC	**93.262.000** Occupational Safety and Health Research	0/100	$-	$99,992	$99,992
CDC	**93.268.000** Immunization Grants	0/100	$-	$24,652,650	$24,652,650
CDC	**93.268.119** Immunization Cooperative Agreements	0/100	$-	$87,535,684	$87,535,684
CDC	**93.270.000** Adult Viral Hepatitis Prevention and Surveillance	0/100	$-	$113,827	$113,827
CDC	**93.314.000** Early Hearing Detection & Intervention Information System Surveillance	0/100	$-	$104,025	$104,025
CDC	**93.323.000** Epidemiology & Lab Capacity for Infectious Diseases (ELC)	0/100	$-	$2,025,657	$2,025,657
CDC	**93.323.119** COVID19 Epidemiology and Lab Capacity for Infectious Diseases (ELC)	0/100	$-	$154,162,842	$154,162,842

Source/Type of Fund	Description of Fund	State/ Federal Match Ratio	State Share	Federal Share	Total Funding
CDC	**93.336.000** Behavioral Risk Factor Surveillance	0/100	$-	$422,419	$422,419
CDC	**93.354.119** COVID19 Public Health Emergency Response	0/100	$-	$26,464,408	$26,464,408
CDC	**93.387.000** National and State Tobacco Control	0/100	$-	$2,132,022	$2,132,022
FDA	**93.334.000** Alzheimer's Disease	30/70	$92,170	$215,064	$307,234
CDC	**93.354.000** Public Health Emergency Response: Cooperative Agreement for Emergency Response	0/100	$-	$153,767	$153,767
CDC	**93.391.119** Support Hlth Dept Response to Pub Health Crises COVID	0/100	$-	$9,200,447	$9,200,447
CDC	**93.426.001** Diabetes/Heart Disease/Stroke	0/100	$-	$561,521	$561,521
CDC	**93.967.000** Regular funding for Strengthening Public Health Infrastructure	0/100	$-	$2,461,636	$2,461,636
CDC	**93.981.000** School-Based Interventions	0/100	$-	$250,975	$250,975
CDC	**93.988.000** Diabetes Control Programs & Evaluation of Surveillance Systems	0/100	$-	$553,530	$553,530
CDC	**93.426.000** Prevention and Management of Diabetes, Heart Disease, and Stroke	0/100	$-	$93,574	$93,574
CMS	**93.435.000** Innovative Strategies to Prevent Diabetes, Heart Disease, and Stroke	0/100	$-	$168,047	$168,047

Source/Type of Fund	Description of Fund	State/ Federal Match Ratio	State Share	Federal Share	Total Funding
SAMHSA	**93.439.000** Texas Physical Activity and Nutrition Program	0/100	$-	$631,450	$631,450
DHHS	**93.478.000** Preventing Maternal Deaths: Supporting Maternal Mortality Review Committee	0/100	$-	$443,043	$443,043
CDC	**93.778.003** Medical Assistance Program 50%	50/50	$3,576,443	$7,152,886	$10,729,329
HRSA	**93.788.000** Opioid State Targeted Response	0/100	$-	$441,952	$441,952
CDC	**93.889.000** National Bioterrorism Hospital Preparedness Program	10/90	$1,433,619	$14,336,199	$15,769,818
CDC	**93.898.000** Cancer Prevention and Control Programs	0/100	$-	$1,278,306	$1,278,306
CDC	**93.917.000** HIV Care Formula Grants	50/50	$63,417,049	$126,834,098	$190,251,147
CDC	**93.940.000** HIV Prevention Activities-Health Department Based	0/100	$-	$6,478,410	$6,478,410
CDC	**93.940.005** HIV Surveillance Program	0/100	$-	$356,462	$356,462
CDC	**93.940.006** HIV Prevention Program: Category A: HIV Prevention Core	0/100	$-	$15,938,449	$15,938,449
CDC	**93.944.002** Morbidity and Risk Behavior Surveillance	0/100	$-	$245,411	$245,411
CDC	**93.946.000** State-Based Safe Motherhood and Infant Health Initiative Program	0/100	$-	$134,980	$134,980
CDC	**93.967.119** Public Health Infrastructure	0/100	$-	$10,463,820	$10,463,820

Source/Type of Fund	Description of Fund	State/ Federal Match Ratio	State Share	Federal Share	Total Funding
CDC	**93.977.000** Preventive Health Services-STD Control	0/100	$-	$6,230,438	$6,230,438
CDC	**93.977.119** COV19 Preventive Health Services STD	0/100	$-	$12,103,801	$12,103,801
CDC	**93.991.000** Preventive Health and Health Services Block Grant	0/100	$-	$6,860,904	$6,860,904
HRSA	**93.994.000** Maternal and Child Health Services Block Grants to the States	75/25	$21,537,951	$28,717,269	$50,255,220
FEMA	**97.036.119** COVID19 Public Assistance Category B (Emergency Protective Measures)	0/100	$-	$558,527	$558,527
	TOTAL		**$97,878,670**	**$624,154,127**	**$722,032,797**

Table 9 Exhibit 9 Federal Funds

F. If applicable, provide detailed information on the fees your agency collects. Please explain how much fee revenue is deposited/returned to the General Revenue Fund and why, if applicable. ***See Exhibit 10 Example.***

Texas Department of State Health Services
Exhibit 10: Fee Revenue — Fiscal Year 2024

Fee Description/ Program/ Statutory Citation	Current Fee	Fees Set by Statute or Rule?	Statutory Maximum or Minimum, if applicable	Number of Persons or Entities Paying Fee	Fee Revenue	Where Fee Revenue is Deposited
Abusable Volatile Chemical Permit/ H&SC § 485.013	$55	Rule	N/A	25,493	$775,581	General Revenue Fund
Asbestos Removal Licensure/ TOC §§ 1954.056, 1954.062, 1954.105, 1954.108, 1954.109,1954.201, 1954.203-1954.204	$20 - $3,210	Rule	N/A	6,093	$2,899,164	GR-D 5017
Bloodborne Pathogen/ H&SC § 81.006	$2,000 - $2,500	Rule	N/A	0	$0	General Revenue Fund

Fee Description/ Program/ Statutory Citation	Current Fee	Fees Set by Statute or Rule?	Statutory Maximum or Minimum, if applicable	Number of Persons or Entities Paying Fee	Fee Revenue	Where Fee Revenue is Deposited
Body Piercing/ H&SC §§ 12.0111 & 146.005	$100 - $400	Rule	N/A	1,114	$232,831	General Revenue Fund
Consumable Hemp Product/ H&SC § 443.101 (Consumable Hemp Product License), H&SC § 443.2025(b) Hemp Retail Registration	$100 - $250	Rule	N/A	4,960	$1,564,237	General Revenue Fund
Food and Drug Wholesale Distribution/Manufacturing/ H&SC §§ 431.2211(d) & (e) (Food Wholesale Registrants) H&SC §§ 431.222 and 431.224 (Food Manufacturers, Warehouse Operators, and Food Wholesalers), 431.204 (Wholesale Distributors of Nonprescription Drugs), 431.409 (Wholesale Distributors of Prescription Drugs), 431.241 (g) (Certificate of Free Sale), 12.0111 (Licensing Fee)	$5 - $2,295	Rule	N/A	27,086	$9,320,800	GR-D 5024
Food, Drug, Device, & Cosmetic Salvage/ H&SC §§ 12.0111, 432.009	$100 - $1,200	Rule	N/A	248	$122,933	General Revenue Fund
Food Manager Certification/ H&SC §§ 12.0111, 437.0056, 438.106	$100 - $2,000	Rule	N/A	11	$4,600	General Revenue Fund
Food Service Establishments/ H&SC §§ 12.0111, 437.0125	$50 - $750	Rule	N/A	11,310	$3,271,258	GR-D 0341
Food Service Handler Certification/ H&SC § 438.047	$100 - $600	Rule	N/A	102	$44,449	General Revenue Fund
Frozen Desserts/ H&SC §§12.0111, 440.013	$5 - $800	Rule	N/A	63	$269,056	General Revenue Fund
Hazardous Products Manufacturing/ H&SC §§ 12.0111, 501.024, 501.026	$630	Rule	N/A	515	$173,048	General Revenue Fund
Lead-Based Paint Certification Program/ H&SC §§ 12.0111, TOC §§ 1955.053, 1955.055,1955.057, 1955.058	$20 - $1,000	Rule	N/A	902	$247,196	General Revenue Fund

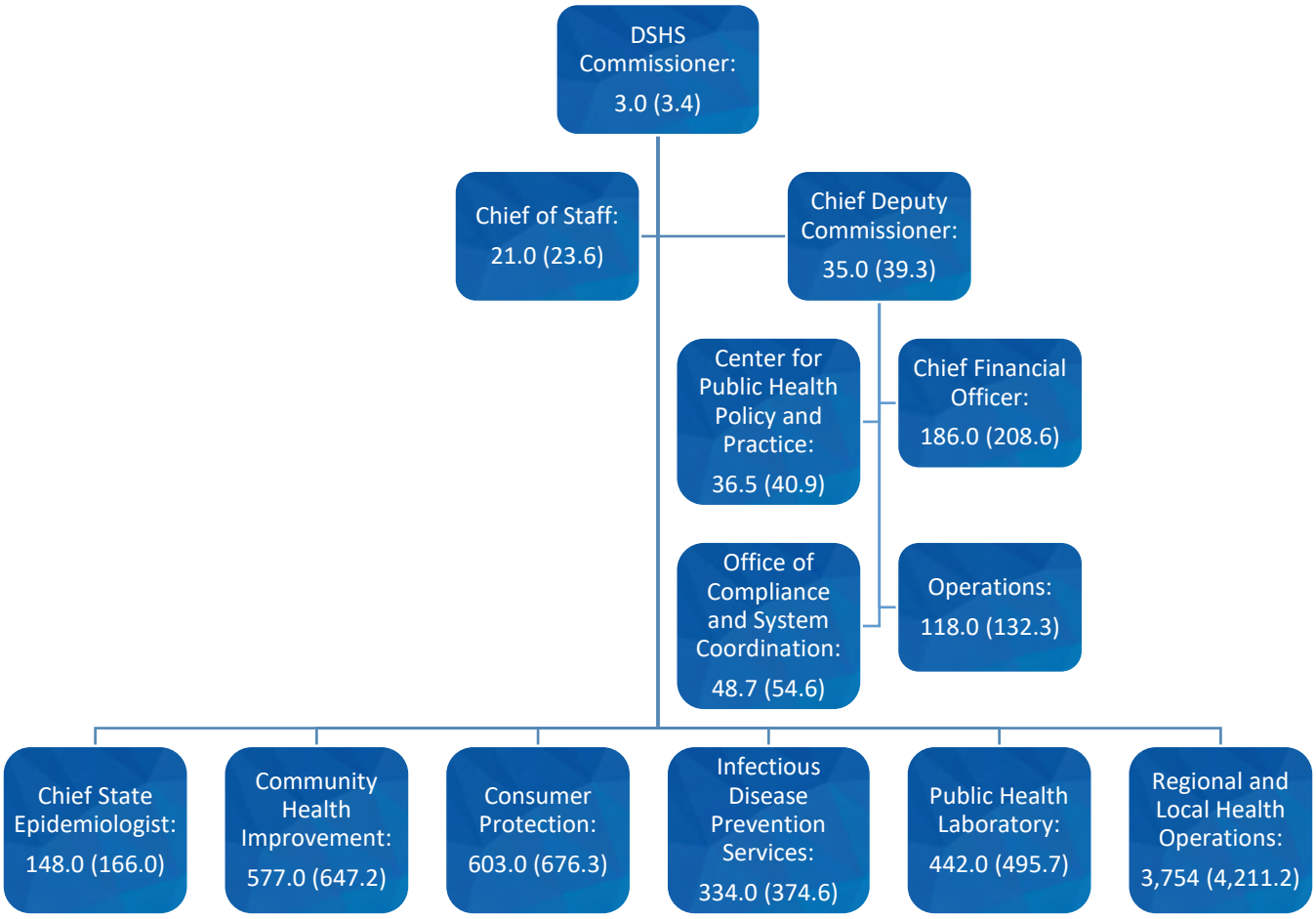
Fee Description/ Program/ Statutory Citation	Current Fee	Fees Set by Statute or Rule?	Statutory Maximum or Minimum, if applicable	Number of Persons or Entities Paying Fee	Fee Revenue	Where Fee Revenue is Deposited
Mammography Systems Certification and Accreditation/ H&SC § 401.427	$240 - $2,010	Rule	N/A	678	$1,442,643	GR-D 5021
Meat Inspection/ H&SC § 433.009	$60	Rule	N/A	13	$78,703	General Revenue Fund
Medical Device Distributor and Manufacturer/ H&SC §§ 12.0111, 431.276	$100 - $2,025	Rule	N/A	1,594	$1,167,275	GR-D 5024
Public Health Services/ H&SC §§ 12.0122, 12.031 – 12.039, 12.0127, 33.004	$1.37 - $1,727.08	Rule	N/A	4,269	$29,476,164	GRD - 0524
Prescription Drug Disclosure/ H&SC §§441.003, 441.0055, 441.0102, TGC §531.0055	$250	Rule	Max: $400	522	$141,824	General Revenue Fund
Radioactive Materials/Radiation Devices/Fixed Nuclear Facilities/ H&SC §§ 401.301, 401.302	$35 - $76,930	Rule	N/A	27,538	$11,087,143	General Revenue Fund
School and Non-permitted Food Establishments/ H&SC § 437.0125	$150 - $300	Rule	N/A	405	$276,701	General Revenue Fund
Tattoo Studios/ H&SC §§ 12.0111, 146.005	$100 - $900	Rule	N/A	3,754	$1,888,086	General Revenue Fund
Texas Health Care Information Collection (THCIC)/ H&SC § 108.012(b)	$30 - $6,000	Rule	N/A	44	$836,273	General Revenue Fund
Vital Statistics/ H&SC §191.0045, 192.0021, 193.001 & 194.005, GC §2054.2591; FC §108.006; FC §162.411	$3 - $60	Rule and statute	N/A	539,933	$9,432,236	GRD - 0019
Youth Camps/ H&SC §§ 141.0035, 141.004, 141.005 and 141.0095; TEC §51.976	$20 - $750	Rule	N/A	446	$118,033	General Revenue Fund
Emergency Medical Services/ H&SC §§ 12.011, 773.050, 773.052, 773.054 - .057, 773.0572, 773.059, 773.071, 773.147, (EMS); 241.183 (Neonatal and Maternal); 773.116 (Trauma); and 773.205 (Stroke)	$10 - $5,000	Statute and Rule	Max: varies by type2	81,494	$3,354,378	GRD - 0512

Fee Description/ Program/ Statutory Citation	Current Fee	Fees Set by Statute or Rule?	Statutory Maximum or Minimum, if applicable	Number of Persons or Entities Paying Fee	Fee Revenue	Where Fee Revenue is Deposited
Insurance Notification/HIV/ TIC Annotated § 545.055	$25	Statute/Rule	N/A	17	$425	General Revenue Fund
Low Level Radioactive Waste/ H&SC §§ 401.301(d) (5% surcharge), 401.052(d) (Out of Compact Waste Shippers Fee), 401.307 (RPCA Caps)	$10/cubic foot - 5% of license fee	Statute/Rule	Yes, H&SC § 401.307 and 25 T.A.C. § 289.257(dd)(2) {note fee cap for "party state" waste generators}	1,430	$340,971	GRD - 5096
Milk Industry Products/ H&SC §§ 12.0111, 435.009	$5 - $800	Statute and Rule	$800	844	$2,196,799	General Revenue Fund
Oyster Sales/ H&SC §§ 436.103 (Fees), 12.0111 (Licensing Fee)	$1 - $5	Statute	$5 per container exceeding 110 pounds	67	$77,637	GRD - 5022

Table 10 Exhibit 10 Fee Revenue

VI. Organization

A. Provide an organizational chart that includes major programs and divisions and shows the number of FTEs in each program or division. Detail should include, if possible, division heads with subordinates and actual FTEs with budgeted FTEs in parentheses.



B. Complete the table below listing the agency's headquarters and number of FTEs and, if applicable, field or regional offices. *See Exhibit 11 Example.*

Texas Department of State Health Services
Exhibit 11: FTEs by Location — Fiscal Year 2025 (as of April Task Profile Updates)

Headquarters, Region, or Field Office	Location	Number of Budgeted FTEs FY 2025	Number of Actual FTEs (as of April Task Profile Updates)
Headquarters – Central Office	Austin	2,507.9	2,250.0
Headquarters – Texas Center for Infectious Disease	San Antonio	150.5	153.0

Headquarters, Region, or Field Office	Location	Number of Budgeted FTEs FY 2025	Number of Actual FTEs (as of April Task Profile Updates)
Region – Public Health Region (PHR) 7 Field Office	Abilene	18.5	17.0
Region – PHR 11 Field Office	Alice	7.8	7.0
Region – PHR 9/10 Field Office	Alpine	5.2	5.4
Region – PHR 2/3 Field Office	Anson	1.9	2.0
Region – PHR 2/3 Field Office	Archer City	1.9	2.0
Region – PHR 2/3 Headquarters	Arlington	188.9	173.0
Region – PHR 4/5N Field Office	Athens	1.9	2.0
Region – PHR 7 Field Office	Austin	5.8	6.0
Region – PHR 7 Field Office	Austin	5.8	6.0
Region – PHR 6/5S Field Office	Bacliff	3.9	4.0
Region – PHR 7 Field Office	Ballinger	1.9	2.0
Region – PHR 8 Field Office	Bandera	3.9	4.0
Region – PHR 7 Field Office	Bastrop	4.9	5.0
Region – PHR 6/5S Field Office	Bay City	1.9	2.0
Region – PHR 6/5S Field Office	Beaumont	9.2	7.5
Region – PHR 11 Field Office	Beeville	2.9	2.0
Region – PHR 6/5S Field Office	Bellville	3.9	4.0
Region – PHR 9/10 Field Office	Big Spring	2.9	2.0
Region – PHR 8 Field Office	Boerne	1.9	1.0
Region – PHR 2/3 Field Office	Bonham	2.9	2.0
Region – PHR 9/10 Field Office	Brady	1.9	2.0
Region – PHR 7 Field Office	Breckenridge	1.9	2.0
Region – PHR 7 Field Office	Brenham	1.0	-
Region – PHR 11 Field Office	Brownsville	6.8	7.0
Region PHR 7 Field Office	Brownwood	3.9	4.0
Region – PHR 7 Field Office	Bryan	2.9	3.0
Region – PHR 2/3 Field Office	Carrollton	1.0	1.0

Headquarters, Region, or Field Office	Location	Number of Budgeted FTEs FY 2025	Number of Actual FTEs (as of April Task Profile Updates)
Region – PHR 4/5N Field Office	Carthage	2.4	1.0
Region – PHR 7 Field Office	Centerville	3.9	2.0
Region – PHR 4/5N Field Office	Clarksville	1.0	1.0
Region – PHR 2/3 Field Office	Cleburne	5.8	5.0
Region – PHR 6/5S Field Office	Cleveland	1.9	1.0
Region – PHR 6/5S Field Office	Columbus	1.9	2.0
Region – PHR 6/5S Field Office	Conroe	5.3	3.5
Region – PHR 11 Field Office	Corpus Christi	19.4	19.0
Region – PHR 4/5N Field Office	Crockett	2.9	3.0
Region – PHR 8 Field Office	Del Rio	2.9	3.0
Region – PHR 2/3 Field Office	Denton	3.9	4.0
Region – PHR 1 Field Office	Dumas	4.1	4.0
Region – PHR 8 Field Office	Eagle Pass	14.3	13.8
Region – PHR 9/10 Headquarters	El Paso	73.8	64.0
Region – PHR 7 Field Office	Elgin	1.9	1.0
Region – PHR 11 Field Office	Falfurrias	2.9	2.0
Region – PHR 8 Field Office	Floresville	4.9	4.0
Region – PHR 9/10 Field Office	Fort Stockton	1.9	-
Region – PHR 2/3 Field Office	Fort Worth	1.0	1.0
Region – PHR 2/3 Field Office	Gainesville	6.8	4.0
Region – PHR 7 Field Office	Gatesville	1.9	2.0
Region – PHR 7 Field Office	Giddings	1.0	1.0
Region – PHR 4/5N Field Office	Gilmer	1.9	2.0
Region – PHR 8 Field Office	Goliad	3.9	4.0
Region – PHR 2/3 Field Office	Granbury	2.9	3.0
Region – PHR 8 Field Office	Hallettsville	5.8	5.0
Region – PHR 11 Headquarters	Harlingen	132.1	122.0

Headquarters, Region, or Field Office	Location	Number of Budgeted FTEs FY 2025	Number of Actual FTEs (as of April Task Profile Updates)
Region – PHR 7 Field Office	Hearne	1.9	2.0
Region – PHR 6/5S Field Office	Hempstead	2.9	2.0
Region – PHR 4/5N Field Office	Henderson	2.9	3.0
Region – PHR 1 Field Office	Hereford	4.9	5.0
Region – PHR 7 Field Office	Hillsboro	1.9	2.0
Region – PHR 6/5S Headquarters	Houston	204.4	189.5
Region – PHR 6/5S Field Office	Humble	1.0	1.0
Region – PHR 6/5S Field Office	Huntsville	1.9	2.0
Region – PHR 8 Field Office	Karnes City	1.9	2.0
Region – PHR 6/5S Field Office	Katy	1.0	1.0
Region – PHR 2/3 Field Office	Kaufman	3.9	3.0
Region – PHR 8 Field Office	Kerrville	3.9	4.0
Region – PHR 11 Field Office	Kingsville	1.9	2.0
Region – PHR 4/5N Field Office	Kirbyville	1.0	1.0
Region – PHR 7 Field Office	Lampasas	1.9	2.0
Region – PHR 11 Field Office	Laredo	9.7	9.0
Region – PHR 2/3 Field Office	Lewisville	1.0	-
Region – PHR 6/5S Field Office	Liberty	1.9	2.0
Region – PHR 4/5N Field Office	Linden	2.9	3.0
Region – PHR 4/5N Field Office	Livingston	2.9	3.0
Region – PHR 7 Field Office	Llano	1.0	-
Region – PHR 7 Field Office	Lockhart	3.9	3.0
Region – PHR 4/5N Field Office	Longview	10.7	10.0
Region – PHR 1 Headquarters	Lubbock	69.7	67.3
Region – PHR 4/5N Field Office	Lufkin	1.9	2.0
Region – PHR 7 Field Office	Marble Falls	1.9	1.0
Region – PHR 9/10 Field Office	Marfa	1.9	2.0

Headquarters, Region, or Field Office	Location	Number of Budgeted FTEs FY 2025	Number of Actual FTEs (as of April Task Profile Updates)
Region – PHR 7 Field Office	Marlin	1.0	-
Region – PHR 4/5N Field Office	Marshall	1.9	2.0
Region – PHR 11 Field Office	McAllen	23.3	21.0
Region – PHR 11 Field Office	Mercedes	11.7	10.0
Region – PHR 7 Field Office	Meridian	1.0	1.0
Region – PHR 7 Field Office	Mexia	2.9	3.0
Region – PHR 9/10 Field Office	Midland	35.4	32.0
Region – PHR 2/3 Field Office	Mineral Wells	3.9	4.0
Region – PHR 4/5N Field Office	Mount Pleasant	5.8	6.0
Region – PHR 4/5N Field Office	Nacogdoches	7.8	7.0
Region – PHR 7 Field Office	Navasota	2.9	3.0
Region – PHR 4/5N Field Office	New Boston	1.0	1.0
Region – PHR 4/5N Field Office	Palestine	3.9	4.0
Region – PHR 1 Field Office	Pampa	5.1	5.0
Region – PHR 4/5N Field Office	Paris	1.9	2.0
Region – PHR 8 Field Office	Pearsall	3.9	4.0
Region – PHR 4/5N Field Office	Pittsburg	2.4	2.0
Region – PHR 11 Field Office	Port Lavaca	1.9	2.0
Region – PHR 9/10 Field Office	Presidio	1.9	1.0
Region – PHR 11 Field Office	Raymondville	2.9	2.0
Region – PHR 11 Field Office	Rio Grande City	8.7	9.0
Region – PHR 2/3 Field Office	Rockwall	1.9	2.0
Region – PHR 9/10 Field Office	San Angelo	10.7	9.0
Region – PHR 8 Headquarters	San Antonio	168.5	152.5
Region – PHR 7 Field Office	San Saba	1.0	1.0
Region – PHR 8 Field Office	Seguin	3.9	4.0
Region – PHR 2/3 Field Office	Sherman	1.0	-

Headquarters, Region, or Field Office	Location	Number of Budgeted FTEs FY 2025	Number of Actual FTEs (as of April Task Profile Updates)
Region – PHR 9/10 Field Office	Sonora	2.9	3.0
Region – PHR 4/5N Field Office	Sulphur Springs	5.8	6.0
Region – PHR 7 Headquarters	Temple	98.6	89.5
Region – PHR 4/5N Field Office	Texarkana	3.9	2.0
Region – PHR 4/5N Headquarters	Tyler	98.1	95.0
Region – PHR 8 Field Office	Uvalde	6.8	7.0
Region – PHR 9/10 Field Office	Van Horn	1.0	1.0
Region – PHR 2/3 Field Office	Vernon	1.9	2.0
Region – PHR 8 Field Office	Victoria	5.8	6.0
Region – PHR 7 Field Office	Waco	4.9	5.0
Region – PHR 2/3 Field Office	Weatherford	1.9	2.0
Region – PHR 2/3 Field Office	Wichita Falls	9.7	10.0
Region – PHR 11 Field Office	Zapata	1.9	2.0
		Total: 4,211.2	Total: 3,826.0

Table 11 Exhibit 11 FTEs by Location

C. What are your agency's FTE caps for fiscal years 2023-27?

Fiscal Year	FTE Cap
2023	3,900.5
2024	4,170.2
2025	4,211.2
2026	3,940.3
2027	3,946.3

D. How many temporary or contract employees did your agency have in fiscal year 2024? If use of contractors is significant, please break out totals by program or department. Please provide a short summary of the purpose of each position type, amount of expenditures per position type, and procurement methods used.

Texas Department of State Health Services
Exhibit 12: Temporary/Contract Employees — Fiscal Year 2024

Type of Temporary/ Contract Employee	Purpose of Position	Number of These Employees	Amount Expended	Procurement Method
Administration	Center for Public Health Policy and Practice contractors from June 1, 2023-May 31,2024 for the internship program, academic outreach, and workforce development.	3	$71,061	Procured through Texas Smart Buy (CPA).
Associate Commissioners' Division Offices (now called Deputy Commissioners)	Contractors to initially manage the Federally Qualified Health Center (FQHC) Incubator Grant program created by the 88th Legislature.	3	$106,473	Procured through Texas Smart Buy (CPA).
Center for Health Emergency Preparedness and Response	Contractor to manage workplans and requirements for federal grants, including the Centers for Disease Control and Prevention (CDC) Preventative Health and Health Services Block Grant (PHHS) and the Public Health Emergency Preparedness (PHEP) Crisis Cooperative Agreement: Public Health Workforce.	1	$598,802	Exigent Procurement for COVID response issued under the disaster declaration.
Center for Health Emergency Preparedness and Responses	Contractor to manage workplans and requirements for federal grants, including PHHS and the PHEP Crisis Cooperative Agreement: Public Health Workforce.	1	$80,458	Procured through Texas Smart Buy (CPA).
Center for Health Statistics	Contractor to perform research and data analysis in support of Texas Overdose Data to Action grant activities.	1	$4,660	Procured through Texas Smart Buy (CPA).

Type of Temporary/ Contract Employee	Purpose of Position	Number of These Employees	Amount Expended	Procurement Method
COVID Contractor	Contractor to support pandemic response.	1	$17,285	DIR-CPO-4533.
COVID Contractor	Contractor to support COVID-19 related activities	29	10,987,726	Exigent Procurement for COVID-19 response issued under the disaster declaration.
COVID Contractor	Contractor to support COVID-19 related activities.	8	$26,760	Formal solicitation
COVID Contractor	Contractors to support COVID-19 related activities.	186	$15,324,961	Procured through Texas Smart Buy (CPA).
COVID Contractor	Contractors to support COVID-19 related activities.	5	$1,128,466	Request for Proposal.
Disease Surveillance and Epidemiology	Contractor to provide technical and subject matter expertise on time-sensitive infection control special projects (e.g., measles assessments) and mandated activities (e.g., CDC grant requirements).	1	$4,095	Procured through Texas Smart Buy (CPA).
Environmental Epidemiology and Disease Registries	Contractors to provide case coordination for children with elevated blood lead levels, conduct abstraction of medical records for children with birth defects and for the Texas Cancer Registry.	10	$307,666	Procured through Texas Smart Buy (CPA).
HIV/STD	Contractors to process high volumes of applications for the Texas HIV Medications Program.	28	$1,954,302	Procured through Texas Smart Buy (CPA).
Immunizations	Contractors to cover seasonal high volume of requests for conscientious exemptions and immunization history requests, and for grant-required provider recruitment for the Texas Vaccine for Children program.	8	$345,546	Procured through Texas Smart Buy (CPA).

Type of Temporary/ Contract Employee	Purpose of Position	Number of These Employees	Amount Expended	Procurement Method
Maternal and Child Health	Contractors to collect case files and complete data analysis for the Maternal Mortality and Morbidity Review Committee (MMMRC).	7	$383,221	Procured through Texas Smart Buy (CPA).
Office of Border Public Health	Contractors to conduct grant-required activities for the U.S. Department of Agriculture Supplemental Nutrition Assistance Program Education (SNAP-Ed) and CDC Cardiovascular Health grants.	3	$118,154	Procured through Texas Smart Buy (CPA).
Public Health Laboratory	Contractors to support increased testing and workload volumes, including reporting, specimen check-in, supply, and business operations.	14	$427,723	Procured through Texas Smart Buy (CPA).
Regional Support	Contractor to perform data entry, quality assurance, data reporting, and database updates for Tuberculosis (TB) cases.	1	$14,341	Procured through Texas Smart Buy (CPA).
Regional Support	Contractor to assist with various programmatic gaps including data entry, quality assurance and improvement, and assisting in planning, developing public health education program activities.	1	$5,766	Open Enrollment.
Regional Support	Contractors to assist with various programmatic gaps including data entry, quality assurance and improvement, and assisting in planning, developing public health education program activities.	4	$28,042	Procured through Texas Smart Buy (CPA).

Type of Temporary/ Contract Employee	Purpose of Position	Number of These Employees	Amount Expended	Procurement Method
TB and Hansen's Disease	Contractors to cover gaps in programmatic functions, including supporting operations for finances and grants, and performing services for the Heartland and TB Binational Program contracts.	4	$282,196	Procured through Texas Smart Buy (CPA).
Texas Center for Infectious Disease	Contractor nurse position to ensure appropriate patient- staff ratios.	1	$10,474	Procured through Texas Smart Buy (CPA).
Vital Statistics	Contractors to maintain timely business operations across Vital Statistics customer service areas.	12	$639,374	Procured through Texas Smart Buy (CPA).
		TOTAL: 332	**TOTAL:** $32,867,552	

Table 12 Exhibit 12 Temporary/Contract Employees

E. List each of your agency's key programs or functions, along with expenditures and FTEs by program. *See Exhibit 13 Example.* (If you have already completed the "Agency Program Information" spreadsheet in advance, you do not need to replicate any duplicative information below.

Texas Department of State Health Services
Exhibit 13: List of Program FTEs and Expenditures — Fiscal Years 2024 and 2025

Program	Actual FTEs FY 2024	Budgeted FTEs FY 2025	Actual Expenditures FY 2024	Budgeted Expenditures FY 2025
Center for Health Statistics	57.7	62.7	$8,895,823	$11,769,626
Disease Surveillance and Epidemiology	135.0	143.7	$34,513,585	$73,597,174
Environmental Epidemiology and Disease Registries	152.1	164.1	$411,913,936	$17,740,354
FQHC Incubator Program			$17,855,875	$24,266,310
Health Promotion and Chronic Disease	71.3	78.87	$19,268,345	$27,684,997
Injury Prevention	29.7	32.04	$2,289,836	$7,773,178
Maternal and Child Health	426.4	463.19	$53,743,825	$70,576,172
Vital Statistics	186.3	201	$17,853,071	$42,152,074
Compliance	18	19.42	$1,292,062	$1,397,860

Program	Actual FTEs FY 2024	Budgeted FTEs FY 2025	Actual Expenditures FY 2024	Budgeted Expenditures FY 2025
EMS/Trauma Systems	70.2	75.74	$96,621,645	$114,036,301
Environmental	83.6	91.76	$6,051,869	$6,633,929
Food and Drug	203.6	218.97	$15,419,368	$18,382,705
Meat Safety	139	148.96	$9,434,495	$10,494,583
Radiation	112.5	117.49	$8,420,690	$9,753,306
HIV/STD	257.2	268.89	$234,324,161	$310,157,072
Immunizations	318.6	312.99	$140,176,915	$215,631,406
Pharmacy	20.7	22.33	$1,285,827	$1,904,977
TB and Hansen's Disease	111.1	119.7	$28,666,128	$31,343,260
Public Health Laboratory	481.3	491.14	$77,318,963	$187,491,617
Center for Health Emergency Preparedness and Response	53.1	58.26	$115,081,079	$111,731,095
Office of Border Public Health	18	19.39	$1,684,543	$2,429,989
Regional Support	293.6	315.04	$19,708,200	$32,086,335
Texas Center for Infectious Disease	139.5	150.51	$17,319,514	$20,633,848
Associate Commissioner	104.2	139.83	$54,060,901	$67,065,961
Administration	468.9	495.2	$96,567,753	$279,888,567
Agency Cost Pools			$120,568,797	$101,826,209
TOTAL	**3,951.6**	**4,211.2**	**$1,210,337,205**	**$1,798,448,906**

Table 13 Exhibit 13 List of Program FTEs and Expenditures

VII. Guide to Agency Divisions and Programs

Administration

The Texas Department of State Health Services (DSHS) is organized into 8 divisions or offices with programmatic functions. These divisions and offices are each responsible for aspects of the Department's mission and five functions and include the:

- Regional and Local Health Operations Division,
- Chief State Epidemiologist Division,
- Community Health Improvement Division,
- Consumer Protection Division,
- Infectious Disease Prevention Division,
- Public Health Laboratory Division,
- Center for Public Health Policy and Practice, and
- Office of Public Health Data Modernization and Strategy.

The divisions report to the Commissioner, while the two offices with programmatic functions report to the Chief Deputy Commissioner. The Chief Deputy Commissioner also has oversight over certain administrative functions:

- ***Chief Financial Officer (CFO)***: The CFO's office is responsible for all accounting and budget functions for the department, including federal funds management.
- ***Compliance and System Coordination***: The Office of Compliance and System Coordination is responsible for coordinating the Department's strategic and operational planning; upkeep of DSHS rules and policies; privacy; executive memo routing; fiscal monitoring and audit functions.
- ***Operations*****:** Operations is responsible for contract management, human resources support, facilities support, and IT coordination.

The Chief of Staff is responsible for Government Affairs, Communications, Media, and Web Services.

Uniquely, the Department depends on the broader Texas Health and Human Services (HHS) administrative arm for most administrative support services. The Legislature charged HHS with providing those services to DSHS, but the Department does maintain staff for to ensure effective coordination with HHS for functions such as contract management, rules, privacy, human resources, and IT. For example, HHS IT provides all of the Department's IT support while DSHS has staff within the divisions to plan, coordinate and monitor IT projects and ensure DSHS priorities are met. HHS maintains a Privacy Office that may support DSHS or provide guidance, but DSHS maintains its own Privacy staff to ensure privacy issues are addressed timely. The DSHS Contract Management Section

within Operations is responsible for DSHS contracts and works closely with HHS Procurement and Contracting Services. Of note, the DSHS Commissioner does not have her own legal counsel on staff. Rather, HHSC Office of Chief Counsel hires and employs legal staff who are assigned to DSHS. The DSHS General Counsel reports to the HHSC Chief Counsel.

DSHS pays HHS a quarterly oversight bill to pay for these functions. HHS initiates service support agreements (SSAs) to delineate administrative responsibilities and updates to the SSAs can occur when needed. The SSAs that govern HHS provision of administrative support include:

- Procurement and Contracting Services;
- Audit and Compliance (Internal Audit);
- Communications;
- Transformation and Innovation;
- Compliance and Quality Control;
- System Support Services;
- Appeals (Office of Chief Counsel);
- Legal Services (Office of Chief Counsel);
- Privacy (Office of Chief Counsel);
- Policy and Rules; and
- Information Technology.

This structure has been in place since the passage of Senate Bill 200 (84R). DSHS and HHSC are two large and complex organizations, and the HHS administrative arm is charged with providing support for this diverse group. DSHS administrative areas dedicate time to maintain communication and coordination of key activities with the HHS administrative arm to make sure that the Department's needs are represented and met.

Regional and Local Health Operations Division

Deputy Commissioner, Dave Gruber

The Regional and Local Health Operations (RLHO) Division serves the public health needs of Texas through direct provision of essential public health services, support to local health departments (LHDs), and leadership and coordination for public health emergency preparedness and response. The Division offers Geographic Information Systems (GIS) mapping and dashboard services for internal and external customers. RLHO plays the critical role of connecting programs across DSHS to the communities they serve. The Division serves as the backstop, delivering public health services directly to people where it is not provided at the local level, and augmenting local resources as needed.

The RLHO Division office provides business operations, including complex financial management, grant administration, contract and purchasing support, and oversight of regional facilities and the Division's IT projects. The RLHO Division office oversees grants and contracts worth more than a $1 billion, including RLHO-administered grants to LHDs and funding from other DSHS Programs that flow through the Division office to PHRs.

The RLHO Division Office supports programs across DSHS with complex data management and analysis services described below.

Texas Syndromic Surveillance (TxS2): TxS2 is a statewide syndromic surveillance tool for use by DSHS, LHDs, and data providers for early detection, situational awareness, and retrospective analysis for infectious disease trends. TxS2 is one of three syndromic surveillance systems in Texas. The other two systems, run by Tarrant County Health Department and Houston Health Department send data, either in full or in part, to TxS2.

Case Management and Investigation System (CMIS): CMS is the system used by PHRs for clinical and case management services. CMIS improves care coordination, communication with clients, and data security. CMIS is being used by almost 700 licensed staff in 10 program areas.

Geographic Information Systems: GIS staff in RLHO create maps, dashboards, and other products for day-to-day operations, emergency preparedness and response activities, and sharing with public health stakeholders. A Central Analytics and Mapping Portal (CAMP) facilitates data sharing by hosting custom dashboards, static maps, authoritative GIS information, and compiling commonly used data to facilitate ease of access. GIS also collaborates with other DSHS divisions on projects and requests, including the public Texas Respiratory Illness Interactive Dashboard.

The RLHO Division office provides technical assistance and leadership for its four program areas:

- DSHS Public Health Regions (PHRs) and their associated field offices;
- The Center for Health Emergency Preparedness and Response (CHEPR);
- Texas Center for Infectious Disease (TCID); and
- Office of Border Public Health (OBPH).

DSHS Public Health Regions

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

Name of Division or Program:	DSHS Public Health Regions
Location within the Agency:	Regional and Local Health Operations Division
Contact Name:	Dave Gruber, Deputy Commissioner
Statutory Citation:	Texas Health and Safety Code, Chapter 121

B. What is the objective of this division or program? Describe its major activities.

DSHS has the statutory authority to designate PHRs with the responsibility to provide essential public health and necessary preventive services in jurisdictions without an LHD. Each PHR is led by a regional medical director (RMD), a physician with expertise in both medicine and public health. Statute requires each RMD to perform the duties of the local health authority (LHA) in a jurisdiction where an LHA has not been appointed or where the LHA fails to perform his or her duties. RMDs also ensure PHRs:

- Provide public health services that promote and protect health, including activities to prevent diseases, protect against environmental hazards, prevent injuries, promote healthy behavior, respond to disasters, and ensure access to health services;
- Provide support, when requested, to LHDs; and
- Conduct regional disaster planning and preparedness activities related to natural or manmade chemical, biological, radiological, nuclear, or explosive events.

RLHO administers eight PHRs throughout the state, with over 100 field offices and clinics. PHRs provide a variety of public health services. All PHRs provide the following services:

- HIV and sexually transmitted disease (STD) services like testing, public health follow up, and case management;
- Tuberculosis screening, public health follow-up, and case management;
- Zoonosis control, including rabies control, rabies quarantine facility inspections, and surveillance for mosquito-borne illnesses;
- Infectious disease outbreak response;
- Sanitation services, including restaurant inspections, summer camp inspections, swimming pool inspections, and general sanitation;
- Retail food inspections and licensing, including for restaurants and mobile food vendors;
- Public health and medical emergency preparedness, including planning, training, exercising and response;
- Immunizations services, including provider and public education, and vaccine administration;

- Specialized Health and Social Services (SHSS), and
- Population-based services, including maternal and child health education, tobacco prevention and control, and injury prevention.

PHRs provide direct public health services for areas without an LHD. In other cases, PHRs may provide these services even if an area does have an LHD, if the LHD does not offer that service or if the LHD otherwise needs assistance. The level and type of population-based services offered by a PHR is often dependent on funding availability. For example, the DSHS Tobacco Control Program provides funding to certain PHRs to conduct tobacco awareness activities.

The eight PHRs administered by RLHO provide services directly to individuals and act as the link between DSHS and LHDs across Texas. This requires the expertise of an array of licensed and credentialed staff such as physicians, nurses, social workers, epidemiologists, and sanitarians.

See Attachment 32 for a map of the PHRs and field locations as well as maps showing service coverage by PHR and LHD.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

Often, other DSHS program areas are responsible for maintaining the information used to assess the effectiveness and efficiency of the initiatives supported and managed by the PHRs.

The Legislative Budget Board (LBB) measures the number of LHD contractors carrying out public health plans. This measure captures the number of LHDs receiving funding from the Centers for Disease Control and Prevention (CDC) Preventative Health and Health Services Block Grant to provide public health services in their communities.

LBB measures reported by other DSHS divisions also capture PHR activities since in many cases PHRs perform work in the community for DSHS programs in areas where no LHD exists.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

See Section III.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Many infectious disease prevention and control services provided by PHRs are based on test results or exposures to disease. An example of this is a TB investigation in a daycare or school. In these cases, PHR services are provided at no cost with no further eligibility requirements, due to the benefit to the broader community in mitigating disease spread. Other programs, like immunizations services or case management services, have eligibility requirements stemming from other DSHS or HHSC programs. PHRs follow those program guidelines and requirements in providing services to individuals.

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The Division is administered by Deputy Commissioner who reports directly to the DSHS Commissioner. The Deputy Commissioner is responsible for overseeing PHRs. Each region is directed by an RMD who reports directly to the RLHO Deputy Commissioner. RMDs and their Deputy Regional Directors (DRDs) in turn provide direction and are responsible for the operation of their assigned PHRs.

The Regional and Local Coordination Unit Director also reports to the RLHO Deputy Commissioner. This unit, within the Division office, supports the PHRs and LHDs in developing policy, conducting assessments and evaluations, and providing consultation and technical assistance on public health issues. The unit also oversees the development and implementation of annual training opportunities for LHAs. To promote quality and efficiency in the delivery of regional and local public health services, staff assess and evaluate the effectiveness of public health systems and facilitate LHD involvement in DSHS initiatives.

A key function is to provide coordination across PHRs to ensure seamless service delivery and also provide administrative support and staffing to the Public Health Funding and Policy Committee (PHFPC). PHFPC consists of nine public health professionals representing LHDs, LHAs, schools of public health, and RMDs. PHFPC responsibilities include making annual recommendations to DSHS related to funding and policy that impacts LHDs and publishing a report of committee activities.

The Director of Public Health Nursing serves as another critical component of statewide public health coordination. The director reports to the RLHO Deputy Commissioner and provides the clinical expertise needed to develop and implement effective public health programs.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

Please see previously-submitted Agency Program Information spreadsheet.

PHR funding is not visible as a specific strategy within the General Appropriations Act. PHRs receive funding from several DSHS budget strategies so that much of their funds pass through to them from other DSHS divisions.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

RLHO enters into agreements with other DSHS divisions when PHRs administer programs or service delivery for federal grants administered by the other divisions. In these cases, PHRs are responsible to report activities and measure outcomes to the DSHS division responsible for grant administration. The same holds true for instances where PHRs administer aspects of programs funded by general revenue – the PHRs report required metrics to the responsible DSHS divisions to ensure accurate reporting to LBB for performance measures.

DSHS also has an interagency agreement with HHSC to provide SHSS services through the PHRs, which include:

- Comprehensive case management for children with special healthcare needs (CSHCN);
- CSHCN program support, including application processing and eligibility assessments;
- Children and Pregnant Women (CPW) Case Management Medicaid provider recruitment and support;
- Education, technical assistance, and provider support for Texas Health Steps; and
- Participation in local community resource coordination groups, which are teams involved in community outreach and education for the benefit of children.

I. If the division or program 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 PHRs
Cities and Counties	Local governments that may provide public health or healthcare services within their jurisdiction.	PHRs communicate with cities and counties on public health issues that arise, including notice of and updates on emerging public health issues. This helps ensure coordination.
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	PHRs coordinate with LHDs to provide basic public health coverage for any services not offered by the LHD. PHRs also provide technical assistance to LHDs when LHDs need guidance on an emerging public health matter. PHRs also provide surge staffing or consultation when an outbreak or public health response exceeds an LHD's capacity.
LHAs	A physician appointed by his or her local jurisdiction to be responsible for implementation and enforcement of public health provisions. Not all local jurisdictions appoint an LHA.	PHRs assist LHAs with training, subject matter expertise, and technical assistance as needed. Communication between the PHR and LHA is also key when public health issues develop that require coordination.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

The interplay between local and DSHS PHR responsibilities is complex. Local jurisdictions make decisions about what services to offer. The PHR then provides essential public health services that the local jurisdiction does not provide, which impacts the demand on PHRs. Local capability and capacity are often influenced by federal decisions – for example, when federal grants are reduced, local jurisdictions may not have the funding to maintain services.

To mitigate this dynamic landscape, PHRs must curate strong relationships with all LHDs and LHAs. Open communication and continuous coordination are essential for the public health system to

maintain efficacy. DSHS and PHRs work with LHDs to maintain consistent lines of communication in balance with the day-to-day demands of serving their communities.

Another challenge for the PHRs is geographic. PHRs serve multiple counties with limited staff, such that drive times for public health nurses and sanitarians are significant. Staffing and coverage have not always kept up with population increases and shifts. RMDs serve as the LHAs for many rural counties, which stretches the bandwidth of each RMD significantly. DSHS and its PHRs work to prioritize services to ensure the most critical functions are maintained.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

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

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Center for Health Emergency Preparedness and Response

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

Name of Division or Program:	Center for Health Emergency Preparedness and Response
Location within the Agency:	Regional and Local Health Operations Division
Contact Name:	Jeff Hoogheem, Director
Statutory Citation:	Texas Government Code, Chapter 418

B. What is the objective of this division or program? Describe its major activities.

CHEPR's mission is to prepare for, mitigate, respond to, and recover from emergencies and catastrophic events. CHEPR is solely funded through U.S. Health and Human Services (U.S. HHS) preparedness grants (the Hospital Preparedness Program (HPP) and the Public Health Emergency Preparedness (PHEP) program. DSHS is a member of the Texas Emergency Management Council, which is overseen by the Texas Division of Emergency Management (TDEM). Within this structure, DSHS serves as the primary agency for Emergency Support Function 8: Public Health and Medical Services. CHEPR, on behalf of the Department, is responsible for the standing up the State Medical Operations Center (SMOC) and coordinating the state-level public health and medical response during emergency situations, leveraging the expert staff in each PHR to connect impacted communities and bolster capabilities.

Details on the major components of CHEPR follow below.

Preparedness Coordination: Effective emergency response starts with comprehensive preparedness and planning before an event occurs. CHEPR coordinates preparedness activities with TDEM and other state agencies; regional, local, tribal, and international health and medical organizations; public and private hospitals; healthcare systems; and non-governmental organizations. Specific preparedness coordination activities include:

- Directing planning, training, exercises, and other preparedness activities;
- Providing technical assistance to preparedness partners;
- Establishing preparedness program policies, guidelines, and procedures;
- Assessing state, regional, and local preparedness program capacity and capabilities;
- Communicating with state partners and stakeholders through the Texas Health Alert Network (TX HAN).

Adequate preparation for potential public health emergencies involves:

- Maintaining a statewide public health and medical response structure capable of responding to small and large-scale disasters, on a 24/7 basis;
- Maintaining statewide laboratory capacity capable of rapid and accurate testing of select biologic and chemical agents;
- Strengthening relations with public health, healthcare, first responders, and law enforcement;
- Coordinating with environmental, veterinary, and agricultural laboratories;
- Developing capacity for rapid dissemination of information;
- Ensuring the availability of a public health workforce;
- Securing a network for dissemination of information to responders; and
- Protecting sensitive health data.

Response and Recovery Coordination: During and after a public health emergency or disaster, CHEPR initiates and manages the public health and medical response. Specific response and recovery coordination activities include:

- Assessing emergency needs;
- Supporting local and regional response efforts;
- Deploying state public health and medical resources; and
- Coordinating the delivery of federal response assets.

Emergency Medical Task Force (EMTF): EMTF is a critical emergency medical response program organized and managed by CHEPR. EMTF is a key partner in state public health and medical emergency response efforts. EMTF provides short notice, emergency healthcare during a response, and can flex capabilities to meet the demands of various response situations. EMTF is coordinated by a State Coordinating Organization (SCO), with eight EMTF regional coordinating organizations managing regional responses and providing statewide support. EMTF harnesses local and regional resources to provide emergency services and high-quality healthcare through regional mutual aid agreements and a state memorandum of agreement.

Funding Distribution and Oversight: CHEPR distributes and administers state and federal funding to stakeholders for health and medical disaster preparedness and response. Funding includes:

- The CDC PHEP Cooperative Agreement supports the DSHS central office, PHRs, and 45 LHDs to effectively prepare and build capacity and capabilities.
- The CDC Public Health Crisis Response Cooperative Agreement is a federal vehicle to provide funding for specific incident responses. CHEPR applies for funding every five years, which places Texas on an “approved but unfunded” list. This allows Congress to quickly appropriate funds to states responding to a public health emergency.
- The U.S. HHS Administration for Strategic Preparedness and Response (ASPR) HPP Cooperative Agreement provides resources to hospitals and healthcare systems to prepare for, and respond to, emergencies. HPP is a key funding source for HPP Regional Advisory Councils (RACs), who are the current HPP contractors and help assure effective medical response during a disaster.

- General revenue supports EMTF administration as a complement to HPP funding. This also helps fund EMTF equipment maintenance and replacement.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

CHEPR manages a continuous improvement process to evaluate its activities, including HPP, EMTF, and PHEP contractors. CHEPR systematically evaluates programmatic deliverables such as plans, training programs, and exercises. CHEPR uses preparedness-specific program evaluation tools to review progress, gauge success, and set attainable and measurable goals.

Following exercises and real-world responses, CHEPR may conduct a comprehensive after-action review (AAR) to identify areas for improvement and best practices. The COVID-19 health and medical response is an example of a recent AAR and improvement process. CHEPR interviewed DSHS subject matter experts, agency leadership, and stakeholders. Interviews provided background context, highlighted successes and challenges, and contextualized strategic choices. From the resulting report, DSHS then developed an improvement plan that compiled recommendations and corrective actions with specific timelines for implementation.

CHEPR preparedness and response activities rely heavily on collaborative partnerships. Tracking the maintenance and expansion of these relationships measures the ability to respond to public health emergencies. LBB tracks the efficacy of CHEPR using the following measures:

- Percent of key staff prepared to respond during public health response disaster drills.
- Pre-identified staff assigned to key positions in the SMOC, who must acknowledge their ability to activate within one hour for a “no notice event.” This occurs at least twice a year.
- Percent of licensed hospitals participating in the HPP Healthcare Coalitions.
- Number of local public health services providers connected to the Tx HAN.

CHEPR has also established the Preparedness Coordinating Council, which assists DSHS by providing strategic guidance to promote consensus and coordination of state and local efforts and improving public health and medical preparedness.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2001 – CDC establishes the Public Health Emergency Preparedness cooperative agreement program with the states following the 9/11 attacks. Similarly, ASPR establishes the Hospital Preparedness

Program. These two grants combined allow DSHS and Texas to strengthen the state's public health and healthcare readiness for disaster response.

2009 – House Bill 1831 (81R) establishes a disaster and emergency education program designed to educate Texans on disaster and emergency preparedness, response, and recovery.

2009 – EMTF is established in response to lessons learned from hurricanes Katrina and Rita in 2005, the 2008 hurricane season, and the events of 9-11.

2017 – The Legislature provides $600,000 to the EMTF Infectious Disease Response Unit, which is trained to care for and transport patients with highly contagious infectious disease.

2021 – The Legislature provides $3,500,000 to support EMTF administration, including maintenance and replacement of EMTF equipment.

2021 – Senate Bill 984 (87R) requires trauma service area (TSA) RACs to collect and report de-identified healthcare data necessary to plan for and respond to public health disasters and communicable disease emergencies.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

N/A

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The CHEPR director reports to the RLHO deputy commissioner. CHEPR has two units:

- Response and Recovery Unit: Focuses on operational preparedness and disaster response.
- Preparedness Management Unit: Focuses on programmatic and contractual oversight.

CHEPR coordinates directly with emergency preparedness staff in the PHRs to ensure PHR and state-level preparedness plans work in tandem. During a response, CHEPR staff largely man coordination activities from Austin, while PHR emergency response staff coordinate and carry out activities on the ground. The RLHO Division office supports CHEPR during a response, providing GIS mapping and dashboards for the event that provide real-time tracking of assets, staffing, and financial expenditures. The Division office also manages the Texas Ready website, a public awareness effort dedicated to equipping individuals, families, and communities with the knowledge and resources needed to effectively prepare for and respond to natural and man-made disasters.

CHEPR follows National Incident Management System (NIMS) guidelines. NIMS is the standardized approach to incident management. DSHS uses NIMS as a framework for the integrated management of

health and medical services, as well as for assistance in damage assessment and the restoration of essential services within the disaster area.

- Upon request from a local government, CHEPR aids with a response as quickly and as efficiently as possible following a major emergency or catastrophic disaster.
- CHEPR notifies support agencies and organizations to provide representation at the SMOC, as necessary. Depending on the scale and type of event, DSHS and its partners may also maintain a presence at the State Operating Center (SOC).
- CHEPR identifies the health and medical needs of the impacted community in partnership with local entities.
- When necessary, CHEPR obtains additional support through state and/or federal medical response teams, such as the EMTF, Disaster Medical Assistance Teams, the Disaster Mortuary Operational Response Teams, and the federal ambulance contract.

These processes are memorialized in various planning and guidance documents, including documents specific to response type (for example, mosquito abatement technical guidance documents). DSHS participates in TDEM state emergency planning processes, including the State of Texas Emergency Management Basic Plan (Basic Plan) and relevant Annexes. CHEPR, on behalf of DSHS, is the primary subject matter expert on the ESF-8 annex, as it pertains to DSHS roles and responsibilities. These documents are available on the TDEM State Planning webpage.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

Please see previously-submitted Agency Program Information spreadsheet. See also Major Issues section.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The State Emergency Management Basic Plan outlines the roles and responsibilities each agency has in a disaster to reduce or avoid duplication of effort. CHEPR takes the following steps to reduce duplication of activities.

- Partners with health and medical preparedness managers at the local, regional, state, and national levels;
- Offers integrated planning with health and medical professionals, emergency management officials, and other public health and medical response organizations;

- Involves partners throughout all stages of planning;
- Keeps partners informed on any new funding guidance and information;
- Collaborates with partners to optimize current federal preparedness funds and prepare for any anticipated reductions; and
- Provides guidance and technical assistance in a timely manner.

CHEPR contributed to the current Texas Homeland Security Strategic Plan 2021-2025 coordinated by the Texas Office of Homeland Security, which capitalizes on the success of previous plans and improves interoperability and coordination among Texas agencies and jurisdictions. The plan outlines the direction and prioritization of efforts for all stakeholders and guides decision making about securing and applying resources during an emergency.

I. If the division or program 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 CHEPR
County and Local Governments	Administrative authorities for disaster response and preparedness in their jurisdictions.	CHEPR coordinates planning, exercising, and training with local governments. During disasters that overwhelm local resources, CHEPR facilitate local government requests for health and medical assistance.
LHDs	Local entities that provide public health services and participate in disaster response and preparedness in their jurisdictions. Not all jurisdictions have LHDs.	LHDs receive preparedness funding through contracts administered by CHEPR. CHEPR engages LHDs in preparedness planning and throughout responses to coordinate activities and meet needs.

Regional Units of Government

Name	Description	Relationship to CHEPR
Councils of Government (COGs)	Voluntary associations of local governments that help ensure a coordinated regional response during a disaster.	CHEPR coordinates planning, exercising, and training with local governments through a regional council. COGs may also request assistance after exhausting local resources.

TSA RACs	Regional administrative entities that are responsible for trauma system oversight within their TSA boundaries.	Eight TSA RACs receive preparedness funding through competitively procured HPP contracts administered by CHEPR. These RACs are also referred to as HPP RACs. CHEPR engages HPP RACs in preparedness planning and throughout responses to coordinate activities and meet needs.

Federal Units of Government

Name	Description	Relationship to CHEPR
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides resources to states to prepare for and respond to public health emergencies through PHEP. CDC may also provide specific response funding, usually pertaining to major public health response or emerging threats.
ASPR	Federal agency responsible for preventing, preparing for, and responding to the adverse health effects of public health emergencies and disasters.	HPP is administered by ASPR and funds healthcare coalitions (regional entities comprised of response partners such as hospitals, emergency medical services, dialysis centers, long-term care, etc.) to prepare for and respond to public health emergencies. ASPR may also provide resources for unmet needs during a response.
U.S. Federal Emergency Management Agency (FEMA)	Federal agency responsible for ensuring U.S. is equipped to prepare for and respond to disasters.	FEMA may aid during response and provides reimbursement for state response activities for federally-declared disasters.
U.S. Food and Drug Administration (FDA)	Federal agency responsible for assuring the safety, efficacy, and security of drugs, biological products, medical devices, food supply, cosmetics, and products that emit radiation.	FDA provides technical assistance and is an emergency preparedness and response partner.

U.S. Department of Agriculture (USDA)	Federal agency responsible for developing policy on food, agriculture, natural resources, rural development, and nutrition.	USDA provides technical assistance in certain responses and is an emergency preparedness and response partner.
Environmental Protection Agency (EPA)	Federal agency responsible for protecting human health and the environment.	EPA provides technical assistance in some responses and is an emergency preparedness and response partner.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

Preparedness capacity and capabilities are highly dependent on federal funding. In the upcoming federal discretionary budget process, it is unclear whether HPP and PHEP will continue to be funded, or at what levels. These grants are foundational to Texas public health and medical preparedness.

Of note, federal preparedness dollars are only for preparedness activities and may not be spent on emergency response. This can be a challenge for DSHS budgeting processes. See Major Issues section for more detail.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make

small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Texas Center for Infectious Disease

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

Name of Division or Program:	Texas Center for Infectious Disease
Location within the Agency:	Regional and Local Health Operations Division
Contact Name:	John Lopez, Superintendent
Statutory Citation:	Texas Health and Safety Code, Chapter 13

B. What is the objective of this division or program? Describe its major activities.

TCID has the following primary objectives.

- Provide medical, behavioral, and social services to facilitate the treatment of individuals diagnosed with complex TB and Hansen's disease.
- Facilitate and advance the field of infectious disease prevention and treatment through the provision of person-centered care, clinical and academic collaboration, and research and education.

TCID is a 75-bed hospital in San Antonio designed for the treatment of infectious disease patients requiring airborne isolation precautions. TCID treats patients who present with the most complex cases of TB disease. These patients often present with drug-resistant and extremely drug-resistant TB disease, complicated with a myriad of other comorbidities such as immunosuppressive disorders, hepatitis, diabetes, disseminated TB, substance abuse, and mental illness. Without intervention or admission to TCID, these patients would most likely fail treatment, develop treatment resistance, continue to spread disease throughout the community, or become deceased. Additionally, TCID is the designated hospital for court-ordered TB treatment when a patient's non-adherence to TB medication regimens has proven to be a threat to public health or safety.

Because of its unique expertise in infectious disease, TCID serves as a hub for TB treatment and training. The campus provides space for clinical partners, including the San Antonio Metro Health District TB clinic and Heartland National Tuberculosis Center. TCID offers education and training on the treatment and management of TB for community health workers and hosts fellows and interns from partner universities in the fields of nursing, public health, and medicine. As a member of the San

Antonio Uniformed Services Health and Education Consortium, TCID provides training to military physician fellows in infectious disease. TCID also works closely with PHRs and LHDs to reduce the impact of TB in Texas.

TCID also provides treatment for Hansen's disease through an outpatient clinic. These services are partially federally funded through the National Hansen's Disease Program (NHDP) at U.S. HHS.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

TCID maintains acute care hospital accreditation through the Joint Commission. Joint Commission standards address the hospital's level of performance in key functional areas: patient rights, patient treatment, patient safety, medication management, infection control, performance improvement, leadership, and information management. TCID also maintains certification from CMS.

To maintain Joint Commission accreditation and CMS certification, TCID must have a governing body that establishes hospital policy and approves management plans. These plans establish goals and performance indicators in areas such as clinical quality, access, fiscal management, regulatory, statutory, credentialing, training, and performance improvement. TCID maintains an array of measures by which they continuously evaluate performance. These are regularly reported, reviewed, and updated by TCID's governing body.

- LBB tracks the efficacy of TCID using the following measures:
- Total number of inpatient days of care in occupied beds, and
- Total number of patients admitted.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2008 – DSHS completes consolidation of administrative, clinical, and support service and program integrations between TCID, San Antonio State Hospital (SASH), and San Antonio State Supported Living Center (SASSLC). All three facilities are located on the same campus.

2017 – TCID separated from organizational oversight of the state psychiatric hospital system, which transferred to HHSC. TCID remained at DSHS under the oversight of RLHO.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

TCID treats Texans with complicated TB. Patients admitted to TCID receive hospitalization for approximately six months to two years based on a physician's evaluation or a court order. As a state hospital, TCID provides medical services to patients without regard to healthcare coverage or means to pay. However, in all cases, TCID conducts a financial evaluation on the ability to pay for each patient seeking services.

TCID Patients	Fiscal Year 2024
Total TCID Patients Admitted	72
TCID Patients Admitted by Court Order	15
TCID Patients with Medicare or Medicaid Coverage	9

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

TCID is administratively organized within RLHO. It shares a campus with SASH and SASSLC, which allows for certain services to be shared. TCID case managers and physicians work with RMDs, LHDs, hospitals, and private physicians to identify individuals who need the specialized care offered at TCID.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

TCID partners with local TB elimination programs, University of Texas Health Science Center (UTHSC)-Tyler, and UTHSC-San Antonio for the provision of direct patient care services, education, information and referral, case management, and research in TB control.

TCID works with SASH and SASSLC to share certain administrative, clinical, and support functions through interagency agreements.

I. If the division or program 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 TCID
County Law Enforcement and Courts	Local law enforcement and justice system.	County courts hear all cases related to TCID admission. Local law enforcement transports court-ordered patients to TCID.
LHDs	LHDs provide public health services to their respective constituents.	LHDs are contractors with DSHS to provide TB services within their jurisdiction. TCID may work with LHDs to transition TCID patients to outpatient directly observed therapy when appropriate.
Bexar County Hospital District (University Health System)	A local public general hospital and clinic system based in San Antonio.	The hospital system supports medical care for TCID patients when needed.

Federal Units of Government

Name	Description	Relationship to DSHS
CMS	Federal agency responsible for administration of Medicaid and Medicare.	TCID must comply with CMS Conditions of Participation to receive funding for Medicare and Medicaid eligible patients.
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides funding to support Hansen's disease treatment for TCID's outpatient clinic.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

The current court order process for civil commitment lacks adequate stipulations to compel patients to remain at TCID and comply with the treatment plan. If a court-ordered patient fails to comply, TCID

does not have a mechanism to return the patient to a detention facility to continue their treatment. Two of eleven patients who left TCID against medical advice were court-ordered patients.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Office of Border Public Health

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

Name of Division or Program:	Office of Border Public Health (OBPH)
Location within the Agency:	Regional and Local Health Operations Division
Contact Name:	Dave Gruber, Deputy Commissioner
Statutory Citation:	Texas Health and Safety Code, Section 12.071

B. What is the objective of this division or program? Describe its major activities.

OBPH leads DSHS bi-national efforts to reduce community and environmental health hazards along the Texas-Mexico border. The Texas-Mexico border spans 1,254 miles, accounting for about half of the entire U.S.-Mexico border. This diverse and expansive area includes frontier, rural, and metropolitan areas and faces unique health challenges, such as higher obesity, diabetes, cervical cancer, and caesarian section delivery rates than the rest of the state. Additionally, the proximity to a foreign country impacts the risk for certain contagious diseases such as TB and Zika. The lack of access to primary, preventive, and specialty medical care compounds the health issues in this region.

In collaboration with community organizations and local, state, and federal health entities on both sides of the border, OBPH leverages available resources to improve health and well-being. The activities are integrated with the services provided throughout the PHRs. OBPH also administratively supports the Task Force of Border Health Officials (TFBHO). OBPH seeks to:

- Build sustainable partnerships with border and binational governmental and non-governmental organizations to promote communication, coordination, and collaboration;
- Heighten awareness of border public health issues;
- Improve the use of public health-related data to identify priorities, trends, and emerging public health issues;
- Improve public health outcomes by creating outcome-based outreach, education, and training opportunities; and
- Develop strategies to measure and enhance program effectiveness.

Community Health Worker (CHW) Training: The Department of Family and Protective Services (DFPS) contracts with OBPH to enhance the availability of trained CHWs who provide health education at a grassroots level. OBPH collaborates with CHW training centers to develop, certify, and teach curriculums targeting border health priorities. Activities focus on parenting, health, child and elder abuse prevention, and injury prevention.

Binational Border Infectious Disease Surveillance (BIDS) Program: CDC funds BIDS, which is a local, state, and federal collaboration to improve the ability to detect and address infectious disease cases along the border early and effectively. OBPH trains local infectious disease case investigators on how to recognize and manage binational infectious disease cases. OBPH also works with LHDs to respond to binational infectious disease outbreaks including acting as liaison between some LHDs and Mexican health officials.

Medicaid Outreach: OBPH receives Medicaid funding to provide outreach, eligibility determination, referral, and coordination to border residents.

Healthy Communities Initiative: The Healthy Communities initiative is a community-driven initiative focused on reducing obesity through health promotion and well-being activities within schools and communities. OBPH Healthy Communities activities are in Maverick and surrounding counties.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

LBB tracks program efficacy by measuring the number of border/binational public health services provided to border residents. OBPH also tracks the number of notifiable binational infectious disease cases identified and investigated by BIDS program officers each year.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1991 – The Legislature establishes the Office of Border Health (OBH) as a coordination mechanism on health issues between Texas and Mexico.

2017 – The Office of Border Affairs at HHSC and OBH consolidated to form the Office of Border Public Health.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

N/A

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Organizationally, OBPH is within RLHO and the OBPH director reports to the RLHO deputy commissioner. Mostly bilingual staff (English and Spanish) are headquartered in Austin and the PHRs along the border.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

OBPH has an interagency contract with DFPS to recruit, train, and provide outreach to CHWs in the border region. HHSC provides Medicaid funds to OBPH to provide Medicaid outreach.

I. If the division or program 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 OBPH
Maverick County Child Injury Prevention Coalition	Coalition comprised of community partners and stakeholders.	The Coalition is a partner in implementation of the OBPH Healthy Communities Initiative.

Regional Units of Government

Name	Description	Relationship to OBPH
Binational Public Health Coalitions	Comprised of health officials in U.S.-Mexico border sister cities.	Promote joint actions that benefit residents on both sides of the border.

Federal Units of Government

Name	Description	Relationship to OBPH
U.S. HHS	Federal agency focused on health services, which includes the Office of Global Health.	OBPH serves as the Texas delegate to the U.S.-Mexico Border Health Commission, which is supported by the Office of Global Health. Office of Global Health also coordinates with U.S. border states on common projects.
CDC	Federal agency tasked with protecting U.S. from health, safety, and security threats.	OBPH participates in the CDC Binational Technical Working Group, which brings together public health entities in the U.S. and Mexico to discuss mutual public health concerns. CDC administers BIDS.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

Relevant information is included in the responses to preceding questions.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Chief State Epidemiologist Division

Chief State Epidemiologist, Varun Shetty MD, MBA, MS

The Chief State Epidemiologist (CSE) Division was formed in 2024. The Texas Legislature created the Chief State Epidemiologist position in 2021 to serve as the Department's expert on epidemiological matters and on communicable and noncommunicable diseases. See Texas Health and Safety Code, Section 1001.0515.

The Chief State Epidemiologist position initially oversaw components of DSHS data collection and analysis but was disconnected organizationally from the Department's epidemiology programs. The 2024 organizational change allowed DSHS to unify its infectious data collection and surveillance functions and infectious disease response functions under one structure, with the oversight of the Chief State Epidemiologist.

The CSE Division includes two sections: The Disease Surveillance and Epidemiology Section and the Center for Health Statistics.

Disease Surveillance and Epidemiology

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

Name of Division or Program:	Disease Surveillance and Epidemiology (DSE) Section
Location within the Agency:	Chief State Epidemiologist Division
Contact Name:	Paul Grunenwald, DVM, MS, DACVPM, Director
Statutory Citation:	Texas Health and Safety Code, Chapters 81, 98, 121, 182, 241, 243, 821, 822, 823, 826, 828, and 829

B. What is the objective of this division or program? Describe its major activities.

DSE has the primary objective to reduce the occurrence and control the spread of preventable infectious diseases, including:

- Zoonotic diseases,
- Emerging and acute infectious diseases; and
- Healthcare-associated infections (HAI), antimicrobial-resistant (AR) organisms, and Preventable Adverse Events (PAEs).

DSE accomplishes its objectives through five units: the DSE Operations Team, DSE Data Analytics Team, Emerging & Acute Infectious Diseases Unit (EAIDU), Healthcare Safety Unit (HSU), and the Zoonosis Control. Major activities of DSE programs include the following:

DSE Operations Team: DSE Operations provides administrative and strategic support for implementation, management, and coordination of business operations for all units within the DSE. DSE Operations supports the units by providing technical assistance and internal and cross-divisional coordination of contracts, financials, grants and cooperative agreements, legislative functions, IT projects, and human resources (HR) and other administrative tasks.

DSE Data Analytics Team: The DSE Data Analytics Team conducts activities to ensure quality data and reports are produced from case investigations. The DSE Analytics Team:

- Maintains disease surveillance and data collection manuals to guide LHDs and DSHS;
- Conducts quality assurance activities on collected data;
- Coordinates with CDC to ensure national reports and datasets accurately represent Texas infectious disease data;
- Produces statistical reports on Texas infectious disease characteristics and trends;
- Coordinates with other DSHS areas to ensure data systems support epidemiologic investigations of infectious disease data; and
- Provides support to DSE staff for data processing and statistics production.

Emerging and Acute Infectious Disease Unit: EAIDU develops policies and procedures to control communicable diseases and conducts and coordinates surveillance for over 45 communicable diseases. EAIDU tracks disease trends and seeks to detect new and emerging diseases and to identify changes that might indicate common exposure or new routes of transmission. EAIDU 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. EAIDU coordinates with LHDs and DSHS regions and programs on responses to disease outbreaks. EAIDU also consults with appropriate federal entities during a disease outbreak. EAIDU includes five areas to perform its functions:

- ***Vaccine Preventable Diseases (VPD) Group:*** Monitors, investigates, and mitigates vaccine-preventable diseases through surveillance, timely case investigation, and collaboration with local and regional public health partners. The VPD Group's goals are to reduce morbidity and mortality associated with vaccine-preventable disease and inform evidence-based immunization strategies and interventions.
- ***Respiratory and Invasive Diseases Teams:*** Respiratory and Invasive Disease Teams monitor, investigate, and control respiratory and invasive infectious diseases through comprehensive surveillance, rapid case investigation, and interagency collaboration with the goal of minimizing transmission, improving public health response, and informing prevention strategies at the local, state, and national levels.
- ***Foodborne and Waterborne (FB/WB) Diseases Team:*** The FB/WB Team monitors, investigates, and controls sporadic and outbreak cases of 15 enteric diseases, including Salmonella, Campylobacter, Shiga Toxin-producing E. coli (STEC), Listeria, Shigella, Cyclospora, Cryptosporidium, and Vibriosis. Over 20,000 cases of foodborne and waterborne diseases are reported annually to DSHS. The FB/WB Team also collaborates with regulatory partners in the

Texas Rapid Response Team (see Section VII, Consumer Protection Division) to collect suspected contaminated samples, and conduct inspections of restaurants, grocery stores, water exposures and animal exposures to conduct traceback activities that lead to product recalls and protect the public.
    - In addition to the more common bacterial and parasitic diseases, the FB/WB Team is also responsible for investigating and reporting botulism and ensuring that treatment for all cases of botulism is completed in a timely manner in Texas. The FB/WB Team is available for consultation 24/7 through the after-hours switchboard for assistance with treatment and testing of botulism suspect cases.
- ***High Consequence Infectious Diseases (HCID) Team:*** The HCID Team monitors, investigates, and controls any reports of high consequence infectious disease, including Ebola, Marburg, Monkeypox, Lassa fever, and other viral hemorrhagic fevers (VHFs).
- ***Human Prion Diseases Epidemiologist:*** The Human Prion Diseases Epidemiologist conducts surveillance for human prion diseases in the state, which includes obtaining and reviewing disease reports and medical records for patients suspected of having Creutzfeldt-Jakob Disease (CJD), obtaining laboratory results from the National Prion Disease Pathology Surveillance Center (NPSPDSC) and other laboratories, and reviewing death certificates.

Zoonosis Control (ZC): ZC works to prevent the transmission of diseases from animals to humans through epidemiologic measures, intervention strategies, and educational efforts.

ZC conducts and coordinates surveillance for over 39 communicable diseases and 5 animal conditions to track trends in disease occurrence and to detect new and emerging diseases. The program coordinates surveillance and monitors disease and disease vectors to identify changes that might indicate common exposure or new routes of transmission. In the event of an outbreak, ZC will coordinate with LHDs, other DSHS programs, and state and federal partners to mitigate the spread and impact of zoonotic disease.

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. ZC also partners with other state agencies and local jurisdictions to provide expertise and technical support on zoonotic topics. ZC is responsible for the following efforts:

- ***Rabies Control and Prevention*****:** ZC conducts rabies risk assessments with persons potentially exposed to rabies and/or their healthcare providers; makes recommendations for the release of rabies biologicals (e.g., vaccines and immunoglobulin) from DSHS inventory for post-exposure use; conducts animal and human rabies case investigations; conducts active rabies surveillance on wildlife; collects and analyzes rabies data for public health actions and public education; and collaborates with other local, state, and federal agencies in conducting rabies surveillance and control activities within the state.

- ***Distribution of Rabies Biologicals:*** DSHS procures and distributes anti-rabies biologicals for treatment of persons exposed to rabies. ZC staff in the PHRs carry out this process, and ZC coordinates with the DSHS Pharmacy as part of this effort.
- ***Oral Rabies Vaccination Program (ORVP)*****:** ORVP prevents reentry of domestic dog-coyote rabies variant in South Texas and gray fox rabies variant in West-Central Texas through vaccination of target wildlife species. The program eliminates rabies 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.
- ***Entomology Consulting and*** **Services:** ZC collaborates with the University of North Texas Health Science Center (UNTHSC) Tick-Borne Disease Research Laboratory to test ticks for pathogens. The tick testing service is free to Texas residents for ticks that are found attached to humans. Submitters send ticks directly to ZC in Austin, where they are identified and then forwarded to UNTHSC for testing. The primary purpose of this service is tick and tick-borne disease surveillance, not disease diagnosis—submitters are cautioned that the presence of a disease-causing organism in a tick is not evidence of disease transmission, and a negative test result does not rule out infection with a different tick pathogen.
    - ZC, in conjunction with CDC, provides testing of triatomines, or kissing bugs, for the Chagas disease parasite, *Trypanosoma cruzi*. Like the tick testing program, this service is free for Texas residents, and only bugs implicated in human exposure are accepted for testing. In this instance, however, ZC coordinates with the CDC laboratory in Atlanta, Georgia, for testing. The purpose of the triatomine testing program is two-fold: 1) triatomine and Chagas disease surveillance, and 2) to determine whether an individual needs to be tested. Unlike tick-borne infections, a person with acute Chagas disease can be asymptomatic, so ruling out or confirming infection in a bug involved in human exposure can help determine if human testing is warranted.
- ***Field Surveillance and Intervention*****:** The Field Surveillance and Intervention Team conducts passive and active surveillance for zoonotic diseases in wildlife. This includes capturing wildlife to collect biological specimens for laboratory testing, a process which can require up to biological safety level 3 (BSL-3) personal protective equipment and protocols. Field surveillance and intervention also involves collecting entomological specimens (insects) for surveillance and laboratory testing for vector-borne diseases. This portion of ZC operates within the state's emergency response structure, usually related to mosquito trapping and abatement following a weather event.
- ***Animal Friendly Grant Program*****:** Using revenue collected through the sale of Animal Friendly specialty license plates, ZC provides grantees financial support to increase cat and dog sterilization access. Opportunities to apply for the Animal Friendly grant occur every two years through a competitive Request for Application (RFA) process. One grant award per contract year is awarded per approved applicant for the sterilization of dogs and/or cats. Award amounts are at the sole discretion of DSHS but typically range from $10,000-$30,000 annually.

- ***Animal Shelter and Euthanasia Related Functions*:** ZC is responsible for prescribing standards and curriculum for basic and continuing education courses for local and regional animal control officers, delivers basic and continuing education courses, and approves basic courses delivered by sponsors. ZC is also responsible for prescribing standards for euthanasia of animals and approving euthanasia training courses for animal shelter employees.
- ***Dangerous Wild Animals Regulations and* Registrations:** ZC establishes caging requirements and standards for the keeping and confining of dangerous wild animals to ensure that each animal is kept in a manner that prevents escape, protects public safety, and provides a safe, healthy humane environment for the animal. ZC keeps registration records for each dangerous wild animal. Owners register their animal with the local animal registration agency and then provide ZC with the related record.
- ***Spay and Neuter Pilot Grant Program*:** The 89th Legislature tasked DSHS with developing and implementing a new pilot program to protect human health through the reduction of unplanned breeding of cats and dogs. ZC will implement this pilot, administering $13 million over the next biennium (fiscal years 2026-2027) to entities providing cost-effective spay and neuter services to cats and dogs.

Healthcare Safety Unit: HSU protects Texans from infectious diseases and harmful events in healthcare facilities. HSU is responsible for mandated and timely healthcare infection control and preventable adverse event response, reporting, and record-keeping to improve patient outcomes and reduce expenditures in healthcare facilities. These healthcare facilities include adult and pediatric hospitals, ambulatory surgical centers, long-term and acute care facilities, dental offices, and dialysis clinics.

- ***Healthcare Acquired Infections/Antibiotic Resistant Diseases Team*:** HSU includes HAI/AR staff who are certified infection control preventionists (CICs). These specialized epidemiologists are uniquely qualified to provide HAI/AR subject matter expertise and guidelines to Texas healthcare facilities, in response to reported cases and during major outbreaks. HSU HAI/AR staff perform Infection Control and Response (ICAR) assessments at facilities across Texas.
    - HSU HAI/AR staff are necessary to effectively respond to and investigate healthcare-associated, notifiable multidrug-resistant organisms (MDROs), HAI outbreaks, other infectious diseases, medical product contamination, transplant, or transfusion related infections, bloodborne pathogen exposures, and/or healthcare facility environment pathogens (e.g., Mycobacterium abscessus in hospital water). HSU HAI/AR staff are responsible for all Texas notifiable MDROs including Carbapenem-resistant *Enterobacterales, Candida auris* clinical*, Candida auris* screening*,* Vancomycin-intermediate *Staphylococcus aureus*, and Vancomycin-resistant *Staphylococcus aureus.*
- ***Infection Control Resource and Training:*** HSU provides resources and guidance to HAI/AR stakeholders both to individual facilities and in larger settings, such as meetings and conferences. The Infection Control Resource and Training Team provides statewide outbreak response training to healthcare entities across Texas.

- ***Texas Health Care Safety Network (TxHSN)*:** HSU maintains TxHSN, a statewide registry that collects, manages, and analyzes healthcare facility data about:
  - Healthcare-associated infections (HAIs),
  - AR organisms (e.g., methicillin-resistant *Staphylococcus aureus* or MRSA),
  - Preventable adverse events (PAEs, i.e., medication error),
  - ICAR assessment data, and
  - HSU HAI facility audit information.

  Facilities report PAE information directly into TxHSN, and TxHSN also pulls in data from the national HAI reporting system, or the National Healthcare Safety Network (NHSN). TxHSN users can run facility-specific reports for actionable information to improve outcomes, and HSU generates and publishes data reports to provide insights to facilities on how to reduce PAEs and HAIs.

  TxHSN is necessary for facilities and DSHS to meet Texas statute requirements on reporting and maintaining HAI and PAE data. Texas facilities cannot access NHSN and NHSN does not include PAE data, and so NHSN is unable to fully meet Texas needs. This data is used to advise and train healthcare facility staff on proper infection prevention strategies to protect Texans and healthcare facility staff and patients from infection spread.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

DSE LBB Performance Measures include:

- Number of communicable disease investigations conducted, pulled from National Electronic Disease Surveillance System (NEDSS).
- Number of Healthcare Facilities Enrolled in Texas Health Care Safety Network, pulled from TxHSN and compared with inventory lists of licensed facilities from HHSC Health Care Regulation Facility Licensing.
- Percent of 1995 Epizootic Zone that is Free from Domestic Dog-Coyote Rabies, based on rabies surveillance data, including laboratory test results.
- Percent of 1996 Epizootic Zone that is Free from Texas Fox Rabies, based on rabies surveillance data, including laboratory test results.
- Number of Zoonotic Diseases Surveillance Activities Conducted, based on monthly ZC reporting.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2001 – The Legislature requires owners to register their dangerous wild animals with their local animal registration agency and file copies of their certificates with the legacy TDH.

2001 – The Legislature 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 directs TDH to develop rules concerning requirements related to animal euthanasia, and to approve sponsors and curricula for training euthanasia technicians.

2004 – Two HAIs, vancomycin-intermediate *Staphylococcus aureus* (VISA) and vancomycin-resistant *Staphylococcus aureus* (VRSA), became Texas notifiable conditions.

2007 – The Legislature mandates basic and continuing education training of Animal Control Officers and directs DSHS to prescribe standards and curriculum for training courses, to determine what is satisfactory completion of a course, and to deliver courses.

2007 – The Legislature makes HAI reporting mandatory and establishes an HAI/PAE advisory committee. DSHS is responsible for stakeholder education and training; verification of reported HAI and PAE data accuracy and completeness; analysis and publication of HAI data at individual facility level; allowing facilities to respond to public HAI reports; and enforcement of HAI and PAE reporting mandates.

2009 – The Legislature expands the reporting requirement to include PAEs.

2013 – Two more HAIs, Carbapenem-resistant Enterobacterales (CRE) and multidrug-resistant *Acinetobacter baumanii* (MDRA), become Texas notifiable conditions.

2021 – *Candida auris* becomes a Texas notifiable condition.

2021 – Multidrug-resistant *Acinetobacter baumanii* is removed from the Texas notifiable conditions list.

2021 – DSHS is designated by CDC as a "Project Firstline partner," responsible for infection prevention education and resources among frontline healthcare staff (e.g., nurses, environmental services).

2021 – Tick-Borne Relapsing Fever is added to the Texas notifiable condition list, after being removed in 2016.

2024 – *Cronobacter* in infants and melioidosis are added to the list of Texas notifiable conditions.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Zoonosis Control

Zoonosis Control programs affect all individuals who reside in or visit Texas because anyone may contract a zoonotic disease regardless of demographics.

Eligible organizations for the Animal Friendly Grant are:

- Private or public releasing agencies (animal shelters);
- Charitable Organizations that are a 501c(3), and are sterilizing dogs and cats owned by the general public at minimal or no cost as its primary purpose; or
- Local nonprofit veterinary medical association with an established program for sterilizing animals owned by the general public at minimal or no cost.

Persons or Entities Impacted by the Program	Fiscal Year 2024
Number of Animal Rabies Quarantine Facilities Inspected	389
Number of Communicable Disease Investigations Conducted to Protect Texans	1,094,000
Number of Zoonotic Disease Surveillance Activities Conducted to Protect Texans	50,263
Number of Animal Friendly Grant Recipients	11
Number of Counties Impacted by the Oral Rabies Vaccine Program	19

Emerging and Acute Infectious Disease Unit

EAIDU programs protect all Texas residents and visitors from infectious diseases. There are no qualifications or eligibility requirements. Because of underlying medical conditions or behavioral factors, some Texans may be at more risk for certain infections than other individuals.

EAIDU plays a critical role in the detection, investigation, and control of notifiable conditions in Texas, assists local or regional public health officials in investigating outbreaks of acute infectious disease or any report of isolated cases of rare or unusual disease, and conducts routine and special morbidity surveillance of diseases designated as reportable. The disease investigation process affects those diagnosed with notifiable conditions.

Persons or Entities Impacted by the Program	Fiscal Year 2024
Number of Vaccine-Preventable Disease Case Investigations to Protect Texans	~3,800
Number of Enteric Case Investigations related to Foodborne Outbreaks to Protect Texans	~16,500

Healthcare Safety Unit

HSU protects Texans from HAIs, AR organisms, and PAEs through response, reporting, and record-keeping for Texas adult and pediatric hospitals, ambulatory surgical centers, long-term and acute care facilities, dental and dialysis clinics. HSU programs directly affect healthcare facilities through the mandates and activities below:

Persons or Entities Impacted by the Program	Fiscal Year 2024
Number of Investigations of HAIs, AR Organisms and Other Infectious Diseases In Healthcare Facilities To Protect Patients and Staff	682
Number Of Healthcare Facilities Enrolled In Texas Health Care Safety Network	4,907

F. Describe how the division or program is administered, including a description of key processes involved If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

DSE resides within the Chief State Epidemiologist Division and receives leadership and guidance from the Division office, including technical assistance and support as needed.

Zoonosis Control includes Central Office staff in Austin and regional Zoonosis Control programs in each of the 8 DSHS PHRs. Regional programs and staff are under the control of the PHRs with funding and support from Zoonosis Control.

EAIDU performs infectious disease surveillance and response activities working with epidemiology staff in each of the 8 PHRs. EAIDU does not currently provide direct funding to support the epidemiology staff in the regional offices.

While most of HSU staff are based in Austin, the HAI/AR Investigations Team includes 16 HAI/AR epidemiologists divided among the 8 PHRs. Distribution of the HAI/AR Epidemiologists statewide facilitates timely and region-based community infection prevention and control activities and outbreak deployments.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

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

DSHS and the CDC NHSN program have a signed Data Use Agreement (DUA) ensuring DSHS has access to HAI data for Texas healthcare facilities. With this DUA in place, HSU can identify infection prevention and control needs and work with facilities on prevention and surveillance strategies.

I. If the division or program 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 DSE
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	DSE provides LHDs subject matter expertise, technical assistance, and support as needed to monitor and respond to disease outbreaks.

Federal Units of Government

Name	Description	Relationship to DSE
USDA	Federal agency that includes Animal Plant Health and Inspection Services (APHIS)	APHIS Wildlife Services assists DSHS with implementation of the ORVP and provides oral rabies vaccine bait for the project.

	Wildlife Services, which manages the National Rabies Program.	
Texas Army National Guard	A component of the U.S. military complex.	The Texas National Guard assists DSHS with implementation of the ORVP with gubernatorial approval.
CDC	Federal agency tasked with protecting U.S. from health, safety, and security threats.	CDC and DSE coordinate outbreak response, mitigation measures, and surveillance methods regarding infectious diseases of public health importance in Texas. DSE receives grant funding from CDC. CDC also manages and supports NHSN.
U.S. Food and Drug Administration (FDA)	Federal agency responsible for assuring the safety, efficacy, and security of drugs, biological products, medical devices, food supply, cosmetics, and products that emit radiation.	DSE, in collaboration with the DSHS Consumer Protection Division, works with FDA as part of the Texas Rapid Response Team to share information and collaborate on investigations and public health responses to foodborne disease outbreaks.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

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

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**

- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Center for Health Statistics

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

Name of Division or Program:	Center for Health Statistics (CHS)
Location within the Agency:	Chief State Epidemiologist Division
Contact Name:	James Farris, Director
Statutory Citation:	Texas Health and Safety Code, Chapter 104, Sections 12.0127 and 105.11, 108, and Chapter 311, Subchapter C

B. What is the objective of this division or program? Describe its major activities.

The primary objective of CHS is to be a source of information for assessment of community health and for public health planning. Data managed and published by CHS supports research, grant applications and policy development. CHS also works to present data in public-facing data and reports to support public health education. CHS flexes its functions to provide rapid data needs during health emergencies. CHS offers technical assistance in the appropriate use of the data provided, and in the development of innovative techniques for data dissemination. CHS supports the development and application of consistent standards for privacy and statistical validity.

The Department's goal is to ensure that public health data is timely, reliable, and user friendly, giving all Texans the opportunity to become informed about how to improve health and wellness in their own families, communities, and workplaces. CHS supports that goal through its major activities, provided through the following units:

Operations Unit: The Operations Unit provides administrative and strategic support through the implementation, management, and coordination of business operations for CHS. CHS Operations supports CHS units by providing technical assistance and internal and cross-divisional coordination of contracts, financials, grants and cooperative agreements, legislative functions, IT projects, human resources (HR) and other administrative tasks as assigned or required.

Agency Analytics Unit (AAU): AAU is a service-oriented arm of CHS, harnessing CHS and other DSHS datasets to describe and analyze the public health issues in Texas.

- ***Advanced Analytics Team*:** The Advanced Analytics Team is a team of data analysts and epidemiologists who focus on advancing public health through data science and analytics. The Advanced Analytics Team focuses on technical assistance, advanced statistical methods, and training in support of DSHS programs and CHS. The Team works with other DSHS divisions and the CHS Data Visualization Team on special data projects, including providing subject matter expertise in the development of new public-facing dashboards and data resources.
- ***Data Visualization Team*:** The Data Visualization Team functions as a source of data dissemination for DSHS public health data. The Team fulfills this function by coordinating CHS web resources and developing and maintaining public dashboards for the Texas Health Data website, which serves as a primary DSHS data visualization and storytelling platform for publicly available public health data. The Data Visualization Team partners with DSHS dataset owners to produce these resources.
- ***Geographic Information System Team***: The GIS Team provides map-making, geocoding, online mapping applications, spatial analysis, and general GIS technical support and expertise to DSHS. This team supports DSHS research projects with research design, geographic analysis, and spatial analytical methods.

Health Information Resources Unit: The Health Information Resources Unit collects, analyzes, and disseminates health information for public health decision-making in Texas. This includes the following three functions:

- ***Youth Health Surveys*:** The Unit is responsible for two youth-related health surveys: the Youth Risk Behavior Survey (YRBS) and Texas School Health Profiles. YRBS has been in place since 1991 and is a federally funded, classroom-based survey conducted in odd years to monitor priority health-risk behaviors that contribute substantially to the leading causes of death, disability, and social problems among youth and adults. YRBS is an important tool for public health decision-making because it is the primary statewide and nationwide data source on preventive health practices and health risk behaviors. YRBS is primarily funded by a CDC grant. The Unit works

through a third-party contract to help administer the statewide survey, gather the results, and compile the resulting data.
    - CDC funding also supports the Texas School Health Profiles, which survey middle and high school principals and lead health education teachers for approximately 500 schools. The Texas School Health Profile survey provides information on school health programs and education physical education, and policies related to health factors like nutrition and tobacco use.
- ***Behavioral Risk Factor Surveillance System (BRFSS)*:** BRFSS is a national survey conducted annually by CDC to assess behavioral risk factors among adults. This study collects data by interviewing households by telephone, with households selected at random. BRFSS includes questions from the CDC that are asked in all 50 states and questions that are state-generated and asked only in Texas. Texas contracts with a third-party to help administer the statewide survey, gather the results, and compile the resulting data. The Unit is responsible for coordinating with CDC on BRFSS, determining and Texas-specific questions, and producing reports and analyses stemming from BRFSS data.
- ***Data Linking*:** The Data Linking team works to integrate data housed at CHS and to match CHS data with data provided by state agencies, health departments, universities, and other stakeholders. The Data Linking Team conducts these matches in accordance with law, using contracts and approved IRB protocols.
    - Data sources used for matching include vital events data, Texas Birth Defects Registry data, and the Texas Cancer Registry data.
    - Any research data requests for CHS data must meet the requirements prescribed in the Texas Administrative Code and statute. If a request meets these legal definitions, then it is reviewed by the IRB, also called the Committee on Requests for Personal Data (CORPD) for vital events data requests. The IRB is responsible for human subjects' protection at DSHS and serves as the scientific review panel for research related to hospital inpatient discharge data.
- ***Vital Events Data:*** The Vital Events Data Team provides statistical data for births, deaths, fetal deaths, infant deaths, marriages, and divorces for the state. The Vital Events Data team within CHS works closely with the Vital Statistics Section in CHI. The Vital Events Data Team is responsible for developing, analyzing, and distributing public health data derived from records of vital events. The team also responds to statistical data requests and develops the Texas Vital Statistics Annual Report and assists the Data Linking Team to fulfill data needs and facilitate IRB requests.
- ***Health Provider Resources Unit:*** The Health Provider Resources Unit within CHS collects, analyzes, and disseminates health information regarding health provider resources in Texas. The Unit's responsibilities include the following:
- ***Healthcare Workforce*:** The Unit includes the Health Professions Resource Center (HPRC) and the Texas Center for Nursing Workforce Studies (TCNWS), both of which are designated by statute. Collectively, the Healthcare Workforce Team focuses on collecting, analyzing, and

reporting workforce data on over 40 different health professions, including nurses, physicians, oral health providers, and behavioral/mental health providers.
    - HPRC is responsible for producing supply and demand reports for health professions and prepares other analyses on healthcare workforce issues. HPRC verifies eligibility criteria, as outline in 25 Texas Administrative Code, Section 13.33, and designates practices that serve medically underserved populations (Practice-MUPs) that don't fall under other definitions identified in Texas Occupation Code, Section 157.051(11). HPRC also supports the Statewide Health Coordinating Council (SHCC). See below for more information.
    - TCNWS serves as a resource for data and research on the nursing workforce in Texas. TCNWS also implements the Workplace Violence Against Nurses Prevention Grant Program, which funds approaches for reducing verbal and physical violence against nurses in hospitals, freestanding emergency medical care facilities, nursing facilities, and home health agencies.
- ***State Health Coordinating Council*:** For over 25 years, CHS staff has provided administrative support for SHCC, a Governor-appointed body that historically had statutory oversight over HPRC and TCNWS. SHCC has worked with CHS and DSHS to assess the adequacy of the health professions workforce, identify issues, and propose solutions through the Texas State Health Plan.
    - With the passage of House Bill 3801 (89R), SHCC is abolished effective September 1, 2025. CHS will now support a new Health Professions Workforce Coordinating Council (HPWCC). HPWCC is tasked with studying and developing a strategic approach for ensuring a thriving healthcare system and health professions workforce in Texas. HPWCC will also establish a work group to examine the health professions and healthcare education programs that provide a gateway into a variety of health professions.
- ***Hospital Survey Unit (HSU)*:** HSU collects utilization and financial data for over 560 Texas hospitals. In addition to surveys conducted to collect workforce data, the Unit also conducts an annual statewide survey of hospitals on financial data, utilization rates, uncompensated care, and community benefits in conjunction with the American Hospital Association and the Texas Hospital Association. Nonprofit hospitals can qualify for a lower limitation on liability for non-economic damages if they provide 8 percent of net patient revenue and provide 40 percent of charity care in their county.
- ***Texas Primary Care Office (TPCO)*:** TPCO, funded through a cooperative agreement with HRSA, works to improve access to comprehensive primary medical care, dental, and mental health services. Activities include assisting HRSA to ensure that Health Professional Shortage Areas (HPSAs) and Medically Underserved Areas (MUAs) are up to date, conducting updates of primary care providers in the state, and promoting federal and state loan repayment and incentive programs. TPCO also serves as the state liaison for National Health Service Corps (NHSC) by providing technical assistance to sites applying for the program and disseminating information on loan repayment and scholarship opportunities for primary care medical, dental, and mental health clinicians who agree to practice in a HPSA. TPCO is a resource to providers

and clinic administrators in determining what, if any designations are in their area; whether their area may potentially qualify for designation; and what designation types are needed for participation/eligibility for certain federal or state programs.

- TPCO also administers the Texas Conrad 30 J-1 Visa Waiver program on behalf of Texas. This program is overseen by the U.S. Department of State (DOS) and the U.S. Department of Homeland Security (DHS), in accordance with federal legislation. The Conrad 30 J-1 Visa Waiver program allows states to recommend a waiver of the J-1 Visa return home requirement for up to 30 physicians annually, who agree to practice in a federally designated shortage area for a period of three years.

Texas Health Care Information Collection (THCIC) Unit: THCIC was initially established in statute in 1995 and has been collecting health data since 1998. THCIC reports on the quality of inpatient care in Texas hospitals and pediatric hospitals and the incidence of preventable hospitalizations. THCIC also produces reports on potentially preventable complications, preventable readmissions, and preventable emergency visits.

THCIC provides training to hospitals, ambulatory surgical centers, and freestanding emergency medical center staff on submission, correction, and certification of the data. The team also tracks and monitors data compliance. THCIC works with facilities to comply with the law, rules, and submission requirements and, if needed, works with the Office of Chief Counsel on enforcement of penalties.

THCIC also collects the Texas subset of the Healthcare Effectiveness Data and Information Set (HEDIS) data from Texas Health Maintenance Organizations (HMOs) and transfers that data to the Office of Public Insurance Counsel for publication.

THCIC produces and promotes the availability of data collected for public health and research. These data include public use data files, inpatient, outpatient, and emergency department data; and customized research data files that contain data not included in the public use data files, which require DSHS IRB approval prior to release. THCIC also provides ad hoc data to executive leadership and legislators throughout the year.

THCIC maintains a registry of healthcare providers and referral groups available to provide life-sustaining treatment or other services relating to the Texas Advance Directives Act.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

LBB Performance Measures for CHS include:

- Average successful webpage requests in pages per day.
- Average Number Working Days Required by Staff to Complete Customized Requests.

CHS is also required to report metrics associated with federal grants and agreements. It also evaluates itself internally through several metrics to ensure it is meeting program requirements and its internal mission and goals.

- Number of public health data dashboards hosted on the Texas Health Data website.
- Number of vital event record-level and aggregate statistical requests processed by CHS each year.
- Number of obligated health professionals providing care in underserved areas in Texas each year.
- Number of submitted applications by healthcare providers to be certified or recertified as an NHSC site.
- Number of HPSAs that TPCO updated or created by the U.S. Health Resources and Services Administration (HRSA) grant year.
- Annual number of times TPCO provided technical assistance to healthcare providers.
- Number of waivers recommended through the Conrad 30 J-1 Visa Waiver program each year.
- Total number of physicians recommended and approved to practice in federally designated shortage areas within the state since the program's inception.
- Number of inpatient, outpatient, and emergency records collected annually from healthcare facilities required to report information to THCIC.
- Facility reporting compliance rates for THCIC reporting requirements.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2001 – House Bill 1018 (77R) allows DSHS to recommend up to 20 J-1 Visa Waivers per year, as authorized under the then-Federal Conrad 20 Program, for certain physicians requesting an expedited license, in an eligible area (at that time, limited to the Valley).

2002 – TDH creates CHS to be the focal point for the collection, analysis, and dissemination of health-related information to evaluate and improve public health.

2003 – Senate Bill 558 (78R) expands the Texas J-1 Visa Program. The program now covers the state, and the number of waivers Texas may recommend increases from 20 to 30 per year.

2003 – House Bill 2292 (78R) transfers THCIC powers, duties, functions, programs and activities of the to DSHS.

2009 – THCIC begins collection of surgical and radiological outpatient procedures data from hospitals and Ambulatory Surgery Centers (ASCs).

2016 – THCIC begins collection of emergency department (ED) visits from hospitals.

2020 – THCIC begins collection of ED visits from freestanding emergency medical centers (FEMCs).

2025 – The Legislature abolishes SHCC and the nursing advisory committee of that council and replaces it with HPWCC and a workgroup on nursing career pathways.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Physicians seeking to enter the J-1 Visa Conrad 30 program must meet appropriate qualifications and submit an application. See the Texas J-1 Visa Conrad 30 webpage. There are 107 physicians currently fulfilling three-year service obligations, practicing in 25 federally designated MUAs or HPSAs, as determined by HRSA. Eligible physicians must be licensed in the state of Texas and be actively providing direct patient care at a healthcare facility within a federally designated shortage area in Texas. This program affects those needing healthcare in federally designated MUAs or HPSAs.

TPCO also provides data to HRSA to allow HRSA to calculate scores to evaluate whether an area meets shortage designation criteria. HRSA generally calculates scores based on population-to-provider (or specialist) ratio, federal poverty level for the area, and travel time to the nearest source of care. These are federally-determined thresholds for shortage designations and are not determined by DSHS.

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

CHS Section resides within the CSE Division. Led by the Division Office, OCSE assignments are delegated to CHS staff via the section director and CHS Operations Unit. CHS provides data and services to federal, state, regional, and local public health entities as requested. Field/regional services are not regularly utilized by CHS, but collaboration may occur when the need arises.

CHS maintains contracts to administer certain functions:

- THCIC: A contracted vendor collects healthcare information from healthcare facilities.
- BRFSS: A contracted vendor administers the BRFSS survey.
- YRBS: A contracted vendor administers the YRBS survey.
- Texas School Health Profiles: A contracted vendor administers this survey.
- HPRC Workplace Violence Grant: The Program contracts with grantees to implement the program.
- Senate Bill 18 Physician Supply and Demand analysis: A contracted vendor projects statewide physician supply and demand.

CHS maintains certain policy or operations manuals for its functions. See:

- Texas Conrad 30 J-1 Visa Waiver Program Policy Manual
- THCIC Provider and Reporter Guide

- Vital Events Data Request Procedures

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See previously-submitted Agency Program Information spreadsheet.

State legislation authorizes funding for the Texas Conrad 30 J-1 Visa Waiver Program to collect application fees for support of the program. The application fee is $3,000. Application fees net approximately $90,000 per year.

CHS receives federal funds for administering YRBS and BRFSS. The Legislature may add specific topics to the surveys and provide state funding for this purpose. In some cases, external stakeholders may also request that questions be added to the surveys. In these cases, the stakeholder group sponsors the questions through funding to support the cost of the additions. Stakeholder requests are reviewed by a Health Survey Users Group and may be recommended to the DSHS commissioner for addition. Stakeholders may also request oversampling to obtain statistics in specific regions. CHS has received anywhere from $0 to $35,000 for sponsored YRBS questions in the last four survey cycles, and between $500,000 to $800,000 for sponsored BRFSS questions.

CHS may charge funds for data linkage services for state and local government, and for compiling certain data for researchers or the public. This revenue varies between $10,000 and $80,000 in the last four years.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

AAU within CHS currently contracts with HHSC to provide an opioid related data dissemination campaign that improves access to care by increasing the visibility of Texas Targeted Opioid Response (TTOR) programs and related opioid data. The data dissemination campaign provides data analytics and data dissemination expertise to support the objectives of TTOR. Analyses include identification of areas and populations at risk for opioid-related harms, availability of treatment services, and gaps in services. Data dissemination methods include infographics, data dashboards on the Texas Health Data site, presentations, reports, and peer-reviewed publications.

Approximately 70 MOUs and interagency contracts govern the release, usage, storage, and disposition of vital events data. CHS provides data to DSHS programs and other state agencies to support legislatively mandated activities and mandated reports.

TCNWS has two interagency contracts (IACs) with the Texas Board of Nursing (TBON). Through the IACs, TBON provides funding for TCNWS operation and for the Workplace Violence Against Nurses Prevention Grant Program, which TCNWS implements.

THCIC currently has a data use agreement with DSHS programs within CHI to access confidential THCIC inpatient and outpatient data. CHI uses these datasets to support the Maternal Mortality and Morbidity Review Committee (MMMRC), maternal mortality prevention initiatives, and Title V Maternal and Child Health grant requirements.

THCIC also has standing MOUs with multiple LHDs across the state to access public use data files in the State Health Analytics and Reporting System (SHARP). These MOUs are in support of a DSHS priority initiative to make it easier for jurisdictions to retrieve and analyze health data through SHARP. SHARP provides the ability to retrieve large amounts of data much quicker, and it provides the benefit of aggregating and relating data from various program areas into a single view. For more information on SHARP, see Section VII, Office of Public Health Data Strategy and Modernization.

I. If the division or program 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 CHS
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	CHS units work with LHDs to share THCIC data as well as vital events data. City and county health departments have also sponsored BRFSS questions and funded oversampling in previous years.
County Appraisal Districts	Political subdivisions of the State of Texas that establish and maintain accurate property values for all real and business personal property.	CHS provides death linking services on request to identify Texas residents who have died, so that the appraisal district may determine whether any associated properties still qualify for certain tax exemptions.
Local Government Pension Plans	Entities operating retirement plans for state or local government employees.	CHS provides death linking services on request to identify Texas residents who have died.

Federal Units of Government

Name	Description	Relationship to CHS
U.S. DOS and U.S. DHS	Federal agencies with the mission of overseeing foreign policy (DOS) and protecting the country's public safety in the air, on land, at sea, and in cyberspace (DHS).	DOS receives J-1 Visa Waiver applications and recommendations from DSHS to review and recommend the waiver to DHS. DHS is the final approver for J1 Visa Waiver applications. TPCO recommends physicians for J-1 visa waivers to the DOS, allowing foreign trained physicians to remain in the United States.
HRSA	Federal agency that provides healthcare and other services to vulnerable populations and supports health infrastructure and workforce.	TPCO has a cooperative agreement with HRSA to maintain updated health professions shortage designations in the state and promote recruitment and retention programs for healthcare professionals in shortage areas.
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC funds YRBS and BRFSS.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

The Annual Statement of Community Benefits survey, which is part of the Annual Survey of Hospitals and is administered by the CHS Hospital Survey Unit has been in place for decades, and in recent years have become more critical for hospitals as it pertains to their charity care standards and issues like Medicaid reimbursement levels. At the same time, hospitals have other data they must report to federal or state entities, and those reports may use different definitions or approaches to gather similar information. DSHS staff do not necessarily have the expertise or experience to navigate this complex regulatory and fiscal structure. DSHS has experienced situations in which seemingly minor changes to survey questions or definitions cause significant difficulties or problems for report

respondents. DSHS is working in the upcoming reporting cycle to close gaps in its communications with HHSC Medicaid, the Texas Hospital Association, and American Hospital Association to ensure the required surveys meet ongoing needs and make sense within the context of Texas Medicaid and hospital structures.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

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

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Community Health Improvement Division

Deputy Commissioner, Manda Hall, MD

The CHI Division seeks to improve the health, safety, and well-being of all Texans through good stewardship of public resources and a focus on core public health functions. CHI seeks to accomplish this through quality, accountability, and collaboration.

CHI shares knowledge and information across our diverse programs focusing on health promotion and chronic disease, environmental research and surveillance and improving health outcomes for maternal and child health populations. We also strive to increase satisfaction among customers seeking records of life events in our vital statistics program and preserve these records in the best way possible. We implement and maintain evidence-based prevention activities supported by data and leverage opportunities for data sharing and integration across agency programs.

The Division includes four sections and two offices that correspond to the types of services provided.

- Environmental Epidemiology and Disease Registries Section (EEDRS) conducts investigations, health risk assessments, and ongoing disease surveillance, and maintains active disease registries.
- Health Promotion and Chronic Disease Prevention(HPCDP) Section focuses on preventable chronic health conditions, including type 2 diabetes, Alzheimer's disease, high blood pressure, heart disease, stroke, and obesity.
- Maternal and Child Health (MCH) Section aims to improve the health of across all MCH populations including women of childbearing age, adolescents, children, infants, and children with special healthcare needs by supporting the development of family-centered, community-based, coordinated systems of care.
- The Vital Statistics Section maintains vital records for the state of Texas, including, birth and death certificates, marriage applications, and divorce records.
- The Office of the Medical Director (OMD) oversees several programs that seek to improve the health and well-being of infants and newborns through the Newborn Screening Clinical Care Coordination Program (NBS CCC), the Texas Early Hearing Detection and Intervention (TEDHI) Program, and expanded access to primary care services across the state with the Federally Qualified Health Center (FQHC) Incubator Program.
- The Office of Data Analytics and Special Projects (ODASP) is responsible for assisting CHI programs with special projects as assigned by the CHI deputy commissioner. ODASP also oversees everyday activities for the Injury Prevention and Congenital Syphilis Prevention and Surveillance programs.

Detailed information about each of these programs is included below.

Environmental Epidemiology and Disease Registries

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

Name of Division or Program:	Environmental Epidemiology and Disease Registries Section
Location within the Agency:	Community Health Improvement Division
Contact Name:	Heidi Bojes, PhD, Section Director
Statutory Citation:	Texas Health and Safety Code, Chapters 82, 84, 87, 88, 99, 427, 503, 777, and Sections 161.0211 and 161.044

B. What is the objective of this division or program? Describe its major activities.

EEDRS seeks to protect and promote the health of the people of Texas using the principles of epidemiology and toxicology to operate disease registries, conduct disease surveillance, investigate unusual occurrences of disease, assess environmental exposures, and conduct population research studies. These activities are conducted to identify populations at risk, understand the cause of disease, and recommend actions to reduce risk.

EEDRS includes four areas: Birth Defects Epidemiology and Surveillance Branch (BDESB), Blood Lead Surveillance Branch (BLSB), Cancer Epidemiology and Surveillance Branch (CESB), and the Environmental Surveillance and Toxicology Branch (ESTB). Additionally, there are two programs housed in the section, wastewater surveillance and sickle cell disease data collection.

Birth Defects Epidemiology and Surveillance Branch: BDESB has the primary objective to identify and describe the patterns and outcomes of children with birth defects in Texas, and to collaborate with others in research, prevention, and referral to services. Major activities include:

- Maintaining a registry of birth defects and disseminating data about birth defect patterns in Texas;
- Monitoring data for changes through time and place and responding to perceived changes in the occurrence of birth defects (cluster investigations);
- Participating in and facilitating research studies to help identify causes of birth defects;
- Supporting the education of the public and health professionals about the causes, surveillance, impact, and prevention of birth defects; and
- Referring identified children with select birth defects and their families into services.

Blood Lead Surveillance Branch: BLSB's primary objectives include estimating the extent of elevated blood lead levels among children, assessing the follow-up of children with elevated blood lead levels,

and examining potential sources of lead exposure. BLSB does this through the Texas Childhood Lead Poisoning Prevention Program. Major activities include:

- Maintaining a surveillance system of all blood lead test results for children and adults in Texas, including providing results to the occupational health and surveillance program for surveillance and follow-up activities;
- Promoting prevention and early detection of lead poisoning through data-driven educational outreach activities;
- Providing case coordination and technical assistance to healthcare providers and links children with elevated blood lead levels to needed services;
- Conducting environmental lead investigations for children with high or persistently elevated blood lead levels to identify the source(s) of exposure to reduce or eliminate the exposure; and
- Conducting trend analyses of rates of lead poisoning to identify high-risk geographical areas and populations in Texas. These data are used to refine screening recommendations to better target at-risk children.

Cancer Epidemiology and Surveillance Branch: CESB collects, maintains, and disseminates high quality cancer data that contribute towards cancer prevention and control, research, improving diagnoses, treatment, survival, and quality of life for all Texas cancer patients. Major activities include:

- Maintaining the Texas Cancer Registry (TCR), a statewide population-based cancer registry that collects, manages, and analyzes high quality data about cancer cases and cancer deaths;
- Monitoring cancer trends over time and determining cancer patterns in various populations;
- Conducting epidemiologic studies to provide new insight into cancer in Texas and inform prevention and control activities;
- Guiding the planning and evaluation of cancer control programs (i.e., determining whether prevention, screening, and treatment efforts are making a difference); and
- Providing information for national databases of cancer incidence.

Environmental Surveillance and Toxicology Branch: ETSB uses the principles of epidemiology, toxicology, and surveillance to identify populations at risk, to develop evidence-based actions, and to protect and promote the health of the people of Texas. ESTB does so through three programs:

- ***Environmental and Poison Epidemiology Program*:** The focus of this program is to understand how environmental hazardous substances affect the health people through:
    - Conducting human health assessments of non-communicable disease clusters (such as cancer);
    - Performing epidemiologic studies to determine possible associations between environmental hazardous substances and disease outcomes; and
    - Providing epidemiologic support to other program areas and Texas Poison Center Network.

- ***Occupational Health Surveillance Program*:** The program's mission is to improve the health and safety of the Texas workforce through:
    - Maintaining statewide databases for four reportable occupational conditions: acute pesticide, adult lead, silicosis, and asbestosis;
    - Responding to public inquiries about potentially harmful workplace exposures;
    - Conducting epidemiologic investigations of occupationally related health conditions;
    - Reporting on Council of State and Territorial Epidemiologists occupational health indicators annually; and
    - Monitoring occupational health surveillance data for changes over time and place.
- ***Health Assessment and Toxicology Program*:** The program works to protect communities from the harmful effects of environmental hazardous substances by using the principles of risk assessment and toxicology. Major activities include:
    - Conducting human health assessments to determine potential adverse health effects of hazardous substances from hazardous waste and Superfund sites;
    - Conducting exposure investigations (collecting biological samples) to determine if exposures to hazardous substances have occurred;
    - Educating affected communities and local health professionals about site contamination, potential health effects, and ways to prevent exposures by developing informational materials and participating in community meetings;
    - Protecting children from environmental hazards at new early-care and education facilities through the Texas Safe Child Care Siting Initiative; and
    - Coordinating the legislatively-mandated Toxic Substance Coordinating Committee.
- ***Wastewater Surveillance Program*:** WSP uses wastewater surveillance as a tool in tracking and addressing emerging diseases, enhancing community well-being through timely and actionable data, and guiding targeted public health interventions. Major activities include:
    - Collecting wastewater samples from municipal wastewater treatment facilities and other locations across Texas and analyzing wastewater samples for emerging pathogens;
    - Providing data weekly to local health departments, municipal wastewater treatment facilities, and CDC National Wastewater Surveillance System;
    - Monitoring state trends and patterns; and
    - Translating wastewater data into public health action.
- ***Sickle Cell Data Collection (SCDC) Program*:** In 2023, DSHS received funding from CDC to establish and maintain a state sickle cell data collection system that informs sickle cell practices and policies in Texas. Texas SCDC is one of 16 states funded by the CDC to establish a SCDC program. The goal of Texas SCDC is to collect, maintain, and disseminate high quality sickle cell data that will contribute to improving diagnoses, treatments, survival, and quality of life for all individuals with sickle cell disease in Texas.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

EEDRS measure effectiveness and efficiency by evaluating the following key statistics within EEDRS branches and programs.

- ***Birth Defects Epidemiology and Surveillance Branch*:**
  - Number of facilities where TBDR conducted routine active surveillance activities.
  - Number of medical record reviews, abstracts, and completed birth defects cases annually.
  - Annual number of neural tube defect recurrence prevention mailouts to families.
  - Families of young children with select birth defects annually connected to DSHS social workers for assistance accessing health and social service programs.
  - Annual number of journal articles published using TBDR data.
- ***Blood Lead Surveillance Branch*:**
  - Annual number of received childhood and adult blood lead level reports.
  - Number of child and adult blood lead test results received for which the lead level was greater than or equal to 3.5 micrograms per deciliter (µg/dL).
  - Annual total notification letters to parents of children with elevated blood lead levels.
  - Number of completed 78 environmental lead investigations (ELIs).
- ***Cancer Epidemiology and Surveillance Branch***:
  - Number of reports of cancer received and total number of cancer records maintained in the TCR.
  - Number of data requests completed annually.
  - Number of website visits to the Texas Cancer Data Visualization Tool, TxCanViz.
  - Number of IRB-approved research studies and published peer-reviewed journal articles using TCR data.
  - TCR maintenance of gold standard (highest ranking) status from the North American Association of Central Cancer Registries.
- ***Occupational Health Surveillance Program*:**
  - Number of health assessments, consults, technical assists, community outreach and educational activities supported by the program.
  - Number of acute occupational pesticide exposures identified and provided to CDC National Institute for Occupational Safety and Health (NIOSH).

- ***Health Assessment and Toxicology Program*:**
    - Annual responses to inquiries regarding concerns for potential suspected unusual patterns of cancer(s) in community, school, and workplace settings.
    - Number of public health incidents and emergencies in which the Program provided epidemiologic and environmental health surveillance support and technical assistance.
    - Conducted case follow-up for 329 adults with elevated blood lead levels.
    - Published three journal articles as co-authors.
- ***Wastewater Surveillance Program*:**
    - Number of participating wastewater treatment facilities in the Wastewater Surveillance Program.
    - Number of pathogens monitored through the Wastewater Surveillance Program.
- ***Sickle Cell Data Collection Program:***
    - Number of individuals with sickle cell disease identified.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

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.

1994 – CDC awards the TCR its first National Program of Cancer Registries (NPCR) grant. TCR becomes a part of the national cancer surveillance system.

1996 – CDC awards the TDH a grant to establish the Texas Center for Birth Defects Research and Prevention. The purpose is to conduct research studies to understand the causes of specific birth defects. By 1999, the Birth Defects Registry becomes statewide.

1999 – The Legislature establishes the mandatory reporting of controlled substance overdoses for Penalty Group 1 substances and assigns DSHS to maintain a central repository of information relating to incidents of a controlled substance overdoses.

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

2004 – 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.

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.

2012 – CDC introduces the concept of a blood lead reference value (BLRV) to identify children with higher levels of lead in their blood compared with levels in most children.

2016 – The Texas Birth Defects Registry responds to the Zika virus pandemic due to the association of Zika infection during pregnancy and occurrence of microcephaly and other brain abnormalities.

2019 – The Legislature established the Service Member and Veteran Open Burn Pit Registry Act.

2021 – DSHS piloted a two-year wastewater surveillance project to monitor SARS-CoV-2 from high-density and institutions and municipal wastewater treatment facilities.

2021 – CESB became a Surveillance, Epidemiology, and End Results (SEER) Program. CESB receives federal funding through a contract with the National Cancer Institute (NCI) as a member of their SEER Program to help collect and report on cancer incidence and survival for all cancer patients in Texas.

2023 – The Texas Birth Defects Registry is funded as a CDC center in The Birth Defects Study To Evaluate Pregnancy exposures (BD-STEPS).

2023 – DSHS received funding from CDC to establish a state sickle cell data collection system that informs sickle cell practices and policies in Texas.

2024 – DSHS begins wastewater sampling (twice weekly) from municipal wastewater treatment facilities.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). 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. EEDRS programs have no qualifications or eligibility requirements for persons or entities affected.

Persons or Entities Impacted by the Program	Metric
Number of Texas Born with a Birth Defect	Over 28,000 annually
Number of Children Identified with Elevated Blood Levels	9,061
Number of Individuals Assessed for Potentially Harmful Chemical Exposures	More than 30,000

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

EEDRS is led by a Section Director, who is supported by section staff specialized in coordinating the major legislative, financial, human resources, research, and grant related work of the section. EEDRS Section and program staff are located at DSHS Central Office in Austin, but have staff located in regional offices to support the program work. Programs are divided among the following areas.

Birth Defects Epidemiology and Surveillance Branch: The work of BDESB centers around maintaining the Texas Birth Defects Registry. Highly trained regional staff review hospital logs, hospital discharge lists, and other records to find babies with birth defects (structural malformations or chromosomal disorders). If the record indicates that the infant or fetus has a birth defect covered by the Texas Birth Defects Registry, demographic and diagnostic information are abstracted from the medical record. About 25,000 cases are entered into the registry each year. Quality assurance activities are conducted throughout data collection and processing to monitor the accuracy, completeness, and timeliness of the Texas Birth Defects Registry's data. The majority of BDESB staff are centrally supervised but housed in DSHS regional offices.

Blood Lead Surveillance Branch: The Texas Childhood Lead Poisoning Prevention Program maintains a surveillance system of blood lead results on children younger than 15 years of age. Texas law requires reporting of blood lead tests, elevated and non-elevated, for children younger than 15 years of age. Physicians, laboratories, hospitals, clinics, and other healthcare facilities must report all blood lead tests to the Texas Child Lead Registry.

BLSB evaluates blood lead test results to measure the burden of lead poisoning in Texas. BLSB conducts case management for children with elevated blood lead levels. This may include sending letters to the children's guardians and healthcare providers notifying them of the test results, contacting healthcare providers to provide recommendations on medical management, and conducting environmental lead investigations.

Cancer Epidemiology and Surveillance Branch: The work of CESB centers around the Texas Cancer Registry. TCR is a combination active and passive surveillance system responsible for the collecting, maintaining, and disseminating of high-quality, population-based cancer data. The majority of TCR staff are housed in the regions so that they can conduct active surveillance in healthcare facilities. TCR collects information such as the types of cancers that occur and their locations within the body, the extent of cancer at the time of diagnosis (disease stage), the first course treatments that patients receive, length of survival, and patient characteristics. These data are reported from various sources including hospitals, cancer treatment centers, ambulatory surgical centers, pathology laboratories, and physician's offices, as well as supplemented through various data sharing efforts with other government data collection systems, such as vital statistics.

Environmental Surveillance and Toxicology Branch: ESTB is completely housed in the central office and oversees three programs.

- ***Environmental and Poison Epidemiology Program***: The program is tasked with addressing community concerns about non-communicable disease clusters (such as cancer). ESTB collaborates with other EEDRS programs (such as Texas Cancer Registry) to respond to these concerns. For the assessment of unusual patterns of cancer, staff follow a detailed formal protocol, adapted from CDC guidance. The program provides epidemiologic support to the Texas Poison Center Network and other DSHS program areas and maintains a reporting system to capture penalty group 1 (PG-1) controlled substance overdoses in Texas and conducts education and outreach on this topic.

- ***Occupational Health Surveillance Program*:** Texas law requires reporting of specific occupational diseases to DSHS. The program maintains statewide surveillance databases for four reportable occupational conditions (acute pesticides poisoning, adult lead, silicosis, and asbestosis). These reports are received from other DSHS program areas, healthcare providers, the Texas Poison Center Network, and the Texas Department of Agriculture (TDA). Staff monitor occupational health surveillance data for changes over time and place by analyzing the information collected and conduct education and outreach for occupational health conditions and exposures.
- ***Health Assessment and Toxicology Program*:** The program evaluates the potential human health impacts of environmental pollution by investigating sites where people may encounter chemicals. The program works with the CDC Agency for Toxic Substances and Disease Registries (ATSDR) through a cooperative agreement to conduct these activities.

Wastewater Surveillance Program: WSP partners with LHDs and water utilities to track pathogens in wastewater and help communities prepare for and take action to address increasing cases of infectious diseases. To do this, WSP collaborates with Baylor University and the DSHS Public Health Laboratory Division. Wastewater samples are collected twice weekly from each municipal wastewater treatment facility. Baylor extracts the viral genetic material from the wastewater and identifies and quantifies the concentration of genetic material of each pathogen being evaluated. WSP normalizes the viral levels based on wastewater flow rates or population and provides the results weekly to participating local partners and CDC. WSP evaluates wastewater results to identified disease trends and patterns and correlations with case counts, hospitalization, and fatalities. The DSHS Public Health Laboratory in Austin sequences the viral genetic material to identify variants of the pathogens. Local partners use the information to help inform public health decisions in their communities. CDC uses the information to evaluate disease trends nationally.

Sickle Cell Data Collection (SCDC) Program: SCDC program is a data collection program utilizing various sources including administrative and clinical datasets. SCDC program will obtain data containing information on individuals with SCD through the agency's Institutional Review Board and data use agreements with the program areas that house these databases. The data use agreements allow the program to have access to individual-level data with identifiers so that information from the various sources can be linked and deduplicated. SCDC program analyzes the data to determine the number of people with SCD in a specific time, the age distribution, race/ethnicity, sex, geographic location, and treatments and health outcomes. Aggregate reports will be provided to CDC, shared with stakeholders, and posted on the DSHS web page. SCDC program works with the SCDC multidisciplinary team (MDT) of subject-matter experts to help inform surveillance activities and results and provide direction and feedback on activities.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The Environmental Epidemiology and Surveillance Branch has an interagency MOU with the Commission on State Emergency Communications (CSEC) to obtain Texas Poison Center Network data and provide CSEC with epidemiologic support.

The Blood Lead Surveillance Branch has MOUs with certain LHDs to provide blood lead results for their jurisdictions.

I. If the division or program 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 EEDRS
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	BLSB provides monthly data sets of blood lead testing results to four specific LHDs. ESTB provides technical assistance to local jurisdictions upon request and as needed in responding to local incidents, disease outbreaks and harmful environmental exposures that may be of public health significance. WSP partners with 20 LHDs to implement wastewater monitoring.

Federal Units of Government

Name	Description	Relationship to EEDRS
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides funding and technical support for EEDRS programs, and EEDRS contributes Texas data to national datasets in line with grant requirements, as allowable in statute.
National Cancer Institute, Surveillance, Epidemiology, and End Results Program (SEER)	Federal program within National Institutes of Health that collects and publishes cancer incidence and survival data from population-based cancer registries, covering approximately 48 percent of the U.S. population.	SEER partially funds TCR under a contract.
EPA	Federal agency responsible for protecting human health and the environment.	EPA provides environmental data necessary for states to evaluate the potential public health impacts of environmental contaminants.
Occupational Safety and Health Administration (OSHA)	A federal agency within the U.S. Department of Labor that ensures workers have safe and healthful working conditions free from unlawful retaliation.	OSHA provides technical assistance and serves as a stakeholder to EEDRS occupational health-related activities.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

The Cancer Registry depends on facility compliance with reporting requirements to fulfill its duties. In cases where a facility is non-compliant, the Cancer Registry currently has insufficient recourse to bring the facility into compliance. Currently, Texas Health and Safety Code, Chapter 82, allows DSHS to require reimbursement in instances for the costs of DSHS accessing the required data. However, DSHS is unable to access data due to lack of staff and resources and so the Chapter 82 provisions do not provide DSHS a practical recourse for non-compliance. There was a 71% compliance rate in fiscal year 2024. Updating statute to allow non-compliant facilities to directly pay DSHS or its authorized representative to access the data would give facilities another option to comply and help ensure the Texas Cancer Registry has an accurate and complete source of cancer data for Texas, as required by state and federal law.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Health Promotion and Chronic Disease Prevention

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

Name of Division or Program:	Health Promotion and Chronic Disease Prevention Section
Location within the Agency:	Community Health Improvement Division
Contact Name:	Nimisha Bhakta, MPH, Section Director
Statutory Citation:	Texas Health and Safety Code, Chapters 48, 93, 99A, 101, 103, 768, and Sections 161.0902, 161.253, 161.301, 161.302, 161.351, 773.0145, 1001.071, 1001.0711; Texas Education Code, Chapter 154, Section 51.881 and Chapter 38, Subchapters E and E-1; Texas Government Code, Section 403.105 and Chapter 664

B. What is the objective of this division or program? Describe its major activities.

The HPCDP Section serves Texans by creating, promoting, and guiding public health programs across the lifespan to promote healthy lifestyles and educate, prevent, and manage chronic diseases. HPCDP include the following programs:

Alzheimer's Disease Program (ADP): ADP works to engage organizations, agencies, institutions, and individuals to work collaboratively to reduce the impact of Alzheimer's disease and related dementias (ADRD) in Texas and promote the Texas State Plan for Alzheimer's Disease (State Plan). ADP:

- Develops and publishes the Texas State Plan for Alzheimer's Disease every five years;
- Convenes the statewide, volunteer-based Texas Alzheimer's Disease Partnership to gather input on the state plan and support grant-related activities;
- Conducts a public awareness campaign to help Texans recognize the signs of Alzheimer's disease in their loved ones and start a conversation on seeking care;
- Conducts activities through the CDC 5-year cooperative agreement, Building Our Largest Dementia Infrastructure (BOLD), which started in September 2023;
- Operates a competitive grants program to provide direct caregiver support and promote early detection and diagnosis; and
- Provides administrative support to the Texas Council on Alzheimer's Disease and Related Disorders (TCADRD).

Texas Asthma Control Program (TACP): TACP's mission is to help Texans control their asthma, reduce visits to the emergency department, decrease hospitalizations, and improve their quality of life. TACP administers the Texas Asthma Control Collaborative, a statewide asthma control coalition. In

collaboration with the Texas Asthma Control Collaborative, TACP implements activities and evidence-based interventions that follow the EXHALE asthma control framework and work toward the goals of the Strategic Plan for Asthma Control in Texas. The EXHALE framework focuses on the following areas: asthma self-management education; secondhand smoke; asthma home visits; linkages to care; and indoor and outdoor asthma trigger reduction policy, systems, and environmental change efforts. Major TACP activities include:

- Funding the University of North Texas Health Science Center to develop and host an online, self-paced training for unassigned respiratory medicine in school policy implementation;
- Funding and partnering with the City of San Antonio to develop an asthma home visit guide and CHW training for statewide distribution as well as increase the adoption of smokefree policies for multiunit housing in San Antonio;
- Collaborating with the Texas Tobacco Prevention and Control Program to promote state tobacco cessation services;
- Partnering with Texas Medicaid and CHIP to improve asthma management and control in children enrolled in those programs, including working with managed care organizations to implement asthma control best practices;
- Partnering with the Texas Asthma Control Collaborative to promote and educate on asthma self-management education classes and asthma home visits; and
- Partnering with the Texas Asthma Control Collaborative to encourage education and implementation related to asthma preventive and management measures.

Community Health Worker Program (CHWP): The CHW Program sets training and education standards and provides certification for persons who act as promotoras, CHWs or CHW Instructors (CHWIs). Major program activities include:

- Certifying, tracking certification expiration, and recertifying CHWs, CHWIs, training organizations for CHWs, and continuing education courses for CHWs and CHWIs;
- Promoting CHW training opportunities throughout the state; and
- Working with organizations interested in developing increased opportunities for CHWs.

Texas Comprehensive Cancer Control Program (TCCCP): TCCCP's mission is to reduce the burden of cancer in Texas. TCCCP administers the Cancer Alliance of Texas, which is a statewide comprehensive cancer control coalition. In collaboration with the Cancer Alliance of Texas, TCCCP implements activities and evidence-based interventions that promote primary prevention of cancer; support cancer screening and early detection efforts; address the needs of cancer survivors; and work toward the goals of the Texas Cancer Plan. Major activities include:

- Funding the development of an online, self-paced cancer survivorship course for CHWs and promoting use of the training;
- Implementing a lung cancer screening social and digital media campaign targeted to people in Public Health Region 4/5 North;

- Collaborating with the Texas Tobacco Prevention and Control Program to implement and evaluate the Texas Tobacco Quitline's participant referral process to a lung cancer screening patient decision aid tool, Project CONNECT;
- Partnering with the Cancer Alliance of Texas to increase the number of health systems and safety-net clinics that adopt the Baylor College of Medicine's "Vapes to Victory: Empowering Teens to Overcome Vaping" Training and the Department's "Reducing E-Cigarette Use Among Youth and Young Adults Toolkit for Healthcare Providers;"
- Partnering with the Cancer Alliance of Texas to increase the number of new or enhanced smokefree policies in municipalities, colleges, and behavioral health facilities in Texas; and
- Partnering with the Cancer Alliance of Texas to increase the number of health systems in Texas that adopt a lung cancer screening and risk factor CHW course.

Diabetes Prevention and Control Program (DPCP): DPCP seeks to prevent Type 2 diabetes and provide support to Texans with diabetes of all types through work with statewide stakeholders. Through contracts with partners across the state, the program supports:

- Diabetes Self-Management Education Support (DSMES) classes for persons with diabetes;
- Diabetes Prevention Program (DPP) classes to persons with prediabetes or at risk of developing diabetes;
- Bidirectional referral systems between local health systems and diabetes prevention and management education programs;
- Patient identification and referral to self-management and prevention programs.
- Referrals to family-centered childhood obesity programs;
- Integrating Community Health Workers into diabetes care teams; and
- Administrative support to the Texas Diabetes Council, which includes coordinating the Texas Diabetes State Plan.

Heart Disease and Stroke Program (HDSP): HDSP focuses on preventing and reducing death and disability caused by cardiovascular diseases (CVDs) in Texas. HDSP collaborates and contracts with partners throughout the state to implement evidence-based interventions for the prevention and management of CVD and stroke including:

- Increasing implementation of standardized processes to identify patients with hypertension in clinical health systems;
- Strengthening connections and relationships between community and clinical sectors to support prevention and management of high blood pressure and high cholesterol;
- Increasing the use of team-based care models by engaging non-physician team members like CHWs to improve cardiovascular health outcomes;
- Increasing the use of regular measurement of blood pressure by the patient outside the clinical setting (i.e., self-measure blood pressure monitoring);

- Assessing health disparities in communities at highest risk for CVD and implementing targeted interventions to help people prevent and manage their high blood pressure and high cholesterol; and
- Providing administrative support for the Texas Council on Cardiovascular Disease and Stroke.

Obesity Prevention Program (OPP): OPP works to reduce the burden of death and disease related to overweight and obesity through evidence-based, community interventions that promote policy and environmental changes in Texas communities. OPP key functions are to provide training, guidance, and educational resources to partners and contractors to:

- Implement policies and programs that encourage healthy eating in vending, worksite, childcare, and community settings;
- Improve community infrastructure for and access to active transportation to worksites, schools, and other community destinations;
- Make it easier for Texans to exercise by creating or enhancing access to physical activity opportunities;
- Working with LHDs to connect people to weight management programs and disease self-management education programs for extra support outside of their doctor's office (Community and Clinical Health Bridge Program);
- Collaborating with the DSHS Worksite Wellness Program and LHDs, increase the number of worksites offering employee wellness programs and mother-friendly policies in local communities as well as Texas state agencies;
- Through contracts with the Texas A&M University AgriLife Extension, provide Texas childcare centers access to the Go Nutrition and Physical Activity Self-Assessment – Childcare (Go NAPSACC) platform and technical assistance to improve nutrition, physical activity and screen time policies and practices in childcare settings; and
- Through contracts with Feeding Texas, change nutrition policies in the Texas Food Bank system to improve health outcomes.

School Health Program (SHP): SHP supports education and public health partners address school health issues using the CDC Whole School, Whole Community, Whole Child (WSCC) model to promote health and prevent chronic disease. Key functions include:

- Sharing timely school health-related information with school health personnel, parents, and the public;
- Implementing rules and other legislatively required activities related to the Texas School Health Advisory Committee (TSHAC), stock medications in schools and other entities, and children participating in rodeos;
- Providing administrative support to TSHAC and the Stock Epinephrine Advisory Committee (SEAC); and

- Conducting activities in line with CDC's Healthy Schools cooperative agreement to identify and improve school health trends related to chronic disease, physical activity, and nutrition.

Texas Healthy Communities Program (TXHC): TXHC's mission is to empower Texans to improve their health in all the places they live, work, and play. The program assists communities to assess their environments and public health policies and empowers communities to make positive changes. TXHC contracts with 10 local health departments to:

- Annually assess their community and develop workplans based on assessment results and TXHC recommendations to address areas for improvement;
- Implement activities to address selected TXHC indicators;
- Develop evaluation plans in collaboration with DSHS for targeted interventions; and
- Participate in comprehensive technical assistance with TXHC.

Texas Tobacco Prevention and Control Program (TPCP): TPCP's mission is to reduce the toll of tobacco use on the health, safety, and well-being of all Texans. The program supports the following efforts:

- The annual Youth Tobacco Survey, which provides data for students in grades 6-12 with respect to prevalence of tobacco use, exposure to environmental tobacco smoke, access and enforcement, knowledge and attitudes, media and advertising, school curriculum, and tobacco use cessation;
- Behavioral Risk Factor Surveillance System Survey questions to gather data on tobacco use and analyze trends over time;
- Students, Adults, and Youth Working Hard Against Tobacco (Say What!), a tobacco prevention and control youth movement primarily for middle and high school age youth;
- Peers Against Tobacco (PAT), a peer-led initiative to eliminate all forms of tobacco use on college and university campuses across Texas;
- The E-Cigarette and Tobacco Awareness Program (ETAP), which launches in fiscal year 2026 as a modernized version of the Texas Youth Tobacco Awareness Program (TYTAP) to provide tobacco and e-cigarette education classes for individuals under age 21 who are cited for possession of tobacco product and are referred by the court, their school, or a parent/guardian;
- The Vapes Down campaign, an awareness campaign aimed at youth to promote e-cigarette and vaping prevention and cessation;
- The Texas Tobacco Quitline, which provides confidential and free cessation services to Texas residents, including coaching, nicotine replacement therapy, and a youth digital program for those ages 13-17;
- The Live Vape Free Program, which helps teens and adults learn about the harms of vaping, hear from their peers, and have a place to take action once they are ready to quit; and
- A tobacco control behavioral health initiative to implement tobacco free worksite policies and cessation support efforts at Local Mental Health Authorities and substance use treatment centers.

Worksite Wellness Program: The DSHS Worksite Wellness Program provides guidance to Texas state agencies and other employers to create an effective and sustainable wellness program for their organizations. The program focuses on the following key health behaviors: healthy eating, physical activity, tobacco cessation, stress management, preventive screening, and lactation/breastfeeding support through the following functions:

- Develops and implements policies that support wellness;
- Facilitates an agency-wide wellness council charged with creating a work environment that improves the health and productivity of employees;
- Provides ongoing wellness activities, classes, opportunities, and communications to educate and engage employees, such as physical activity and nutrition challenges like the Get Fit Texas!;
- Promotes environmental change strategies that integrate healthy behaviors and physical activity;
- Provides optional incentives to encourage participation in the wellness program; and
- Develops tools and resources.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

Alzheimer's Disease Program:

- Number of caregivers reached through the Grants to Increase Local Dementia Support. The program is in its pilot year, and caregiver reach will be evaluated in the second year of the performance period.
- Number of impressions, resource downloads, and clicks to initiate course registration for the Alzheimer's Disease Provider Landing Page.

Texas Asthma Control Program:

- Number of children and adults provided asthma self-management education.
- Number of healthcare professionals trained on asthma prevention and control.
- The childhood asthma age-adjusted emergency department and inpatient discharge rates in Texas.

Community Health Worker Program:

- Total number of CHWs certified in Texas.
- New CHW certifications issued annually by CHWP.

- Number of CHWI applications processed annually.
- Percent of CHW and CHWI applications processed within 90 days.
- Number of DSHS-certified training programs offered for CHWs and the number of unduplicated participants attending DSHS-approved continuing education annually.

Texas Comprehensive Cancer Control Program:

- Number of CHWs trained to address the needs of cancer survivors.
- Number of Texas Tobacco Quitline participants referred to Project CONNECT, a lung cancer screening patient decision aid tool.
- Number of healthcare providers agreeing to have staff trained on the Baylor College of Medicine e-cigarette training and DSHS e-cigarette toolkit.

Diabetes Prevention and Control Program:

- Number of individuals who participated in DSHS-supported Diabetes Prevention Program classes.
- Number of individuals who participated in DSHS-funded Diabetes Self-Management Education Support.

Heart Disease and Stroke Program:

- Number of clinics to implement electronic health record processes for the identification, management, and treatment of patients with hypertension.
- Number of clinics to implement team-based care policies for controlling blood pressure and cholesterol management.
- Number of patients who achieved blood pressure control through HDSP grant supported programs.
- Number of patients who were able to manage their cholesterol through HDSP grant supported efforts.
- Number of clinics to implement self-measure blood pressure (SMBP) management policies, and number of patients who learn to self-monitor their own blood pressure and take appropriate action, leading to a statistically significant decline in systolic and diastolic blood pressure for all participants.

Obesity Prevention Program:

- Number of early childhood education (ECE) providers who receive education through the Texas Healthy Building Blocks program on implementing healthy practices in their ECEs, and the number of children impacted as a result.

- Number of targeted outreach efforts, referrals to health services and education, and health education classes provided through LHD contractors.
- Number of sites implementing breastfeeding continuity of care supports, and the number of individuals impacted as a result.
- Number of food bank pantries updating their nutrition policies, and the number of pantry customers with increased healthy food access.

School Health Program:

- Number of statewide professional development and technical assistance events conducted, and the associated number of participating school districts.

Texas Healthy Communities Program:

- TXHC-funded communities complete a standardized assessment to evaluate their performance in the eight TXHC indicators. They submit their assessment to DSHS, which scores the assessment and provides a recognition level of Honorable Mention, Bronze, Silver, or Gold to each community. DSHS tracks improvement in the average assessment score across funded communities to demonstrate the effectiveness of implemented community and environmental strategies. In FY2024, the TXHC Program achieved an average assessment score of 90 (silver recognition level) across all ten communities.

Texas Tobacco Prevention and Control Program:

- Prevalence of Tobacco Use among Middle and High School Youth Statewide (LBB).
- Prevalence of Tobacco Use among Adult Texans (LBB).
- Number of youth reached through the Say What campaign.
- Number of college students reached through the Peers Against Tobacco college initiative.
- Number of participants enrolled in Texas Tobacco Quitline services.
- Number of Quitline participants who report quitting conventional tobacco products at seven-month follow-up.
- Number of Quitline participants who report quitting conventional tobacco products and e-cigarettes at seven-month follow-up.

Worksite Wellness Program:

- Participation and completion rates for the Get Fit Texas! Challenge.
- Implementation and participation rates of state agency worksite wellness programs.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1983 – The Legislature establishes the Texas Diabetes Council (TDC).

1987 – House Bill 1066 (70R) establishes the Texas Council on Alzheimer's Disease and Related Disorders (TCADRD) and requires TDH to provide administrative support.

1998 – CDC awards TDH a cooperative agreement to establish a comprehensive cancer control program in Texas. This leads to the creation of the TCCCP.

1999 – The Legislature creates the Texas Alzheimer's Research and Care Consortium (TARCC).

1999 – The Texas Legislature establishes the Texas Council on Cardiovascular Disease and Stroke (TCCVDS).

1999 – The Obesity Prevention Program is established.

2000 – TDH first funds the Texas Tobacco Quitline.

2001 – The CHW Program is created in response to Senate Bill 1051 (77R).

2003 – The Legislature creates the Worksite Wellness Program at TDH.

2005 – DSHS forms TSHAC as required by Senate Bill 42 (79R).

2018 – OPP first receives funding through the CDC's State Physical Activity and Nutrition cooperative agreement.

2019 – OPP receives SNAP-Ed funding through a collaboration with HHSC SNAP-Ed to provide nutrition education and obesity prevention for families eligible for SNAP benefits.

2019 – DSHS forms the Stock Epinephrine Advisory Committee per Senate Bill 66 (84R).

2019 – The Legislature provides funds for ADP to launch an Alzheimer's disease awareness campaign to help Texans recognize the signs of Alzheimer's disease in their loved ones and start a conversation on seeking care. This is expanding in the following sessions to include a grant program for caregivers.

2019 – DSHS receives a five-year CDC cooperative agreement to support an asthma control program.

2023 – DSHS receives CDC BOLD grant funding for Alzheimer's-related activities.

2023 – The Diabetes Prevention and Control Program is awarded a CDC five-year cooperative agreement to implement diabetes programs in Texas.

2023 – DSHS receives CDC funding to implement and evaluate evidence-based strategies to prevent and manage CVD in Texas, including funding to improve related outcomes specifically for those with hypertension and high cholesterol.

2023 – Increased legislative appropriations allows TPCP to expands eligibility for and duration of nicotine replacement therapy (NRT) through the Texas Tobacco Quitline and relaunch the Vapes Down campaign.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Individuals wanting to become a certified CHW must either:

- Be a resident of Texas; OR apply for alternative certification or exemption as a military member, veteran, or military spouse.
- Be at least 16 years old;
- Submit a recent color photo;
- Complete a DSHS-certified 160-hour competency-based CHW training program; OR have at least 1,000 hours of CHW service within the past three (3) years. Experience will be verified with the supervisor(s) noted in the application.

Individuals wanting to become a certified CHWIs must:

- Be a resident of Texas; OR apply for alternative certification or exemption as military member, veteran, or military spouse.
- Be at least 18 years old;
- Submit a recent color photo;
- Complete a DSHS-certified 160-hour competency-based CHWI training program; OR have at least 1,000 hours of experience training individuals who provide community health work services, including CHWs, and other healthcare paraprofessionals and professionals in the past three (3) years. Experience will be verified with the supervisor(s) noted in the application.

To enroll in Diabetes Prevention Programs, individuals must be 18 years or older, have a BMI of 25 or greater (23 or higher for Asian Americans), not be previously diagnosed with type 1 or type 2 diabetes, and not be pregnant. Individuals qualify for Diabetes Self-Management Education Support classes if they have a documented diabetes type 1 or type 2 diagnosis and are 18 years of age or older.

The Texas Tobacco Quitline provides confidential, free, and convenient cessation services to Texas residents ages 13 and older. Nicotine replacement therapy and quit coaching sessions are available for adults ages 18 and older. There is also a youth digital program available for those ages 13-17.

Persons or Entities Impacted by the Program	Fiscal Year 2024
Number of Texas Born with a Birth Defect	Over 28,000 (annually)
Number of Children and Adults Provided with Asthma Self-Management Education	372 children and 60 adults
Healthcare Professionals Trained on Asthma Prevention and Control.	786
Newly Certified CHWs	3,400
Newly Certified CHW Instructors	198
Tobacco Quitline Participants	11,775
Tobacco Quitline Participants Referred to Lung Cancer Screening	4,900
Participants in Diabetes Prevention Program Education	164
Participants in Diabetes Self-Management Education Classes	213
Numbers Served through School Health Technical Assistance Events	109 participants and 74 school districts

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The HPCDP Section is led by a Section Director, who is supported by section staff specialized in coordinating the major legislative, financial, human resources, and grant related work of the section. Programs are divided between a Health Promotion and a Chronic Disease unit, both of which are led by a unit director. The section also has a Communications Branch and the Chronic Disease Epidemiology Branch to provide specialized support to programs.

HPCDP 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.

Unless otherwise stated, program staff are located at the DSHS Central Office in Austin.

Alzheimer's Disease Program: ADP staff support Partnership recruitment, engagement, and maintenance, and implement program strategies. ADP also works with 13 contractors to provide awareness campaigns, provider and caregiver education and resources, community needs assessments, early detection and diagnosis, and support for individuals with Alzheimer's disease and related dementias (ADRD) and their caregivers.

Texas Asthma Control Program: TACP staff implement evidence-based asthma control activities and interventions as described in the Strategic Plan for Asthma Control; support Texas Asthma Control Collaborative recruitment, engagement, and maintenance; and report on and evaluate all programmatic and coalition activities. TACP also contracts with two entities to provide training for school personnel and school districts on unassigned respiratory medication in schools, and to develop an asthma home visit guide and CHW raining for statewide distribution.

Community Health Worker Program: CHW Program staff are responsible for administering the program; developing rules, policies, and procedures; and supporting the CHW Training and Certification Advisory Committee. The CHW Program provides guidance and information to current and potential CHWs, CHWIs, training centers, and other states that are exploring, developing, or enhancing training or certification for CHWs.

Texas Comprehensive Cancer Control Program: TCCCP staff in Central Office implement evidence-based cancer control activities and interventions as described in the Texas Cancer Plan; support Cancer Alliance of Texas recruitment, engagement, and maintenance; and report on and evaluate all programmatic and coalition activities. TCCCP also has contracts with entities for an online, self-paced cancer survivorship course for CHWs and for targeted social and digital media campaign work.

Diabetes Prevention and Control Program: DPCP dedicates qualified staff to support program coordination, implementation of evidence-based programs, contract management, and strategic partnerships to sustain evidence-based diabetes management efforts in Texas described in CDC funded grants. The team collaborates with the Chronic Disease Epidemiology team to identify populations with high burden of prediabetes and diabetes in Texas and evaluate DPCP activities. The DPCP staff also support state and federally funded contracts to local health departments and academic institutions to implement evidence-based community diabetes education and prevention programs that align with national standards. DPCP has contracts in place with LHDs and other entities to implement new, and strengthen ongoing, Diabetes Self-Management Education Support and Diabetes Prevention Program classes for underserved populations, and to strengthen systems to better identify pre-diabetic and diabetic patients and refer them to lifestyle change program.

Heart Disease and Stroke Program: HDSP implements best practices for the identification and management of high blood pressure and high cholesterol. HDSP collaborates with the Chronic Disease Epidemiology and Evaluation team to identify populations with high burden of CVD in Texas and evaluate HDSP activities. In collaboration with LHDs and academic health science centers, HDSP uses existing support structures, expertise, capacity, and experience to achieve CDC-funded grant activities, recruit and sustain partners, and address the unique needs and strengths of under-resourced communities. HDSP contracts with six entities to implement evidence-based funding in line with CDC grant requirements to improve CVD health outcomes.

Obesity Prevention Program: OPP funds 23 contractors to implement strategies in priority areas of the state to support the Outdoor Learning Environment (OLE!) Program, Texas Healthy Building Blocks, local State Physical Activity and Nutrition (SPAN) programs, the Community and Clinical Health Bridge Program for improved referrals for education and clinical services related to obesity and related chronic diseases, and trainings and technical resources for increasing access to healthy foods in food banks and increasing physical activity through community design.

School Health Program: SHP staff serve as a central resource and clearinghouse for regional, statewide, and national materials and information for communities to meet the health services, education, and program needs of children in Texas schools. In addition, SHP staff administer the Reaching for Excellence grant project to support two ISDs in implementing evidence-based school health activities and interventions; supports the Texas Coordinated School Health Partnership recruitment, engagement, and maintenance; and reports on and evaluate all programmatic and partnership activities. SHP contractors are responsible for developing and hosting professional development and assistance events to schools on health issues, and for supporting school action plans for improving school health efforts.

Texas Healthy Communities Program: TXHC staff are located at the DSHS Central Office in Austin, and the regional office located in Tyler. TXHC FTEs administer contracts to ten LHDs for grant activities.

Texas Tobacco Prevention and Control Program: TPCP Central Office FTEs oversee the implementation and administration of all tobacco control efforts. TPCP regional coordinators implement tobacco control efforts in their DSHS public health regions. Of note, federal funds for this program were discontinued in Summer 2025 and activities and FTEs are shifting to align with state funding. Continuing contracted TPCP activities include the Students, Adults, and Youth Working Hard Against Tobacco (Say What!) tobacco prevention and control youth campaign, the Peers Against Tobacco (PAT) initiative, the new E-Cigarette and Tobacco Awareness Program (ETAP) program, the Vapes Down youth e-cigarette prevention media campaign, the Texas Tobacco Quitline, and the Texas Youth Tobacco Survey.

Worksite Wellness Program: Program activities are implemented through a statewide network of partnership agencies, agency wellness coordinators, stakeholders, and organizations. The Program administers one contract for the Get Fit Texas! Website that supports functionality for the annual physical activity challenge for all state agency employees.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet. Please note, some federal grants related to chronic disease are ending and will require adjusting to reflect these changes in the upcoming biennium. These include federal grants for: tobacco prevention and control, and SNAP-Ed.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The Obesity Prevention Program has historically had an interagency contract with HHSC to receive SNAP-Ed passthrough funding to support the Community-Clinical Health Bridge Program. However, SNAP-Ed funding has ended. Additionally, OPP receives CDC Preventive Health and Human Services Block Grant funding for obesity prevention programs.

As part of the SPAN program, OPP collaborates with the Office of Border Public Health in PHR 8 to conduct activities in South Texas.

The School Health Program has an interagency contract with Education Service Center (ESC) Region 1 to delegate some technical assistance responsibilities for schools residing in ESC Region 1. ESC Region 1 has more connections with the schools within their region so the technical assistance provided can be better specialized to that area. As part of the interagency contract, SHP regularly communicates and meets with ESC Region 1 to ensure that the technical assistance provided is not duplicative, conflicting with the SHP's or the other SHP contractor's work, and to amplify each other's work.

I. If the division or program 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 HPCDPS
Texas Area Agencies on Aging (AAAs)	Government-related entities that help people aged 60 and older, their family members and caregivers receive information and assistance to locate and access community services.	ADP works with AAAs to make referrals regarding ADRD and caregiver information and support and long-term care ombudsman information.
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	HPCDPS provides grant funding for certain LHDs to implement activities within their jurisdictions for asthma control, diabetes management and education, CVD/stroke, SPAN, Texas Healthy Communities, and Community-Clinical Health Bridge programs. The CHW Program works with LHDs certified as CHW training centers, including technical assistance compliance oversight.

Local Mental Health Authorities (LMHAs)	Local political subdivisions that serve adults and children living with mental illness, substance use disorder, and intellectual and developmental disabilities.	TPCP contracts with Integral Care for its tobacco control behavioral health initiative to implement tobacco free worksite policies and cessation support efforts at LMHAs and substance use treatment centers in Texas.

Regional Units of Government

Name	Description	Relationship to HPCDPS
Public Hospitals and Hospital Districts	Government-affiliated healthcare systems that serve the general public, especially underserved or low-income populations.	On request, the CHW Program provides hospitals with information on CHW training centers or regional CHW contacts for their patients and communities. The CHW Program also assists with identifying CHW workforce representatives for hospital employers.

Federal Units of Government

Name	Description	Relationship to HPCDPS
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides several grants to support chronic disease prevention, tobacco cessation and prevention, and Alzheimer's disease activities. CDC also provides technical assistance and guidance related to these grants.
USDA	Federal agency that provides leadership on nutrition, agriculture, and food.	USDA Food and Nutrition Services (FNS) provides HHSC SNAP-Ed funding, some of which historically has been administered by DSHS.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

The CHW Program has maintained the same number of employees despite an increase in applications received. However, the number of certified CHWs in Texas increased by 124 percent in the last five years, from 4,258 in December 2021 to 9,517 in May 2025. The number of certified CHWIs in Texas increased by 86 percent from 384 on December 2021, to 716 in May 2025. About 49 percent of CHWs and 69 percent of CHIs renew their certification each year.

CHW Program standards are a 90-day turnaround time for each CHW and CHWI application and 120-day turnaround for each curricula certification application. Due to the significant increase in CHW and CHWI applications, the program is no longer able to meet this standard. CHWs in Texas must have current certification to attain and maintain employment. Delay in approvals of initial applications or renewals can cause automatic disqualification of CHWs certification if expired in some billing systems including Medicaid. The program is supported by General Revenue, and the CHW Program does not have authority to charge fees to support its operations.

Texas Health and Safety Code, Section 1001.0711, requires that the Texas School Health Advisory Committee to assist an unspecified council. This "council" may refer to the legacy State Health Services Council, which is no longer operational.

The DSHS Worksite Wellness Program's enabling statute in Texas Government Code, Chapter 664, contains outdated definitions and terminologies. For example, the statute does not include mental health as an acceptable topic for wellness programs and the definition of "state employee" is narrow such that it does not include all agency employees. The statute does not include provisions to reflect virtual options and the hybrid work environment and uses terms such as "exercise" that are no longer standard terminology.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

- **Why the regulation is needed**: CHWs are an integral part of healthcare systems. The CHW Program is mandated by Texas Health and Safety Code, Section 48.051 to set statewide training and certification standards, guidelines and requirements for individuals who are certified as CHWs. Applicants for CHW or CHWI certification in Texas must show evidence of mastery of Core Competencies through training or significant experience. These core competencies ensure a capable and cost-effective CHW workforce.
- **The scope of, and procedures for, inspections or audits of regulated entities:** The CHW Program does not conduct inspections or audits.
- **Follow-up activities conducted when non-compliance is identified:** If non-compliance is reported, the CHW Program consults with Legal Services for enforcement guidance depending on each specific case. See "Procedures for handling consumer/public complaints against regulated entities" below.
- **Actions available to the agency to ensure compliance**: Available actions range from reprimand to action against the individual or entity's certification (denial, revocation, non-renewal, or suspension). A person whose application is denied, or certificate is revoked because of

disciplinary action is ineligible for certification for a year from the date of the denial, revocation, or surrender.

- **Procedures for handling consumer/public complaints against regulated entities:** An individual or representative of an organization may file a complaint with the CHW program alleging a violation via email, standard mail, or phone. Upon receipt, staff will send the complainant an acknowledgment letter and the Department's complaint form. The complainant must complete and return the complaint form before action can be taken. If the information received addresses a concern that is outside the scope of the law or rules noted above, or is not a violation of the above, the Program will not consider the concern a complaint. The Program will inform the individual or organization with the concern via letter that the concern is outside the scope and so may not be investigated.
    - The Program will investigate the complaint by the most efficient means available. This may include contacting the complainant for more information, the person or organization named in the complaint, and others who may be able to provide information. The Program may determine that an allegation is groundless and dismiss the complaint, or the Program may determine that the CHW, instructor, or training program has violated the law or rules and initiate disciplinary action.
    - The certificate holder (CHW, instructor, or training program) will receive written notice of an opportunity for a fair hearing before a final decision is rendered. The certificate holder has 20 calendar days from the date of the correspondence to request a hearing on the proposed action. The request for a hearing must be in writing. If a person who is offered the opportunity for a hearing does not request a hearing within the prescribed time for making such a request, the person is deemed to have waived the hearing, and the action may be taken.
    - In considering disciplinary action, the Program will consider the severity of the offense, danger to the public; frequency; length of time since the date of the violation; number and type of previous disciplinary cases filed against the certificate holder; length of time the CHW, instructor, or training program has performed CHW services or training; actual damage, physical or otherwise, to the person or persons receiving services, if applicable; deterrent effect of the penalty imposed; effect of the penalty upon the livelihood of the CHW, instructor, or training program; any efforts for rehabilitation; and any other mitigating or aggravating circumstances.

DSHS will give a summary of the final action to the complainant and to the accused party.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Texas Department of State Health Services
Community Health Worker Program
Exhibit 14: Information on Regulated Population; Complaints Against Regulated Persons, Businesses, or other Entities; and Disciplinary Actions
Fiscal Years 2020 to 2024

*Number Within Total Regulated Population (Active Credentials Only)	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
CHWs	3,776	4,208	4,909	6,493	8,666
CHWIs	295	384	465	588	684
Certified Training Programs	43	49	51	60	68
Certified Training Curriculums	70	69	81	104	85

Table 14 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Received by Source	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received	0	0	3	0	0
Complaints Initiated by Agency (originating from criminal history checks)*	0	0	0	0	0
Complaints Initiated by Agency (not originating from criminal history check)	0	0	1	0	0
Complaints Originating from Public (including other regulated persons or entities)	0	0	2	0	0
Complaints Originating from Other Agencies	0	0	0	0	0

Only applicable if conducting fingerprint criminal history checks

Table 15 Exhibit 14 Information on Complaints Against Persons or Entities

Disposition of Complaints	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received*	0	0	3	0	0
Complaints Found Jurisdictional	0	0	1	0	0
Complaints Found Non-Jurisdictional	0	0	2	0	0
Total Complaints Dismissed (no investigation)	0	0	0	0	0
Complaints Dismissed for Lack of Evidence (no investigation)	0	0	0	0	0
Complaints Dismissed Due to No Violation Alleged (no investigation)	0	0	0	0	0
Total Complaints Sent for Investigation	0	0	1	0	0

Since complaints may not be processed within a single fiscal year, rows below may not equal the total

Table 16 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Resolved	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved After Investigation	0	0	1	0	0
Complaints Dismissed for Lack of Evidence Found in Investigation	0	0	0	0	0
Complaints Dismissed Due to No Violation Found in Investigation	0	0	0	0	0
Total Complaints Resolved Through Informal Action	0	0	0	0	0
Total Complaints Resolved Through Formal Action	0	0	1	0	0

Table 17 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Taken	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved Through Final Orders (Formal and Informal)*	0	0	1	0	0
Number of Administrative Penalties Issued	0	0	0	0	0
Total Amount of Administrative Penalties Issued	0	0	1	0	0
Total Amount of Administrative Penalties Collected	0	0	0	0	0

Average Amount of Administrative Penalties Issued	0	0	0	0	0
Average Amount of Administrative Penalties Collected	0	0	0	0	0
Warnings	0	0	0	0	0
Reprimands	0	0	0	0	0
Suspensions	0	0	0	0	0
Probated Suspensions	0	0	0	0	0
Revocations	0	0	0	0	0
Remedial Plans (if applicable)	0	0	0	0	0
(Other Disciplinary Action – Specify)**	0	0	0	0	0

**** Since complaints may not be processed within a single fiscal year, rows below may not equal the total***

Table 18 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Appealed	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Hearings at SOAH	0	0	0	0	0
Agency Prevailed at SOAH	0	0	0	0	0
Agency Did Not Prevail at SOAH	0	0	0	0	0
Total Appeals by Respondent to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0
Total Appeals by Agency to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0

Table 19 Exhibit 14 Information on Complaints Against Persons or Entities

Timelines for Enforcement Actions	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Final Resolution = complaint dismissed or final order entered; does not include time in appeals to district court					
Average Days from Complaint Received to Final Resolution	0	0	277	0	0
Maximum Days from Complaint Received to Final Resolution	0	0	277	0	0

Average Days from Complaint Received to Dismissed	0	0	0	0	0
Average Days from Complaint Received to Dismissed (no investigation)	0	0	0	0	0
Average Days from Complaint Received to Investigation Finished	0	0	0	0	0
Average Days from Start to Finish of Investigation	0	0	0	0	0
Number of Complaints Open for More than One Year (as of August 31st of Fiscal Year)	0	0	0	0	0
Percentage of Complaints Resolved within Six Months	0	0	0	0	0

Table 20 Exhibit 14 Information on Complaints Against Persons or Entities

Maternal and Child Health

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

Name of Division or Program:	Maternal and Child Health Section
Location within the Agency:	Community Health Improvement Division
Contact Name:	Lori Gabbert Charney, Section Director
Statutory Citation:	Texas Health and Safety Code, Chapters 32, 33, 34, 36, 37, 43, 47, 52, Sections 161.501, 165.003, and 1001.241; Texas Family Code, Chapter 264; Social Security Act, Title V

B. What is the objective of this division or program? Describe its major activities.

The MCH Section seeks to improve the health of women of childbearing age, adolescents, children, infants, and children and youth with special healthcare needs (CYSHCN). MCH staff supports the development of family-centered, community-based, coordinated systems of care.

Most MCH programs are supported by and operate under Title V of the Social Security Act of 1935, Maternal and Child Health Block Grant (Title V) requirements. The Title V block grant is the nation's longest running public health program and aims to improve the health and well-being of the nation's mothers, children, and families.

Title V is a partnership between the federal government and the states/territories where funding is used to implement programs to improve the health of all five MCH population domains:

women/maternal, infants, children, adolescents, and CYSHCN. Core Title V block grant functions include:

- Providing education, awareness, support, and resources to improve health outcomes;
- Conducting a five-year Title V needs assessment to identify MCH statewide needs and priorities; and
- For regional population-based activities, forming critical local area partnerships to inform the development and implementation of precision public health activities focused on data, state and national priorities, and community needs to prioritize and determine local initiatives.

CYSHCN Systems Development Group (SDG): CYSHCN SDG works to strengthen community-based services for CYSHCN and their families and to improve the health and well-being of CYSHCN. The Texas CYSHCN framework prioritizes a system of services for CYSHCN related to family and child well-being and quality of life, financing services, and service access are integral to all CYSHCN activities. Major CYSHCN SDG functions include:

- Funding the HHSC CSHCN Services Program to provide healthcare benefits to low-income children and youth under the age of 21 years with special healthcare needs and people of any age with cystic fibrosis.
- Funding the University of Texas Health San Antonio School of Dentistry to provide oral healthcare for people with disabilities and special healthcare needs.
- Leading the Transition to Adulthood Learning Collaborative through quarterly webinars to educate and support stakeholders.
- Contracting with the University of Texas School of Social Work to develop and implement a case management practice model and provide training and technical assistance to community-based organizations serving families experiencing health disparities.
- Awarding community-based organizations funding through a competitive process to provide comprehensive, family-centered case management to CYSHCN and their families and resources to strengthen community services and advance CYSHCN family inclusion.
- Collaborating on many public health projects with state and national partners to improve the health, quality of life, and well-being of CYSHCN and their families, by providing subject matter expertise, technical support, and education.
- Developing the family experience survey for CYSHCN parents and guardians to understand family needs.

Maternal and Infant Health Branch: MIH is committed to improving the health and safety of mothers and children through Healthy Texas Mothers and Babies (HTMB) initiative. The aim of HTMB is to improve maternal and infant health and safety by advancing quality and evidence-based prevention for all Texas mothers and babies. Key MIH program activities include:

- ***Maternal Morbidity and Mortality Committee*:** DSHS efforts to address maternal morbidity and mortality can be traced back to MMRC findings and recommendations to reduce incidences of

preventable pregnancy-related deaths and severe maternal morbidity. The MMMRC is a 23-member multidisciplinary committee administered by MCH that studies and reviews:

- Cases of pregnancy-related deaths;
- Trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity;
- Health conditions and factors that disproportionately affect the most at-risk populations; and
- Best practices and programs operating in other states that have reduced rates of deaths related to pregnancy.

Through this process, the MMMRC develops recommendations to reduce the incidence of preventable pregnancy-related deaths and severe maternal morbidity in the state. DSHS findings and MMMRC recommendations are published in a joint biennial report.

- ***Maternal Health and Safety Initiatives*:** MIH implements maternal health and safety initiatives that stem from best practices and MMMRC recommendations:
  - TexasAIM, a statewide quality improvement initiative implemented in hospitals using the national Alliance for Innovation on Maternal Health (AIM) patient safety bundles;
  - The Hear Her Texas public awareness campaign to encourage family, friends, and healthcare providers to listen to women during their pregnancy and in the year after if they experience any urgent maternal warning signs or if they express that something does not feel right; and
  - The High-Risk Maternal Care Coordination Services (HRMCCS) Program in Smith and Cherokee County, Texas, where maternal high-risk screenings are conducted to identify barriers to care and refer pregnant women to appropriate services to receive ongoing education and support.

- ***Infant Health and Safety*:** MIH supports multiple initiatives for the improvement of infant health and safety. These include.
  - An Infant Health and Safety public health awareness, education, and communication campaign to promote safe sleep and breastfeeding.
  - Participation in the Child Safety Learning Collaborative to address sudden unexpected infant death (SUID) and hosting statewide SUID-focused webinars for public and public health partners.
  - Publishing the Information for Parents of Newborns Pamphlet with infant health and safety topics.
  - Supporting HTMB community coalitions to improve infant health. These coalitions are in communities with higher-than-expected rates of infant mortality and significant infant mortality and perinatal health outcomes disparities among racial/ethnic groups.
  - Implementing the Texas Mother-Friendly Worksite Program to encourage employers to develop a worksite lactation support program and policy to be recognized for their efforts through a Texas Mother-Friendly Worksite Designation.
  - Funding the after-hours portion of the Texas Lactation Support Hotline.

- Funding the Texas Collaborative for Healthy Mothers and Babies (TCHMB), the state's Perinatal Quality Collaborative. TCHMB is a collaboration of over 150 healthcare providers, hospitals, state agencies, and other stakeholders with a goal to develop strategies, design projects, and collect data to improve Texas birth outcomes. TCHMB current initiatives focus on lactation and safe sleep, congenital syphilis prevention, and supporting TexasAIM implementation.

Child and Adolescent Health Branch (CAHB): CAHB seeks to improve the health and well-being of all Texas children and adolescents by supporting families, addressing health disparities, and promoting evidence-based prevention strategies. CAHB initiatives include:

- Help Me Grow (HMG) Texas, a program that helps communities leverage existing resources to identify vulnerable children, link families to communities-based services, and empower families to support their child's optimal development.
- School Physical Activity and Nutrition Survey that measures the health of Texas school-aged children including nutritional status, activity levels, oral health, and other related behaviors.
- Texas Youth Action Network (TYAN), which provides comprehensive support for organizations striving to empower youth through positive youth development, and youth-adult partnerships.
- Rape Prevention Education (RPE), in which CAHB provides funding to the Office of the Attorney General (OAG) to distribute to 18 rape crisis centers, the Texas Association Against Sexual Assault (TAASA), and University of North Texas Health Science Center through individual contracts.

Health Screening and Oral Health Unit: The Health Screening and Oral Health Unit includes the Vision, Hearing, and Spinal Screening (VHSS) program and the Oral Health Improvement Program (OHIP).

- ***Vision, Hearing, and Spinal Screening*:** VHSS identifies preschoolers and school children with hearing, vision, and spinal problems early and helps connect them to appropriate remedial/corrective services. Key program functions include:
  - Confirming schools, private schools, licensed childcare centers, and licensed childcare homes screen children for vision and hearing problems and abnormal spinal curvatures and refer children for follow-up care when potential problems are detected;
  - Collecting aggregate screening data to monitor entity compliance and intervene as needed to confirm required action; and
  - Training and certifying vision, hearing, and spinal instructors and screeners.
- ***Oral Health Improvement Program (OHIP):*** OHIP promotes oral health in public health practices, policy development, education, and population-based preventive services. Key program functions include:
  - Directing regional dental teams' activities to meet OHIP goals;
  - Providing limited oral evaluations, dental sealants and fluoride varnish to eligible preschool and school-aged children through the Smiles in Schools initiative;

- Analyzing, evaluating, and disseminating oral health data, including conducting a basic screening survey every five years to assess Texas students' oral health and changes over time;
- Through the Smiles for Moms and Babies initiative providing oral health education and outreach for pregnant women and infants by partnering with home visiting programs and parent educators; and
- Improving oral health by collaborating with and convening oral health stakeholders.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

- ***CYSHCN Systems Development Group*:**
  - Average Annual Cost Per Client Receiving Case Management (LBB)
  - Number of Clients Receiving Case Management (LBB)

- ***Maternal and Infant Health Branch, Maternal Health*:**
  - Differences in access to prenatal care as early as desired by race/ethnicity.
  - Proportion of women who had a healthcare visit in the 12 months before pregnancy.
  - Proportion of women giving birth who attend a postpartum care visit with a healthcare worker.
  - Severe maternal complications (excluding blood transfusions) identified during delivery hospitalizations.
  - Differences in Severe Maternal Mortality Rates by Race/Ethnicity.
  - Number and percentage of Texas birthing hospitals enrolled in TexasAIM bundles, and annual number and percentage of Teas delivery hospitalizations associated with these TexasAIM hospitals.
  - Number of attendees participating in the TexasAIM Biennial Summit.
  - Number of impressions, engagements, and website visits associated with the Hear Her Texas Campaign.
- ***Maternal Infant Health Branch, Infant Health and Safety*:**
  - Percent of mothers who report they lay their babies on their backs to sleep.
  - Percentage of non-Hispanic Black mothers who report placing their baby on their backs to sleep.
  - Proportion of breastfed newborns who receive formula supplementation within the first two days of life.

- Proportion of live births in facilities that provide recommended care for lactating mothers and their babies.
- Number of impressions and website visits associated with breastfeeding promotion and infant safety public awareness campaigns.
- Number of Texas Mother Friendly Worksite new worksite and employer designations.
- Number of after-hours phone consultations provided through the Texas lactation support hotline.
- Number of orders and website downloads of the Information for Parents of Newborns pamphlet.
- Number of attendees and awarded continuing education certificates at the annual TCHMB Summit.

- ***Child and Adolescent Health Branch*:**
  - Number of families served, and referrals made, through Help Me Grow sites.
  - Number of school districts recruited to participate in the SPAN survey and number of administered surveys each year.
  - Number of educational sessions conducted by RPE grantees annually.
  - Number of Texans reached through RPE-funded community-based activities.
  - Percentage of youth participating in TYAN who reported stronger core values, better decision-making skills, increased self-esteem, self-confidence, and self-efficacy.
- ***Health Screening and Oral Health Unit*:**
  - Number of vision, hearing, and spinal screenings conducted by VHSS-certified screeners annually.
  - Number of oral screenings, fluoride varnishes, and dental sealants provided by the Smiles in Schools program.
  - Number of impressions and engagement through the Smiles for Moms and Babies public awareness campaign.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1994 – The U.S. Congress passes the Violence Against Women Act (VAWA) establishing RPE funding.

2008 – DSHS starts contracting with the OAG to implement the RPE grant.

2013 – DSHS Healthy Texas Baby (HTB) Expert Panel transitions into TCHMB. Coordinated and facilitated by DSHS, TCHMB grows to approximately 150 members.

2013 – Senate Bill 495 (83R) establishes the Texas Maternal Morbidity Task Force (MMTF).

2014 – DSHS develops and disseminates the first Healthy Texas Babies Data Book sharing statewide data to include rates of preterm birth, infant mortality, and other variables.

2015 – DSHS contracted with UTHealth Science Center at Tyler in partnership with UT System to facilitate and support TCHMB.

2016 – OHIP receives a HRSA cooperative agreement to improve prenatal oral health over three years and launches Smiles for Moms and Babies initiative.

2016 – DSHS publishes the MMTF and DSHS Joint Biennial Report based on the 2011-2012 cohort case findings.

2017 – DSHS develops and launches an updated Healthy Texas Mothers and Babies framework to reduce maternal and infant mortality and improve maternal and infant health outcomes.

2018 – MCH launches the DSHS TexasAIM initiative beginning with the Obstetric Hemorrhage Bundle and piloting a national bundle on opioid use.

2019 – DSHS began funding the after-hours portion of the Texas Lactation Support Hotline (TLSAH) on weekends and holidays enabling 24/7 coverage.

2019 – Senate Bill 750 (86R) changes the name of the Texas Maternal Morbidity Task Force to the Texas Maternal Morbidity and Mortality Review Committee.

2019 – DSHS receives CDC funding for Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) Program, which requires DSHS to identify pregnancy-associated deaths within one year of the death, assure that cases of pregnancy-related death are reviewed, and enter findings into the CDC data portal within two years after death.

2020 – TexasAIM launches the Severe Hypertensin in Pregnancy (HTN) Bundle, which is later paused due to the COVID-19 pandemic.

2020 – MCH initiates the Texas Youth Action Network program.

2020 – MCH launches the Help Me Grow program.

2022 – MCH launches the Hear Her Texas media campaign and creative strategy.

2022 – TexasAIM relaunches the HTN Bundle.

2023 – TexasAIM kicks off the Opioid and Substance Use Disorder Bundle (OSUD) with nine initial hospitals.

2023 – MCH launches the High Risk Maternal Care Coordination Pilot program in Smith County.

2023 – TCHMB moves to the UTHealth Houston School of Public Health in Austin.

2023 – The 88th Legislature appropriates funds for DSHS to modernize its maternal health data capabilities by developing a Maternal Health Quality Improvement System and a state-based system to support the MMMRC. Additional funds are appropriated in the 89th legislative session.

2024 – DSHS funding ends for five Lactation Service Centers in Austin, Dallas, Houston, San Antonio, and McAllen to provide community-based lactation services.

2024 – OHIP receives a cooperative agreement from HRS to improve prenatal oral health.

2025 – TCHMB becomes an official implementation partner of TexasAIM initiative as part of a large-scale statewide quality improvement efforts through TexasAIM faculty staffing and development.

2025 – DSHS begins implementing the TexasAIM Sepsis Bundle and Sustainability and Readiness Initiative and providing on-demand and live continuing education opportunities, including the DSHS Texas Perinatal Academy.

2025 – The High-Risk Maternal Care Coordination Services Pilot continues as an ongoing program with expanded services to Tyler and Cherokee Counties, and integration of Peer Dads into services.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

CYSHCN are children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required of children generally. The CYSHCN Systems Development Group serves this diverse group of children, youth, and young adults who may have conditions such as asthma, sickle cell disease, epilepsy, anxiety, autism, intellectual disability, or medical complexity.

The eligible population for CYSHCN case management services includes CYSHCN up to age 21. Service eligibility for Family Supports and Community Resources includes CYSHCN up to age 21 and individuals of any age with cystic fibrosis and their families. No services may be provided if those services are covered by another payment source.

The High Risk Maternal Care Coordination Services program serves pregnant and postpartum women aged 18 and older residing in Smith and Cherokee County, Texas, who:

- Are at least 8 weeks pregnant or recently gave birth up to 6 months postpartum; and
- Have 1 or more of these high-risk factors:
    - Is high risk, i.e., a pregnancy that carries increased health risks for the pregnant person, fetus, or both;
    - Has identified social risk; and
    - Has poor social support.

Texas Youth Action Network's target population is young Texans ages 10 to 24. Help Me Grow is available to all children ages 0-8, including those whose families may have concerns or want to learn more about their child's development.

OHIP focuses on schools in areas that have limited access to care such as counties designated as Dental Health Professions Shortage Areas (D-HPSAs). Depending on the school's size, OHIP may screen all grades or only certain grades. All children in the grade or school are eligible for a screening and preventive services if they return a signed parent's permission form. All children who are screened receive results form for their parent/guardian with the findings, level of urgency, and information to find low-cost dental services in their area.

Persons or Entities Impacted	Fiscal Year 2024
Number of CYSHCN Clients Receiving Case Management	1,186 unduplicated clients
Texas Birthing Hospitals Enrolled in TexasAIM Severe Hypertension Bundle	210
Texas Birthing Hospitals Enrolled in TexasAIM Sepsis in Obstetric Care Bundle	186
Individuals Engaged Through the Hear Her Texas Campaign	Over 300,000
New Texas Mother Friendly Worksites	51 worksites from 30 employers
Callers to the Lactation After-Hours Hotline	4,669
Families Served through Help Me Grow Texas	11,249
Children who Received Vision, Hearing, and Spinal Screenings through DSHS-certified Screeners	Almost 6 Million
Children who Received Dental Screening through Smiles in Schools	7,085 unduplicated children

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The MCH Section is led by a Section Director supported by an Operations Unit with staff specialized in coordinating major MCH legislative, financial, human resources, and grant work of the section. Programs are divided between the following units:

- The Maternal Morbidity and Mortality Operations Branch,
- The Maternal and Infant Health Branch,
- The Child and Adolescent Health Group,
- The CHSCN Systems Development Group
- The Health Screening and Oral Health Unit, and
- The Strategy, Innovation, and Education Team

MCH section also includes the Maternal and Child Health Epidemiology (MCHE) Unit, which provides specialized MCH data support to programs. MCHE employs 23 staff and provides centralized epidemiologic, data, research, and reporting support to all MCH programs. MCHE provides various support for Title V program areas including expert statistical analysis, data management, performance

measure reporting, geographical and spatial analyses, research studies and consultation, and program evaluation and monitoring.

MCHE directs the State Systems Development Initiative (SSDI) and the Texas Pregnancy Risk Assessment Monitoring System (PRAMS) – both items are used to inform MCH policies and practice. In support of SSDI project goals, MCHE provides scientific and analytical assistance and expertise for a variety of Title V MCH Block Grant activities including the 5-year needs assessment, data analysis help, interview transcription, data entry, and the Title V MCH Block Grant application/annual report writing.

Unless otherwise stated, MCH program staff are located at the DSHS Central Office in Austin.

CYSHCN Systems Development Group: CYSHCN Systems Development Group staff coordinate, develop, and implement CYSHCN activities. CYSHCN SDG contracts with eight case management contractors and fourteen family services and community resources contractors. CSHCN SDG, in collaboration with OHIP, also provides Title V block grant funding to the Phil and Karen Hunke Special Care Clinic at UTHSASD through a five-year contract that runs from 2021-2026. This clinic, on the dental school campus, provides dental care exclusively to CYSHCN and adults with special healthcare needs. The clinic opened in February 2024. Through the Title V Block Grant, DSHS funds HHSC direct services through the Children with Special Health Care Needs Service Program, which helps children under the age of 21 with special healthcare needs and people with cystic fibrosis of any age improve their health, well-being, and quality of life.

Maternal and Infant Health Branch: The MIH Branch works with other MCH areas, including the Operations Branch and MCH Epidemiology, to support the MMMRC. The Operations Branch provide technical and programmatic oversight of all MMMRC activities and MCH Epidemiology conducts all data analysis to support the MMMRC, including data linkage and requests for health records needed for case review. MCH contracts with University of North Health Science Center to redact and abstract cases before MMMRC members review cases.

MIH uses contracts to administer the Hear Her Texas campaign and the High Risk Maternal Care Coordination Services program and to support the after-hours portion of Texas Lactation Support Hotline and the Texas Collaborative for Mothers and Babies.

MIH Infant Health and Safety programs are primarily supported by the Perinatal and Infant Health and Safety (PIHS) Team. The Team implements the Texas Mother Friendly Workplace program and oversees vendor contracts with outreach strategists to develop and implement a comprehensive strategy for communication, education, and awareness of infant sleep safety and population based breastfeeding support initiatives.

Child and Adolescent Health Branch: CAHB oversees contracts to administer the Texas Youth Action Network, Help Me Grow, the School Physical Activity and Nutrition survey, and Project ECHO, a peer virtual community where they share support, guidance, and feedback in and around developmental screenings.

CAHB staff also pass through grant funds to OAG to distributes funding to rape crisis centers, the Texas Association Against Sexual Assault (TAASA), and Texas A&M University Health Science Center

(TAMUHSC) through individual contracts. CAHB staff coordinate the submission of required RPE applications and reports to the CDC.

Health Screening and Oral Health Unit: VHSS has Central Office staff and funds regional coordinators in each PHR. Regional coordinators train and certify screeners in the region(s) and conduct compliance visits at schools and daycares to evaluate their screening equipment and documentation. If a facility is not in compliance, the coordinator provides technical assistance to help them get back into compliance. They also loan out audiometers for hearing screening. Central Office staff responsibilities include processing training requests and certifications, monitoring reporting compliance, managing contracts, and providing customer service.

OHIP has Central Office staff members and a regional component within the RLHO Division consisting of five dentists and five dental hygienists. The OHIP RLHO component has five Regional Dental Teams (RDTs), each with a dentist and dental hygienist. RDTs travel with portable dental equipment to screen children at schools and Head Starts in areas with limited dental care access. They conduct limited oral evaluations (screenings) to assess children's oral health. They also provide preventive services including fluoride varnish and dental sealants to prevent tooth decay. Children are seen regardless of insurance status and no insurance is billed. The parent/guardian receives a results form that summarizes the findings, makes recommendations based on treatment urgency, and provides information to locate low-cost dental care in their area. RDTs report their screening results to the Central Office staff. RDTs also promote oral health at community fairs and outreach events.

The Dental Director in Central Office provides programmatic guidance to the RDTs for programmatic consistency across regions.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet previously submitted.

A major funder of MCH programs is the federal Title V block grant. Title V funding requires the state to appropriate General Revenue for Maintenance of Effort. States that receive Title V funding must maintain spending at or above the fiscal year 1989 level and must contribute at least $3 for every $4 of Title V funds the state receives.

Additionally, the Title V block grant has requirements on how funds must be spent. At least 30 percent of Title V federal funds must be spent on Children with Special Health Care Needs Services. DSHS passes through Title V funds to HHSC for the direct services portion of this requirement. At least 30 percent of Title V federal funds must also be used for children's preventive and primary care services. No more than 10 percent can be planned/expended on administrative costs.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

- MCH contracts with the TCHMB to act as the state perinatal quality collaborative with a focus on improving care for all mothers and babies.
- DSHS and CDC signed a trademark agreement to use the HEAR® registered trademark and the HEAR HER CONCERNS and ESCÚCHELA trademarks to raise awareness of the urgent maternal warning signs and to educate on maternal morbidity and mortality issues.
- MCH received approval from National Safe to Sleep® campaign for use of social media graphics, videos, and infographics for adaptation and use in the DSHS Safe Infant Sleep campaign.
- MCH contracts with OAG to administer and oversee the RPE grant.
- MCH contracts with University of Texas Health-San Antonio to administer and oversee Project ECHO for developmental screenings.
- MCH contracts with the University of Texas to oversee and administer SPAN.
- MCH contracts with Texas A&M University to administer the Texas Youth Action Network program.

I. If the division or program 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 MCH
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	MCH programs contract with multiple LHDs, including for HTMB community coalitions, CYSCHN case management and family support and community resources, and the High Risk Maternal Care Coordination Services program.
Public Hospitals Hospital Districts	Government-affiliated healthcare systems that serve the general public, especially underserved or low-income populations.	MCH contracts with the Dallas County Hospital District to administer an HTMB Community Coalition.
Cities and counties	Local governments that operate services like parks and recreation, police departments, emergency	MCH programs contract with multiple cities and counties through multiple funding opportunities to implement activities related to

	medical services, neighborhood centers, and social service agencies.	CYSCHN services, the Lactation Support Hotline, and HTMB Community Coalitions.
School Districts	A special-purpose district that operates local public elementary or secondary schools or both.	OHIP establishes MOUs with schools and school districts to provide preventive dental services. VHSS coordinates with schools and school districts to train and certify vision, hearing, and spinal screeners and instructors.

Federal Units of Government

Name	Description	Relationship to MCH
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides funds to MCH. DSHS and CDC signed a trademark agreement to use the HEAR® registered trademark and the HEAR HER CONCERNS and ESCÚCHELA trademarks for the Hear Her Texas campaign.
HRSA	The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.	HRSA administers the Title V Block Grant program.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

- **Why the regulation is needed.** Texas Health and Safety Code, Chapter 36, requires DSHS to establish rules for vision, hearing, and spinal screening for children attending schools and childcare centers. DSHS must also monitor screening quality.
- **The scope of, and procedures for, inspections or audits of regulated entities.** Program rules require any screener who is not an appropriately licensed professional to be certified by DSHS. Instructors who are not DSHS staff must also be certified. VHSS conducts compliance visits of schools and childcares that do not report annual screening data. Compliance visits are also conducted randomly. VHSS reviews screening records, training records, screening equipment, and equipment maintenance records.
- **Follow-up activities conducted when non-compliance is identified.** VHSS reviews deficiencies with facilities, provides education and technical assistance to help facilities reach compliance. VHSS may conduct subsequent compliance visits as needed.
- **Actions available to the agency to ensure compliance.** VHSS can suspend or revoke a screeners or instructor's certificate but cannot fine or penalize facilities. Depending on the complaint and VHSS's findings, it may retrain the screener or instructor or suspend or revoke the individual's certificate.
- **Procedures for handling consumer/public complaints against regulated entities.** Complaints are uncommon but may be filed by emailing VHSS or calling the VHSS office. VHSS will investigate the complaint to determine if any deficiencies exist and determine the appropriate action if the complaint is verified. VHSS will follow up with the complainant with information on the complaint's final disposition.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

VHSS did not receive any formal complaints against a certified screener or certificate during this time frame.

Vital Statistics Section

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

Name of Division or Program:	Vital Statistics Section
Location within the Agency:	Community Health Improvement Division
Contact Name:	Tara Das, PhD, State Registrar
Statutory Citation:	Texas Health and Safety Code, Chapters 191, 192, 193, 194, and 195; Texas Family Code, Chapters 108 and 160

B. What is the objective of this division or program? Describe its major activities.

The Vital Statistics Section plays an integral role in the management of the Texas Vital Statistics System: the reporting, registration, amendments, issuance, preservation, and analysis of birth, death, divorce, and marriage records. In fiscal year 2024, Vital Statistics processed 605,906 applications and issued 2,431,593 certified copies and verifications of vital records.

Vital statistics documents are foundational documents for Texans, establishing individuals' identities and serving as the basis of issuance of many government documents and services throughout their lives. In addition, vital statistics data provides the basic, ongoing demographic measures of the state's population, serving as the cornerstone for public health assessment, assurance, and policy development. Vital records are used for:

- Civil registration;
- Public health activities;
- Legal documentation linked to citizenship and identification;
- Monitoring of population growth;
- Surveillance of vital events and sentinel health events;
- Monitoring of key health indicators; and
- Identification of population-based risk factors for adverse outcomes.

Vital Statistics and the Vital Statistics Registrar who oversees the state's vital statistics system are charged with ensuring the security of vital event records in Texans. In addition to this overarching responsibility and oversight, Vital Statistics conducts the following functions.

Amendments and Issuance Branch: The Amendments and Issuance Branch issues statutorily prescribed, certified copies of vital records for Texas birth and death records and verifications for birth, death, marriage, divorce, and annulment events. The branch also maintains vital records by creating new birth records based on adoption or paternity determinations and processing amendments to birth and death records that correct or complete information on the original registered vital record.

Reporting and Registration Branch: VSS is the repository for original records for births and deaths that have occurred in Texas from 1903 to the present. Marriage license applications are available from 1966 to the present. Divorce data are available from 1968 to the present. Vital statistics records exist in many formats, from bound volumes of original paper certificates and microfilm, to the newer fully implemented electronic registered records and digitized graphic images of records. The Reporting and Registration Branch administers both the paper-based and electronic vital records registration systems that ensure that all Texas births, deaths, fetal deaths, applications for marriage, and reports of divorce and annulment are properly registered.

The Branch is responsible for receiving, visually reviewing, numbering, binding, and performing data entry of all manually registered vital records. These include birth, death, fetal death, application for marriage license, and suits affecting the parent-child relationship records. Hospitals, birthing centers, midwives, and local registrars use TxEVER to electronically register and certify birth events. Funeral homes, physicians, justices of the peace, medical examiners, and local registrars use TxEVER to electronically register and certify death events.

The Reporting and Registration Branch is also responsible for the collection, maintenance, and distribution of various statutorily mandated registries. The listing of these registries follows.

- ***Paternity Registry:*** A putative father registry that permits a man alleging to be the biological father of child to assert his parentage, independent of the mother, and preserve his rights as a parent.
- ***Acknowledgment of Paternity Registry:*** An administrative process that allows a man and a woman jointly to acknowledge paternity of a child. A valid acknowledgment of paternity filed with VSS is the equivalent of an adjudication of the paternity of a child and confers on the acknowledged father all rights and duties of a parent.
- ***Court of Continuing Jurisdiction Registry:*** The central record file that identifies courts of continuing, exclusive jurisdiction for children in Suits Affecting the Parent Child Relationship cases. All further action must begin in that court and failure to do so can result in a voidable decree.
- ***Central Adoption Registry (CAR):*** Umbrella registry for all Texas voluntary adoption registries and meets the statute requirement of the voluntary mutual-consent registry system mandated by Texas Family Code, Chapter 162. This service enables an adult adoptee, birth parent, and biological sibling the opportunity to locate one another without going through the court system or spending excessive amounts of time and resources through other sources. This registry is unique in that it has the authority, without a court order, to view a sealed or confidential record to authenticate a match between two biologically related people. CAR maintains a database of all adoptees, birth parents, and siblings, who are looking for one another and who have registered with CAR or another voluntary adoption registry. VSS also maintains closed agency records and receives a Health Social Education Genetic History (HSEGH) new or updated report, so that the HSEGH can be cross-referenced.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

Vital Statistics tracks the following metrics on a weekly basis to ensure operations are working timely and effectively.

- Number of calls taken by Vital Statistics customer services, including average call hold time.
- Number of new applications received and by what method: Texas.gov, mail-in, walk in, and death certificate order applications.
- Number of business days to complete applications by type: death certificate order, Texas.gov, mail-in issuance, and mail-in amendment.
- Total outstanding and backlog applications by application type: death certificate order, Texas.gov, mail-in issuance, and mail-in amendment.

Vital Statistics measures timeliness measures as follows:

- Birth and Death Texas.gov Orders: 21 business days
- Birth and Death Mail-in Orders: 30 business days
- Birth and Death Mail-In Amendment Requests: 30 business days

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1986 – The responsibility for the Adoption Index system to track Texas adoptions moves from the Department of Family and Protective Services to the Texas Department of Health.

2005 – Vital Statistics implements the Texas Electronic Registry (TER) online birth registration system and an in-house customer service system. These initiatives reduce the average days to register a birth from 35 days to 5 days. Vital Statistics also implements a new online record ordering system via Texas Online.

2006 – Vital Statistics initiates the TER online death registration system and imaging project to image 46 million vital records. These initiatives decrease average days to register a death from 39 days to 11.

2007 – House Bill 1739 (80R) requires that deaths be registered electronically after August 31, 2008.

2019 – TxEVER launches to replace 15 legacy IT systems, including TER, and modernizes vital statistics operations. Vital Statistics suffers an ongoing backlog in order fulfillment timelines. The vital statistics backlog is eliminated by November 2020.

2020 – Vital Statistics engages a professional call center to support inbound calls about vital statistics services and status of vital records applications. This allows Vital Statistics employees to focus on core Vital Statistics duties to improve productivity and efficiency. The outsourcing of the call center went live in 2022.

2023 – The General Appropriations Act requires Vital Statistics and Texas Department of Information Resources (DIR) to enter into an agreement to share the customer fee revenue generated by vital statistics services. Vital Statistics is able to use increased revenue to continue modernization vital statistics operations and improve workforce retention.

2025 – Texas.gov adds the ability to order fetal death records and real-time birth and death verifications as services on Texas.gov.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Individuals must meet certain qualifications to request records or amend vital event records. Vital Statistics also provides standards on acceptable documentations that provide evidence of these qualifications. Information can be found at:

- Persons Qualified to Request or Change Records
- Requirements for Changing Vital Records

In fiscal year 2024, Vital Statistics processed 605,906 applications and issued 2,431,593 certified copies and verifications of vital records.

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Vital Statistics is headed by the State Registrar, whose position is established in statute. Vital Statistics activities are divided between the Reporting and Registration Branch, Amendments and Issuance Branch, and Administration Unit.

Staff in the Administration Unit ensure that physical facilities have appropriate security and environment controls for confidential records. This unit also centralizes Vital Statics communications and activities related to HR, Contracts, Finances, Legal, Open Records, and Government Affairs.

Vital Statistics provides support to local registrars, hospitals, medical certifiers, and funeral homes in all 254 counties. Each DSHS PHR is assigned its own team of field services representatives who are available to guide vital statistics partners. Field services representatives:

- Prepare curriculum and training materials for vital records professionals from local, state, and federal agencies;

- Conduct training conferences;
- Host Master Registrar Certification courses and provide specific training upon request for agencies and organizations;
- Explain vital statistics statutes, rules, regulations, policies, and procedures to the public and vital records professionals;
- Maintain provider and public websites with current information; and
- Assist vital records professionals with registration on the TxEVER system.

Vital Statistics provides local registrars with technical guidance documents and handbooks for vital statistics processes in line with statute requirements. Examples include:

- Birth Registration Handbook
- Death Registration Handbook
- Fetal Death Registration Handbook

Vital Statistics also works closely with the Vital Events Data Team in the Chief State Epidemiologist Division to make vital statistics data available to the public.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet. See also response to Section II, Question D.

Vital Statistics operations are primarily supported by fee revenue generated by vital statistics services.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

Vital Statistics maintains memoranda of understanding with DPS, Secretary of State, and Department of Family and Protective Services to allow those agencies appropriate access to certain vital event record information needed to fulfill their statutory duties.

I. If the division or program 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 Vital Statistics
Local registrars	Local officials responsible for birth, death, and fetal death registration in their registration district.	Local registrars are required to file a vital event locally and forward onto the state level. VSS provides standards and technical assistance to local registrars related to the performance of their duties.

Federal Units of Government

Name	Description	Relationship to Vital Statistics
National Center for Health Statistics (NCHS)	Federal agency responsible for U.S. public health statistics, including diseases, pregnancies, births, aging, and mortality.	VISS has a contract to provide vital records data to the NCHS.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

See Major Issues section.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

Vital Statistics launched the TxEVER system in 2019 to improve and modernize operations from its predecessor, the Texas Electronic Registrar system. The TxEVER system:

- Improved security;
- Improved data quality;
- Increased automation for order fulfilment;
- Enabled integration to electronic health records; and
- Improved efficiency of vital statistics data collection, management, and reporting.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Office of the Medical Director

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

Name of Division or Program:	Office of the Medical Director
Location within the Agency:	Community Health Improvement Division
Contact Name:	Kelly Fegan-Bohm, M.D., Associate Deputy Commissioner
Statutory Citation:	Health and Safety Code, Chapters 33, 47, and 52; Senate Bill 8 (87(3)) and SB 30 (88R)

B. What is the objective of this division or program? Describe its major activities.

The Office of the Medical Director oversees several programs that seek to improve the health and well-being of infants and newborns through the Newborn Screening (NBS) Clinical Care Coordination (CCC) Program, the Texas Early Hearing Detection and Intervention (TEDHI) Program, and expanded access to primary care services across the state with the Federally Qualified Health Center (FQHC) Incubator Program.

The Office of the Medical Director programs include the following:

NBS Screening Clinical Care Coordination Program: The goal of newborn screening is to decrease the morbidity and mortality of infants born in Texas through follow-up, case management, outreach education, and financial help. The Texas NBS panel currently screens for nearly 60 conditions through the DSHS Public Health Laboratory and two conditions through point of care screening, critical congenital heart disease (CCHD) and screening for hearing loss.

The NBS Clinical Care Coordination Program provides coordination of care for infants with abnormal lab or CCHD screens in close consultation with the DSHS Laboratory. Laboratory staff refer abnormal blood spot results to NBS CCC for follow-up and case management. NBS CCC coordinates with hospital staff, primary care providers, disorder specific subspecialists, and families. NBS CCC notifies primary care providers and families of abnormal screens and the need for further evaluation. Staff continue follow-up until a medical specialist makes a diagnosis or clears the newborn of an abnormal result. Staff start annual long-term follow-up after the disorder is diagnosed. Staff also document information related to conditions diagnosed following CCHD screening.

The NBS Benefits Program staff determine eligibility, monitor contracts, and coordinate services for limited financial help with testing and treatment of NBS disorders for eligible individuals. Benefits include help with cost of testing, vitamins, low-protein nutritional drinks, and other supplements to decrease risk of morbidity and mortality from NBS disorders.

The program also provides administrative support to two advisory committees, the Newborn Screening Advisory Committee and the Sickle Cell Task Force.

Texas Early Detection Hearing and Intervention Program: The goal of the TEHDI program is that all babies born in Texas receive a hearing screening, prompt diagnosis, and appropriate intervention for newborns with suspected diagnosis or diagnosed as deaf or hard of hearing. The program provides hearing screening certification to birthing facilities and provides technical support. TEHDI staff provide contract oversight, coordinate services, and provide guidance for hearing screening required for all newborns in the state.

FQHC Incubator Program: The FQHC Incubator program provides grants to eligible organizations to support their ability to expand services and meet criteria to apply for new or additional funding or benefits from HRSA. FQHCs and FQHC look-alikes can apply for funding for activities that will help expand their available healthcare services, such as chronic condition management, preventive services, dental services, and behavioral health services, to underserved and uninsured Texans. The FQHC Incubator program also funds activities that support non-profit and public organizations providing primary care in their applications to become an FQHC or FQHC look-alike.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

- ***NBS Clinical Care Coordination Program*:**
  - Number of specimens identified as abnormal and referred to NBS CCC for follow-up.
  - Number of babies diagnosed with a NBS condition.
  - Number of clients served through the NBS Benefits Program.
- ***TEHDI Program*:**
  - Number and percentage of Texas babies who receive a newborn hearing screening programs screen more than 99 percent of babies born each year (LBB).
  - Percentage of babies who pass their first birth hearing screen.
  - Number of birthing facilities certified by the TEHDI Program.
- ***FQHC Incubator Program*:**
  - Number of entities receiving grants through the program.
  - Number of new FQHC staff positions at clinics supported by the grant program.
  - Number of existing clinics able to provide new services through the grant program.
  - Number of new facilities opened using support from the grant.
  - Number of facilities able to secure FQHC look-alike status from HRSA.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2000 – HRSA implements the President's Initiative, a five-year plan to support new and expanding FQHCs throughout the United States.

2003 – Senate Bill 610 (78R) establishes the FQHC Incubator Grant Program to support the expansion and development of FQHCs in Texas. The grant operates until 2012, when funding is discontinued.

2019 – House Bill 2255 (86R) added additional consent requirements for sharing newborn hearing screening data with DSHS and required all records of newborns who did not pass their hearing screens to be referred to Texas School for the Deaf.

2021 – The Legislature reestablishes funding for the FQHC Incubator program.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Individuals of any age can apply to the NBS Benefits program, but they must meet eligibility requirements. The applicant must have a Texas NBS condition. Additionally, NBS Benefits is a payer of last resort. This means that all applicants must apply and receive a denial for Medicaid, Children's Health Insurance Program (CHIP), and Children with Special Health Care Needs before applying for NBS Benefits. Applicants are prioritized by need, and as funds are available. NBS Benefits reimburses enrolled providers for the provision of specified services.

To apply for the FQHC Incubator Program grant, eligible non-profit health centers must be open and providing at least eight hours of primary care services per week and show that they are serving a population in a Medically Underserved Area or serving a Medically Underserved Population, which are both HRSA designations required for a non-profit health center to become an FQHC or FQHC look-alike.

Individuals or Entities Affected by OMD	Fiscal Year 2024
NBS Specimens Identified as Abnormal and Referred to Clinical Care Coordination for Follow Up	16,051
Babies Diagnosed with an NBS Condition	1,567
Clients in the NBS Benefits Program	230

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

NBS Clinical Care Coordination Program: NBS nurses and public health and prevention specialists coordinate with providers, families, and specialists for prompt clinical care, diagnosis confirmation, and treatment. NBS staff collaborate with regional social workers to find a newborn with an abnormal NBS screen when other efforts to contact the parents or a healthcare provider are exhausted. NBS Benefit Program staff review and approve eligibility applications, approve requests for services, and work with DSHS procurement and contract monitoring units to approve vendor participation and pay invoices. Benefits are provided through contractors, who must follow the following procedures manuals:

- NBS Benefits Contractor Procedures Manual
- Contractor Manual Supplement – Laboratory Services
- Contractor Manual Supplement – Allowable Benefits List

TEDHI Program: TEHDI certifies newborn hearing screening programs across the state. These programs complete point-of-care hearing screening, typically at birth facilities. Results are documented in the

TEHDI management information system and identifying information for purposes of access and referral is subject to consent.

TEHDI staff coordinate with hearing screening providers, families, and specialists for prompt clinical care, diagnosis confirmation, and treatment. TEHDI works with community social workers across specific regions for follow up hearing screening services. Program provides software and technical assistance to birth facilities and hospitals, certifies birthing facilities, monitors hospital and birthing centers certification standards, oversees the TEHDI information system, and ensures follow-up services and intervention for newborns identified with hearing loss.

FQHC Incubator Program: This program is administered using an open enrollment to elicit applications from eligible health centers across the state. Contracts are awarded on a first come, first served basis to eligible organizations for projects that will expand access to care for the population served by their health center. For health centers that are working to become an FQHC look-alike, projects focus on activities that will strengthen their application to become an FQHC look-alike.

In the most recent application period, there were two Open Enrollments.

- The first was for current FQHCs/FQHC look-alikes who were opening new health center locations and for health centers wanting to apply for FQHC look-alike status, and contracts were awarded for $1 million to eight sites.
- The Second Open Enrollment was for current FQHCs and FQHC look-alikes who were expanding access or services at their health centers. 48 contracts were awarded for $650,000.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

Please see Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

Per statute, DSHS refers babies who do not pass their newborn hearing screens to the Statewide Outreach Center at Texas School for the Deaf.

I. If the division or program 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 OMD
Law Enforcement	Local agencies responsible for enforcing laws, maintaining order, and protecting public safety.	NBS CC staff request local law enforcement officials to find a newborn with an abnormal NBS when all other efforts to contact the parents or a healthcare provider are exhausted.

Federal Units of Government

Name	Description	Relationship to OMD
HRSA	The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.	FQHC Program staff collaborated with HRSA to ensure the Incubator Program's application requirements are aligned with the federal FQHC program requirements for new or expanding clinics.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

Non-profit health centers can only become an FQHC when there is federal funding, called New Access Point funding, available to expand the number of FQHCs. There is no set schedule for New Access Point Funding, as funding is dependent on appropriation of federal funds, so expanding the number of FQHCs is dependent on the availability of these federal funds.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

Newborn Screening Clinical Care Coordination is interdependent on the Laboratory, which reports abnormal results for follow-up. Program staff work Monday through Saturday. On Saturdays, the most critical cases are worked through.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Office of Data Analytics and Special Projects

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

Name of Division or Program:	Office of Data Analytics and Special Projects
Location within the Agency:	Community Health Improvement Division
Contact Name:	Sydney Minnerly, Director
Statutory Citation:	Texas Health and Safety Code, Chapter 92, and Section 773.113; and Texas Family Code, Chapter 264, Subchapter F

B. What is the objective of this division or program? Describe its major activities.

ODASP is responsible for assisting CHI programs with special projects as assigned by the CHI deputy commissioner. ODASP also oversees everyday activities for Injury Prevention programs and congenital syphilis prevention and surveillance.

Injury Prevention: Injury Prevention collects injury and fatality data, identifies, and analyzes emerging issues, and shares data with stakeholders. The Unit works to understand how injuries and fatalities impact Texans and reduce these events in Texas communities. Major activities include:

- The Safe Riders Child Passenger Safety Program, which coordinates car seat distribution for families in need and provides training, National Child Passenger Safety Technician (CPST) certification courses, education, and car seat inspections.
- Child Fatality Review Team Program, which supports the State CFRT Committee and 85 local CFRTs by providing death certificates, trainings, and technical assistance.
- Management of the EMS and Trauma Registries (EMSTR) system, which consists of the EMS Registry, the Trauma Registry, the Submersion Registry, and the Traumatic Brain Injury / Spinal Cord Injury Registry.
- Administration of the Texas Violent Death Reporting System (TVDRS), which collects violent death data from medical examiners, justices of the peace, and law enforcement agencies and disseminates data to inform decision makers, educate communities, and improve violence prevention efforts.
- Texas Overdose Data to Action (TODA) activities, which include collecting drug poisoning death data from medical examiners and justices of the peace, and disseminating data to inform decision makers, educate communities, and improve drug poisoning prevention efforts. HHSC executes the direct services component through the Texas Targeted Opioid Response program. For FY 2025, TODA and HHSC executed a patient navigator contract to link individuals to medications for opioid use disorder, behavioral health treatment, or harm reduction services. TODA also began training clinicians on implementing the "2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain" in FY 2025.

Congenital Syphilis Prevention and Surveillance: The 89th Legislature appropriated funds to DSHS to build a congenital syphilis (CS) consultation hotline to support maternal and pediatric care providers making complex syphilis diagnoses and treatment decisions and to help connect women to care.

The funds also support the establishment of rapid response regional nurse teams and a new congenital syphilis case management system to ensure mothers in all areas of the state can easily access and complete treatment to protect their babies from congenital syphilis. Staff supporting the hotline will be able to connect healthcare providers to regional rapid response teams to ensure their patients receive timely treatment to prevent congenital syphilis infections. As DSHS works to implement this project, effective September 1, 2025, DSHS is consolidating congenital syphilis programs under ODASP within the CHI Division. This new structure will allow CS activities to be operated in closer coordination with other maternal and child initiatives.

As part of a Department-wide initiative, CHI began work on congenital syphilis prevention in FY 2024. These efforts have included:

- Organizing a Congenital Syphilis Prevention Summit in September 2024;
- Coordinating an interagency Congenital Syphilis Case Management strategy with other state agencies working with mothers and infants in Texas;
- Providing trainings to CHWs on congenital syphilis prevention (three trainings completed, two in English, one in Spanish, and two more planned in fiscal year 2025);
- Working with the Texas Collaborative for Healthy Mothers and BabiesA on a Congenital Syphilis Prevention toolkit for healthcare providers across the state; and
- Coordinating additional educational activities on congenital syphilis prevention, including a DSHS Grand Rounds presentation that occurred July 2024 and a free, online, Healthcare Provider Training on CS Prevention available in May 2025.

ODASP, in addition to implementing the CS consultation and regional nurse response capacity, will be charged with CS surveillance to ensure DSHS identifies syphilis in pregnant women timely so that treatment can be administered in time to prevent CS in their babies. Additionally, ODASP will be coordinating statewide CS prevention activities, such as the Fetal Infant Morbidity Reviews (FIMRs) for CS cases, education and outreach activities for CS prevention, data dissemination, and best practices for local Disease Intervention Specialists (DIS) who are following up on syphilis cases in women of child-bearing age at risk of having an infant with a CS infection.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The Injury Prevention Unit uses key statistics and performance measures to evaluate effectiveness and efficiency of the program activities.

- Number of EMS patient and trauma records received by EMSTR.
- Number of violent death cases abstracted by TVDRS.
- Number of child car seats distributed through the Safe Riders program.
- Number of child death certificates distributed to and reviewed by local CFRTs statewide.
- Number of drug poisoning death records abstracted by the TODA Program.
- Number of data requests received and completed for all Injury Prevention Unit programs.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1995 – The Legislature establishes the SCFRT Committee and authorizes formation of individual child fatality review teams at the local levels for individual record review. Following the review of individual cases, the local CFRTs report aggregated findings and recommendations to the SFRT.

2002 – DSHS completes the Trauma Reporting Analysis and Collection in Texas system, now known as EMSTR.

2012 – The EMSTR program implements the Conduent Maven system to collect EMS and trauma records.

2017 – DSHS establishes the Office of Injury Prevention within MCH to centralize injury and fatality reduction work. The Office combines three programs: EMSTR, CFRT, and the Safe Riders Child Passenger Safety Program.

2018 – The EMSTR program transitions the Maven database from a text file system to the National EMS Information System (NEMSIS) format.

2018 – DSHS receives CDC National Violent Death Reporting System funding and established TVDRS and begins implementing data collection in select counties, with the goal of being a statewide system in 2026.

2023 – CDC awards the Overdose Data to Action in States grant to Texas, allowing establishment of the TODA program.

2023 – EMSTR transitions from Maven to a newly developed EMSTR reporting system.

2023 – The Child Safety Group is established as part of the Injury Prevention Unit, with funding from Texas Department of Transportation (TxDOT) to support efforts to decrease injury and death of children involved in motor vehicle incidents.

2025 – The Legislature appropriates funding to DSHS to create a CS consultation hotline and regional nurse capacity to provide access to treatment for pregnant women with syphilis.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

The Safe Riders program provides child safety seats to low-income families, families experiencing financial hardship, or pregnant mothers in their third trimester. By law, all children under age 8 years or four feet, nine inches in height are required to ride in a car seat or booster seat. Safe Riders child safety seat distribution is limited to one seat per child and the parent/caregiver must attend an educational session about child passenger safety to receive the seat.

Entities may be eligible to become a Safe Riders distribution partner by maintaining a minimum of two certified technicians on staff, leading a minimum of one education service with car seat distribution every month, submitting monthly reports, tracking car seat inventory, and attending Safe Riders meetings and trainings.

Persons or Entities Affected by ODASP	FY 2024
Local Child Fatality Review Teams Supported by ODASP	85
Number of Car Seats Distributed to Families in Need - Safe Riders	5,873
Number of Counties Served - Safe Riders	110

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

ODASP includes the Injury Prevention Unit and the CS Prevention and Surveillance Unit. Each Unit program has program managers which report to the Unit Director. The CHI Division office provides support for the Unit's legislative, financial, human resources, and grant related work. All FTEs are in the Central Office.

TVDRS is responsible for identifying and abstracting up to 600 unique violent death case elements and entering information into the CDC secure database. TVDRS has 16 months from the end of a death year to complete data abstraction. For death year 2024, TVDRS worked with the top 13 counties most impacted by violent deaths with the goal to become statewide with the 2025 death cohort in 2026.

EMSTR provides technical assistance, training, and EMSTR database platform monitoring. The Injury Prevention Unit supports EMSTR with epidemiologists that address EMS and trauma data needs for statewide partners and internal DSHS stakeholders with the goal of improving quality of Texas patient care. EMSTR coordinates closely with the EMS/Trauma program in the Consumer Protection Division.

TODA is responsible for collecting and analyzing fatal and non-fatal drug poisoning data and using data to drive prevention strategies. Staff review fatal drug poisoning case information and enter the information in the CDC secure database. The Injury Prevention Unit analyzes non-fatal events for emerging issues and monitors trends. TODA prevention focus areas are developing public safety partnerships, educating clinicians about pain management and prescribing practices, and linking patients most at risk of drug poisoning to services.

The Safe Riders program has 66 distribution partner sites in 110 Texas communities. Safe Riders meets regularly with distribution partner sites to offer technical assistance, support referrals, and confirm they are following child passenger safety best practices. Safe Riders also conducts site visits to review child passenger safety education and car seat installation, view the classroom and storage space, and count car seat inventory.

The Safe Riders program prioritizes community certification courses, checkup events, and distribution partner sites based on TxDOT-selected priority areas and other Safe Riders data-driven metrics. TxDOT determines program priority areas by assessing crash totals, child motor vehicle crash percentages,

crash trend increases, and an equity index. The Safe Riders program selects additional areas of need by reviewing the Safe Riders map, determining distribution partner site gaps, and reviewing the program-developed technician/instructor map to determine limited technician areas and where higher amounts of child motor vehicle crash deaths and injuries are occurring. Safe Riders also encourages distribution partner site expansion to areas within each distribution partner site's scope of service by taking services to different community locations to meet families where they gather.

The CFRT program currently supports 85 local CFRTs with the goal to review all Texas child fatalities in their local communities. The CFRT program provides quarterly death certificate information, technical assistance as needed, and stakeholder meetings when community members are developing a new CFRT.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

- TODA funds drug poisoning prevention programming at HHSC through an interagency agreement.
- Safe Riders has an agreement with TxDOT to administer funds from NHTSA for child passenger safety.
- Safe Riders works both statewide and in partnership with DSHS PHR offices to provide car seat resources.
- CFRT has an MOU in place with the National Center for Fatality Review. This MOU allows Texas to use the case reporting system to store child death, case review, and recommendation information.

I. If the division or program 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 ODASP
Public Hospitals and Hospital Districts	Government-affiliated healthcare systems that serve the general public, especially underserved or low-income populations.	By statute, trauma hospitals must submit all trauma patient records into the EMSTR online system within 90 days of the call. The EMSTR program works closely with trauma hospitals to provide training and technical support for submissions.
City and county governmental agencies	Local governments that operate services like parks and recreation, police departments, emergency medical services, neighborhood centers, and social service agencies.	By statute, EMS providers must submit all EMS runs into the EMSTR online system within 90 days. The EMSTR program works closely with EMS agencies to provide training and technical support for submissions. The TVDRS, EMSTR, and TODA programs work with medical examiners, justices of the peace, and law enforcement to request and receive records.

Federal Units of Government

Name	Description	Relationship to ODASP
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides funds for TVDRS and TODA.
NHTSA	Federal agency that directs highway safety and consumer programs.	NHTSA provides funding for the Safe Riders Program via a TxDOT grant.
HRSA	The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.	HRSA administers the Title V Block Grant program, which helps fund injury prevention activities.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Consumer Protection Division

Deputy Commissioner, Timothy Stevenson, DVM, PhD

The Consumer Protection Division (CPD) protects Texas consumers by:

- Being a link between sudden injury or illness and emergency medical care;
- Regulating products and services that could endanger public health;
- Protecting against harmful radiation; and
- Protecting against environmental hazards.

To protect Texas, CPD provides oversight, monitoring, and strategic direction for implementing programs to regulate emergency medical services (EMS), trauma services, food and drug safety, environmental health, and radiation control. The businesses and professionals regulated by CPD were determined to be those related to the Department's core public health mission during the 2015 Sunset process. CPD's regulatory role is unique within DSHS.

CPD's work touches almost every Texan every day to promote health and wellbeing. Among many other things, the milk Texans drink, the x-rays Texans are administered, and the ambulances that transport Texans to a hospital are safer because of the work done by CPD staff and partners. CPD also responds to outbreaks, disasters, and emergencies as part of the Radiation and Food and Drug annexes of the statewide disaster plan.

CPD is also a link to a healthy business environment in Texas. Through its licensing, inspection, and compliance work CPD helps businesses that impact the public's health stay open and remain in compliance with applicable rules and regulations, enabling economic activity while protecting public health in Texas. Many CPD programs operate through fees generated from the licensing or permitting of the industry they regulate. As a result, CPD monitors hundreds of individual fees that flow into eight General Revenue-Dedicated (GRD) accounts and 16 separate revenue streams in the state's GR Fund 001.

Organizationally, the division has six sections reporting to the Deputy Commissioner. In 2022, CPD was realigned to group programs in the same business strategy together to form Sections, and to bring the licensing, inspection, and operations activities for these programs under management of one Section Director:

- The Compliance Section develops and manages enforcement actions that help ensure compliance with standards that promote consumer and environmental safety.
- The EMS/Trauma Systems Section develops, implements, and evaluates statewide EMS/Trauma systems, including disaster preparedness. The Section also designates trauma, stroke, neonatal, and maternal facilities, and disseminates funds to hospitals and EMS/Trauma system partners.
- The Environmental Health Section designs and implements risk assessment and risk management regulatory programs for consumer products, occupational and environmental health hazards, and public health sanitation.

- The Food and Drug Safety Section ensures food and consumer products entering commerce are safe for the public.
- The Meat Safety Assurance Section ensures meat and meat food products bearing the Texas Mark of Inspection are produced from healthy livestock animals that are humanely handled and slaughtered, prepared in a sanitary manner, contain no harmful ingredients, and are truthfully labeled.
- The Radiation Control Section protects the public from the harmful effects of radiation by regulating the possession and use of radiation sources, including nuclear medicine, industrial radiography, x-ray devices, nuclear power plants, and oil and gas well logging.

A small Division office supports administrative functions, including general staff services and operations, managing fleet vehicles, developing communication tools, coordinating technology products, managing a $160 million annual operating budget, overseeing rulemaking for 16 Texas Administrative Code chapters, and analyzing legislation for 42 statutory chapters.

CPD relies heavily on technology to drive its operations. Aside from standard technology tools, CPD is the product owner of the Regulatory Automation System (RAS). Companies and individuals can apply for licenses, permits and other registrations or certifications using RAS. It is also used by several regulatory programs at HHSC, and by one program within the DSHS Community Health Improvement Division.

CPD processes applications/requests using RAS. RAS is also used for tracking regulatory functions, such as licensing, examination, inspection, compliance, notifications, complaints, examinations, and enforcement actions.

RAS is a mission-critical application that went live in June 2006. RAS consists of the Versa Product Suite (from Tyler Technologies) and the RAS portal, and includes the following components:

- Versa Regulation (VR);
- Versa Online (VO);
- Iron Data Mobile; and
- RAS Portal – Reporting Utility.

VR is used by approximately 635 internal DSHS users (with approximately another 130 HHSC users) daily. VO is an online service portal for public users with approximately 305,000 active licenses/registrations and 237,000 users across 150 license types.

Compliance

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

Name of Division or Program:	Compliance Section
Location within the Agency:	Consumer Protection Division
Contact Name:	Chris Drews, Director
Statutory Citation:	Texas Health and Safety Code 12.0145, Government Code 2001.054

B. What is the objective of this division or program? Describe its major activities.

The Compliance Section is responsible for coordinating and facilitating escalated compliance actions initiated by all CPD programs. Escalated compliance actions are those actions that are subject to due process considerations.

Before escalated compliance actions take place, the Compliance Section works with the appropriate CPD program to seek voluntary compliance to promote a positive business environment that is good for the Texas economy while still balancing public health needs to keep Texans safe. Enforcement is only pursued as a last resort when voluntary compliance efforts are unsuccessful.

The Compliance Section's objective is to ensure all regulated licensees in violation of applicable laws, rules, codes, and policies are brought into compliance and, as needed, held accountable for their misconduct. The major activities performed include:

- Facilitating meetings to triage alleged violations presented against allowable disciplinary actions;
- Issuing Notice of Violations (NOVs) to convey the Department's intent to impose disciplinary action(s);
- Facilitating informal conferences between respondents, program staff, and Department legal staff to informally resolve contested cases;
- Referring contested cases to the State Office of Administrative Hearings (SOAH) to be docketed for hearing;
- Posting final enforcement actions on program websites; and
- Referring cases to OAG for injunctive relief and enforced collection of unpaid monetary penalties.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The program holds itself accountable through collaboration, documentation, and communication with its stakeholders – program and legal staff internally, and licensees externally – by providing verifiable data that show all referred cases for disciplinary actions were processed timely and addressed in a manner that protects public health.

The calculation or methodology behind Compliance statistics or performance measures are set by the Legislature, specifically in Government Code, Chapter 2001.054, which provides guidelines and timelines for processing a contested case regarding licensing.

The Compliance Section tracks:

- Annual number of cases received.
- Annual number of cases closed.
- Annual number of NOVs and warning letters issued.
- Annual number of referrals to SOAH.
- Annual number of final orders issued and related referrals to OAG.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2022 – The Compliance Section is created as part of a CPD reorganization to vertically integrate CPDs sections so that each includes licensing, inspection and policy making duties under a single point of leadership.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

This varies by CPD program. See later responses by other CPD programs for this information.

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Compliance Section staff handle all escalated compliance enforcement activities for CPD. This includes facilitating Compliance Review Committees (CRCs) for CPD programs, managing Emergency Escalated Compliance Reviews. A CRC is a group of internal subject matter experts who review case files, determine whether a violation has occurred, whether additional information is needed to render an opinion, and what action to take based on the evidence.

Compliance Review Committees: A Compliance Specialist from the Compliance Section ensures that each meeting is conducted in a structured manner that allows for full discussion of each violation in question. Compliance staff coordinate with the pertinent program manager so that the appropriate inspector or investigator may be in attendance as a resource. Health and Human Services (HHS) legal staff are included on the CRC.

The assigned Compliance Specialist ensures all necessary information is in the case file, which includes current licensure information and all evidence. The facilitating Compliance Specialist develops the agenda and provides the CRC the case file for review. All CRC participants make recommendations for action for their respective program area except for inspectors or investigators, whose role is to provide case information and evidence for committee review. The applicable program staff review the violations and utilizes CPD established penalty matrices to determine recommended action. The CRC determines by majority consensus the type of action to take based upon:

- Threat to public health and safety;
- Severity of violations;
- History of previous violations;
- Efforts made to come into compliance; and
- Other factors as identified.

As permitted by law, disciplinary action recommendations may include, but are not limited to:

- Denial of license;
- Letter of reprimand;
- Administrative penalties;
- Suspension;
- Revocation;
- Referral to the HHS Office of Inspector General (OIG); and
- Referral to OAG for civil penalties and/or injunctive relief.

If there is insufficient evidence or additional information is needed to support the alleged violation(s), the case may be closed with no escalated compliance action taken. The case may also be sent back to

the program for further investigation. All referrals to OIG, OAG and other regulatory entities are made through the CRC.

Emergency Escalated Compliance Actions: The Compliance Section is also responsible for coordinating and facilitating all emergency escalated compliance actions. When emergency action is needed to protect public health and safety and is authorized by law, CPD program staff contact the Compliance Section to request an Emergency CRC.

- Compliance staff immediately coordinates with the required CRC participants and designates a meeting time and place to address the situation.
- At a minimum, HHS legal staff and a CPD Section Director must be present (either in person or virtually) for all Emergency CRCs.
- A summary of the situation is prepared by the program and reviewed/approved by the emergency CRC participants.
- If there is insufficient evidence to support the alleged violation(s), the case may be closed with no emergency action taken or sent back to the program for further investigation.
- If there is sufficient evidence to support the allegations, the following recommended emergency actions may be taken, as appropriate to the situation:
  - Suspension;
  - Closure;
  - Recall from Commerce;
  - Impound;
  - Cease and Desist; or
  - Administrative penalties.

The Compliance Specialist drafts the Order in consultation with legal staff and in the case of emergency suspension, the subsequent NOV for revocation, if agreed upon by the CRC panel.

All notices, correspondence and Orders relating to an Emergency Escalated Compliance action must be reviewed and approved by the Compliance Unit Manager and the Compliance Section Director. The summary of emergency action is submitted with the Emergency Order to the CPD Deputy Commissioner for review and approval. The signed Order and NOV are immediately issued to the Respondent.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information.

The Compliance Section is indirectly funded by those CPD programs for which they coordinate and facilitate escalated enforcement actions and maintain compliance with applicable laws and regulations.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

N/A

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

N/A

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

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

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

This information is included in the specific CPD program responses that follow.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

This information is included in the specific CPD program responses that follow.

EMS/Trauma Systems

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

Name of Division or Program:	EMS/Trauma Systems
Location within the Agency:	Consumer Protection Division
Contact Name:	Jorie Klein, MSN, MHA, BSN, RN, Director
Statutory Citation:	Texas Health and Safety Code, Chapters 12, 166, 241, 771, and 773

B. What is the objective of this division or program? Describe its major activities.

The EMS/Trauma Systems Section develops and enhances regionalized trauma and emergency healthcare systems. This includes integrating EMS, trauma, stroke, maternal, and neonatal stakeholders into system planning and coordination. Cardiac care stakeholders are also integrated into system planning, although it is not required by statute. Major activities include:

Licensing of EMS Personnel and Associated Entities: The EMS/Trauma Systems Section is responsible for licensing and certifying EMS personnel, EMS educators and education programs, and first responder organizations. The Section evaluates credentials and qualifications; administers or recognizes examination requirements; processes initial and renewal applications for licensure, certification, and specialty recognition; and issues and renews licenses and certifications. The Section also collaborates with the CHI Division's EMS and Trauma Registries program and monitors the requirements for EMS provider licensure specific to the submission of EMS patient care records to the state EMS Registry.

EMS/Trauma Systems Section staff provide intake and processing for consumer and stakeholder complaints, conduct investigations, and determine proposed violations and sanctions. The section establishes program policy, procedures, and standards for the regulation of EMS personnel, providers,

and associated entities; manages stakeholder relations; provides public information and education; reviews the development of curriculum; and provides education and training.

Facility Designations for Texas Hospitals: The EMS/Trauma Systems Section is responsible for designating facilities that meet requirements for five types of specialized patient services: trauma, stroke, neonatal, maternal, and Centers of Excellence for Fetal Diagnosis and Therapy. Designations help categorize facilities by their capabilities and readiness to provide specialized care and empower patients in their healthcare-seeking decisions.

In 2025, there are 296 designated trauma facilities and 191 designated stroke facilities. Additionally, 223 facilities have achieved neonatal designation and 215 have achieved maternal designation. Texas hospital designations officially recognize that specialized quality care services are available, and that the facility has met the designation requirements for the level and type of designation. Section designation staff review facilities, site survey summary reports, medical records, and designation applications. The review is to evaluate facility compliance by demonstrating:

- Adherence to rule requirements through program operations and management guidelines;
- Provision of expeditious and appropriate patient care;
- Quarterly submissions of required data to the State Trauma Registry and participation in the local Regional Advisory Council; and
- Evidence of an effective performance improvement plan and process to continually improve patient outcomes.

The Section monitors facility compliance with the designation requirements through each designation cycle and supports facilities participating in the designation programs. This is done through technical assistance, education, training, program resources, monthly meetings, and funding opportunities.

A maternal and neonatal level of care designation is required to receive reimbursement for maternal or neonatal services through the Medicaid program, as administered by HHSC. Designation staff collaborate with Medicaid and the Texas Medicaid and Healthcare Partnership (TMHP) to ensure designated facilities are eligible to receive reimbursement for services provided.

The Section expects to award the first Centers of Excellence facility designations after Department approval of an independent survey organization, based upon Perinatal Advisory Council (PAC) recommendations. Rules are in place, as well as survey guidelines, tools, and requirements for the surveyor team qualifications.

The Section also works to provide facilities tool to be successful in their pursuit and maintenance of higher level designations. For example, the Section developed and implemented a Quality Assessment Performance Improvement (QAPI) training module to help maternal and neonatal facilities in developing their QAPI plan and processes. The QAPI plan and processes are the most cited deficiency for designation. The Section also supported sixteen Trauma Outcomes Performance Improvement Course (TOPIC) courses from 2022 to 2025 to assist trauma facilities in building and maintaining an effective trauma performance improvement program. This addresses the most cited designation requirement not met across all levels of trauma designation.

Regional Advisory Council Oversight: Texas is divided into twenty-two trauma service areas (TSAs). Each TSA has established a Regional Advisory Council (RAC) to act as the regional system coordinating entity within the bounds of their TSA. The EMS/Trauma Systems Section oversees RAC compliance with contracts, policies, rules, and funding allotment requirements.

Each RAC must meet defined performance criteria and complete a standardized self-assessment to identify needs and opportunities for system improvement. This information is used to revise and advance the regional trauma and emergency healthcare system. The Section ensures RAC plans align with the Governor's EMS and Trauma Advisory Council (GETAC) Strategic Plan.

To facilitate discussion and compliance, the EMS/Trauma Systems Section holds monthly meetings with the RAC chairs, RAC executive directors, and the GETAC chair and vice-chair. The Section collaborates with CHI's EMS and Trauma Registries program to ensure the Texas trauma and emergency healthcare system is prepared for evaluating, transporting, and managing the injured patient and patients with time-sensitive disease processes, and responding to community emergency needs.

Governor's EMS and Trauma Advisory Council: GETAC is responsible for setting and supporting the overall vision and mission for the statewide Texas trauma and emergency healthcare system. The Council is composed of 19 members appointed by the Governor. GETAC maintains an updated Strategic Plan to reflect current priorities, challenges, and opportunities, and also advises DSHS on rules related to the trauma and emergency healthcare system.

The EMS/Trauma Systems Section provides administrative support, leadership, oversight, consultative services, and technical assistance for GETAC and its ten committees' responsibilities and functions. The committees each identify and work on three individual committee-related priorities based on the GETAC Strategic Plan and other identified opportunities. GETAC approves the committees' priorities and monitors their activities related to achieving these priorities. The Section tracks this process and provides the templates and tools for the committees to track their progress to ensure milestones are met.

EMS/Trauma Systems Funding Management: The EMS/Trauma Systems section manages statutory allocations from several General Revenue-Dedicated accounts for EMS providers, RACs, and hospital trauma uncompensated care. The section also manages the statutory Extraordinary Emergency Fund, which makes funds available to support urgent and unexpected needs of EMS providers and other approved organizations.

Senate Bill 8 (87(3)) provided a one-time distribution of $21.7 million to develop and support a recruitment and retention program for the EMS system. Texas, along with the nation, is coping with an EMS personnel shortage, which is impacting patient care as EMS providers need mutual aid assistance from distant entities, thus causing a delay in the arrival of emergency patient care and transportation. Funding from SB 8 has improved system recruitment and retention. Since 2022, the Texas EMS system has been able to increase the workforce by 10,915, as of June 1, 2025.

Medical Advisory Board: The Medical Advisory Board (MAB) program reviews referrals from the Texas DPS related to the safety of driver license applicants and concealed handgun license applicants. When DPS refers applicants to the MAB, program staff collect medical information and prepare a medical packet for each referral. The medical packet is then prepared and sent to the MAB physician panels for review.

A panel of three volunteer physicians and/or optometrists reviews each medical packet and returns three independent opinions for each case regarding whether the applicant is capable of safely operating a motor vehicle or capable of exercising sound judgment with respect to the proper use and storage of a handgun. The panel's independent medical opinions are returned to DPS, which makes all decisions regarding the referral for maintaining or renewing a license. Per statute, the DSHS Commissioner appoints the MAB physicians/optometrists who have been recommended by the Texas Medical Association or the Texas Optometric Association. The panel members are paid a small fee for their panel reviews, but they are not DSHS staff.

Perinatal Advisory Council: PAC is managed by HHSC. However, the PAC's focus is to improve maternal and neonatal care, maternal and neonatal level of care designations are major PAC priorities. The EMS/Trauma Systems Section provides regular updates at PAC meetings regarding the maternal and neonatal designation process and data gained through the designation survey processes. An example of data shared is the number of facilities that are no longer committed to providing perinatal care and the reason cited by the facility.

PAC provides input and recommendations regarding maternal, neonatal, and Centers of Excellence for Fetal Diagnosis and Therapy rules and designation based on their expert knowledge and experience. PAC workgroups have provided the EMS/Trauma Section with subject matter expertise during multiple rules revision projects.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The EMS/Trauma Section tracks several measures related to its programmatic functions.

- The number of certified and licensed EMS personnel and providers in Texas.
- Number of First Responder Organizations licensed in Texas.

- Number of EMS instructors and educational programs licensed in Texas.
- Number of inspections, audits, and complaint investigations conducted annually.
- Number of applications processed each year for EMS personnel, educators, providers, and First Responder Organizations.
- Number of designations reviewed annually for trauma, stroke, maternal and neonatal applications.
- Number of approved designations each year (initial, upgrade, new facility, change of ownership, redesignations, and contingent).
- Timeliness of completing designation applications, within 30 to 60 days from application receipt to designation decision.
- The number of facilities submitting a trauma uncompensated care request each year.

Total trauma uncompensated care dollars submitted by facilities requesting trauma uncompensated care reimbursement.

- Number of referrals from DPS to MAB each year.
- Number of cases reviewed by MAB each year and recommendations provided to DPS.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1995 – All TSAs established RACs, and all RACs have regional system plans approved by TDH.

1997 – The Legislature adds a level of regulation: licensed paramedic. Other levels of EMS certification include emergency care attendant (ECA), emergency medical technician (EMT) basic, and EMT intermediate. The Tobacco Endowment becomes dedicated trauma system funding.

1998 – The Board of Health adopts rules to require EMS and hospital participation in the development of regional trauma systems and regional system plans, and submission of data to the state registry. TDH disburses funds to EMS providers and RACs to promote system development and to hospitals for uncompensated hospital trauma care. These funds were from the Tobacco Endowment.

2001 – The Legislature creates GETAC to advise TDH on rules regarding EMS and trauma systems.

2003 – The Legislature adds provisions to require DSHS to charge a fee sufficient to cover the costs of the stroke designation program. House Bill 3588 (78R) creates the Driver Responsibility Program and includes a funding stream to support EMS providers, RACs, and Trauma Uncompensated Care.

2004 – A name-based criminal history check is required on all EMS personnel applications for initial and renewal certification, the process takes four years.

2005 – Senate Bill 330 (79R) requires DSHS, with the assistance of GETAC and its Stroke Committee, and in collaboration with the Texas Council on Cardiovascular Disease and Stroke, to develop stroke facility criteria and a statewide stroke emergency transport plan.

2009 – Stroke facility designation and regional stroke systems of care rules are adopted.

2010 – Individuals applying for initial EMS certification are required to submit fingerprint-based background checks.

2013 – House Bill 15 (83R) requires HHSC and DSHS, with the assistance of the newly created PAC, to develop and implement a statewide Perinatal Care System, divide the state into perinatal care regions, and designate neonatal and maternal levels of care facilities.

2013 – Senate Bill 8 and House Bill 3556 (83R) established a legislative moratorium on new EMS provider licenses from September 1, 2013, to August 31, 2014, and create several requirements to protect against Medicaid fraud in the EMS industry.

2015 – House Bill 2131 (84R) requires HHSC and DSHS, with the assistance of the PAC, to develop and implement a designation process for Centers of Excellence for Fetal Diagnosis and Therapy.

2015 – House Bill 3433 (84R) adds members to PAC and moves the effective date for neonatal and maternal designations to September 1, 2018, and September 1, 2020, respectively.

2017 – The dedicated trauma system funding source of the Tobacco Endowment is depleted.

2019 – House Bill 2048 (86R) repeals the Driver Responsibility Program and replaces it with a new funding stream, the Automobile Burglary and Theft Prevention Authority collection.

2019 – Senate Bill 749 (86R) makes amendment to neonatal and maternal facility designation requirements and processes.

2020 – EMS renewal applicants not previously fingerprinted began to be fingerprinted as a requirement for license renewal.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Entities and individuals who are licensed by the EMS/Trauma Section must meet qualifications as outlined by statute and rules. See:

- EMS Personnel Initial Certification Requirements
- EMS Coordinator/Instructor Certification Requirements
- EMS Personnel Recertification Requirements
- EMS Reciprocity Requirements for Out-of-State Applicants
- EMS Equivalency Requirements
- Maternal Levels of Care requirements: TAC Title 25, Chapter 133, Subchapter K
- Neonatal Levels of Care Requirements: TAC Title 25, Chapter 133, Subchapter J
- Trauma and Stroke Levels of Care Requirements: TAC Title 25, Chapter 157, Subchapter G

Texas has 80,060 EMS personnel and 733 licensed EMS providers. There are also an additional 637 first responder organizations. Texas has 3,413 EMS instructors. This is complemented by 306 EMS

Education advanced coordinators and 207 basic coordinators. There are 217 EMS education courses and 418 continuing education programs.

License/Certification Type	Number (As of June 2025)
EMS Personnel	80,060
EMS Providers	733
First Responder Organizations	637
EMS Instructors	3,413
EMS Education Advanced Coordinators	306
EMS Education Basic Coordinators	207
EMS Education Courses	217
Continuing Education Courses	418
Designated Trauma Facilities	296
Designated Stroke Facilities	191
Designated Neonatal Facilities	223
Designated Maternal Facilities	215

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Licensing of EMS Personnel and Associated Entities: The EMS/Trauma Systems Section houses the licensing functions related to EMS. The section also reviews patient quality care compliance and quality assurance for EMS licensing, as well as other functions. The section coordinates policy and education functions for EMS licensing, as well as other EMS and trauma-related functions in the EMS/Trauma Program. DSHS licenses the EMS Provider according to their designated capability levels under EMS/Trauma. The section is responsible for compliance investigations of EMS personnel and EMS providers, as well as EMS provider surveys and inspections. Staff are regionally based and responsible for specific geographic areas.

EMS/Trauma Funding Management: The EMS/Trauma Systems Section is charged with establishing a program to award grants that initiate, expand, maintain, and improve EMS and to support medical systems and facilities that provide trauma care. Program staff manage the distribution of EMS/Trauma funds through contracts to RACs, trauma facility uncompensated care funding, extraordinary emergency funding (EEF), and Emergency Care Attendant (ECA) training grants. The RAC funding includes the EMS County funds, RAC allotment, and the RAC system development funding. Designated trauma facilities can apply for trauma uncompensated funding annually. The funding to hospitals is based on their percentage of trauma uncompensated care compared to the total trauma uncompensated care for the state. Each year, the Section has $1 million to support EMS providers for extraordinary emergencies. These funds can be requested to replace equipment and resources. ECA training grants to EMS providers and first responder organizations are provided by the program as funds are available.

Medical Advisory Board: DPS may request an opinion or recommendation from MAB on the ability of an applicant or license holder to operate a motor vehicle safely or to exercise sound judgment on the proper use and storage of a handgun. If DPS makes a request, the DSHS commissioner or a person designated by the commissioner will convene a panel to consider the case or question submitted.

Each MAB panel physician prepares an independent written report for DPS. The physician provides an opinion on the applicant's or license holder's ability to safely operate a motor vehicle or to use sound judgment in the proper use and storage of a handgun, as appropriate. The physician's opinion may also make recommendations relating to DPS's next action. As the driver licensing agency for Texas, DPS is solely responsible for all actions taken or initiated. Neither the MAB physician nor the client's physicians are legally liable for the decision or action taken by DPS in the suspension, revocation, or denial of a driver or handgun license. The DPS decision may be appealed to the courts for final determination.

Facility Designations: The EMS/Trauma Systems designates trauma facilities that are part of an EMS trauma care system at four levels:

- Level I: comprehensive trauma facility;
- Level II: major trauma facility;
- Level III: advanced trauma facility; and
- Level IV: basic trauma facility.

DSHS designates Level I and Level II trauma facilities in accordance with American College of Surgeons (ACS) standards and DSHS rules. DSHS designates Level III and Level IV trauma facilities managing 101 patients meeting the National Trauma Data Bank (NTDB) registry inclusion criteria in accordance with rules adopted by DSHS and ACS standards. DSHS designates Level IV trauma facilities that manage 100 or less patients that meet the NTDB registry inclusion criteria utilizing the defined state criteria. The EMS/Trauma Systems section also assists in the development of stroke facility criteria and a statewide stroke emergency transport plan, and designates stroke facilities that are part of the regionalized emergency healthcare systems at four levels:

- Level I: comprehensive stroke facility;

- Level II: advanced stroke facility;
- Level III: primary stroke facility; and
- Level IV: acute stroke-ready facility.

DSHS designates all four levels of stroke facilities in accordance with the Brain Attack Coalition guidelines, the Joint Commission, Det Norske Veritas (DNV), and Center for Improvement in Healthcare Quality (CIHQ) Stroke Certification Programs, and DSHS rules.

Maternal and neonatal designations each have four levels. DSHS developed the standards using American Congress of Obstetricians and Gynecologists (ACOG) levels of care guidance as a starting point and adjusting Texas requirements based on PAC input, legislative direction, and stakeholder comment.

The designation unit developed Designation Survey Guidelines and provided education to the current and candidate surveyors, the survey organization, and the designated facility stakeholders. Survey organizations are required to complete an application for Department approval to conduct surveys in Texas and follow the survey guidelines. This ensures that the processes, reviews, and reports from the various survey organizations are consistent.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet.

The EMS/Trauma Section is funded from GR and four GRD accounts. Licensing and designation revenue is deposited to GRD 0512. Contracted payments to RACs, EMS providers, and hospitals are made from GR and GRD 5007, 5108, and 5111, in accordance with statutory formulas. See the following chart that outlines EMS/Trauma funding streams:

- EMS/Trauma Funding Streams

Details on the agency's fee revenue can be found in the annual Fee Manual, as required by the General Appropriations Act.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

N/A

I. If the division or program 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 the Section
Public Hospitals and Hospital districts	Government-affiliated healthcare systems that serve the general public, especially underserved or low-income populations	DSHS designates hospital district facilities as trauma, stroke, maternal, and neonatal centers and has disbursed funding to safety-net hospitals.
City and county governmental agencies	Local governments that operate services like parks and recreation, police departments, emergency medical services, neighborhood centers, and social service agencies.	The EMS Program coordinates with local, city and county governments regarding EMS regulations, especially if the local unit has an EMS ordinance.
Academic health science centers	Academic health science centers train health professionals, conduct research that advances health, and provide care to indigent persons, including the most ill and lowest income populations.	DSHS designates academic health science centers as trauma, stroke, maternal, and neonatal centers. DSHS has disbursed funding to safety net hospitals and academic health science centers that serve as safety net hospitals for indigent persons.

Federal Units of Government

Unit	Description	Relationship to the Section
Military Hospitals	Hospitals located on federal military bases provide trauma care to military staff, their families, and some civilian trauma patients.	DSHS designates military hospitals as trauma centers.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

Texas Health and Safety Code, Chapter 773: Certain updates to Health and Safety Code, Chapter 773, would be beneficial to the Section's operations and provide efficiencies.

- DSHS does not currently have authority to assess an administrative penalty against certified or licensed EMS personnel for violations of EMS rules. Licensees who violate rules do not always take the violation seriously. If they may have to pay a penalty, they may take the violation and administrative action more seriously.
- Similarly, DSHS is unable to assess administrative penalties against EMS initial education and continuing education programs when violations occur.
- Current statute does not include that DSHS has the authority to regulate both licensed and unlicensed EMS Activity. Adding clarity that DSHS has authority over both would further safeguard the system.
- GETAC is currently only able to meet in the City of Austin boundaries, adding to costs of operations.
- The chapter requires two legislative complaint reports that overlap in content and may not useful.
- The chapter includes outdated references. This includes references to "Emergency Medical Technicians-Paramedic" instead of the more appropriate term "Paramedic" as it pertains to reciprocity and out-of-date statistics outlined in Subchapter E, Sections (a) and (b).
- Remove statistics in Subchapter E, Sections (a) and (b), that are out-of-date and no longer relevant.

Texas Health and Safety Code, Chapter 776: Similarly, updates to Texas Health and Safety Code, Chapter 776, to update the name of GRD Account 0512 from "Bureau of Emergency Management" to "EMS Fees" account would provide an evergreen characterization of this account.

Medical Advisory Board: Texas is one of at least 38 states that operate active medical advisory boards to assist with medical determinations related to driver license and/or handgun license issuance and renewal. Like Texas, most states engage in individual case review. Depending on case volume, other states either use volunteer, compensated physicians or engage part- or full-time physicians to review cases. Most states unify the process within the public safety agency. Texas has a dual system.

Since 1970, the Legislature attached MAB functions to DSHS. Texas Health and Safety Code, Chapter 12, Subchapter H, incorporates two state agencies to resolve cases requiring medical determinations and individual case review. DPS makes available the list of referred individuals to DSHS and their contact information. DSHS provides initial outreach to license holders and an overview of the process. The steps that follow – the individual gathering medical information for the MAB, scheduling case review by MAB physicians, providing recommendations back to DPS – can take several months. This could be a significant amount of time for an individual who may already been navigating medical determination at DPS and is weary of being able to renew their license or seek gainful employment based on their driver or handgun license status. Given the process and the stakes involved, many individuals query both DPS and DSHS about pending case determinations. This is especially common following MAB case review, and the time needed to gather recommendations and manually transmit them to DPS for final determination. As a result, individuals are often directed back to the other agency depending on where a case is in the process.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

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

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

- **Why the regulation is needed.** The regulation of EMS personnel is required by statute to protect and promote public health, safety, and welfare. The regulation helps ensure consumers are availing themselves of the services of qualified and competent providers.
- **The scope of, and procedures for, inspections or audits of regulated entities.** EMS personnel license holders are individuals who are not subject to inspection but are subject to audit processes regarding continuing education compliance. They are subject to investigation when consumers or agency staff file allegations of wrongdoing. EMS/Trauma Section staff verifies suspected violations of law or rule through an investigation and presents the results for consideration and imposition of proposed disciplinary action, if appropriate.
- **Follow-up activities conducted when non-compliance is identified.** When the EMS/Trauma Systems Section identifies non-compliance, the Section may take several follow-up actions. In an enforcement matter, the Section may require the license holder to complete additional education in addition to enforcement sanctions, such as probation or suspension. In some enforcement matters, the regulatory authority may require another license holder to supervise reporting requirements. Program staff monitors these enforcement orders for compliance. If the section receives another complaint, or if the problem appears to be unresolved, the section can re-investigate and refer to the appropriate committee for review.
- **Actions available to the agency to ensure compliance.** The legislature has authorized the EMS/Trauma Systems Section and the Compliance Section to impose a broad range of enforcement sanctions to ensure compliance with the program enabling statutes and rules. These sanctions vary somewhat by program but generally include application or renewal application denial, administrative penalties, emergency suspension, reprimand, suspension, probation, or revocation. Additionally, the Section may use agreed orders, requirements for additional education, practice limitations, and/or other appropriate measures to resolve contested cases. For facility designations, facilities that do not meet the requirements are subject to a corrective action plan that may include a repeat survey process or denial, suspension, or revocation of designation. The facilities bear the cost of these actions.
- **Procedures for handling consumer/public complaints against regulated entities.** The section may conduct inspections and audits of facilities and business entities regulated by the section and authorized by statute and/or upon receipt of a jurisdictional consumer complaint. The scope of inspections is set out in the applicable statute or rules.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Texas Department of State Health Services
EMS/Trauma Systems
Exhibit 14: Information on Regulated Population; Complaints Against Regulated Persons, Businesses, or other Entities; and Disciplinary Actions
Fiscal Years 2020 to 2024

(These tables should convey the complaint resolution history of the program, encapsulating everything from the indication a violation may have occurred; the following investigation; any administrative or criminal procedures; and the final resolution of the complaint, case, or enforcement matter.)

*Number Within Total Regulated Population (Active Credentials Only)	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Number of EMS Providers (License / Certification / Registration / Permit Holder)	748	771	745	723	740
Total Number of Emergency Medical First Responder Organizations (License / Certification / Registration / Permit Holder)	603	655	616	619	624
Total Number of EMS Personnel (License / Certification / Registration / Permit Holder)	69,238	76,529	72,391	75,225	78,022
Total Number of EMS Education Programs (License / Certification / Registration / Permit Holder)	605	605	631	661	686
Total Number of EMS Courses (License / Certification / Registration / Permit Holder)	1015	1192	1277	1377	1422
Total Number of Regulated Population (License / Certification / Registration / Permit Holder)	72,206	79,752	75,660	78,605	81,494

Add or remove rows as needed

Table 14 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Received by Source	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received	1,458	1,546	1,509	1,501	1,519
Complaints Initiated by Agency (originating from criminal history checks)*	1,181	1,152	1,254	1,192	1,152
Complaints Initiated by Agency (not originating from criminal history check)	277	394	255	309	367
Complaints Originating from Public (including other regulated persons or entities)	273	390	251	306	364
Complaints Originating from Other Agencies	4	4	4	3	3

Only applicable if conducting fingerprint criminal history checks

Table 15 Exhibit 14 Information on Complaints Against Persons or Entities

Disposition of Complaints	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received*	1,458	1,546	1,509	1,501	1,519
Complaints Found Jurisdictional	1,443	1,518	1,487	1,470	1,472
Complaints Found Non-Jurisdictional	15	28	22	31	47
Total Complaints Dismissed (no investigation)	4	31	22	5	18
Complaints Dismissed for Lack of Evidence (no investigation)	0	0	0	0	0
Complaints Dismissed Due to No Violation Alleged (no investigation)	0	0	0	0	0
Total Complaints Sent for Investigation	1,439	1,487	1,465	1,496	1,472

Since complaints may not be processed within a single fiscal year, rows below may not equal the total

Table 16 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Resolved	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved After Investigation	1,222	1,464	1,423	1,307	1,313
Complaints Dismissed for Lack of Evidence Found in Investigation	64	195	167	59	5
Complaints Dismissed Due to No Violation Found in Investigation	32	79	68	76	114

Total Complaints Resolved Through Informal Action	1,126	1,190	1,188	1,172	1,194
Total Complaints Resolved Through Formal Action	12	22	40	26	27

Table 17 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Taken	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved Through Final Orders (Formal and Informal)*	1,138	1,212	1,463	1,198	1,340
Number of Administrative Penalties Issued	13	5	2	1	3
Total Amount of Administrative Penalties Issued	$113,541	$9475	$9375	$14,000	$91,000
Total Amount of Administrative Penalties Collected	$113,541	$9475	$9,375.	$14,000.	$41,000
Average Amount of Administrative Penalties Issued	$8722.92	$1895	$4687.50	$14,000	$30,000
Average Amount of Administrative Penalties Collected	$8722.92	$1895	$4687.50	$14,000	$13,666.67
Warnings	67	126	115	52	74
Reprimands	13	5	2	1	3
Suspensions	13	25	33	21	21
Probated Suspensions	28	24	222	16	18
Revocations	18	29	14	25	15
Remedial Plans (if applicable)	2	6	3	1	3
(Other Disciplinary Action – Specify)**	18	16	27	25	21

**** Since complaints may not be processed within a single fiscal year, rows below may not equal the total***
*****Add rows as needed***

Table 18 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Appealed	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Hearings at SOAH*	1	5	6	25	9
Agency Prevailed at SOAH**	1	5	6	4	19
Agency Did Not Prevail at SOAH***	0	0	0	1	2

Total Appeals by Respondent to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0
Total Appeals by Agency to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0

Table 19 Exhibit 14 Information on Complaints Against Persons or Entities

**** Total SOAH Hearings: number reflects all cases docketed at SOAH in each identified fiscal year.***

***** Agency Prevailed: includes cases where SOAH ruled in whole or in part to uphold the agency's action. It also includes cases in which Respondent accepted the agency's enforcement action and withdrew their appeal, settled the case, did not appear at hearing (which resulted in default judgment), and cases in which SOAH granted the agency's motion for summary disposition.***

******Agency Did Not Prevail: reflects the number of cases in which SOAH ruled against the agency or CPD withdrew its proposed action in the designated fiscal year.***

NOTE: "Prevailed" and "Not Prevailed" do not add up to the total number of "hearings" since a case may be docketed in one fiscal year, but not be resolved until after that fiscal year ends.

Timelines for Enforcement Actions	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Final Resolution = complaint dismissed or final order entered; does not include time in appeals to district court					
Average Days from Complaint Received to Final Resolution	104	32	38	19	21
Maximum Days from Complaint Received to Final Resolution	350	354	357	314	335
Average Days from Complaint Received to Dismissed	0	0	0	0	0
Average Days from Complaint Received to Dismissed (no investigation)	0	0	0	0	0
Average Days from Complaint Received to Investigation Finished	0	0	0	0	0
Average Days from Start to Finish of Investigation	0	0	0	0	0
Number of Complaints Open for More than One Year (as of August 31st of Fiscal Year)	0	0	0	0	0

Percentage of Complaints Resolved within Six Months	78%	73%	78%	99%	97%

Table 20 Exhibit 14 Information on Complaints Against Persons or Entities

Environmental Health

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

Name of Division or Program:	Environmental Health
Location within the Agency:	Consumer Protection Division
Contact Name:	Annabelle Dillard, Director
Statutory Citation:	Texas Health and Safety Code, Chapters 141, 146, 341, 343, 485, 501, 502, 751, 757, and 161, Subchapter Q; Texas Occupations Code, Chapters 1954 and 1955; Texas Water Code, Section 17.933

B. What is the objective of this division or program? Describe its major activities.

The Environmental Health Section's objective is to design and implement risk assessment and risk management regulatory programs for consumer products, occupational and environmental health hazards, and public health sanitation.

Abusable Volatile Chemicals (AVC) Program: The AVC Program licenses, inspects, provides outreach and education, and enforces rules and statutes pertaining to restricting minors from purchasing inhalant-abuse products and having proper signage for retail establishments that sell abusable volatile chemicals. The AVC Program operates through fees generated from permitting of retail facilities that sell regulated products.

Asbestos Program: The Asbestos Program issues licenses, conducts inspections, and enforces state and federal rules and statutes pertaining to asbestos in public buildings, schools, and commercial and industrial facilities. The Asbestos Program operates through fees generated from licensing and abatement and demolition notifications. Through federal grants administered by EPA, the Asbestos Program enforces the asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP), dedicated to ensuring safe removal of asbestos in facilities, and the Asbestos Hazard Emergency Response Act (AHERA), which applies to management of asbestos materials in schools.

Environmental Lead Program: The Environmental Lead Program certifies, inspects, and enforces rules and statutes to ensure safe work practices for controlling lead-based paint hazards. The program operates with fees generated through licensing, abatement notifications, and a federal grant administered by the EPA.

Hazardous Substances Program: The Hazardous Substances program registers, inspects, and enforces rules and statutes pertaining to labeling and packaging requirements for hazardous consumer products

to ensure the products are safe for consumers to use. The Hazardous Substances Program operates through fees generated from registration of manufacturers, re-packagers, and private-label distributors of consumer products held for retail sale in Texas.

Public Health Sanitation Program: The Public Health Sanitation Program provides complaint investigations and enforcement of public health nuisances as allowed by statute in areas of the state without an LHD for the following conditions: breeding places for flies in a populous area, rat harborage in a populous area, and conditions or places that can transmit disease to or between humans.

Public Interactive Water Features Program: The Public Interactive Water Features Program performs complaint investigations of public interactive water features for compliance with sanitation and safety standards and for enforcement in areas of the state without an LHD.

Public Pools and Spas Program: The Public Pools and Spas Program performs complaint investigations of public swimming pools and spas for compliance with minimum construction, operation, safety, and maintenance standards in areas of the state without an LHD.

Tattoo and Body Piercing Studios Program: The Tattoo and Body Piercing Studios Program licenses, inspects, and enforces rules and statutes pertaining to the operation and maintenance of an establishment or facility where tattooing and/or body piercing is performed. The Tattoo and Body Piercing Studios Program operates through fees generated from licensing studios and temporary locations where tattoo or body piercing services are performed.

Worker Right to Know (Hazard Communication for Public Employers) Program: The Worker Right to Know Program provides for outreach, inspection, and enforcement of the Texas Hazard Communication Act. This act requires public employers to develop and maintain a written hazard communication program and provide information and training to employees who routinely work with hazardous chemicals in the workplace. The Worker Right to Know Program operates through funding appropriated under General Revenue-Dedicated account, 5020 Workplace Chemical List, via fees generated from Tier II Chemical Inventory Reports submitted to the Texas Commission on Environmental Quality (TCEQ).

Youth Camp Program: The Youth Camp Program licenses, inspects, provides outreach and education, and enforces rules and statutes pertaining to youth camps. The program ensures safe facilities and practices for the lodging, feeding, daily activities, and care of children. Youth camp inspections may cover multiple components of the youth camp facility, including swimming pools, public interactive water features, food service facilities, playgrounds, and private water supplies. The Youth Camp Program operates through fees generated from the licensing of youth camps, and fees received for the review and approval of training and examination programs on prevention of sexual abuse and child molestation.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

With the programmatic alignment of activities as described in Questions D, E, and F, the Environmental Health Section accomplishes a variety of environmental inspections using common resources, including personnel and equipment, which also serves to strengthen the program's resiliency. As a result of the increase in efficiency and resiliency, DSHS has improved access to the regulated community, shortened response times, fostered consistencies in enforcement, and increased regulatory coverage. Increases in efficiency are due to:

- Cross-training of inspection staff, so that they may be used across multiple programs.
- Use of a risk based approach to inspections, which prioritizes those programs and licensees that can cause the greatest risk to the public and consumers.
- Implementation of a mobile component (IronData Mobile) of RAS, which allows inspectors to seamlessly conduct inspections and removes the time-consuming task of completing and submitting inspection reports.
- Implementation of online systems has also improved the ease and speed of license renewals, and initial license applications, benefiting both DSHS and licensees.

The Environmental Health Section uses the following metrics:

- Total number of licensees for each program.
- Number of new applications received and processed for each program annually.
- Average number of business days to process applications for each program.
- Number of inspections conducted annually by program.
- Number of complaints received and resolved annually.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2001 – The Environmental Health Section undergoes staff reorganizations that centralize inspection teams within programs and combines certain programs according to functionality.

2009 – Senate Bill 968 (81R) authorizes DSHS to begin regulating sanitation at interactive water features and fountains and to adopt rules for the new program.

2010 – Environmental lead investigations become a Texas Medicaid benefit for Texas Health Steps clients with an elevated blood level demonstrating medical necessity. The program resides in another

division, but the Environmental Health strategy provides funding for positions on a temporary basis until fully funded by Medicaid reimbursement.

2015 – House Bill 942 (84R) moves the Tier II Chemical Reporting Program from DSHS to TCEQ.

2015 – Senate Bill 202 (84R) repeals the Bedding licensing and inspection program and DSHS responsibilities related to air quality in state buildings, and also transfers the Mold Assessors and Remediators program to Texas Department of Licensing and Regulation (TDLR).

2022 – CPD undergoes realignment to a programmatic structure, combining all Environmental Health programs into one section and streamlining functions.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

The Environmental Health Section performs activities that protect public health and consumers of products, impacting most people in Texas either directly or indirectly. The qualifications and eligibility requirements for persons and entities holding licenses vary according to statute. Programs that qualify the license holder to conduct or oversee projects involving hazardous materials require specialized training, formal education, and relevant work experience. The table below represents the combined numbers of individuals and firms holding licenses, certifications, or permits. See the following for details on requirements for individual license types:

- Abusable Volatile Chemicals: Permit Information and TAC Title 25, Chapter 205, Subchapter D
- Asbestos: Registration Requirements and TAC Title 25, Chapter 296
- Environmental Lead: Certification Requirements and TAC Title 25, Chapter 295
- Hazardous Consumer Products: Registration Requirements and TAC Title 25, Chapter 205, Subchapters B and C
- Tattoo and Body Piercing Studios: Licensing Requirements and TAC Title 25, Sections 229.401-413
- Youth Camps: Youth Camp License Qualifications and TAC Title 25, Chapter 265, Subchapter B

Program	Holders of Licenses, Certificates, or Permits FY 2025
Abusable Volatile Chemicals	25,493
Asbestos	6,093
Body Piercing Studio	1,144
Environmental Lead	902
Hazardous Products	515

Tattoo Studio	3,754
Youth Camps	446
Total	38,347

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The Environmental Health Section includes the Environmental Operations Branch, the Environmental Inspections Unit, and the Environmental and Sanitation Licensing Branch. Inspection staff are generally home-based mobile workers and located across the state. The Environmental Health Section also works with the CPD Compliance Section on enforcement matters. In addition, under a service level agreement between CPD and the RLHO Division, health service regional inspectors perform inspection activities and respond to public complaints for some Environmental Health programs. These staff are paid for with funds from CPD appropriations, supported by program-generated licensing fees.

The Environmental Operations Branch coordinates activities that facilitate policy development, rule interpretation, legislative inquiry response, standards development, quality assurance, grants, contracts, and program accountability. The Operations Branch also reviews inspection findings to determine whether to proceed with enforcement actions.

The Environmental and Sanitation Licensing Branch performs licensing, permitting, and registration functions Environmental Health programs. Branch staff also manage exam registrations and proctor and grade exams.

The Environmental Inspection Unit's Notifications staff receive project notifications; conduct data entry; and sort and disseminate information on asbestos and lead abatement projects to facilitate inspection scheduling and prioritization. This function is integral to the risk assessments used in each program. In addition, these staff issue invoices and process notification fees collected under each program.

Inspection activities by the Environmental Inspection Unit are conducted by home-based field inspection staff located throughout the state. Staff conduct inspections in accordance with a risk assessment designed for each activity to provide a fair, consistent, and effective compliance approach within the regulated community. Inspectors report these activities weekly to the Inspection Unit and turn in all associated inspection documentation for review by management and submission to the Operations Branch. Specialists in the Operations Branch review the findings of each inspection to determine whether to proceed with enforcement action. If appropriate, specialists forward the recommendation to the CPD Compliance Section, which handles the due process requirements associated with significant violations.

RLHO inspectors funded by program fees report to their PHR's RMD and conduct inspections for the following programs: Public Health Sanitation, Public Pools and Spas, Public Interactive Water Features,

Public Schools and School Cafeterias, and Youth Camps. Staff conduct inspections in accordance with policies, procedures, and risk-management criteria administered through the Environmental Health Section. These inspectors submit reports to the Operations Branch for review and possible referral to the CPD Compliance Section.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet.

The program is funded by GR, three GRD accounts, and Federal Funds:

- Revenue from Asbestos is deposited in GRD 5017. TCEQ deposits revenue from Workplace Chemicals in GRD 5020; DSHS is appropriated a portion of that revenue. TDI deposits revenue in GRD 0036; DSHS is appropriated a portion of that revenue.
- Per statute, revenue from AVCs, Body Piercing, Hazardous Chemicals, Lead, Tattoo, and Youth Camps is deposited in GR.
- Federal Funds support enforcement of NESHAP, AHERA, and the Environmental Lead program.

Details on the agency's fee revenue can be found in the annual Fee Manual.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The Environmental Health Section has historically performed public health nuisance investigations of water and wastewater services in economically distressed areas under an interagency cooperative agreement contract with Texas Water Development Board (TWDB) and TCEQ under Economically Distressed Areas Program (EDAP) as authorized under Section 17.933 of the Texas Water Code.

In 2019, Senate Bill 2452 (86R) authorized TWDB to make the nuisance determination in addition to DSHS. This change allows applicants to hire a professional sanitarian to perform the public health nuisance survey for review by TWDB, so DSHS is no longer the sole entity to perform the survey or make the nuisance determination. The Environmental Health Section informed TWDB in 2023 that the DSHS no longer had the staffing or expertise needed to perform public nuisance surveys. In 2024, TWDB revised its rules to repeal the Interagency Cooperative Agreement with DSHS for performing EDAP surveys.

I. If the division or program 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 the Environmental Health Section
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	DSHS performs public health sanitation complaint investigations only in areas where there is no capability through an LHD.

Federal Units of Government

Name	Description	Relationship to the Environmental Health Section
EPA	Federal agency responsible for protecting human health and the environment.	EPA administers asbestos-related grants to DSHS oversees related activities.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

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

Texas Health and Safety Code, Chapter 146: Statute does not currently require tattoo and body piercing artists to be registered and comply with minimum age and training requirements for health and safety protocols related to bloodborne pathogens. Statute also does not authorize DSHS to require that studio operators provide proof of the artist's registration as a prerequisite for acquiring or renewing a license for a studio or temporary location. Under the current statute, DSHS is not able to hold operators, tattooists, and body piercers accountable for not having health and safety training related to bloodborne pathogens, infection control, or aseptic technique. DSHS is also not able to prevent minors from tattooing and body piercing in studios owned or operated by their parents or guardians.

Texas Health and Safety Code, Chapter 502: State definitions for terms like "hazardous chemical" and "physical hazard" could be made consistent with federal definitions in OSHA's Hazard Communication Standard, codified as 29 Code of Federal Regulations, Section 1910.1200. This would allow for greater clarity for entities subject to Chapter 502 provisions.

Texas and Safety Code, Section 756.061: This statute includes references to two outdated American Society for Testing and Materials standards referenced for publicly funding playgrounds.

Texas Occupations Code, Chapter 1954: State asbestos statute contains several provisions that are inconsistent with federal requirements and provisions.

- The statutory definition of "asbestos" could be made consistent with the federal regulatory definition for "asbestos-containing material" under 40 Code of Federal Regulations §61.141. DSHS has received stakeholder feedback that this would lessen confusion between state and federal standards.
- Occupations Code, Section 1954.107, also includes an obsolete reference to a federal regulation that limits the practices and procedures that the restricted (supervisor) license holders may supervise. The section currently references the now defunct 40 Code of Federal Regulations Part 763, Subpart E, Appendix B. This causes confusion for licensees and causes state practices to be inconsistent with current OSHA requirements for "small-scale, short-duration operations" involving asbestos.
- Current Section 1954.259 (b)(2) related to certifications to obtain a municipal building permit do not meet the federal requirements under 40 CFR §61.145(a). DSHS has received public comments recommending this clarification to provide public and commercial building owners with the information needed to comply with the regulations and prevent accidental exposure to asbestos fibers.

Texas Water Code, Sections 17.9275 (c)(1) and 17.933(b): DSHS no longer conducts this function, and TWDB is now able to fulfill this role, as described in the response to Question H.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

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

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

- **Why the regulation is needed**. The program is founded on a variety of statutes and regulations that share the objective of protecting the citizens from harm in the areas of hazardous materials and consumer products. These statutes and regulations are essential for ensuring compliance with the health, safety, and consumer protection standards developed by DSHS and its oversight agencies.
- **The scope of, and procedures for, inspections or audits of regulated entities**. The Environmental Health Section bases inspection activities on a risk assessment to ensure resource allocation provides the maximum benefit to health, safety, and consumer protection. The program develops standardized inspection methodology for each activity, including the use of standard forms, checklists, and attachments necessary to document the findings of each type

of inspection. Initial and recurring training for all inspectors reinforces this methodology and ensures that staff conducts inspections consistently across the regions of the state.

The Environmental Health Section gives complaint investigations top priority and investigates these within the timelines of the applicable statute. Compliance history is also an important criterion used in prioritizing inspections and determining when to conduct follow-up inspections of violators. Although the conditions surrounding a previous violation may no longer exist, follow-up inspections are important to assess the licensee's progress in complying with all regulations pertinent to the license.

- **Follow-up activities conducted when non-compliance is identified**. The Environmental Health Section seeks to ensure compliance through a balance of compliance assistance and enforcement actions. Overall, Environmental Health operates under an enforcement policy that uses the minimum necessary sanctions to achieve the compliance objective.
- **Actions available to the agency to ensure compliance.** Sanctions may include detention and destruction of products, administrative penalties, and license suspension and/or revocation as well as referrals for civil and criminal prosecution.
- **Procedures for handling consumer/public complaints against regulated entities.** Staff complete inspections and audits of license holders and regulated abatement projects on a routine basis or in response to a complaint, tip, or referral. Internal or external sources provide information to the Operations Branch that, upon review, requests the Inspection Unit to investigate a regulated project or a license holder's activities to determine compliance with applicable regulations. The Operations Branch serves as a repository to the public for complaint intake; however, personnel within all functional units may receive and refer complaints when called upon. The Operations Branch maintains a complaint log to monitor timely response to complaints.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Texas Department of State Health Services
Environmental Health
Exhibit 14: Information on Regulated Population; Complaints Against Regulated Persons, Businesses, or other Entities; and Disciplinary Actions
Fiscal Years 2020 to 2024

(These tables should convey the complaint resolution history of the program, encapsulating everything from the indication a violation may have occurred; the following investigation; any administrative or criminal procedures; and the final resolution of the complaint, case, or enforcement matter.)

*Number Within Total Regulated Population (Active Credentials Only)	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Number of AVC Permit Holders	25,152	24,394	23,901	23,749	25,063
Total Number of Asbestos Licenses and Registrations	7,721	8,445	6,539	6,651	6,369
Total Number of Body Piercing License Holders	770	833	920	1,056	1,142
Total Number of Environmental Lead Certification Holders	972	1,100	862	854	885
Total Number of Hazardous Products Registration Holders	665	620	577	562	515
Total Number of Tattoo License Holders	2674	3,005	3,458	3,826	3,871
Total Number of Youth Camp License Holders	429	443	442	453	445

Table 14 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Received by Source	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received	3,618	4,167	4,239	4,279	4,395
Complaints Initiated by Agency (originating from criminal history checks)*	N/A	N/A	N/A	N/A	N/A
Complaints Initiated by Agency (not originating from criminal history check)	3,270	3,799	3,912	3,959	4,095
Complaints Originating from Public (including other regulated persons or entities)	329	347	323	296	280

Complaints Originating from Other Agencies	19	21	4	24	20

Table 15 Exhibit 14 Information on Complaints Against Persons or Entities

Disposition of Complaints*	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received	348	368	327	320	300
Complaints Found Jurisdictional	314	347	321	318	298
Complaints Found Non-Jurisdictional	34	21	6	2	2
Total Complaints Dismissed (no investigation)	13	4	1	1	1
Complaints Dismissed for Lack of Evidence (no investigation)	12	4	0	1	1
Complaints Dismissed Due to No Violation Alleged (no investigation)	1	0	1	0	0
Total Complaints Sent for Investigation	302	343	320	317	297

* ***Disposition of Public Complaints Received (external sources only)***

Table 16 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Resolved*	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved After Investigation	297	323	277	237	190
Complaints Dismissed for Lack of Evidence Found in Investigation	123	146	123	60	62
Complaints Dismissed Due to No Violation Found in Investigation	68	41	42	78	42
Total Complaints Resolved Through Informal Action	2	5	3	28	21
Total Complaints Resolved Through Formal Action	97	129	107	69	63

* ***Complaints Resolved from Public Sources (external sources only)***

Table 17 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Taken Asb, Lead, AHERA, HazCom, AVC, HazPro	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved Through Final Orders (Formal and Informal)*	1,749	2,457	2,470	1,845	1,976
Number of Administrative Penalties Issued	889	794	697	860	696

Total Amount of Administrative Penalties Issued	$243,865	$282,675	$291,050	$292,590	$243,800
Total Amount of Administrative Penalties Collected	$117,712	$138,217	$124,575	$111,975	$127,325
Average Amount of Administrative Penalties Issued (per Final Order)	$2,597	$2,266	$1,826	$2,145	$1,816
Average Amount of Administrative Penalties Collected per month	$9,809	$11,508	$10,611	$9,812	$10,611
Warnings	284	721	711	693	126
Reprimands	0	0	0	0	0
Suspensions	0	0	0	0	0
Probated Suspensions	0	0	0	0	0
Revocations	0	0	0	0	0
Remedial Plans (if applicable)	0	0	0	0	0
Directed Plan of Correction (Other Disciplinary Action)	1,053	747	779	881	779

Source: Environmental Compliance Branch (June 2025)

Disciplinary Actions Taken **Tattoo, Body Piercing, Youth Camps**	**Fiscal Year 2020**	**Fiscal Year 2021**	**Fiscal Year 2022**	**Fiscal Year 2023**	**Fiscal Year 2024**
Total Complaints Resolved Through Final Orders (Formal and Informal)*	23	30	22	17	19
Number of Administrative Penalties Issued	29	37	27	22	22
Total Amount of Administrative Penalties Issued	$27,600	$39,872	$38,035	$34,550	$22,600
Total Amount of Administrative Penalties Collected	$21,960	$16,750	$30,980	$19,515	$18,616
Average Amount of Administrative Penalties Issued	$952	$1,078	$1,409	$1,570	$1, 027
Average Amount of Administrative Penalties Collected	$757	$453	$1,147	$887	$846
Warnings	N/A	N/A	N/A	N/A	N/A
Reprimands	N/A	N/A	N/A	N/A	N/A
Suspensions	0	1	0	0	0
Probated Suspensions	N/A	N/A	N/A	N/A	N/A
Revocations	0	0	0	0	0
Remedial Plans (if applicable)	N/A	N/A	N/A	N/A	N/A

(Other Disciplinary Action – Specify)	0	0	0	0	0

Source: Consumer Safety Compliance Branch (June 2025)

**** Since complaints may not be processed within a single fiscal year, rows below may not equal the total***

Table 18 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Appealed **Asb, Lead, AHERA, HazCom, AVC, HazPro, Youth Camps**	**Fiscal Year 2020**	**Fiscal Year 2021**	**Fiscal Year 2022**	**Fiscal Year 2023**	**Fiscal Year 2024**
Total Hearings at SOAH	0	0	0	2	0
Agency Prevailed at SOAH	0	0	0	1	0
Agency Did Not Prevail at SOAH	0	0	0	1	0
Total Appeals by Respondent to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0
Total Appeals by Agency to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0

Source: Environmental Compliance Branch (June 2025)

Disciplinary Actions Appealed **Tattoo, Body Piercing**	**Fiscal Year 2020**	**Fiscal Year 2021**	**Fiscal Year 2022**	**Fiscal Year 2023**	**Fiscal Year 2024**
Total Hearings at SOAH	0	0	26	3	4
Agency Prevailed at SOAH	N/A	N/A	13	13	1
Agency Did Not Prevail at SOAH	N/A	N/A	0	0	0
Total Appeals by Respondent to District Court	N/A	N/A	N/A	N/A	N/A
Agency Action Affirmed by District Court	N/A	N/A	N/A	N/A	N/A
Agency Action Overturned or Changed by District Court	N/A	N/A	N/A	N/A	N/A
Total Appeals by Agency to District Court	N/A	N/A	N/A	N/A	N/A
Agency Action Affirmed by District Court	N/A	N/A	N/A	N/A	N/A
Agency Action Overturned or Changed by District Court	N/A	N/A	N/A	N/A	N/A

Source: Consumer Safety Compliance Branch (June 2025)

Table 19 Exhibit 14 Information on Complaints Against Persons or Entities

Timelines for Enforcement Actions **Asb, Lead, AHERA, HazCom, AVC, HazPro, Youth Camps**	**Fiscal Year 2020**	**Fiscal Year 2021**	**Fiscal Year 2022**	**Fiscal Year 2023**	**Fiscal Year 2024**
Final Resolution = complaint dismissed or final order entered; does not include time in appeals to district court					
Average Days from Complaint Received to Final Resolution	124	158	122	168	136
Maximum Days from Complaint Received to Final Resolution	305	355	370	370	253
Average Days from Complaint Received to Dismissed	*	*	*	*	*
Average Days from Complaint Received to Dismissed (no investigation)	*	*	*	*	*
Average Days from Complaint Received to Investigation Finished	*	*	*	*	*
Average Days from Start to Finish of Investigation	*	*	*	*	*
Number of Complaints Open for More than One Year (as of August 31st of Fiscal Year)	4	5	1	1	0
Percentage of Complaints Resolved within Six Months	90%	94%	89%	88%	94%

Source: Environmental Compliance Branch (June 2025)

**** Data captured in individual records but not currently in a format that can be easily tabulated.***

Timelines for Enforcement Actions **Tattoo, Body Piercing**	**Fiscal Year 2020**	**Fiscal Year 2021**	**Fiscal Year 2022**	**Fiscal Year 2023**	**Fiscal Year 2024**
Final Resolution = complaint dismissed or final order entered; does not include time in appeals to district court					
Average Days from Complaint Received to Final Resolution	107.3	78.7	72.4	132.2	100.5
Maximum Days from Complaint Received to Final Resolution	1896	1443	1266	868	468
Average Days from Complaint Received to Dismissed	*	*	*	*	*
Average Days from Complaint Received to Dismissed (no investigation)	*	*		*	*
Average Days from Complaint Received to Investigation Finished	*	*	**	*	*
Average Days from Start to Finish of Investigation	*	*	*	*	*

Number of Complaints Open for More than One Year (as of August 31st of Fiscal Year)	18	17	36	65	56
Percentage of Complaints Resolved within Six Months	88.158%	91.039%	83.27%	54.673%	46.875%

Source: Consumer Safety Compliance Branch (June 2025)

**** Data captured in individual records but not currently in a format that can be easily tabulated.***

Table 20 Exhibit 14 Information on Complaints Against Persons or Entities

Food and Drug Safety

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

Name of Division or Program:	Food and Drug Safety Section
Location within the Agency:	Consumer Protection Division
Contact Name:	Sofia Stifflemire, Director
Statutory Citation:	Texas Health and Safety Code, Chapters 431, 432, 435, 436, 437, 438, 440, 441, 443, 444, 481, 482, 483, and 826

B. What is the objective of this division or program? Describe its major activities.

The objective of the Food and Drug Safety Section is to design and implement regulatory programs to ensure the safety of food, drugs, and medical devices. Each program establishes standards and pursues enforcement through voluntary compliance and formal due-process methods.

Food and Drug Licensing Program: The Food and Drug Licensing Program performs operational components for Food and Drug Section programs. Operations support includes processing applications and issuing licenses, permits, registrations, and certificates for the following: Certified Food Manager/Handler, Consumable Hemp Products, Milk and Dairy, Retail Food Establishments, Food Manufacturers, Food and Drug Salvage, Drugs and Medical Devices, Certificates of Free Sale, and Seafood and Aquatic Life.

The Program also processes applications for inspections (with no license issued) for non-profit, retail food establishments and school cafeterias. USDA requires that most school cafeterias obtain two food safety and sanitation inspections per year to receive funding through the National School Lunch Program and the School Breakfast Program. Additionally, some non-profit retail food establishments, while exempt from permitting, may apply for inspections to fulfill the conditions of grants, or out of concern for their own food safety practices.

Consumable Hemp Products (CHP) Program: The CHP Program is responsible for inspection of CHP manufacturers and retailers throughout the state. CHP manufacturers are required to obtain a CHP license, while CHP retailers must obtain a Retail Hemp Registration for each location where CHP are

sold to consumers. Firms that only wholesale and distribute CHP must obtain a food wholesaler license from DSHS. CHP are defined as food in Health and Safety Code, Chapter 443.

The inspection process includes collecting surveillance and for-cause samples from select manufacturers and retailers. CHP contracts for laboratory services to test for Delta-9 tetrahydrocannabinol (THC), heavy metals, pesticides, and/or the presence of pathogens.

Drugs and Medical Devices (DMD) Program: The DMD Program inspects DMD manufacturers and wholesale distributors, multiple product licensees, firms requesting certificates of free sale, cosmetics, and drug and device salvage firms. The Prescription Drug Price Disclosure program also falls under DMD. All prescription drug manufacturers selling prescription drugs in the state of Texas must report certain drug pricing information once a year and when certain criteria are met. The DMD Program is also responsible for updating the Texas Controlled Substances schedules.

DMD inspectors inspect the following manufacturers and distributors: drug distributors, device distributors, device manufacturers, drug manufacturers, 503B (i.e., compounding) pharmacies, salvage firms and brokers, cosmetic manufacturers and distributors, and durable medical equipment suppliers. Inspectors also respond to complaints, disasters (e.g., hurricanes, floods) involving food and drugs, and special assignments.

Food and Drug Rapid Response Team: DSHS is the host agency for the Texas Rapid Response Team (TRRT), which is comprised of multiple agencies working to provide preparedness, prevention, and timely response to human and animal food-related incidents and disasters. TRRT includes participation by the CHI, CSE, RLHO, and PHL divisions. External partners include TDA, the Office of the Texas State Chemist (OTSC), FDA, and TAHC. TRRT aims to minimize the time between agency notification of a human or animal food contamination event and the implementation of effective control measures.

TRRT develops and maintains processes to:

- prepare for and effectively respond to foodborne illness outbreaks and other food emergencies;
- enhance inter- and intra-agency collaboration and communication;
- jointly train and exercise staff to prepare to respond to events before they occur;
- identify preventive measures to reduce foodborne illness and injury; and
- establish national best practices and tools that can be shared with other states to improve their response to food emergencies.

Manufactured Foods Program: The Manufactured Foods Program inspects food manufacturers, wholesalers, distributors, firms requesting certificates of free sale, warehouse operators, and food salvage firms. Manufactured Foods Registered Sanitarians (RS) inspect the following specific types of manufacturers and distributors: low-acid canned foods, acidified foods processors, pasteurized juice, aseptic foods, bottled water, seafood, dietary supplements, bottling plants, bakeries, food re-packers, wholesale distributors, food warehouses, and salvage firms. RS also respond to complaints, disasters (e.g., hurricanes, floods) involving food, and special assignments.

The Program complies with FDA's Manufactured Foods Regulatory Program Standards (MFRPS). MFRPS establishes a uniform foundation of best practices for regulatory agencies responsible for overseeing food manufacturing firms. The program standards comprise ten standards that establish requirements for the critical elements of a regulatory program designed to protect the public from foodborne illness and injury. These elements include the program's regulatory foundation, staff training, inspection, quality assurance, food defense preparedness and response, foodborne illness and incident investigation, enforcement, education and outreach, resource management, laboratory resources, and program assessment. Conformance with the MFRPS requires a regulatory agency to continuously assess, evaluate, and take necessary actions to address gaps, and supports continuous improvements in manufactured food programs nationwide. The DSHS Manufactured Foods Program is currently in full conformance with all ten standards.

Milk and Dairy Program: The Milk and Dairy Program inspects and samples Grade "A" milk processing plants, Non-Grade "A" dairy product manufacturers, cheese manufacturers, producer dairy farms, frozen dessert manufacturers, cold storage facilities, raw milk dairies, retail outlets, delivery vehicles used to transport milk and frozen desserts, transfer and receiving stations, and bulk milk tankers. Inspectors also respond to complaints, disasters (e.g., hurricanes, floods) involving food and drugs, and special assignments.

The Milk and Dairy inspection process includes technical equipment tests on pasteurization systems; sampling of finished products, single service containers, raw milk, water, chilled water, and glycol; formal training, testing and field evaluations of certified samplers, receivers, milk haulers, and industry personnel; responding to complaints, inquiries, and disasters (e.g., hurricanes, floods) involving milk and dairy products; and special investigations for aflatoxins, pesticides and antibiotic residues, added water adulteration, and food-borne illnesses.

Retail Food Establishment Program: The Retail Food Establishment Program permits and inspects retail food establishments, including school cafeterias, not under the jurisdiction of municipalities, counties, or public health districts. The Program is shared by two DSHS divisions: Regional and Local Health Operations and CPD.

Registered Sanitarians managed by RLHO RMDs conduct onsite field inspections of licensed Retail Food Establishments and, by request, school cafeterias. These staff also inspect other licensed firms such as youth camps throughout the state.

Central Office staff from the Food and Drugs Section and the Compliance Section develop policies and procedures, prepare compliance cases for escalated enforcement, provide standardization for retail inspection staff from both RLHO and local health jurisdictions, perform quality assurance of RLHO inspections, and issue licenses to retail firms that fall under DSHS jurisdiction.

The Retail Food Establishment Program is responsible for rules that pertain to Retail Food Establishments, Cottage Food Production Operations, Farmers' Markets, and Certified Food Protection Manager and Food Handler programs. The program cooperates in the FDA Voluntary Retail Standards, to include conducting Standardization Exercises with RLHO and LHD Training Officers. The Program also accredits Certified Food Protection and Food Handler training and testing programs.

Seafood and Aquatic Life Program: The Seafood and Aquatic Life Program inspects molluscan shellfish and crabmeat harvesters and processors. It also monitors fish from public waterways and shellfish growing and harvesting areas for chemical and microbiological contaminants.

The Program conducts surveys for classifying shellfish waters and determining whether harvested seafood is safe for consumption. The surveys include collecting water and seafood tissue samples. Water samples are tested for fecal coliform and red tide species. Seafood tissues are tested for chemical contaminants such as pesticides, dioxins, polychlorinated biphenyl (PCBs), and heavy metals.

Texas Food Protection Task Force (FPTF): The Food and Drug Section convenes the Texas FPTF, which provides a forum to discuss food safety and security issues along the farm-to-fork continuum with a primary focus. FPTF convenes regular meetings for food safety-related education and information sharing with federal, state, and local regulators, public health partners, industry, academia, and consumer stakeholders. These meetings aim to foster communication, cooperation, and collaboration among partners who work to improve food safety in Texas by promoting voluntary compliance with human and animal food laws and regulations; implementing strategies to stop, control, and prevent foodborne illness and contamination; and enhancing animal and human food emergency detection, response, and post response systems.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

CPD reorganization as noted in the response to Question E streamlined the process of Food and Drug Safety inspections, eliminated overlap, and provided for more uniformity by using common resources including personnel and equipment. In addition, CPD established uniform policies and procedures and unified enforcement activities, which has benefitted the Food and Drug Section's operations. This has included updating penalty matrices to further streamline the compliance and enforcement process and eliminate the need for informal conferences and updating the risk-based inspection processes in Manufactured Foods to prioritize high-risk firms.

The Section is subject to formal federal audits for several of its programs: the Medical Devices, FDA contract inspection program; the USDA Country of Origin Labeling (COOL), cooperative agreement; the MFRPS; Seafood and Aquatic Life Program; and the Milk and Dairy Program. These audit results provide the Section an independent review of the quality and consistency of its programs. The Section has obtained and maintains full conformance with the national MFRPS and maintains substantial compliance with the FDA Pasteurized Milk Ordinance.

In addition, the Section tracks the following metrics:

- Number of firms and certifications for each license type.
- Number of new applications and renewals received and processed annually.

- Number of inspections conducted annually.
- Number of complaints received and responded to annually.
- Number of compliance actions taken annually.
- Dollar value of food, drugs and medical devices found to be adulterated, misbranded, or contaminated that were subsequently voluntarily destroyed.
- Number of participants in FPTF meetings.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1990s – The Food and Drug Safety Program first implements a risk assessment to ensure that the program uses of limited resources are for the greatest impact on public health. Each area evaluates the risks posed by the regulated products and firms, so the products and facilities presenting the greatest risk to public health receive the greatest attention.

2003 – Senate Bill 1152 (78R) requires legacy TDH to participate in Texas.gov for licensing activities. The Legislature also mandates two-year terms for each license issued by state agencies.

2006 – DSHS amends the retail food establishment rules to be consistent with FDA Model Food Code.

2009 – Food and Drug Safety receives a USDA grant to develop TRRT.

2011 – Senate Bill 81 (82R) exempts cottage food production operations from regulation as a food service establishment and provides specifications on the definition of cottage foods and labeling requirements. The bill also establishes guidelines for permitting individuals who sell food at a farmers' market.

2015 – Senate Bill 202 (84R) discontinues the following food and drug safety regulatory programs: bottle and vended water certificate of competency, certified food handler certification providers, and contact lens dispensers.

2017 – In response to the federal Food Safety Modernization Act (FSMA), DSHS adopts the FDA Preventive Control and Sanitary Transportation rules by reference.

2018 – The Manufactured Foods Program achieves full conformance with the national Manufactured Foods Regulatory Program Standards.

2019 – House Bill 2536 (86R) requires pharmaceutical drug manufacturers to report to HHSC the current wholesale acquisition cost (WAC) of FDA-approved drugs sold in or into Texas. HHSC will delegate this function to DSHS.

2019 – House Bill 1325 (86R) requires DSHS to regulate the manufacture and sale of consumable hemp products in Texas. DSHS administration of this program will be the subject of lawsuits and legislative debate will be ongoing about the future of this program.

2019 – Senate Bill 572 (86R) expands the category of allowable foods for Cottage Food Production Operations in Texas, to include acidified, pickled, and fermented canned plant foods; and any other food that is not a time-and-temperature-control-for safety food.

2021 – DSHS amends raw milk dairy rules to reflect current science and knowledge regarding best practices, and new labeling requirements to allow for the delivery of raw milk and new dairy technologies.

2021 – House Bill 1033 (87R) transfers the Prescription Drug Price Drug Disclosure program to DSHS. It also established a fee and procedures for administrative penalties.

2023 – Senate Bill 497 (88R) classifies kratom as a food, allowing for legal distribution in Texas. DSHS through the executive commissioner is authorized to promulgate any needed rules.

2025 – House Bill 2844 (89R) requires DSHS to license and inspect mobile food vendors statewide. It authorizes DSHS to contract with LHDs who wish to continue inspecting.

2025 – Senate Bill 25 (89R) adds requirements for warning labels on foods containing various additives, which are approved by FDA, but not Australia, Canada, the European Union, or the United Kingdom.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

The Food and Drug Safety imposes restrictions on the eligibility for persons regulated under certain programs. These include certain felony convictions related to specific licenses by statute. For instance, a drug manufacturer or distributor may not employ or use, in any capacity, an individual with a conviction of a drug-related offense.

DSHS must license regulated firms to operate in Texas. For successful licensure, the firm must complete a multi-page license application properly and pay the required licensing fee. Additionally, in some programs, an applicant must undergo a pre-licensing inspection and pass a criminal background check prior to the issuing of a license. Except for the annual licensing requirement for CHP, Food and Drug licenses are valid for two years. For a facility to retain its license, the results of any inspections, along with follow-up visits, must show the firm to be in substantial compliance with the currently applicable state laws and rules.

Number of Firms and Certifications Fiscal Year 2024	
Manufactured Foods	
Food Manufacturers (includes Vended Water and Ice)	20,789
Food Wholesalers	971
Food Warehouse Operators	950
Food Wholesale Registrants	297
Drugs and Medical Devices	

Multiple Products (Food, Drug, Device)*	1367
Drug Distributors (In and Out of State, Prescription and Non-prescription)	2,442
Drug Manufacturer (Prescription and Non-prescription)	270
Device Manufacturers	415
Device Distributor	1,179
Food, Drug, and Device Salvage	248
Prescription Drug Price Disclosure Registrations	522
Retail Foods	
Retail Establishments (Including Mobile Food Units)	10,706
Certified Food Managers (Certified at Test Sites)	2
Certified Food Manager Programs and Test Sites	9
Accredited Food Handler Programs	102
School Cafeteria Inspection Fee Applications Processed	298
Retail Temporary Event Permits	604
Non-profit Retail Food Establishment Inspection Applications	107
Milk and Dairy	
Producer Dairies	300
Milk Tankers	388
Pasteurization (Includes Out of State)	37
Frozen Desserts (Includes Out of State)	63
Milk Transfer/Receiving Station	32
Raw Milk	42
Non-Grade A Products	45
Seafood and Aquatic Life	
Seafood (Shellfish and Crab)	67
Consumable Hemp Products	
Consumable Hemp Product Licenses	694
Retail Hemp Registrations	4,266

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

CPD administers Food and Drug Safety programs and activities through centrally-directed staff. Food and Drug operates programmatically with operations, inspections, and licensure branches under the same Section. Field inspection staff submit completed inspection reports to the Central Office for quality assurance and to determine the need for additional voluntary or formal regulatory action to protect public health. Field inspection staff are all mobile workers and distributed throughout the state, according to workload. RLHO inspection staff are regionally-directed and, as such, are supervised by their respective RMDs.

Using the Iron Data Mobile software, field staff submit completed inspection reports to RAS for review by their respective Food and Drug Safety operations branches. Operations staff review the reports and recommend re-inspection or referrals to the CPD Compliance Section. The Operations and Inspection Branches work together to maintain and revise procedure manuals to ensure compliance with state and federal mandates.

Food and Drug Safety staff use risk-based matrices and assessments to ensure that firms posing the highest risk receive the most attention through inspections and follow-up visits. Examples of criteria used to categorize the risk of a firm include the inherent risk of the food being processed, the specific type of food processing, the compliance history of the firm, the number of licenses the firm is required to hold, the number of people served, and the kinds of individuals served (for example, the very young or the elderly, as opposed to all individuals). An example of a high-risk firm is one that produces low-acid canned foods (for example, canned beans), because if the food is under-processed, it could be contaminated with botulinum toxin. Firms such as low-risk food warehouses, manufacturers of low-risk foods, and distributors of low-risk medical devices and over-the-counter drugs are inspected less frequently than firms that have been identified as high-risk.

The Food and Drug Safety Section uses various authorities granted by law to gain compliance, including the detention and destruction of adulterated foods, drugs, and medical devices. Programs may issue warning letters to gain voluntary compliance following inspections where staff observed significant violations. When Programs are unable to obtain voluntary compliance, staff may proceed with formal compliance and/or enforcement actions. In these instances, the Food and Drug Safety Section works directly with the CPD Compliance Section to achieve standardized, timely, and effective enforcement actions. Compliance Section staff and assigned program attorneys review each case, and the evidence documenting the continued violations, to determine the type of formal action needed to obtain compliance.

Food and Drug Safety staff work closely with the Public Health Laboratory Division and with DSHS epidemiologists in RLHO and with the Chief State Epidemiologist, Emerging and Acute Infectious Disease Unit during investigations of food-borne illness outbreaks.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

The program is funded from GR, three GRD accounts, and Federal Funds:

- Retail Foods revenue is deposited in GRD 0341, Manufactured Foods revenue is deposited in GRD 5024, and Oysters revenue is deposited in GRD 5022.
- Per statute, revenue from Consumable Hemp, Salvage, Food Managers and Handlers, Frozen Desserts, Milk, Prescription Drug Price Disclosure, and school cafeteria inspections is deposited in GR.
- Federal funds support Manufactured Foods Regulatory Program Standards and Texas Rapid Response Team. Federal agencies also reimburse program activity related to certain functions (e.g., milk sampling and county of origin labeling), which appears as GR appropriated receipts in agency financial reporting.

Details on the agency's fee revenue can be found in the annual Fee Manual.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

Food Safety programs coordinate inspections with FDA to minimize duplication. Licensed Texas firms that engage in interstate commerce are required to register and be inspected by FDA. As such, FDA informs the Program of its inspections. FDA also contracts with DSHS to conduct inspections of FDA-registered firms on FDA's behalf.

TDA is a participant on the TRRT and does not have the resources to conduct sampling on farms during a foodborne illness outbreak investigation. As such, DSHS and TDA are in the process of creating an MOU to clarify roles, cooperation, open communication, information sharing, and emergency response support.

I. If the division or program 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 the Food and Drug Section
Rural school districts	Local school districts which need to maintain USDA requirements for cafeteria inspections.	DSHS Sanitarians under RLHO inspect school cafeterias that are not located within the confines of a local public health jurisdiction
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources. Local entities may conduct retail food inspections or issue food service manager certificates.	TRRT works jointly with local jurisdictions on foodborne illness investigations and assists local health jurisdictions with the adoption and update of their local ordinances. The Section serves as a model to the local jurisdictions in the inspection and enforcement of retail food safety laws and rules.
Local law enforcement agencies	Local agencies responsible for enforcing laws within their jurisdiction.	Local law enforcement agencies often contact DSHS to inquire about consumable hemp product licenses and products.

Federal Units of Government

Name	Description	Relationship to the Food and Drug Section
FDA	Federal agency responsible for assuring the safety, efficacy, and security of drugs, biological products, medical devices, food supply, cosmetics, and products that emit radiation.	The Food and Drug Section administers state laws and regulations that, in most cases, are identical to those enforced by FDA. DSHS looks to FDA for advice on approved food additives, approval of new drugs and devices, and new dairy technology. DSHS shares lists of regulated firms with FDA and conducts some inspections for and/or with FDA. FDA audits inspections DSHS conducts for FDA and the qualifications

		of DSHS inspectors. FDA also oversees the work of the Milk and Dairy Group and the Seafood Group, which must meet specific standards for Texas producers to ship their products in interstate commerce. FDA also provides model standards for the Retail Food Establishment Program. FDA provides guidance, standards, and funding.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

A clarification to statute in the following area could assist the program in performing its functions.

Texas Health and Safety Code, Chapter 435: Current statute does not specify whether the Department's regulatory authority extends to milk types other than cow milk, including sheep, water buffalo, and camel milk.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

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

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

- **Why the regulation is needed.** Regulation of the persons licensed, certified, and inspected by the Food and Drug Safety Section is necessary for the protection of health and safety of the citizens of Texas and the citizens of the United States with respect to products sold in interstate commerce.
- **The scope of, and procedures for, inspections or audits of regulated entities**. The Food and Drug Safety Section operates within the parameters established by statute and according to rules adopted to enforce these laws. Where possible, the Section uses uniform procedures for conducting inspections, including report forms, evidence development, and review of reports. Each area utilizes a risk assessment procedure to determine inspection frequency. Programs utilize policies and procedures for directing the activities of inspection staff and consult federal policies and procedures, as necessary, to maintain uniformity with federal counterparts.
- **Follow-up activities conducted when non-compliance is identified**. When Food and Drug Safety observes non-compliance, the program may implement one or more of the following: place firms on escalated re-inspection frequencies; issue warning letters; and/or detain

adulterated foods, drugs, and devices, and recommend voluntary destruction by the firm, as necessary. Many of the areas within Food and Drug Safety have embargo authority to remove adulterated and significantly misbranded foods, drugs, and devices from commerce and destroy adulterated foods and drugs, as well as obtain summary closure of a firm in the case of the existence of an imminent health hazard, especially when a firm is uncooperative and refuses to come into voluntary compliance.

- **Actions available to the agency to ensure compliance.** See above.
- **Procedures for handling consumer/public complaints against regulated entities.** Both Inspections and Operations staff receive complaints against program regulated industries. The Operations Branch enters all complaints into a central regulatory database, which creates a unique identification number for each complaint and assigns it for investigation. Food and Drug Programs investigate complaints according to the risk to public health associated with the nature of the complaint, especially if illness or injury is imminent or has occurred. Consumer complaints involving illness or injury are assigned with the highest risk and priority. The goal is to start a complaint investigation involving illness or injury within 24 hours and complete the investigation within 15 business days. Staff will also forward complaints if they are not under DSHS direct jurisdiction (such as those against restaurants or grocery stores) to the appropriate jurisdiction.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Texas Department of State Health Services
Food and Drug
Exhibit 14: Information on Regulated Population; Complaints Against Regulated Persons, Businesses, or other Entities; and Disciplinary Actions
Fiscal Years 2020 to 2024

*Number Within Total Regulated Population (Active Credentials Only)	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Number Milk & Dairy Program	1,300	1,271	934	1,348	907

Total Number Food Manager/Food Handler Certification	139	135	133	123	113
Total Number Consumable Hemp Program	734	2,416	3,665	3,501	4,960
Total Number Retail Food Establishment Program	10,120	10,011	10,474	11,136	11,608
Total Number Food Manufacturer Program	23,625	20,167	22,416	22,858	23,255
Total Number Drug and Medical Devices	5,723	5,651	5,554	5,603	5,674
Total Number Seafood & Aquatic Life	57	91	94	95	67

Add or remove rows as needed

Table 14 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Received by Source	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received	601	609	748	970	981
Complaints Initiated by Agency (originating from criminal history checks)*	N/A	N/A	N/A	N/A	N/A
Complaints Initiated by Agency (not originating from criminal history check)	36	33	46	127	108
Complaints Originating from Public (including other regulated persons or entities)	472	460	578	688	708
Complaints Originating from Other Agencies	93	116	124	155	165

Only applicable if conducting fingerprint criminal history checks

Table 15 Exhibit 14 Information on Complaints Against Persons or Entities

Disposition of Complaints	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received*	601	609	748	970	981
Complaints Found Jurisdictional	481	459	561	687	718
Complaints Found Non-Jurisdictional	192	327	269	185	542
Total Complaints Dismissed (no investigation)	51	52	67	80	89
Complaints Dismissed for Lack of Evidence (no investigation)	31	33	31	40	37

Complaints Dismissed Due to No Violation Alleged (no investigation)	18	17	33	30	43
Total Complaints Sent for Investigation	467	451	545	656	700

Since complaints may not be processed within a single fiscal year, rows below may not equal the total

Table 16 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Resolved	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved After Investigation	449	423	541	636	679
Complaints Dismissed for Lack of Evidence Found in Investigation	251	226	281	294	378
Complaints Dismissed Due to No Violation Found in Investigation	N/A	N/A	N/A	N/A	N/A
Total Complaints Resolved Through Informal Action	52	47	82	181	105
Total Complaints Resolved Through Formal Action	116	98	142	192	150

Table 17 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Taken	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved Through Final Orders (Formal and Informal)*	62	124	118	132	103
Number of Administrative Penalties Issued	78	149	115	188	132
Total Amount of Administrative Penalties Issued	$704,000	$1,095,750	$741,100	$1,058,347	$224,036
Total Amount of Administrative Penalties Collected	$150,488	$178,400	$191,050	$87,976	$121,717
Average Amount of Administrative Penalties Issued	$34,670	$33,853	$47,138	$25,170	11,312
Average Amount of Administrative Penalties Collected	$5,267	$10,224	$3,788	$3,305	$4,724
Warnings	1261	828	858	953	874
Reprimands	N/A	N/A	N/A	N/A	N/A
Suspensions	N/A	N/A	N/A	N/A	N/A
Probated Suspensions	0	1	0	0	0
Revocations	0	0	0	2	2
Remedial Plans (if applicable)	N/A	N/A	N/A	N/A	N/A

(Other Disciplinary Action – Specify)AG Referral, Injunctive Relief, Condemnation**	1	5	1	8	1

**** Since complaints may not be processed within a single fiscal year, rows below may not equal the total***

*****Add rows as needed***

Table 18 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Appealed	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Hearings at SOAH	1	0	4	2	2
Agency Prevailed at SOAH	1	0	5	2	1
Agency Did Not Prevail at SOAH	0	0	0	0	0
Total Appeals by Respondent to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0
Total Appeals by Agency to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0

Table 19 Exhibit 14 Information on Complaints Against Persons or Entities

Timelines for Enforcement Actions	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Final Resolution = complaint dismissed or final order entered; does not include time in appeals to district court					
Average Days from Complaint Received to Final Resolution	50	42	75	106	76
Maximum Days from Complaint Received to Final Resolution	115	394	571	419	423
Average Days from Complaint Received to Dismissed	17	28	65	39	55
Average Days from Complaint Received to Dismissed (no investigation)	12	33	97	45	15
Average Days from Complaint Received to Investigation Finished	35	33	67	45	82
Average Days from Start to Finish of Investigation	2	2	30	2	41

Number of Complaints Open for More than One Year (as of August 31st of Fiscal Year)	3	5	3	6	5
Percentage of Complaints Resolved within Six Months	80.75	78.75	73.74	88.38	81.62

Table 20 Exhibit 14 Information on Complaints Against Persons or Entities

Meat Safety Assurance

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

Name of Division or Program:	Meat Safety Assurance
Location within the Agency:	Consumer Protection Division
Contact Name:	James Dillon, DVM, MPH
Statutory Citation:	Texas Health and Safety Code, Chapters 144, 145, 146, 431, 432, 433, and 486

B. What is the objective of this division or program? Describe its major activities.

The objective of Meat Safety Assurance (MSA) is to design and implement regulatory programs related to meat and meat food products. The program ensures meat and meat food products bearing the Texas Mark of Inspection are produced from healthy livestock animals that are humanely handled and slaughtered, prepared in a sanitary manner, contain no harmful ingredients, and are truthfully labeled, allowing them to be entered into intrastate commerce. The program balances public health while maintaining a positive regulatory environment that allows slaughter and processing establishments to thrive.

Establishments with a Grant of Inspection are inspected on an every-animal basis for slaughter establishments and daily for establishments conducting processing only activities. Establishments with a Grant of Inspection can enter products into intrastate commerce for either wholesale or retail sale.

Establishments with a Grant of Custom Exemption are inspected on an approximately quarterly basis. These establishments perform slaughter and/or processing services for individuals utilizing animals owned by that individual. These products are only for the use of the owner, nonpaying guests, and employees, cannot be entered into commerce, and must be identified as “Not for Sale.”

Low-volume poultry/rabbit processors that meet production levels required by law register with MSA, but inspections of those facilities are only done on a complaint basis.

Major activities include:

- Conducting inspections at all slaughter and meat and poultry processing facilities engaged in intrastate sales. 100 percent of livestock animals presented for humane slaughter and entry into commerce are inspected.
- Establishing standards and ensures compliance by both voluntary means and formal enforcement procedures to maintain the meat inspection program "at least equal to" the USDA federal standards in accordance with state law.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

MSA tracks the following metrics:

- Number of completed compliance surveillances.
- Number of detained pounds of meat from retail stores, and estimated value of those retained products.
- Number of completed noncompliance reports.
- Number of enforcement actions taken, by type.
- Number of completed comprehensive Food Safety Assessments conducted by MSA Enforcement, Investigations and Analysis Officers.
- Number of completed veterinary dispositions at slaughter establishments completed by MSA veterinarians.

Additionally, the federal state audit staff of USDA Food Safety and Inspection Service (FSIS) conduct formal audits of the MSA program annually, with an extensive onsite audit occurring every third year to ensure the program continues to operate in a manner consistent with standards "at least equal to" USDA FSIS, remaining eligible for grants, contracts, and funding. MSA continually meets all federal standards and requirements.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2019 – House Bill 410 (86R) discontinues routine inspections of low-volume poultry/rabbit producers and ceases the issuance of Grants of Poultry/Rabbit Exemption.

2020 – CPD merges the Policy Standards and Quality Assurance Meat Group unit into the MSA Section. This consolidation helped to enhance efficiency by streamlining processes, reduced redundancies, improved communication, and the cross utilization of resources.

2021 – House Bill 2213 (87R) allows for the donation of exotic species by hunters to nonprofit food banks. Before this bill, donation was an "in commerce" activity requiring donated products to be inspected.

2023 – Senate Bill 691 (88R) allows for the slaughter and preparation of animal share meat and meat food products under requirements for a Grant of Custom Exemption rather than a Grant of Inspection.

2023 – Senate Bill 664 (88R) requires analogue and cell-cultured products to be labeled to clearly communicate to a consumer the contents of the product.

2023 – MSA transitioned from using federal USDA FSIS IT resources to using RAS. This transition streamlined MSA operations by centralizing resources, reducing redundant systems, improving service delivery through unified management, enhancing cybersecurity, and providing significant cost savings.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Establishments must follow requirements of their specific licensures/registrations, as outlined in Texas Administrative Code and statute. See:

- Texas Health and Safety Code, Chapter 433 (Texas Meat and Poultry Inspection Act),
- Texas Health and Safety Code, Chapter 144 (Texas Renderers' Licensing Act),
- Title 25, Part 1, Texas Administrative Code, Chapter 221, and
- Guidance from the USDA Food Safety and Inspection Service.

Number of Firms and Certifications Fiscal Year 2024	
Meat Safety (Inspected Establishments)	232
Meat Safety (Voluntary Inspection only Establishments)	13
Meat Safety (Custom Exempt only Establishments)	161
Meat Safety (Talmage-Aiken only Establishments)	3

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The MSA program is centrally administered under the Director of Meat Safety Assurance. Central Office staff includes administrative staff, expert level inspection staff, and veterinarians. The Central Office group operates statewide and is under the direction of the Assistant Director of Meat Safety Assurance. Another group that operates on a statewide basis is the in-commerce compliance circuit. This group, consisting of seven senior inspectors under the direction of the Compliance Circuit Manager, handles both in-commerce compliance issues as well as in-commerce recall effectiveness checks when necessary.

The inspection portion of MSA is split into 11 circuits that are geographically distributed throughout the state. These circuits consist of approximately ten inspectors and one to two team lead inspectors under the direction of a Circuit Manager.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

The program is funded from GR, GRD 5024, and Federal Funds. Of note, federal funds are available to states to cover "up to 50 percent" of program costs. While federal grants have increased over time, they have not kept up with costs such as the recent state employee salary increases.

Details on the agency's fee revenue can be found in the annual Fee Manual.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

Texas has adopted most of its rules by reference to federal requirements or adopted standards using federal regulations as models.

USDA pays up to 50 percent of the costs of the state meat and poultry inspection program for inspections provided in establishments that slaughter federally amenable livestock species and/or process meat and poultry products from federally amenable livestock species to be sold in intrastate commerce. USDA also pays the State of Texas up to 50 percent of the costs (100 percent of the costs for reimbursable services) for DSHS inspections of "Talmadge-Aiken" (facilities that may legally ship in interstate commerce) meat and poultry processing facilities that USDA is unable to staff. Consequently,

there is no duplication of services. Texas is recognized by USDA as an "equal to" state based upon complete annual (self-assessment) and tri-annual (self-assessment and on-site) programmatic audits by USDA.

TAHC has jurisdiction over livestock before slaughter in a plant regulated by the DSHS MSA Section; however, MSA staff contacts TAHC if MSA staff suspect that livestock brought into a slaughtering facility might have a zoonotic, communicable, or foreign animal disease. TAHC assists the MSA Section veterinarians in sampling for diseases, quarantining animals, tracking an animal's history, and providing guidance on appropriate disposal of carcasses and parts of suspect animals. The potential also exists for MSA Section veterinarians to evaluate and/or sample animals at slaughter in support of or in cooperation with TAHC staff. In addition, TAHC has jurisdiction over businesses that engage in animal sales, which may also include some establishments operating under a Grant of Custom Exemption. There is limited potential for duplication of services, but the relationship between the MSA Section and TAHC would best be described as cooperation in areas of joint jurisdiction.

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

Federal Units of Government

Name	Description	Relationship to MSA
USDA FSIS	Federal agency that provides leadership on nutrition, agriculture, and food. Within USDA, FSIS is responsible for ensuring that meat, poultry, and egg products are safe, wholesome, and properly labeled.	DSHS receives up to 50 percent of program funding from FSIS and receives program audits by FSIS to ensure that the state MSA inspections remain "equal to" the federal meat and poultry inspection standards. FSIS establishes all nationwide regulations dealing with the safety and labeling of amenable species of meat and poultry.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

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

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

- **Why the regulation is needed.** Statutes and rules do not allow livestock slaughter and meat and poultry processing facilities to operate and/or enter their products into commerce unless the establishment has a valid Grant of Inspection and the inspector-in-charge at the facility, who is present for the slaughter of every animal intended for entry into commerce and/or present during each production day of processing operations, finds them in compliance. This system ensures that the meat supply is safe for consumption and serves to protect public health from disease.
- **The scope of, and procedures for, inspections or audits of regulated entities.** Inspected establishments are audited via Food Safety Assessments every four years to assess and analyze the establishment's food safety system verifying that the establishment can produce safe and wholesome meat and/or poultry products according to statutory and regulatory requirements. Custom exempt establishments are reviewed quarterly by inspection personnel for compliance.

  MSA Compliance Inspectors conduct in-commerce investigations to identify and prevent all meat food products, which were produced in violation of requirements, from being offered for sale, offered for transportation, received for transport, and sold to the public. This is an essential function to protect the health and welfare of consumers by assuring that meat and meat food products being offered for sale in commerce are wholesome, unadulterated, and properly marked, labeled, and packaged.
- **Follow-up activities conducted when non-compliance is identified.** MSA seeks voluntary compliance as a first step.
- **Actions available to the agency to ensure compliance.** Whenever voluntary compliance cannot be obtained, the Department has the authority, under Health and Safety Code, Sections 433.081 and 433.094, to assess a criminal or administrative penalty to gain compliance. MSA, under Sections 433.030 and 433.031, also has the authority to detain and seize any meat food product intended for human consumption which has been prepared, sold, transported, or otherwise distributed or offered or received for distribution in violation of the Texas Meat and Poultry Inspection Act.
- **Procedures for handling consumer/public complaints against regulated entities.** All complaints against inspected, regulated entities as well as those which are unknown until the complaint is presented, are processed within three days by the Central Office complaint coordinator. Complaint investigations can be handled by compliance officers or program management.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Texas Department of State Health Services
Meat Safety
Exhibit 14: Information on Regulated Population; Complaints Against Regulated Persons, Businesses, or other Entities; and Disciplinary Actions
Fiscal Years 2020 to 2024

(These tables should convey the complaint resolution history of the program, encapsulating everything from the indication a violation may have occurred; the following investigation; any administrative or criminal procedures; and the final resolution of the complaint, case, or enforcement matter.)

*Number Within Total Regulated Population (Active Credentials Only)	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Number of Inspected Establishments	229	237	226	232	232
Total Number of Voluntary Inspection Only Establishments	14	14	14	14	13
Total Number of Custom Exempt only Establishments	143	154	155	169	161
Total Number of Talmage-Aiken only Establishments	7	7	7	3	3

Add or remove rows as needed

Table 14 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Received by Source	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received	117	(89	101	92	115
Complaints Initiated by Agency (originating from criminal history checks)*	N/A	N/A	N/A	N/A	N/A
Complaints Initiated by Agency (not originating from criminal history check)	Unknown	Unknown	4	18	15

Complaints Originating from Public (including other regulated persons or entities)	117	84	82	54	80
Complaints Originating from Other Agencies	Unknown	5	15	20	20

Only applicable if conducting fingerprint criminal history checks

Table 15 Exhibit 14 Information on Complaints Against Persons or Entities

Disposition of Complaints	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received*	117	89	101	92	115
Complaints Found Jurisdictional	7	44	20	81	95
Complaints Found Non-Jurisdictional	11	14	14	11	20
Total Complaints Dismissed (no investigation)	0	0	0	0	0
Complaints Dismissed for Lack of Evidence (no investigation)	11	7	11	3	0
Complaints Dismissed Due to No Violation Alleged (no investigation)	10	22	13	34	35
Total Complaints Sent for Investigation	117	89	101	81	95

Since complaints may not be processed within a single fiscal year, rows below may not equal the total

Table 16 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Resolved	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved After Investigation	Unknown	Unknown	Unknown	76	92
Complaints Dismissed for Lack of Evidence Found in Investigation	1	8	0	3	2
Complaints Dismissed Due to No Violation Found in Investigation	10	22	13	34	35
Total Complaints Resolved Through Informal Action	13	39	27	35	40
Total Complaints Resolved Through Formal Action	3	29	8	18	40

Table 17 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Taken	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024

Total Complaints Resolved Through Final Orders (Formal and Informal)*	9	26	15	14	26
Number of Administrative Penalties Issued	10	31	24	16	32
Total Amount of Administrative Penalties Issued	$54,267	$142,786	$196,609	$131,050	$217,766
Total Amount of Administrative Penalties Collected	$24,332	$43,523	$69,324	$25,968	$45,708
Average Amount of Administrative Penalties Issued	$5,426	$4,606	$8,192	$8,190	$6,805
Average Amount of Administrative Penalties Collected	$2,433	$1,404	$2,889	$1,623	$1,428
Warnings	227	201	184	154	261
Reprimands	0	0	0	0	0
Suspensions	0	0	1	0	0
Probated Suspensions	0	0	0	0	0
Revocations	0	0	0	0	0
Remedial Plans (if applicable)	0	0	0	0	0
(Other Disciplinary Action – Specify)**					

**** Since complaints may not be processed within a single fiscal year, rows below may not equal the total***
*****Add rows as needed***

Table 18 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Appealed	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Hearings at SOAH	0	0	0	0	1
Agency Prevailed at SOAH	0	0	0	0	0
Agency Did Not Prevail at SOAH	0	0	0	0	0
Total Appeals by Respondent to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0
Total Appeals by Agency to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0

Table 19 Exhibit 14 Information on Complaints Against Persons or Entities

Timelines for Enforcement Actions	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Final Resolution = complaint dismissed or final order entered; does not include time in appeals to district court					
Average Days from Complaint Received to Final Resolution	18	4	3	13	9
Maximum Days from Complaint Received to Final Resolution	120	91	52	93	120
Average Days from Complaint Received to Dismissed	18	4	3	13	9
Average Days from Complaint Received to Dismissed (no investigation)	1	1	1	2	2
Average Days from Complaint Received to Investigation Finished	18	4	3	13	9
Average Days from Start to Finish of Investigation	18	4	3	13	9
Number of Complaints Open for More than One Year (as of August 31st of Fiscal Year)	0	0	0	0	0
Percentage of Complaints Resolved within Six Months	Unknown	Unknown	Unknown	100%	100%

Table 20 Exhibit 14 Information on Complaints Against Persons or Entities

Radiation Control

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

Name of Division or Program:	Radiation Control
Location within the Agency:	Consumer Protection Division
Contact Name:	Joann Harthcock, Director
Statutory Citation:	Texas Health and Safety Code, Chapter 401

B. What is the objective of this division or program? Describe its major activities.

The Radiation Control Section has the following primary objectives.

- Minimize unnecessary radiation exposure to the public and radiation workers by promoting public health and safety through regulation, education, and enforcement.
- Minimize unnecessary environmental release of radiation through education and monitoring while also ensuring an adequate response capability should a release occur.

- Design and implement a regulatory program for all sources of radiation based on established risk assessment and management processes.

The Section accomplishes these objectives through the following programs.

Radioactive Materials (RAM) Licensing and Inspection: Radiation Control Section staff license, set standards, inspect, and take enforcement actions for use and possession of radioactive material at medical, industrial, educational, and research facilities, and anywhere in Texas. They also conduct incident and complaint investigations. To regulate these radioactive materials, the DSHS program must be compatible with the U.S. Nuclear Regulatory Commission (NRC) since the Governor of Texas entered into an agreement with NRC in 1963 whereby the federal government relinquished authority over certain radioactive materials to the State. Texas became an "agreement state" when the Governor entered into this agreement. The program operates through licensing fees.

X-Ray and Laser Program: Radiation staff register the use of x-ray machines and lasers and inspect the users of these radiation sources at medical, industrial, service providers, educational, entertainment, research facilities, and for aesthetic treatment. Staff also conducts incident and complaint investigations. The Program operates through licensing fees.

Radiological Emergency Response and Preparedness: Radiation staff prepare and update radiological emergency response plans and procedures to correlate with the State of Texas Emergency Management Plan. Staff also prepare site-specific response plans. Additionally, staff conduct FEMA-evaluated full-scale exercises at the state's two nuclear utility facilities and participate in the U.S. Department of Energy (DOE) tabletop and full-scale exercises at the nuclear weapons facility, Pantex. Staff conduct environmental monitoring around major radioactive material use facilities and investigations of radiological accidents and complaints. Staff also provide radiological emergency response training to first responders in local governments; provides the responders with radiation detection instruments, such as Geiger counters, and provide radiological response support for state emergency operations.

Mammography Facility Certification Program: The Mammography Facility Certification Program certifies mammography facilities and inspects these facilities according to requirements in state law and the federal Mammography Quality Standards Act (MQSA), administered by FDA. The Program operates through licensing fees.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

Radiation Control works closely with federal agencies to evaluate the effectiveness and efficiency of activities.

Radiation Control tracks the following metrics:

- Total number of licensees and registrants.
- Number of inspections and quality assurance reviews conducted.
- Number of enforcement activities taken.

Radiation Control also receives evaluations from certain federal agencies related to effectiveness of activities.

- NRC audits the program to assure adequacy and compatibility with federal requirements. Radiation Control has been a national leader in the regulation of radiation and has received NRC's highest rating of "satisfactory" since 2005. The next NRC program review will occur in 2026.
- Radiation Control completes full-scale response exercises that are graded by FEMA. FEMA issues findings in the form of a final report on the evaluation of each area and continues to find DSHS demonstrates readiness.
- FDA has approved Radiation Control as a Certifying Agency since 2008, thus delegating many aspects of mammography quality standards to the Program.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1947 –TDH conducts one of the nation's first extensive surveys demonstrating the radiation hazards of shoe-fitting fluoroscopes. In the early 1950s, TDH conducts a series of short courses on radiological hazards at various locations throughout the state.

1981 – The Legislature passes legislation allowing TDH to regulate uranium mill tailings and low-level radioactive waste and creates the Radiation and Perpetual Care Fund. The Legislature designates the fund primarily for financial security that is required of uranium and low-level radioactive waste licensees. The Legislature also creates the Bureau of Radiation Control with an additional 100 staff to regulate all sources of radiation.

1989 – The Legislature revised Chapter 401, Texas Health and Safety Code (Texas Radiation Control Act), to establish the regulatory framework and authority for the state agencies that regulate sources of radiation, encompassing the use, possession, and disposal of such sources.

2001 –The federal government requires NRC and agreement states to implement increased controls over certain types of radioactive material possessed in large quantities. Approximately 240 of approximately 1950 licensees in Texas possess such material and must establish procedures to minimize the likelihood the radioactive material could be stolen or accessed for malevolent purposes.

2001 – The Legislature establishes the Radiation and Perpetual Care Account to replace the Radiation Perpetual Care Fund to ensure funding for decontamination, decommissioning, stabilization, reclamation, maintenance, surveillance, control, storage, and disposal of radioactive materials in cases where a company cannot meet its legal obligation to restore the site.

2003 – The Legislature requires the term of each license issued by DSHS to be two years and requires DSHS to charge licensing fees that would cover all necessary costs to administer and enforce the program.

2007 – House Bill 2285 (80R) exempts Radiation program licenses from the requirement that DSHS licensed all be two-year terms so that the licenses can have longer terms.

2007 – Senate Bill 1604 (80R) mandates the transfer of the uranium and radioactive waste processing regulatory authority to TCEQ.

2013 – Senate Bill 347 (83R) establishes a new $100 million cap for the Perpetual Care Account and Environmental Radiation and Perpetual Care Account. The bill requires DSHS to use assessed fees for emergency planning and response to transportation accidents involving low-level radioactive waste; no appropriation is made.

2019 – House Bill 2203 (86R) establishes the requirement to notify each political jurisdiction involved in the release of a radioactive substance into the environment.

2022 – CPD undergoes realignment to a programmatic organization, combining all branches of Radiation into one section and streamlining functions.

2024 – DSHS was FDA-approved in April 1999 to accredit mammography units that utilize film-screen mammography, full-field digital mammography, and computed radiography mammography. The DSHS program ends in 2024, because the American College of Radiology (ACR) no longer provides DSHS its services as an Image Review Board. The Program works closely with the FDA and ACR to transition all facilities formerly accredited with Texas to the ACR.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Radiation Control impacts companies that use radioactive materials, medical x-ray, and laser procedures; and individuals that receive diagnostic or therapeutic x-ray or laser procedures.

Qualifications for possessing and using radiation sources vary according to the associated risk. For radioactive materials licenses, the applicants must demonstrate that:

- The facilities are adequate to store and handle the radioactive materials safely,
- The facilities have the appropriate handling equipment, possess adequate operating and emergency procedures to protect people and the environment,
- The people using radioactive materials and managing the program have the appropriate training and experience,
- The applicant has a radioactive waste management and disposal plan, and
- They are financially qualified to manage the radiation program.

For an industrial radiographer certification, the individual must not only undergo classroom training and pass an examination but also gain at least two months of on-the-job trainee experience. This

practical experience requirement ensures certified individuals are competent and capable in their roles, instilling confidence in their abilities.

Qualifications for mammography certifications focus heavily on the training and continuing education of the Licensed Interpreting Physicians, Medical Radiologic Technologists, and Licensed Medical Physicists. Equally important is the need for mammography facilities to demonstrate compliance with a rigorous quality control program and adequately pass a peer review of their images.

It is a strict requirement that all devices that produce x-ray energy and class 3B and IV lasers must be registered at the physical address where the device is used. This ensures accountability and responsibility in the use of these devices. The registrants are required to submit an application and business information form with verifiable proof of their business status in Texas and establish a Radiation Safety Officer (RSO)/Laser Safety Office (LSO), the person responsible for the safe use of the device(s). The requirements to serve as RSO/LSO are dependent upon the type of device. Industrial and veterinary devices require less experience and credentialing, while human-use devices have more stringent experience and credentialing requirements. The registration application and RSO/LSO requirements are established in regulations and reviewed during rulemaking.

Number of Licenses, Registrant, and Mammography Certification Fiscal Year 2024		
Type of License/Certification	**Number of Licenses**	**Number of Locations**
Radioactive Material Licensees	1,430	2,438
General Licenses	214	278
X-Ray Registrants	18,176	23,117
Laser Registrants	3,900	4,579
Mammography Certifications	678	678
Industrial Radiographer Certifications	3,818	N/A

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

CPD administers Radiation Control programs through five branches: Licensing/Registration, Inspections, Operations, Billing, and Mammography. Because of Texas' status as an Agreement State, radioactive material licensing processes must be compatible with those of NRC and the mammography certification process must be compatible with the FDA requirements. DSHS performs X-ray and laser registration activities in accordance with policies and regulatory requirements. Staff review

applications to confirm satisfaction of regulatory requirements to assure the safe use of these radiation sources. DSHS staff prepare examinations for individual industrial radiographers, administer and grade them, provide exam results to the individuals, and provide successful applicants a certification identification card. Several other states also use the tests through contracts.

The Radiation Section's Operations Branch coordinates rules development, basing standards on health and safety considerations and compatibility with national standards. The Operations Branch coordinates with stakeholders, appropriate Texas Radiation Advisory Board (TRAB) members, program staff, NRC, and FDA during rulemaking.

The Operations Branch also performs technical quality assurance reviews of inspection and investigation reports. The Operations Branch receives and reviews all associated documents, such as checklists, sample results, and report narratives, according to established standards to verify technical accuracy and completeness. The Operations Branch issues findings of inspections and investigations, including violations, based on the inspection and investigation reports received. The Operations Branch prepares and presents cases that involve violations warranting enforcement to the Compliance Section.

The Radiation Section's Inspection Branch performs inspections of the licensees and registrants to ensure the sources of radiation are received, stored, used, and disposed in accordance with the rules and permit requirements. Inspectors are mobile workers and located in each PHR to provide the greatest efficiency in conducting inspections and providing immediate response in the event of a radiological incident.

The Billing Branch processes new and biennial payments of licensees. The Branch ensures payments not received in a timely manner are escalated to the Compliance Section for enforcement, including revocation of the license for non-payment.

The CPD Compliance Section, with support from the Office of General Counsel, escalates enforcement actions and handles the due process requirements.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet.

The program is funded from GR, two GRD accounts, and Federal Funds:

- Revenue from Mammography is deposited in GRD 5021.
- Per statute, revenue from Radioactive Materials is deposited in GR.
- Federal funds support Waste Isolation Pilot Project (WIPP) and Pantex response activities.

The General Appropriations Act authorizes expenditure from GRD 5096 for decontamination, decommissioning, stabilization, reclamation, maintenance, surveillance, control, storage, and disposal of radioactive materials in cases where a company cannot meet its legal obligation to restore the site.

Details on the agency's fee revenue can be found in the annual Fee Manual.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

DSHS and the Texas Commission on Environmental Quality have an MOU, as required by Texas Health and Safety Code, Section 401.414, to clarify their respective jurisdictions under the statute, which was updated in September 2014.

DSHS and the Railroad Commission have an MOU, as required by Section 401.414, Texas Health and Safety Code, to clarify their respective jurisdictions under the statute, which was updated in January 2012.

DSHS has letters of agreement with South Texas Project and Comanche Peak nuclear power plants, in compliance with federal requirements, to clarify offsite emergency response roles and responsibilities when responding to incidents at these nuclear plants.

I. If the division or program 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 the Radiation Section
County and local officials	County and local officials are involved in emergency response to nuclear reactor accidents and radiological emergency preparedness for radiological incidents in their areas.	DSHS Radiation Control technical experts advise county judges and other local officials on emergency actions necessary to protect public health during routine graded exercises and in the event of a real emergency. DSHS also consults with and provides limited services to county judges and local emergency management officials regarding radiological plans, training, and instrumentation used to protect public health during radiation accidents and other emergencies.

Federal Units of Government

Name	Description	Relationship to the Radiation Section
NRC	Federal agency with regulatory authority over radioactive materials.	Texas is an agreement state with NRC. NRC provides regulatory guidance and policy concerning radioactive materials regulation and oversees the state's adequacy and compatibility with federal requirements. This agreement allows the Radiation Control program to conduct its regulatory functions.
EPA	Federal agency responsible for protecting human health and the environment.	EPA coordinates environmental monitoring for radioactive materials with DSHS and develops environmental radiation standards for environmental release limits and occupational radiation exposure standards.
FEMA	Federal agency responsible for ensuring U.S. is equipped to prepare for and respond to disasters.	FEMA develops requirements for emergency response to nuclear facility accidents. FEMA provides standards, goals, and objectives for radiological training and evaluates full-scale exercises.
DOE	Federal agency that oversees national energy policy and production.	DOE provides standards, goals, objectives, and audits for radiological training. DSHS provides DOE-approved radiological training to first responders as part of the Waste Isolation Pilot Project (WIPP). DOE also funds DSHS emergency response activities for the Pantex nuclear weapons production facility near Amarillo.
FDA	Federal agency responsible for assuring the safety, efficacy, and security of drugs, biological products, medical devices, food supply, cosmetics, and products that emit radiation.	FDA enforces the federal Mammography Quality Standards Act. DSHS certifies and inspects mammography facilities as a Certifying Agency under FDA, Mammography Quality Standards Act States as Certifiers provision.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

The Radiation Control Section requires highly technical staff to ensure adequate compliance with radiation regulations. In FY 2024 alone, the Section lost seven inspectors. Hiring and training less

qualified applicants often results in a state investment that the employees than use to qualify for higher-paying positions with NRC or other federal or state agencies just as they complete their qualifications for the work required for their state position.

Failure to maintain adequate staffing levels to license, inspect, and investigate incidents directly impacts public health and the economic success of businesses that use radiation across the state.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

Industrial, educational, and medical facilities make use of radioactive material, as well as X-ray and laser devices for the benefit of Texas citizens. Examples of the beneficial uses of radiation include diagnostic nuclear medicine studies, emergency exit lighting, nondestructive testing of critical components in passenger aircraft, pipeline radiography, sterilization of surgical bandages, treatment of cancer, and highway construction materials testing. Regulatory oversight of these uses of radioactive materials and X-ray and laser devices ensures the continuation of their beneficial uses and minimizes unnecessary radiation exposure to occupational workers and the public in Texas.

Radiation Control staff are actively involved at the national and international level with the following groups: the Conference of Radiation Control Program Directors, the Organization of Agreement States, the National Radiological Emergency Preparedness Conference, the National Council on Radiation Protection and Measurement, and the International Atomic Energy Agency. Staff lead and serve on numerous committees, hold elected board and council positions, and regularly provide guidance and share resources with other states and countries. Staff also lend their expertise to joint projects with DPS, Texas Parks and Wildlife Game Wardens, FDA, NRC, EPA, FEMA, U.S. Navy, U.S. Air Force, U.S. Coast Guard, and Federal Bureau of Investigation.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

- **Why the regulation is needed.** Paralleling the growth in industry and medicine in Texas, the use of radiation has increased significantly. Industrial, medical, and educational facilities in Texas use radiation sources. Additionally, the state has two nuclear utility facilities. Excessive exposure to radiation presents a public and occupational health hazard. Radiation is a known carcinogen. The Radiation Control Section protects public health and safety with regulatory licensing requirements and routine inspections that result in improved compliance, less unnecessary exposure to sources of radiation, and secure sources of radioactive material. Licensing and registration are needed to ensure all use of radiation in Texas is appropriately documented and tracked.
- **The scope of, and procedures for, inspections or audits of regulated entities.** Once an entity is licensed, inspections are conducted routinely and specified intervals. The Radiation Control Section bases inspection activities on a risk assessment of the potential harm from each category of radiation sources. The Section uses a standardized inspection methodology when

conducting inspections. Inspection methodology includes standardized forms, checklists, and documents necessary to demonstrate the findings of each type of inspection. Procedures for the inspection of licensee and registrant performance include observation of operations, review of documentation, surveys of radiation levels, and evaluation of radiation exposures.

- **Follow-up activities conducted when non-compliance is identified.** Inspections that reveal violations of regulatory requirements result in the issuance of a notice of violation by the Operations Branch that requires corrective action to prevent reoccurrence. Radiation Control Section staff review corrective actions during the following inspection. Sanctions of violators that are available include administrative penalties, emergency orders (cease and desist, impoundment), and modification/revocation of licenses. If the Section determines assessment of administrative penalties, emergency orders or modification/revocation of a license is appropriate, those actions are handled by the CPD Compliance Section.
- **Actions available to the agency to ensure compliance.** See above.
- **Procedures for handling consumer/public complaints against regulated entities.** The Radiation Control Section receives complaints in writing or by telephone and investigates all complaints based on program guidelines or administrative review. The primary emphasis of an investigation is to ensure health and safety issues are resolved. After complaints are resolved and closed, the Radiation Control Section files the information collected, reports of actions taken, and makes the information available as open records.

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Texas Department of State Health Services
Radiation
Exhibit 14: Information on Regulated Population; Complaints Against Regulated Persons, Businesses, or other Entities; and Disciplinary Actions
Fiscal Years 2020 to 2024

(These tables should convey the complaint resolution history of the program, encapsulating everything from the indication a violation may have occurred; the following investigation; any administrative or criminal procedures; and the final resolution of the complaint, case, or enforcement matter.)

*Number Within Total Regulated Population (Active Credentials Only)	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Number of Licensed RAM Sites	2,598	2,621	2,571	2,556	2,564
Total Number of Registered X-ray and Laser Sites	27,405	27,914	28,798	29,750	30,597
Total Number of Certified Mammography Sites	630	617	610	608	678
Total Number of Industrial Radiography Certifications	5,170	4,820	4,765	4,565	3,818

Table 14 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Received by Source	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received	36	37	34	36	40
Complaints Initiated by Agency (originating from criminal history checks)*	N/A	N/A	N/A	N/A	N/A
Complaints Initiated by Agency (not originating from criminal history check)	4	6	6	8	0
Complaints Originating from Public (including other regulated persons or entities)	27	25	19	23	33
Complaints Originating from Other Agencies	5	6	9	5	7

Only applicable if conducting fingerprint criminal history checks

Table 15 Exhibit 14 Information on Complaints Against Persons or Entities

Disposition of Complaints	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Received*	36	37	34	36	40
Complaints Found Jurisdictional	N/A	N/A	N/A	N/A	N/A
Complaints Found Non-Jurisdictional	N/A	N/A	N/A	N/A	N/A

Total Complaints Dismissed (no investigation)	0	0	0	0	0
Complaints Dismissed for Lack of Evidence (no investigation)	0	0	0	0	0
Complaints Dismissed Due to No Violation Alleged (no investigation)	0	0	0	0	0
Total Complaints Sent for Investigation	36	37	34	36	40

Since complaints may not be processed within a single fiscal year, rows below may not equal the total

Table 16 Exhibit 14 Information on Complaints Against Persons or Entities

Complaints Resolved	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints Resolved After Investigation	36	37	34	36	40
Complaints Dismissed for Lack of Evidence Found in Investigation	0	0	0	0	0
Complaints Dismissed Due to No Violation Found in Investigation	26	27	23	29	29
Total Complaints Resolved Through Informal Action	10	8	7	4	7
Total Complaints Resolved Through Formal Action	0	2	4	3	4

Table 17 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Taken	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Complaints (including routine inspections) Resolved Through Final Orders (Formal and Informal)*	464	507	675	514	513
Number of Administrative Penalties Issued	260	297	447	400	363
Total Amount of Administrative Penalties Issued	$675,995	$819,065	$1,201,501	$1,018,266	$1,145,570
Total Amount of Administrative Penalties Collected	$535,100	$613,235	$1,018,484	$796,329	$1,012,937
Average Amount of Administrative Penalties Issued	$2,600	$2,758	$2,688	$2,546	$3,156
Average Amount of Administrative Penalties Collected	$44,592	$51,103	$90,125	$66,361	$84,411
Warnings	0	0	0	0	0
Reprimands	0	0	0	0	0

Suspensions	0	0	1	0	0
Probated Suspensions	0	0	0	0	0
Revocations	146	113	116	82	77
Remedial Plans (if applicable)	0	0	0	0	0
Other Disciplinary Action – Specify** Directed Plan of Correction (Conditions such as payment of delinquent fees, termination, etc.)	53	74	104	35	70
License Denial	0	1	0	0	0
License Renewal Denial	0	1	0	0	0
Impoundment	5	18	6	0	2
Voluntary Surrender of	1	0	0	1	0

**** Since complaints may not be processed within a single fiscal year, rows below may not equal the total***

Table 18 Exhibit 14 Information on Complaints Against Persons or Entities

Disciplinary Actions Appealed	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Total Hearings at SOAH	2	2	1	0	2
Agency Prevailed at SOAH	2	2	1	0	1
Agency Did Not Prevail at SOAH	0	0	0	0	1
Total Appeals by Respondent to District Court	0	0	0	1	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0
Total Appeals by Agency to District Court	0	0	0	0	0
Agency Action Affirmed by District Court	0	0	0	0	0
Agency Action Overturned or Changed by District Court	0	0	0	0	0

Table 19 Exhibit 14 Information on Complaints Against Persons or Entities

Timelines for Enforcement Actions	Fiscal Year 2020	Fiscal Year 2021	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Final Resolution = complaint dismissed or final order entered; does not include time in appeals to district court					
Average Days from Complaint Received to Final Resolution	241	88	158	159	33
Maximum Days from Complaint Received to Final Resolution	1408	973	770	450	139

Average Days from Complaint Received to Dismissed	N/A	N/A	N/A	N/A	N/A
Average Days from Complaint Received to Dismissed (no investigation)	N/A	N/A	N/A	N/A	N/A
Average Days from Complaint Received to Investigation Finished	241	88	158	159	33
Average Days from Start to Finish of Investigation	241	88	158	159	33
Number of Complaints Open for More than One Year (as of August 31st of Fiscal Year)	12	1	5	2	0
Percentage of Complaints Resolved within Six Months	58.3%	91.9%	79.4%	58.3%	100%

Table 20 Exhibit 14 Information on Complaints Against Persons or Entities

Infectious Disease Prevention Division

Deputy Director, Joshua Hutchison

The Infectious Disease Prevention (IDP) Division was formed in 2024 to focus on the following overarching functions:

- HIV/STD services;
- Immunization services;
- Pharmacy; and
- Tuberculosis (TB) and Hansen's Disease services.

Previously, these programmatic functions were included in the Laboratory and Infectious Disease Services (LIDS) Division, along with laboratory services that now reside within the Public Health Laboratory (PHL) Division, and epidemiology that now resides in within the Chief State Epidemiologist Division. The volume of responsibilities within LIDS was unwieldy, especially given the complexity of the programs included within its scope.

The new IDP Division was created to provide more effective administration of its program. In the Division's inaugural year, one major accomplishment has been the rollout of TIAP-PLUS (Texas Insurance Assistance Program-PLUS) as one way to help stabilize the Texas HIV Medication Program's (THMP) budget.

HIV/STD

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

Name of Division or Program:	Human Immunodeficiency Virus (HIV)/ STD Section
Location within the Agency:	Infectious Disease Prevention Division
Contact Name:	Joshua Hutchison, Deputy Commissioner
Statutory Citation:	Texas Health and Safety Code, Chapter 85

B. What is the objective of this division or program? Describe its major activities.

The HIV/STD Program objectives include reducing the prevalence of HIV, STDs, and hepatitis C (HCV) by administering treatment and services to eligible clients, as well as prevention and surveillance activities. Major activities include:

Texas HIV Medication Program: Since 1987, THMP provides FDA-approved medications for treating HIV and opportunistic infections in low-income Texans. THMP It supports the following:

- ***AIDS Drug Assistance Program (ADAP)*:** Offers free medications to low-income Texans with HIV who have limited or no health insurance.

- ***State Pharmaceutical Assistance Program (SPAP)*:** Assists with Medicare Part D costs for those not qualifying for the full low-income subsidy.
- ***Texas Insurance Assistance Program (TIAP)*:** Provides premium payments, medication deductible assistance, and medication copayment assistance for eligible private and employer-sponsored health insurance policies.
- ***Texas Insurance Assistance Program-PLUS (TIAP-PLUS)*:** Provides premium payments, medication deductible payment assistance, and medication copayment assistance for purchasing eligible health insurance plans. TIAP-PLUS started in November 2024.

HIV Care Services: HIV Care Services provides clinical quality management and oversight to improve access and outcomes for low-income, uninsured, or underinsured Texans with HIV. Through local HIV Administrative Agencies (AAs), low income individuals with HIV receive medical and support services. HIV Care Services aims to reduce unmet needs for HIV-related medical care, increase access to care for underserved populations, promote consistent care participation, reduce inpatient care usage, improve the quality of life, and reduce the risk of transmission of HIV to others.

HIV/STD Prevention: HIV/STD Prevention contracts with LHDs, community health centers, hospitals, and organizations across the state to provide:

- HIV and STD screening and testing;
- Public health follow-up and linkage to care for HIV and syphilis;
- Clinical counseling;
- Evidence-based behavioral interventions;
- Community planning support;
- Health education services; and
- Awareness campaigns.

HIV/STD Prevention includes regional DSHS staff who perform public health follow up and disease intervention services.

HIV/STD/Hepatitis C Surveillance: HIV/STD oversees a statewide surveillance system to monitor trends in HIV, adult syphilis, gonorrhea, chlamydia, chancroid, and hepatitis C. The Program manages data systems processing over 1.4 million lab results annually and provides data for planning prevention and service activities, an submits required surveillance data to the CDC. Up to September 1, 2025, surveillance for congenital syphilis in babies resided within this area. As discussed in the CHI Division portion of Section VII, all congenital syphilis activities will be consolidated under one division to ensure traditional congenital syphilis surveillance and public health follow up is seamlessly integrated with the new congenital syphilis hotline and regional rapid response nurses supported through exceptional item funding.

Hepatitis C Prevention Coordination Services: Hepatitis C Services promotes integrating prevention and care activities in agency and community health services. The program includes designated sites that facilitate hepatitis C screening tests for individuals and refers hepatitis C-positive individuals to medical care.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The HIV/STD Section measures effectiveness and efficiency by evaluating program activities and outcomes. As part of CDC grant funding requirements, the Section also collects numerous data points to fulfill performance measure reporting requirements. Some examples follow.

- Number of persons served (LBB).
- Number of clients by THMP program.
- Average number of business days to process applications.
- Number of backlog (older than 14 calendar days) applications.
- Number of clients with HIV/AIDS receiving medical and supportive services (LBB).
- Number of HIV tests performed.
- Number of syphilis tests performed.
- Number of new HIV diagnoses.
- Total number of new cases of syphilis
- Positivity rate for tests performed.
- Percent of new diagnoses linked with medical care within 30 days.
- Percent of individuals virally suppressed.
- Number of unduplicated clients who receive at least one prescription for PrEP (Pre-Exposure Prophylaxis).
- Number of clients who receive PrEP navigation services.
- Number of HIV clusters detected.
- Total number of individuals brought to treatment for a new syphilis infection.
- Total number of gonorrhea cases recommended treatment and documentation that medication has been prescribed.
- Number of tests conducted by designated hepatitis C testing sites.
- Number of individuals with hepatitis C positive screening tests
- Number of individuals with positive hepatitis C screening test referred to medical care within 30 days.
- Number of reported acute hepatitis C cases.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2018 – DSHS implements TB, HIV, STD Integrated System (THISIS), a data management system that allows for statewide tracking of disease reporting and the initiation of public health follow-up investigations and case management.

2020 – CDC launches the national Ending the HIV Epidemic (EHE) initiative, and DSHS receives funding to focus on HIV prevention in four high-morbidity counties: Bexar, Dallas, Tarrant, and Travis. CDC directly funds City of Houston.

2020 – THMP experiences a deficit due to rising medications costs and increase in clients. The Legislature will provide funding in 2021 to address the shortfall.

2021 – DSHS receives funding from CDC to expand the STD workforce. This five-year grant funds additional Disease Intervention Specialists throughout the state but ends early in 2023.

2021 – DSHS launches a new system called TakeChargeTexas (TCT), which is used for client enrollment and reenrollment for assistance with medications, medical care, and support services. By 2024, TCT will be used as a pharmacy portal for medication orders as part of the Texas HIV Medication Program.

2024 – Due to changes at the federal level impacting revenue, the Texas HIV Medication Program projects a shortfall in future years. DSHS works to establish TIAP-PLUS to purchase health insurance for eligible uninsured participants, which is projected to generate rebate revenue and offset projected financial difficulties from increased ADAP participation and the significant loss of SPAP rebates.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

The Texas HIV Medication Program 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. HIV Care Services eligibility requirements include proof of HIV infection, Texas residency, and income below 500 percent of the FPL and each service FPL requirement may differ below the 500 percent threshold.

HIV/STD Services Clients, FY 2024	
Program	**Number of Clients**
THMP AIDS Drug Assistance Program	21,280
THMP State Pharmacy Assistance Program	1,682
THMP Texas Insurance Assistance Program	224
HIV Care Services	23,170

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Texas HIV Medication Program: THMP operates in accordance with federal Ryan White requirements. The program provides low-income individuals living with HIV with direct medication assistance for medications on the THMP formulary and supports certain health insurance-related costs. Eligible costs include premiums and medication cost-sharing (deductibles, copayments, and coinsurance) for both private and Medicare prescription drug plans. If budgetary limitations exist, THMP may restrict or prioritize covered services.

To be eligible for THMP, applicants must present proof of HIV diagnosis, be under the care of a physician, have an income level at or below 200 percent of the federal poverty level, live in Texas, and meet payor of last resort criteria. Individuals may apply for THMP using the TakeChargeTexas system.

- ***AIDS Drug Assistance Program*:** ADAP is the direct medication assistance portion of THMP. ADAP is only available for uninsured individuals. ADAP provides medications from a limited formulary, which includes medications for the treatment of HIV, opportunistic infections, and chronic conditions. The DSHS Central Pharmacy warehouse purchases medications through a pharmacy wholesaler and distributes by mail through a network of over 300 independent participating pharmacies.
- ***Insurance Assistance Programs*:** THMP assists with insurance premiums, medication deductible, and medication copayments for persons who enroll in a qualifying health plan. Insurance assistance is limited to health plans where it can reasonably be expected to be cost effective for THMP. These plans are administered by a contracted Pharmacy Benefits Manager (PBM).
    - **State Pharmacy Assistance Program:** To be eligible for SPAP, an individual must be enrolled in a Medicare prescription drug plan that covers the individual's current medications that are on the formulary and be deemed ineligible for full low-income subsidy (LIS) assistance. SPAP assists with Medicare Part D out-of-pocket expenses, including premiums, medication deductibles, medication copays, and medication coinsurance amounts.
    - **Texas Insurance Assistance Program:** To be eligible for TIAP, an individual must be enrolled in an eligible health insurance policy that covers the individual's current medications used for the treatment of HIV. TIAP assists with premiums and medication co-payments, administered by a PBM.
    - **TIAP-PLUS:** To be eligible for the TIAP-PLUS, an individual must be eligible for an Affordable Care Act (ACA) Marketplace or Off-Marketplace qualifying health insurance plan and be willing to meet the requirements of the plan. Eligible individuals are screened for TIAP-PLUS during open enrollment or when the applicant has experienced

a qualifying event. TIAP-PLUS assists with premium payments, medication deductible payment assistance, and medication copayment assistance, administered by a PBM.

HIV Care Services: HIV Care Services provides clinical quality management and oversight of HIV care services programs across the state. The HIV/STD Section divides Texas into 26 Health Service Delivery Areas (HSDAs) supported by six administrative agencies. DSHS funds AAs to administer state and federal funds at the local level. AAs in turn contract with direct service providers throughout the state for core medical and support services. Individuals may apply for HIV Care Services using the TakeChargeTexas system.

HIV/STD Prevention: HIV/STD Prevention provides funding to DSHS regions and to LHDs and other organizations that can assist with identifying, preventing, and treating cases. Programmatic make up for HIV/STD Prevention is driven by federal grant requirements. Components include:

- Funding for fourteen LHDs to conduct PHFU and HIV/STD Partner Services.
- The Texas Infertility Prevention Project (TIPP), which funds 77 organizations to expand STD testing. These contracts are administered through Cardea Services.
- Contracts with nine routine HIV screening providers, 33 HIV prevention providers, one statewide condom distribution provider, and one capacity-building provider to diagnose, prevent, and respond to HIV and other STDs. This includes providing interventions such as pre- and post-exposure prophylaxis for HIV prevention.
- Funding for four LHDs through the federal Ending the HIV Epidemic Program.

HIV/STD Hepatitis C Surveillance: This function is dependent on the THISIS system to perform its functions of ensuring HIV, STD, and hepatitis C cases are appropriately identified and reported, and that public health follow up occurs with individuals to reduce the risk of further disease spread. This includes follow up for children who may have been exposed to HIV and AIDs, especially perinatally-exposed infants. Staff collect information from laboratory reports, medical records, and client interviews, and matches to other registries to ensure complete, accurate and timely reporting, aiding public health follow-up and prevention activities. Data collection for people with HIV continues from diagnosis until death, informing resource allocation for HIV Care and Medications programs.

The HIV/STD Section collaborates with LHDs and DSHS regions for case identification, reporting, and follow up. The Section contracts with seven LHDs for this purpose.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

The program depends heavily on federal funds to maintain service levels. Additionally, the HIV Medication Program depends on rebate revenue from drug manufacturers to support its budget. See Question J for more information.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The HIV/STD Section holds the following MOUs:

- With organizations across the state for the purchase and distribution of STD medications to treat and control the spread of infectious disease across Texas through the U.S. Federal Government's 340B Drug Pricing Program.
- With health organizations such as pharmacies to provide THMP medications to THMP clients.
- With HHSC to facilitate sharing STD data related to Medicaid and CHIP clients.

The HIV/STD section has interagency contracts with the University of Texas Medical Branch at Galveston (UTMB) and the Texas Department of Criminal Justice (TDJC) to provide transitional support to incarcerated and recently released racial and ethnic minorities living with HIV to increase enrollment into THMP and ensure entry to medical care and access to other services in the community in support of health outcomes.

I. If the division or program 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 the Section
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	The Section contracts and sub-contracts with these entities for the provision of HIV/ STD surveillance, services, and prevention.
COGs	Regional planning organizations that coordinate services and programs that may cross jurisdictions.	The Section contracts and sub-contracts with these entities for the provision of HIV/ STD surveillance, services, and prevention.

Federal Units of Government

Name	Description	Relationship to the Section
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides funding to the Section and provides guidelines on screening and testing procedures.
HRSA	The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.	HRSA provides funding and guidance for the DSHS AIDS Drug Assistance Program and HIV services programming that includes outpatient medical care and critical support services.
U.S. Department of Housing and Urban Development (HUD)	Federal agency charged with urban development and housing issues.	HUD provides the Section funds through the Housing Opportunities for People with AIDS (HOPWA) grant, which supports rent and utility assistance to prevent homelessness of persons with HIV/AIDS.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

The Inflation Reduction Act of 2022 included significant changes to the Medicare program. These changes include eliminating the partial low-income subsidy (Partial LIS) and transferring these participants over the full low-income subsidy (Full LIS); eliminating participant cost-sharing for the catastrophic phase of coverage; and introducing an out-of-pocket threshold of $2,000 for Medicare participants.

These changes have a significant impact on THMP, which relies on 340B rebates primarily generated by the State Pharmacy Assistance Program that serves Medicare participants. THMP will lose 75 percent of all program-generated rebates for SFY26. SPAP claims generated about 97 percent of rebate revenue.

The rollout of TIAP-PLUS in calendar year 2025 allows the HIV Medication Program a new path for revenue, because THMP will garner drug manufacturer rebates from insurance copayments made on behalf of program participants. The success of TIAP-PLUS will be integral to the Medication Program's ongoing sustainability.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Immunization Section

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

Name of Division or Program:	Immunization Section
Location within the Agency:	Infectious Disease Prevention Division
Contact Name:	Reynaldo Velazquez, Director
Statutory Citation:	Texas Health and Safety Code, Sections 81.023, 81.041, 81.042, 81.044, 81.090, 161.00706, and Chapter 161, Subchapter A; Texas Education Code, Sections 38.001, 38.002, 38.019, 51.9191, 51.9192, 51.933; Texas Family Code, Sections 32.101, 32.1011, 32.102, 32.103; and Texas Human Resources Code, Section 42.043

B. What is the objective of this division or program? Describe its major activities.

The Immunization Section manages the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) Programs to reduce the spread of vaccine-preventable diseases by increasing vaccine coverage, raising awareness of diseases, sharing information about vaccine safety, and supporting providers to improve vaccine uptake. Additionally, it maintains the Texas Immunization Registry (ImmTrac2) and provides access to immunization records.

Texas Vaccines for Children Program: TVFC provides recommended vaccines for eligible low-income children using a network of participating providers. TVFC stems from the federal Vaccines for Children program and must comply with federal requirements. TVFC also supports vaccine education and related awareness campaigns, per federal requirements.

Adult Safety Net Program: ASN provides a limited formulary of vaccines to uninsured adults. ASN is a General Revenue-supported program and obtains lower-cost vaccine doses through CDC. ASN also provides immunizations education on the benefits and risks of vaccines through participating providers.

ImmTrac2: Texans may voluntarily participate in the state's immunization registry as a central access point for their vaccination history records. This allows Texans and their providers to more easily keep up with the recommended vaccination schedule. ImmTrac2 also serves as the state's system for tracking and reporting vaccine, antivirals, and medications that are used in disaster response.

Perinatal Hepatitis B Prevention: Babies born to mothers with hepatitis B have a high risk of developing chronic hepatitis B infection, which causes serious liver problems. The Perinatal Hepatitis B Prevention Program promotes screening of all pregnant women for hepatitis B surface antigen (HBsAg) at first prenatal visit and at delivery to identify babies at risk. The Program also promotes the administration of hepatitis B vaccine to all newborns before hospital discharge. For babies born to mothers who are infectious, the Program monitors and evaluate timely completion of the hepatitis B vaccine series and post-vaccination serologic testing to reduce the chance of infection and chronic adverse health impacts.

School Compliance: The program monitors school-level compliance with immunization requirements, as required in statute, and collects aggregate information about vaccine coverage rates.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The Section monitors overall vaccine coverage data for the state for children and teens. CDC is the primary source of data, through the CDC National Immunization Survey program. In addition, the Section monitors specific programmatic data points.

Texas Vaccines for Children and Adult Safety Net Programs:

- Vaccine doses administered to children (LBB).
- Vaccine doses administered to adults (LBB).
- Value of federal government-provided vaccine (LBB).
- Active number of TVFC sites.
- Total number of enrolled providers.
- TVFC Program only providers.
- ASN Program only providers.
- Providers enrolled in both programs.

ImmTrac2:

- Number of sites registered to access ImmTrac2 (LBB).
- Total active ImmTrac2 provider sites.
- Total clients in ImmTrac2.
- New clients added into ImmTrac2 in the last calendar year.

Perinatal Hepatitis B Prevention:

- Percent of pregnant Texas women screened for hepatitis B infection.
- Number of babies born to mothers positive for hepatitis B.
- Percentage of babies born to mothers with hepatitis B infection who received their first vaccine dose within 12 hours of birth.
- Percent of at-risk babies who completed their post-vaccination serologic testing.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

Section III is sufficient.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

To participate in TVFC and ASN, providers must apply and follow programmatic policy manuals based on federal requirements.

Texas Vaccines for Children Program clients must be:

- Enrolled in the Texas Medicaid or CHIP programs, or
- Are children of Native American or Native Alaskan descent, or

- Do not have insurance or their existing health insurance does not cover vaccines.

Adult Safety Net Program clients must be:

- 19 years or older;
- Not enrolled in Medicare or Medicare, and either
- Have no health insurance or their existing health insurance does not cover vaccinations.

Entities/Individuals Impacted by DSHS Immunization Section Program	
Metric	**Number**
Total TVFC and ASN Provider Sites	~3,000
Children Served by TVFC	~5.2 Million
Adults Served by ASN	~227,000
Total Clients in ImmTrac2	~32.8 Million*
Number of Registered ImmTrac2 Sites	~37,000
Babies Born to Hepatitis B-Positive Mothers	582

**Data as of August 11, 2025, and includes all client types, all ages, and all addresses, not just Texas addresses. Clients who are marked as deceased are not included in this count.*

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Texas Vaccines for Children and Adult Safety Net Program: The DSHS Immunization Section administers the TVFC and ASN programs through a structured process to ensure compliance and effective vaccine distribution. This structured administration process ensures the effective distribution and monitoring of vaccines, maintaining high standards of public health and compliance with state and federal regulations.

The Immunization Section contracts with 50 LHDs and a vendor to provide oversight and quality assurance for providers enrolled in TVFC and ASN. Contracted LHDs are known as Responsible Entities (REs) in this context, ensuring program compliance and accurate reporting for providers in their jurisdiction. REs review and approve provider vaccine orders for shipment from CDC vendors. The Section uses the following systems to support TVFC And ASN.

- The Syntropi system supports provider enrollment.
- The Vaccine Allocation and Ordering System (VAOS) is used for vaccine ordering and reporting. Providers must report temperature logs, vaccine administration, transfers, waste, and inventory into VAOS.

- VTrcks (Vaccine Tracking System) is a CDC system states use to order vaccine and track shipment processing. VAOS orders are uploaded into VTrcks.

Perinatal Hepatitis B Prevention: The Program ensures that delivering facilities/hospitals receive all prenatal laboratory reports prior to delivery to ensure identification and timely treatment for babies born to hepatitis B-positive mothers. The Program has used the PeriHep B Salesforce application since 2022 to track cases and ensure parents are able to complete their baby's treatment and screening.

School Compliance: School administrative and nursing staff at public school districts and accredited private schools use the Child Health Reporting System (CHRS) to self-report aggregated vaccination data. This data is reported annually between October and December.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See previously-submitted Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The DSHS Immunization Section maintains memoranda of understanding with seven FQHCs and rural health clinics (RHCs) to deputize LHDs and DSHS regional clinics to administer TVFC vaccine to underinsured clients in the public health clinics. These MOUS are the provide a mechanism for DSHS to comply with federal grant requirements specific to allowing underinsured children to benefit from TVFC.

The Immunization Section also has an agreement with HHSC to facilitate ImmTrac2 data sharing between DSHS and the Medicaid program.

I. If the division or program 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 the Section
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	The Section contracts with 50 LHDs to implement immunizations activities for children, adolescents, and adults within their jurisdictions. LHDs also perform other immunization activities in their local areas, such as working with local physicians and clinics on vaccine management, quality assurance, perinatal hepatitis B prevention case management, vaccine education, and awareness.

Federal Units of Government

Name	Description	Relationship to the Section
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides funding through a cooperative agreement and outlines requirements and immunization activities to be conducted in Texas.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Pharmacy

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

Name of Division or Program:	Pharmacy Unit
Location within the Agency:	Infectious Disease Prevention Division
Contact Name:	Joshua Hutchison, Deputy Commissioner
Statutory Citation:	Texas Health and Safety Code, Chapter 442

B. What is the objective of this division or program? Describe its major activities.

The DSHS Pharmacy Unit is responsible for the storage and distribution of medications, supplies, and vaccines as needed for the Tuberculous and Hansen's Disease Unit, the HIV/STD Section, and the Immunization Section. The DSHS Central Pharmacy serves as a covered entity for the 340B Drug

Discount Pricing Program for TB and STD medications it distributes. To dispense these 340B medications, the DSHS Pharmacy maintains a Class A Pharmacy License and provides oversight to 89 Class D Pharmacies across Texas's Public Health Regions.

The DSHS Pharmacy administers the statewide Prescription Drug Donation Program that allows people to donate prescription drugs they would normally discard to participating providers. The Pharmacy manages provider orders through the Pharmacy Inventory Ordering System (PIOS).

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The Pharmacy must maintain standards through its Texas Board of Pharmacy and FDA licensures. Additionally, the Pharmacy completes an annual physical inventory count to confirm electronic inventory counts in the electronic inventory monitoring system, Pharmacy Inventory Management System (PIMS). The Pharmacy also completes an annual projection on the amount of funding needed to maintain operations for each IDP program, which it provides to the programs for each fiscal year. The total inventory value stored at the DSHS Pharmacy is over $60 million.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2020 – The DSHS Pharmacy received its Class A Pharmacy license from the Texas State Board of Pharmacy, allowing the compounding and direct shipping of custom medication preparations.

2023 – The Pharmacy Unit replaces the legacy application ITEAMS with PIMS. It also launches PIOS, which allows providers to place, track, and receive orders from the Pharmacy Unit.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected:

The DSHS Pharmacy serves the needs of other DSHS programs within the IDP Division and in DSHS regional offices: HIV/STD, TB, and Immunizations. This includes supplying medications for the Texas HIV Medication Program to over 364 retail pharmacies and supplying approximately 125 public health facilities with STD treatments and 90 public health facilities with TB treatments.

See response to Question F for more information.

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The Pharmacy staffing requirements include two licensed pharmacists and six certified pharmacy technicians to maintain program operations.

The Class A-S pharmacist-in-charge renews the Pharmacy's Class A-S license with the Texas Board of Pharmacy every two years. The Class A-S, or Community Pharmacy Engaged in Compounding Sterile Preparations Pharmacy, license allows DSHS to dispense a drug to the public under a prescription drug order and engage in compounding sterile preparations.

The Class D pharmacist-in-charge renews DSHS Class D, or Clinic Pharmacy licenses, every two years. Class D Pharmacy licenses allow DSHS to ship medications to 89 DSHS regional sites for distribution to eligible clients. Since 2016, DSHS has increased the number of DSHS sites that may receive medication shipments from only the regional headquarters to 89 field offices throughout the state. This allows for more timely receipt and administration of medication to DSHS clients.

The Pharmacy provides medication and support to health departments; qualifying STD clinics and retail pharmacies statewide for multiple programs including TB, HIV, STD, Immunizations, Zoonosis, and Hansen's Disease; and the Capitol Nurse's Station at the Texas State Capitol Building upon request. The Pharmacy also supports emergency response efforts. The Pharmacy:

- Receives, stores, and distributes vaccines as needed.
- Provides customer service support and training for the Pharmacy Information and ordering System (PIOS).
- Stores medications in a controlled environment and in compliance with current Good Manufacturing Practices (cGMP) per FDA guidelines.
- Implements an inventory monitoring system uses a barcode scanner to ensure the correct drug is being selected for repackaging or relabeling.
- Maintains four commercial-grade walk-in refrigerators, two walk-in freezers, and two reach-in freezers are available for proper storage of all cold products.
- Stores emergency medications for the United States Postal Service and the Emergency Medical Service Chempack for the Strategic National Stockpile.

The DSHS Central Pharmacy serves as the parent covered entity for the TB and STD 340B Drug Discount Programs. As a recipient of the federal 340B drug discount program, the DSHS Central Pharmacy and facilities that receive its medications are subject to audit by HRSA and drug manufacturers. To ensure program compliance, the Central Pharmacy 340B team conducts mandatory training and performs self-audits and bench review audits for enrolled sites. The team escalates noncompliance concerns and addresses them with corrective action plans and retraining opportunities. The DSHS Central Office collaborates with the DSHS Internal Audit Team to ensure compliance. Provider enrollment forms for the program include:

- DSHS Pharmacy Providers Enrollment
- Program Assurance Form for Enrolling Providers
- Memorandum of Understanding

The Pharmacy depends on two systems to perform its functions:

- PIMS manages warehouse inventory and processes orders for vaccines, medications, and medical supplies. PIMS can interface with other systems, including shipping software systems, FastPak drug repackaging equipment, and order-placing systems, such as PIOS and TakeChargeTexas. PIMS has the ordering functionality to receive, complete, and track orders throughout the entire order lifecycle. Through PIMS, internal pharmacy staff can manage, track, adjust, receive, and store inventory.
- PIOS consolidates business unit processes into one system and allows providers to place orders for their registered program or entity. The Pharmacy is responsible for provisioning account requests and verifying provider eligibility.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The Pharmacy Unit collaborates with the TB Unit and HIV/STD Section to execute MOUs for 340B covered entities. These MOUs meet requirements for ordering medications under the DSHS Pharmacy Unit's Central Distribution Model.

I. If the division or program 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 the Pharmacy
LHDs	Local entities that may be created by city or county government to serve their	The pharmacy processes and distributes orders for 52 local health

	communities. The scope of an LHD varies based on local decision-making and resources.	department facilities throughout Texas.

Federal Units of Government

Name	Description	Relationship to the Pharmacy
HRSA	The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.	The Pharmacy benefits from the HRSA 340B Drug Program prices. The 340B Prime Vendor Program Partner, Apexus provides resources and training.
FDA	Federal agency responsible for assuring the safety, efficacy, and security of drugs, biological products, medical devices, food supply, cosmetics, and products that emit radiation.	The pharmacy maintains a license with FDA as a drug manufacturer subclass repackager and relabeler.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

The information above is sufficient.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Tuberculosis and Hansen's Disease

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

Name of Division or Program:	Tuberculosis and Hansen's Disease Unit
Location within the Agency:	Infectious Disease Prevention Division
Contact Name:	Sandra Morris, Director
Statutory Citation:	Texas Health and Safety Code, Chapters 31, 81, 89, and 161

B. What is the objective of this division or program? Describe its major activities.

The objectives of the TB and Hansen's Disease Unit are to reduce the prevalence of TB and Hansen's disease and provide case management and treatment for individuals infected with TB or Hansen's disease.

TB Prevention and Control: The TB Program within the Unit is responsible for all Texas TB data, including required data submission to CDC. Through DSHS regional staff and contracts with LHDs, the program provides a range of TB services: epidemiologic investigations, disease surveillance, and reporting; symptom screening and testing; clinical assessment, diagnosis, and treatment; patient education; medical case management; and expert medical and nursing consultation. The TB Program also provides services for targeted clients through the:

- ***Binational TB Program***: A formal partnership between Texas and Mexico to address TB along the Texas-Mexico border. The program consists of physicians, nurses, managers, and coordinators in Texas working in close collaboration with physicians and nurses in Mexico to provide direct outpatient care services to eligible patients. Established in 1991, the goal of the

program is to reduce transmission of TB along the Texas-Mexico border to protect public health in Texas.

- ***Correctional TB Program*:** The Correctional TB Program provides technical assistance to all county jails and other correctional facilities required to screen for, evaluate, and treat TB. These correctional facilities must have an approved TB control plan. The Correctional TB Program also consults with correctional facilities when they have a case of TB within their facility to help identify persons with risk of exposure and to help continuity of care upon release or transfer.

Hansen's Disease Program: The Hansen's Disease Program provides resources for Texas residents to receive diagnosis and early treatment of Hansen's disease. These services are provided through contracted outpatient Hansen's disease clinics, DSHS Texas Center for Infectious Disease, and DSHS PHR 11 (South Texas). The program is also responsible for reporting cases to the National Hansen's Disease Program (HCDP) national registry as part of federal grant requirements.

Services include:

- Physician evaluation, treatment, interstate consultations, and diagnostic studies;
- Nurse administration oversight, case management, and medication;
- Patient education on transmissibility and treatment;
- Referrals for specialized medical services to treat deformities and disabilities;
- Outpatient treatment and rehabilitative services; and
- Educational activities to promote provider awareness.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The Unit measures its effectiveness and efficiency by evaluating program activities and analyzing relevant data. The unit uses the methods and metrics below to assess the effectiveness and efficiency of the program:

Tuberculosis:

- TB disease investigations conducted (LBB).
- Incidence Rate of TB disease per 100,000 Texas Residents (LBB).
- Number of individuals diagnosed with TB infection or latent TB infection.
- Number of individuals exposed to an individual with active TB disease.
- Newly reported TB cases aged 12 or older who received an HIV test, unless documented evidence of an HIV positive result exists or the patient refuses.

- Percent of suspected and confirmed TB disease cases placed on directly observed therapy (DOT) at any time during treatment.
- Percent of newly reported suspected and confirmed cases of TB disease who started the standard four-drug regimen.
- Percent of newly identified contacts who are identified through investigation due to association with a TB disease case and who receive evaluation for latent TB infection and TB disease.
- Percent of contacts identified through investigation who are diagnosed with latent TB infection and start treatment for TB infection within a week of diagnosis.
- Percent of TB infection-positive contacts who initiate and complete treatment for latent TB infection within the recommended timeframe.
- Binational TB Program:
    - Number of people screened for TB.
    - Number of individuals diagnosed with latent TB infection or disease.
    - Number of eligible individuals who receive and complete treatment.
- Correctional TB Program:
    - Number of inmates screened for TB.
    - Number of inmates diagnosed with latent TB infection or TB disease.
    - Number of inmates who receive and complete treatment.

Hansen's Disease:

- Number of new Hansen's disease diagnoses in a year.
- Percent of eligible patients and, as necessary, their contacts who received an exam from a physician with medical expertise in Hansen's disease.
- 100 percent of eligible patients actively managed to receive hand, foot, and eye screens per protocol.
- Percent of eligible patients who received referrals to ancillary care or specialists.
- Percent of patients on multi-drug therapy who complete therapy according to the schedule.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1991 – DSHS establishes the Binational TB Program to address the high incidence of TB disease cases along the Texas-Mexico border to reduce TB disease transmission and protect public health in Texas.

1993 – Texas Health and Safety Code, Chapter 89, requires certain jails in Texas to screen for, evaluate, and treat TB disease. The TB Unit's role is to oversee these activities among jails.

1994 – CDC provides grant funding to DSHS to establish the Tuberculosis Research and Education Center.

2005 – The Tuberculosis Research and Education Center becomes the Heartland National TB Center and is established as one of four CDC TB Centers of Excellence. Heartland provides training and expert TB medical consultation for providers and public health.

2019 – TB Unit epidemiologists start routine detection, tracking, and investigation of clusters of TB disease using genotyping and surveillance information. This allows the Unit to better identify and address areas of high transmission of TB disease.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

The TB Program serves all Texas residents with TB disease, latent TB infection, or exposure to TB disease.

Eligibility Requirements for individuals to receive outpatient care through the Binational TB Program are as follows:

- Referral from a U.S. provider for follow-up treatment in Mexico.
- Proof of legal dual residency in the U.S. and Mexico.
- Proof of residency in Mexico, with contacts on both sides of the Texas border during the infectious period. This must include proof of a Texas address verified using an address verification database (e.g., Accurint).

Entities/Individuals Impacted by the TB and Hansen's Unit, 2023	
Metric	**Number**
Individuals Treated for TB Disease through DSHS PHRs or LHDs	~3,400
Inmates Screened for TB Disease – Correctional	263,925
Inmates Diagnosed with TB Disease– Correctional	16
Inmates Diagnosed with Latent TB Infection – Correctional	3,360
Individuals Diagnosed with TB – Binational	91
Individuals Diagnosed with Latent TB Infection – Binational	138

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Tuberculosis: The Unit allocates funds to LHDs and eight DSHS PHRs to perform outpatient TB prevention and care services statewide. The Unit establishes core elements to design a funded outpatient TB program, prepares and maintains standards of care, and develops methods to deliver appropriate services. The Unit also provides laboratory support, medications, testing supplies, and courier transport to facilitate patient care provided at each outpatient TB clinic. The program also contracts the Heartland National TB Center to provide medical consultation, education, and training.

The Unit's Correctional TB Program assists 150 jails that are required by statute to screen for, evaluate, and treat TB, as well as community corrections facilities regulated by TDCJ. The Unit partners with TDCJ related to TDCJ facilities and with the Texas Commission on Jail Standards to identify jails required to screen for, evaluate, and treat TB. The Unit provides standards and tools for these facilities:

- DSHS Tuberculosis Standards for Texas Correctional and Detention Facilities, and
- Correctional Screening Plan Template.

The Unit monitors correctional TB risk assessments, correctional TB screening plans, monthly correctional TB reports, monthly report of TB conditions, and supply requests. The Unit also contracts with LHDs and DSHS PHRs to monitor these activities.

- Each facility annually completes a correctional TB screening plan to capture each jail's framework to screen, report, and treat TB, including ensuring the continuity of care for inmates transferred to another jail or released to the community. The Unit reviews and approve these plans.
- The Unit provides technical support to LHDs, PHRs, and jail personnel, as needed, to ensure the timely and accurate submission of monthly reports.
- The Unit provides TB testing supplies to jails.
- The Unit provides guidance to jails when an inmate is diagnosed with TB disease.

The Unit maintains continuity of care resources for correctional facilities to coordinate TB care post-incarceration for inmates released to the community. The Binational TB Program in the TB and Hansen's Disease Unit addresses the high incidence of TB disease cases along the border. This is accomplished through contracts with Mexican Federation of Private Associations (FEMAP) to coordinate four binational sites:

- Juntos, established in 1991, for El Paso-Ciudad Juarez, Chihuahua, Mexico area.
- Los Dos Laredos, established in 1993, for Laredo and Nuevo Laredo, Tamaulipas, Mexico area.
- Grupo Sin Fronteras, established in 1995, for Brownsville-Matamoros, Tamaulipas and McAllen-Reynosa.

- Esperanza y Amistad, established in 2010, for Eagle Pass-Piedras Negras, Coahuila, Mexico areas.

The Binational TB Program operates under the following policy manual:

- Binational Tuberculosis (TB) Program Manual

The Unit uses the National Electronic Disease Surveillance System to facilitate case investigations and disease reporting. NEDSS is the primary system for processing and distributing electronic laboratory reports (ELRs) that trigger public health investigations of notifiable disease conditions like TB. NEDSS also facilitates required disease reporting to CDC.

Hansen's Disease: The TB and Hansen's Disease Unit administers outpatient Hansen's disease services by allocating funds to outpatient Hansen's disease clinics. Services must meet federal requirements from HRSA National Hansen's Disease Program (NHDP), U.S. HHS, and the HRSA Bureau of Primary Health Care.

The Unit provides laboratory support, medications, and courier transport to facilitate patient care at each outpatient Hansen's Disease treatment clinic. The Unit contracts with the Amarillo Public Health Department and Denton County Public Health to provide outpatient services. Additionally, DSHS offers outpatient services at DSHS PHR 11 and TCID. The Unit refers clinics to the following resources:

- Hansen's Disease Service Delivery Work Plan,
- NHDP Guide to the Management of Hansen's Disease, and
- Hansen's Disease Forms.

Providers document the number of patient encounters, including office visits, telephone calls, medication refills, and written communications, and submit them to the Hansen's Disease Program within three working days of the encounter date.

The Unit is required to report all cases of Hansen's disease NHDP's Hansen's Disease Application to report all Hansen's disease cases to NHDP. This includes demographics, treatment, and closure information. It is accessed only at the state level for reporting purposes.

In 2021, the TB and Hansen's Disease Unit formed the Continuous Quality Improvement (CQI) team to perform quality assurance activities. The CQI team monitors Unit contracts with LHDs and DSHS PHRs and:

- Assesses, evaluates, and determines compliance with national and state TB standards;
- Monitors and evaluates progress toward meeting performance objectives;
- Oversees TB targeted testing initiatives;
- Oversees TB cohort review activities;
- Oversees correctional TB screening, reporting, and monitoring activities;
- Conducts onsite review activities and scheduled site visits for funded TB programs; and
- Monitors the distribution of state-purchased supplies to TB-funded programs.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The TB and Hansen's Disease Unit enters MOUs with organizations for the purchase and distribution TB medications through 340B Drug Pricing Program.

The Unit contracts with the University of Texas Health Science Center (UTHSC) at Tyler for the Heartland National TB Center to provide expert medical TB consultation services for the medical management of patients with TB exposure, latent infection, or disease, who are managed by DSHS-funded clinics.

I. If the division or program 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 TB Unit
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	LHDs receive funding from the TB Unit to deliver public health services and conduct disease surveillance specific to TB and, where applicable, Hansen's Disease. They work in partnership with DSHS in disease surveillance, case management, treatment, prevention, and control activities.

Federal Units of Government

Name	Description	Relationship to TB Unit
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC provides funding for TB services and works in partnership on disease surveillance, prevention, and control activities.

HRSA	The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.	HRSA operates the National Hansen's Disease Program, which provides funding for DSHS Hansen's disease services.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Public Health Laboratory Division

Deputy Commissioner, Grace Kubin

The Public Health Laboratory (PHL) Division is responsible for the state's public health laboratory services. The Division ensures seamless operations of these services at two facilities and is also responsible for the many quality assurance and business operations required to ensure effective services. Division responsibilities include:

- Testing for newborn screening, clinical chemistry and microbiological specimens and environmental samples.
- Maintenance and monitoring of laboratory space and equipment;
- Quality assurance and regular monitoring to ensure test results for all test types are accurate and dependable;
- Shipping and receiving for thousands of specimens from all over the state;
- Maintaining multiple information systems to securely track specimens and report out testing results to the appropriate entity or providers;
- Working with other laboratories in the state to ensure an adequate network of public health testing, especially in times of outbreak or response;
- Planning and deploying new test types, including bringing up new tests during public health emergency responses; and
- Administration of a laboratory fee schedule for certain services to support laboratory operations.

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

Name of Division or Program:	Public Health Laboratory
Contact Name:	Grace Kubin, Deputy Commissioner
Statutory Citation:	Texas Health and Safety Code Chapters 12, 33, 161, 435, and 826

B. What is the objective of this division or program? Describe its major activities.

PHL's primary objective is to provide analytical laboratory services in support of public health program activities, LHD partners, TCID, healthcare providers, and the South Texas Health Care System. PHL operates two laboratories: the DSHS Public Health Laboratory in Austin and South Texas Laboratory (STL) in Harlingen.

PHL works tirelessly to keep Texans safe and healthy. Laboratory services run six days a week, and augment to seven days a week for outbreaks and high consequence investigations. The Austin Laboratory is one of the largest public health laboratories in the United States. Annually, the Austin Laboratory receives approximately 1.3 million specimens per year and performs approximately 1.9

million tests for infectious and food-borne diseases, biological and chemical compounds, and biological agents. Additionally, every year, the Austin Laboratory screens more than 350,000 Texas babies twice for metabolic and congenital disorders. The Austin Laboratory also helps keep drinking water safe by testing water from over 6,800 public water systems.

STL works as an extension of the Austin Laboratory and provides high-quality, accurate test results to residents of the Rio Grande Valley. STL services include certain clinical laboratory testing, tuberculosis testing, STD testing, water testing, testing for biological agents and other health threats.

Both the Austin Laboratory and STL are part of the state's Laboratory Response Network (LRN), a national network of laboratories supported by CDC to respond to biological and chemical threats and other public health hazards. Both laboratories also maintain appropriate certifications for their services, including accreditation by the College of American Pathologists (CAP), Clinical Laboratory Improvement Amendment (CLIA) certification, and National Environmental Laboratory Accreditation Conference (NELAC) accreditation for the microbiological examination of drinking water. The Austin Laboratory is certified by Environmental Protection Agency for chemical and radiological examination of Drinking Water, is ISO/IEC 17025:2017 accredited for food testing, is an FDA-certified milk and dairy laboratory, and accredited by the Federal Select Agent Tier-1 Program.

The DSHS laboratories also maintain Biosafety Level (BSL)-3 standards for certain testing types that can pose a serious threat to public safety. BSL-3 laboratories are specifically designed to protect laboratory workers and ensure containment of toxins within the laboratory setting. DSHS BSL-3 laboratories maintain standards and training as set by the CDC and USDA Federal Select Agent Program. Annual verification of these standards is required for BSL-3 status.

Major PHL activities include the following:

- ***Newborn Screening*:** To test all Texas newborns for 59 disorders. Newborn screening is essential for early identification and treatment of genetic and congenital conditions.
- ***Texas Health Steps Screening*:** To provide screening tests, such as total hemoglobin, and sickle cell, for children enrolled in Texas Health Steps.
- ***Blood Lead Screening*:** To detect lead exposure in human whole blood specimens.
- ***Safe Drinking Water*:** To provide analytical chemistry testing in support of TCEQ administration of EPA Safe Drinking Water Program requirements.
- ***Radiation Control*:** To analyze environmental samples from nuclear power plant sites and the Pantex Weapons Facility.
- ***Environmental Testing*:** To analyze consumer products and environmental samples for contaminants.
- ***Food, Dairy, and Meat Safety Testing*:** To test food, dairy, and meat products for the presence of biological organisms and other toxic substances. The DSHS Laboratory is part of the Food Emergency Response Network (FERN) supported by USDA, which ensures a network of federal, state, and local government regulatory laboratories to perform threat agent testing.
- ***Infectious Disease Testing*:** To provide microbiological laboratory testing in bacteriology, mycology, mycobacteriology, parasitology, serology/immunology, virology, molecular biology,

and entomology in support of DSHS programs. The Austin Laboratory serves as the public health reference laboratory for the state, and in this capacity is often the first Texas laboratory to bring on new specialized tests for emerging disease threats.

- **Clinical Testing:** To provide certain clinical testing in support of TCID and the outpatient clinic at the South Texas Health Care System, including basic blood chemistries testing such as metabolic panels and electrolyte levels and TB drug monitoring.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The key performance measures for PHL are the number of laboratory tests performed and percentage of test results reported within target timeframes. The number of tests performed is a direct measure of the tests submitted to and tested by PHL. 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.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

2001-2002 – The Laboratory first validates and implements methods for tuberculosis extended drug susceptibilities, which allows for better detection of drug-resistant tuberculosis infections.

2002-2003 – The Austin Laboratory is completed, and testing moves from the previous building.

2004 – The Newborn Screening Program began using the SpecimenGate laboratory information management system for processing newborn screening specimens from receipt to diagnoses.

2005 – The Laboratory initiates participation in Tuberculosis National Genotyping Project with CDC which helps to identify the origins of tuberculosis infections.

2006 – The Laboratory begins using the LabWorks laboratory information management system for the processing of drinking water samples which allows for more efficient test result tracking.

2007 – The Laboratory becomes a FERN grant recipient. This grant supports food testing surge capacity nationwide in the event of radiological terrorism or other emergencies.

2008 – The Laboratory receives EPA funding to add equipment to improve the capacity for response in the event of a radiological or nuclear incident.

2008 – The Laboratory upgrades its microbiology laboratory information management system to LabWare, which includes electronic supply inventorying and ordering, to replace the paper system of handwritten orders and faxes.

2009 – The Laboratory responds to the nation-wide update of H1N1 Pandemic Influenza. The Laboratory significantly increases testing capacity to respond to the massive requests for testing.

2009 – The Laboratory receives National Environmental Laboratories Accreditation Conference (NELAC) full accreditation for the testing of drinking water samples.

2009-2010 – The Laboratory receives PulseNet certification for non-0157 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 – The Laboratory first achieves CAP accreditation, which is federally recognized as being equal to or more stringent than the federal government's own inspection program.

2014 – The Laboratory begins whole genome sequencing of bacteria associated with food-borne disease outbreaks, improving the Texas public health system's ability to detect outbreak sources.

2014 – The Laboratory detects the first ever diagnosed case of Ebola in the U.S. The Laboratory would subsequently test specimens from the other two cases diagnosed in the U.S.

2016 – The Laboratory implements testing for Zika, both for human specimens and mosquito pools, in response to the worldwide outbreak.

2020 – The Laboratory responds to the pandemic by bringing on COVID-19 testing.

2023 – The Laboratory successfully implements a validated monkeypox virus sequencing assay in response to the mpox outbreak in the U.S.

2023 – The Laboratory, which previously was a section within the Laboratory and Infectious Disease Services Division, is reorganized as the Public Health Laboratory Division.

2023 – PHL becomes one of five National Influenza Sequencing Centers.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

N/A

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

PHL provides clinical and analytical laboratory services at its main Laboratory in Austin and at STL, which is co-located with the Rio Grande State Center in Harlingen. The Austin Laboratory provides the

majority of DSHS laboratory services. PHL works directly with numerous DSHS programs to administer testing in support of those program's activities. DSHS programs that benefit from PHL include:

- Disease Surveillance and Epidemiology,
- Center for Health Emergency Preparedness and Response,
- Zoonosis Control,
- Immunizations,
- Tuberculosis,
- HIV/STD,
- Milk and Dairy Safety,
- Food Safety,
- Environmental and Consumer Safety,
- Meat Safety Assurance,
- Seafood Safety,
- Newborn Screening,
- Texas Health Steps,
- Childhood Lead Poisoning and Prevention Program,
- TCID,
- Radiation Safety Licensing, and
- Regional and Local Health Operations.

PHL also receives specimens from healthcare facilities, providers, LHDs, and the public. PHL provides submitters a manual related to collection, handling, and submission of specimens. These include:

- Laboratory Testing Services Manual
- THSteps Fingerstick Blood Specimen Collection
- THSteps Venipuncture Blood Specimen Collection
- Packaging and Shipping Blood Tubes
- Submitting Rabies Specimens to the Laboratory
- Newborn Screening Specimen Collection Requirements

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

PHL is entirely self-supported through fee revenue and federal grants. Developing and implementing new testing and upgrading testing methods and equipment can be challenging as PHL's appropriated

funding is intended only to cover the costs of current testing. PHL evaluates fee levels annually and implements changes as needed to ensure that fee revenue continues to cover costs.

PHL charges fees to submitters for processing and testing submitted samples (see Health and Safety Code, Section 33.004, relating to the newborn screening program and Health and Safety Code, Section 12.032, relating to fees for public health services). The fee revenue is deposited to General Revenue Dedicated Account No. 524 – Public Health Service Fee. Current information on fees may be found at:

- Laboratory Fee Schedule (As of September 1, 2025)

In 2011, DSHS engaged an outside vendor to develop a cost allocation methodology, which is used to establish fees for each test performed by PHL. These public health service fees range from as little as $1.37 to as much as $1,727.08. The fees cover the staff, equipment, preparation, supplies, and related materials needed to process a specific test, as well as overhead costs. Fees are determined by performing studies to calculate the direct cost (labor and supplies) of performing the test, and then adding the indirect cost (e.g., equipment, infrastructure, building operations, administration, and support staff). Federal CMS determines Medicaid reimbursement fees through its laboratory fee schedule. CMS has granted a Freedom of Choice Exemption to Texas, which allows PHL to charge Medicaid 108% of the fee posted in the CMS fee schedule for Texas Medicaid-eligible clients. This revenue is collected and deposited in Public Health Medicaid Reimbursements Account No. 709.

In 2019, the 86th Legislature established the Newborn Screening Preservation Account, which may be used to pay the initial costs of implementing additional newborn screening tests. PHL's use of the Preservation Account is limited by the terms of the General Appropriations Act's Health & Human Services Special Provision 14 which caps withdrawals at $12 million per biennium, limits usage to only conditions on the Recommended Uniform Screening Panel and allows deposits into the account only if revenue exceeds appropriations, instead of exceeding expenditures.

PHL is also funded through other sources, including other dedicated accounts and federal grants. Historic federal funding sources that support the PHL Division include CDC Epidemiology and Laboratory Capacity grant, CDC Public Health Emergency Preparedness grant FDA Laboratory Flexible Funding Model, and HRSA Propel for Newborn Screening grant. Federal decisions regarding grant amounts to the state can have a significant impact on PHL operations.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

PHL maintains interagency agreements with the Texas Facilities Commission for building operations, renovations, support, and maintenance. Additionally, PHL has mutual assistance agreements in place with other out-of-state public health laboratories to ensure continuity of operations in the event of a disaster.

Finally, in its role as the principal state drinking water laboratory, PHL conducts analysis to help determine compliance with the United States Safe Drinking Water Act for public water supply systems on behalf of TCEQ. Alongside the Lower Colorado River Authority, PHL maintains a 60/40 split of testing

for drinking water compliance samples for TCEQ; however, PHL is the only laboratory that performs radiochemical testing for drinking water and testing of samples to monitor nuclear power plants in the state.

I. If the division or program 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 PHL
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, San Antonio Metro Health District, Tyler- Public Health Laboratory of East Texas, Tarrant County Public Health District, and the Texas Tech University Bioterrorism Response Laboratory.	Public health laboratories that are part of the LRN.	PHL passes on LRN grant funds to these entities, and coordinates with them on related public health and laboratory activities. Each LRN serves the counties in their service region. In addition to LRN obligations, these laboratories provide testing for disease and environmental concerns as designated by their county or city.
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	Entities that operate local public health laboratories.	These laboratories provide testing for disease and environmental concerns as designated by their county or city. PHL coordinates with these laboratories and offers technical assistance and backup testing services as needed.

Federal Units of Government

Name	Description	Relationship to PHL
EPA	Federal agency responsible for protecting human health and the environment.	PHL receives EPA funding for special projects to increase testing capabilities, such as PFAS. EPA provides standards and consultation on environmental testing.
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	PHL receives CDC funding. CDC provides testing methodologies, reagents, and materials. CDC coordinates the LRN. CDC also provides newborn screening reference materials and proficiency testing.
FDA	Federal agency responsible for assuring the safety, efficacy, and security of drugs, biological products, medical devices, food supply, cosmetics, and products that emit radiation.	FDA mandates food, milk, and shellfish testing and provides guidance and assistance. PHL receives some funding to increase testing capabilities.
DHS	Federal agency with the mission of protecting the country's public safety in the air, on land, at sea, and in cyberspace.	DHS administers the Biowatch program in coordination with the CDC LRN program, to detect biological attacks. DHS provides PHL staff, equipment, and supplies for Biowatch testing.
Department of Defense (DOD)	Federal agency that coordinates U.S. armed forces, including healthcare services to Service Members and their families.	PHL serves as a reference laboratory to DOD military installations in Texas.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

DSHS has fully maximized 100 percent of the 119,600 square feet of usable space in the Austin Laboratory building. DSHS has extensively reconfigured the building, with equipment and supplies spilling over into walkways.

Testing areas must serve as multipurpose spaces, juggling the high-volume intake of specimens and testing supplies, including reagents that may require safe handling. Testing areas are also subject to constant upheaval in the form of equipment repairs, workarounds for building maintenance issues, and losing space due to other more pressing space reallocation needs. Combined, these space issues pose a challenge to ensuring testing areas are safe for laboratory staff and to adding new testing capabilities in coming years.

The 89th Legislature addressed this issue by allowing DSHS capital authority to construct a new laboratory on the same campus as the current Austin Laboratory. DSHS is in the process of initiating this project, which will take several years. Until the new space's completion, PHL's ability to add new tests, including additional newborn screens, will be limited.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

Public health laboratories differ from private clinical laboratories in various aspects of their primary purpose, scope of testing, and organizational configuration. Public health laboratories focus on protecting community health through surveillance, disease prevention, and outbreak investigation, ensuring newborn screening is performed for all babies born in Texas, and providing support for government health agencies and emergency responses. Private clinical laboratories primarily serve individual patients by conducting diagnostic tests ordered by physicians and operate as businesses providing medical testing services.

Public health laboratories conduct testing for infectious disease surveillance (e.g., Ebola virus, tuberculosis), monitor environmental hazards (e.g., water, soil, air quality) and screen for bioterrorism agents or other emerging health threats to help prevent the spread of disease and to ensure water is safe to drink and food is safe to eat. Importantly, public health laboratories connect to other aspects of the public health and emergency response system that ensure swift action occurs related to time sensitive test results. This includes public health follow up and protocols that occur following a positive infectious disease or biological agent test result.

Private clinical laboratories perform testing services such as routine medical tests (blood panels, biopsies, etc.) and focus on diagnostics for personal treatment decisions. Typically, public health laboratories are associated with local, state, or federal government agencies, which are not for profit entities supported by public funds. Public health laboratories provide services for uninsured or underinsured populations that lack access to routine healthcare. Private clinical laboratories are operated by private companies or healthcare systems, which are profit-driven and funded through insurance or out-of-pocket payments.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Center for Public Health Policy and Practice

Medical Director, Stephen J. Pont, MD, MPH

The DSHS Center for Public Health Policy and Practice (CPHPP) works to improve the health of all Texans through increasing the impact of the public health system by developing and advancing public health workforce, partnership, research, and policy initiatives. The Center consists of:

- Office of Practice and Learning (OPL),
- Office of Preventive Medicine (OPM),
- Public Health Research Advancement Section,
- Public Health Partnership Advancement Section, and
- Office of Public Health Policy (OPHP).

Additionally, the Medical Director of CPHPP serves as a physician resource for the executive team and assists with requests for and from the Commissioner (e.g., technical briefs, public speaking, additional DSHS representative for committees and workgroups), provides executive leadership for special projects, and advances DSHS physician collaboration and engagement through leading the DSHS Physician Council.

Office of Practice and Learning

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

Name of Division or Program:	Office of Practice and Learning
Location within the Agency:	Center for Public Health Policy and Practice
Contact Name:	Courtney Dezendorf, Director
Statutory Citation:	Texas Health and Safety Code, Sections 121.102 and 121.0066

B. What is the objective of this division or program? Describe its major activities.

Office of Practice and Learning programs and initiatives develop and strengthen the DSHS public health workforce and serve as a hub for academic partnerships. OPL contributes to recruitment and retention, continuous education, training, and professional development.

Continuing Education (CE) Program: Provides CE credits and contact hours for DSHS, HHSC, and approved external partner organizations' educational activities. The program promotes continuous professional development for public health and healthcare professionals. The CE Program is an accredited provider that awards over 100,000 continuing education credits to over 300 events each year. See response to Question E for more information on professions that benefit from this program.

DSHS Library: Consists of a full-service medical and research library and audio-visual library. Services include reference and research technical assistance, literature searches with free full-text copies of related publications, and access to interlibrary loan services. The library also supports training on grant

writing, research skills and resources, and effective management of agency records. The library oversees records management and retention issues for DSHS and provides library research support and resources to HHS system employees, and statewide access to health and safety audiovisuals.

Internship Program: Provides students with hands-on experience working on real-world public health projects and serves a pipeline to fill local and state public health vacancies. Interns are exposed to the varied work of DSHS and the many career paths in public health.

Texas Public Health Fellowship Program: Provides one-year, full-time, paid early career training and employment opportunities to recent graduates and individuals interested in transitioning their skills and expertise into public health. Fellows work side by side with public health professionals within DSHS or at an LHD and receive career coaching, a mentor, and professional development opportunities. The fellowship program bridges a gap that sometimes exists between academic degree programs and jobs at DSHS.

Grand Rounds: A series of monthly presentations focused on a wide range of public health topics. DSHS provides Grand Rounds at no cost to participants and offers CE credits for attendance. Grand Rounds seeks to encourage better understanding of the science of public health, including the examination of peer reviewed literature, and adoption of evidence-based practices.

Public Health Workforce Training Center: A centralized hub of high-quality public health professional development learning resources and training opportunities. The Center's goal is to support staff in continuing their education, advancing their careers, and strengthen the quality of public health service to Texans.

Academic Public Health Partnership Initiative: A consortium of schools of public health and DSHS developed to strengthen and enhance activities between public health practice and academic institutions. Academic Public Health Partnerships, sometimes referred to as "academic health departments," are formal relationships between public health departments and academic institutions. They can be as simple as an agreement to host interns or as sophisticated as developing public health curricula or pursuing joint grants. The Academic Public Health Consortium seeks to prepare, educate, and train the public health workforce, improve public health workforce efficiency and operation, and speed the translation of research to public health practices, including pilot projects.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

OPL sets programmatic goals each year, collects metrics, and tracks progress. These include:

- Number of courses and learners through the CE program;
- Number of information requests fulfilled, and trainings offered through the DSHS Library;
- Numbers of intern applications and completed internships each year;

- Number of Public Health Fellows who go on to work in government public health;
- Number of attendees and CE credits awarded through Grand Rounds.

In addition, OPL leads the following two action items in the DSHS Strategic Plan. Strategic Plan item progress is monitored and reported to the DSHS commissioner at least quarterly.

- Action Item 4.2.1: Workforce Engagement in DSHS Early Career Programs. Increase staff involvement in early career programs and experiential learning activities as a recruitment strategy to continue to grow a high-functioning workforce.
- Action Item 4.2.2: Academic Public Health Partnerships. Develop a strategy with academic public health partners to bridge the gap between academia and practice and strengthen the current and future public health workforce.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1937-1938 – The DSHS Library is estimated to be established.

2004 – The DSHS Continuing Education Program is established.

2008 – DSHS begins the Grand Rounds program.

2009 – DSHS establishes the Office of Academic Linkages (now known as Office of Practice and Learning) to develop opportunities for increased partnerships with academic institutions.

2022 – DSHS establishes the Texas Public Health Fellowship Program using federal grant funds.

2022 – DSHS establishes the Public Health Workforce Training Center.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Continuing Education Program: The CE program serves several professions. See below for statistical breakdown of CE credits awarded by profession in 2024.

Total Number of Continuing Education Credits Awarded by Profession, 2024	182,110
Certified Health Education Specialists (CHES)	270
Physicians (CME)	10,806
Certified in Public Health Professionals (CPH)	174
Licensed Marriage and Family Therapists (LMFT)	678
Licensed Psychologists (LP)	1,850

Licensed Professional Counselors (LPC)	8,370
Nurses (NCPD)	41,491
Registered Sanitarians (RS)	57
Social Workers (SW)	24,823

Internship Program: The Internship Program is available for undergraduate and graduate students of all majors. Specific qualifications may apply depending on available internship positions.

Internship Metrics (by Semester)	Fall	Spring
Number of Attendees at Career Panels	300	400
Number of Attendees at Leadership Development Series	0	300
Number of Interns	31	54

* Estimated that 25% of our interns go on to full time roles at DSHS.

Public Health Fellowship Program: All applicants for fellowships must be:

- Be early in their public health career with less than two years of full-time professional; experience in public health OR be transitioning into public health from another industry;
- Commit to full-time work (40 hours per week) for one year;
- Be able to be onsite, in-person full-time during the Fellowship;
- Live in Texas during the Fellowship;
- Participate in professional development activities provided by DSHS;
- Meet expectations of assigned Host Site;
- Provide legal proof of authorization to work in the United States; and
- Participate in Fellowship activities with the group of fellows.

DSHS completed its third cohort of the Texas Public Health Fellowship in May 2025. This has been an impactful program and mechanism to build a pipeline of public health professionals. After 3 years of hosting nearly 100 fellows, 36 went on to work in government public health. Twenty-four (24) currently work at DSHS.

Grand Rounds: There are no eligibility qualifications for participating in Grand Rounds, although CEs are only available for licensed professionals. In fiscal year 2024, a total of 2,231 attendees benefitted from ten Grand Rounds sessions.

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Processes for various OPL programs can be found on the DSHS website. See:

- Continuing Education Program Guide,
- Internship Program Application Information, and
- Texas Public Health Fellowship Information.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The Library has an annual contract with HHSC's Early Childhood Intervention to provide library services and products. OPL has zero-dollar contracts with many academic institutions for hosting internships and coordinating academic activities. OPL has also contracted with local health departments to host fellows in the past.

I. If the division or program 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 OPL
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	The Office of Practice and Learning has worked with LHDs to host public health fellows and has provided training and continuing education credits for many LHD staff.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

OPL's connection to academia allows DSHS to recruit interns and fellows, promote careers at DSHS, and fill workforce needs. OPL hosts monthly career panels where students can learn straight from DSHS staff on what a job in public health looks like day to day and has produced job and major recruitment flyers. OPL provides outreach and presentations to university faculty, staff, and students on internships, careers at DSHS, and the general work of DSHS.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Office of Preventive Medicine

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

Name of Division or Program:	Office of Preventive Medicine
Location within the Agency:	Center for Public Health Policy and Practice
Contact Name:	E. Elizabeth Howard, MD, MPH, Director
Statutory Citation:	Texas Health and Safety Code, Section 121.0066

B. What is the objective of this division or program? Describe its major activities.

OPM manages the DSHS Preventive Medicine Residency Program and Capitol Health Services.

Preventive Medicine Residency Program: Trains physicians in public health and general preventive medicine and serves as a workforce pipeline to meet the need for physician public health leaders for DSHS and local health departments. The Residency program was established in the 1950s and is accredited by the Accreditation Council for Graduate Medical Education (ACGME). Residents earn an MPH degree and complete courses required for American Board of Preventive Medicine (ACPM) board certification.

Capitol Health Services: Provides same day medical care to the Legislature and Capitol support staff and responds to health emergencies within the Capitol. The Capitol clinic is staffed by a nurse practitioner with oversight by the OPM Medical Director. Additionally, the nurse practitioner hosts the Texas Academy of Family Physicians Physician of the Day program. Finally, the Capitol clinic coordinates an annual flu vaccination clinic, partnering with DSHS's regional staff, and provides flu vaccines to staff in the Capitol.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

OPM uses the following metrics to evaluate its services:

- Retention rate of the Residency program and resident pass rate for the ABPM certification exam;
- Number of patient encounters at the Capitol Clinic and number of flu vaccines provided at the annual clinic.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1957 – The Preventive Medicine Residency program was created due to the need for public health physicians in Texas.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Participants in the Residency program must have an MD or DO degree and complete a minimum of 12 months of direct patient care at an ACGME program. The residents must be eligible for and attain an unrestricted Texas Medical License. They must be able to work in the U.S. without a sponsorship. Since 2016, there have been 19 residents.

The Capitol Clinic serves legislators and staff who work in and around the Capitol. The clinic handles over 1,000 patient encounters in a single year.

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

Information on how the Preventive Medicine Residency program application process and requirements may be found at:

- Preventive Medicine Residency Application Process

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

The Preventive Medicine Residency Program has zero-dollar contracts with external partners that host rotations for residents. A Performing Agency Contract is in effect between DSHS and the House of Representatives and the Texas State Senate for operation of the Capitol Health Services Clinic.

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

N/A

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

Sufficient information is included in the responses above.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source

and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Public Health Research Advancement Section

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

Name of Division or Program:	Public Health Research Advancement Section
Location within the Agency:	Center for Public Health Policy and Practice
Contact Name:	Cristina Garcia, PhD, MHS, Director
Statutory Citation:	Texas Health and Safety Code, Sections 108.0135, 121.102, and 121.0066

B. What is the objective of this division or program? Describe its major activities.

PHRAS facilitates the adoption of public health research into practice by providing analytic technical support to executive leadership and agency programs, developing research and data analysis training opportunities to strengthen agency analytic capacity, leading analytic projects to inform program and policy development, and strengthening coordination of research activities across the agency and with academia and external partners. Subject matter expertise includes data analytics, health economics, program and policy evaluation, and human subjects research regulations and statutes.

PHRAS also administers the DSHS Institutional Review Board (IRB) and provides administrative support to the Research Executive Steering Committee, established in 2011 to conduct management and policy review of research projects. The DSHS IRB has the authority to approve, require modifications in, or disapprove all research activities that fall within its jurisdiction as specified in the federal regulations, state regulations and statutes, and policy. Since 2000, the DSHS IRB has reviewed over 1,550 research applications, including approved, disapproved, and exempt applications.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The Section tracks the following metrics for its functions:

- Number of programs/projects provided technical support;
- Number of events hosted to promote research and analytic collaborations;

- Number of trainings or workshops hosted for DSHS staff to strengthen research and analytic skills;
- Number of active studies monitored by the IRB;
- Number of applications processed by the IRB, including new data requests, research renewals, and amendments.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1991 – The DSHS IRB is estimated to have been in existence since at least 1991.

1999 – The Texas Legislature enacts statute to govern the IRB.

2001 – The DSHS IRB is registered with U.S. HHS Office for Human Research Protections (OHRP).

2023 – The DSHS IRB developed a process for web-based application submission and review using the OneAegis System and provided training for researchers and DSHS staff.

2024 – The DSHS IRB application submission and review process fully transitioned from a paper-based system to the web-based OneAegis System.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Since 2000, the DSHS IRB has reviewed over 1,550 research applications, including approved, disapproved, and exempt applications. IRB application performance metrics tracked include:

	Annual Average	2024	2025 (1/1/25 – 5/31/25)
Number of active studies the IRB monitors annually	250-300	280	287
Number of new data request applications considered by the IRB annually	30-75	56	20
Number of research study renewals processed by the IRB annually.	50-100	72	35
Number of research study amendments considered by the IRB annually.	150-250	156	88

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The DSHS IRB operates in accordance with the DSHS policy, AP-900 Institutional Review Board policy. See Attachment 11. Information on the application process is available on the DSHS IRB webpage.

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). ***(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)***

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

All DSHS IRB and DSHS Research Executive Steering Committee approved studies involving the release of DSHS data to external entities require a Memorandum of Understanding/Data Use Agreement (MOU/DUA). The CPHPP Medical Director is the DSHS signatory for the MOU/DUAs, and the DSHS IRB coordinates with the DSHS Contract Management Section to execute the MOU/DUAs.

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

N/A

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

The Section collaborates with Office of Practice and Learning to support the Academic Public Health Consortium. The Section also supports essential public health services by supporting analytic and research activities to improve the agency's ability to utilize health data, evaluate programs, and pilot innovative solutions to improve the health of Texans.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Public Health Partnership Advancement Section

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

Name of Division or Program:	Public Health Partnership Advancement Section
Location within the Agency:	Center for Public Health Policy and Practice
Contact Name:	Jessica R. Hyde, MS, CHES, Director
Statutory Citation:	Texas Health and Safety Code, Sections 121.102, and 121.0066

B. What is the objective of this division or program? Describe its major activities.

PHPAS provides technical support to DSHS programs in implementing systems approaches to population health and developing, cultivating, and maintaining strategic cross-sector partnerships that will improve public health practice, research, and policy. The team strives to improve efficiency of the public health system by identifying opportunities for synergy both within the agency and with external partners, including funders, thus reducing duplication of effort, and maximizing resources across the state.

PHPAS operates the Grant Development Center that provides online grant development education and health-related funding information for nonprofits, government entities, and educational institutions in Texas.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

The Public Health Partnership Advancement Section tracks the following metrics:

- Number of connections made between agency programs and community entities or organizations for potential partnerships;
- Number of organizations the Grant Development Center performed tailored grant searches for, including number of leads/listings for the requestor to pursue;
- Number of funding levels provided through Grant Development Center assistance.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

1990 – The Funding Information Center (FIC) was established as a statewide clearinghouse for funding information on HIV/AIDS-related programs, a state mandate at the time. Over time, the scope of FIC coverage expanded to include almost all public health topics.

2023 – FIC was recoined to be named the Grant Development Center.

2024 – The Grant Development Center was moved from the Office of Practice and Learning to the Public Health Partnership Advancement Section.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Individuals/Entities Affected by the Section	June 2024 – May 2025
Number of HHS Programs Connected with Other System Programs	10
Number of HHS Programs Connected with External Entities	23
Number of External Entities Connected with Potential Organizations for Resource or Information Sharing	10
Organizations Assisted with Grant Searches	97

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

N/A

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

N/A

I. If the division or program 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 PHPAS
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	The Section provides LHDs assistance related to finding grant opportunities and connecting LHDs with potential partners for projects.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

The Public Health Partnership Advancement Section supports Office of Practice and Learning's work with the Academic Public Health Consortium to increase awareness of concerns or priority issues that nonprofits or philanthropic organizations are seeing at a community level so that resulting curricula stays relevant to current need.

The Section actively seeks opportunities to connect public and private entities to agency programs and resources to reduce duplication of effort and maximize reach. The Section also provides this support to local health departments.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Office of Public Health Policy

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

Name of Division or Program:	Office of Public Health Policy
Location within the Agency:	Center for Public Health Policy and Practice
Contact Name:	Zena Hooper, PsyD, MBA, Director
Statutory Citation:	Texas Health and Safety Code, Section 121.0066

B. What is the objective of this division or program? Describe its major activities.

OPHP works to advance public health policy through conducting research on the efficacy and impact of current and potential public health policy interventions across Texas, and compiles and distributes best practices on public health policy. OPHP supports DSHS by participating on and/or monitoring public health related state councils, workgroups, and committees, promoting and strengthening strategic partnerships and fostering collaborative relationships throughout HHSC and other state agencies with related workgroups. OPHP maintains awareness of state and federal legislative developments that may impact DSHS and the public health system in Texas, including bill tracking, understanding legislative intent, interpreting how new or proposed laws will affect the public health system and ensuring the Center's legislative activities are well-coordinated across all relevant departments.

OPHP also oversees the operational functions of the Center. This includes overseeing and optimizing project management and business operations to ensure processes are efficient and fully aligned with DSHS' strategic goals. OPHP streamlines workflows, implements best practices, and leverages technology to enhance operational performance and achieve organizational objectives. The Office also handles the Center's communication needs, both internally and externally.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

OPHP was formed in late 2020. In June 2021, the Center received the Community Conversations on Health grant and OPHP's purpose and function were directed at accomplishing the deliverables set forth in that grant. At the culmination of the grant in March 2025, the focus switched to developing the three program areas (operations, policy advancement, and project management) of the Office. Performance metrics for OPHP in this new post-Community Conversations on Health phase for the office are under development.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

In 2024, CPHPP underwent a divisional realignment/restructure. The restructure removed the Partnership and Research Advancement Sections from under the OPHP umbrella to be standalone entities within the Center. This reorganization evolved OPHP's purpose and function from primarily supporting the Community Conversations on Health grant work to operations management, policy analysis, and project/initiative management to track and measure initiatives of the five offices and sections of the Center. Program development and the associated metrics are in the preliminary stages of development.

E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

N/A

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

N/A

G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

N/A

I. If the division or program 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 OPHP
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	The office provides LHDs assistance related to liaising with Texas Medicaid and HHSC, where initiatives for funding are available for LHDs.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

N/A

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

Sufficient information is included in the responses above.

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

Office of the Chief Deputy Commissioner

Chief Deputy Commissioner, Imelda Garcia, MPH

Office of Public Health Data Strategy and Modernization

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

Name of Division or Program:	Office of Public Health Data Strategy and Modernization (OPHDSM)
Location within the Agency:	Chief Deputy Commissioner
Contact Name:	Monica Gamez, Director
Statutory Citation:	Texas Health and Safety Code, Chapter 81

B. What is the objective of this division or program? Describe its major activities.

DSHS established OPHDSM in 2023 to provide leadership across the Department to improve the availability and use of public health data to inform decision making and action. This office is dedicated to leading, coordinating, and executing a comprehensive DSHS public health data strategy. OPHDSM manages two public health core systems, technology solutions and tools, and data governance policy essential to public health; promotes response-ready data and systems; incorporates end-user design principles to meet the needs of DSHS PHRs, LHDs, and stakeholder partners; and prioritizes efforts to improve access to and the dissemination of data to inform decision-making.

The OPHDSM houses Data Governance and the Public Health Informatics and Data (PHID) Unit. PHID was previously housed in the legacy Laboratory and Infectious Disease Services Division. PHID is the system custodian for two core public health systems:

- National Electronic Disease Surveillance System is the central repository for required infectious disease reporting in Texas; and
- State Health Analytic Reporting Platform, which is a collection of tools that integrates, stores, and enables the analysis and secure sharing of public health data.

PHID is comprised of the following areas:

- Electronic Laboratory Reporting onboarding and validations from laboratories and healthcare providers;
- Electronic Case Reporting (eCR) onboarding and validations from hospitals;
- NEDSS helpdesk and customer support/communications;
- Data analytics and quality assurance; and
- Data integration and interoperability.

PHID's major activities and responsibilities span across the Department's program and functions. The Unit:

- Manages ELR and eCR onboarding with facilities, vendors, and other interface companies to facilitate required notifiable condition reporting to DSHS. This includes testing, troubleshooting, message mapping reviews, and other necessary onboarding activities and communication.
- Receives and routes ELRs for infectious diseases, birth defects, blood lead, cancer, and HIV and sexually transmitted diseases (STD) registries.
- Conducts analyses on ELRs, eCRs, and data exchange for epidemiology and surveillance activities including infectious, tuberculosis, respiratory, foodborne, waterborne, vaccine preventable, zoonotic, healthcare associated infectious diseases, and multi-drug resistant organisms.
- Performs routine data quality reviews for data ingestion.
- Develops mapping and validation tools for data exchange processes for local health departments with their own surveillance systems to facilitate required public health reporting.
- Manages the testing and development of processes related to most infectious disease case reporting to CDC (excludes HIV/STD).
- Creates and maintains NEDSS user training materials and user assessment tests.
- Produces detailed reports used by infectious disease epidemiologists to conduct disease surveillance and case management activities.
- Produces dashboards and data visualizations that assist executive decision making within DSHS and the LHDs across the state.

C. What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

PHID serves as the primary connection for providers, healthcare facilities, and laboratories required to submit electronic laboratory reports and electronic case reports of Texas' notifiable conditions to public health entities. PHID delivers a critical function in serving as a path where public health surveillance, epidemiology, medical data, and informatics converge to develop key metrics that inform and guide decision making for public health response.

During the COVID-19 pandemic, NEDSS ELR processing increased from 3,000 ELRs per day to 300,000 ELRs per day, a nearly 10,000% increase. DSHS worked with DIR to quickly scale NEDSS operations to accommodate the increased volume. Over time, NEDSS processed over 90 million COVID ELRs.

PHID worked on several areas to scale NEDSS and increase the effectiveness of NEDSS. PHID continues to monitor these areas to ensure data processing, security, and user access remains stable and up to date.

- System Upgrades: PHID has overseen twenty NEDSS software version upgrades in the last several years. Texas NEDSS improved drastically, from being at the bottom when compared to other states to being the premier model.
- Server Improvements: PHID has overseen migration of NEDSS from Oracle to a SQL server, migration to the AWS cloud, and migration of the ELR importer onto a separate server to improve processing speeds.
- ELR Onboarding: PHID has worked to accelerate the ELR onboarding process. PHID has also developed new ways to import test results and expanded lab facilities registered to import into NEDSS from 100 reporting facilities to 8,937 reporting facilities.
- Electronic Case Reporting: eCR connects a hospital's electronic health record (EHR) to public health entities and allows for the rapid transfer of reportable diseases. By implementing eCR, notification of a reportable condition can occur within minutes as opposed to 1-3 days with ELR. PHID has implemented eCR capability for 82 Texas reportable conditions to date and is expanding into non-infectious disease conditions including birth defects, environmental and toxicological conditions, and newborn screening. Approximately 635 hospitals and clinics are currently transmitting into NEDSS.
- NEDSS Interoperability Functionality Improvement (NIFI) Project: PHID also works to add functionality and improvements to NEDSS to ensure ease of use for all users. This is a developing project that will be maintained over time.

D. Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

Disease reporting in Texas has continued to evolve from a fax or paper-based system to various forms of electronic messaging. DSHS must receive all data related to the notifiable conditions list. While most of healthcare industry has moved to more current methodologies for reporting data to DSHS, some healthcare providers and labs continue to use outdated methods. PHID must continue to work with these individual providers to identify easy ways for them to meet state reporting requirements. Additionally, as new technologies emerge such as Fast Healthcare Interoperable Resources (FHIR), DSHS must enhance data exchange processes to keep up with the current standards.

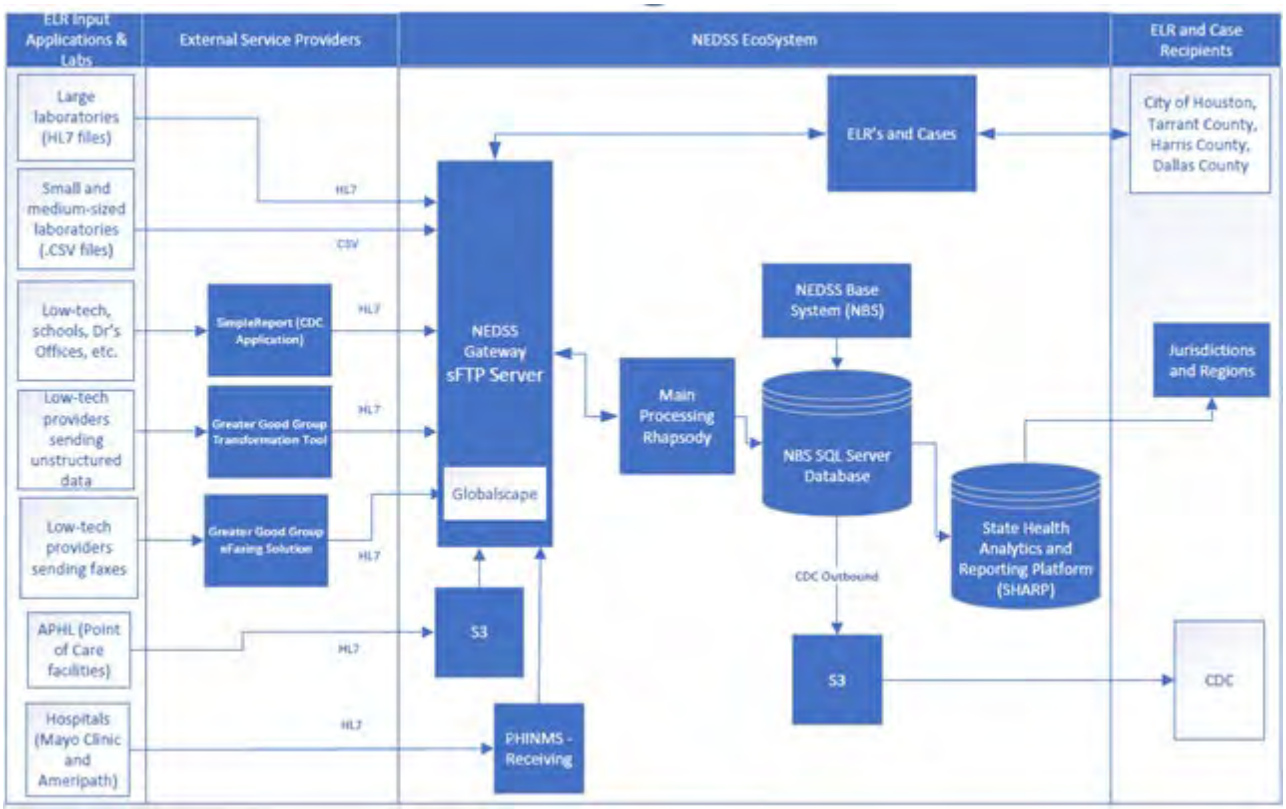
E. List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

PHID supports systems used by LHDs and DSHS to identify reportable disease in their jurisdictions and conduct critical follow up activities. This includes:

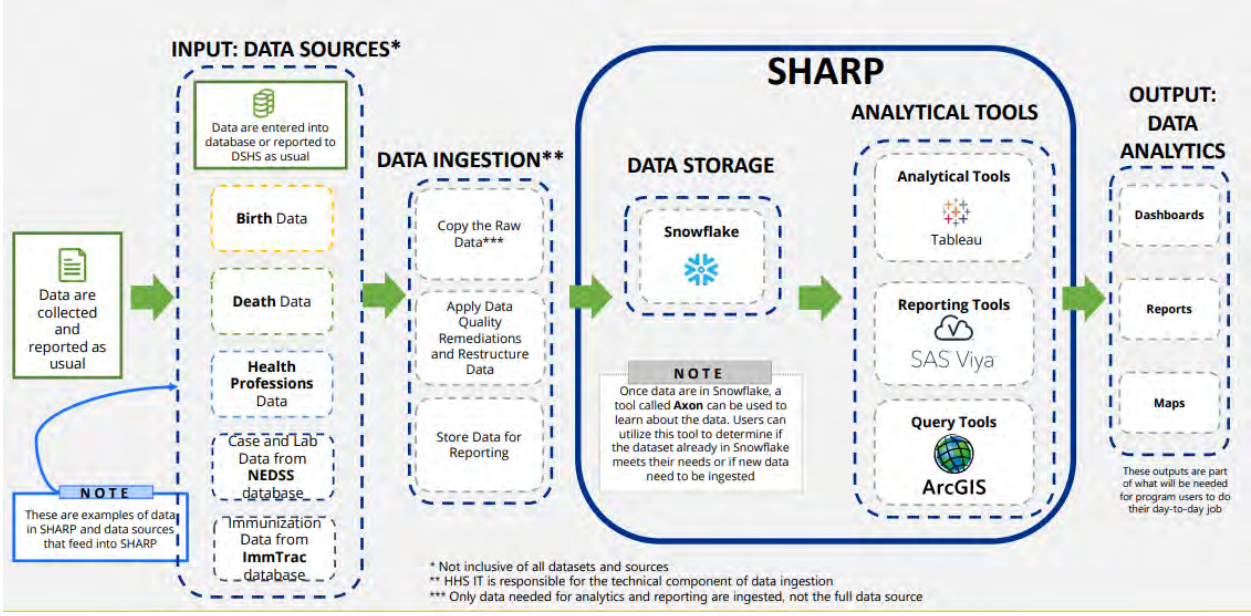
- Approximately 1,500 users access NEDSS daily.
- Over 70 LHDs and DSHS PHRs use NEDSS.
- Over 900 LHD and DSHS staff use THISIS.
- Nearly 8,500 laboratories are onboarded for data submission into NEDSS.
- Over 600 facilities are onboarded for electronic case reporting.

F. Describe how the division or program is administered, including a description of key processes involved. If you have existing documentation (e.g., flowcharts, timelines, and other illustrations) to describe agency policies and procedures, please include them as attachments. Indicate how field/regional services are used, if applicable.

The high-level process below identifies how lab report data is received and processed for delivery into NEDSS and ultimately delivered to the CDC.



The following chart provides a bird-eye view of how SHARP uses allowable data sources to analyze datasets and produce dashboards, reports, and maps for a variety of users.



G. If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. Please specify state funding sources (e.g., general revenue, appropriations rider, budget strategy, and fees/dues). *(If you have already submitted funding source info through the "Agency Program Information" spreadsheet, please limit your response to funding formulas or funding conventions.)*

See Agency Program Information spreadsheet.

H. Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

N/A

I. If the division or program 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 OPHDSM
LHDs	Local entities that may be created by city or county government to serve their communities. The scope of an LHD varies based on local decision-making and resources.	PHID provides guidance to LHDs with their own surveillance systems on the standardized and secure transfer of electronic health data required for public health functions. Additionally, PHID facilitates the secure data sharing for high-value data sets with approved MOUs.
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC is a grantor and consultant. 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.
U.S. HHS	Federal agency focused on health services, which includes the Centers for Medicare and Medicaid Services (CMS) and the Office of the National Coordinator (ONC)	PHID conducts several onboarding and validation activities in support of federal requirements that hospitals report required data to public health authorities including the CMS Promoting Interoperability Program.

Federal Units of Government

Name	Description	Relationship to OPHDSM
CDC	Federal agency tasked with preventing, detecting, and responding to disease threats.	CDC is a grantor and consultant. 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.

J. Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

Nationally, public health systems, data technologies, and healthcare industry standards are a complex network that must work in concert to ensure timely and reliable data to meet reporting requirements. Timely and reliable data are required to have actionable information for decision making and response activities. In Texas, the public health data eco-system includes many stakeholders including healthcare providers, laboratories, hospitals, and local health departments with their own surveillance systems. Combined, the Texas disease surveillance ecosystem requires constant monitoring, coordination, and negotiations to ensure that DSHS receives quality data. DSHS often receives data that is incomplete from various entities. There are no mechanisms for DSHS to ensure compliance with all the required data fields and timeliness requirements. As such, DSHS must work with each entity individually to try to receive as much data as possible.

Finally, technology standards continue to evolve. DSHS will need ongoing upgrades to ensure NEDSS and SHARP maintain security, data exchange, and processing capacity.

K. Provide any additional information needed to gain a preliminary understanding of the division or program.

N/A

L. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). 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**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

N/A

M. For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as

used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

N/A

VIII. Statutory Authority and Recent Legislation

A. Fill in the following tables, listing citations for all state and federal statutes that grant authority to or otherwise significantly impact your agency. Do not include general state statutes that apply to all agencies such as the Public Information Act, the Open Meetings Act, or the Administrative Procedure Act. Provide information on Attorney General opinions from fiscal years 2020-2024 or earlier significant Attorney General opinions that affect your agency's operations.

Texas Department of State Health Services
Exhibit 15: Statutes / Attorney General Opinions

Statutes

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Code of Criminal Procedure, Article 18.05	Provides DSHS authority to obtain warrants to inspect for health hazards.
Texas Education Code, Section 38.001	Relates to immunizations for school-age children and the authority of DSHS.
Texas Education Code, Section 38.051	Relates to the establishment of school-based health centers.
Texas Education Code, Section 38.202	Relates to the establishment of the Stock Epinephrine Advisory Committee whose members are appointed by the DSHS commissioner.
Texas Education Code, Section 38.208	Relates to the maintenance and administration of epinephrine auto-injectors and medication for respiratory distress in school districts, open enrollment charter schools and private schools
Texas Education Code, Section 38.222	Relates to the maintenance, administration, and disposal of opioid antagonists in school districts.
Texas Education Code, Section 51.882	Relates to the maintenance, storage, administration, and disposal of epinephrine auto-injectors in institutions of higher education.
Texas Education Code, Section 51.933	Relates to immunizations for college students and the authority of DSHS.
Texas Education Code, Section 51.976	Authorizes DSHS to establish requirements for a training program on warning signs of sexual abuse and child molestation for employees of campus programs for minors.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Family Code, Section 2.004	Relates to the application for a marriage form prescribed by DSHS.
Texas Family Code, Section 2.010	Relates to marriage application materials prepared by DSHS concerning human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS).
Texas Family Code, Section 2.402	Requires DSHS to develop a declaration of informal marriage form.
Texas Family Code, Section 54.033	Requires DSHS to develop protocols for HIV, AIDS, and sexually transmitted diseases (STD) testing of certain children.
Texas Family Code, Chapter 108	Provides for the administration of certified records of court orders rendered in suits affecting parent-child relationship, adoptions, determinations of paternity, and the records of a child-placing agency that has ceased operations, by DSHS Vital Statistics.
Texas Family Code, Section 155.101	Provides that DSHS Vital Statistics identify the court that last had continuing, exclusive jurisdiction of the child in a suit affecting parent-child relationship upon written request of the court, attorney, or a party.
Texas Family Code, Section 162.403	Requires DSHS Vital Statistics to establish and maintain a mutual consent voluntary adoption registry.
Texas Family Code, Section 264.503	Requires DSHS to collect data concerning child fatalities.
Texas Government Code, Chapter 403	Establishes certain permanent funds from tobacco settlement monies with interest to be appropriated to DSHS.
Texas Government Code, Chapter 411, Subchapter F	Authorizes DSHS access to criminal history record information for various applicants and holders of DSHS licenses and employment.
Texas Government Code, Section 418.186	Establishes a disaster and emergency education program.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Government Code, Section 420.008	Provides that money deposited in the sexual assault program fund may be appropriated to DSHS to measure the prevalence of sexual assault and for grants to support programs assisting victims of human trafficking.
Texas Government Code, Section 501.054	Requires the Texas Department of Criminal Justice (TDCJ) to consult with DSHS concerning an HIV and AIDS education program for inmates and employees.
Texas Government Code, Chapter 521	Relates to the Health and Human Services Commission (HHSC) and its authority regarding health and human services (HHS) agencies, including DSHS.
Texas Government Code, Chapter 522	Relates to HHSC and its authority regarding health and human services agencies, including DSHS.
Texas Government Code, Chapter 523	Relates to HHSC and its authority regarding health and human services agencies, including DSHS.
Texas Government Code, Chapter 524	Relates to HHSC and its authority regarding health and human services agencies, including DSHS.
Texas Government Code, Chapter 525	Relates to HHSC and its authority regarding health and human services agencies, including DSHS.
Texas Government Code, Chapter 531	Relates to HHSC and its authority regarding health and human services agencies, including DSHS.
Texas Government Code, Chapter 664	Allows agencies to establish health fitness and education programs and requires DSHS to approve them.
Texas Government Code, Section 2105.009	Relates to the DSHS administration of the federal primary care block grant.
Texas Health and Safety Code, Chapter 11	Relates to the organization of DSHS.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Chapter 12	Relates to powers and duties of DSHS. Includes provisions regarding distribution of certain vaccines and sera. Allows DSHS to contract for the sale of lab services and requires regulatory programs to charge licensing fees in an amount to recover costs of administration. Subchapter H relates to the Medical Advisory Board (MAB).
Texas Health and Safety Code, Chapter 13	Relates to DSHS hospitals and respiratory facilities, including Texas Center for Infectious Diseases.
Texas Health and Safety Code, Chapter 33	Requires (with religious opt-out) screening tests for newborns to detect certain phenylketonuria, hypothyroidism, sickle-cell trait, other heritable diseases, and other disorders.
Texas Health and Safety Code, Chapter 34	Establishes the Texas Maternal Mortality and Morbidity Review Committee (MMMRC).
Texas Health and Safety Code, Chapter 36	Requires childhood vision and hearing screening.
Texas Health and Safety Code, Chapter 37	Requires screening of children attending public and private schools in grades 6 and 9 for abnormal spinal curvature.
Texas Health and Safety Code, Chapter 43	Authorizes DSHS to establish and administer an oral health services program for eligible individuals.
Texas Health and Safety Code, Chapter 45	Allows DSHS to distribute child passenger safety seat systems.
Texas Health and Safety Code, Chapter 47	Establishes a newborn hearing screening, tracking and intervention program at DSHS.
Texas Health and Safety Code, Chapter 48	Requires DSHS to regulate promotoras and community health workers.
Texas Health and Safety Code, Chapter 52	Establishes the Sickle Cell Task Force to study and advise DSHS on implementing the recommendations made in the 2018 Sickle Cell Advisory Committee Report published by the Sickle Cell Advisory Committee or any other report the executive commissioner determines is appropriate.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Chapter 53	Requires DSHS to establish a bone marrow recruitment program to educate the public about the need for bone marrow donors and to provide information on how to become a bone marrow donor.
Texas Health and Safety Code, Chapter 54	Requires DSHS to develop an education program and both written and hard copy materials with links for that program to educate Texas residents about the need for living organ donors.
Texas Health and Safety Code, Chapter 81	Gives DSHS powers and duties related to the prevention and control of communicable disease. Includes provisions regarding emergencies, confidentiality, (including special provisions regarding HIV test results), reporting requirements, issues related to HIV tests, notice requirements, and investigative powers; requires reports of certain diseases; sets out procedures for the imposition of control measures for persons who have or are suspected of having a communicable disease, for court-ordered management of persons who violate those control measures and quarantine, and for court-ordered management of persons with communicable diseases. Establishes certain criminal penalties.
Texas Health and Safety Code, Chapter 81B	Prohibits governmental entities, including DSHS, from requiring certain coronavirus preventive measures.
Texas Health and Safety Code, Chapter 82	Establishes the cancer registry at DSHS.
Texas Health and Safety Code, Chapter 84	Requires DSHS to collect reports on occupational conditions.
Texas Health and Safety Code, Chapter 85	Establishes responsibilities at DSHS related to HIV and AIDS, including the HIV Medication Program. Also contains hepatitis B prevention provisions.
Texas Health and Safety Code, Chapter 87	Requires DSHS to collect reports on and study birth defects.
Texas Health and Safety Code, Chapter 88	Requires DSHS to collect reports on childhood lead poisoning.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Chapter 89	Gives DSHS certain powers and responsibilities regarding tuberculosis screening in jails (but not state prisons).
Texas Health and Safety Code, Chapter 92	Creates an injury prevention and control program at DSHS, including required reporting of spinal cord, submersion, and traumatic brain injuries and other injuries determined by rule.
Texas Health and Safety Code, Chapter 93	Establishes the Texas Council on Cardiovascular Disease and Stroke.
Texas Health and Safety Code, Chapter 94A	Requires DSHS to develop a state plan for prevention and treatment of diseases caused by Streptococcus pneumoniae.
Texas Health and Safety Code, Chapter 98	Establishes the Texas Health Care-Associated Infection and Preventable Adverse Events Reporting System at DSHS.
Texas Health and Safety Code, Chapter 99	Requires DSHS to create and maintain a voluntary open burn pit registry of certain service members and veterans, and creates the open burn pit registry fund.
Texas Health and Safety Code, Chapter 99A	Requires DSHS to develop and implement a state plan for education on and treatment of Alzheimer's disease and related disorders.
Texas Health and Safety Code, Chapter 100	Requires DSHS to surveil emerging and neglected tropical diseases and provide related information and education.
Texas Health and Safety Code, Chapter 100A	Requires DSHS to establish and maintain an electronic database of information related to uterine fibroids to increase awareness and ensure women receive the information and healthcare necessary to prevent and treat the condition. The electronic database uses information collected under Chapter 108.
Texas Health and Safety Code, Chapter 101	Establishes the Texas Council on Alzheimer's Disease and Related Disorders, which advises DSHS.
Texas Health and Safety Code, Chapter 103	Establishes the Texas Diabetes Council.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Chapter 104	Establishes Statewide Health Coordinating Council, provides for state health planning and data collection, and designates DSHS as the state health planning and development agency for Texas.
Texas Health and Safety Code, Chapter 105	Requires DSHS to establish a comprehensive health professions resource center for the collection and analysis of educational and employment trends for health professions in the state.
Texas Health and Safety Code, Chapter 108	Requires DSHS to maintain a statewide healthcare data collection system to collect certain healthcare charges, utilization, quality, and outcome data.
Texas Health and Safety Code, Chapter 120	Requires DSHS to establish the Task Force of Border Health Officials to advise the DSHS commissioner on border health issues.
Texas Health and Safety Code, Chapter 121	Provides for municipal and county powers over public health. Authorizes DSHS to create public health regions and to provide essential public health services in certain municipalities and counties throughout the state.
Texas Health and Safety Code, Chapter 141	Requires a license for youth camps, as administered by DSHS.
Texas Health and Safety Code, Chapter 144	Requires that renderers be licensed and follow sanitation requirements.
Texas Health and Safety Code, Chapter 146	Requires a license from DSHS to own, operate, or maintain a tattoo studio.
Texas Health and Safety Code, Chapter 161, Subchapter A	Creates requirements pertaining to immunizations, including provisions on the childhood immunization schedule, conscientious exemptions, and the immunization registry. Establishes a provider choice system for certain vaccines.
Texas Health and Safety Code, Section 161.0211	Authorizes DSHS to conduct epidemiologic or toxicologic investigations.
Texas Health and Safety Code, Section 161.101	Requires DSHS to conduct tests for lead at the request of the attending physician.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Section 161.253	Requires DSHS to approve tobacco awareness programs that are court-ordered for minors.
Texas Health and Safety Code, Section 161.301	Requires DSHS to conduct public awareness campaigns related to tobacco and e-cigarette use.
Texas Health and Safety Code, Chapters 191, 192, 193, 194, and 195	Provides for the administration of vital statistics by DSHS.
Texas Health and Safety Code, Chapter 241	Governs the designation and updates of levels of neonatal and maternal care at hospitals.
Texas Health and Safety Code, Chapter 311, Subchapter C	Requires DSHS to establish a uniform reporting and collection system for hospital financial and utilization data.
Texas Health and Safety Code, Chapter 328 (new)	Relates to perinatal bereavement care provided by certain hospitals, a perinatal bereavement care initiative, and a perinatal bereavement care hospital recognition program.
Texas Health and Safety Code, Chapter 341	Provides minimum standards of sanitation and health protection measures; allows DSHS to inspect general sanitation conditions, regulate swimming pools, regulate water parks, and investigate public health nuisances.
Texas Health and Safety Code, Chapter 343	Defines and regulates public health nuisances in unincorporated areas of a county. DSHS is only involved if there is no other local health authority.
Texas Health and Safety Code, Chapter 401	Requires DSHS to regulate the use, user, and sources of radiation.
Texas Health and Safety Code, Chapter 431	Provides DSHS the authority to license and regulate all manufacturers, re-packers, brokers, and distributors of foods, drugs, devices, and cosmetics, including labeling and advertisement of the products. Also allows the issuance of Certificates of Free Sale for exporting purposes.
Texas Health and Safety Code, Chapter 432	Provides DSHS with the authority to license and regulate food, drug, device, and cosmetic salvage establishments and salvage brokers.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Chapter 433	Provides for the inspection of meat and poultry products and regulates the labeling of the products.
Texas Health and Safety Code, Chapter 434	Provides regulatory standards for the production, preparation, storage, and display of bakery products intended for sale and human consumption.
Texas Health and Safety Code, Chapter 435	Provides DSHS with the authority to regulate milk and milk products produced, processed, or manufactured in Texas or imported from other states.
Texas Health and Safety Code, Chapter 436	Provides DSHS with the authority to regulate shellfish plant facilities and the harvesting, transporting, storing, handling, and packaging of shellfish.
Texas Health and Safety Code, Chapter 437	Authorizes DSHS to adopt rules to regulate food service establishments, retail food stores, mobile food units, and roadside vendors in areas not regulated by a county or public health district. Requires DSHS to set minimum standards for permitting sanitation, which may be adopted by counties or public health districts for regulating these entities.
Texas Health and Safety Code, Chapter 438	Authorizes DSHS to regulate unpacked foods, sterilization of food service items, food handlers, and food service worker training. Authorizes DSHS to accredit food sanitation programs, perform examination audits of accredited programs, and publish a quarterly class schedule.
Texas Health and Safety Code, Chapter 440	Provides DSHS with licensing and enforcement authority related to the manufacture of frozen desserts.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Chapter 441	Requires pharmaceutical drug manufacturers to report to DSHS the current wholesale acquisition cost (WAC) of U.S. Food and Drug Administration-approved drugs sold in or into Texas. Pharmaceutical drug manufacturers also are required to separately report specific information related to WAC increases.
Texas Health and Safety Code, Chapter 443	Provides DSHS with licensing and enforcement authority related to the manufacture and sale of consumable hemp products.
Texas Health and Safety Code, Chapter 444	Provides regulatory standards and defines kratom and kratom products as "food." Allows rulemaking authority to ensure safe consumption and distribution.
Texas Health and Safety Code, Chapter 481	Gives DSHS the authority to schedule, reschedule, and de-schedule controlled substances and to regulate the manufacture, distribution, and dispensing of controlled substances, chemical precursors, and chemical laboratory apparatus.
Texas Health and Safety Code, Chapter 483	Sets out who may possess or distribute a dangerous drug and allows the DSHS commissioner to limit drugs that are misused and abused to the prescription of a practitioner. Outlines the duties of pharmacists, practitioners, and other persons in the dispensing of dangerous drugs.
Texas Health and Safety Code, Chapter 485	Regulates the sale, delivery, and misuse of abusable volatile chemicals, glues, and aerosol paints.
Texas Health and Safety Code, Chapter 486	Ensures uniform and equitable implementation and enforcement throughout the state in the regulation of over-the-counter sales of products that contain ephedrine, pseudoephedrine, or norpseudoephedrine.
Texas Health and Safety Code, Chapter 501	Regulates the use and labeling of hazardous substances, including toys and children's clothing.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Chapter 502	Requires public employers to provide information, training, and appropriate personal protective equipment to their employees who may be exposed to hazardous chemicals in their workplaces, maintain a chemical list, train employees, and provide records to DSHS regarding hazardous chemicals in the workplace.
Texas Health and Safety Code, Section 674.001	Relates to fetal and infant mortality review.
Texas Health and Safety Code, Chapter 692A	Establishes the operation of the Glenda Dawson Donate Life-Texas Registry and the related DSHS educational program.
Texas Health and Safety Code, Section 711.004	Establishes that unless otherwise authorized by a justice of the peace or medical examiner, human remains may not be removed from a cemetery except on the written order of the state registrar of vital statistics at DSHS (such orders are called "disinterment permits" in practice).
Texas Health and Safety Code, Chapter 751	Requires that mass gatherings be conducted in accordance with minimum standards of health and sanitation prescribed by DSHS.
Texas Health and Safety Code, Chapter 757	Provides that DSHS may adopt stricter rules for design and construction of pool yard enclosures.
Texas Health and Safety Code, Chapter 773	Provides for DSHS regulation of emergency medical services (EMS) including EMS ambulance providers, EMS personnel, EMS information operators, EMS instructors, and course coordinators, EMS first responder organizations, and EMS education and training programs. Gives DSHS responsibility for trauma facility designations and the trauma care system.
Texas Health and Safety Code, Chapter 777	Governs the relationship between DSHS and the Commission on State Emergency Communications and regional poison control centers.
Texas Health and Safety Code, Chapter 778A	Enacts the EMS Personnel Licensure Interstate Compact (REPLICA).

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Health and Safety Code, Chapter 780	Creates the designated trauma facility and emergency medical services account, which may be appropriated to DSHS for funding designated trauma facilities, county and regional emergency medical services, and trauma care systems.
Texas Health and Safety Code, Chapter 821, Subchapter C	Gives rulemaking authority over euthanasia standards in animal shelters and requires DSHS approval for euthanasia training courses offered to euthanasia technicians.
Texas Health and Safety Code, Chapter 822, Subchapter E	Makes DSHS responsible for the receipt and maintenance of certificates of registration for dangerous wild animals.
Texas Health and Safety Code, Section 823.003	Sets animal shelter standards that must comply with quarantine and impoundment facility and animal control officer training standards set by DSHS.
Texas Health and Safety Code, Chapter 826	Requires rulemaking on minimum standards for rabies control. Allows DSHS to provide post exposure vaccine and hyperimmune serum to individuals with a confirmed or suspected exposure to rabies.
Texas Health and Safety Code, Chapter 829	Requires DSHS to prescribe standards for animal control curriculum; requires DSHS or a designee to offer training courses and to maintain training records; requires DSHS to issue facility certificates for facilities inspected under Chapters 823 and 826.
Texas Health and Safety Code, Chapter 1001	Establishes general powers and duties of DSHS and sets out provisions related to the roles of HHSC and the executive commissioner as it pertains to DSHS.
Texas Human Resources Code, Section 42.043	Requires rulemaking on immunizations in state-regulated facilities providing childcare services.
Texas Occupations Code, Chapter 1954	Provides DSHS with the statutory authority to regulate the handling of asbestos and to license persons who work with asbestos.
Texas Occupations Code, Chapter 1955	Provides for regulation of safe removal of lead-based paint.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
Texas Penal Code, Section 38.15	Criminalizes interference with a person who is assessing, enacting, or enforcing public health, environmental, radiation, or safety measures for the state.
Texas Water Code, Section 17.933	Authorizes DSHS to make public health nuisance determinations for purposes of the Texas Water Development Board's Economically Distressed Areas Program.
Acts 1991, 72nd Legislature, First Called Session, Chapter 15 (HB 7)	Established HHSC; relates to the transfer of certain programs from one health and human services agency to another; coined the public health agency as Texas Department of Health.
Acts 1993, 73rd Legislature, Chapter 747 (HB 1510)	Related to transfer of programs between health and human services agencies, including several programs to the Texas Department of Health.
Acts 1995, 74th Legislature, Chapter 6 (SB 509)	Clarified authority of HHSC to delegate operation of portions of Medicaid program to other health and human services agencies.
Acts 1999, 76th Legislature, Chapter 1106 (HB 3504), as amended by SB 815, 79th Legislature, 2005	Put in place a long-term plan to disengage the Texas Department of Health from providing inpatient services through the South Texas Hospital and provides for the construction of a new facility for outpatient services, which is now the Rio Grande State Center Outpatient Clinic operated by HHSC.
Acts 1999, 76th Legislature, Chapter 264 (HB 1748)	Provided for the construction of a new facility or renovation of existing facilities at Texas Center for Infectious Disease. Required DSHS to contract with University of Texas-Tyler for medical management of tuberculosis patients.
8 U.S.C. §§ 1182(e) and 1182(l)	Waives the two-year foreign residency requirement for physicians practicing in medically underserved areas or designated health professional shortage area.
15 U.S.C. § 1261, et seq., Federal Hazardous Substances Act	Sets definitions for hazardous substances used in Texas Health and Safety Code, Chapter 501.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
15 U.S.C. §§ 2641-2656, Toxic Substances Control Act, Chapter 53, Subchapter II, Asbestos Hazard Emergency Response	Provides requirements for management of asbestos in schools that are enforced under Texas Occupations Code, Chapter 1954.
15 U.S.C. §§ 2681-2692, Toxic Substances Control Act, Chapter 53, Subchapter IV, Lead Exposure Reduction	Provides requirements for lead abatement contractor training and certification that are the basis for the state program requirements under Texas Occupations Code, Chapter 1955.
15 U.S.C. §§ 8001-8008, Virginia Graeme Baker Pool and Spa Safety Act, Chapter 106	Provides pool and safety standards for which DSHS must adopt standards at least as stringent under Texas Health and Safety Code, Chapter 341.
21 U.S.C. § 301, et seq., Federal Food, Drug, and Cosmetic Act Animal Drug Amendments of 1968 Controlled Substances Act Orphan Drug Act and Amendments of 1985 & 1988 Drug Price Competition and Patent Term Restoration Act of 1984 Prescription Drug Marketing Act of 1987 Prescription Drug Amendment of 1992 Prescription Drug User Fee Act of 1992 Anabolic Steroids Control Act of 1990 Generic Drug Enforcement Act of 1992 Medical Device Amendments of 1976 and 1992 Safe Medical Devices Act of 1990	Establishes federal requirements that DSHS has adopted by reference or uses as models for regulating the safety of food, drugs, and cosmetics. The popular names listed under the principal citation are amendments to the Federal Food, Drug, and Cosmetic Act and their provisions appear within those statutes.
21 U.S.C. § 451, et seq., Federal Poultry Inspection Act	Provides standards that DSHS follows in inspecting poultry products.
21 U.S.C. § 601, et seq., Federal Meat Inspection Act	Provides standards that DSHS follows in inspecting meat products.
21 U.S.C. § 2201, et seq., Food Safety Modernization Act	Provides standards that DSHS follows to ensure the safety of the food supply.
29 U.S.C. Chapter 15, §§ 651 – 678, Occupational Health and Safety Act of 1970	Sets definitions for hazardous chemicals used in Texas Health and Safety Code, Chapter 502.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
42 U.S.C. §§ 201 and 246 (P.L. 93-641, P.L. 96-79), National Health Planning and Resources Development Act of 1974 and the Health Planning and Resources Development Amendments of 1979	Provides for the establishment of a state health planning and development agency in each state for effective health planning and resources development programs.
42 U.S.C. § 243	Sets the standards that all states with a shellfish program must follow.
42 U.S.C. § 247a	Establishes family support groups for Alzheimer's patients.
42 U.S.C. § 247b	Authorizes grants on prevention and education on tuberculosis.
42 U.S.C. § 247b-1	Establishes lead poisoning prevention and education grants.
42 U.S.C. § 247b-3	Establishes grants on education, technology assessment, and epidemiology regarding lead poisoning.
42 U.S.C. § 247b-4	Encourages states to collect and analyze epidemiological data on birth defects.
42 U.S.C. § 247b-6	Provides grants for preventive health services about tuberculosis.
42 U.S.C. §§ 247c and 247c-1	Establishes STD prevention and control projects.
42 U.S.C. §§ 262 and 263	Regulates biological products/clinical laboratories.
42 U.S.C. § 280b to 280b-3	Provides for control of and research into injuries.
42 U.S.C. §§ 280c-3 to 280c-5	Establishes grants for demonstration projects with respect to Alzheimer's disease.
42 U.S.C. §§ 280e to 280e-4	Establishes a national program of cancer registries.
42 U.S.C. §§ 285c to 285c-7	Creates the National Institute of Diabetes.
42 U.S.C. §§ 285e to 285e-8	Establishes the National Institute on Aging with various functions relating to Alzheimer's disease.
42 U.S.C. §§ 285l and 285l-1	Establishes a national institute of environmental health sciences.
42 U.S.C. §§ 300f to 300j-26	Provides for the safety of public water systems.

Citation / Title	Authority / Impact on Agency *(e.g., "provides authority to license and regulate nursing home administrators")*
42 U.S.C. §§ 300aa-1 to 300aa-34	Establishes the National Vaccine Program and the National Vaccine Injury Compensation Program.
42 U.S.C. §§ 300dd-31 to 300dd-41	Establishes grants for health services with respect to AIDS.
42 U.S.C. §§ 300ee to 300ee-34	Establishes grants for AIDS prevention.
42 U.S.C. §§ 300ff to 300ff-111, The Ryan White Comprehensive AIDS Resources Act of 1991	Establishes grants for services to individuals afflicted with HIV and AIDS.
42 U.S.C. §§ 701-710	Establishes the Maternal and Child Health Services Block Grant.

Table 21 Exhibit 15 Statutes

Attorney General Opinions

Attorney General Opinion No.	Impact on Agency
JC-0021	Opined that requiring the applicant's written consent to warrantless searches as a condition of issuance of certain permits is not unconstitutional on its face.
GA-0064	Defined "imprisonment" under Texas Occupations Code, Section 53.021(b), impacting EMS license revocation decisions.
OR2005-01638	Issued a previous determination requiring DSHS to withhold from public disclosure reports, records, and working papers used in an EMS investigation.
GA-0384	Opined that Sections 36 through 43 of Senate Bill 410, 79th Legislature, directly conflict with the federal Food, Drug, and Cosmetic Act.
GA-0420	Opined that a private school that does not accept state tax funds is not required to accept for a child enrollment who has received an exemption from the immunizations required by the Texas Health and Safety Code.
OR2007-09169	Issued a previous determination requiring DSHS to withhold reports, records, and information that relate to an epidemiologic or toxicologic investigation of human illnesses or conditions as confidential per Texas Health and Safety Code, Section 161.0213.

Attorney General Opinion No.	Impact on Agency
GA-0729	Related to DSHS authority to enforce state asbestos regulations against municipalities.
OR2010-18849	Issued a previous determination requiring DSHS to withhold reports, records, and information that relate to cases or suspected cases of diseases or health conditions as confidential per Texas Health and Safety Code, 81.046.
KP-0168	Opined that Texas Health and Safety Code, Section 483.102, permits a prescriber to directly or by standing order prescribe an opioid antagonist to law enforcement agencies to assist persons experiencing an opioid-related drug overdose.
KP 0489	Relates to the validity of district court orders directing that a person's biological sex be changed on a birth certificate.

Table 22 Exhibit 15 Attorney General Opinions

B. Provide a summary of significant legislation regarding your agency by filling in the tables below or attaching information already available in an agency-developed format. Briefly summarize the key provisions. For bills that did not pass but were significant, briefly explain the key provisions and issues that resulted in failure of the bill to pass (e.g., opposition to a new fee or high cost of implementation). Place an asterisk next to bills that could have a major impact on the agency. *See Exhibit 16 Examples.*

Texas Department of State Health Services
Exhibit 16: 89th Legislative Session

Legislation Enacted

Bill Number	Author	Summary of Key Provisions
HB 713*	Howard	Exempts healthcare providers, including nurses, who while reviewing Maternal Morbidity and Mortality Review Committee (MMRC) cases identify reportable conduct related to the provider's profession, from reporting that conduct to licensing boards. This will remove a time-intensive step from the process and speed up case preparation.
HB 742	Thompson, Senfronia	Requires DSHS to amend rules relating to EMS personnel to ensure those license holders take human trafficking prevention courses.
HB 1193	Manuel	Requires DSHS to add a checkbox to the form relating to declarations of informal marriage to indicate whether the applicant wants to keep confidential personally identifying information.

Bill Number	Author	Summary of Key Provisions
HB 1234	Guillen	Requires MAB to re-review certain cases with respect to the proper use and safe storage of a handgun.
HB 1240	Guillen	Standardizes definitions of the Texas-Mexico border region across multiple statutes, requiring the size and Task Force of Border Health Official membership to be updated in line with the new definition.
HB 1275	Gonzalez, Mary	Disallows DSHS from prohibiting a dairy permit in an area infected with or at high risk for bovine tuberculosis, as determined by the Texas Animal Health Commission.
HB 1586	Hull	Modifies the conscientious exemption process for school and childcare facilities. Requires DSHS to publish a blank vaccine exemption affidavit form on its website instead of the current security paper-based form.
HB 1639	Patterson	Requires DSHS, in collaboration with the Texas Fire Protection Commission, to conduct a study on the increased incidence of cancer in female firefighters. The one-time report is due September 1, 2026.
HB 1778	Thompson, Senfronia	Requires tattoo or body piercing studios to post human trafficking signs and require employees to undergo approved human trafficking identification/victim assistance training.
HB 2187	Howard	Requires DSHS to share results of Annual Hospital Survey to HHSC regarding whether applicable facilities report establishing a nursing staffing committee.
HB 2844*	Landgraf	Preempts local licensing of mobile food vendors and directs DSHS to establish statewide permitting and related regulations. Local health departments may choose to contract with DSHS for inspecting/enforcing requirements.
HB 2854	Anchia	Requires DSHS to make an online database of all chief law enforcement for general hospitals.
HB 3801*	Orr	Abolishes the Statewide Health Coordinating Council and creates the Health Professions Workforce Coordinating Council to provide a strategic plan for understanding and developing health professions workforce, including nursing, allied health, and non-licensed healthcare roles. The new Council must publish the initial strategic plan by October 1, 2026, and DSHS must submit a one-time report by December 1, 2026.
HB 3940	Johnson	Directs DSHS to update the Information for Parents of Newborn Children resource pamphlet to include information on Medicaid eligibility and enrollment for pregnant women and their children.

Bill Number	Author	Summary of Key Provisions
HB 4466	Hickland	Requires DSHS and local vital statistics registrars to establish a process to issue a birth certificate without collecting a fee if the request relates to a suit affecting the parent-child relationship filed by a governmental entity.
HB 4535	McQueeny	Requires DSHS to develop a standardized information sheet for persons administering the COVID-19 vaccine to provide to patients.
HB 4795	Noble	Requires DSHS to establish an electronic process through which the Department of Family and Protective Services may request information from the Court of Continuing Jurisdiction and Paternity registries managed by DSHS.
HB 5629	Wilson	Requires DSHS and other licensing entities to develop a process to allow military spouses to obtain a Texas license if their out-of-state license has a comparable scope of practice, or to work without a Texas license if their current license is in good standing. It would also remove the Texas residency requirement for spouses and would waive application and examination fees.
SB 25*	Kolkhorst	Directs DSHS to require food manufacturers to comply with specific labeling requirements regarding food containing artificial color, additives, or certain banned chemicals banned in other countries, including Australia, Canada, the European Union, or the United Kingdom. Establishes the Texas Nutrition Advisory Committee administratively supported by DSHS to develop nutritional guidelines and publish an annual report.
SB 227	West	Directs DSHS to not reject a delayed birth registration application based solely on the fact that supporting evidence contains inconsistent/contradictory information in cases where the state registrar determines that the applicant's identity and place of birth are sufficiently established by preponderance of evidence. Limits application of the legislation to persons aged 55 or older, or persons born before January 1, 1971.
SB 261	Perry	Prohibits the manufacturing, processing, possession, distribution, offering for sale, or sale of cell-cultured protein. Cell-cultured protein would also be considered as a food adulterant if added to other food.
SB 269	Perry	Requires physicians to report certain vaccine-related or drug-related adverse events to the federal Vaccine Adverse Events Reporting System.

Bill Number	Author	Summary of Key Provisions
SB 541*	Kolkhorst	Expands the annual revenue ceiling for cottage food production operations and the allowable foods that may be sold, prohibits local governments from requiring fees/permits, and requires state registration of "cottage food vendors" with DSHS.
SB 823	Middleton	Requires a food service supplier, wholesaler, distributor, or wholesale distributor to properly label a shrimp product if it is imported.
SB 916	Zaffirini	Authorizes DSHS to revoke, suspend, or refuse to renew an emergency medical services (EMS) provider's license if it confirms the provider intentionally submitted incorrect billing information to the Texas Department of Insurance (TDI), or if the provider engaged in a pattern of violations of the Insurance Code.
SB 1008	Middleton	Would require LHDs to submit their fee schedules to DSHS for publication in a registry on the agency's website and impact related local regulations food and businesses.
SB 1018	Huffman	Increases the percent of money deposited into the Trauma Facility and EMS account (GRD 5111) from state traffic fines from 30% to 50%. These funds support the EMS/Trauma system.
SB 1044*	Parker	Requires the addition of a new screen for Duchenne Muscular Dystrophy to the Texas Newborn Screening panel following completion of the construction of a new laboratory building.
SB 1233	Hancock	Requires HHSC to work with DSHS and the Palliative Care Interdisciplinary Advisory Council, to develop informational materials regarding perinatal palliative care, along with information on available programs and providers in Texas.
SB 1467	Hinojosa, Juan "Chuy"	Authorizes DSHS to allow healthcare facilities designated as Level 1 trauma centers secure access to certain death information relating to patients who were previously treated at those facilities.
SB 1568	Zaffirini	Directs Texas Department of Motor Vehicles to add a new specialty license plate related to fostering and adopting animals; revenue would be deposited into the Animal Friendly dedicated account, which is appropriated to DSHS for the purpose of awarding spay/neuter grants.
SB 1619	Zaffirini	Directs DSHS, in coordination with the Stock Epinephrine Advisory Committee, to make modifications to existing food allergy guidelines, reporting, and rules related to epinephrine auto-injectors to be more inclusive of all currently available epinephrine delivery devices.

Bill Number	Author	Summary of Key Provisions
SB 1677	Menendez	Directs an institution of higher education designated by THECB to conduct a study on the reduction of diabetes-related amputation. The institution must deliver the report to DSHS by September 1, 2026. DSHS will publish the study on the DSHS website.
SB 2312	Hughes	Directs the Texas Advisory Committee on Geopolitical Conflict to study, among other things, the drug supply chain of Texas to determine the impact of a geopolitical conflict. DSHS and HHSC will act in collaboration with the advisory committee administratively attached to the Texas Military Department.

Table 23 Exhibit 16 Legislation Enacted 89th Legislature

Legislation Not Passed

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
HB 50	Jones	HB 50 would have specifically required providers, when a person asks for testing related to Sexually Transmitted Infections/Diseases, to also order a test for HIV unless the patient specifically opts out. HB 50 passed the House and was left pending in the Senate committee.
HB 231	Morales, Christina	HB 231 would have required DSHS to conduct a study on food deserts and any disproportionate impact food deserts have on communities of color. The bill also would have required DSHS to submit a report with recommendations on expanding access to nutrition food among communities of color. HB 231 was left pending in the House subcommittee.
HB 437	Swanson	HB 437 would have required DSHS to issue a birth certificate upon request by a juvenile board or the Texas Juvenile Justice Department (TJJD) without a fee for the purpose of determining a juvenile's biological sex. HB 437 was voted out of the House committee.
HB 505	Bucy	HB 505 would have required DSHS, by rule, to adopt a process to verify a person's status as a homeless individual and prescribe the documentation necessary for the issuance of a certified copy of a birth record to the homeless individual without a fee. HB 505 passed out of the House committee.

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
HB 510	Lopez, Ray	HB 510 would have required DSHS to adopt a process to verify a person's status as a homeless individual and prescribe the documentation necessary for the issuance of a certified copy of a birth record to the homeless individual without a fee. HB 510 passed the House.
HB 514	Lalani	HB 514 would have required DSHS, using existing resources, to develop and implement a maternal healthcare workforce campaign to increase the maternal healthcare professional workforce and to implement programs to improve access to maternal healthcare among underserved populations. HB 514 passed the House.
HB 827	Howard	HB 827 would have required DSHS to fund "best practices" for reducing violence against nurses in the Workplace Violence Against Nurses Prevention Grant Program, in addition to the current requirement of "innovative approaches." HB 827 was heard in the House committee.
HB 1449	Capriglione	HB 1449 would have broadened the applicability of county mobile food unit permitting and inspection for all counties with a population of more than one million. For municipalities within these counties, cities would have been prohibited from requiring separate permits beyond the county-issued permits. A county would be allowed to delegate inspection responsibilities to municipalities within its boundaries. The bill also would have limited county permit fees to the county's actual costs and repealed the requirement that mobile food units in municipalities of 1.5 million or more obtain a city-issued medallion after inspection. HB 1449 passed out of the House and through Senate committee.
HB 1656	Howard	HB 1656 would have allowed paramedics licensed by DSHS to detain a person for preliminary examination under existing state law that allows a peace officer to do so in case of a person with a mental illness. HB 1656 was heard in the House committee.

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
HB 1669*	Hull	HB 1669 would have required DSHS to create a permit for direct sale of raw milk and raw milk products at farmers markets and would have established and defined "raw milk coordinator" to sell raw milk on behalf of a farm to clients. HB 1669 was heard in House committee.
HB 1787	Howard	HB 1787 would have required DSHS, in consultation with THECB, develop a state plan for preventing and treating human papillomavirus in students at institutions of higher education. HB 1787 was set on the House Calendar and was postponed.
HB 1887	Metcalf	HB 1887 would have required the state registrar of vital statistics at DSHS to issue a noncertified copy of an adopted person's original birth certificate without a court order if: 1) the adopted person was born in Texas; 2) the request is made on/after the person's 18th birthday; 3) a supplementary birth certificate was previously issued; and 4) the requestor provides proof of person's identity. The bill would have allowed DSHS to collect a fee. HB 1887 passed the House.
HB 1958	Lopez, Janie	HB 1958 would have required food service establishments to provide a written notification to their customers that shrimp were imported from outside of the state, requiring DSHS to create new rules and new inspection requirements for the restaurants they inspect. HB 1958 was placed on the House calendar.
HB 1969	Collier	HB 1969 would have required the TDCJ, Department of Public Safety, and DSHS by rule to adopt a memorandum of understanding to establish responsibilities for issuing a driver's license or personal identification certificate to an inmate who was discharged or released under certain circumstances. HB 1969 was placed on the House calendar.
HB 2117*	Walle	HB 2117 would have required the Maternal Mortality and Morbidity Review Committee to review maternal death cases annually, using data from the preceding year. HB 2117 heard in the House subcommittee.

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
HB 2140	Simmons	HB 2140 would have added two members to the current 23-member MMMRC: two doulas, one representing an urban area and one representing a rural area. The bill would have required one of the doulas to specialize in end-of-life care. HB 2140 was placed on the House calendar.
HB 2301	Campos	HB 2301 would have required DSHS to provide a certificate of the results of a paternity registry search request by the 10th day after the request was received. The bill passed the House and was referred to committee in the Senate.
HB 2343	Leo-Wilson	HB 2343 would have prohibited the sale of shrimp imported from outside the United States unless the importation is clearly indicated on the label, prohibited state agencies and school districts from serving imported shrimp or food containing imported shrimp, and allowed use of the "Go Texas" logo for domestic wild shrimp caught in Texas waters. HB 2343 was placed on the House calendar.
HB 2849	Allen	HB 2849 would have required the DSHS Texas School Health Advisory Committee to develop model recess policy for schools. The model policy would have to be developed by January 1, 2026. HB 2849 passed the House and was referred to committee om the Senate.
HB 3174	Rose	HB 3174 would have allowed HHSC to provide guidance on a bloodborne disease pilot program and would have expanded the program from Bexar County to six additional counties. HB 3174 passed out of the House.
HB 3219	Shofner	HB 3219 would have required the DSHS commissioner to issue a statewide order authorizing a licensed pharmacist to dispense ivermectin without a healthcare practitioners prescription order. The bill would have required standard written procedures or protocols for pharmacists as part of the order. HB 3219 was placed on the House calendar.

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
HB 3339	Ward Johnson	HB 3339 would have required DSHS and the MMMRC to conduct a study to evaluate maternal mortality and morbidity prevalence among Black women. The bill would have required DSHS and MMMRC to develop recommendations based on study results in a one-time report due September 1, 2026. HB 3339 passed the House.
HB 3554*	Simmons	HB 3554 would have required DSHS to provide administrative support to a new Texas Rare Disease Advisory Council. The bill would have required the new council to submit an annual report with recommendations starting September 1, 2026. HB 3554 passed the House.
HB 3811*	Plesa	HB 3811 would have required DSHS to review youth mitigation injury training courses submitted by youth athletic associations. The bill would have required certain youth athletic associations to adopt a policy requiring all association coaches and athletics personnel to complete a free training course, if available, on youth injury mitigation. HB 3811 was placed on the House calendar.
HB 4553*	Ordaz	HB 4553 would have required licensed midwives to report birth outcomes to DSHS Vital Statistics and the Texas Department of Licensing and Regulation (TDLR) within 10 days of attending any birth. Hospitals would have been required to report to DSHS Vital Statistics all deaths and morbidities linked to midwife-attended births. The bill also would have required DSHS and TDLR to publish de-identified data based on maternal and neonatal outcomes from midwife-attended births. HB 4553 passed out of the House committee.
HB 4611*	Slawson	HB 4611 would have required DSHS to provide a certificate of the results of a paternity registry search request by the 10th day after the request was received. The bill would have removed all fees for the Central Adoption Registry requests. Bill implementation would have required IT changes. HB 4611 passed the House and was referred to committee in the Senate.

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
HB 4813	Oliverson	HB 4813 would have required the DSHS commissioner to delete or reschedule to a lower schedule any substance listed as a Schedule I controlled substance and approved by the US Food and Drug Administration (FDA). HB 4813 passed the House and was referred to committee in the Senate.
HB 4882*	Shofner	HB 4882 would have added congenital cytomegalovirus (cCMV) tests to the current DSHS requirement to maintain data and information on a newborn/infant who receives a hearing screening. The bill would have required DSHS to certify birthing facilities that conduct the cCMV test. DSHS would have needed new full time equivalent (FTE) staff for implementation. HB 4882 passed the House.
HB 5520*	Gamez	HB 5520 would have required DSHS, in consultation with the THECB, to develop and adopt a plan to establish new and improve existing reimbursement programs providing assistance to eligible healthcare professionals in communities near and along the Mexico border. Other requirements in the bill had a fiscal impact for other state agencies that were reflected in the bill's fiscal note. HB 5520 passed the House.
SB 3*	Perry	The bill would have banned all consumable hemp products with any amount of tetrahydrocannabinol (THC) and required DSHS to set up a database of legal THC products for law enforcement reference. SB 3 was vetoed.
SB00119	Hall	SB 119 would have prohibited the sale of food injected with an mRNA vaccine and required labeling of food containing any ingredient derived from food injected with a mRNA vaccine. SB 119 was heard in the Senate committee.

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
SB 406	Middleton	SB 406 would have required birth certificates to list the biological sex of a child as either male or female. Would have prohibited the issuance of birth certificates that corrects the sex unless the correction was addressing a clerical error or amending the sex from unknown/undetermined to male or female. SB 406 passed the Senate and was referred to committee in the House.
SB 666	Hughes	SB 666 would have banned the sale of nitrous oxide to a person under 21 years of age and the delivery of nitrous oxide to a person under 18 years of age. SB 666 passed out of Senate committee.
SB 801	Menendez	SB 801 would have required DSHS, by rule, to adopt a process to verify a person's status as a homeless individual and prescribe the documentation necessary for the issuance of a certified copy of a birth record to the homeless individual without a fee. SB 801 was placed on the Senate intent calendar.
SB 871	Birdwell	SB 871 would have required the governor to call a special session to declare a disaster, shut down businesses or impose a curfew. SB 871 passed out of the Senate and House committee.
SB 1263	Alvarado	SB 1263 would have required DSHS to develop a pilot program to increase the number of locations in this state where unused prescription drugs are collected for safe disposal. The bill would have required DSHS to develop and distribute educational outreach materials. SB 1263 was placed on the House calendar.
SB 1484	Hinojosa, Adam	SB 1484 would have prohibited a food service establishment from representing on a menu or menu board any fish or fish product as "catfish" if the fish is not of the family Ictaluridae. SB 1484 was placed on the House calendar.
SB 1864	Johnson	SB 1864 would have allowed a small producer of ungraded eggs at any number for retail and 300 dozen per week at wholesale. SB 1864 was placed on the House calendar.

Bill Number	Author	Summary of Key Provisions / Reason Bill Did Not Pass
SB 1869	Perry	SB 1869 would have changed drug scheduling procedures, removing the requirement for a public hearing. SB 1869 passed the Senate and was referred to committee in the House.

Table 24 Exhibit 16 Legislation Not Passed 89th Legislature

IX. Major Issues

Disaster Response and Funding

***Brief Description of Issue*:** With the increased weather and non-weather-related disasters that have occurred over the past few years and the increasing costs DSHS is incurring, DSHS has a need for direct access to the GR Disaster Fund.

***Discussion*:** DSHS responds to numerous types of weather and non-weather-related disasters. The amount and types of disasters have changed over the last few years, which increased the cost of the response. In some cases, the disaster may not be eligible for reimbursement from U.S. Federal Emergency Management Agency (FEMA). Even in those cases where FEMA reimbursement is possible, the state is usually response for a match amount, and DSHS must find funding to pay contractors pending federal reimbursement.

See the Table 1 below of the costs that DSHS have occurred in the last few years.

Disaster Expenses Fiscal Years (FYs) 2020 – 2025

FY	Hurricane**	Fires***	Severe Weather**	Other	FY Total	Notes for Other
2020	$13,336,249	$611,354	$3,081	$427,228	$14,377,912	Civil Disobedience
2021		$136,469	$1,925,414		$2,061,883	
2022		$2,949,352	$169,516	$892,820	$4,011,688	Uvalde
2023		$3,271,370	$934,630		$4,206,000	
2024	$14,082,321	$8,397,247	$3,201,297	$1,511,586	$27,192,451	Bridge collapse; H5N1; Eclipse; Capitol protests; Cyber attack
2025*		$5,367,377	$10,970,495	$250,000	16,587,872	November Election Support
Total	$27,418,570	$20,733,169	$17,204,433	$3,081,634	$68,437,806	

*FY 2025 estimates as of 08/04/2025

**Hurricanes and Severe Weather events may be reimbursed by FEMA, at a 90/10 or 75/25 federal/state match. The reimbursement occurs one to three years following the event.

***TDEM reimburses DSHS for wildfire expenses after the first $50,000. The reimbursement occurs 6-12 months following the event.

During fiscal year 2024, DSHS provided preparedness and response support to multiple events. For some incidents, DSHS was deployed in preparation of a potential threat, but the threat never transpired. These activations spanned a wide variety of events, including Avian Influenza in dairy workers, cyber-attacks against hospitals, civil disobedience and protests, and possible support to High Consequence Infectious Disease patients.

When an activation occurs, DSHS must locate funding within existing operations to ensure expenses are paid timely and then wait for reimbursements. If there is no federal declaration, the state remains responsible for the entire cost of activation. The Texas Division of Emergency Management (TDEM) is authorized to reimburse DSHS for wildfire response, following the first $50,000 expense.

If a federal declaration occurs, FEMA will reimburse the state for a specific portion of allowable activities and the state is responsible for a match. FEMA reimbursements can occur one to three years after the response activities expenses are paid, so DSHS must float these expenses for longer time periods, across fiscal years. Reimbursement rates vary, and DSHS is not usually reimbursed 100%. This typically results in DSHS delaying payment to HHSC for the oversight bill because this is the largest allocation of funds that can be redirected for disaster response activity.

***Possible Solutions and Impact*:** Due to the increased response activities and the increased cost, it would be beneficial for DSHS to have a dedicated funding source that can be authorized to support disaster activations as they occur. General Revenue Account 453, Disaster Contingency, was created in accordance with the Texas Disaster Act in 1975. TDEM has access to this account to cover disaster related expenses.

If DSHS received a direct appropriation for disaster responses that could be adjusted based on the response activity during the fiscal year, this would alleviate the need for DSHS to reallocate operating costs or delay HHSC oversight bill payments until reimbursement is received. This appropriation would be partially repaid, based on the reimbursements received from other sources.

Consumer Protection Fees

Brief Description of the Issue: Several programs within the Consumer Protection Division (CPD) are unable to manage revenue and program costs due to statutory caps and statutory requirements related to fee amounts. This limits the Division's ability to main sufficient capacity to perform its regulatory duties timely.

Background / Discussion: CPD administers regulatory programs generating fees deposited into eight General Revenue Dedicated (GR-D) accounts in addition to 16 streams of revenue deposited into General Revenue Fund 001. Each of these programs has program-specific statutory requirements related to the setting of fee amounts.

Three fees are set directly in statute, meaning the agency cannot adjust these fees without action by the Legislature (Emergency Medical Services, Milk Industry Products, and Oyster Sales). Another program has a statutory cap the agency cannot exceed when setting its fee (Low Level Radioactive Waste). Except for radiation licensing, the remaining programs are statutorily required to adopt "by rule" fee amounts designed to allow for recovery of the costs to administer them. See Texas Health and Safety Code, Section 12.0111(b). In addition, 19 have program-specific statutory requirements to set fee amounts "by rule." For more detail see the DSHS Fiscal Year 2024 Fee Resource Manual.

In accordance with the General Appropriations Act, the Department reviews fees annually and compiles a report of information about them, including the date of origin, statutory authority, and revenue and cost history. The latest report, issued in January 2025, found 13 programs need adjustments to their fee methodologies. This could be to raise revenue to cover costs, or to decrease revenue to reduce the financial burden on the regulated industry. For example, Youth Camp fees were found to cover only 51 percent of the program's costs.

The state's rulemaking process is designed to ensure public participation in the rulemaking process. It requires the public to be informed of proposed amendments, and that they have adequate time to

comment on them. It also requires the public has notice at least 30 days before an amendment is effective. In addition to these requirements, the HHS system generally offers interested stakeholders an opportunity to informally comment on rules prior to the required publication. It can take over a year to get a rulemaking project through the entire process, including required financial and legal reviews.

For programs with fee amounts set in rule, even when a fee is found to need adjustment through the rider's annual review process, it could be another year before appropriate adjustments can be implemented. For programs with fee amounts set in statute, the delay can be several years or longer. This results in costs being paid from alternative or reserve sources for several years until rule amendments are effective and additional revenue is collected and available. Alternatively, this could mean regulated businesses are left paying fees at a higher rate than is necessary to cover costs in situations where growth in the industry (and fee revenue) outpaces program costs.

Possible Solutions and Impact: Consideration could be given as to whether program-specific statutory fee caps should be repealed or revised, and whether the statutory requirements for fees set "by rule" could be amended to give the agency authority to set fees in amounts reasonable and necessary to cover program costs. This would ensure that if program costs increase, the Department would have a mechanism to cover shortfalls in a more reasonable amount of time.

This authority could mirror existing success with the DSHS Laboratory fee schedule, which depends on web-based fee schedules. The DSHS Laboratory reviews the fee schedule on a regular timeline that is communicated to stakeholders, provides stakeholders opportunity for comment, and ensures public notices of fee schedule changes. This approach with the Laboratory fee schedule was possible due to its specific statute provisions and has allowed the Laboratory to more successfully operate like a business, covering its costs in sufficient amounts to support laboratory operations.

Vital Statistics Space Needs

***Brief Description of Issue*:** The DSHS Vital Statistics Section (VSS) is the official repository for all Texas vital records, dating back to late 1800s. VSS is responsible for issuing certified copies and verifications of vital records, which constituents require to obtain critical government and care services, including driver's licenses, passports, insurance, and benefits. Vital records are essential, time-sensitive documents, and the demand for VSS services is high given the current Texas population. The demand will continue to grow as the Texas population increases. All activities related to the issuance of vital records and records management must be done onsite in secure, restricted facilities.

Vital Statistics must have controls to secure vital records and run like a business to provide timely vital records. This requires ongoing investment in staffing, facilities, and technologies. However, any further business modernization (e.g., technology, mail operations, security, records management) is impeded by current building limitations. Over the past several years, DSHS has engaged in improvement activities to rebuild the vital statistics system and ensure excellent customer service, security, and data quality of vital records and vital statistics. Improvements have been made in organization, business process, technology, and salaries. However, any further business modernization (e.g., technology, security, records management) is impeded by building limitations in space and power capacity. VSS requires a facility that has additional square footage and a more up-to-date building environment.

***Discussion*:** In fiscal year 2023, DSHS conducted an Internal Priority Initiative to evaluate space and facility needs for Vital Statistics. VSS primarily operates out of an approximately 30,000 square-foot Records Building that was built in 1976. Over 60 million records are stored in the building. In comparison, the FY 2023 space evaluation estimated a need of 80,000-100,000 square feet of operations space. The building infrastructure is aged and has mechanical, electrical, HVAC, and life safety issues that make the building difficult to renovate and improve.

As the Records Building is limited in size and capacity to accommodate all staff and records, VSS has expanded to other DSHS campus buildings, decentralizing VSS operations into areas of the DSHS campus that house other programs. These buildings do not have the same security as the Records Building. Security measures are necessary to safeguard vital records and other confidential materials that are core to vital statistics operations and are routinely handled.

Decentralization of VSS operations also impedes efficiency. VSS teams work in an assembly line production, with handoffs of confidential documents, vital records, and monies across teams. When staff are not located in the same building, this causes a break in efficiency as well as increased risk to these valuable items when navigating between buildings.

In addition, the current facility is in constant need of repairs and is not able to address the customer service needs of VSS (not enough bathrooms, non-functioning water fountains, and insufficient space to conduct business operations, etc.).

Possible Solutions and Impact: Vital Statistics has a need to construct or rehabilitate space to meet growing VSS business needs and facilitate continued Vital Statistics modernization efforts. Doing so would ensure timely processing and delivery of vital records to meet the high demand for services. This would allow for:

- Compliance with building and life safety codes;
- Sufficient space and power capacity to house commercial equipment for large order fulfillment operation;
- Collocated space to maintain efficient workflows and document security;
- Accessible storage with security and environment controls for physical vital records, security paper, and digital records ; and
- Public lobby to accommodate daily customer traffic, including an electronic queue system and public restrooms.

Trusted Electronic Framework Common Agreement

Background: Within U.S. HHS is the Assistant Secretary for Technology Policy (ASTP),who administers the Office of the National Coordinator for Health Information Technology. Federal statute charges ASTP with creating a national strategy for implementing a secure, standardized national platform to share patient-level data. ASTP has laid out the Trusted Electronic Framework Common Agreement (TEFCA) to remove barriers for sharing health records electronically among healthcare providers, patients, public health agencies, and payers. TEFCA establishes rules for Health Information Networks

(HINs) to share medical records across state lines and across networks. TEFCA data exchange may only occur for the following purposes:

- Treatment,
- Payment,
- Healthcare operations,
- Public health,
- Government benefits determination, and
- Individual access services.

At this time, participation in TEFCA is optional but it could become a requirement in the future.

Issue: TEFCA has the potential to impact DSHS and LHDs as it pertains to public health surveillance and public health registries. Currently, DSHS administers multiple systems to collect data from electronic lab reports and electronic case reports that are derived from the electronic health records. LHDs, laboratories, healthcare providers, and healthcare facilities all use different systems, with various levels of interoperability and sophistication. Each registry and related data have their own federal or state laws and rules that govern data release and data sharing. A major function of the Public Health Informatics and Data Unit within the Chief Deputy Commissioner's office is to facilitate data reporting to DSHS.

With the implementation of TEFCA, patient-level data entrusted to public health entities could potentially be exchanged at a national level, including vital statistics, immunizations, and infectious surveillance disease data. LHDs could make decisions on participating in TEFCA on their own, even if DSHS does not participate, causing a lack of governance on how Texas data is submitted, what data is shared, and how data points are defined.

Possible Solutions and Impact: DSHS and other state entities will need legislative guidance on whether or how to participate in TEFCA. At this time, facilities, providers, and LHDs can participate in TEFCA voluntarily, but DSHS is not connected into the TEFCA framework. Another option would be for DSHS to determine what standardized public health data may be shared through TEFCA, to ensure data sharing is compliant with state law.

Job Classification Levels

Brief Description of Issue: Each biennium, the State Auditor's Office (SAO) State Classification Team reviews the State's Position Classification Plan (Plan) and makes recommendations to add new job classifications, delete current job classifications that are not utilized or have low utilization, and reallocate job classifications to maintain their market competitiveness. Part of that review includes the SAO sending out an optional assignment to state agencies for Recommended Changes to the State's Position Classification Plan.

The process does not always consider how some changes can have a ripple effect across agencies and classification types. Additional funding is not provided for changes that impact state agencies, but agencies are to make these changes and the necessary payroll actions to convert current employees to the new plan.

Discussion: When the SAO accepts recommendations from a state agency to add a classification level to a job series, it typically does not evaluate any needed changes to job series of same/similar responsibilities. This can create an issue with other state agencies retention and turnover, in this specific example, among nursing staff. While agencies can make a request to update the impacted series, this process takes another two years before the correction may occur.

A key example is the Nurse series versus the Public Health Nurse series. While hospital or clinical nurses provide care at a micro level, Public Health Nurses provide care to a population at a macro level. They also have the educational background and clinical experience to be able to provide care to individual patients. The SAO added a Nurse VI to the Nurse job classification series on the Recommended Changes to the Plan, however no updates to the Public Health Nurse series were made. This leaves DSHS vulnerable to losing Public Health Nurses to agencies who have Nurse VI classification levels.

Manager/staff compression issues and inappropriate reporting relationships are a known and ongoing challenge. The SAO State's Position Classification Plan for the 2024-2025 Biennium made 567 job classification reallocations. The reallocations did not address supervisory or management classification levels. While the annual cost impact outlined by the SAO shows the direct costs associated with their proposed changes, it does not consider the costs to agencies to correct manager/staff compression issues and inappropriate reporting relationships as a result of the changes.

***Possible Solutions and Impact*:** It would be beneficial if a strategic approach was taken when considering proposed state classification changes and how it will impact other state agencies. This could help to align and stabilize the classification plans and decrease competition for talent amongst state agencies, thus decreasing turnover and increasing retention. For DSHS, it is imperative to retain experienced staff to support the agency's public health mission and citizens served. Because state agencies are required to implement changes resulting from the classification plan changes, SAO decisions have a significant impact on agency operations and budgets.

X. Other Contacts

Please see Attachment 33.

XI. Additional Information

A. Texas Government Code, Section 325.0075 requires agencies under review to submit a report about their reporting requirements to Sunset with the same due date as the SER. Include a list of each agency-specific report the agency is required by statute to prepare and an evaluation of the need for each report based on whether factors or conditions have changed since the statutory requirement was put in place. Please do not include general reporting requirements applicable to all agencies, reports that have an expiration date, routine notifications or notices, posting requirements, federally mandated reports, or reports required by G.A.A. rider. If the list is longer than one page, please include it as an attachment. See Exhibit 18 Example.

See Attachment 34, Exhibit 18, for this information.

B. Does the agency's statute use "person-first respectful language" as required by Texas Government Code, Section 325.0123? Please explain and include any statutory provisions that might supersede or create challenges in implementing these changes.

The Department's statutes use "person-first respectful language" as required by Texas Government Code, Section 325.0123. DSHS has not encountered any statutory prohibition on using person-first respectful language.

C. Please describe how your agency receives and investigates complaints about the agency and its operations.

The Texas Department of State Health Services (DSHS) uses the Health and Human Services Enterprise Administrative Reporting and Tracking System (HEART) as its formal tracking system. The HEART system improves efficiency and enhances response time to complaints and inquiries. DSHS uses HEART to analyze all data associated with inquiries received through the DSHS customer service toll-free number, email address, and postal mail. Assigned DSHS staff tracks and logs this information daily, including appropriate entry of complaints into the HEART system.

HEART allows DSHS to capture key details like type of inquiry, relevant program, and resolution status. DSHS staff review each complaint to determine what program or agency can best address the inquiry. For complaints not within DSHS purview, DSHS provides the customer with contact information for the correct entity. For complaints within DSHS purview, the appropriate program receives an assignment to respond to the customer and address the question or complaint. The resolution is entered into HEART so the case can be closed. When the customer is not satisfied with the resolution, DSHS sends the complaint to the Health and Human Services (HHS) Office of the Ombudsman for further investigation. DSHS then closes the complaint entry within HEART.

Complete the following table detailing information on complaints received about your agency and its operations. Do not include complaints received about people or entities the agency regulates, if applicable.

Texas Department of State Health Services
Exhibit 19: Complaints Against the Agency — Fiscal Years 2020-24

	Fiscal Year 2020*	Fiscal Year 2021*	Fiscal Year 2022	Fiscal Year 2023	Fiscal Year 2024
Number of complaints received	242	32	1,041	1,238	704
Number of complaints resolved	240	32	976	1,268	729
Number of complaints dropped / found to be without merit	163	0	957	1,254	722
Number of complaints pending from prior years	0	2	2	65	30
Average time period for resolution of a complaint	2 Days	1 Day	1 Day	7 Days	3 Days

Table 29 Exhibit 19 Complaints Against the Agency

* Data for fiscal years 2020 and 2021 is incomplete. Prior to fiscal year 2022, DSHS programs were not tracking complaints uniformly. DSHS worked with the HHS Ombudsman's Office to remedy this issue.

In fiscal years 2023 and 2024, the number of resolved complaints is higher than the number of received complaints. During this time, DSHS was working through a backlog of complaints. During this process, DSHS discovered a data discrepancy due to each program collecting their own data and sending it in for reporting. DSHS is working to ensure consistency to remedy this situation going forward.

D. Fill in the following tables detailing your agency's historically underutilized business (HUB) purchases. Sunset is required by law to review and report this information to the Legislature. If your agency has set specific goals and not statewide goals, please provide the goal percentages and describe the method used to determine those goals. (TAC Title 34, Part 1, Chapter 20, Rule 20.284)

Texas Department of State Health Services
Exhibit 20: Purchases from HUBs

Heavy Construction

Year	Total $ Spent	Total HUB $ Spent	Percentage of Total Spent on HUB	Agency Specific Goal*	Statewide Goal
2022	$0	$0	0%	0%	11.2%
2023	$802	$0	0%	0%	11.2%

Year	Total $ Spent	Total HUB $ Spent	Percentage of Total Spent on HUB	Agency Specific Goal*	Statewide Goal
2024	$30	$0	0%	0%	11.2%

Table 30 Exhibit 20 HUB Purchases for Heavy Construction

Building Construction

Year	Total $ Spent	Total HUB $ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	$3,631,342	$106,445	2.93%	21.1%	21.1%
2023	$3,216,116	$108,406	3.37%	21.1%	21.1%
2024	$667,394	$20,374	3.05%	21.1%	21.1%

Table 31 Exhibit 20 HUB Purchases for Building Construction

Special Trade

Year	Total $ Spent	Total HUB $ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	$611,763	$102,061	16.68%	32.9%	32.9%
2023	$645,911	$112,999	17.49%	32.9%	32.9%
2024	$525,895	$104,323	19.84%	32.9%	32.9%

Table 32 Exhibit 20 HUB Purchases for Special Trade

Professional Services

Year	Total $ Spent	Total HUB $ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	$661,331	$16,798	2.54%	23.7%	23.7%
2023	$5,081,205	$412,925	8.13%	23.7%	23.7%
2024	$6,248,426	$29,868	0.48%	23.7%	23.7%

Table 33 Exhibit 20 HUB Purchases for Professional Services

Other Services

Year	Total $ Spent	Total HUB $ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	$2,718,550,357	$44,108,818	1.62%	26.0%	26.0%
2023	$214,856,620	$34,329,277	15.98%	26.0%	26.0%
2024	$126,915,772	$27,445,635	21.63%	26.0%	26.0%

Table 34 Exhibit 20 HUB Purchases for Other Services

Commodities

Year	Total $ Spent	Total HUB $ Spent	Percentage of Total Spent on HUB	Agency Specific Goal	Statewide Goal
2022	$262,713,908	$5,849,909	2.23%	21.1%	21.1%
2023	$194,547,656	$6,182,180	3.18%	21.1%	21.1%
2024	$169,498,733	$4,316,030	2.55%	21.1%	21.1%

Table 35 Exhibit 20 HUB Purchases for Commodities

F. Does your agency have a HUB policy? How does your agency address performance shortfalls related to the policy? (Texas Government Code, Section 2161.003; TAC Title 34, Part 1, Rule 20.286c)

Yes. DSHS has a policy on the use of Historically Underutilized Businesses (HUBs). DSHS adopted the Comptroller of Public Accounts (CPA) Statewide HUB Program rules by reference. The CPA HUB rules set annual expenditure goals for state agencies by procurement categories. The HHS HUB Program Office provides administrative support for carrying out the HUB policy and related efforts.

The DSHS HUB policy is related to all contracts with an expected value of $100,000 or more, and contracts less than $100,000 when practical. DSHS and its contractors accomplish these goals through direct contracts and through subcontracting opportunities. DSHS and its contractors make a good faith effort to meet or exceed the goals and assist HUBs in receiving a portion of the total contract value of all contracts that DSHS expects to award in a fiscal year.

To address performance shortfalls, DSHS monitors its contracts monthly to determine the level of HUB participation. DSHS strives to eliminate shortfalls by analyzing the expenditures and payments made to vendors, improving the expertise of DSHS program staff in evaluating contract opportunities for HUBs or minority firms, and assisting programs in implementation of good faith efforts to meet or exceed the goals. Most DSHS contracts are highly specialized and DSHS continuously demonstrates its commitment to the use of HUBs by:

- Participating in external Economic Opportunity Forums (EOFs) and related HUB outreach events;
- Hosting HUB forums, which provide HUBs opportunity to give business presentations to management, purchasing, and HUB staff;
- Notifying HUBs about procurement opportunities with DSHS;
- Sponsoring and assisting in the development of mentor-protégé relationships with prime contractors and HUBs;
- Recruiting new HUBs for potential contracting opportunities in procurement categories where there has been lower HUB utilization;
- Hosting HUB Subcontracting Plan (HSP) trainings for internal program division staff, agency purchasers, and the vendor community to help ensure proper submission HUB subcontracting plan and compliance with the advertised specifications;
- Offering HUBs assistance and training regarding state procurement procedures;
- Assisting HUBs with the certification and recertification process for the CPA Statewide HUB Program; and
- Encouraging HUBs to register on CPA's centralized Master Bidders List (CMBL).

G. For agencies with contracts valued at $100,000 or more: Does your agency follow a HUB subcontracting plan to solicit bids, proposals, offers, or other applicable expressions of interest for subcontracting opportunities available for contracts of $100,000 or more? (Texas Government Code, Section 2161.252; TAC Title 34, Part 1, Rule 20.285)

Yes, DSHS has an established process to ensure consideration is given to HUB goals when DSHS enters into a contract with an expected value of $100,000 or more. The HHS HUB Program Office administratively supports this process for DSHS. DSHS makes a determination whether subcontracting opportunities are possible under the contract before DSHS solicits bids, proposals, offers, or other applicable expressions of interest.

The HHS HUB Program Office reviews the solicitation document prior to advertisement to ensure the solicitation:

- Allows for the greatest amount of competition possible;
- Ensures bonding and insurance requirements are reasonable;
- Lists potential subcontracting opportunities;
- Lists the HUB percentage participation goal;
- Lists the prime contractor's requirements related to the HUB program; and
- Includes HUB subcontracting plan requirements.

In addition, the HHS HUB Program Office works with DSHS divisions and program staff to administer comprehensive HUB subcontracting plans that:

- Provide an overview of the HUB subcontracting plan requirements during the vendor conference;
- Evaluate proposal or bid responses for compliance;
- Host post-award meetings with the selected vendor, which details the contractor performance expectations related to the HUB requirements of the contract; and
- Monitor ongoing progress assessment and reporting to ensure the vendor maintains the agreed-upon HUB participation percentage commitment, when applicable.

During the solicitation process, all respondents are required to make a good faith effort to complete a HUB subcontracting plan. If a good faith effort is not made or a subcontracting plan is not submitted or is incomplete, the proposal/bid will be disqualified. If subcontractors will be used, then the vendor is required to demonstrate effort to solicit a certified HUB subcontractor. DSHS and the HHS HUB Program Office encourage vendors to reference the CPA HUB directory as part of the subcontracting process. If the subcontractor selected is not a certified HUB, the respondent must provide written justification.

H. For agencies with biennial appropriations exceeding $10 million, answer the following HUB questions:

1. **Do you have a HUB coordinator? If yes, provide name and contact information. (Texas Government Code, Section 2161.062; TAC Title 34, Part 1, Rule 20.296)**

   Yes. The HHS HUB Program Office acts as the DSHS HUB coordinator: Letisha Metayer, HHS HUB Director, letisha.metayer@hhs.texas.gov.

2. **Has your agency designed a program of HUB forums in which businesses are invited to deliver presentations that demonstrate their capability to do business with your agency? (Texas Government Code, Section 2161.066; TAC Title 34, Part 1, Rule 20.297)**

   DSHS complies with Texas Government Code, Section 2161.066; TAC Title 34, Part 1, Rule 20.297. DSHS and HHSC hosts quarterly and annual HUB forums in which businesses are invited to deliver presentations that demonstrate their capability to do business with HHS. DSHS and HHSC also coordinate with other state agencies to cosponsor events that educate and inform HUBs on "Doing Business with HHS."

3. **Has your agency developed a mentor-protégé program to foster long-term relationships between prime contractors and HUBs and to increase the ability of HUBs to contract with the state or to receive subcontracts under a state contract? (Texas Government Code, Section 2161.065; TAC Title 34, Part 1, Rule 20.298)**

   Yes, with the support of the HHS HUB Program Office, DSHS has developed a mentor-protégé program to foster long-term relationships between prime contractors and HUBs and to increase the ability of HUBs to contract with the state or to receive subcontracts under a state contract.

I. Fill in the tables below detailing your agency's Equal Employment Opportunity (EEO) statistics. Sunset is required by law to review and report this information to the Legislature. Please use only the categories provided below. For example, some agencies use the classification "paraprofessionals," which is not tracked by the state civilian workforce. Please reclassify all employees within the appropriate categories below.

Texas Department of State Health Services
Exhibit 21: Equal Employment Opportunity Statistics

1. Officials / Administration

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	322	10.56%	9.1%	29.81%	26.5%	61.49%	41.3%
2023	378	9.79%	9.1%	29.63%	26.5%	60.85%	41.3%
2024	399	9.77%	9.1%	29.57%	26.5%	62.16%	41.3%

Table 36 Exhibit 21 EEO Statistics for Officials/Administration

2. Professional

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	2,240	13.17%	11.7%	28.48%	23.3%	72.81%	53.8%
2023	2,309	14.34%	11.7%	29.41%	23.3%	72.50%	53.8%
2024	2,432	14.39%	11.7%	29.69%	23.3%	72.94%	53.8%

Table 37 Exhibit 21 EEO Statistics for Professionals

3. Technical

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	526	15.97%	15.3%	42.02%	36.7%	74.14%	62.8%
2023	551	15.06%	15.3%	41.74%	36.7%	72.78%	62.8%
2024	567	16.05%	15.3%	40.39%	36.7%	73.54%	62.8%

Table 38 Exhibit 21 EEO Statistics for Technical

4. *Administrative Support*

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	329	30.09%	15.2%	39.82%	39.3%	88.45%	73.7%
2023	327	29.97%	15.2%	38.53%	39.3%	86.24%	73.7%
2024	360	33.06%	15.2%	36.67%	39.3%	86.11%	73.7%

Table 39 Exhibit 21 EEO Statistics for Administrative Support

5. *Service / Maintenance*

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	45	11.11%	12.6%	55.56%	55.10%	66.67%	51.7%
2023	49	14.29%	12.6%	55.10%	55.1%	69.39%	51.7%
2024	29	6.90%	12.6%	65.52%	55.1%	62.07%	51.7%

Table 40 Exhibit 21 EEO Statistics for Service and Maintenance

6. *Skilled Craft*

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	6	0.00%	10.8%	83.33%	53.0%	0.00%	12.4%
2023	7	0.00%	10.8%	85.71%	53.0%	0.00%	12.4%
2024	8	0.00%	10.8%	75.00%	53.0%	0.00%	12.4%

Table 41 Exhibit 21 EEO Statistics for Skilled Craft

7. *Protective Service (if applicable)*

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	N/A	N/A	24.0%	N/A	33.6%	N/A	25.4%
2023	N/A	N/A	24.0%	N/A	33.6%	N/A	25.4%
2024	N/A	N/A	24.0%	N/A	33.6%	N/A	25.4%

Table 42 Exhibit 21 EEO Statistics for Protective Service

J. Does your agency have an equal employment opportunity policy? If yes, please provide an attachment. How does your agency address performance shortfalls related to the policy?

DSHS follows the Texas HHS Equal Employment Opportunity (EEO) Human Resources Policy and Guidance. The HHS Civil Rights Office (CRO) oversees EEO for DSHS, as part of its administrative support. HHS CRO monitors and reviews HHS employment actions for EEO compliance.

DSHS management is accountable for compliance with EEO policies and for program support and leadership in establishing, maintaining, and carrying out the equal opportunity program. Together, DSHS management and CRO are responsible for ensuring access for clear and consistent policies and procedures, training, and providing employees and potential employees with an internal complaint procedure for processing employment discrimination complaints.

CRO is responsible for processing complaints of discrimination, including investigations. CRO serves as an objective fact finder, gathers information on the issues outlined in the complaint, interviews staff as needed, and analyzes collected information. Based on this analysis, CRO determines if the allegations are true and constitute a violation of agency policy. CRO issues an administrative determination outlining the results of the investigation. The determination is provided to the employee filing the complaint, as well as appropriate management and other staff.