HHSC: Public Health Funding and Policy Committee (PHFPC), October 28th, 2020

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Call to Order/Welcome. The special called meeting was called to order by the Chair, Stephen Williams.

October 7th, 2020 Meeting Minutes. The minutes were approved as written.

COVID-19 Funding Allocation. Donna Sheppard made the presentation.
DSHS promotes and protects public health statewide. COVID-19 Response Timeline:

- January 2020 - DSHS began working on COVID-19 response
- March 13, 2020 – Statewide Disaster Declaration
- Summer 2020 – Medical Surge Staffing increased significantly
- September 7, 2020 – Disaster Declaration extended

DSHS coordinates statewide response, by activating the following to respond to the disaster:

- State Medical Operations Center (SMOC)
- Regional State Medical Operations Center (RSMOC)
- State Operations Center (SOC) - activated by the Texas Department of Emergency Management (TDEM)

Local health entities request assistance by submitting a State of Texas Assistance Request (STAR) and when DSHS approves a health-related STAR, DSHS procures assistance and the local entity receives in kind service.

Categories of expenses related to COVID-19 response:

Category	How much we spent
Medical Surge Staffing	$1,138 Million
Local Response	$312 Million
Disease Surveillance	$117 Million
Local Contracts	$76 Million
Lab Costs	$18 Million
Repatriation	$7 Million
Other Costs	$458,000
Total	**$1.67 Billion**

*All data is as of September 30, 2020, unless otherwise noted.

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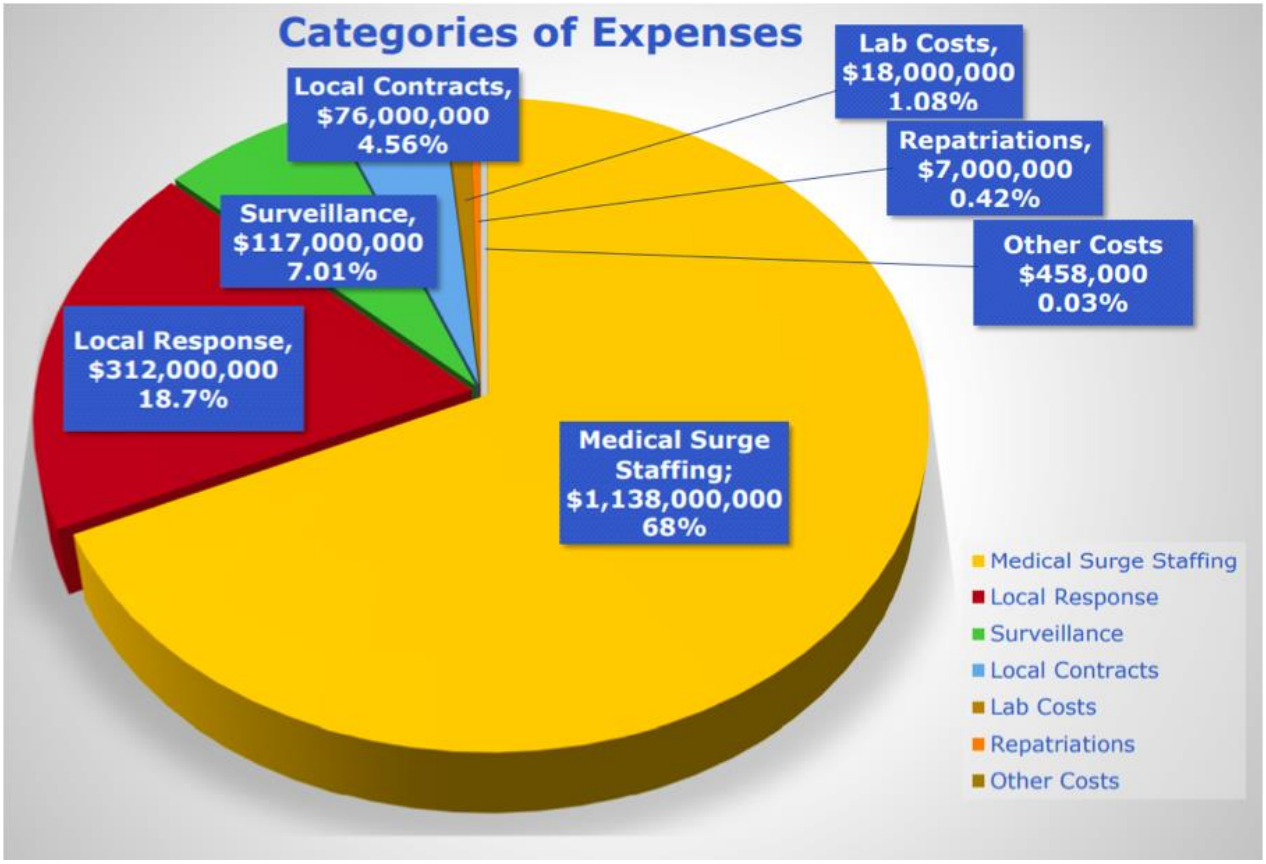

Regarding medical surge staffing, local entities request staffing support for COVID-19 positive patients. DSHS provides multiple types of:

- Nurses
- Medical Technicians
- Respiratory Technicians Local entities benefit from surge staffing support in hospitals and alternative care sites.

DSHS expends $1.138 Billion supplying medical surge staffing statewide. Federal sources of funds, which may require a state match:

- FEMA: Public Assistance Funding
- CDC: CARES Act
- Department of the Treasury: CRF

Local entities submit requests. DSHS procures and provides in-kind to local entities:

- Personal Protective Equipment (PPE) and medical supplies for hospitals and local entities
- Testing supplies; vendor to store & distribute statewide
- Rapid response teams for nursing homes

- Temps to assist local entities with data entry into National Electronic Disease Surveillance System (NEDSS); immunization temps; Emergency Medical Task Force

DSHS also provides the following benefitting local health entities:

- Daily, now weekly, state-wide calls providing technical guidance
- Medical hot-line
- State-wide public awareness and social media campaigns utilizing staff, vendors & temps

DSHS expends $312 Million. Federal sources of funds, which may require a state match:

- CDC: Paycheck Protection Program and Health Care Enhancement (PPPHEA),
- Department of the Treasury: Coronavirus Relief Fund
- CDC & ASPR: Coronavirus Aid, Relief, and Economic Security (CARES) Act
- CDC: Coronavirus Preparedness and Response Supplemental Appropriations Act
- FEMA: Public Assistance Funding
- USDA Cooperative State Meat and Poultry Inspection

COVID-19 Surveillance.

DSHS, in partnership with local entities and universities, conducts statewide disease surveillance of COVID-19 in communities and monitors persons with exposure and community risk. DSHS provides:

- Temporary staff epidemiologists and nurses
- Support for local area staffing
- Texas Health Trace data system
- Vendor to manage call center for up to 5,000-member workforce 7 days/week 12 hours/day.

Local entities benefit from surveillance that helps slow down the infection rate for individuals that had contact with COVID19 patients.

DSHS expends $117 Million Federal sources of funds, which may require a state match under the CDC Paycheck Protection Program and Health Care Enhancement Act (PPPHEA).

COVID-19 Local Contracts

Local entities submit requests.

DSHS procures approved requests and sends temps to local health entities.

Local entities benefit from contracts to multiple local health authorities across Texas to support the COVID-19 response.

DSHS expends $76 Million Federal sources of funds, may require match:

- CDC: Coronavirus Preparedness and Response Supplemental Appropriations Act
- CDC: CARES Act
- ASPR: CARES Act, PPPHEA, HPP, ELC urgent preparedness and response needs

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- HUD: CARES Act
- HRSA: CARES Act
- ASPR: CARES ACT, PPPHEA, HPP Ebola
- CDC: Rape Prevention & Education: Using the Best Available Evidence for Sexual Violence Prevention – COVID-19

COVID-19 Laboratory Testing.
Local entities submit requests for COVID-19 testing. DSHS began testing for COVID-19 on March 5, 2020. Funds were spent to:

- Reconfigure DSHS state laboratory to accommodate additional testing
- Hire temp lab techs and epidemiologists
- Purchase and maintain testing equipment
- Purchase reagents and supplies which are distributed locally as available based upon request Local entities benefit by receiving testing and supplies.

DSHS expends $18 Million Federal sources of funds, may require state match:

- CDC: PPPHEA & Coronavirus Preparedness and Response Supplemental Appropriations Act
- FEMA: Public Assistance Funding.

COVID-19 Repatriations.
Early in the response efforts, cruise ship passengers and other potential COVID-19 patients arrived in Texas for quarantine in San Antonio. DSHS incurred costs related to repatriating these individuals. Costs included:

- Medical personnel
- Ambulances
- Patient transport
- Stays at Texas Center for Infectious Disease (TCID). TCID served 24 patients. Some patients were sent to other hospitals.

DSHS expended $7 Million Federal sources of funds, which may require a match:

- CDC Coronavirus Preparedness and Response Supplemental Appropriations Act
- FEMA: Public Assistance funding

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Individual Grants

Grantor	Description	Total in Millions	Uses
FEMA	Public Assistance short name: FEMA Cat. B	$20.7	General disaster public assistance. The funds require a 25% state match. Additional funds can be requested.
CDC	COVID-19 Supplemental via 2020 CARES ACT	$14.2	
CDC	Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) National Center for Immunization and Respiratory Diseases [IP] (NCIRD) – VFC Programs	$10.1	Enhanced Influenza COVID19 response for staffing, communication, preparedness and mass vaccination, with emphasis on enrolling additional vaccinators, funds can't be used to purchase vaccines.
ASPR	CARES Act - Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, Division B, Title VIII. Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) - P.L. 116 - 139 - Division B, Title 1, The Health Care Enhancement Act. Hospital Preparedness Program (HPP) Supplemental Award for COVID-19 - CFDA 93.889 short name: CARES HPP	$8.7	Urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines. No more than 10% can be used for direct costs at DSHS.
CDC	ELC administered through the ELC in coordination with the Healthcare-associated Infections (HAI)/Antimicrobial Resistance (AR) Program	$3.7	Funds support Project Firstline, CDC's new national training collaborative for healthcare IPC.
HRSA	CARES Act - Coronavirus Aid, Relief, and Economic Security Act P. L. 116-136, Division B, Title VIII. Ryan White HIVAIDS short name: CARES Ryan White	$1.5	Infrastructure and practice improvement needed to prevent, prepare, and respond to COVID-19 for Texans living with HIV.

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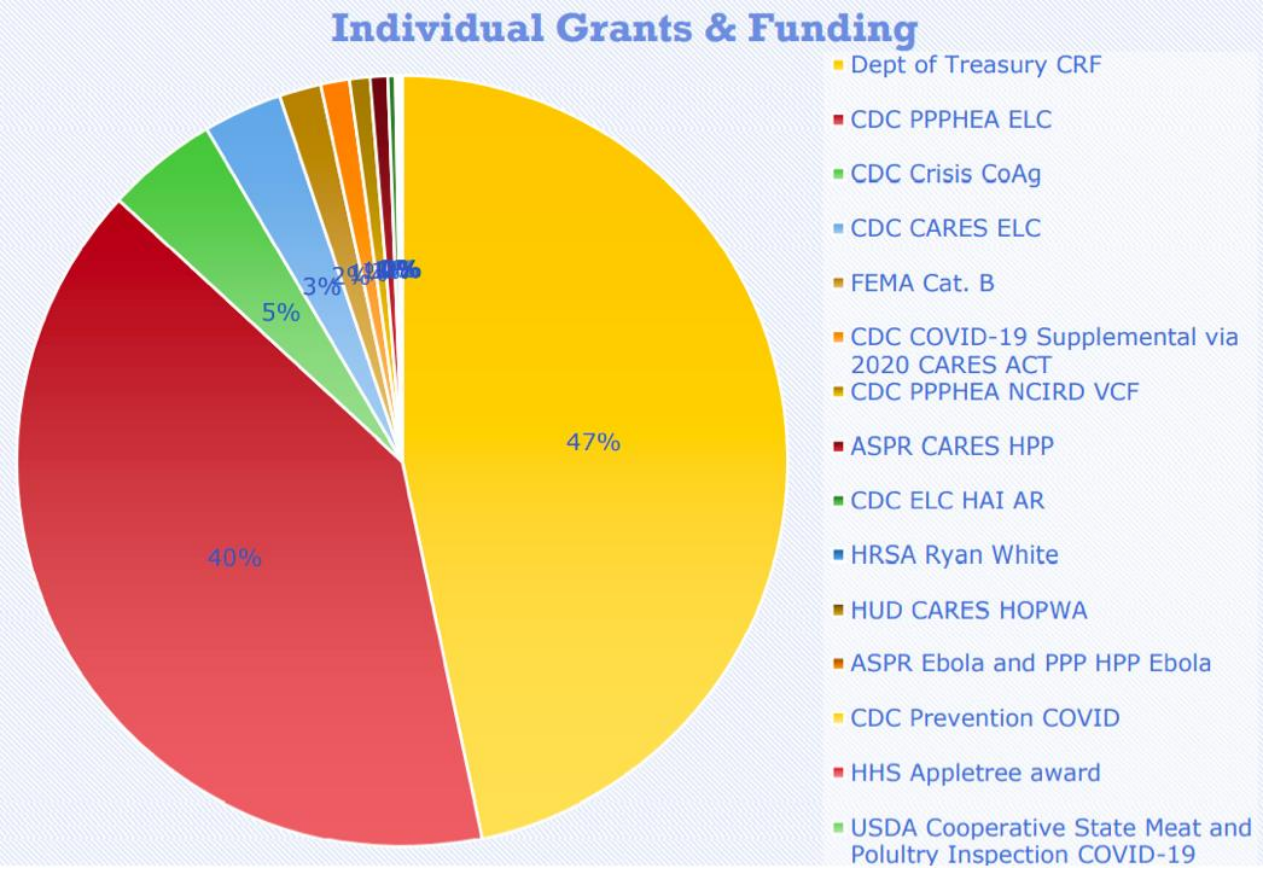
Grantor	Description	Total in Millions	Uses
HUD	CARES Act - Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, Division B, Title XII. Housing Opportunities for Persons With AIDS (HOPWA) COVID-19 Supplemental - CFDA 14.241 short name: CARES HOPWA	$0.7	Allowable activities authorized by the AIDS Housing Opportunity Act to maintain housing for low-income persons living with HIV (PLWH) and their households.
ASPR	CARES Act - Coronavirus Aid, Relief, and Economic Security Act P. L. 116-136, Division B, Title VIII. Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) - P.L. 116 - 139 - Division B, Title 1, The Health Care Enhancement Act. Hospital Preparedness Program (HPP) Ebola short name: CARES HPP Ebola and PPP HPP Ebola	$0.7	Funds dedicated for Special Pathogen Hospital to increase the capability of health care systems to safely manage individuals with suspected and confirmed COVID-19.
CDC	Rape Prevention & Education: Using the Best Available Evidence for Sexual Violence Prevention - COVID-19	$0.3	The OAG will increase their interagency cooperation contracts with Texas Association Against Sexual Violence and Texas A&M University Health Science Center to enhance existing approved NOFO activities including virtual/on-line implementation, evaluation, and dissemination of strategies that address the most pressing COVID-19 related violence issues including IPV
HHS	ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure – COVID-19 Appletree award	$0.1	
USDA	Cooperative State Meat and Poultry Inspection – COVID-19	$0.01	



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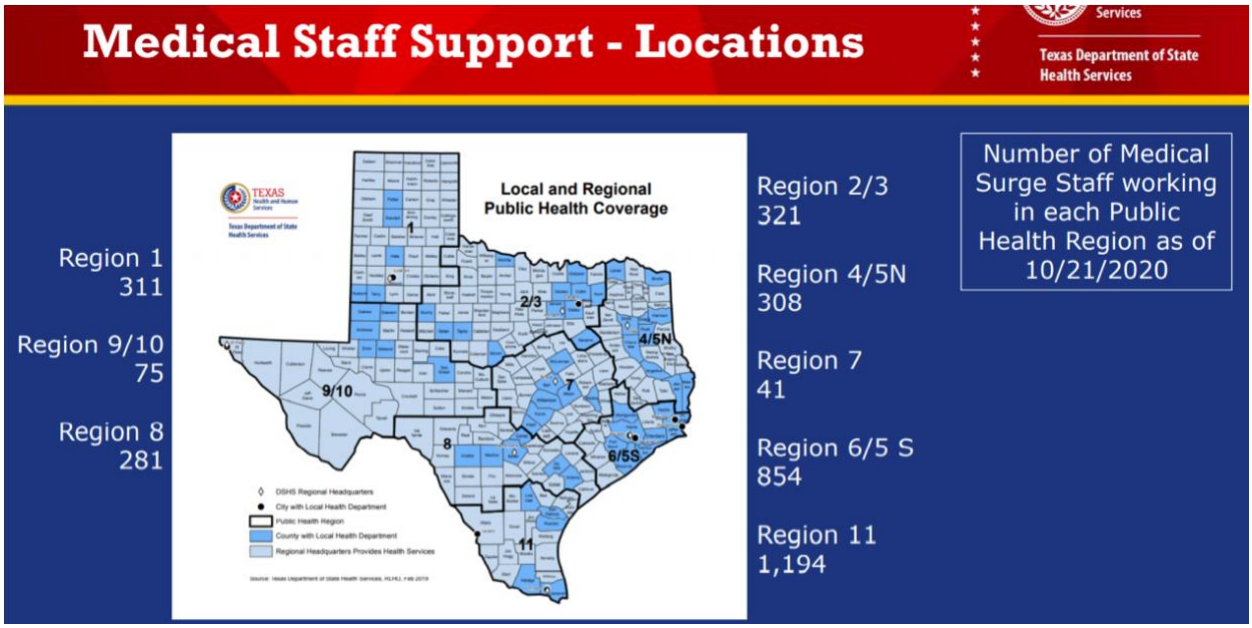

Questions/Answers/Comment

Do you have a sense of what has been spent compared to what was allotted? Ms. Sheppard stated they have concerns about when the CARES Act funding ends. States are using the Coronavirus Relief Funds (CRF) more than FEMA funds. The FEMA funds get hung up. There was $14 million in vaccine funding and that will not be adequate. DSHS is talking with the federal government about the unmet need.

We are looking at providers who have enrolled and those are the traditional providers. We have to get more involvement with additional providers. Local health departments would like a list of providers, but the process is not as simple as folks say it is. DSHS stated that a list will go out today.

Do you get a good sense of whether we will get the dollars that are needed? Do you anticipate that unexpended dollars at the state level could go to the local entities? A billion dollars have been allotted. The FEMA dollars are still slow to arrive. We hope the CRF gets extended beyond the first of the year.

There is a process to take advantage of all the federal funds that we could get. The challenge is that funds have to be encumbered by the end of this year, The TDEM website is available to apply for funds directly.

The Texas Division of Emergency Management (TDEM) serves the State of Texas by managing the all-hazards emergency management plan for the state. TDEM works closely

with local jurisdictions, state agencies, and federal partners in ensuring Texas becomes more resilient for future disasters. TDEM staff are stationed statewide and serve six ...
TDEM – Texas Emergency Management
tdem.texas.gov/

I assume you are talking to colleagues across the country. Has that been helpful? Texas is different, being a decentralized big state. The conversations are sometimes illuminating on how dollars are being used.

COVID-19 Response Review.
We are in early days of developing what they hope will be together by the end of the year. the year was broken into five segments:

- Early Days
- COVID arrives
- COVID acceleration
- August to September
- and then September to present

The challenges have varied throughout the pandemic. They are documenting the different emphasis at different times. Communication and messaging have been different during the different periods of the pandemic. They are trying to show the change and focus on the DSHS response.

They are meeting twice a week to gather the facts and will have a draft later this year. This is the internal look and is not a replacement for the after-action report.

2020 Annual Report/Recommendations Letter. A letter had been drafted and feedback had been received. The draft was only available to committee members.

Only portions of the letter were made available through the webcast and those portions are presented below. They are not in sequential order.

A taskforce of providers and public health representatives is recommended in reviewing and improving the streamlining of data sharing.

Processes and mechanisms for sharing lab results and data between LHDs remains unclear and sparse. DSHS, should ensure the ability for LHDs to share case data between jurisdictions to better inform case investigations and contact tracing for a mobile society.

- **Assist local health departments (LHDs) with resources to develop and enhance electronic lab reporting infrastructure, where needed.**
- **HHSC should require annual training on mandatory reporting requirements for all laboratories prior to certification to provide laboratory services in Texas.**

COVID-19 Vaccine Distribution

- **Include local health authority (LHA) representation in the process of determining equitable vaccine allocation and distribution throughout the state.**

The PHFPC recommends local health authorities be included in working groups making decisions on where COVID-19 vaccine is allocated and distributed in Texas

Lab reporting should include a verification process to ensure results are sent to the correct LHD of jurisdiction. If not known, DSHS should expand on its 2017 report "Public Health Service Delivery in Texas: A System for Categorizing Health Entities" to verify jurisdictions and capacity of LHDs to offer epidemiology services.

Data integrity is paramount. LHDs spend massive amounts of time de-duplicating lab records sent through multiple pipelines. A master lab index number or other unique identifier should be attached to each record to ensure a) data integrity is preserved at the State, and b) data coming into the LHDs from multiple sources can be de-duplicated, merged, managed, etc. expeditiously at the local level.

- **DSHS should implement regular compliance reports related to mandated reporting requirements for labs and hospital systems. The reports should include, at minimum, the quantity of electronic lab results, the frequency of incomplete data fields, reconcile data format of line list for consistency, and average turnaround time from date of specimen collection to date results received by the DSHS.**

Data compliance reports should be shared with LHDs to inform future contracting.

- **Augment electronic lab reporting for reportable conditions to offer interoperability and compatibility between local health departments (LHDs) and DSHS.**

- **Ensure complete data sets by implementing a data checking tool.**

  The PHFPC recommends that DSHS institute data checking tools for completeness. This is both to notify data sources (labs, providers, etc.) of discrepancies and ensure all data transfers, requests, and sharing are complete and include notifications for resubmittals. Completeness is defined as including all elements required by statute, DSHS emergency regulations, and any new guidance from U.S. HHS.

funds, ways to improve overall public health, establishing a relationship of cooperative-agreement between DSHS and the LHDs, and creating an environment of collaboration.

In preparation for the 2020 annual report, the PHFPC has decided to compose a letter containing seven new recommendations. Recommendations listed in this letter include three categories:

- Electronic Laboratory Reporting
- COVID-19 Vaccine Distribution
- COVID-19 Funding Allocation

Electronic Laboratory Reporting

- **Ensure electronic lab reporting from laboratories and hospital systems feed directly to local health departments (LHDs), Public Health Regions (PHRs) and the DSHS central office for all reportable conditions.**

  Local health departments receive lab results through multiple pipelines.

TXPHIN (Texas Public Health Information Network)	Secure file transfer system. Federal COVID-19 drive through site results are reported through this mechanism.
Direct to LHDs sFTP (Secure File Transfer Protocol)	For direct partnerships with LHDs
Direct to LHD ELR (Electronic Laboratory Report)	Lab reports submitted from DSHS to LHD in a standardized industry standard (HL7)

The letter will be sent on to the Executive Commissioner.

Public Comment.

An update was provided on the Rider 19 report. It required DSHS to submit a report on high-priority performance measures for Local Health Departments. They will be using contract measures and common measures. They will be reporting on only FY19.

- Immunizations
- Emergency preparedness
- HIV

- TB
- Infectious disease

There will be 42 measures used in the report and the measures will be reported in the future to the DSHS website.

Timelines, Next Steps, Announcements and Future Meeting Dates. December 9th is the next meeting.

- CARES Dollars to be discussed
- No cost extensions status
- Messaging prevention around the holidays
- Solicitation for nominees has been sent out and two applications have been received
- Update on the vaccine allocation issue

Adjourn. There being no further business, the meeting was adjourned.

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