

VII. GUIDE TO AGENCY PROGRAMS

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

Name of Program or Function	Health Information and Vital Statistics
Location/Division	1100 W. 49 th Street, Austin – Chief Operating Officer (COO)
Contact Name	Ed House, COO
Actual Expenditures, FY 2012	\$20,394,395
Number of Actual FTEs as of June 1, 2013	231.4
Statutory Citation for Program	Vital Statistics: Chapter 191, Texas Health and Safety Code; Texas Health Care Information Council: Chapter 108, Texas Health and Safety Code

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

Health Information and Vital Statistics has the following primary objectives.

- Improve health status through preparedness and information.
- Enhance state and local public health systems' resistance to health threats, preparedness for health emergencies, and capacities to reduce health status disparities.
- Provide health information for state and local policy decisions.
- Establish credibility as the source of relevant, accurate, and timely vital statistics.

Health Information and Vital Statistics is composed of the Center for Health Statistics (CHS) and the Vital Statistics Unit (VSU).

Major activities of CHS include the following.

Health Information Resources

The Health Information Resources Branch provides statistical data for births, deaths, fetal deaths, infant deaths, abortions, marriages, and divorces for the state. An array of technical expertise on demographic methods, statistical methods, community assessments, and analytical methods resides here. CHS staff has developed a complex algorithm, which the Branch uses to match newborn screening results with Medicaid eligibility data to ensure that Texas receives compensation for Medicaid-eligible screenings. Other protocols reconcile Department of Aging and Disability Services client data to death data; and birth and infant death data to data from the Texas Birth Defects Registry, the Texas Cancer Registry, and research projects approved by the Institutional Review Board (IRB). This branch reviews research requests for birth, death, infant or fetal death, abortion, marriage, or divorce datasets,

and directs the requests to DSHS' IRB for approval. Additionally, the branch supplies geographic information systems data and mapping to several DSHS programs, emergency operations, and external customers.

Health Provider Resources

The Health Provider Resources Branch researches the types and sources of workforce-related data needed to address current and future staffing levels of healthcare professions, especially for nurses in Texas. The branch 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. The Branch designates sites as Medically Underserved Populations, so that physician assistants and nurse practitioners have permission to write prescriptions in accordance with Title 25, Chapter 13, Subchapter C, Texas Administrative Code.

Texas Health Care Information Collection (THCIC)

THCIC, formerly known as the Texas Health Care Information Council, collects inpatient and a subset of outpatient data, under Chapter 108, Texas Health and Safety Code. Beginning in 2014, THCIC will also collect emergency department data. THCIC staff produces annual reports on the quality of inpatient care in Texas hospitals and pediatric hospitals and the incidence of preventable hospitalizations. Staff is currently developing reports on potentially preventable complications and preventable readmissions; staff will develop reports on preventable emergency visits upon receiving emergency department data. The THCIC team is working with DSHS IT staff to house and post an inpatient data-viewing program for the public. The team trains hospital and ambulatory surgical center staff to submit data, correct and certify the data, and track and monitor the data. THCIC staff works with facilities to comply with the law, rules, and submission requirements and, if needed, works with the Office of General Counsel on enforcement of penalties. The team collects data from Texas health maintenance organizations (HMOs) and transfers that data to the Office of Public Insurance Counsel for publication. THCIC staff produces and markets public use data files, inpatient, outpatient, and, in the future, emergency department data; and creates customized research data files that contain data not included in the public use data files, which require DSHS IRB approval prior to release. THCIC staff addresses many ad hoc data requests from executive leadership and legislators throughout the year. Staff also 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.

House Bill 1394, 83rd Legislature, Regular Session, 2013, subjects THCIC to a separate Sunset Advisory Commission review. The review is to consider whether THCIC meets legislative intent, maintains privacy and security, and limits data collection to that which is relevant to statutory purposes. THCIC is abolished, effective September 1, 2015, unless continued by the Legislature.

Library and Information Services

The Library and Information Services Program delivers services to improve the efficiency and effectiveness of DSHS and to promote healthy and safe lifestyles. The Library provides information on health-related funding opportunities to hundreds of communities statewide and offers training on grant writing, research skills and resources, and effective management of agency records. The Library and Information Services Program also 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.

State Health Coordinating Council and IRB Support

DSHS staff provides administrative support for the Statewide Health Coordinating Council (SHCC) and the DSHS IRB. SHCC, a 17-member body comprised of 13 Governor-appointed members, has statutory oversight over the Health Professions Resources Center (HPRC) and the Texas Center for Nursing Workforce Studies. SHCC works with the HPRC to assess the adequacy of the health professions workforce, identify issues, and propose solutions through the Texas State Health Plan. 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.

Major activities of VSU include the following.

Statewide Source of Demographics

VSU provides the basic, ongoing demographic measures of the state's population, serving as the cornerstone for public health assessment, assurance, and policy development.

Statewide Depository and Archive of Vital Records

VSU 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.

Registration of Statewide Vital Events

The Vital 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 Records Receiving Group is responsible for receiving, visually reviewing, numbering, binding, and data entry of all manually registered vital records. These include birth, death, fetal death, application for marriage license, and suit affecting the parent-child relationship records. The Texas Electronic Registrar (TER) is an integrated, internet-based system that is distributed, managed, and supported by VSU for the registration of birth, death, and marriage events. Hospitals, birthing centers, midwives, and local registrars use TER to electronically register and certify birth events; funeral homes, physicians, justices of the peace, medical examiners, and local registrars use TER to electronically register and certify death events; and county clerks use TER to electronically submit marriage applications.

Certified Issuance and Maintenance of Vital Records

The Request Processing Branch (RPB) 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 vital record. Historically, the RPB has used certified copies of vital records for the following:

- civil registration,
- public health,
- legal documentation linked to citizenship and identification,
- monitoring of population growth,
- surveillance of vital events and sentinel health events,
- public health assessment,
- monitoring of key health indicators,
- identification and tracking of racial and ethnic health disparities and other subgroup analyses,
- identification of population-based risk factors for adverse outcomes, and
- assessments of regional and local health status and services.

Field Services

The Field Services Group prepares curriculum and training materials for vital records professionals from local, state, and federal agencies; conducts training conferences; hosts a Master Registrar Certification course; and provides specific training upon request for agencies and organizations. The group also explains vital statistics statutes, rules, regulations, policies, and procedures to the public and vital records professionals; and maintains provider and public websites with current information. The group conducts visits to local registrar offices, hospitals, and birthing centers to ensure compliance with state statutes and codes. Staff also assists vital records professionals with registration on the TER system.

Vital Statistics Registries

The Vital Statistics Registries is responsible for the collection, maintenance, and distribution of various statutorily mandated registries, several of which provide information related to paternity and continuing legal jurisdiction over children. The listing of these registries follows.

- Paternity Registry is a putative father registry that permits a man alleging to be the biological father of a child to assert his parentage, independent of the mother, and preserve his rights as a parent.
- Acknowledgment of Paternity Registry provides an administrative process that allows a man and a woman jointly to acknowledge paternity of a child. A valid acknowledgment of paternity filed with VSU 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, maintained by VSU since 1995, is 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.

- The Department of Family and Protective Services (DFPS) originally developed the Adoption Index system to track Texas adoptions in 1986. In September 1996, Texas Department of Health accepted responsibility for the Adoption Index system. Adoption staff tracked all adoptions in this system from September 1996 until December 2005 when staff began using the TER system. DSHS staff enters all records from child-placing agencies that have gone out of business, cross-referencing the birth family information with the adoptive parent information. Staff also enters adoptions when DSHS receives a Health Social Education Genetic History (HSEGH) new or updated report, so that the HSEGH can be cross-referenced. DSHS previously entered out-of-state births for those adopted in Texas, but no longer has the resources to index these adoptions.
- Central Adoption Registry (CAR) is the umbrella of all the Texas Voluntary Adoption Registries and is part of a voluntary mutual-consent registry system mandated by Chapter 162, Texas Family Code, during the 68th Legislature, 1983. 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. The CAR maintains a database of all adoptees, birth parents, and siblings, who are looking for one another and who have registered with the CAR or another voluntary adoption registry.

Vital Statistics Business Modernization Program/Business Operations Unit

VSU implemented the Business Modernization Program in December 2012 to update the business architecture foundation used to collect, analyze, and share vital statistics data. A director, eight employees, and two contractors staff the program.

The effort will identify current financial cycles and implement business controls to ensure accountability, transparency, and efficiency. IT modernization will improve data quality, as well as VSU's ability to share data securely with partners. The program will develop a reliable and secure information management and analysis framework to provide better systems for users, enhance data integrity, and provide improved analytical capability. The primary objectives are to conduct a cost analysis, determine the appropriate funding model, transition to a balanced operating budget, define responsibilities essential to establishing financial and business operations, and operationalize process improvements.

VSU will implement recommendations from the Rider 72 Workgroup Report (2012-2013 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session, 2011); the Vital Statistics Operational Assessment Report; and the Strategic Consolidation Project and Strategic Plan Review, including call center improvements. The target date for completion of the Business Modernization Program is November 2014; however, the Business Operations Unit will be a permanent organization unit.

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

Health Information and Vital Statistics use the following key statistics and performance measures to determine effectiveness and efficiency.

Key Performance Measures	FY 2012 Target	FY 2012 Actual Performance
Average Successful Requests - Pages per Day	2,400	2,420
Average Number Working Days Required by Staff to Complete Customized Requests	3	1.4
Average Number of Days to Certify or Verify Records	14	11.1
Record Services Completed	675,000	1,461,488

Vital Statistics Registration Event Type	FY 2012 Number of Events Registered
Births	389,955
Deaths	176,814
Fetal Deaths	2,116
Suits	143,251
Marriages	190,512

Imaging Project Record Set	Number of Years Imaged	Number of Records Available for State Use
Births and Deaths	108	28,200,000

Total Vital Records Issued, By Type	FY 2009	FY 2010	FY 2011	FY 2012
Birth Certificate	250,676	252,977	283,590	281,121
Birth Verification	6,498	4,872	6,592	6,375
Death Certificate-1 st Copy	76,609	108,760	148,755	176,577
Death Certificate-Additional	420,189	661,624	939,113	1,116,180
Death Verification	897	714	889	1,067
Divorce Verification	1,256	1,310	1,261	1,781
Heirloom Birth Certificate	1,574	1,526	1,453	1,461
Marriage Verification	2,490	2,789	2,218	2,044
Not Found Birth	6,409	5,388	4,713	4,255
Not Found Death	1,720	1,608	1,962	1,891

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

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

2004 – DSHS consolidates the Library and Information Services Program (Audiovisual, Medical and Research and Early Childhood Intervention/Rehabilitation Libraries, Funding Information Center, Publications Management Program, Records Management), the hospital inpatient discharge data program, and the Texas Center for Nursing Workforce Studies into CHS.

2005 – VSU implements the 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. VSU also implements a new online record ordering system via Texas Online.

2006 – VSU initiates the TER online death registration system and imaging project to image 46 million vital records. These initiatives decrease the average days to register a death from 39 days to 11.

2007 – House Bill 1739 requires that deaths be registered electronically after August 31, 2008.

2008 – VSU renegotiates the imaging project to image 26.9 million vital records.

2009 – VSU implements a new online marriage registration system. Senate Bill 79 requires VSU to issue free birth certificates to DFPS for adoptions. Legislation also passes that requires that marriage licenses are amendable and that VSU accept or reject applications for amendments within 30 days of receipt.

2010 – VSU renegotiates the imaging project to image 30.4 million vital records.

2011 – VSU expands the Electronic Print Capture functionality to include all electronically filed supplemental records. This feature auto-generates images for electronically filed supplemental records on a daily basis, making them available for staff to access the following day.

2012 – VSU completes the remaining imaging of non-standard records with the assistance of the imaging vendors and forms a dedicated internal team to take over the ongoing imaging of vital records. As required by the 2012-2013 General Appropriations Act, H.B. 1, 82nd Legislature (Article II, DSHS, Rider 72), DSHS submits a workgroup report to legislative offices on the security of vital records.

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

Health Statistics

Health Statistics activities affect any person or organization needing health-related data in Texas. Additionally, staff works closely with local health departments, schools of public health and other universities, other state agencies, legislative offices, and the following committees.

- Statewide Health Coordinating Council (SHCC) is a 17-member council that seeks to ensure healthcare services and facilities are accessible to all citizens by making recommendations to the Governor and the Legislature through the Texas State Health Plan.
- Texas Center for Nursing Workforce Studies Advisory Committee is a steering committee that develops priorities and makes policy recommendations regarding nursing workforce issues.
- Health Survey Users Group is a stakeholder workgroup that guides the development of the annual Texas Behavioral Risk Factor Surveillance System (BRFSS) and provides an avenue of communication and collaboration among BRFSS stakeholders in the state.
- Youth Risk Behavior Survey (YRBS) Health Survey Users Group is a stakeholder workgroup composed of 35 members representing internal and external partners as well as local health districts and school district administrations. The group guides the development of the YRBS, functions as an advisory group and a sounding board for the YRBS program, and assists in the dissemination of YRBS data.
- The Hospital Data Collection Workgroup advises DSHS staff on issues relating to the collection and dissemination of hospital inpatient discharge data.

The CHS website received approximately 2,300 valid hits per day in fiscal year 2012. CHS webpages received about 3 percent of the DSHS daily web traffic and about 3.6 percent of the DSHS website file downloads.

CHS developed its website to provide the most commonly requested information with the goal of minimizing staff effort in responding to requests for data. CHS still receives many ad-hoc requests that involve complex analysis or custom combinations of data items. CHS responded to approximately 2,420 custom data requests in fiscal year 2012. External customers including researchers, students, nonprofit organizations, grant applicants, business consultants, members of the legislature, and the media, made 50-60 percent of the custom data requests in fiscal year 2012.

The Library and Information Services Program responds to approximately 1,100 reference and research requests annually with 55 percent coming from HHS System employees and 45 percent coming from external Texas customers, mostly Funding Information Center research requests from nonprofit organizations and government entities. The Library retrieves

approximately 4,100 journal articles annually. About 95 percent of the articles are for HHS employees and the remainder is for external customers, including reciprocal agreements with other libraries in the United States. Customers circulate or access electronically approximately 5,500 books and audiovisuals each year. Twenty percent of the borrowers are HHS employees and 80 percent are external customers, mostly Texas health educators, contractors, and rehabilitation counselors. Since 1990, the Funding Information Center has helped Texas organizations bring at least \$223 million in government and private grants to the state to support health-related programs and services. The Records Management Office provides consultation and training to DSHS employees to encourage the economical and efficient management of departmental records, in accordance with policies and rules, and responds as needed to questions from the public.

Vital Statistics

Vital Statistics activities affect:

- federal and local governments and other state and DSHS programs that use vital record information to populate other databases for health planning;
- state government agencies, such as the Office of the Attorney General and DFPS, that use vital record information for child-related court action;
- members of the public who need vital records for access to essential services;
- other programs that use data for tracking and health planning;
- CHS, which uses vital records information for planning and analysis;
- federal, state, and local governments and other HHS programs that use vital records data to prevent fraudulent use of services and benefits;
- adoption agencies; and
- local registrars who receive training and guidance to ensure accurately completed records.

In fiscal year 2012, VSU processed 408,772 orders and issued 1,549,261 record service transactions. The breakdown by type of customer follows.

General Public:	Number	Percentage
Texas Online Orders	131,520	32.17%
Mailed In Orders	88,933	21.76%
Lobby Orders (Cash/ Check/ Money Orders)	26,834	6.56%
Lobby Orders (Credit Card)	9,017	2.21%
Funeral Homes:		
Death Certificate Ordering Application	152,468	37.30%
Total Orders	408,772	100%

Texas Electronic Registrar (TER) Enrollment, By Source Provider	Number	Percentage
Total Physicians Enrolled in TER	25,661	77%
Total Funeral Directors Enrolled in TER	5,391	16%
Total Funeral Homes Enrolled in TER	1,614	4%

Texas Electronic Registrar (TER) Enrollment, By Source Provider	Number	Percentage
Total Justices of the Peace Enrolled in TER	814	2%
Total Local Registrars Enrolled in TER	316	1%
Total Enrollment	32,982	100%

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

CHS and VSU both reside in the Chief Operating Office. DSHS subdivides CHS into the Health Information Resources Branch, the Health Provider Resources Branch, the Health Care Information Collection Team, and the Library and Information Services Program.

VSU includes the Request Processing Branch and the Vital Registration Branch. VSU has oversight and monitoring responsibility for 471 local registrars. Flowcharts and policy and procedure manuals are available for review at:

<http://online.dshs.state.tx.us/vs/rpmanual.shtm>.

The program has organizational charts and descriptions of units for review located at:

<http://www.dshs.state.tx.us/orgchart/coo.shtm>.

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

Funding Source	Amount
Federal	\$7,365,172
General Revenue	\$5,635,414
General Revenue-Dedicated	\$2,552,936
Other	\$4,840,873

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

External Programs

Name	Similarities	Differences
Local registrars	Both VSU and local registrars register vital events; collect	Local registrars cannot make supplemental changes associated

Name	Similarities	Differences
	birth, death, marriage, divorce, and fetal death records; and issue and sell copies and certified copies of these records.	with vital records such as corrections (amendments), adoptions, or changes in paternity.

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

Chapter 191, Texas Health and Safety Code, establishes VSU to administer the registration of vital statistics for Texas. Section 191.003, Texas Health and Safety Code, requires the appointment of a Director/State Registrar and the issuance of detailed instructions by the State Registrar for the uniform observance and maintenance of a perfect system of registration. The powers and duties required by the Health and Safety Code are specific to VSU; therefore, local registrars and others cannot duplicate VSU function or activities.

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

Local Units of Government

Name	Description	Relationship to DSHS
Local registrars	Vital events statutorily require dual registration in Texas.	Local registrars are required to file a vital event locally and forward onto the state level.

Federal Units of Government

Name	Description	Relationship to DSHS
National Center for Health Statistics (NCHS)	NCHS provides U.S. public health statistics, including diseases, pregnancies, births, aging, and mortality.	DSHS has entered into several memoranda of understanding and contracts to provide vital records data to the NCHS.

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

- a short summary of the general purpose of those contracts overall;
- the amount of those expenditures in fiscal year 2012;
- the number of contracts accounting for those expenditures;
- top five contracts by dollar amount, including contractor and purpose;

- the methods used to ensure accountability for funding and performance; and
- a short description of any current contracting problems.

DSHS established contracts in this program for the following:

- web portal for vital records,
- data collection and management, and
- library subscriptions.

Amount of contracted expenditures in fiscal year 2012: \$1,490,115

Number of program contracts: 14 (includes contracts with no expenditures)

The top contracts for the program are as follows.

Amount Expended FY 12	Contractor	Purpose
\$782,304	System-13, Inc.	Data collection, auditing, and warehousing
\$324,558	Clearwater	Texas Behavior Risk Factor Surveillance
\$60,221	WT Cox	Library subscriptions
\$27,050	Genesis Systems, Inc.	Web portal for VSU

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

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

The program does not award any grants.

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

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

Chapter 108, Texas Health and Safety Code – DSHS recommends revision of the statute to allow sharing of healthcare discharge data with other programs at DSHS and other HHS System

agencies using personal identifiers. DSHS recommends amendments to clean up legacy agency language and to remove exemptions that rural hospitals currently have from submitting discharge data.

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

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

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

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

Not applicable.

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

Not applicable.