



# Texas Health Trace FAQs

## Table of Contents

<b>Table of Contents</b> .....	1
<b>Public Health Entity Participation and Statewide Coordination</b> .....	4
<b>Public Health Entity Participation</b> .....	4
Are all public health entities in Texas required to use Texas Health Trace? .....	4
Local public health entities are developing their own system and have spent resources, so how do we integrate and at this point minimize duplication of work. ....	4
How will public health entities integrate their current systems and workflows?.	4
How will we transition the individuals that we are currently monitoring into a new system? .....	4
<b>Coordination Across Local and State Health Entities</b> .....	4
How do public health entities ensure cases will communicate with us if process begins at state level?.....	4
How do public health entities ensure continued visibility when the case goes into the system? .....	5
How do public health entities get our information to Texas Health Trace in a timely manner? .....	5
How do public health entities limit duplicating entries into various systems and how will the system link these different workflow aspects?.....	5
How will public health entities maintain communication and visibility with other jurisdictions? Will Texas Health Trace take into consideration an individual's movement across counties? .....	5
If one county enters into the system a name will it flag if the name is a duplicate in another county .....	5
What are the thresholds for notifying the health entity if a cluster is identified through CT at an occupational site?.....	5
What does the hand-off look like after case investigation to the CT team so that there are not multiple calls from DSHS to the residence where the case lives?.	5
Will cases be able to be assigned back to a local jurisdiction for follow up? .....	6
Will contact tracers do the initial interview and determine symptoms and ensure testing? How do we asses and update capacity threshold among jurisdictions? .....	6
Will we have access to shared contacts with another county? .....	6
<b>Communications</b> .....	6
What is the plan to communicate, very clearly, the guidance changes to the local jurisdictions?.....	6

To whom can we send additional questions? .....	6
<b>Texas Health Trace Implementation Timeline</b> .....	<b>7</b>
What is the implementation timeline? .....	7
When can public health entities see the product? .....	7
When can public health entities access to the training site? .....	7
Where do we stand with locals transitioning to the system? I need to give my administration an update. ....	7
<b>Texas Health Trace Access, Capacity &amp; Confidentiality</b> .....	<b>8</b>
<b>Access</b> .....	<b>8</b>
Who will have access to Texas Health Trace? .....	8
Can private providers access Texas Health Trace and input information? .....	8
How are school nurses being integrated into CT efforts by DSHS? .....	8
<b>Capacity</b> .....	<b>8</b>
How many people can be in the portal at any one time? .....	8
Does every user get a softphone in the system? Is there a cap on users/soft phone lines per org/city? .....	8
<b>Confidentiality</b> .....	<b>8</b>
How will we ensure privacy, yet, offer visibility for those who need access? .....	8
<b>Texas Health Trace Functionality, Integrations, &amp; Workflows</b> .....	<b>9</b>
<b>Case-Related Questions</b> .....	<b>9</b>
Are the people being entered into Texas Health Trace new cases or close contacts to already confirmed cases? .....	9
Can Texans use Texas Health Trace to report their confirmed diagnosis and their contacts? .....	9
Can you track hospital patients? Can you assign someone different to the case if they are off? .....	9
How will the case information reach the local health entities (LHEs)? .....	9
Is Texas Health Trace able to auto-recognize associated data (e.g. same location, phone number, or address) to suggest/create contacts? .....	9
Is the name and location of the employer able to be collected? .....	9
What information is collected from the contacts? .....	9
Will Texas Health Trace be able to flag certain demographics like healthcare, etc., and take into consideration if they are coming into work with PPE, etc.? .....	10
<b>Symptom-Monitoring Questions</b> .....	<b>10</b>
Does Texas Health Trace follow up with contacts to monitor for symptoms? Will COVID contacts be monitored? .....	10
What is meant by “active monitoring” of contacts? .....	10
If active monitoring matches the definition used HSC 81.046 (c-1), then who will be notifying the PSAP (911 dispatch) about the address of PUM? .....	10
<b>Testing and Lab Related Questions</b> .....	<b>10</b>
Will Texans be able to be referred to local resources for testing? .....	10
Does Texas Health Trace track either PCR and anti-bodies testing (+and-)? ..	10
If a contact is symptomatic does it provide testing sites? .....	10
Do cases have to go in NEDSS as well? .....	10
Is Texas Health Trace linked to NEDSS or NBS? .....	11
When will the system begin to receive labs? .....	11

<b>System Functions and Integrations.....</b>	<b>11</b>
Is there an email box in Texas Health Trace?.....	11
Will system scripts be available in Spanish?.....	11
What type of interface will this system have with legal systems for those with control orders? .....	11
Will a blanket order be available for congregate settings? .....	11
Will Texas Health Trace include a letter for those asymptomatic to provide to their employer? .....	11
Will Texas Health Trace provide binational tracing? .....	11
<b>Texas Health Trace Reporting .....</b>	<b>12</b>
Can we run local reports for local statistics? .....	12
Can we track deaths in the system? .....	12
Can we enter daily monitoring information and build reports on it? .....	12
Does the system generate reports such as positive cases by zip code, age group, race, etc.?.....	12
How will communication with LHE/Regional offices be handled to report on how many contacts have been identified and how many have been reached and placed in isolation? This will help us figure out if we have controlled the cluster. ....	12
Will it allow downloads of data from the field? .....	12
What will be the process for putting in all the different data elements (case investigation into NEDSS, Teams dashboard for following-up on data for the judges)? .....	12
<b>Resources .....</b>	<b>13</b>
<b>Personnel.....</b>	<b>13</b>
Does this come with staffing assistance?.....	13
How will this be sustainable when the contact tracing workforce at the local/regional levels returns to normal jobs?.....	13
Are we allowed to enter all of our contact tracers who do not work for our LHD and give them the ability to enter the information for the contacts? .....	13
<b>Training .....</b>	<b>13</b>
Will training be provided?.....	13

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## **Public Health Entity Participation and Statewide Coordination**

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### **Public Health Entity Participation**

#### **Are all public health entities in Texas required to use Texas Health Trace?**

Yes, according to the Governor. If it is not mandatory, there will be issues with duplication of effort/work and possible missed opportunities.

#### **Local public health entities are developing their own system and have spent resources, so how do we integrate and at this point minimize duplication of work.**

Local public health entities are able to fully transition their contact tracing activities into Texas Health Trace. For those maintaining their own local application, we do not yet have a process for updating/uploading data to Texas Health Trace from local applications but are actively exploring this.

#### **How will public health entities integrate their current systems and workflows?**

This functionality is planned for a future iteration of the system and details will be provided later. In the interim, please submit feedback using the [Texas Health Trace Health Entity Feedback form](#) to ensure that the Texas Health Trace team is aware of your desired workflows.

#### **How will we transition the individuals that we are currently monitoring into a new system?**

At this time, it would be manual process. We are looking into the possibility of roster import and what that might look like. Please note that the only cases that need to be entered into Texas Health Trace during public health entity onboarding are active cases and contacts. If a local jurisdiction requires support to enter their active cases into Texas Health Trace, DSHS is able to provide data entry support to the public health entity.

### **Coordination Across Local and State Health Entities**

#### **How do public health entities ensure cases will communicate with us if process begins at state level?**

The process for case investigation and contact elicitation will begin at the jurisdictional level, unless the jurisdiction is at their workload capacity, at which time the investigation will be transferred to the next available jurisdictional level for follow-up. For example, a local entity will initiate the investigation, unless they have reached self-determined capacity, at which time, the investigation will be

transferred to the regional workload. If the regional workload capacity has been reached, the investigation will be transferred to central DSHS.

**How do public health entities ensure continued visibility when the case goes into the system?**

Jurisdictions will have access to all cases. There are queues for filtering cases and keeping them on “the radar” of the jurisdiction.

**How do public health entities get our information to Texas Health Trace in a timely manner?**

Data entry into the system will provide immediate access to the information.

**How do public health entities limit duplicating entries into various systems and how will the system link these different workflow aspects?**

Jurisdictions who transition to using Texas Health Trace will decrease the need for duplicate entries across public health entities.

**How will public health entities maintain communication and visibility with other jurisdictions? Will Texas Health Trace take into consideration an individual’s movement across counties?**

Jurisdictions have access to all cases. Tracking an individual’s movements across counties will require further contemplation to determine how to operationalize into Texas Health Trace.

**If one county enters into the system a name will it flag if the name is a duplicate in another county**

Right now, only if it matches a strict matching criteria. But yes, in the future we expect to make that a fuzzy match.

**What are the thresholds for notifying the health entity if a cluster is identified through CT at an occupational site?**

This is to be determined. Location-based exposure sites can be documented in the system.

**What does the hand-off look like after case investigation to the CT team so that there are not multiple calls from DSHS to the residence where the case lives?**

Jurisdictions have access to all cases, and thus have the ability to view any contacts already made to the individual within Texas Health Trace. Additionally, the system will have the capabilities to assign workloads. If the local jurisdiction wants to maintain the household contacts to a case, they can work and contact as needed without DSHS intervention.

**Will cases be able to be assigned back to a local jurisdiction for follow up?**

Yes.

**Will contact tracers do the initial interview and determine symptoms and ensure testing? How do we assess and update capacity threshold among jurisdictions?**

This will be determined by local resources. We intend for locals to do initial interviews on all cases identified within their areas and, as needed, assigning the contacts to DSHS for follow-up. Local health entities will determine how to handle positive tests (confirmed cases) (determined by jurisdiction of patient residence) and what their capacity is. If the jurisdiction does not have the staffing resources, users will be able to assign follow-up to DSHS.

**Will we have access to shared contacts with another county?**

Yes.

## Communications

**What is the plan to communicate, very clearly, the guidance changes to the local jurisdictions?**

The Texas Health Trace Project team will post any new system guidance will be to the [Texas Health Trace Health Entity website](#) as they become available.

**To whom can we send additional questions?**

Please submit any additional questions you might have [here](#). We will respond directly to the requestor and add our response to each question to this FAQ page.

Public health entities should also feel free to communicate with the DSHS Regional & Local Coordination Unit Team Lead (Glenna Laughlin, [glenna.laughlin@dshs.texas.gov](mailto:glenna.laughlin@dshs.texas.gov)).

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## **Texas Health Trace Implementation Timeline**

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### **What is the implementation timeline?**

The first iteration of the contact tracing platform was released on May 1<sup>st</sup>. Sprint one of the platform development began on May 4<sup>th</sup> and is scheduled to be completed by May 15<sup>th</sup>. This sprint will include jurisdictional assignments and workflows. Sprint two will be completed on May 30<sup>th</sup>.

### **When can public health entities see the product?**

Please access [this link](#) for a recorded demo of the system held on May 11, 2020. Additional demos and technical assistance can be provided as local jurisdictions are on-boarded.

### **When can public health entities access to the training site?**

Yes, during Texas Health Trace system training.

### **Where do we stand with locals transitioning to the system? I need to give my administration an update.**

The first iteration of the contact tracing platform was released on May 1<sup>st</sup>. Sprint one of the platform development began on May 4<sup>th</sup> and is scheduled to be completed by May 15<sup>th</sup>. This sprint will include jurisdictional assignments and workflows. Local health entities will be on-boarded in a rapid phased approach, the exact details and timing of which are yet to be determined.

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## Texas Health Trace Access, Capacity & Confidentiality

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### Access

#### **Who will have access to Texas Health Trace?**

All local and state public health entities across Texas will have access to Texas Health Trace.

#### **Can private providers access Texas Health Trace and input information?**

This application is currently focused on case management and contact tracing across public health entities. Future functionality is being determined.

#### **How are school nurses being integrated into CT efforts by DSHS?**

We have polled school nurses to gauge participation interest and are currently exploring ways to leverage their expertise for contact tracing.

### Capacity

#### **How many people can be in the portal at any one time?**

This is a cloud-based platform with elastic responsiveness, allowing for rapid ramp-up of users and more than 6,000 users can be in the portal at any one time.

#### **Does every user get a softphone in the system? Is there a cap on users/soft phone lines per org/city?**

Every statewide contact tracer will receive a softphone. Contact tracers working on behalf of a local jurisdiction will have to work with that entity to determine telephonic capabilities, if necessary and within the scope of their work.

### Confidentiality

#### **How will we ensure privacy, yet, offer visibility for those who need access?**

Staff who are working on behalf of the local, regional, or Central Office DSHS will have to take confidentiality training (if they have not already done so) and sign a confidentiality agreement. Once these items have been completed, the program manager overseeing contact tracing activities will submit a request for account activation. Upon activation, the user will set their unique password for finalizing their account access. Staff who are found in violation of their confidentiality agreement will lose immediate access to the data system. Similar to other DSHS sponsored data systems, users will have access to cross-jurisdictional data for the purposes of facilitating communication and disease intervention.

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## **Texas Health Trace Functionality, Integrations, & Workflows**

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### **Case-Related Questions**

#### **Are the people being entered into Texas Health Trace new cases or close contacts to already confirmed cases?**

After the April 27<sup>th</sup> release of the public portal, self-reports and related exposures were available in the system. This includes both confirmed (as reported by the individual, not lab based) and suspect (persons with symptoms and risks as defined by the CDC). As of May 1<sup>st</sup>, both cases and their contacts can be entered into Texas Health Trace.

#### **Can Texans use Texas Health Trace to report their confirmed diagnosis and their contacts?**

Yes. A public user can report through the self-assessment/exposure reporting portal. Public Health users can also directly log into the system without going through the self-assessment process to enter cases and contacts.

#### **Can you track hospital patients? Can you assign someone different to the case if they are off?**

Yes, to both.

#### **How will the case information reach the local health entities (LHEs)?**

Depending on what information is needed, the LHEs will have access to the system for assignments, workflows and cases/contacts. Data reports for the LHEs need data can be created.

#### **Is Texas Health Trace able to auto-recognize associated data (e.g. same location, phone number, or address) to suggest/create contacts?**

This functionality is being explored by the Texas Health Trace development team.

#### **Is the name and location of the employer able to be collected?**

It is.

#### **What information is collected from the contacts?**

Right now, there is very basic information collected on the contacts within the system. There are notes sections for the user to document anything not currently collected. Additional fields and functionality will be built out in the coming weeks.

**Will Texas Health Trace be able to flag certain demographics like healthcare, etc., and take into consideration if they are coming into work with PPE, etc.?**

This can be added into future iterations of the system.

## Symptom-Monitoring Questions

**Does Texas Health Trace follow up with contacts to monitor for symptoms? Will COVID contacts be monitored?**

We are planning on having a symptom checker added to the platform. Ideally, this would be something that the contact logs, but that functionality will not be available immediately.

**What is meant by “active monitoring” of contacts?**

Active monitoring means checking in with contacts regularly for symptoms. This is not to be confused with monitoring to ensure adherence to stay at home/isolation orders, which is the responsibility of local jurisdictions.

**If active monitoring matches the definition used HSC 81.046 (c-1), then who will be notifying the PSAP (911 dispatch) about the address of PUM?**

- *What is the process for notifying 911 dispatch?*
- *Can a process be in place so PSAP/911 dispatch is notified upon positive case (Once the patient is released from isolation the address needs to be taken off)?*

This functionality will be built into a future iteration of the system.

## Testing and Lab Related Questions

**Will Texans be able to be referred to local resources for testing?**

Yes.

**Does Texas Health Trace track either PCR and anti-bodies testing (+and-)?**

The system will be able to have labs entered.

**If a contact is symptomatic does it provide testing sites?**

The contact tracer can refer the patient to the testing sites website on Texas.gov.

**Do cases have to go in NEDSS as well?**

Texas Health Trace does not change or replace any current NEDSS reporting requirements.

### **Is Texas Health Trace linked to NEDSS or NBS?**

Not yet, but it will eventually. This functionality will be built in with a later iteration of the system.

### **When will the system begin to receive labs?**

We are still working on the electronic import of labs, but users will be able to manually enter labs around the end of May.

## **System Functions and Integrations**

### **Is there an email box in Texas Health Trace?**

Yes, there is.

### **Will system scripts be available in Spanish?**

This is on our to-do list but we don't have it in the schedule yet. We'll keep you all posted on that as we get a timeline for that feature.

### **What type of interface will this system have with legal systems for those with control orders?**

We intend to have a section for risk mitigation plans which would be forwarded to the local jurisdiction to implement local response.

### **Will a blanket order be available for congregate settings?**

Dr. Hellerstedt has issued a standing delegation order (SDO) for COVID-19 testing. The order does have criteria for testing. Generally speaking, asymptomatic individuals with no known exposure will not qualify under the SDO. However, if there is a positive case, by test, in a congregate setting (prison, nursing home, etc.) then all residents and staff are authorized to be tested under the SDO, regardless of symptomology. This SDO should be used as a secondary option.

### **Will Texas Health Trace include a letter for those asymptomatic to provide to their employer?**

*How will you ensure every contact identified receives a letter in order to stay home/not go to work during the time they are being monitored?*

Yes, a letter for work release and return to work/school is planned.

### **Will Texas Health Trace provide binational tracing?**

This is currently unknown.

## Texas Health Trace Reporting

**Can we run local reports for local statistics?**

Yes.

**Can we track deaths in the system?**

Yes.

**Can we enter daily monitoring information and build reports on it?**

This is something we are looking into.

**Does the system generate reports such as positive cases by zip code, age group, race, etc.?**

Yes, the system will have this capability.

**How will communication with LHE/Regional offices be handled to report on how many contacts have been identified and how many have been reached and placed in isolation? This will help us figure out if we have controlled the cluster.**

This will be maintained through reports and mitigation plans. Outbreak detection is to be determined.

**Will it allow downloads of data from the field?**

Unsure at this time.

**What will be the process for putting in all the different data elements (case investigation into NEDSS, Teams dashboard for following-up on data for the judges)?**

The Texas Health Trace team is open to receiving and evaluating requests for any specific functionality that would be helpful to local health entities. Please submit your requests using the [Texas Health Trace Health Entity Feedback form](#) to ensure that the Texas Health Trace team is aware of the desired functionality.

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## Resources

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### Personnel

#### **Does this come with staffing assistance?**

Not deployed staff, but central DSHS staff will be available to assist with workloads of both cases and contacts.

#### **How will this be sustainable when the contact tracing workforce at the local/regional levels returns to normal jobs?**

At the state level, we are building our workforce to meet the long-term needs of contact tracing.

#### **Are we allowed to enter all of our contact tracers who do not work for our LHD and give them the ability to enter the information for the contacts?**

We need a little more information to clarify this question.

### Training

#### **Will training be provided?**

All contact tracers will be required to complete ASTHO's "Making Contact: A Training for COVID-19 Contact Tracers," HIPAA, cybersecurity, and Texas Health Trace system training.