



DSHS 86th Legislative Session Exceptional Items

**Task Force on Infectious Disease
Preparedness and Response**

Dr. John Hellerstedt, Commissioner

October 3, 2018



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Health and Human
Services

Texas Department of State
Health Services

Exceptional Item Objectives

Given the Department's role as an agency solely focused on public health objectives, the Department's FY 2020-2021 legislative appropriations request is foundational in nature.

The objectives are to:

- ◆ Address unsustainable budget gaps
- ◆ Meet current legislative requirements and direction
- ◆ Perform existing public health responsibilities with greater effectiveness



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FY 2020-2021 Exceptional Item Requests

Exceptional Item	FY 2020	FY 2021	Biennial	2020 FTEs	2021 FTEs
1. Safeguard the Future of the State Public Health Laboratory	\$45,647,023	\$22,970,840	\$68,617,863	12	11
2. Maintain Required Agency IT Infrastructure	\$3,267,931	\$3,493,721	\$6,761,652	-	-
3. Combat Maternal Mortality and Morbidity in Texas	\$3,500,000	\$3,500,000	\$7,000,000	8	8
4. Increase the Quality and Security of Vital Events Records	\$3,134,285	\$3,116,855	\$6,251,140	25	2
5. Ensure Stable Staffing of Technical and Scientific Public Health Positions	\$4,402,041	\$4,402,041	\$8,804,082	-	-
6. Detect and Control the spread of Tuberculosis in Texas	\$14,649,042	\$12,608,779	\$27,257,821	28	29
7. Drive Public Health Decision-Making through Useful and Accessible Data	\$2,822,623	\$1,732,026	\$4,554,649	7	7
8. Bolster Public Health Capacity to Identify and Respond to Infectious Disease Outbreaks	\$3,471,403	\$2,854,721	\$6,326,124	15	14
9. Replace Vehicles at the End of Their Life Cycle	\$2,505,972	-	\$2,505,972	-	-
Total, Exceptional Items	\$83,400,320	\$54,678,983	\$138,079,303	95	94



EI 1: Safeguard the Future of the State Public Health Laboratory

- ◆ **Address the Laboratory Shortfall, \$17.5 M:** Protect the foundation of the state’s public health system by providing funds to continue full operations at the state public health laboratory.
- ◆ **Fully Implement X-ALD Newborn Screening, \$7.9 M:** Allow DSHS to complete implementation of X-ALD screening.
- ◆ **Promote a Safe and Efficient Laboratory Environment, \$34.8 M:** Ensure uninterrupted safe operation of testing at the laboratory by providing an emergency power generator, roof and HVAC repairs, information system updates, and FTEs to meet increasing testing demands.
- ◆ **Retain Trained Laboratory Science Staff, \$8.4 M:** Bring 318 high turnover laboratory staff to market-range salaries to ensure a dependably staffed and experienced laboratory.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$45.6 M	\$23.0 M	\$68.6 M
All Funds	\$45.6 M	\$23.0 M	\$68.6 M

FTEs	12
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Program Data	Annual
Public Health Lab Tests	1.6 million
Newborn Screens	800,000

The Laboratory is the Backbone of Texas Public Health

Newborn
Screening for
53 Disorders

Safe Food,
Milk, and
Water

Tuberculosis

Mosquito-
Borne Illness

High
Consequence
Infectious
Disease (e.g.
Ebola)

Biological and
Chemical
Threats

Rabies

HIV/STD
Testing



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The State Public Health Laboratory Has Operated at a Shortfall since 2015

Lab Budget Shortfall, FY 2015 - 2018				
	FY2015	FY2016	FY2017	FY2018*
Adjusted Appropriations	\$ 42.9M	\$ 40.2M	\$ 42.2M	\$ 41.4M
Cost of Lab Operations	\$(47.6M)	\$(48.1M)	\$(55.7M)	\$(50.5M)
Shortfall	\$(4.0M)	\$(7.9M)	\$(13.5M)	\$(9.2M)

*Adjustments include required payments to HHSC and changes in revenue and federal funds.

Causes of Increasing Costs

- ◆ Costs for testing without a payor source (e.g. rabies)
- ◆ Evolution of laboratory technology and practices that increase testing reliability and speed but also require funds to implement or sustain
- ◆ New testing capacity and capabilities to meet demand and address emerging science and diseases
- ◆ Inflation of costs for needed equipment, supplies, and shipping
- ◆ Cost to compete for skilled staff



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Maintenance of Lab Equipment is Critical to Ongoing Reliability of Testing Services



Liquid Handlers



Specialty Freezers



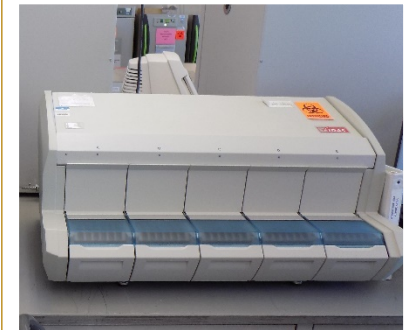
SCID Screening Equipment



Chemical Fume Hoods



Aging TB Equipment



Bacteria Detectors



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Leaking Roofs and Exterior Walls are a Risk to High Cost Laboratory Equipment



Make-shift Approaches for Protecting \$250,00 Equipment from Incoming Rainwater



Water Damage to Walls from Roof Leaks



Lab Staff Turnover Challenges the Lab's Ability to Maintain Timeliness and Accuracy

The state laboratory in Austin is staffed with 386 full time equivalents (FTEs) and the South Texas Laboratory is staffed with 16 FTEs.

- ◆ Testing occurs 6 days a week for newborn screening.
- ◆ 24/7 coverage for certain tests to maintain quick response times for critical public health tests.

Technical laboratorians require training of up to 18 or 24 months, depending on specialty, to be fully effective in conducting sophisticated public health testing.

This exceptional item would provide increases for the following positions that have an 18.6% turnover rate:

- ◆ Microbiologists
- ◆ Laboratory Technicians
- ◆ Chemists
- ◆ Molecular Biologists
- ◆ Medical Technologists



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EI 5: Ensure Stable Staffing of Technical and Scientific Public Health Positions

- ◆ **Public Health and TCID Nurses, \$3.0 M:** Retain in-the-field public health expertise by increasing public health nurse and Texas Center for Infectious Disease (TCID) nurse salary levels.
 - ◆ ~200 nurses
- ◆ **Meat Safety Inspectors, \$3.4 M:** Minimize the loss of investment in training meat safety inspectors by compensating these positions at market level.
 - ◆ ~150 inspectors
- ◆ **Finance Staff, \$2.4 M:** Protect the Department’s fiscal responsibility and compliance with state and federal requirements by compensating staff with financial expertise at midpoint.
 - ◆ ~120 staff

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$4.4 M	\$4.4 M	\$8.8 M
All Funds	\$4.4 M	\$4.4 M	\$8.8 M

FTEs	0
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Program Data	
FTEs impacted	474
Amount of Time to Train New Staff in these Positions	6 weeks to 24 months

Technical and Scientific Staff Turnover Wastes Resources and Decreases Public Health Coverage

Public Health and TCID Nurses, 26.4% turnover rate

- ◆ Public Health Nurses act as the boots-on-the-ground for public health, including disease surveillance and control, immunizations, and emergency response
- ◆ TCID Nurses provide care for Tuberculosis inpatients and Hansen's disease patients, including the most complex and difficult-to-treat forms of TB
- ◆ 6 weeks to 5 months to train new nursing staff

Meat Safety Inspectors, 20.3% turnover rate

- ◆ Inspect every livestock animal slaughtered in Texas to ensure the meat is not diseased before it enters intrastate commerce
- ◆ 2 years until the staff can operate completely independently

Finance Staff, 21.7% turnover rate

- ◆ Manage budget and accounting for complex federal and state funding streams for multiple programs that must each comply with specific state and federal laws, regulations, and policies
- ◆ At least 6 to 9 months to train new staff



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EI 6: Detect and Control the Spread of Tuberculosis in Texas

- ◆ **Local Health Department Capacity for TB Response, \$10.0 M:** Support a 70 percent increase in state funding to local health departments for increase TB detection and response.
- ◆ **Frontline and Support TB Response Staffing, \$4.9 M:** Provide additional DSHS capacity for TB detection and follow up activities in those areas of the state that do not have an LHD that provides TB services.
- ◆ **Essential Tools for Responding to TB, \$10.5 M:** Maximize the effectiveness of existing and new TB investigation capacity through tools like laboratory testing support, TB nurse surge capacity, medications, video direct observed therapy, and phlebotomy training.
- ◆ **TCID Renovations, \$1.8 M:** Make needed repairs to Texas Center for Infectious Disease facilities, including repair and ongoing maintenance of the negative air pressure system, which contains the spread of airborne Tuberculosis within the facility.

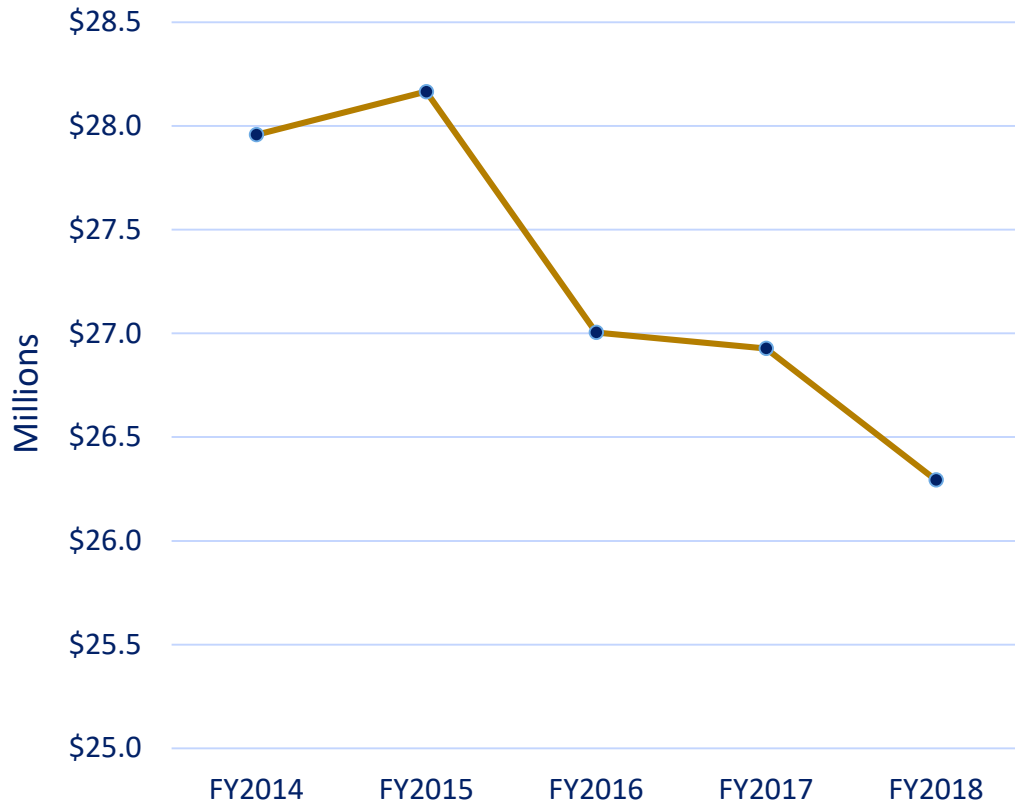
Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$14.6 M	\$12.6 M	\$27.2 M
All Funds	\$14.6 M	\$12.6 M	\$27.2 M

FTEs	28
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Program Data	Annual
TB Diagnoses, 2016	1,250
Percent of Exposed Individuals Who are Screened for TB	62%
Time Spent in Travel to Administer TB medications, Region 9/10	440 Work Days

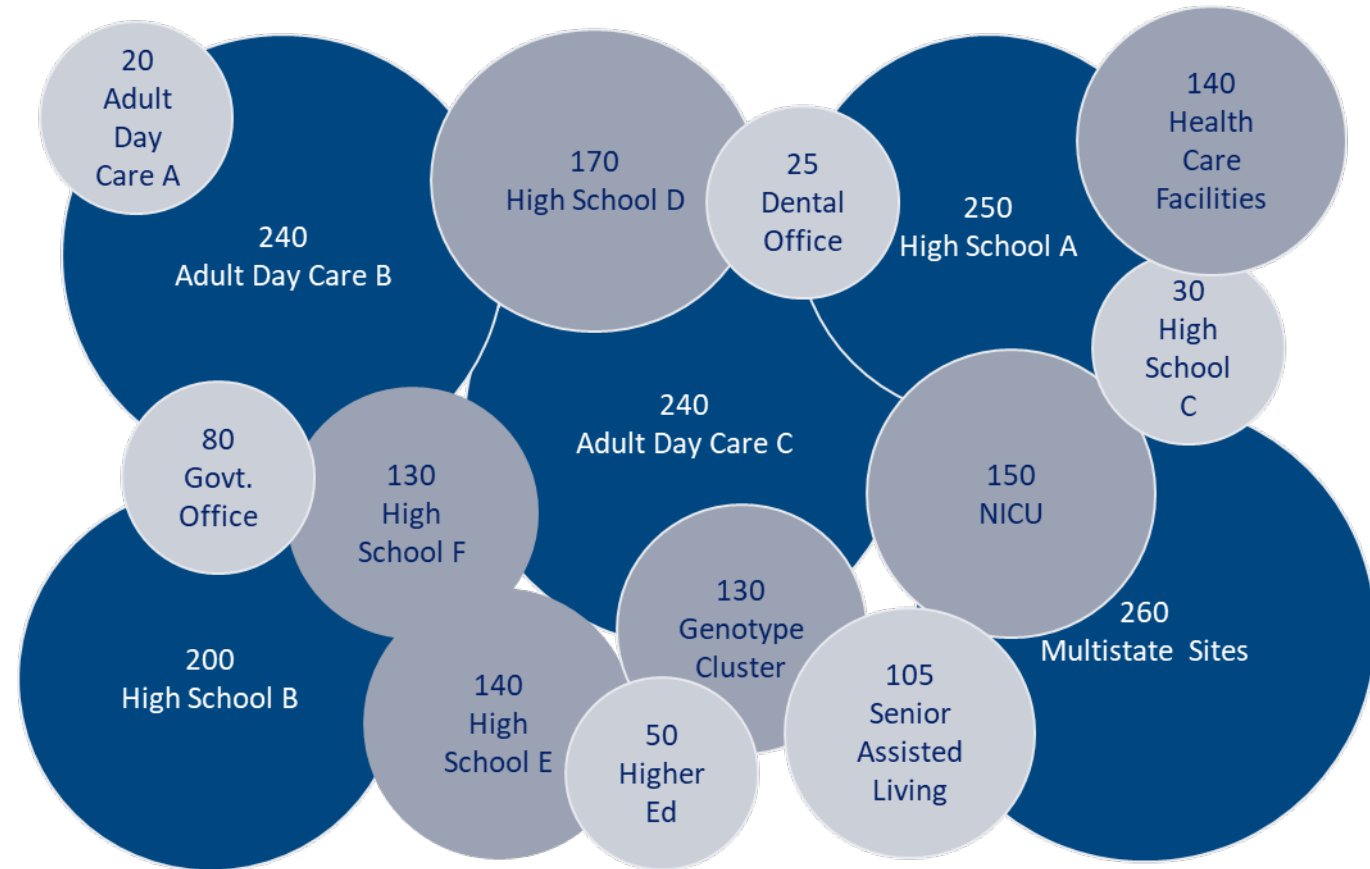
Tuberculosis Investigations Grow More Complex While Resources Decline

Tuberculosis Funding*, FY 2014-2018



*Does not include DSRIP funding

Complex Investigations with Number of Exposed Individuals, 2017-2018



Additional Staffing and Resources Will Increase the Effectiveness of TB Investigations

In 2015, approximately 14,500 individuals were exposed to active tuberculosis in Texas.

- Of those individuals, public health only was able to screen with 62 percent of exposed individuals.
- This is due to staffing limitations and the time needed to track and engage these individuals into screening and treatment.



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Ongoing Maintenance and Renovations at TCID would Improve Safety and Operations

Negative Air Pressure System Repair and Maintenance

- ◆ This specialized system ensures that contagions from TB and Hansen's Disease patients are contained appropriately within the facility.
- ◆ The system is about eight years old, a crucial point in its life span.
- ◆ With maintenance planning, a testing regimen, and a repair schedule, the dependability of this system can be maximized.

TCID Entry Modifications

- ◆ TCID shares a campus with other facilities.
- ◆ A lack of appropriate pathway signage, and clear entries to TCID leads to confusion for campus visitors.
- ◆ Unnecessary visitor traffic poses a risk because of the nature of the diseases being treated at TCID.

SSLC Building Upgrade

- ◆ The State Supported Living Center uses a building on TCID campus for staff training.
- ◆ This building needs bathroom facilities, and finishing of internal walls.



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EI 8: Bolster Public Health Capacity to Monitor and Respond to Outbreaks

- ◆ **Stability of the Electronic Disease Reporting System, \$2.8 M:** Stabilize and maintain the dependability of this critically at-risk system called NEDSS through purchase of servers and software, and with 50 temporary and 3 ongoing FTEs to maintain the system.
- ◆ **Increased Surveillance and Analysis Capacity, \$2.3 M:** Meet increasing demand through 7 FTEs who will provide technical assistance to external system users, customize and improve the system for more robust disease surveillance and investigation, and coordinate support for investigation during emergencies.
- ◆ **Continuation of the Infectious Disease Response Unit, \$1.2 M:** Provide state support for the Infectious Disease Response Unit program, which trains and equips deployable teams of experts that can safely transport patients and assist hospitals in providing care for patients suspected or confirmed with high consequence infections like Ebola.

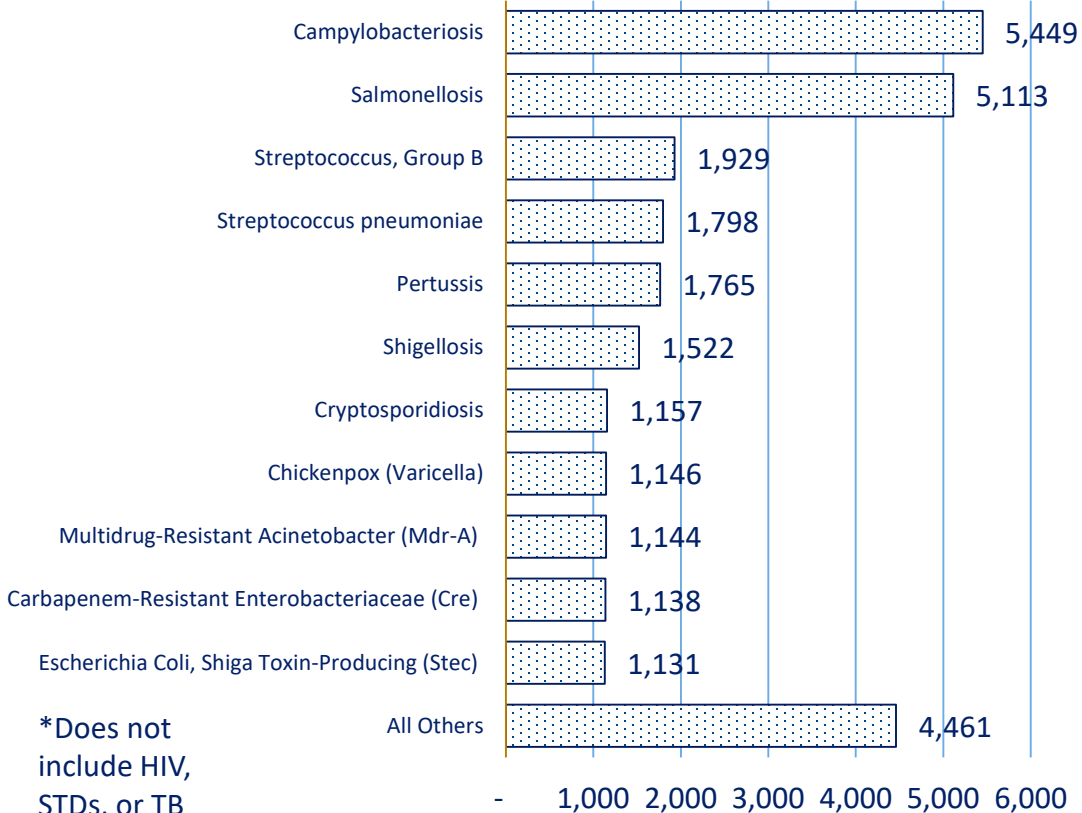
Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$3.5 M	\$2.8 M	\$6.3 M
All Funds	\$3.5 M	\$2.8 M	\$6.3 M

FTEs	15
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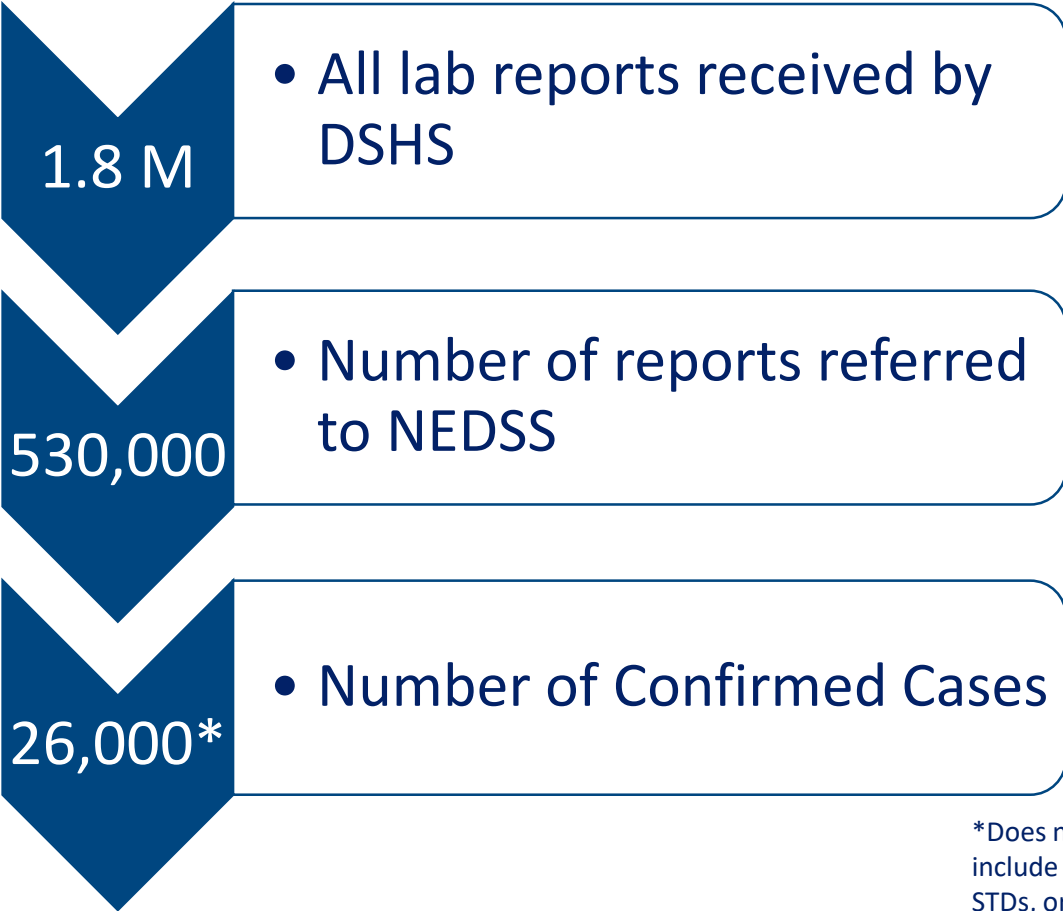
Program Data	Annual
Electronic Laboratory Records Reported to NEDSS	530,000
Infectious Disease Investigations Initiated	34,000
Confirmed and Probable Cases of Disease	26,000

Each Year, Almost Two Million Laboratory Reports are Analyzed to Pinpoint Emerging Disease Outbreaks and Risks

Confirmed Cases, Select Diseases, 2017

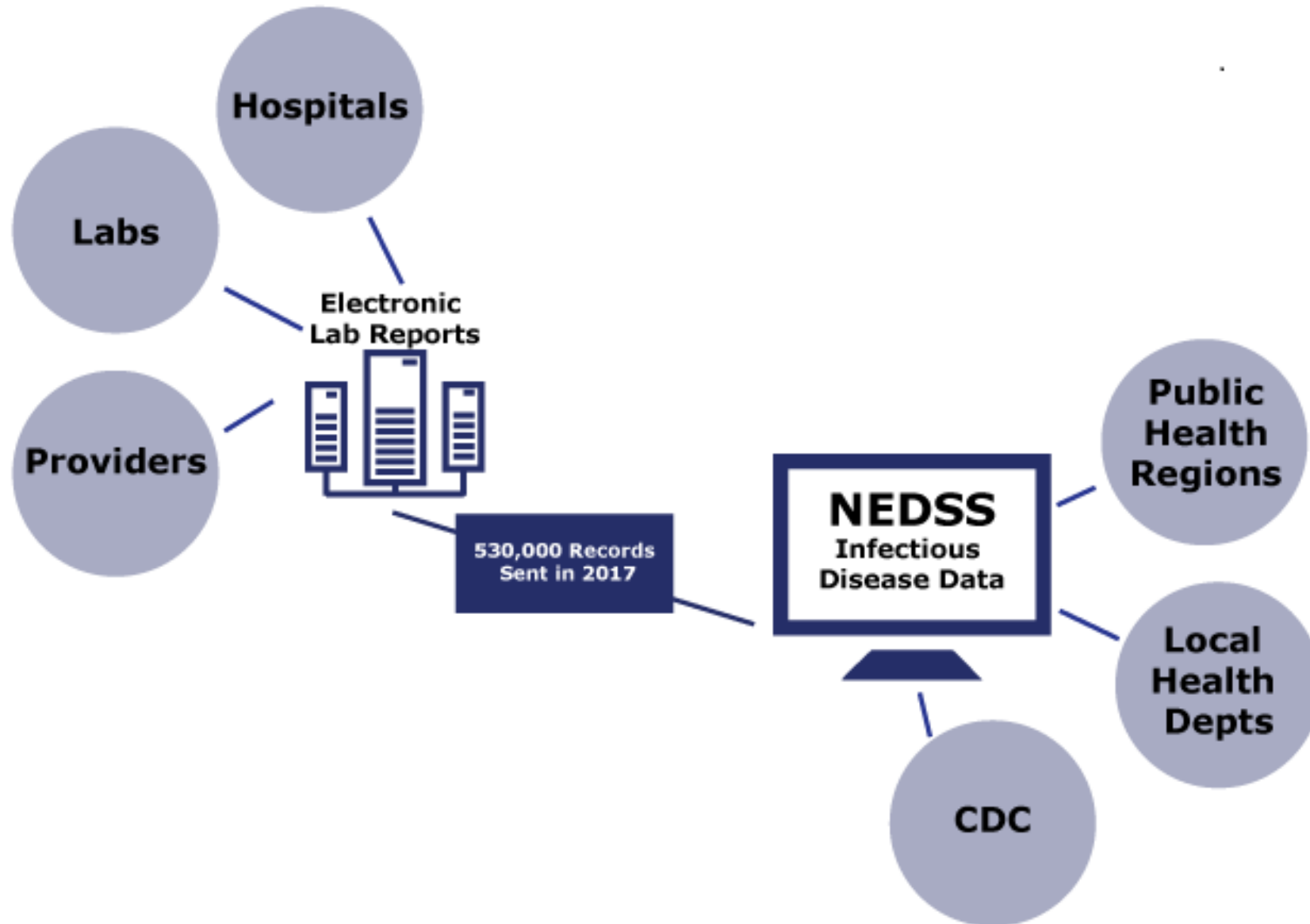


*Does not include HIV, STDs, or TB



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Electronic Disease Reporting Facilitates Seamless Communication and Initiation of Response



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Infectious Disease Response Units Maintain Readiness for High Consequence Disease

The five-year federal Ebola grant is expiring on June 30, 2020. The grant included \$0.7 Million annually to maintain the IDRU program.

Without an alternate source of funding:

- ◆ Texas will lose the capability to train and exercise personnel to provide deployable surge medical support to transport and care for a patient infectious with high consequence diseases like Marburg or Ebola.
- ◆ Texas will lose the ability to store and maintain a cache of equipment and pharmaceuticals to protect medical personnel, community members, and emergency responders from exposure to infectious disease.



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EI 9: Replace Vehicles at the End of Their Life Cycle and Protect Emergency Vehicle Assets

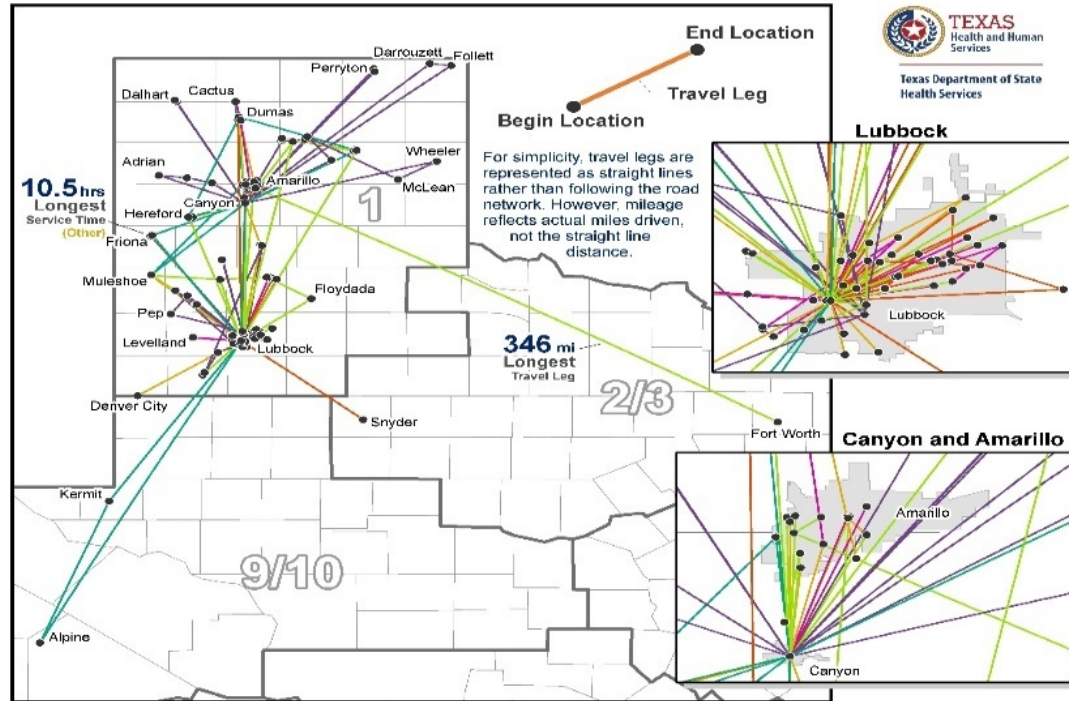
- ◆ **Replace Vehicles at the End of Their Life Cycle, \$1.5 M:** Replace 57 vehicles that meet or exceed the comptroller’s fleet management plan threshold for replacement. The average mileage on these vehicles is 160,000 miles.
- ◆ **Shelter and Staging for High Cost Emergency Response Vehicles, \$1.0 M:** Provide one staging location for medical emergency response vehicles, command and control, and specialized trailers to allow faster deployment and to protect emergency vehicle assets valued at over \$3 Million.

Method of Finance	FY 2018	FY 2019	Biennium
General Revenue	\$2.5 M	-	\$2.5 M
All Funds	\$2.5 M	-	\$2.5 M

FTEs	0
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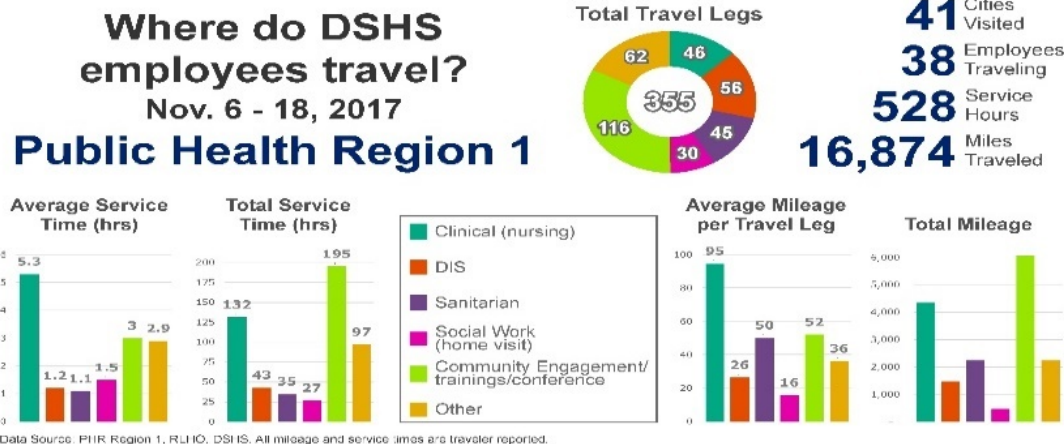
Program Data	
Replacement Threshold	100K miles or 6 years
Emergency Response Assets	36
Value of Response Assets	Over \$3 M

DSHS Regional Offices Use Vehicles to Deliver Critical Public Health Services



Examples of Uses for DSHS Vehicles

- ◆ To draw blood specimens and transport them for testing as part of infectious disease investigations
- ◆ To deliver tuberculosis medications and observe daily administration of these critical treatments
- ◆ To provide emergency response in natural and manmade disaster, including response for nuclear power plant and radiation events
- ◆ To transport and deliver car seats for the Safe Riders program
- ◆ To deliver vaccine to clinics and immunization sites
- ◆ To transport suspect infectious disease cases for laboratory testing



High Cost Emergency Assets are Scattered and Unprotected

- ◆ 36 emergency response vehicles, command and control, and specialized trailers across the San Antonio area
 - ◆ Future availability of these locations is uncertain; TCID grounds could be used to securely store them.
 - ◆ This slows down the ability of public health emergency responders to stage vehicles for deployment.
- ◆ These assets are unprotected from the environment, which results in shorter duration between tire changes, damage to exterior, and significantly shorter life of supplies and equipment inside the trailers.
- ◆ Having the vehicles in one location, with protective covering and access to electricity and water, would maintain the \$3M investment in these assets and allow more timely deployment in critical situations.





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