

Agency code: 537

Agency name: State Health Services, Department of

CODE	DESCRIPTION	Excp 2018	Excp 2019
	Item Name: Restore 4 Percent General Revenue Reduction to Chronic Disease Programs Item Priority: 1 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 01-03-01 Health Promotion & Chronic Disease Prevention		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	98,675	98,675
2001	PROFESSIONAL FEES AND SERVICES	590,928	590,928
2003	CONSUMABLE SUPPLIES	300	300
2005	TRAVEL	6,775	6,775
2009	OTHER OPERATING EXPENSE	53,322	53,322
4000	GRANTS	1,742,994	1,742,993
TOTAL, OBJECT OF EXPENSE		\$2,492,994	\$2,492,993

METHOD OF FINANCING:

1	General Revenue Fund	2,492,994	2,492,993
TOTAL, METHOD OF FINANCING		\$2,492,994	\$2,492,993

FULL-TIME EQUIVALENT POSITIONS (FTE):

2.00	2.00
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DESCRIPTION / JUSTIFICATION:

The purpose of this exceptional item is to restore reductions taken in the DSHS Legislative Appropriations request for programs that support efforts to prevent and reduce chronic disease in Texas. These particular programs were offered as part of the base budget reductions rather than the community-based chronic disease prevention and control programs that focus on changes in the environment, policy, awareness, and behaviors that affect the significant rates of morbidity and mortality from chronic diseases. However, these programs also have a critical impact for individuals and the health of the state. The goals of these programs are to:

- Educate providers and patients about the benefits of early diagnosis and treatment of chronic kidney disease to prevent premature death and disability.
- Conduct research to develop better therapies for the prevention of heart attack and stroke.
- Develop better systems of care for Texans experiencing heart attack or stroke.

Maintaining efforts of the Kidney Disease Education Program allows continued support of important activities such as:

- Continuing medical education.
- A website and multi-media campaign targeting Texans at risk for kidney disease.

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Maintaining Lone Star Stroke Consortium activities allows for better therapies and prevention strategies to improve cerebrovascular health for Texans through clinical research and therapeutic trials. Funding will allow the continuation of existing projects, some of which are multi-year.

Maintaining the Texas Heart Attack and Stroke Data Collection Initiative allows for continued data collection over time that will provide data on the system of care for Texans who have experienced heart attack and stroke and that can be used to strengthen this system in years ahead.

EXTERNAL/INTERNAL FACTORS:

An estimated 14 percent of adults in the U.S. have some form of kidney disease and the number is rising. Texas has the largest number of end stage renal disease (ESRD) patients in the nation. These are dialysis or kidney transplant patients. The purpose of the Kidney Disease Education Program, which was restarted in 2013, is to improve health outcomes and reduce the economic burdens of chronic kidney disease and ESRD through the ESRD Prevention Program model. The program works collaboratively with the Texas Renal Coalition and other statewide partnerships to educate the medical community and at-risk patients on the importance of early diagnosis and treatment of chronic kidney disease to prevent premature death from cardiovascular disease and other co-morbid conditions, and to delay progression to kidney failure necessitating expensive renal replacement therapy by dialysis or transplantation.

Heart attacks affect about 4 percent of the adult population in Texas annually with strokes affecting about 2.7 percent of the adult population annually. In 2013, the Texas Legislature appropriated funds to advance heart attack and stroke reduction efforts throughout Texas.

A portion of the funds were allocated for the Lone Star Stroke Consortium (LSS), which is tasked with finding better therapies and prevention strategies to improve cerebrovascular health for Texans through clinical research and therapeutic trials. Five hub coordinating centers, each with a minimum of four spoke partner centers, have been identified for a total of 26 LSS research centers. The LSS research network annually serves more than 7,000 Texans with stroke and cerebrovascular disease.

The remaining funds were allocated to the Heart Attack and Stroke Data Collection Initiative, which provides data collection on the system of care in Texas for those experiencing heart attack and stroke. Pre-hospital and hospital data is collected from hospitals, EMS providers and Regional Advisory Councils.

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Funding would allow for continued support of the Regional Advisory Councils the diabetes program and the Lone Star Consortium.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2020	2021	2022
\$2,492,993	\$2,492,993	\$2,492,993

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 96.00%

CONTRACT DESCRIPTION :

Contracts will include initiatives for the Regional Advisory Councils, diabetes program, the Love Your Kidney Campaign and the Lone Start Stroke Consortium. The Regional Advisory Councils collect data from hospitals statewide for DSHS utilization. The diabetes program provides sub-recipient contracts for education and training. The

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	Love Your Kidney campaign is a marketing contract. The Lone Star Stroke Consortium provides administration of the statewide stroke clinical research network. All contracts are for other services and are awarded for a one year period. They are procured through sole source, request for proposal, and inter-agency agreement with other governmental entities. DSHS does not have the resources and/or expertise needed to provide the services because the services are being provided at a statewide level and/or are highly technical in nature.		

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CODE	DESCRIPTION	Excp 2018	Excp 2019
	Item Name: Maintain Capacity for Critical Public Health Services and Tobacco Prevention and Control Item Priority: 2 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies:		
	01-01-01 Public Health Preparedness and Coordinated Services		
	01-03-02 Reducing the Use of Tobacco Products Statewide		
	02-02-01 EMS and Trauma Care Systems		
OBJECTS OF EXPENSE:			
2001	PROFESSIONAL FEES AND SERVICES	1,125,000	1,125,000
2009	OTHER OPERATING EXPENSE	379,818	460,182
4000	GRANTS	3,546,240	3,617,608
TOTAL, OBJECT OF EXPENSE		\$5,051,058	\$5,202,790
METHOD OF FINANCING:			
1	General Revenue Fund	5,051,058	5,202,790
TOTAL, METHOD OF FINANCING		\$5,051,058	\$5,202,790

DESCRIPTION / JUSTIFICATION:

DSHS requests funding to maintain service at FY2016/17 appropriated levels that are anticipated to be reduced due to:(1)anticipated revenues falling short of estimates & (2) the four percent reduction included in the DSHS legislative appropriations request.

Anticipated revenues for tobacco settlement funds (Accounts 5044, 5045 & 5046) have fallen short of estimates included in the FY2016/17 appropriations bill. This funding would fill the budget gap caused by this reduced revenue and ensure that important public health activities continue. This includes funding for:

Tobacco Prevention and Control (established in 1991)—DSHS will continue to support community coalitions to promote tobacco prevention, control and education (particularly with youth); cessation services; college-age prevention; youth access enforcement; a media campaign; program surveillance & evaluation to measure outcomes.

EMS/Trauma (established in 1970)—The funding is a major resource for 22 Trauma Regional Advisory Councils (RACs) that support the state trauma system & play an important role in preparedness. The funding supports grants to EMS providers/first responder organizations to help 911 & rural underserved EMS providers & first responders with purchases of equipment (ambulances, stretchers, monitors, etc.), training and supplies.

Public Health Preparedness (established in 2002) – The funds in this strategy support broad public health & preparedness activities. They support public health services

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through local health departments, disaster preparedness efforts (bioterrorism attacks, natural disasters, disease outbreaks, etc.) of the department regional staff and local health departments as well as disease surveillance on the border.

Additionally, tobacco funding was included as a part of the department’s four percent reduction in the LAR. DSHS requests to restore this funding to continue efforts to reduce the use of tobacco by Texans through prevention and cessation activities.

EXTERNAL/INTERNAL FACTORS:

The 76th and 77th (1999 & 2001) Texas Legislatures created a permanent endowment with \$1.5 billion in tobacco settlement funds to provide secure funding for health and human services and higher education initiatives. Interest gained on the endowment’s corpus supports state programs.

Tobacco is the leading cause of preventable disease and death in Texas, and costs Texans \$11 billion annually in medical care and lost productivity. Smoking-related illnesses cause more deaths than alcohol, car accidents, illegal drugs, suicides, homicides, driving while intoxicated, and fire – combined. Every year more than 24,100 Texans die from a smoking-related illness such as cancer or cardiovascular and respiratory disease. Tobacco use is responsible for a wide range of other health conditions.

Tobacco prevention and control, demonstrate a significant return on investment over time due to preventing costly medical care and productivity losses. In addition to ensuring that Texas’ commitment to tobacco prevention and smoking cessation is continued through statewide evidence-based practices, this exceptional item would also support broad public health and emergency preparedness activities, rapid response to disease outbreaks and biological agent incidents, and help ensure local capabilities to respond effectively to disaster events in Texas. Funding of this exceptional item will also help ensure the continued functions of resource-limited RACs and EMS providers that historically struggle with funding. Loss of RACs and EMS providers would negatively impact patient outcomes and delivery of timely pre-hospital care.

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Funding will allow for ongoing maintenance of programs through local health departments (strategy 01-01-01); continued existing support of Tobacco Coalition contracts, Coalition Support and Tobacco Enforcement (strategy 01-03-02); and support of Regional Advisory Councils (strategy 02-02-01).

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2020	2021	2022
_____ \$5,202,790	_____ \$5,202,790	_____ \$5,202,790

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 96.00%

CONTRACT DESCRIPTION :

Strategy 01-01-01: Contracts are for providing funding to local health departments for public health preparedness, surveillance and education. All contracts are for other services and are awarded for a two year period. The contracts are procured through inter-local agreements. DSHS does not have the resources needed to provide the services because the services are provided by Local Health Departments.

Strategy 01-03-02: Contracts are for Quitline services, Youth Tobacco Program, Local Community Coalitions, Coalition Support and Tobacco Enforcement. All contracts are for other services and are awarded for a one year period. The contracts are procured through request for proposal and inter-agency agreement. DSHS does not have the resources and/or expertise needed to provide the services because the services are being provided at a statewide level.

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<p>Strategy 02-02-01: Contracts are for services that support the state trauma system to reduce mortality and morbidity from injuries or sudden illness. All contracts are for other services and are awarded for a one to two year period. The contracts are procured through sole source and request for proposal. These funds are intended to support local EMS services.</p>			

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CODE	DESCRIPTION	Excp 2018	Excp 2019
	Item Name: Support Regional and Local Public Health Services		
	Item Priority: 3		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: No		
	Includes Funding for the Following Strategy or Strategies: 01-01-01 Public Health Preparedness and Coordinated Services		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	2,140,344	2,140,344
2001	PROFESSIONAL FEES AND SERVICES	426,899	426,899
2005	TRAVEL	17,140	17,140
2006	RENT - BUILDING	100,000	100,000
2007	RENT - MACHINE AND OTHER	16,954	16,954
2009	OTHER OPERATING EXPENSE	612,893	286,432
TOTAL, OBJECT OF EXPENSE		\$3,314,230	\$2,987,769

METHOD OF FINANCING:

1	General Revenue Fund	3,314,230	2,987,769
TOTAL, METHOD OF FINANCING		\$3,314,230	\$2,987,769

FULL-TIME EQUIVALENT POSITIONS (FTE):

22.50	22.50
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DESCRIPTION / JUSTIFICATION:

Local public health services are provided across the state by DSHS regional offices and local health departments. DSHS is responsible for providing public health services in jurisdictions where there is no local health department and jurisdictions where local health departments provide only limited services. These services are provided through DSHS regional offices & sub-offices. In addition to the state's population growth, which drives need for these services, the state has seen an increase in disease outbreaks. Local public health, including DSHS regional offices serving as local public health, struggles to keep up with growth in need as well as emerging health threats. Exacerbating the problem is closure of local health departments or limited/reduced services available through certain jurisdictions. In 2015, two local health departments have closed or reduced services. Others have the potential for closure in the future.

This request is comprised of two parts to ensure provision of local public health services through DSHS regional offices: (1) addressing service gaps where disease outbreaks are increasing & in locations where local health departments have closed/reduced services; (2) supporting the public health workforce.

Addressing Service Gaps - Additional resources for DSHS regional offices are critical for meeting basic needs of certain jurisdictions. Services provided may include testing/treatment of HIV, STDs and Tuberculosis, provision of immunizations, & investigation of the cause & extent of disease outbreaks.

Public Health Workforce-Workforce development needs include a salary plan to enable recruitment & retention of nurses providing public health services. This item also

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includes training for regional staff, & funding to address changing role of outreach workers & for two current sanitarian positions and 3.5 FTEs in the Regional & Local Health Services Division to support statewide public health services and the work of the regions.

EXTERNAL/INTERNAL FACTORS:

Areas of increasing need or where services have been reduced:

- Region 1(Lubbock)has seen an increase in sexually transmitted diseases over the past four years. Gonorrhea cases when comparing 2011 to 2015 increased by 675 cases; or 57 percent. Syphilis cases increased by 84 when comparing 2011 to 2015; or 111 percent.
- Region 2/3(Dallas)has also seen an increase in the number of STDs. Gonorrhea cases when comparing 2011 and 2015 increased 1,845 cases; or 20 percent. Syphilis cases increased by 553 when comparing 2011 to 2015; or 29 percent.
- Montgomery County grew by 49 percent between 2000 & 2009. The population is currently 550,000; projected to be one million by 2040. DSHS Region 6 covers/helps cover a number of public health services. The workload due to the area’s growth exceeds the regional office’s capacity to adequately support services needed by this population.
- Region 11(Harlingen)has experienced increased zoonosis control activities in the past five years. For example, staff investigated 34 rabies positive animals in 2010 compared to 74 in 2015. Mosquito borne diseases are a significant threat to South Texas,including the threat of Zika virus. With these increased threats, preparedness planning across the 19-county region is critical.
- Hunt County(HSR 2/3)-Hunt County health department is no longer providing preparedness and Tuberculosis services.
- Calhoun & Jackson Counties(HSR 8)-Local health departments for Jackson & Calhoun counties have closed. DSHS is proposing minimal staffing to help cover basic local public health services in those counties.

In addition to the service gaps, a review of pay across certain regional nursing classifications has revealed salary differences of staff who have remained in DSHS employment more than five years as compared to those more recently employed. This is due to the difficulty hiring licensed personnel in remote areas of the state as well as competition for these professionals in certain areas of the state.

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Funding will provide ongoing support for 8 Health Regions for public health services and to support local jurisdictions due to reduction and closure of local health departments.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2020	2021	2022
\$2,987,769	\$2,987,769	\$2,987,769

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CODE	DESCRIPTION	Excp 2018	Excp 2019
	Item Name: Strengthen the State Public Health Laboratory Item Priority: 4 IT Component: Yes Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 01-04-01 Laboratory Services		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,641,991	1,641,991
2001	PROFESSIONAL FEES AND SERVICES	729,604	729,604
2005	TRAVEL	1,399	1,399
2007	RENT - MACHINE AND OTHER	1,384	1,384
2009	OTHER OPERATING EXPENSE	5,029,697	4,820,293
5000	CAPITAL EXPENDITURES	12,884,750	50,000
TOTAL, OBJECT OF EXPENSE		\$20,288,825	\$7,244,671

METHOD OF FINANCING:

1	General Revenue Fund	20,288,825	7,244,671
TOTAL, METHOD OF FINANCING		\$20,288,825	\$7,244,671

FULL-TIME EQUIVALENT POSITIONS (FTE):

2.00	2.00
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DESCRIPTION / JUSTIFICATION:

The state public health laboratory, established originally in 1927, is an essential asset in protecting Texans against public health threats. The laboratory screens every newborn in the state for an array of metabolic and hereditary conditions to ensure that these new Texans have a healthy start in life. These screens account for a large percentage of laboratory work because each newborn is screened twice (800,000 screens per year). The laboratory also provides testing to support food safety and to ensure drinking water is safe to consume in addition to many other public health and clinical tests. The laboratory plays a critical role in the ability to identify and respond to outbreaks of disease. The public health laboratory relies on highly trained staff and laboratory technology to perform its work, to accurately and efficiently test for various health conditions and to identify emerging diseases and other public health threats. The state public health laboratory needs to address the following to maintain its capacity to execute lab functions optimally:

Recruitment and Retention of Staff - As technological advances are made in how laboratory testing is performed, the laboratorians performing these tests require more advanced skillsets and highly specialized training.

Cost of Public Health Testing - The DSHS laboratory has traditionally provided testing to support public health surveillance programs (such as, tuberculosis, food safety, and vector borne diseases) that is not always reimbursed.

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Building Infrastructure - The DSHS laboratory facility needs several improvements to ensure continued operations to meet the state's needs.

EXTERNAL/INTERNAL FACTORS:

The DSHS laboratory staff salary levels are not competitive with external entities. Often staff gain experience & training at the DSHS laboratory, then move to higher paying positions outside DSHS. The current laboratory base salary levels are 20-35 percent lower than salaries for private companies per the Bureau of Labor Statistics. Funding is requested to increase salary levels for staff as well as shift differential for lab staff that work weekends. Two FTEs are also being requested to assist with increased testing loads & data analysis relating to high level molecular diagnostic testing and analysis of whole genome sequence data.

Increasing public health testing costs and the state's growth make it more difficult for the laboratory to fund these tests. Public health testing does not always have a payer source but is provided to protect the health of Texans. DSHS has committed to perform all testing needed for informed public health interventions; however, current funding will not maintain current testing services.

The laboratory facility requires attention to ensure efficient and consistent function & safety of the staff that work in the facility. A generator to provide emergency power for the laboratory to fully operate is a priority to maintaining testing services and preventing loss of specimens and supplies. Additionally, the existing DSHS laboratory building ages, the system infrastructure requires more maintenance or in some cases complete replacement of system components. The building systems that control proper airflow require that a comprehensive preventive maintenance program be implemented to avoid any problems while working with hazardous biological agents or chemicals. Critical equipment or systems which prevent the release of these agents or chemicals into the environment need replacing. In addition, renovations to existing laboratory space are needed to more efficiently and effectively utilize space as technologies and testing methods change.

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

DCPS Laboratory Server Environment and Software:

The Division for Disease Control and Prevention Services (DCPS) needs to continue the existing lease of the server environment and add a disaster recovery functionality as well as procure software to support genome sequencing for tuberculosis testing.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

PROPOSED SOFTWARE EXAMPLES (Client-side, server-side, Midrange and Mainframe)

DCPS Laboratory Server Environment and Software:

The purchase of software cannot be scaled back as this is the assumed cost for the application. Without this application, the Laboratory will not be able to perform analysis in support of identification of antibiotic resistant bacteria and bacteria that are part of an outbreak investigation. This assumes a one-time cost of \$27,396 for a desktop software solution to be used on multiple desktops in the laboratory.

PROPOSED HARDWARE EXAMPLES (Desktop, Laptop, Tablets, Servers, Mainframes, Printers and Monitors)

DCPS Laboratory Server Environment and Software:

The proposed hardware are of critical need for maintaining testing data and hosting laboratory information management system software in the event of a disaster. The expansion of the existing hosting efforts cannot be scaled down without risking data loss and inefficiency of testing operations. This effort assumes \$729,604 annually in Professional Services.

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DEVELOPMENT COST AND OTHER COSTS

FY18 - \$757,000

FY19 - \$729,604

TYPE OF PROJECT

Acquisition and Refresh of Hardware and Software

ALTERNATIVE ANALYSIS

This effort assumes \$729,604 annually in Professional Services for the continued lease and addition of disaster recovery support. Outright purchase or an alternate vendor are possible, but would result in increased cost. The software request assumes a one-time cost of \$27,396 for a desktop software solution to be used on multiple desktops in the laboratory. Internal staff or staff augmentation could be used to develop such software, but reliability and support would increase the risk of the effort.

ESTIMATED IT COST

2016	2017	2018	2019	2020	2021	2022	Total Over Life of Project
\$0	\$0	\$757,000	\$729,604	\$729,604	\$729,604	\$729,604	\$3,675,416

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Funding will allow for recruitment and retention of staff to help prevent constant turnover, which could impact testing turnaround times; adequately maintaining current services to help inform public health interventions related to food safety and infectious disease; laboratory preventive maintenance programs, repair and renovations that will ensure that all testing areas are used more efficiently and ensure specialized systems are operating safely and correctly.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2020	2021	2022
\$7,244,671	\$7,244,671	\$7,244,671

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 7.00%

CONTRACT DESCRIPTION :

Cost of Public Health Testing: Contracts are for leasing a server environment which includes a disaster recovery functionality. All contracts are other services and are awarded for a one year period. The contracts are procured in compliance with the Data Center Services inter-agency contract. DSHS does not have the specialization and resources needed to provide the services State agencies are required to utilize the data center for these types of services.

Building Renovation: Contracts are for the purchase of a generator and other repairs and renovations needed in the laboratory building. All contracts are construction related and are awarded for a two year period. These contracts are procured through an inter-agency agreement and request for proposal.

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CODE	DESCRIPTION	Excp 2018	Excp 2019
	Item Name: Improve TB Services Item Priority: 5 IT Component: Yes Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 01-02-04 TB Surveillance and Prevention		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,734,648	1,734,648
2001	PROFESSIONAL FEES AND SERVICES	704,362	704,362
2005	TRAVEL	252,000	252,000
2007	RENT - MACHINE AND OTHER	20,164	20,164
2009	OTHER OPERATING EXPENSE	4,369,144	3,962,181
4000	GRANTS	5,000,000	5,000,000
5000	CAPITAL EXPENDITURES	461,653	461,653
TOTAL, OBJECT OF EXPENSE		\$12,541,971	\$12,135,008
METHOD OF FINANCING:			
1	General Revenue Fund	12,541,971	12,135,008
TOTAL, METHOD OF FINANCING		\$12,541,971	\$12,135,008
FULL-TIME EQUIVALENT POSITIONS (FTE):		31.00	31.00

DESCRIPTION / JUSTIFICATION:

Tuberculosis (TB) remains a significant public health issue in Texas. It is a complex disease that takes expertise and time to diagnose and treat. In addition, the process of locating, screening and treating persons exposed to TB is complicated in terms of scope and logistics. Experienced and qualified staff are difficult to find and retain to ensure that active TB cases and TB exposures are appropriately treated and followed up. With staff challenges and finite funding at the state, regional, and local levels, not all individuals exposed to TB are able to be identified and reached. As a result, in 2014, only half of the 5,533 individuals exposed to TB in Texas were screened for TB. Of those exposed, nearly one in three was diagnosed with TB infection.

DSHS requests funding to improve TB surveillance, investigation, & treatment capacity in Texas. This includes increasing funding to support the following:

- Conduct routine surveillance to detect TB in communities across Texas;
- Respond to large scale investigations that occur in schools, hospitals, nursing homes and other facilities;
- Identify potential & actual disease outbreaks to prevent ongoing disease transmission;
- Manage increasing TB caseloads
- Perform case management and continue quality improvements to evaluate surveillance, screenings and case management activities; and
- Perform statewide quality control activities to ensure consistent TB prevention & control practices are applied statewide.

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Much of the funding is directed to local & regional TB programs to cover the costs of hiring additional staff, travel expenses to conduct in-person direct-observed therapy (DOT), and more efficient methods for DOT. The remaining amount will go for medications (which are distributed at the local level), travel for outbreak response, phlebotomy trainings, lab testing, fees for contract epidemiologists and nurses for large contact investigations, and additional staff.

EXTERNAL/INTERNAL FACTORS:

Tuberculosis (TB) is a disease caused by bacteria that spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, kidneys or spine. A person with TB can die if treatment is not provided. Those with TB disease may be infectious. Prompt treatment is essential to end symptoms and prevent disability or death.

Not everyone infected with the bacteria becomes sick. Those who are infected with TB bacteria but do not have any symptoms and have a normal chest x-ray have latent TB infection (LTBI). Those with LTBI still require treatment to decrease the risk of future TB disease and future spread of the disease.

The number of persons diagnosed with TB disease is on the rise in Texas. There were 1,334 people diagnosed with TB disease in 2015, up from 1,269 in 2014 and 1,222 in 2013. There is increasing exposure to TB in congregate settings, including schools, colleges, daycares, nursing homes, hospitals, jails/prisons, and other state institutions. As such, the need for more capacity to manage the growing number of cases as well as to ensure that those exposed to TB received appropriate follow-up.

DSHS provides TB treatment medications to public health clinics across Texas. These clinics treat patients with TB disease and LTBI. Also, people who are presumed to have TB (TB suspects) may be given treatment while their clinicians perform further testing to confirm or rule out TB disease.

Treating TB disease generally requires up to four medications given for six months. Treating individuals with drug-resistant TB requires costly medications that may be used for an extended period of time. LTBI is generally treated with one medication for 9-12 months. Treatment of suspects varies according to the outcome of their diagnostic tests.

The DSHS TB program dates back to 1959.

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

The new IT system will provide improved medication adherence and allow remote monitoring of persons with TB infection and TB disease. When persons with TB infection and TB disease do not complete the required course of medications, the opportunities for disease spread and emergence of drug-resistant TB increase. The funds will be used to procure the necessary technology to facilitate medication adherence. It is assumed a vendor would provide a complete solution. Acquisition of hardware and software is not assumed.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

PROPOSED SOFTWARE EXAMPLES (Client-side, server-side, Midrange and Mainframe)

DCPS TB Video Directly Observed Therapy (New System)

This vendor provided system will be HIPAA-compliant using encrypted secure sockets layer (SSL) upload; hosting and maintenance support; trainings; and, archival features.

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The expectation is to scale this project based on the resources available.

PROPOSED HARDWARE EXAMPLES (Desktop, Laptop, Tablets, Servers, Mainframes, Printers and Monitors)

DCPS TB Video Directly Observed Therapy (New System)

This vendor will provide hosting and maintenance support; device and data plan; and, archival features. The expectation is to scale this project based on the resources available.

DEVELOPMENT COST AND OTHER COSTS

DCPS TB Video Directly Observed Therapy (New System)

FY18

Vendor: \$461,653

Cap Total for FY18: \$461,653

FY19

Vendor: \$461,653

Cap Total for FY19: \$461,653

Cap Total for Project: \$923,306

Project Total: \$923,306

TYPE OF PROJECT

Software as a Service

ALTERNATIVE ANALYSIS

No Project: This alternative would require continuation of current processes which are labor intensive and increase travel and contractors needed to complete the efforts.

In House Development: DSHS staff do not have the expertise or availability required to complete a robust solution in the desired timeframe.

Custom-off-the-Shelf: Several products are available on the market that meet the known requirements of this project. These products would require little configuration and could be implemented very rapidly.

ESTIMATED IT COST

2016	2017	2018	2019	2020	2021	2022	Total Over Life of Project
\$0	\$0	\$461,653	\$461,653	\$461,653	\$461,653	\$461,653	\$2,308,265

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out-year costs include access to a HIPAA-compliant application with encrypted secure sockets layer (SSL) upload; hosting and maintenance support; trainings; device and data plan; and archival features.

4.A. Exceptional Item Request Schedule
 85th Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 9/13/2016
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Agency code: 537

Agency name:
 State Health Services, Department of

CODE	DESCRIPTION	Excp 2018	Excp 2019
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ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

	2020	2021	2022
	\$12,135,008	\$12,135,008	\$12,135,008

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 40.00%

CONTRACT DESCRIPTION :

Contracts are for direct-observed therapy (DOT), phlebotomy trainings, epidemiologists and nurses to respond to large scale TB outbreaks, local health departments to conduct routine surveillance for detection of TB in communities across the state, and a system to allow remote monitoring of persons with TB to ensure patients complete the required course of medications. All contracts are other services and are awarded for a one to two year period. These contracts are procured through inter-local agreement and request for proposal. DSHS does not have the resources needed to provide the services because the services are being provided at a statewide level and many of these services are provided by local health departments.

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DATE: 9/13/2016
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Agency code: 537

Agency name: State Health Services, Department of

CODE	DESCRIPTION	Excp 2018	Excp 2019
	Item Name: Secure and Preserve Vital Records Item Priority: 6 IT Component: No Anticipated Out-year Costs: Yes Involve Contracts > \$50,000: Yes Includes Funding for the Following Strategy or Strategies: 01-01-02 Vital Statistics		

OBJECTS OF EXPENSE:

2001	PROFESSIONAL FEES AND SERVICES	1,801,718	1,570,000
2009	OTHER OPERATING EXPENSE	259,447	226,080
TOTAL, OBJECT OF EXPENSE		\$2,061,165	\$1,796,080

METHOD OF FINANCING:

1	General Revenue Fund	2,061,165	1,796,080
TOTAL, METHOD OF FINANCING		\$2,061,165	\$1,796,080

DESCRIPTION / JUSTIFICATION:

The purpose of this exceptional item is to safeguard, protect, and preserve all original vital records (birth certificates, death certificates, adoption records and other vital records) from 1878 to present and into the future. The project will remediate building systems and increase security and protection of these important records. The project will upgrade and enhance safeguards including controlled access and surveillance systems. The project will establish heightened security zones through reconfiguration of the work areas and reduce general access to restricted access areas. The project will also remediate the physical security controls for the records through implementation of tracking mechanisms for all Vital Records, sealed files, and security paper housed in Vital Statistics area. Preservation of the records requires industry standard systems for fire suppression and humidity control, which are also included as part of the exceptional item.

The project includes implementation of archival equipment (microfilm/microfiche) needed to continue to produce, maintain, and secure individual vital records and associated assets. Vital Statistics works in partnership with the Texas State Library to produce microfilm, microfiche, digital, and certified copies of all records, but does so on antiquated equipment that will be replaced with smaller more energy efficient industry standard equipment.

EXTERNAL/INTERNAL FACTORS:

60 million records are housed and preserved in the WD Carroll Building (Records Building) on the DSHS campus. Each year 890,000 new vital events are registered in Texas. DSHS (and its predecessor agencies since 1903) is mandated to maintain in perpetuity birth, death, marriage, divorce, and adoption records for these events occurring in Texas. As mandated by statute, these records must be preserved and secured. The Records Building lacks contemporary systems for preservation and security of archival materials and protection from fire and smoke, water, and environmental conditions. The building also needs enhanced controls relating to physical access and tracking of records.

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DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out year cost include: maintenance contracts for equipment and security monitoring through Texas Facilities Commission, high density shelving, and specialized microfilm/microfiche companies.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2020	2021	2022
<hr/>	<hr/>	<hr/>
\$34,320	\$34,320	\$34,320

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 80.00%

CONTRACT DESCRIPTION :

Contracts are one-time contracts and ongoing contracts. One-time contracts include contracts for building security assessment and re-design, services to perform inventory and categorization of vital records assets, vital statistics radio frequency identification (RFID) book asset and inventory stacks equipment, and a business analyst. Ongoing contracts include contracts for system monitoring motorized shelving expansion, and commercial grade media production. These contracts are goods and professional services. The professional services is a contract with the Texas Facility Commission for an architect or engineer to assess the VSU records building. These contracts are awarded for a two year period and are procured through an inter-agency agreement and request for proposal. DSHS does not have the specialization or resources needed to provide these services.

4.A. Exceptional Item Request Schedule
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Agency name: State Health Services, Department of

CODE	DESCRIPTION	Excp 2018	Excp 2019
	Item Name: Public Health Information Technology		
	Item Priority: 7		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > \$50,000: Yes		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-03 Health Registries		
	01-02-04 TB Surveillance and Prevention		

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	406,866	406,867
2001	PROFESSIONAL FEES AND SERVICES	2,119,306	2,593,569
2005	TRAVEL	4,198	4,198
2007	RENT - MACHINE AND OTHER	3,186	3,186
2009	OTHER OPERATING EXPENSE	146,578	71,213
5000	CAPITAL EXPENDITURES	5,653,180	360,000
TOTAL, OBJECT OF EXPENSE		\$8,333,314	\$3,439,033

METHOD OF FINANCING:

1	General Revenue Fund	8,333,314	3,439,033
TOTAL, METHOD OF FINANCING		\$8,333,314	\$3,439,033

FULL-TIME EQUIVALENT POSITIONS (FTE):

6.00	6.00
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DESCRIPTION / JUSTIFICATION:

This exceptional item includes two needed information technology items to support public health operations: (1) replacement of blood lead surveillance system and (2) replacement of pharmacy inventory system

These software systems should be replaced or undergo significant updates because they no longer meet the needs of the programs they support. Both systems serve critical populations – Child and Adult Blood Lead patient surveillance, outbreak and trend analysis while the other system serves Tuberculosis, HIV, and STD patients as well as the Strategic National Stockpile. The programs that depend on these systems will not be able to maintain current services through the next biennium and will not be able to meet mandates if these systems are not replaced. The systems include:

- (1) Child and Adult Blood Lead Epidemiology Surveillance System (CABLES) - The Blood Lead Surveillance Program systems have technological limitations resulting in incomplete case coordination and major delays in timeliness of reporting. There is a two-year backlog for entering blood lead results into the surveillance systems due to technology issues; however, children with elevated test results still receive immediate follow-up. These significant data processing delays result in an inability to provide current data to stakeholders, including data on Medicaid enrolled children. The existing systems do not allow completion of all program mandates.
- (2) DSHS Inventory Tracking Electronic Asset Management System (ITEAMS) - The ITEAMS system is the DSHS pharmacy inventory tracking system that is used for

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medications that DSHS manages for the TB, HIV, STD and Immunization programs. The system is no longer compliant with the Food and Drug Administration (FDA) standards, and it no longer meets the Pharmacy needs and is plagued with bugs, issues and errors.

EXTERNAL/INTERNAL FACTORS:

Childhood lead poisoning continues to be a significant and preventable environmental health problem for children. The major source of lead exposure among children in the U.S. is lead-based paint and lead-contaminated dust found in deteriorating housing.

Children under the age of six years old are at higher risk for lead poisoning because their digestive systems absorb a high percentage (as much as 50%) of any lead ingested. Surveillance provides information that forms the basis for planning, evaluation, and public support of policies and programs. DSHS maintains a surveillance system of blood lead results on adults 15 years and older; and 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.

The DSHS Pharmacy Branch provides drugs, vaccines, and supplies to participating local health departments, DSHS Health Service Regions (HSR), clinics, private providers, and pharmacies to prevent, diagnose, and treat infectious diseases. It also ensures compliance with state and federal requirements related to the shipping, receiving, storing, and repackaging of medications, vaccines, and supplies. Its current inventory includes more than 340 drugs to treat HIV, tuberculosis, sexually transmitted diseases, and Hansen’s disease, as well as medications utilized by the Refugee Health Program. The DSHS Pharmacy Branch is not a traditional pharmacy, but rather a re-packer and re-labeler regulated by the Food and Drug Administration (FDA). In 2015, the DSHS Pharmacy Branch processed 86,748 drug orders sent to 889 unique locations. Alongside the provision of drugs, the Pharmacy also provides oversight to approximately 80 Class D pharmacies around the state.

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Blood Lead Replacement – Child and Adult Blood Lead Epidemiology Surveillance System Completion (CABLES)

This project will provide increased application functionality and program productivity, better data quality, enhanced reporting capabilities, increased outreach and case coordination activities, and provide external data linkage to other data sources via the Health Services Gateway.

Design Improvement Process Change will separate the Adult and Child MAVEN Models and common Database into two separate instances. Separating the registry into two instances will improve the ability to clean and de-duplicate records, increase individual program efficiencies, and improve data quality, accuracy, and ease of reporting. Direct Data Entry in MAVEN will improve the MAVEN Data Entry Wizard’s function to collect and hold Blood Lead Levels, Clinical, Demographic, and Provider information both internally and externally. Merge Client Address History in MAVEN will be modified in the MAVEN core code to allow address histories to be merged by test date. External CABLES System Port of Entry for external providers, to be implemented in MAVEN version 6.0, will allow Blood Lead Screening (BLS) providers of blood lead results to electronically auto register and log in to the CABLES system. Outreach and Case Coordination Improvements will be made to improve existing workflows, reports, and implement new workflows which increase program productivity and add Geocoding capability. Improvements will be made for Provider Management in the MAVEN Healthcare and Lab Provider record Data Entry Wizard, resulting in data entry and upload with ability to modify records via MAVEN.

Improvements to employ the MAVEN Data Transformation Engine for external data linkage to Implement the MAVEN Data Transformation Engine so it will process, transform and create templates for data sharing, and linkages to external source formats such as XLM, HL7, and for the Centers for Disease Control and Prevention (CDC).

Pharmacy Replacement – Inventory Tracking Electronic Asset Management System Replacement

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To acquire and implement an automated and integrated system which;

- (1) Combines a warehouse and inventory system
- (2) Handles a pharmacy system with access to other entities
- (3) Integrates shipping with distribution functionality to replace the current Inventory Tracking Electronic Asset Management System (ITEAMS) application that has become Food and Drug Administration (FDA) non-compliant and no longer meets the business needs of the Disease Control and Prevention Section (DCPS) Pharmacy Branch.

IS THIS IT COMPONENT RELATED TO A NEW OR CURRENT PROJECT?

NEW

PROPOSED SOFTWARE EXAMPLES (Client-side, server-side, Midrange and Mainframe)

Blood Lead Replacement – Child and Adult Blood Lead Epidemiology Surveillance System Completion (CABLES)

Proposed software is Maven, the current software used in the CABLES system. Implementing a new system in phases may be possible but would cause confusion and duplication of effort that DSHS is seeking to eliminate.

Pharmacy Replacement – Inventory Tracking Electronic Asset Management System Replacement

The proposed solution/software will be determined by responses to a Request for Proposal based on a detailed statement of work. The current system requires high levels of support resources and should be retired as soon as possible.

PROPOSED HARDWARE EXAMPLES (Desktop, Laptop, Tablets, Servers, Mainframes, Printers and Monitors)

Blood Lead Replacement – Child and Adult Blood Lead Epidemiology Surveillance System Completion (CABLES)

Existing infrastructure is flexible enough to support this redesigned system with possibly some additional storage capacity required.

Pharmacy Replacement – Inventory Tracking Electronic Asset Management System Replacement

Using a cloud-hosted environment enables flexibility in utilizing the correct amount of resources without investing in additional capacity before needed.

DEVELOPMENT COST AND OTHER COSTS

Blood Lead Replacement – Child and Adult Blood Lead Epidemiology Surveillance System Completion (CABLES)

The Maven software product is in use for many of the agency health registries with a strong knowledge base of support resources available. Some staff augmentation and vendor resources will assure the success of this solution.

Pharmacy Replacement – Inventory Tracking Electronic Asset Management System Replacement

Modified Commercial off the shelf or 3rd party hosted solution with development from staff augmentation resources.

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TYPE OF PROJECT							
Other Service Delivery Functions							
ALTERNATIVE ANALYSIS							
Blood Lead Replacement – Child and Adult Blood Lead Epidemiology Surveillance System Completion (CABLES)							
None. This project will make significant changes in the existing Child and Adult Blood Lead Registry. The agency will construct an amendment to an existing core contract to change current functionality, and modify existing functionality.							
Pharmacy Replacement – Inventory Tracking Electronic Asset Management System Replacement							
Technical and Acquisition Alternatives will be determined by responses to a Request for Proposal.							
ESTIMATED IT COST							
2016	2017	2018	2019	2020	2021	2022	Total Over Life of Project
\$0	\$0	\$7,764,674	\$2,945,757	\$381,260	\$381,260	\$381,260	\$11,854,211

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Blood Lead Replacement – Child and Adult Blood Lead Epidemiology Surveillance System Completion (CABLES):

Annual out year costs include anticipated ongoing support for infrastructure and software maintenance.

Inventory Tracking Electronic Asset Management System:

Annual Out year costs include anticipated ongoing support for infrastructure and software maintenance.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2020	2021	2022
\$381,260	\$381,260	\$381,260

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM : 91.00%

CONTRACT DESCRIPTION :

Contracts are professional IT contracts to customize off-the-shelf systems. These contracts are a major information system and are awarded for a two year period. These contracts are procured through request for proposal.