



Department of State Health Services
Joint Hearing of the Governor's Office
and
the Legislative Budget Board

September 10, 2018

John Hellerstedt, M.D., Commissioner

Donna Sheppard, Chief Financial Officer



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**



Presentation Outline

- ◆ Agency Overview
- ◆ Fiscal Years 2018-2019 Accomplishments
- ◆ Current Budget Makeup and Issues
- ◆ FY 2020 - 2021 Summary of Base Request Table
- ◆ Exceptional Items Summary Table
- ◆ Exceptional Items Details



TEXAS
Health and Human Services

Texas Department of State
Health Services

Agency Overview

DSHS Mission: To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

DSHS Vision: A Healthy Texas

DSHS Goals:

- ◆ Improve health outcomes through public and population health strategies, including prevention and intervention.
- ◆ Optimize public health response to disasters, disease threats, and outbreaks.
- ◆ Improve and optimize business functions and processes to support delivery of public health services in communities.
- ◆ Enhance operational structures to support public health functions of the state.
- ◆ Improve recognition and support for a highly skilled and dedicated workforce.
- ◆ Foster effective partnership and collaboration to achieve public health goals.
- ◆ Promote the use of science and data to drive decision-making and best practices.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Agency Divisions and Functions

Assistant Deputy Commissioner

- ◆ Academic affairs
- ◆ Health statistics
- ◆ Public health policy

Laboratory and Infectious Disease

- ◆ State public health laboratory
- ◆ Infectious disease

Regional and Local Health

- ◆ Healthcare emergency preparedness & response
- ◆ Regional & local health operations
- ◆ Texas Center for Infectious Disease
- ◆ Border Health

Community Health Improvement

- ◆ Environmental epidemiology and disease registries
- ◆ Maternal and Child Health
- ◆ Health promotion and chronic disease prevention
- ◆ Vital statistics

Consumer Protection

- ◆ Emergency Medical Services and trauma care system
- ◆ Environmental health
- ◆ Food and drug safety
- ◆ Radiation control



TEXAS
Health and Human Services

Texas Department of State
Health Services

Fiscal Years 2018-2019 Public Health Accomplishments

Hurricane Harvey

- 689 DSHS staff involved in response
- 990 medical response missions
- 3,200 medical patient evacuations
- 70,633 vaccines distributed
- 6.8 million acres in 29 counties treated for mosquitoes

Public Health System Improvement

- 83 events statewide with local and regional public health staff
- Interviews with 330 LHD staff at 63 LHDs
- Interviews with approximately 125 DSHS regional staff at 12 DSHS regional offices
- Discussions with 250 individuals in 8 regions

Maternal Safety Bundles

- Nearly 80% of all Texas birthing hospitals participating in maternal safety bundles for obstetric hemorrhage and hypertension
- Creating and piloting with 9 hospitals an opioid bundle



TEXAS

Health and Human Services

Texas Department of State
Health Services

Fiscal Years 2018-2019 Public Health Accomplishments

State Public Health Laboratory

- Improved turnaround time of newborn screening results, from 46% within 7 days to almost 90% in summer 2018
- Increase in mosquito-related testing capacity of 30%, with a 50% decrease in turnaround time for results

Vital Statistics

- Simplification of workflows and reorganization of staffing patterns to increase efficiencies without new resources or staff
- Reduced processing time for amendments, from 6 months to on average 30 days
- Reduction of outstanding online applications by 70 percent using overtime and temporary employees

Opioid and Drug Overdose Data

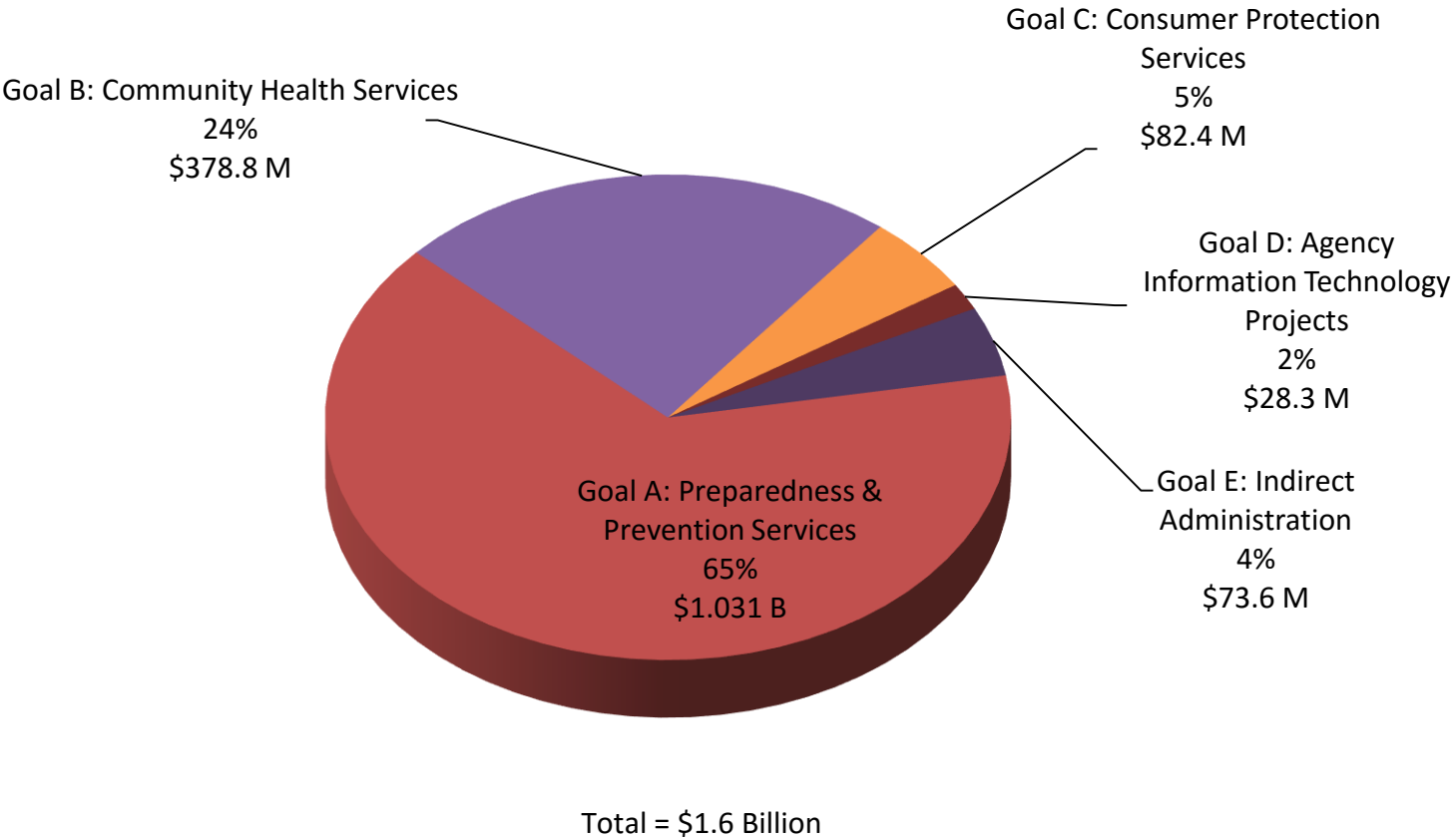
- Creation of an interactive and publicly accessible dashboard, with ongoing additions
- Analytic assistance for the Texas Pharmacy Board related to Prescription Drug Monitoring Program data



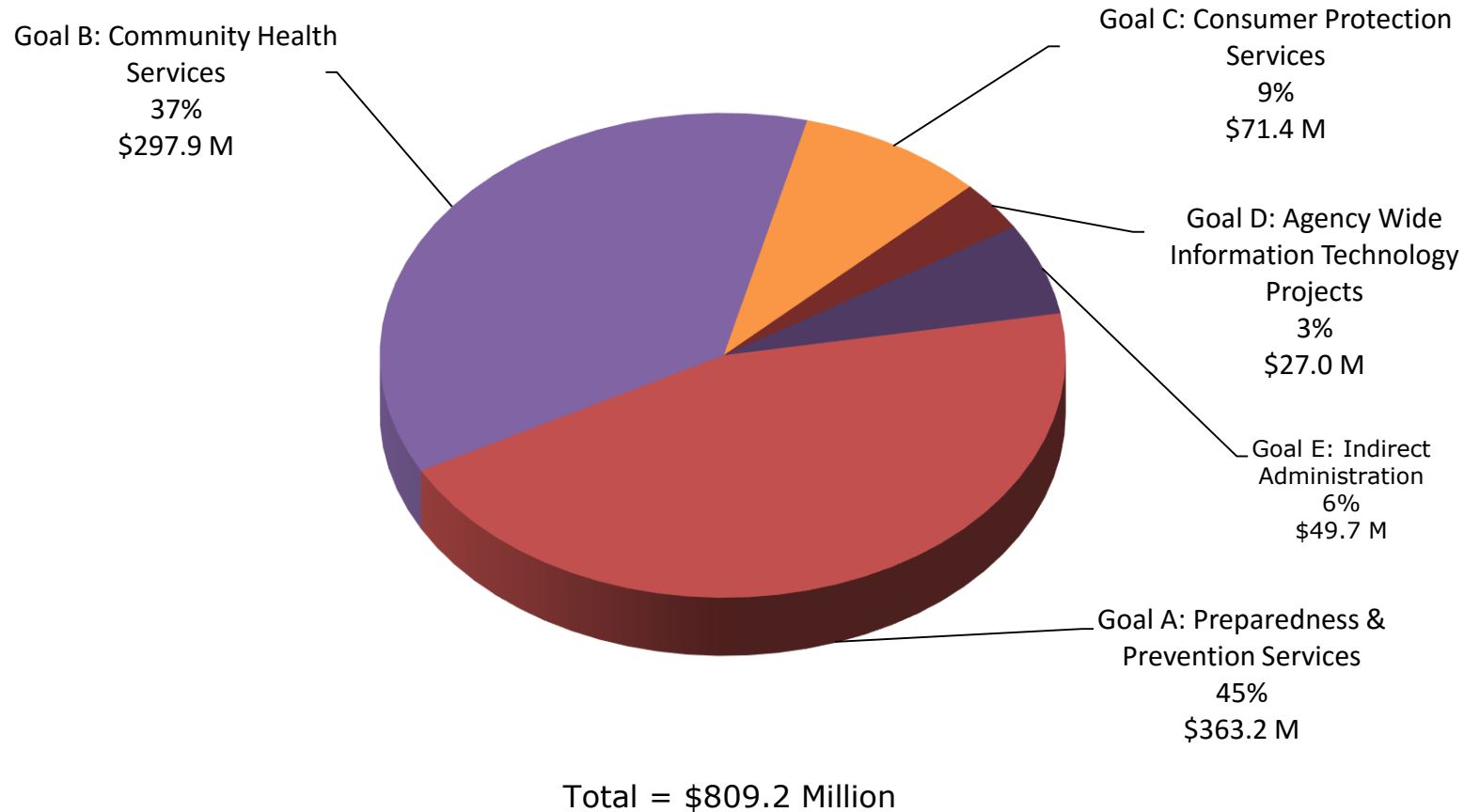
TEXAS
Health and Human Services

Texas Department of State
Health Services

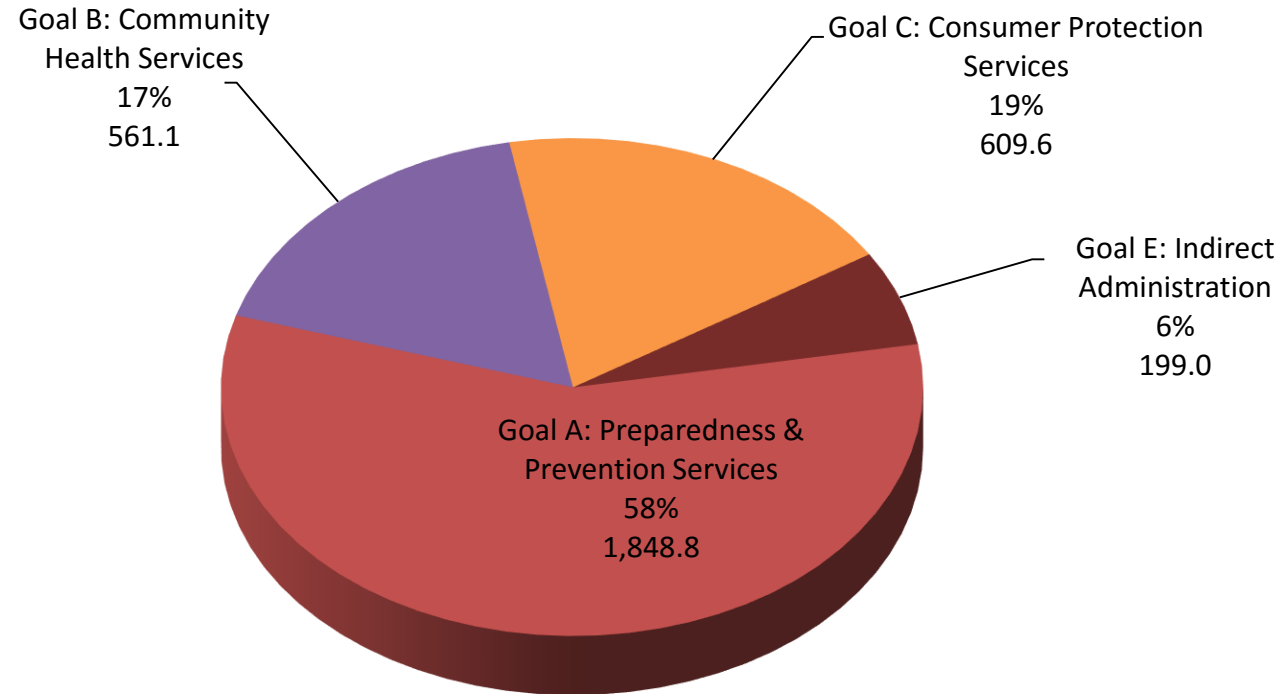
2020-2021 Biennial Budget: All Funds by Goal



2020-2021 Biennial Budget: General Revenue by Goal



Overview of 2020-2021 Biennial Budget: FTEs by Goal



Total = 3,218.5 FTEs

*Goal D does not have FTEs



TEXAS
Health and Human
Services

Texas Department of State
Health Services

FY 2018-2019: Top Ten Federal Funding Sources

Federal Funding Source	Program	FY 2018-2019
HIV Care Formula Grants	HIV/STD Prevention	\$237,763,210
Public Health Emergency Preparedness	Public Health Preparedness and Prevention	\$77,061,007
Maternal and Child Health Services Block Grants to the States	Women and Children and Children with Special Health Care Needs	\$44,440,062
HIV Prevention Program: Category A: HIV Prevention Core	HIV/STD Prevention	\$36,339,991
National Bioterrorism Hospital Preparedness Program	Public Health Preparedness and Prevention	\$32,583,083
Immunization Grants	Immunize Children and Adults in Texas	\$31,324,406
Hurricane Harvey Public Assistance	Public Health Preparedness and Prevention	\$21,228,200
Prevention and Public Health Fund	Immunize Children and Adults in Texas	\$20,388,439
Medical Assistance Program	Texas Health Steps	\$19,944,979
Supplement for Expanded Laboratory Capacity Grant	Infectious Disease, Epidemiology, Surveillance and Control	\$15,680,215



Current Budget Issues

- ◆ Decreasing revenue from rebates for HIV medications purchases
- ◆ Decreasing funds available for trauma
- ◆ Decreasing revenue for newborn screening
- ◆ Delayed receipt of reimbursement for Hurricane Harvey response activities from Federal Emergency Management Agency
- ◆ Ongoing budget shortfall for the state public health laboratory



TEXAS
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



TEXAS
Health and Human Services

Texas Department of State
Health Services

FY 2020-2021 Base and Exceptional Item Requests

	Exceptional Item	FY 2020 GR/GRD	FY 2020 All Funds	FY 2021 GR/GRD	FY 2021 All Funds	Biennial GR/GRD	Biennial All Funds	2020 FTEs	2021 FTEs
DSHS FY 2020 -2021 Base Request		\$404,630,027	\$797,055,522	\$404,629,998	\$797,055,493	\$809,260,025	\$1,594,111,015	3,218.5	3,218.5
1.	Safeguard the Future of the State Public Health Laboratory	\$45,647,023	\$45,647,023	\$22,970,840	\$22,970,840	\$68,617,863	\$68,617,863	12	11
2.	Maintain Required Agency IT Infrastructure	\$3,267,931	\$3,267,931	\$3,493,721	\$3,493,721	\$6,761,652	\$6,761,652	-	-
3.	Combat Maternal Mortality and Morbidity in Texas	\$3,500,000	\$3,500,000	\$3,500,000	\$3,500,000	\$7,000,000	\$7,000,000	8	8
4.	Increase the Quality and Security of Vital Events Records	\$3,134,285	\$3,134,285	\$3,116,855	\$3,116,855	\$6,251,140	\$6,251,140	25	25
5.	Ensure Stable Staffing of Technical and Scientific Public Health Positions	\$4,402,041	\$4,402,041	\$4,402,041	\$4,402,041	\$8,804,082	\$8,804,082	-	-
6.	Detect and Control the spread of Tuberculosis in Texas	\$14,649,042	\$14,649,042	\$12,608,779	\$12,608,779	\$27,257,821	\$27,257,821	28	29
7.	Drive Public Health Decision-Making through Useful and Accessible Data	\$2,822,623	\$2,822,623	\$1,732,026	\$1,732,026	\$4,554,649	\$4,554,649	7	7
8.	Bolster Public Health Capacity to Identify and Respond to Infectious Disease Outbreaks	\$3,471,403	\$3,471,403	\$2,854,721	\$2,854,721	\$6,326,124	\$6,326,124	15	14
9.	Replace Vehicles at the End of Their Life Cycle	\$2,505,972	\$2,505,972	-	-	\$2,505,972	\$2,505,972	-	-
Total, Exceptional Items		\$83,400,320	\$83,400,320	\$54,678,983	\$54,678,983	\$138,079,303	\$138,079,303	95	94
Total, DSHS Base + Exceptional Items		\$488,030,347	\$880,455,842	\$459,308,981	\$851,734,476	\$947,339,328	\$1,732,190,318	3,313.5	3,312.5



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
------	----

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



TEXAS
Health and Human Services

Texas Department of State
Health Services

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



TEXAS
Health and Human Services

Texas Department of State
Health Services

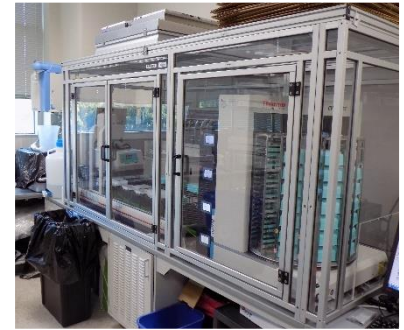
Maintenance of Lab Equipment is Critical to Ongoing Reliability of Testing Services



Liquid Handlers



Specialty
Freezers



SCID Screening
Equipment



Chemical Fume
Hoods



Aging TB
Equipment



Bacteria
Detectors



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



Makeshift 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



TEXAS
Health and Human Services

Texas Department of State
Health Services

EI 2: Maintain Required Information Technology Infrastructure

- ◆ **Seat Management, \$4.7 M:** Maintain computer devices necessary for DSHS employees to conduct agency business.
- ◆ **Data Center Services, \$0.6 M:** Support ongoing use of DCS services provided by the Department of Information Resources, as required by Texas Government Code.
- ◆ **Application Remediation for DCS, \$1.5 M:** Remediate four IT applications to meet the DIR requirements that ensure security for all DCS participating agencies.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$3.3 M	\$3.5 M	\$6.8 M
All Funds	\$3.3 M	\$3.5 M	\$6.8 M

FTEs	0
------	---

Program Data	
Devices Supporting DSHS Employee Work Functions	3,900
DSHS Applications in DCS	50

The DSHS Budget Cannot Continue to Cover DCS and Seat Management Costs

- ◆ Data Center Services participation statutorily required for DSHS applications, and DCS costs are increasing.
 - ◆ DSHS is requesting \$0.6 M in FY 2020-2021 to prevent a budget shortfall for DCS participation.
- ◆ In FY 2018-2019, DSHS used one-time funding sources to cover a \$4.7 M gap for seat management.
 - ◆ These funding sources are not available in FY 2020-2021.



TEXAS

Health and Human Services

Texas Department of State
Health Services

EI 3: Combat Maternal Mortality and Morbidity

- ◆ **Implement Maternal Safety Initiatives Statewide, \$2.7 M:** Promote and scale up implementation of new TexasAIM maternal safety bundles statewide.
- ◆ **Implement Care Coordination Pilot, \$1.0 M:** Create and implement training for Community Health Workers to identify women with high risk factors, provide education on preventive measures, and make appropriate referrals to care.
- ◆ **Develop and Train Providers on Use of Risk Assessment Tools, \$1.3 M:** Create and promote risk assessment tools for identification of maternal risk factors during routine prenatal care, such as chronic disease, obesity, and substance abuse.
- ◆ **Increase Public Awareness and Prevention Activities, \$2.0 M:** Enhance provider and community understanding about maternal risk factors and related preventive measures.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$3.5 M	\$3.5 M	\$7.0 M
All Funds	\$3.5 M	\$3.5 M	\$7.0 M

FTEs	8
------	---

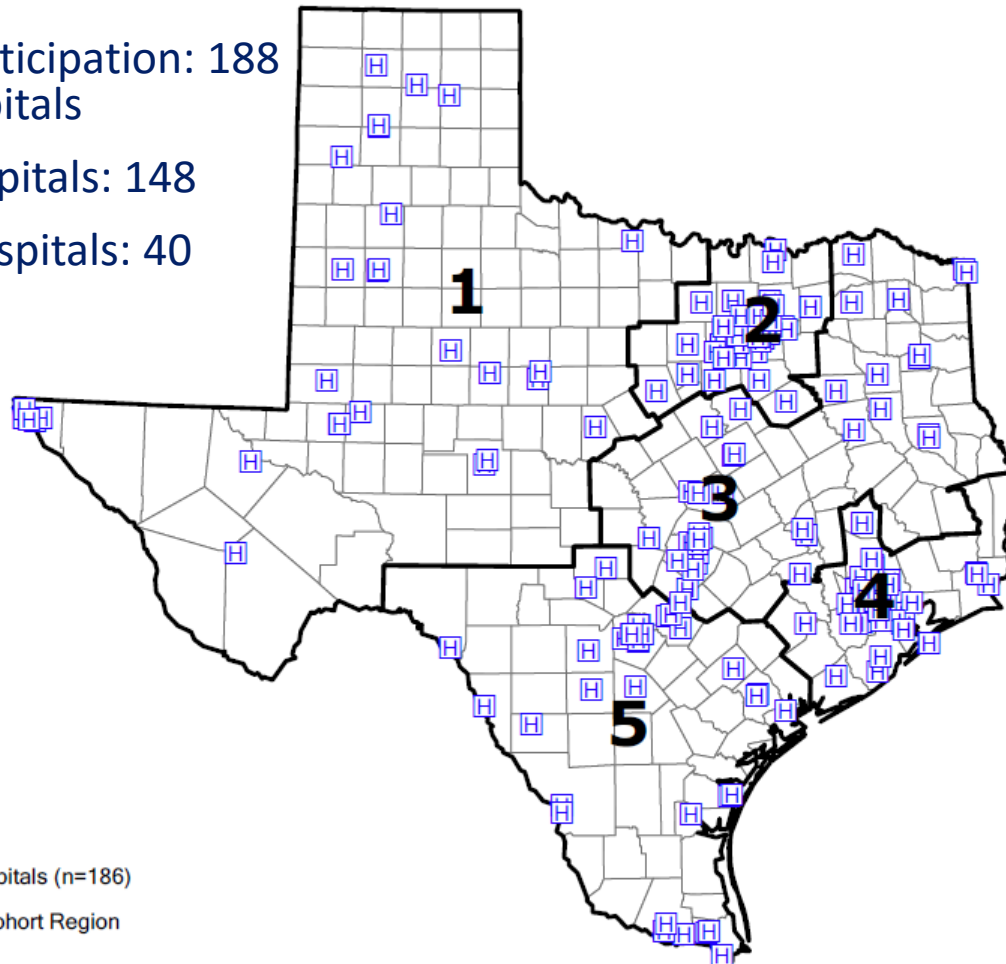
Program Data	
Potential Birthing Hospital Partners for TexasAIM	238
Confirmed Maternal Deaths, 2012-2015	382

Additional Staff Support and Resources Would Allow Texas to Maximize the Effectiveness of Maternal Safety Bundles

Total AIM Participation: 188
Birthing Hospitals

AIM Plus Hospitals: 148

AIM Basic Hospitals: 40



Legend

Enrolled hospitals (n=186)

TexasAIM Cohort Region

Sources:
TexasAIM Enrollment Data
Prepared by: Maternal & Child Health Epidemiology, 9/6/2018.

AIM = Alliance for Innovation on Maternal Health

Next Steps for TexasAIM

- ◆ DSHS would like to implement a bundle for hypertension, one of the leading but most preventable causes of maternal mortality.
- ◆ An opioid maternal safety bundle is now being piloted; with EI funding, full roll out could take place in 2020.
- ◆ Bundles are available for ten maternal risk factors.
- ◆ As bundles are implemented, staff efforts will shift to identification of best practices and new interventions.



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Complex Factors Contribute to Maternal Deaths and Require an Approach Beyond AIM

The Maternal Mortality and Morbidity Task Force found that, in 2012, an average of 5.2 factors contributed to the deaths of Texas mothers.

Types of factors that increase risk for mothers include:

- ◆ Individual and family factors, like underlying medical conditions, obesity, and chronic disease
- ◆ Provider factors, including delays in diagnosis, treatment, and appropriate referral
- ◆ Facility factors, such as lack of continuity of care from inpatient to outpatient settings
- ◆ System and community factors, like care coordination issues

Through care coordination, routine risk assessments, and increased public and provider awareness, these factors can be more comprehensively addressed at a patient and population level.



New Interventions Could Help Address Multifaceted Maternal Conditions

A care coordination pilot and new public awareness efforts can help address certain recommendations made by the Maternal Mortality and Morbidity Task Force.

- ◆ Increased attention to the health needs of high-risk populations, especially black women
- ◆ Enhanced screening and referral for maternal risk conditions
- ◆ Prioritization of care coordination for pregnant and postpartum women, for both physical and behavioral health
- ◆ Public awareness campaigns to promote health-enhancing behaviors
- ◆ Education for patients and families around postpartum care management



TEXAS
Health and Human Services

Texas Department of State
Health Services

EI 4: Increase Secure Access to Texas Vital Records

- ◆ **Plan for the Future, \$1.0 M:** Conduct long-term planning that will allow DSHS to manage the growing number of vital records with cost effectiveness and security.
- ◆ **Increase Security, Quality, and Capacity, \$1.7 M:** Take immediate steps to better ensure the physical security of Texas vital records through items like surveillance systems, high density shelving, appropriate fire suppression, and smoking detection.
- ◆ **Improve the Quality of Death Data, \$0.5 M:** Provide training and ongoing support for medical certifiers to more accurately identify the cause of death on death certificates.
- ◆ **Address Backlogs and Improve Customer Service, \$3.0 M:** Reduce the backlog in processing vital events requests and improve responsiveness to customer needs by increasing staffing by 17 FTEs.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$3.1 M	\$3.1 M	\$6.2 M
All Funds	\$3.1 M	\$3.1 M	\$6.2 M

FTEs	25
------	----

Program Data	
Physical Records Held by DSHS	60 Million
Annual Newly Registered Vital Events	890,000

Full Capacity Requires Better Prioritization of Records Held by the Department



Existing High Density Shelving is Nearly at Capacity



Last Available Space for Storage in the Vital Statistics Building



TEXAS

Health and Human Services

Texas Department of State
Health Services

Modifications Will Provide Safety for Physical Records



Fixed One-Directional
Security Cameras Provide
Limited Protection Against
Theft



Adoption Paper Files Sit
Unprotected Under Water
Sprinklers



Historical Documents Have
No Security Tracking
Mechanisms on Them



TEXAS
Health and Human Services

Texas Department of State
Health Services

Texas Depends on a Variety of Certifier Types for Accurate Cause of Death Information

Rider 36, Death Certificate Quality Improvement

2011-2015	All Death Certificates	
<i>Certifier</i>	<i>Count</i>	<i>% of All Deaths</i>
Physician	735,127	81.0
Justice of the Peace	87,629	9.7
Medical Examiner	84,634	9.3
Total	907,390	

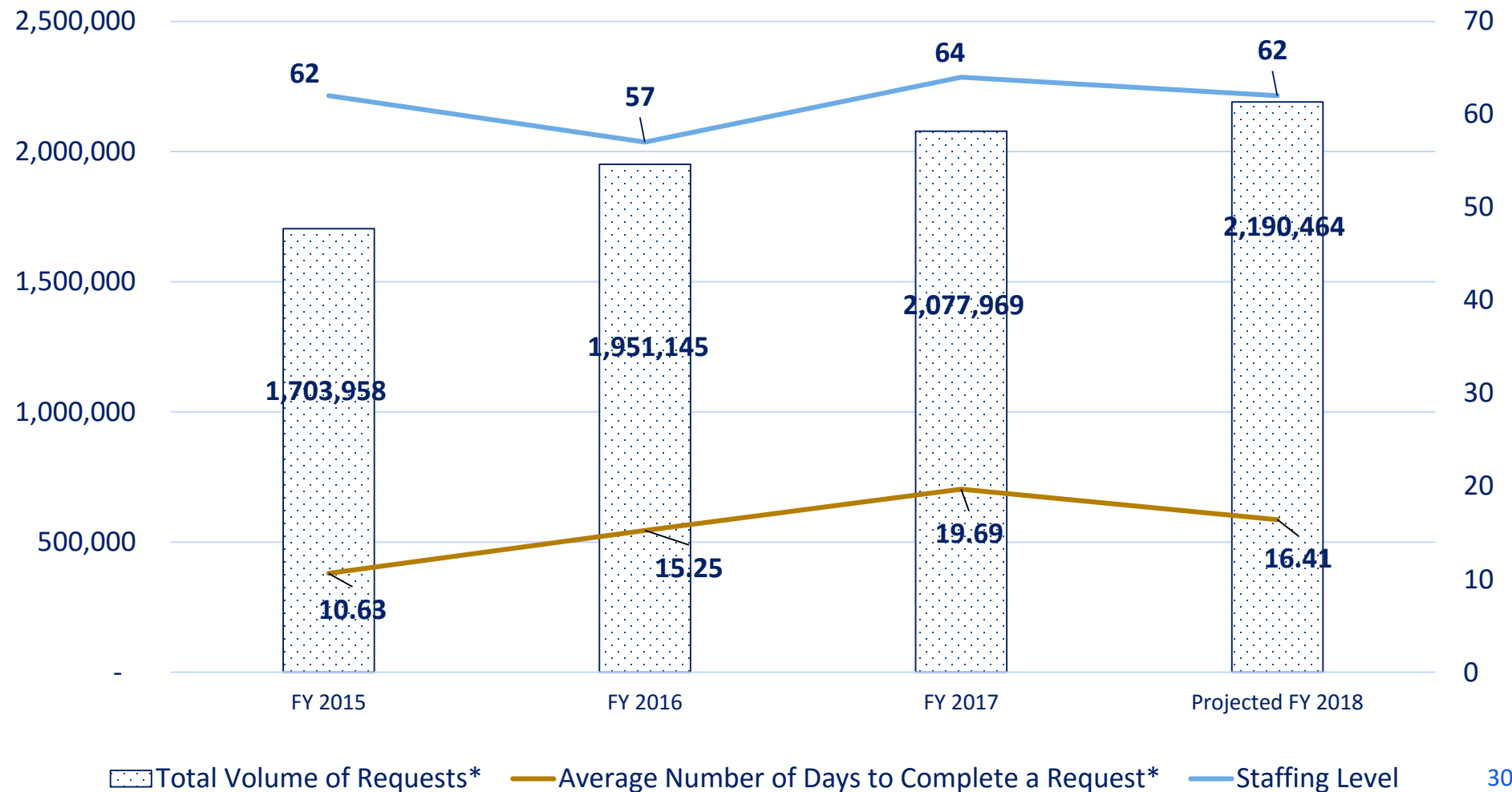
- ◆ Certifiers come from a variety of backgrounds, and have a range of experience with completing death certificates.
- ◆ Certifiers have indicated a need for a real-time feedback loop to help them maintain and improve death certificate data quality.
- ◆ They also indicated a need for real-time technical assistance with data entry, especially for those certifiers unfamiliar with the process.
- ◆ Two FTEs within this EI would be dedicated to continuation of steps taken by the Legislature and DSHS for higher vital events data quality.



TEXAS
Health and Human Services

Texas Department of State
Health Services

Increasing Requests with Constant Staff Level Challenge Customer Service and Timeliness



TEXAS
Health and Human Services

Texas Department of State
Health Services

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 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
------	---

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



TEXAS
Health and Human Services

Texas Department of State
Health Services

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.

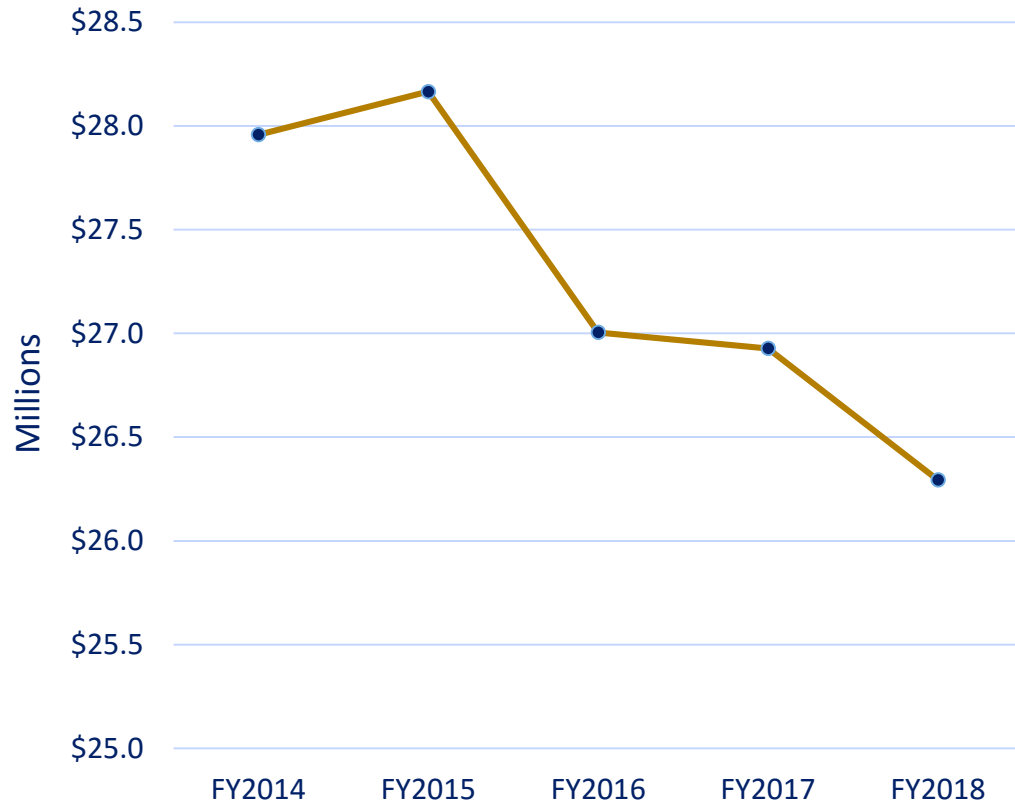
Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$14.6 M	\$12.6 M	\$27.2 M
All Funds	\$14.6 M	\$12.6 M	\$27.2 M

FTEs	28
------	----

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

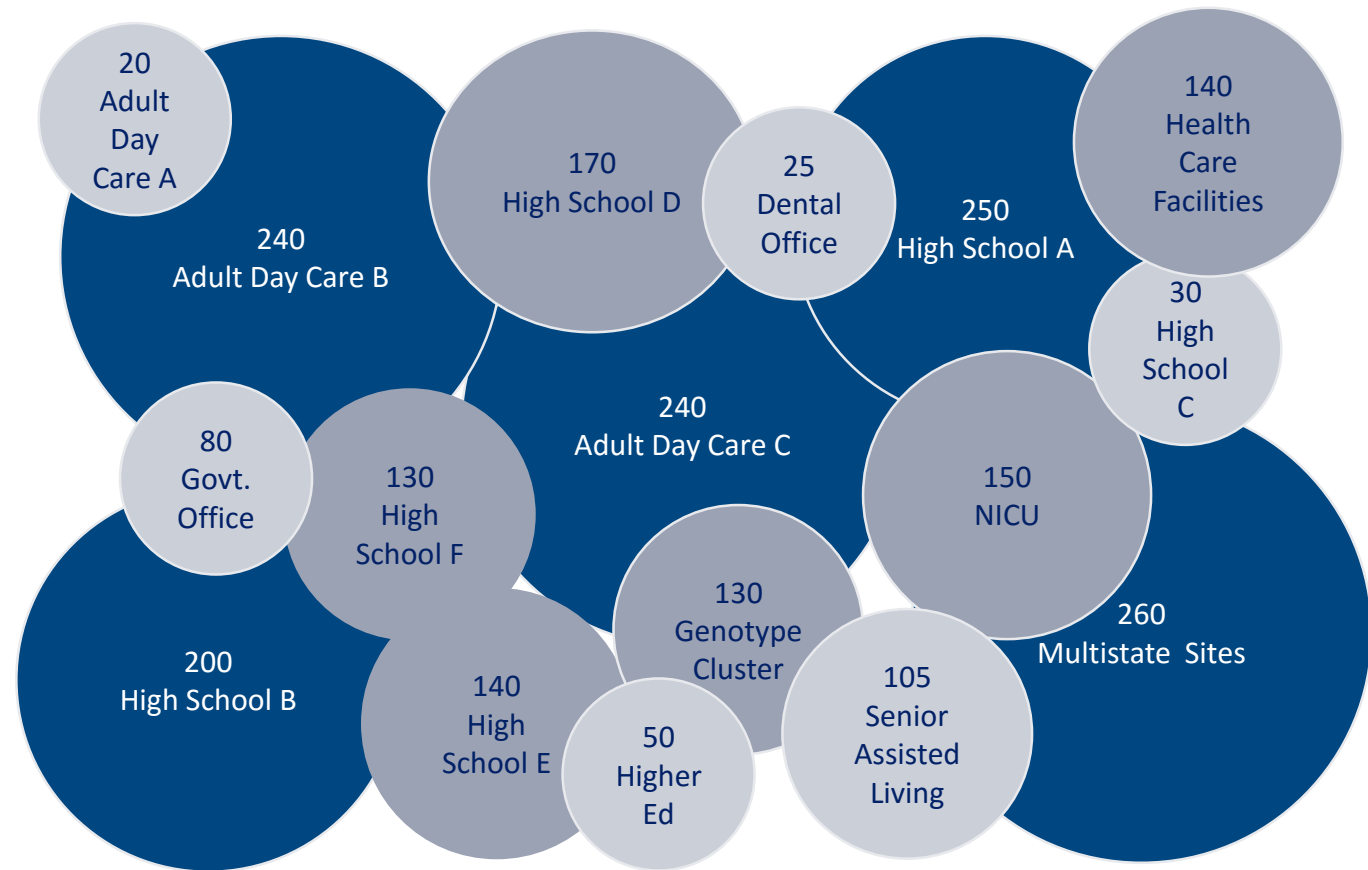
Tuberculosis Investigations Grow More Complex While Resources Decline

Tuberculosis Funding*, FY 2014-2018



*Does not include DSRIP funding

Complex Investigations with Number of Exposed Individuals, 2017-2018



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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.



TEXAS
Health and Human Services

Texas Department of State
Health Services

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.



TEXAS

Health and Human Services

Texas Department of State
Health Services

EI 7: Increase Usefulness and Accessibility of the State's Public Health Data

- ◆ **Technological Tools for Health Data Synthesis, \$4.0 M:** Increase data accuracy, timeliness, and comprehensiveness by purchasing server space, query tools, and a database for merging and analyzing public health data sets.
- ◆ **Tools and Consultant for User-friendliness of DSHS Public Health Data, \$0.3 M:** Translate public health data sets into visually meaningful and easily understandable formats and language by engaging a health communications expert for consultation.
- ◆ **Technological Resources to Improve Customer Service, \$0.2 M:** Efficiently track, anticipate, and respond to data requests, and maintain a comprehensive record of requests through use of an off-the-shelf tracking system; this will allow prioritization of future analyses and targeted process improvements.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$2.8 M	\$1.7 M	\$4.5 M
All Funds	\$2.8 M	\$1.7 M	\$4.5 M

FTEs	7
------	---

Program Data	
Annual Number of Requests for Data	Thousands
Public Health Data Sets	~ 50
Annually Collected Records	Tens of Millions

DSHS Collects and Reports of a Full Array of Public Health Data per Legislative Direction

Birth

Death

Pregnancy

Infectious
Disease

Chronic
Disease

Health Care
Quality

Health Care
Facility Claims

Emergency
Medical
Services

Birth Defects

Cancer

Health
Professions

Health
Behaviors



TEXAS
Health and Human Services

Texas Department of State
Health Services

Four in Five Data Sets on the Texas Health Data Site are Two Years or Older

Home Health Facts Profiles Population & Demographics Birth Outcomes Causes of Death Health Registry Data Healthcare Utilization & Quality Opioids Health Risks & Preventions Healthcare Workforce & Facilities Definitions

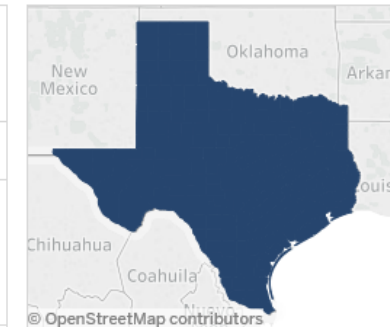
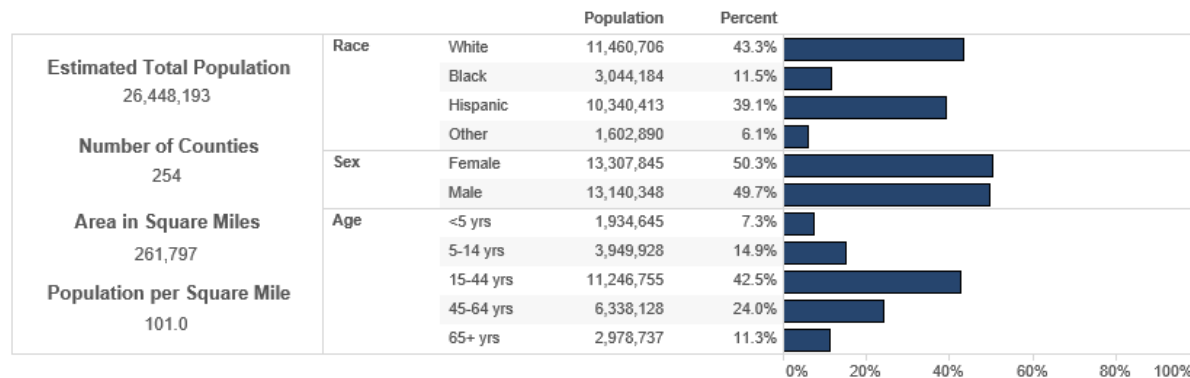
< Texas only By County By Metropolitan Statistical Area (MSA) By Border Designation (La Paz Agreement) By Public Health Region (11) By Health Service Region (8) By Metropolitan Status >

Health Facts Profiles Texas, 2013

Select Year

2013

Demography / Population



Socioeconomic Indicators

	Texas
Average Monthly TANF Recipients	89,590
Average Monthly SNAP Participation	3,550,700
Average Monthly CHIP Enrollment	593,619
Count of Medicaid Clients	
Medicaid Covered Births*	Not currently available
Medicaid Births %*	
Unemployment Rate	6.2%
Per Capita Income	\$43,862

Count Percent

Births (Natality)

	Count	Percent
Total Live Births	387,110	
Adolescent Mothers (<18)	12,245	3.2%
Unmarried Mothers	164,249	42.4%
Low Birth Weight	32,175	8.3%
Prenatal Care in First Trimester	229,352	62.5%
Fertility Rate	Rate	69.8

Communicable Diseases - Reported Cases

Deaths (Mortality)

	Deaths	Rate
Deaths from All Causes	178,501	749.2
Accidents	9,341	36.8
Motor Vehicle	3,511	13.4
Alzheimer's	5,284	24.4
Assault (Homicide)	1,361	5.1
Cancer (All)	38,289	156.1
Breast Cancer (Female)	2,744	20.1
Colon Cancer	3,593	14.6
Lung Cancer	9,416	38.4
Prostate Cancer	1,762	18.7
Cerebrovascular Dis. (Stroke)	9,238	40.1

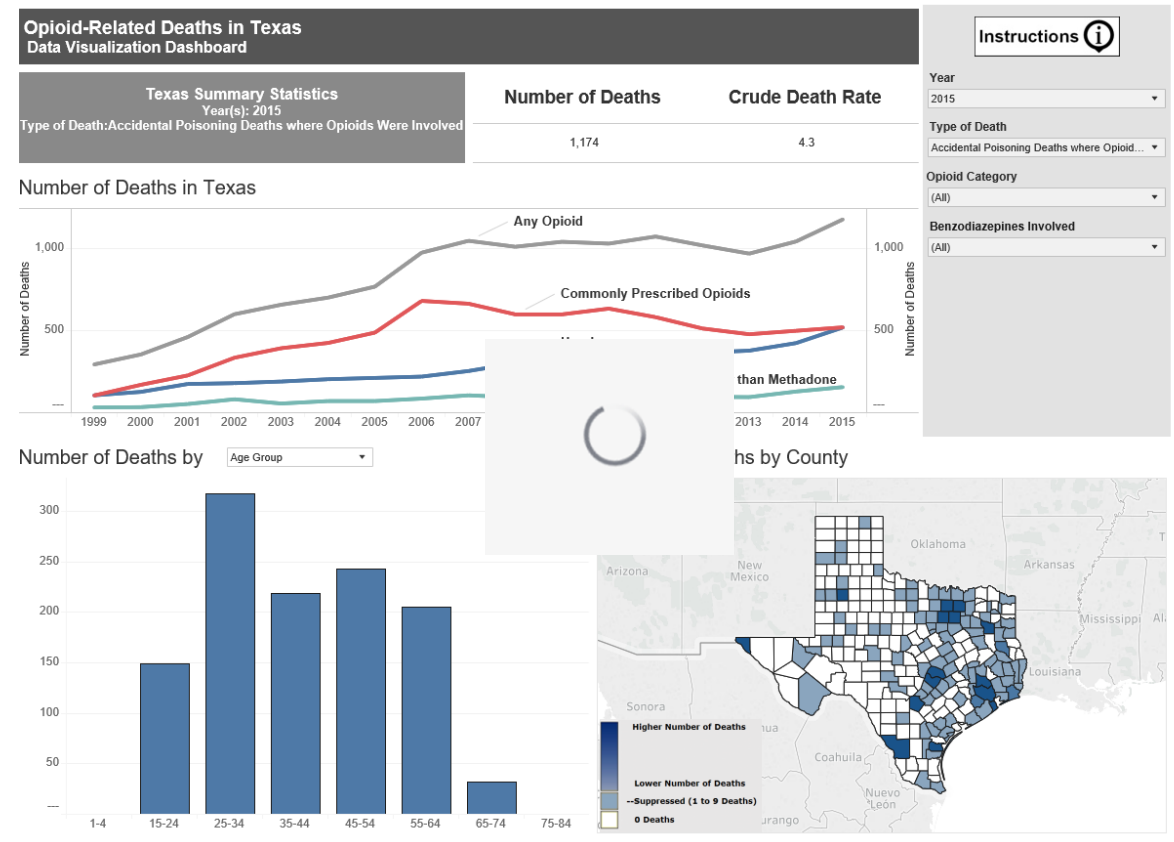
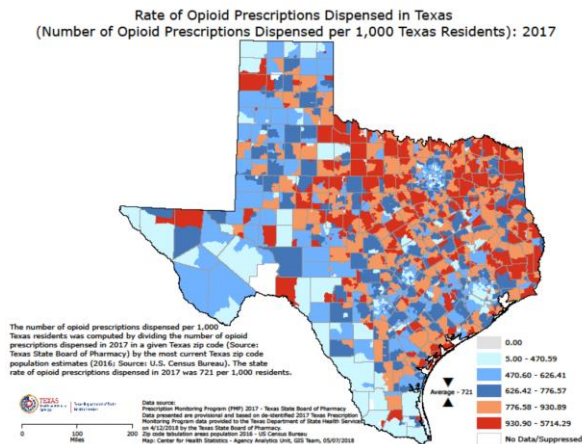


TEXAS
Health and Human Services
Texas Department of State
Health Services

Limited Server Space Results in Slow Data Processing and Long Loading Times For Users

For a set of four maps:

- ◆ Three computers solely devoted to data processing
- ◆ Four staff dedicated to the effort
- ◆ Three days, with the computers processing 24 hours a day



TEXAS
Health and Human
Services

Texas Department of State
Health Services

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.

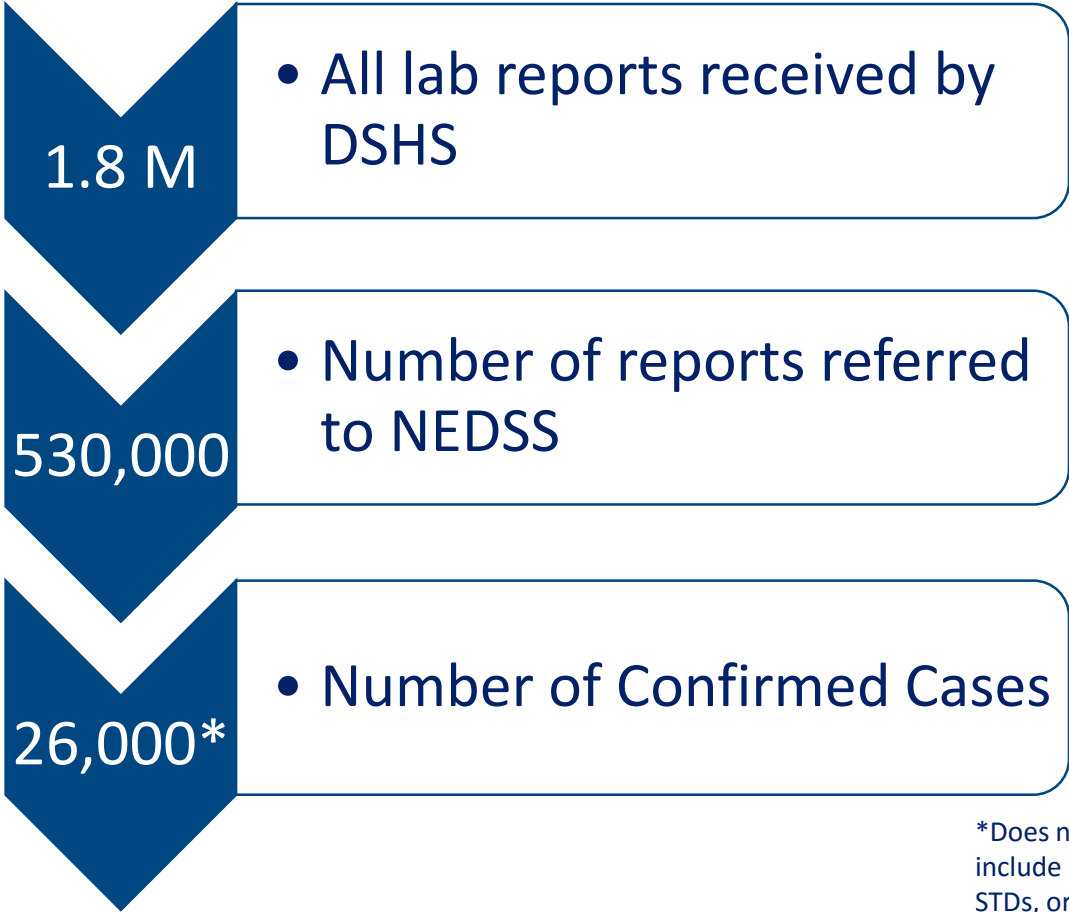
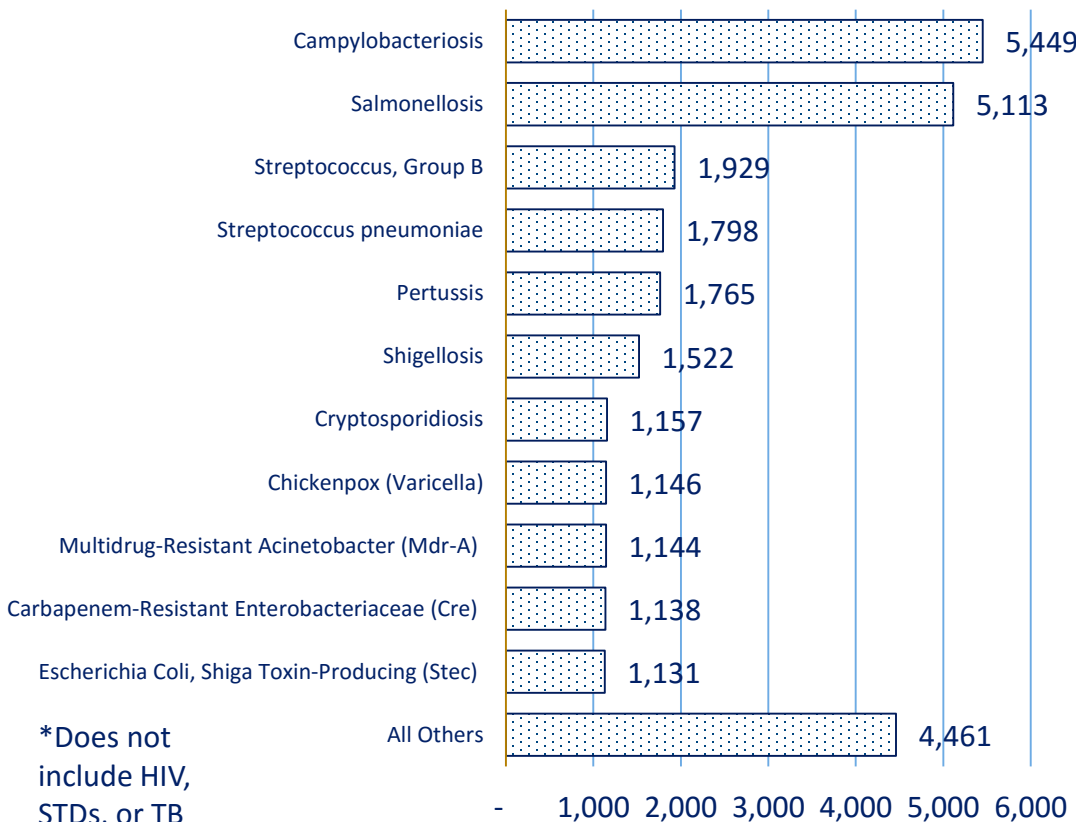
Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$3.5 M	\$2.8 M	\$6.3 M
All Funds	\$3.5 M	\$2.8 M	\$6.3 M

FTEs	15
------	----

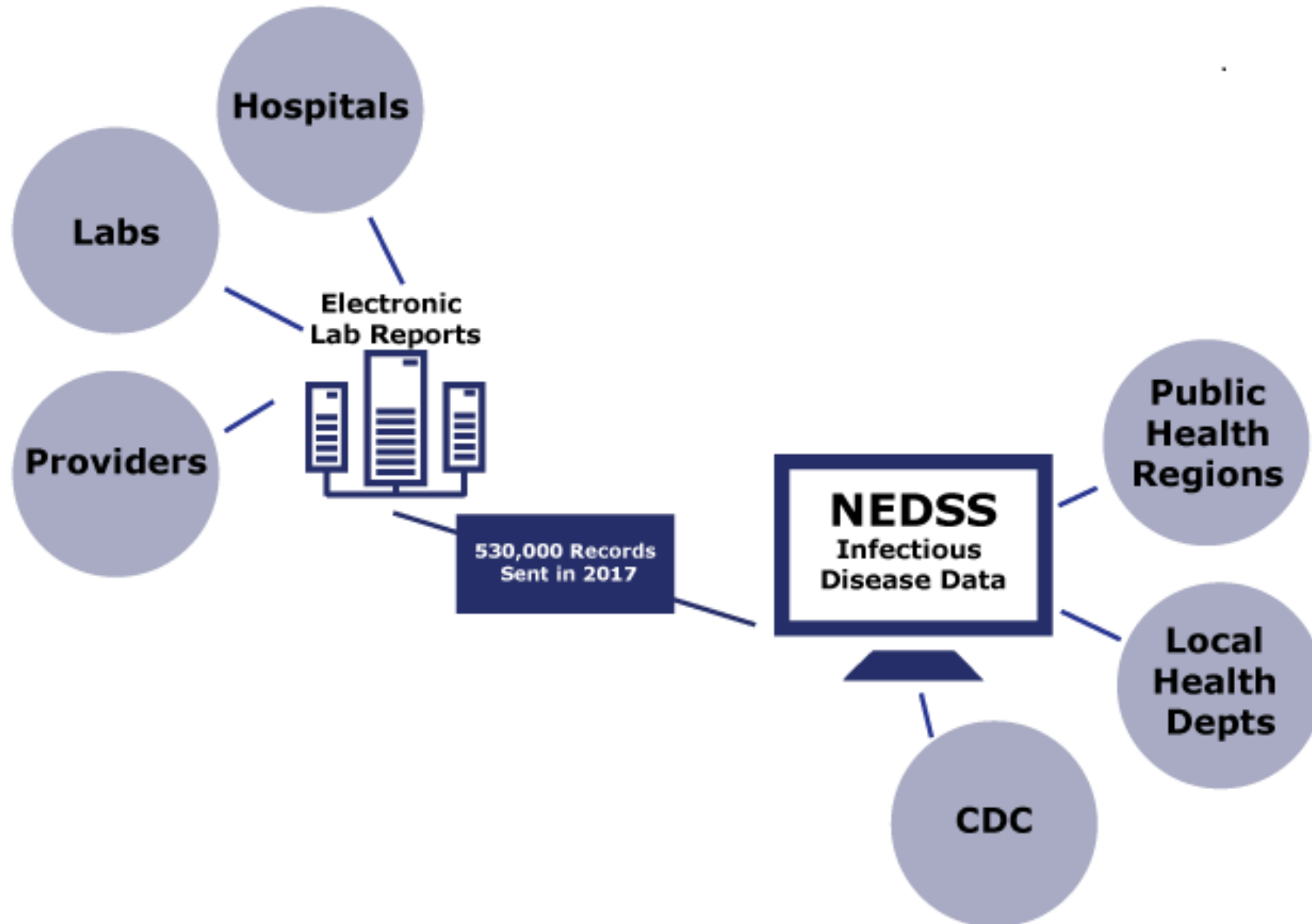
Program Data	Annual
Electronic Laboratory Records Reported to NEDSS	530,000
Infectious Disease Investigations Initiated	34,000
Confirmed and Probable Cases of Disease	26,000

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

Confirmed Cases, Select Diseases, 2017



Electronic Disease Reporting Facilitates Seamless Communication and Initiation of Response



TEXAS

Health and Human Services

Texas Department of State
Health Services

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.



TEXAS

Health and Human Services

Texas Department of State
Health Services

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

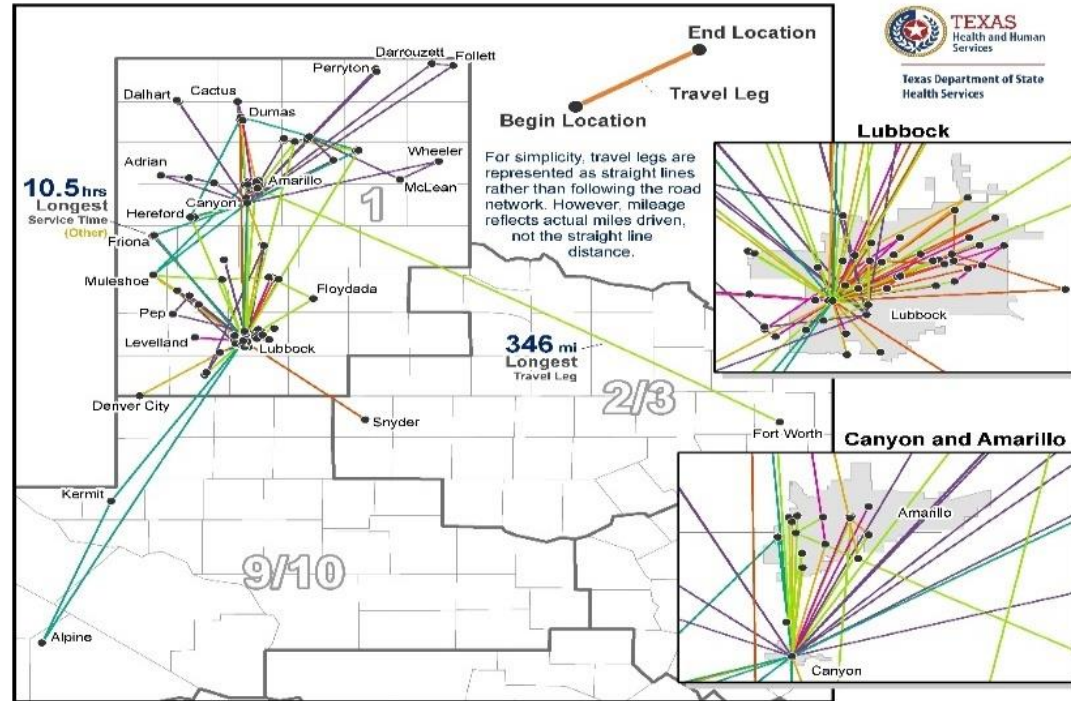
- ◆ **Replace Vehicles at the End of Their Life Cycle, \$1.5 M:** Replace 57 vehicles that meet or exceed the comptroller’s fleet management plan threshold for replacement. The average mileage on these vehicles is 160,000 miles.
- ◆ **Shelter and Staging for High Cost Emergency Response Vehicles, \$1.0 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
------	---

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

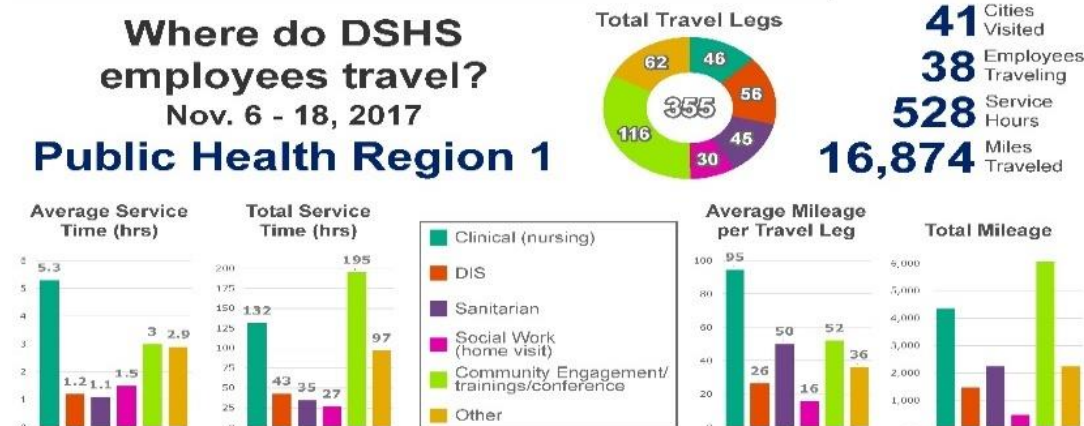
DSHS Regional Offices Use Vehicles to Deliver Critical Public Health Services



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

Where do DSHS employees travel? Nov. 6 - 18, 2017 Public Health Region 1



Data Source: PIIR Region 1, RUIO, DSI IS. All mileage and service times are traveler reported.



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.



Ten Percent Reduction Schedule

Rank	Strategy	Name	Biennial Reduction Amount	Biennial Revenue Loss
1	2.2.2	Community Primary Care Services	\$2,819,778	\$180,000
2	1.2.3	Infectious Disease Prevention/Epidemiology/Surveillance	\$600,000	-
3	1.1.4	Office of Border Public Health	\$380,864	-
4	Multi	HHSC Oversight	\$1,800,000	-
5	3.1.1	Meat Safety Inspections	\$4,700,000	\$7,050,000
6	2.2.1	Medicaid Trauma Payment to HHSC*	\$22,132,154	
7	2.2.1	EMS and Trauma Care Systems	\$2,910,246	-
8	1.2.5	Texas Center for Infectious Disease	\$3,043,394	-
9	1.2.1	Adult Safety Net Vaccine Program	\$8,941,292	\$236,400
10	3.1.3	X-Ray Safety Inspections	\$7,000,000	\$9,200,000
11	Multi	HHSC Oversight	\$7,200,000	-
12	1.2.2	HIV/STD Prevention Program**	\$19,754,092	-
		Grand Total	81,281,819	16,666,400

* This would result in a decrease to federal match for Medicaid.

** This would put at risk over \$200 Million in federal HIV/STD grants.