



TEXAS

Health and Human Services

Texas Department of State
Health Services

COVID-19 Funds and Expenses

Donna Sheppard

Statewide Response to COVID-19



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DSHS promotes and protects public health statewide.

COVID-19 Response Timeline:

- January 2020 - DSHS began working on COVID-19 response
- March 13, 2020 – Statewide Disaster Declaration
- Summer 2020 – Medical Surge Staffing increased significantly
- September 7, 2020 – Disaster Declaration extended

COVID-19 Agency Response

DSHS coordinates statewide response, by activating the following to respond to the disaster:

- State Medical Operations Center (SMOC)
- Regional State Medical Operations Center (RSMOC)
- State Operations Center (SOC) - activated by the Texas Department of Emergency Management (TDEM)

Local Health Entity Assistance

Local health entities request assistance by submitting a State of Texas Assistance Request (STAR)

When DSHS approves a health related STAR, DSHS procures assistance and the local entity receives in kind service.

COVID-19 Response FY20 & FY21 Estimated Budget



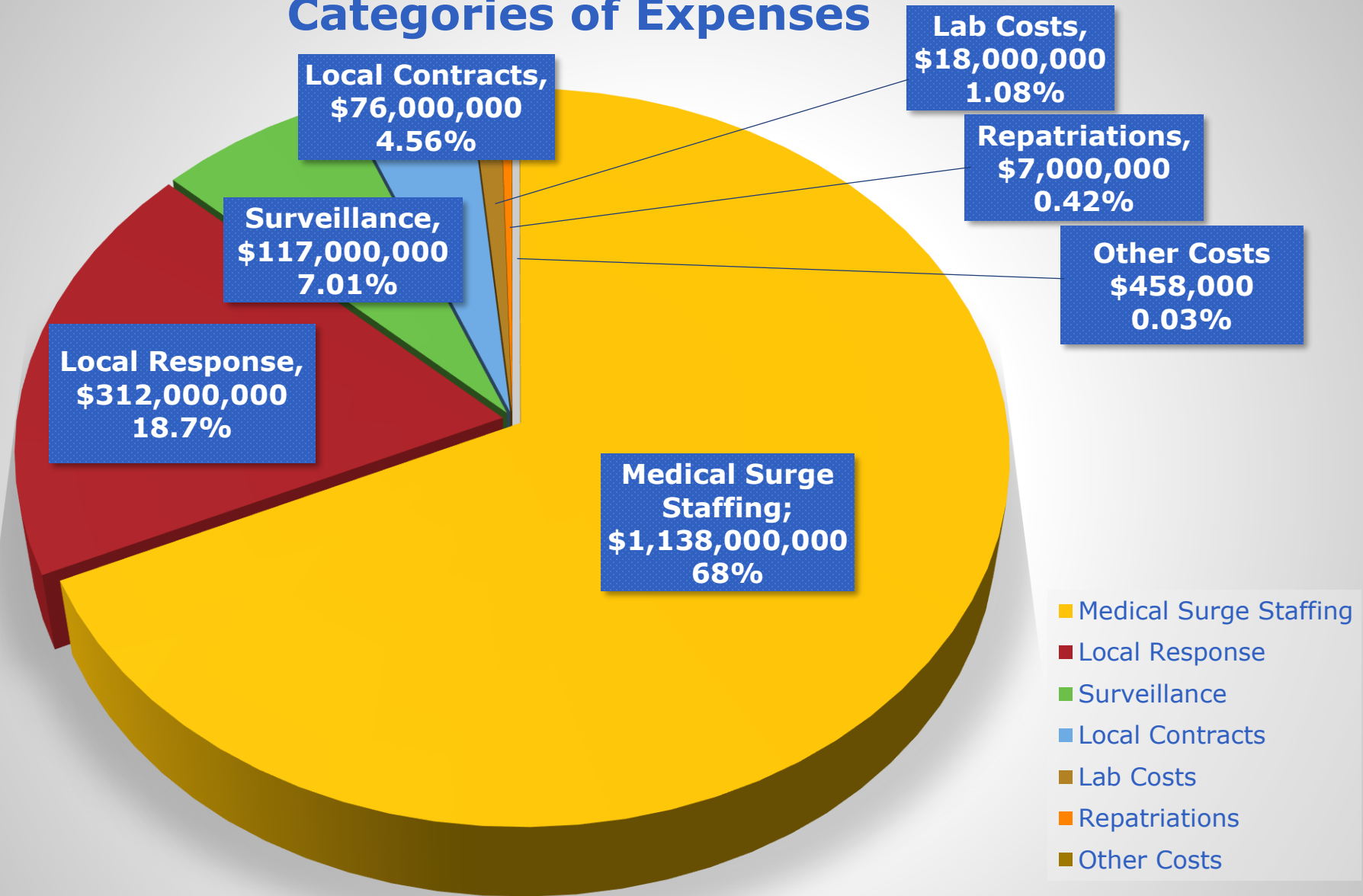
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Categories of expenses related to COVID-19 response:

Category	How much we spent
Medical Surge Staffing	\$1,138 Million
Local Response	\$312 Million
Disease Surveillance	\$117 Million
Local Contracts	\$76 Million
Lab Costs	\$18 Million
Repatriation	\$7 Million
Other Costs	\$458,000
Total	\$1.67 Billion

*All data is as of September 30, 2020, unless otherwise noted.

Categories of Expenses



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Medical Surge Staffing

Local entities request staffing support for COVID-19 positive patients.

DSHS provides multiple types of:

- Nurses
- Medical Technicians
- Respiratory Technicians

Local entities benefit from surge staffing support in hospitals and alternative care sites.

Medical Surge Staffing (cont.)

DSHS expends \$1.138 Billion supplying medical surge staffing statewide.

Federal sources of funds, which may require a state match:

- FEMA: Public Assistance Funding
- CDC: CARES Act
- Department of the Treasury: CRF

COVID-19 Local Response

Local entities submit requests. DSHS procures and provides in-kind to local entities:

- Personal Protective Equipment (PPE) and medical supplies for hospitals and local entities
- Testing supplies; vendor to store & distribute statewide
- Rapid response teams for nursing homes
- Temps to assist local entities with data entry into National Electronic Disease Surveillance System (NEDSS); immunization temps; Emergency Medical Task Force

Local Response (cont.)



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DSHS also provides the following benefitting local health entities:

- Daily, now weekly, state-wide calls providing technical guidance
- Medical hot-line
- State-wide public awareness and social media campaigns utilizing staff, vendors & temps

COVID-19 Local Response (Cont.)

- DSHS expends \$312 Million.

Federal sources of funds, which may require a state match:

- CDC: Paycheck Protection Program and Health Care Enhancement (PPPHEA),
- Department of the Treasury: Coronavirus Relief Fund
- CDC & ASPR: Coronavirus Aid, Relief, and Economic Security (CARES) Act
- CDC: Coronavirus Preparedness and Response Supplemental Appropriations Act
- FEMA: Public Assistance Funding
- USDA Cooperative State Meat and Poultry Inspection

COVID-19 Surveillance

DSHS, in partnership with local entities and universities, conducts statewide disease surveillance of COVID-19 in communities and monitors persons with exposure and community risk. DSHS provides:

- Temporary staff epidemiologists and nurses
- Support for local area staffing
- Texas Health Trace data system
- Vendor to manage call center for up to 5,000 member workforce 7 days/week 12 hours/day.

Local entities benefit from surveillance that helps slow down the infection rate for individuals that had contact with COVID-19 patients.

COVID-19 Surveillance (cont.)



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DSHS expends \$117 Million

Federal sources of funds, which may require a state match:

- CDC Paycheck Protection Program and Health Care Enhancement Act (PPPHEA).

COVID-19 Local Contracts

Local entities submit requests.

DSHS procures approved requests and sends temps to local health entities.

Local entities benefit from contracts to multiple local health authorities across Texas to support the COVID-19 response.

Local Contracts (cont.)

DSHS expends \$76 Million

Federal sources of funds, may require match:

- CDC: Coronavirus Preparedness and Response Supplemental Appropriations Act
- CDC: CARES Act
- ASPR: CARES Act, PPPHEA, HPP, ELC urgent preparedness and response needs
- HUD: CARES Act
- HRSA: CARES Act
- ASPR: CARES ACT, PPPHEA, HPP Ebola
- CDC: Rape Prevention & Education: Using the Best Available Evidence for Sexual Violence Prevention – COVID-19

COVID-19 Laboratory Testing

Local entities submit requests for COVID-19 testing. DSHS began testing for COVID-19 on March 5, 2020. Funds were spent to:

- Reconfigure DSHS state laboratory to accommodate additional testing
- Hire temp lab techs and epidemiologists
- Purchase and maintain testing equipment
- Purchase reagents and supplies which are distributed locally as available based upon request

Local entities benefit by receiving testing and supplies.

Laboratory Testing (cont.)



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DSHS expends \$18 Million

Federal sources of funds, may require state match:

- CDC: PPPHEA & Coronavirus Preparedness and Response Supplemental Appropriations Act
- FEMA: Public Assistance Funding

COVID-19 Repatriations

Early in the response efforts, cruise ship passengers and other potential COVID-19 patients arrived in Texas for quarantine in San Antonio.

DSHS incurred costs related to repatriating these individuals. Costs included:

- Medical personnel
- Ambulances
- Patient transport
- Stays at Texas Center for Infectious Disease (TCID). TCID served 24 patients. Some patients were sent to other hospitals.

Repatriations (cont.)

DSHS expended \$7 Million

Federal sources of funds, which may require a match:

- CDC Coronavirus Preparedness and Response Supplemental Appropriations Act
- FEMA: Public Assistance funding

Individual Grants (1 of 3)



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Grantor	Description	Total in Millions	Uses
Dept of Treasury	<p>Coronavirus Relief Fund (CRF)- CARES Act, Title VI of the Social Security Act, as amended by Coronavirus Aid, Relief, and Economic Security Act - P.L. 115 – 136 – Division A, Title 5</p> <p>Short name: CRF</p>	\$550.0	Various uses, funds allocated to DSHS for direct care medical staffing needs.
CDC	<p>Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) - P.L. 116 - 139 - Division B, Title 1, The Health Care Enhancement Act.</p> <p>Epi & Lab Capacity for Testing (ELC)</p> <p>short name: PPPHEA ELC</p>	\$473.6	<p>Develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, and related activities.</p> <p>Note: Houston received a direct award of \$62 million.</p>
CDC	<p>Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 - P.L. 116-123, Division A, Title III.</p> <p>Short name: Crisis CoAg</p>	\$55.1	Crisis response and recovery, information and surge management, surveillance
CDC	<p>CARES Act - Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, Division B, Title VIII.</p> <p>Epi & Lab Capacity Reopen America. (ELC)</p> <p>Short name: CARES ELC</p>	\$39.1	Surveillance, epidemiology, lab capacity, data surveillance and analytics infrastructure, disseminating information about testing, and workforce support necessary to expand and improve COVID-19 testing.

Individual Grants (2 of 3)



Grantor	Description	Total in Millions	Uses
FEMA	Public Assistance short name: FEMA Cat. B	\$20.7	General disaster public assistance. The funds require a 25% state match. Additional funds can be requested.
CDC	COVID-19 Supplemental via 2020 CARES ACT	\$14.2	
CDC	Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) National Center for Immunization and Respiratory Diseases [IP] (NCIRD) – VFC Programs	\$10.1	Enhanced Influenza COVID19 response for staffing, communication, preparedness and mass vaccination, with emphasis on enrolling additional vaccinators, funds can't be used to purchase vaccines.
ASPR	CARES Act - Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, Division B, Title VIII. Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) - P.L. 116 - 139 - Division B, Title 1, The Health Care Enhancement Act. Hospital Preparedness Program (HPP) Supplemental Award for COVID-19 - CFDA 93.889 short name: CARES HPP	\$8.7	Urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines. No more than 10% can be used for direct costs at DSHS.
CDC	ELC administered through the ELC in coordination with the Healthcare-associated Infections (HAI)/Antimicrobial Resistance (AR) Program	\$3.7	Funds support Project Firstline, CDC's new national training collaborative for healthcare IPC.
HRSA	CARES Act - Coronavirus Aid, Relief, and Economic Security Act P. L. 116-136, Division B, Title VIII. Ryan White HIVAIDS short name: CARES Ryan White	\$1.5	Infrastructure and practice improvement needed to prevent, prepare, and respond to COVID-19 for Texans living with HIV.

Individual Grants (3 of 3)

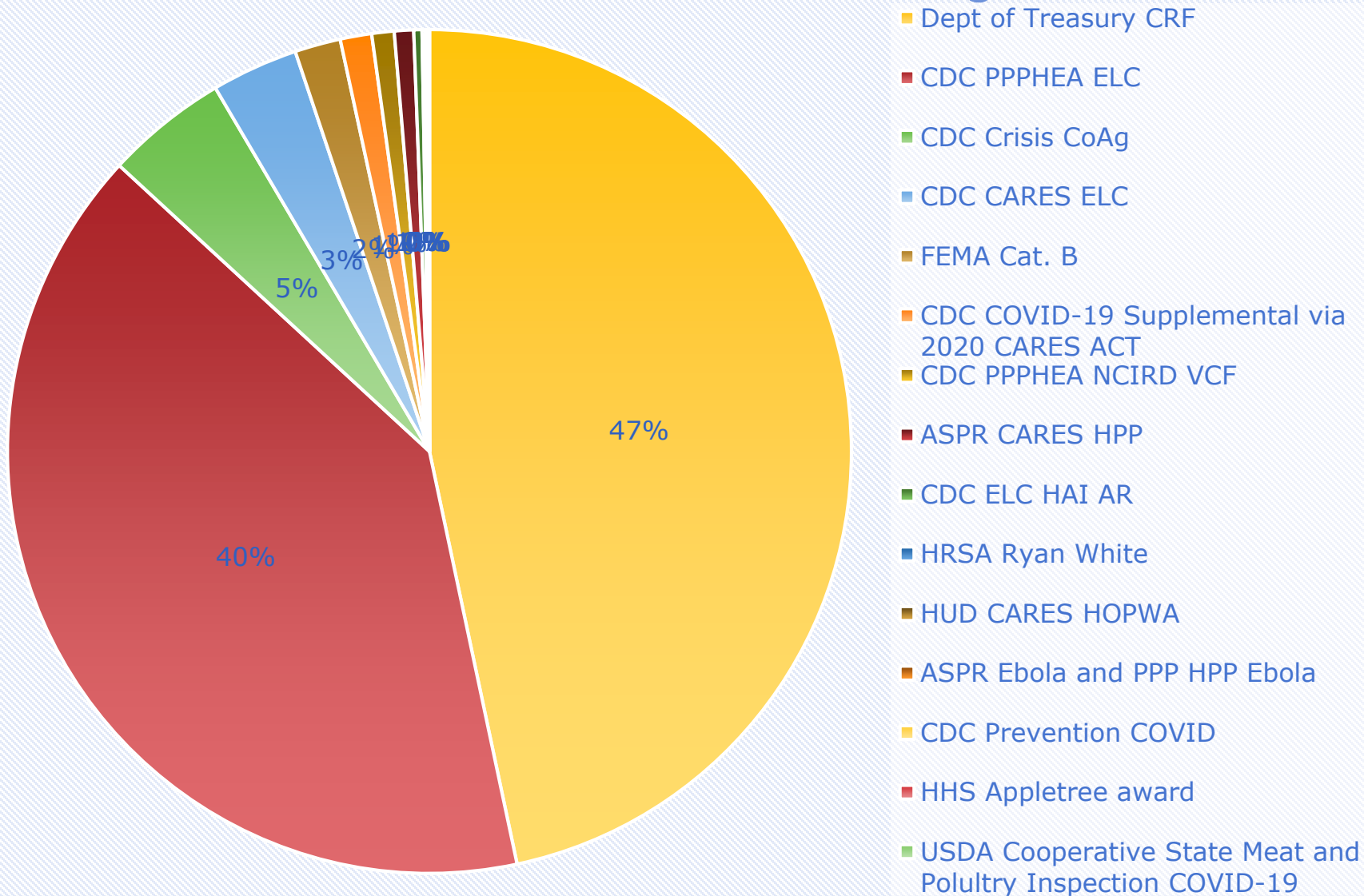


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Grantor	Description	Total in Millions	Uses
HUD	CARES Act - Coronavirus Aid, Relief, and Economic Security Act, P.L. 116-136, Division B, Title XII. Housing Opportunities for Persons With AIDS (HOPWA) COVID-19 Supplemental - CFDA 14.241 short name: CARES HOPWA	\$0.7	Allowable activities authorized by the AIDS Housing Opportunity Act to maintain housing for low-income persons living with HIV (PLWH) and their households.
ASPR	CARES Act - Coronavirus Aid, Relief, and Economic Security Act P. L. 116-136, Division B, Title VIII. Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) - P.L. 116 - 139 - Division B, Title 1, The Health Care Enhancement Act. Hospital Preparedness Program (HPP) Ebola short name: CARES HPP Ebola and PPP HPP Ebola	\$0.7	Funds dedicated for Special Pathogen Hospital to increase the capability of health care systems to safely manage individuals with suspected and confirmed COVID-19.
CDC	Rape Prevention & Education: Using the Best Available Evidence for Sexual Violence Prevention - COVID-19	\$0.3	The OAG will increase their interagency cooperation contracts with Texas Association Against Sexual Violence and Texas A&M University Health Science Center to enhance existing approved NOFO activities including virtual/on-line implementation, evaluation, and dissemination of strategies that address the most pressing COVID-19 related violence issues including IPV
HHS	ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure - COVID-19 Appletree award	\$0.1	
USDA	Cooperative State Meat and Poultry Inspection - COVID-19	\$0.01	

Individual Grants & Funding



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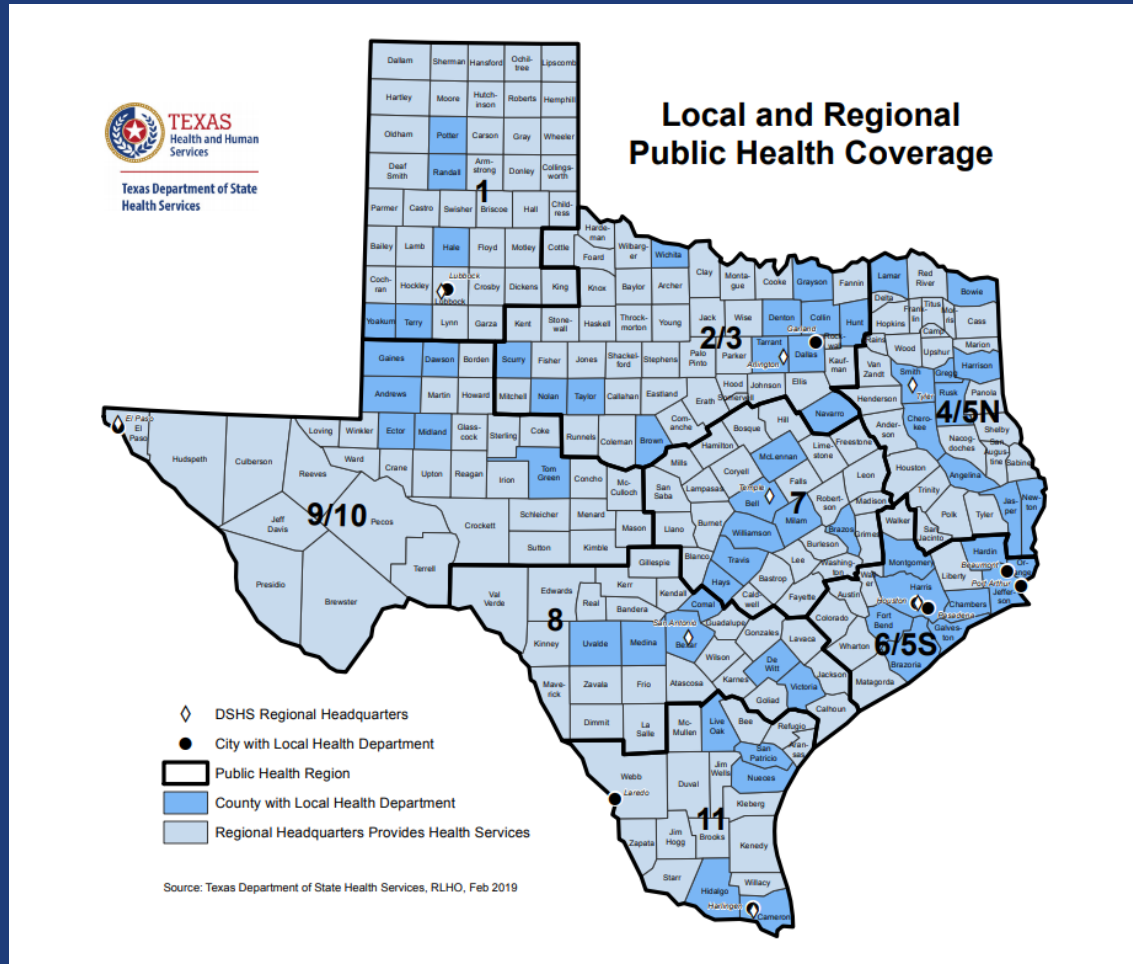


Medical Staff Support - Locations

Region 1
311

Region 9/10
75

Region 8
281



Region 2/3
321

Region 4/5N
308

Region 7
41

Region 6/5 S
854

Region 11
1,194

Number of Medical Surge Staff working in each Public Health Region as of 10/21/2020



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Questions?



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Thank you

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