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
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
**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.
Agency Divisions and Functions

Assistant Deputy Commissioner
- Academic affairs
- Health statistics
- Public health policy

Laboratory and Infectious Disease
- State public health laboratory
- Infectious disease

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

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

Consumer Protection
- Emergency Medical Services and trauma care system
- Environmental health
- Food and drug safety
- Radiation control
## 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
Fiscal Years 2018-2019 Public Health Accomplishments

<table>
<thead>
<tr>
<th>State Public Health Laboratory</th>
<th>Vital Statistics</th>
<th>Opioid and Drug Overdose Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Improved turnaround time of newborn screening results, from 46% within 7 days to almost 90% in summer 2018</td>
<td>• Simplification of workflows and reorganization of staffing patterns to increase efficiencies without new resources or staff</td>
<td>• Creation of an interactive and publicly accessible dashboard, with ongoing additions</td>
</tr>
<tr>
<td>• Increase in mosquito-related testing capacity of 30%, with a 50% decrease in turnaround time for results</td>
<td>• Reduced processing time for amendments, from 6 months to on average 30 days</td>
<td>• Analytic assistance for the Texas Pharmacy Board related to Prescription Drug Monitoring Program data</td>
</tr>
<tr>
<td></td>
<td>• Reduction of outstanding online applications by 70 percent using overtime and temporary employees</td>
<td></td>
</tr>
</tbody>
</table>
2020-2021 Biennial Budget: All Funds by Goal

Goal A: Preparedness & Prevention Services
65%
$1.031 B

Goal B: Community Health Services
24%
$378.8 M

Goal C: Consumer Protection Services
5%
$82.4 M

Goal D: Agency Information Technology Projects
2%
$28.3 M

Goal E: Indirect Administration
4%
$73.6 M

Total = $1.6 Billion
2020-2021 Biennial Budget: General Revenue by Goal

Total = $809.2 Million

Goal A: Preparedness & Prevention Services
- 45%
- $363.2 M

Goal B: Community Health Services
- 37%
- $297.9 M

Goal C: Consumer Protection Services
- 9%
- $71.4 M

Goal D: Agency Wide Information Technology Projects
- 3%
- $27.0 M

Goal E: Indirect Administration
- 6%
- $49.7 M

Texas Department of State Health Services
Overview of 2020-2021 Biennial Budget: FTEs by Goal

Goal A: Preparedness & Prevention Services
- 58%
- 1,848.8

Goal B: Community Health Services
- 17%
- 561.1

Goal C: Consumer Protection Services
- 19%
- 609.6

Goal E: Indirect Administration
- 6%
- 199.0

Total = 3,218.5 FTEs

*Goal D does not have FTEs
## FY 2018-2019: Top Ten Federal Funding Sources

<table>
<thead>
<tr>
<th>Federal Funding Source</th>
<th>Program</th>
<th>FY 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Care Formula Grants</td>
<td>HIV/STD Prevention</td>
<td>$237,763,210</td>
</tr>
<tr>
<td>Public Health Emergency Preparedness</td>
<td>Public Health Preparedness and Prevention</td>
<td>$77,061,007</td>
</tr>
<tr>
<td>Maternal and Child Health Services Block Grants to the States</td>
<td>Women and Children and Children with Special Health Care Needs</td>
<td>$44,440,062</td>
</tr>
<tr>
<td>HIV Prevention Program: Category A: HIV Prevention Core</td>
<td>HIV/STD Prevention</td>
<td>$36,339,991</td>
</tr>
<tr>
<td>National Bioterrorism Hospital Preparedness Program</td>
<td>Public Health Preparedness and Prevention</td>
<td>$32,583,083</td>
</tr>
<tr>
<td>Immunization Grants</td>
<td>Immunize Children and Adults in Texas</td>
<td>$31,324,406</td>
</tr>
<tr>
<td>Hurricane Harvey Public Assistance</td>
<td>Public Health Preparedness and Prevention</td>
<td>$21,228,200</td>
</tr>
<tr>
<td>Prevention and Public Health Fund</td>
<td>Immunize Children and Adults in Texas</td>
<td>$20,388,439</td>
</tr>
<tr>
<td>Medical Assistance Program</td>
<td>Texas Health Steps</td>
<td>$19,944,979</td>
</tr>
<tr>
<td>Supplement for Expanded Laboratory Capacity Grant</td>
<td>Infectious Disease, Epidemiology, Surveillance and Control</td>
<td>$15,680,215</td>
</tr>
</tbody>
</table>
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
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
## FY 2020-2021 Base and Exceptional Item Requests

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

<table>
<thead>
<tr>
<th></th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$45.6 M</td>
<td>$23.0 M</td>
<td>$68.6 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$45.6 M</td>
<td>$23.0 M</td>
<td>$68.6 M</td>
</tr>
</tbody>
</table>

**FTEs**

| FTEs | 12 |

### Program Data

<table>
<thead>
<tr>
<th>Program Data</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Lab Tests</td>
<td>1.6 million</td>
</tr>
<tr>
<td>Newborn Screens</td>
<td>800,000</td>
</tr>
</tbody>
</table>
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
The State Public Health Laboratory Has Operated at a Shortfall since 2015

<table>
<thead>
<tr>
<th>Lab Budget Shortfall, FY 2015 - 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2015</td>
</tr>
<tr>
<td>Adjusted Appropriations</td>
</tr>
<tr>
<td>Cost of Lab Operations</td>
</tr>
<tr>
<td>Shortfall</td>
</tr>
</tbody>
</table>

*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
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 $250,000 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
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.

### Funding Details

<table>
<thead>
<tr>
<th>Method of Finance</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$3.3 M</td>
<td>$3.5 M</td>
<td>$6.8 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$3.3 M</td>
<td>$3.5 M</td>
<td>$6.8 M</td>
</tr>
</tbody>
</table>

| FTEs | 0 |

### Program Data

<table>
<thead>
<tr>
<th>Devices Supporting DSHS Employee Work Functions</th>
<th>3,900</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSHS Applications in DCS</td>
<td>50</td>
</tr>
</tbody>
</table>
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.
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

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<tr>
<th></th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Revenue</strong></td>
<td>$3.5 M</td>
<td>$3.5 M</td>
<td>$7.0 M</td>
</tr>
<tr>
<td><strong>All Funds</strong></td>
<td>$3.5 M</td>
<td>$3.5 M</td>
<td>$7.0 M</td>
</tr>
</tbody>
</table>

### FTEs

| FTEs | 8 |

### Program Data

<table>
<thead>
<tr>
<th>Program Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential Birthing Hospital Partners for TexasAIM</td>
<td>238</td>
</tr>
<tr>
<td>Confirmed Maternal Deaths, 2012-2015</td>
<td>382</td>
</tr>
</tbody>
</table>
Additional Staff Support and Resources Would Allow Texas to Maximize the Effectiveness of Maternal Safety Bundles

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.

Total AIM Participation: 188 Birthing Hospitals
 AIM Plus Hospitals: 148
 AIM Basic Hospitals: 40

AIM = Alliance for Innovation on Maternal Health
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
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.

<table>
<thead>
<tr>
<th>Method of Finance</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$3.1 M</td>
<td>$3.1 M</td>
<td>$6.2 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$3.1 M</td>
<td>$3.1 M</td>
<td>$6.2 M</td>
</tr>
</tbody>
</table>

| FTEs | 25 |

<table>
<thead>
<tr>
<th>Program Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Records Held by DSHS</td>
</tr>
<tr>
<td>Annual Newly Registered Vital Events</td>
</tr>
</tbody>
</table>
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
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 Depends on a Variety of Certifier Types for Accurate Cause of Death Information

Rider 36, Death Certificate Quality Improvement

- 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.

<table>
<thead>
<tr>
<th>2011-2015</th>
<th>All Death Certificates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certifier</td>
<td>Count</td>
</tr>
<tr>
<td>Physician</td>
<td>735,127</td>
</tr>
<tr>
<td>Justice of the Peace</td>
<td>87,629</td>
</tr>
<tr>
<td>Medical Examiner</td>
<td>84,634</td>
</tr>
<tr>
<td>Total</td>
<td>907,390</td>
</tr>
</tbody>
</table>
Increasing Requests with Constant Staff Level
Challenge Customer Service and Timeliness

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Volume of Requests*</th>
<th>Average Number of Days to Complete a Request*</th>
<th>Staffing Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2015</td>
<td>1,703,958</td>
<td>10.63</td>
<td>30</td>
</tr>
<tr>
<td>FY 2016</td>
<td>1,951,145</td>
<td>15.25</td>
<td></td>
</tr>
<tr>
<td>FY 2017</td>
<td>2,077,969</td>
<td>19.69</td>
<td></td>
</tr>
<tr>
<td>Projected FY 2018</td>
<td>2,190,464</td>
<td>16.41</td>
<td></td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$4.4 M</td>
<td>$4.4 M</td>
<td>$8.8 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$4.4 M</td>
<td>$4.4 M</td>
<td>$8.8 M</td>
</tr>
</tbody>
</table>

| FTEs | 0 |

### Program Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FTEs impacted</td>
<td>474</td>
</tr>
<tr>
<td>Amount of Time to Train New Staff in these Positions</td>
<td>6 weeks to 24 months</td>
</tr>
</tbody>
</table>
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
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

<table>
<thead>
<tr>
<th></th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$14.6 M</td>
<td>$12.6 M</td>
<td>$27.2 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$14.6 M</td>
<td>$12.6 M</td>
<td>$27.2 M</td>
</tr>
</tbody>
</table>

### FTEs

- 28

### Program Data

<table>
<thead>
<tr>
<th>Program</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Diagnoses, 2016</td>
<td>1,250</td>
</tr>
<tr>
<td>Percent of Exposed Individuals Who are Screened for TB</td>
<td>62%</td>
</tr>
<tr>
<td>Time Spent in Travel to Administer TB medications, Region 9/10</td>
<td>440 Work Days</td>
</tr>
</tbody>
</table>
Tuberculosis Investigations Grow More Complex While Resources Decline

Tuberculosis Funding*, FY 2014-2018

*Does not include DSRIP funding
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.
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.
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.

<table>
<thead>
<tr>
<th>Method of Finance</th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$2.8 M</td>
<td>$1.7 M</td>
<td>$4.5 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$2.8 M</td>
<td>$1.7 M</td>
<td>$4.5 M</td>
</tr>
</tbody>
</table>

| FTEs                   | 7        |

<table>
<thead>
<tr>
<th>Program Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Number of Requests for Data</td>
<td>Thousands</td>
</tr>
<tr>
<td>Public Health Data Sets</td>
<td>~ 50</td>
</tr>
<tr>
<td>Annually Collected Records</td>
<td>Tens of Millions</td>
</tr>
</tbody>
</table>
DSHS Collects and Reports of a Full Array of Public Health Data per Legislative Direction

<table>
<thead>
<tr>
<th>Birth</th>
<th>Death</th>
<th>Pregnancy</th>
<th>Infectious Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease</td>
<td>Health Care Quality</td>
<td>Health Care Facility Claims</td>
<td>Emergency Medical Services</td>
</tr>
<tr>
<td>Birth Defects</td>
<td>Cancer</td>
<td>Health Professions</td>
<td>Health Behaviors</td>
</tr>
</tbody>
</table>
Four in Five Data Sets on the Texas Health Data Site are Two Years or Older

Health Facts Profiles, Texas, 2013

Demography / Population

- Estimated Total Population: 26,448,193
- Number of Counties: 254
- Area in Square Miles: 261,797
- Population per Square Mile: 101.0

Socioeconomic Indicators

- Average Monthly TANF Recipients: 89,509
- Average Monthly SNAP Participation: 3,550,709
- Average Monthly CHIP Enrollment: 503,519
- Count of Medicaid Clients: Not currently available
- Medicaid Births %*: Not currently available
- Unemployment Rate: 8.2%
- Per Capita Income: $34,062

Births (Natality)

- Total Live Births: 387,110
- Adolescent Mothers (<18): 12,245
- Unmarried Mothers: 164,049
- Low Birth Weight: 32,175
- Prenatal Care in First Trimester: 229,752
- Fertility Rate: 60.8

Communicable Diseases - Reported Cases

Deaths (Mortality)

- Deaths from All Causes: 179,501
- Accidents: 9,041
- Motor Vehicle: 3,511
- Alzheimer’s: 5,284
- Assault (Homicide): 1,261
- Cancer (All): 36,009
- Breast Cancer (Female): 2,744
- Colon Cancer: 3,553
- Lung Cancer: 9,416
- Prostate Cancer: 1,792
- Cardiovascular Dis. (Stroke): 9,238

Select Year: 2013
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
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

<table>
<thead>
<tr>
<th></th>
<th>FY 2020</th>
<th>FY 2021</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$3.5 M</td>
<td>$2.8 M</td>
<td>$6.3 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$3.5 M</td>
<td>$2.8 M</td>
<td>$6.3 M</td>
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</tbody>
</table>

### FTEs

- **15**

### Program Data

<table>
<thead>
<tr>
<th>Program Details</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Laboratory Records Reported to NEDSS</td>
<td>530,000</td>
</tr>
<tr>
<td>Infectious Disease Investigations Initiated</td>
<td>34,000</td>
</tr>
<tr>
<td>Confirmed and Probable Cases of Disease</td>
<td>26,000</td>
</tr>
</tbody>
</table>
Each Year, Almost Two Million Laboratory Reports are Analyzed to Pinpoint Emerging Disease Outbreaks and Risks

- All lab reports received by DSHS: 1.8 M
- Number of reports referred to NEDSS: 530,000
- Number of Confirmed Cases: 26,000*

*Does not include HIV, STDs, or TB

**Confirmed Cases, Select Diseases, 2017**

- Campylobacteriosis: 5,449
- Salmonellosis: 5,113
- Streptococcus, Group B: 1,929
- Streptococcus pneumoniae: 1,798
- Pertussis: 1,765
- Shigellosis: 1,522
- Cryptosporidiosis: 1,157
- Chickenpox (Varicella): 1,146
- Multidrug-Resistant Acinetobacter (Mdr-A): 1,144
- Carbapenem-Resistant Enterobacteriaceae (Cre): 1,138
- Escherichia Coli, Shiga Toxin-Producing (Stec): 1,131
- All Others: 4,461

*Does not include HIV, STDs, or TB
Electronic Disease Reporting Facilitates Seamless Communication and Initiation of Response
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.
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

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Revenue</td>
<td>$2.5 M</td>
<td>-</td>
<td>$2.5 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$2.5 M</td>
<td>-</td>
<td>$2.5 M</td>
</tr>
</tbody>
</table>

### FTEs

- **0**

### Program Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacement Threshold</td>
<td>100K miles or 6 years</td>
</tr>
<tr>
<td>Emergency Response Assets</td>
<td>36</td>
</tr>
<tr>
<td>Value of Response Assets</td>
<td>Over $3 M</td>
</tr>
</tbody>
</table>
DSHS Regional Offices Use Vehicles to Deliver Critical Public Health Services

Examples of Uses for DSHS Vehicles

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

- 36 emergency response vehicles, command and control, and specialized trailers across the San Antonio area
- Future availability of these locations is uncertain; TCID grounds could be used to securely store them.
- This slows down the ability of public health emergency responders to stage vehicles for deployment.
- These assets are unprotected from the environment, which results in shorter duration between tire changes, damage to exterior, and significantly shorter life of supplies and equipment inside the trailers.
- Having the vehicles in one location, with protective covering and access to electricity and water, would maintain the $3M investment in these assets and allow more timely deployment in critical situations.
<table>
<thead>
<tr>
<th>Rank</th>
<th>Strategy</th>
<th>Name</th>
<th>Biennial Reduction Amount</th>
<th>Biennial Revenue Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2.2.2</td>
<td>Community Primary Care Services</td>
<td>$2,819,778</td>
<td>$180,000</td>
</tr>
<tr>
<td>2</td>
<td>1.2.3</td>
<td>Infectious Disease Prevention/Epidemiology/Surveillance</td>
<td>$600,000</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>1.1.4</td>
<td>Office of Border Public Health</td>
<td>$380,864</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Multi</td>
<td>HHSC Oversight</td>
<td>$1,800,000</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>3.1.1</td>
<td>Meat Safety Inspections</td>
<td>$4,700,000</td>
<td>$7,050,000</td>
</tr>
<tr>
<td>6</td>
<td>2.2.1</td>
<td>Medicaid Trauma Payment to HHSC*</td>
<td>$22,132,154</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>2.2.1</td>
<td>EMS and Trauma Care Systems</td>
<td>$2,910,246</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>1.2.5</td>
<td>Texas Center for Infectious Disease</td>
<td>$3,043,394</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>1.2.1</td>
<td>Adult Safety Net Vaccine Program</td>
<td>$8,941,292</td>
<td>$236,400</td>
</tr>
<tr>
<td>10</td>
<td>3.1.3</td>
<td>X-Ray Safety Inspections</td>
<td>$7,000,000</td>
<td>$9,200,000</td>
</tr>
<tr>
<td>11</td>
<td>Multi</td>
<td>HHSC Oversight</td>
<td>$7,200,000</td>
<td>-</td>
</tr>
<tr>
<td>12</td>
<td>1.2.2</td>
<td>HIV/STD Prevention Program**</td>
<td>$19,754,092</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>** Grand Total</td>
<td>** 81,281,819</td>
<td>** 16,666,400</td>
</tr>
</tbody>
</table>

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

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