TEXAS
Health and Human Services

Texas Department of State Health Services

DSHS Legislative Appropriations Request, FY 2024 - 2025

Presentation to the Senate Committee on Finance

February 10, 2023

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Presentation Outline

- Agency Overview
- Exceptional Item Objectives
- SB 1 Impact on DSHS Exceptional Item Requests
- Summary of Exceptional Item Requests
- Appendix: Exceptional Item 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 Overview: Divisions and Functions

Regional and Local Health Operations

- Health emergency preparedness and response
- Regional public health services
- Texas Center for Infectious Disease
- Border public health

Laboratory and Infectious Disease Services

- State public health laboratory
- Infectious disease prevention and response
- HIV/STD/TB surveillance, prevention, and treatment

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
- Food and drug safety
- Environmental health
- Radiation control

Chief State Epidemiologist

- Health statistics
- Data governance

Center for Public Health Policy and Practice

- Office of Practice and Learning
- Office of Public Health Policy

SB 1 Impact on DSHS Exceptional Item Requests

The following SB 1 provisions address DSHS needs, allowing DSHS to remove or reduce requests:

- Increase of $5.5 M to fully fund reductions in base budget that impact vital statistics, food and drug consumer protection programs, and the EMS and Trauma program
- Increase of $ 27.7 M to cover increased Data Center Services ongoing costs
- Increase of $6.1 M for Texas Center for Infectious Disease operating costs
- Increase of $35.7 M to address DSHS agency workforce needs

Exceptional Item Objectives

DSHS exceptional item objectives are intended to:

- Address funding needed for current public health service levels at DSHS
- Maintain tools needed to provide core public health services
- Address gaps in core public health services by DSHS, local health entities, and other public health partners
- Meet current legislative requirements and direction
- Seek guidance on the adoption of federal policies related to HIV clients served by DSHS

Summary of FY 2024 - 2025 Exceptional Item Requests

	Exceptional Item	Biennial GR/GRD	Biennial All Funds	FY 2024 FTEs	FY 2025 FTEs
DSHS FY 2024 - 2025 Base Request		**$896,932,809**	**$2,130,547,935**	**3,304**	**3,304**
1	Maintaining Agency Operations and Infrastructure	$12,732,789	$12,732,789	4	4
2	Driving Public Health Response through Technological Tools	$17,550,254	$30,196,436	41	57
3	Ensuring Access to Frontline Public Health Services	$42,459,622	$42,459,622	23	23
4	Reducing the Impact of Preventable Disease	$20,056,282	$20,056,282	1	1
5	Supporting Businesses and Economic Needs	$2,658,673	$2,658,673	11	11
6	Strengthening Readiness for Public Health Emergency Response	$14,168,232	$14,868,204	3	3
7	Securing State Trauma System Coordination	$6,600,000	$6,600,000	0	0
8	Improving Maternal Health Data Availability	$2,637,745	$2,637,745	14	14
9	Adopting New Federal Policies for HIV Treatment	$57,744,728	$57,744,728	5	5
	Total, Exceptional Items	**$176,608,325**	**$189,954,479**	**102**	**118**
	Total, DSHS Base + Exceptional Items	**$1,073,541,134**	**$2,320,502,414**	**3,406**	**3,422**

Appendix: Exceptional Item Details

EI 1: Maintaining Agency Operations and Infrastructure

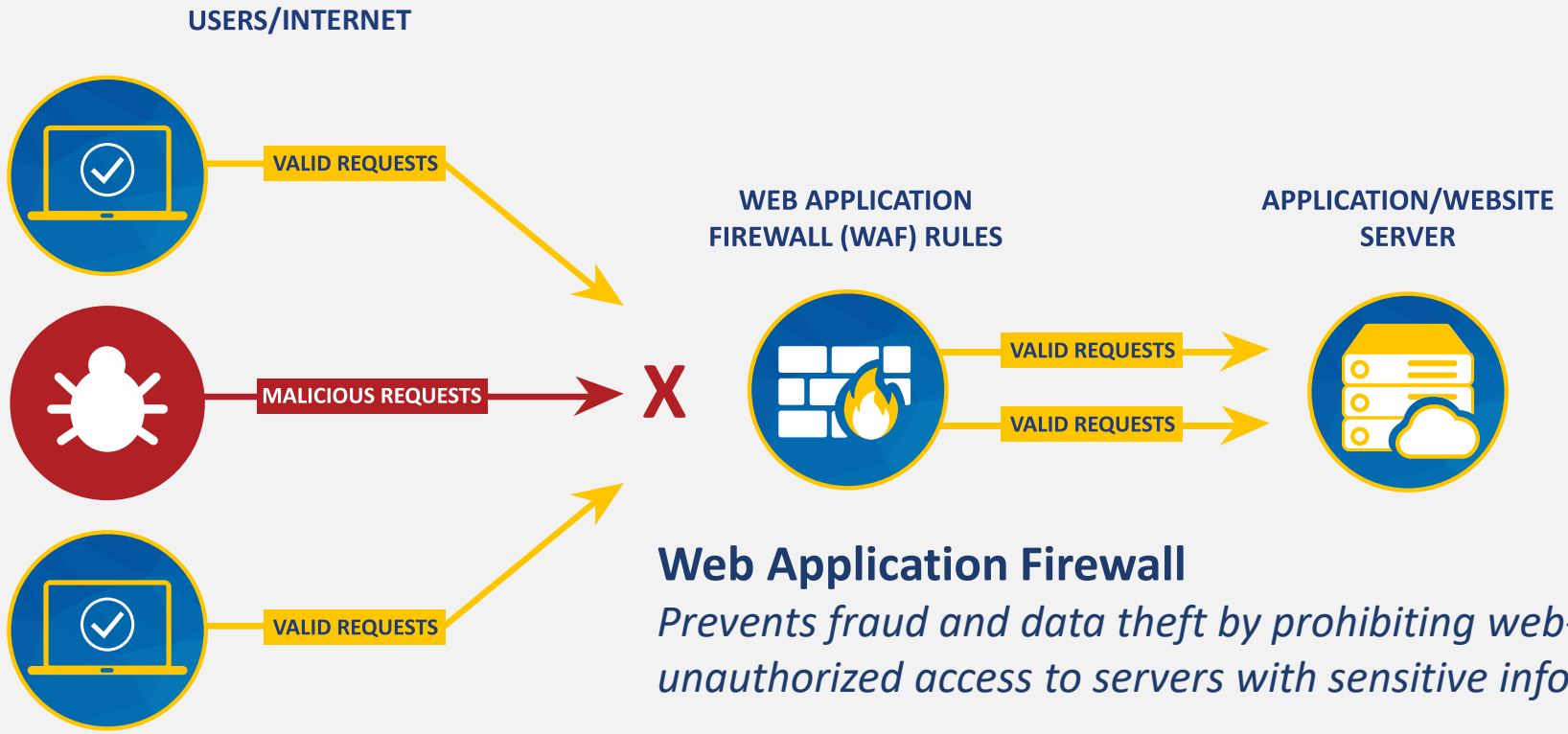
- **Web Application Firewall, $4.7 M**: Protect against cyberattacks for public-facing applications that take in sensitive or personal information.
- **Vehicles, $0.9 M:** Replace 26 vehicles that have reached standard thresholds to save money on fuel, maintenance, and repair costs.
- **Texas Center for Infectious Disease, $7.1 M**: Support the ongoing operation for the state's tuberculosis (TB) hospital. This item covers routine maintenance, increased costs due to medical inflation, and clinical staffing. Salaries for clinical and facility staff are intended to match other state agency healthcare facility salary levels.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$8.0 M	$4.7 M	$12.7 M
All Funds	$8.0 M	$4.7 M	$12.7 M

FTEs
FY 2024: 4
FY 2025: 4

Program Data	
Average Length of Stay for TB Patients (FY 2020 - 2022)	~152

EI 1: Maintaining Agency Operations and Infrastructure



Web Application Firewall

Prevents fraud and data theft by prohibiting web-based attacks and unauthorized access to servers with sensitive information

The Web Application Firewall is sought to comply with HHS IT and DIR expectations in line with SB 475 (87-R) and HHSC Rider 175, 2022-2023 General Appropriations Act.

EI 1: Maintaining Agency Operations and Infrastructure

DSHS Vehicles Support Emergency Response Operations, Patient Care, and Consumer Protection Activities

DSHS vehicles located in Public Health Region 11 in South Texas (Alice). These vehicles are not operational.

EI 1: Maintaining Agency Operations and Infrastructure

Texas Center for Infectious Disease Should be Safe and Secure for Patients and Staff

Nurse call system is obsolete and lacks specialized monitoring capabilities needed for this patient population, including fall detection and real-time locating systems.

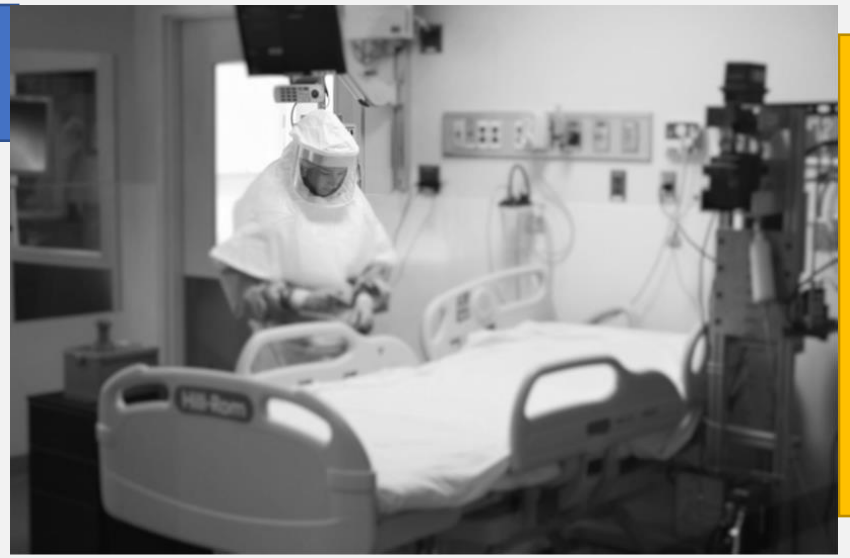
Patient beds now cost more to maintain than replace; some are decommissioned due to malfunctions, a significant hazard to patient safety.

EI 1: Maintaining Agency Operations and Infrastructure

The Texas Center for Infectious Disease Workforce is in High Demand – Requiring Additional Salary Adjustments to Maintain Adequate Staffing Levels

# of TCID Staff: 156
FY 2022 Turnover for Nurse I Position: 55%

TCID staff are highly trained in pathogen control and other measures needed to treat patients with highly transmissible TB and complex comorbidities, including behavioral health and chronic conditions.



To remain competitive, TCID staff would need a 34% pay increase based on SB 1 and recent pay increases at adjacent facilities.

EI 2: Driving Public Health Response through Technological Tools

- **Maintenance of Critical IT Systems, $25.8 M**: Continue support of modernized and secure IT infrastructure developed with federal funds to manage current and future public health data needs for DSHS, local health departments, and local health authorities. Funding will support use of public health data sets, including reliable and timely analysis, and ongoing maintenance of National Electronic Disease Surveillance System, the State Health Analytics and Reporting Platform, and Vaccine Allocation and Ordering System.
- **Data Analytics and Quality Assurance, $4.4 M**: Maintain staffing levels to ensure timely, accurate, and consistent current and future electronic laboratory and case reporting for notifiable infectious diseases and health conditions in alignment with Texas statute.

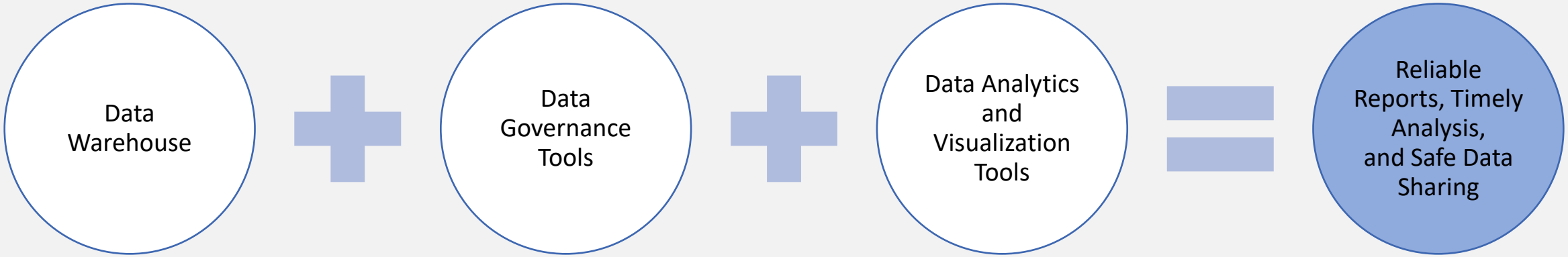
Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$2.4 M	$15.1 M	$17.5 M
Federal	$12.7 M	$0	$12.7 M
All Funds	$15.1 M	$15.1 M	$30.2 M

FTEs
FY 2024: 41
FY 2025: 57

Program Data	
Electronic Lab Report Processing Daily Capacity	400,000
Health Entities Needing Public Health Data Access	161

EI 2: Driving Public Health Response through Technological Tools

DSHS State Analytics and Reporting Platform (SHARP) provides analysis and access solutions for DSHS and local partners in line with statutory requirements for sharing and security.



EI 3: Ensuring Access to Frontline Public Health Services

- **Additional Community Access Points, $7.1 M**: Increase public health access for communities through six new clinics, two mobile units, and 16 FTEs in rural and frontier locations. These locations will serve approximately 500,000 Texans, providing more access to these communities for core public health functions, including surveillance, treatment, and prevention of infectious diseases.
- **Modernizing Clinical Environments & Care, $5.5 M**: Provide additional services and access and continue use of telehealth to expand service reach in areas served by DSHS clinics. Modifications to existing clinics would include waiting rooms, patient exam and client consultation rooms, along with operational space for secure handling of laboratory specimens.
- **Local Public Health Services Grants, $29.9 M:** Increase stability for the state's public health infrastructure by providing grants to local health entities (LHEs) that provide essential public health services but are experiencing funding gaps due to population growth and inflation.

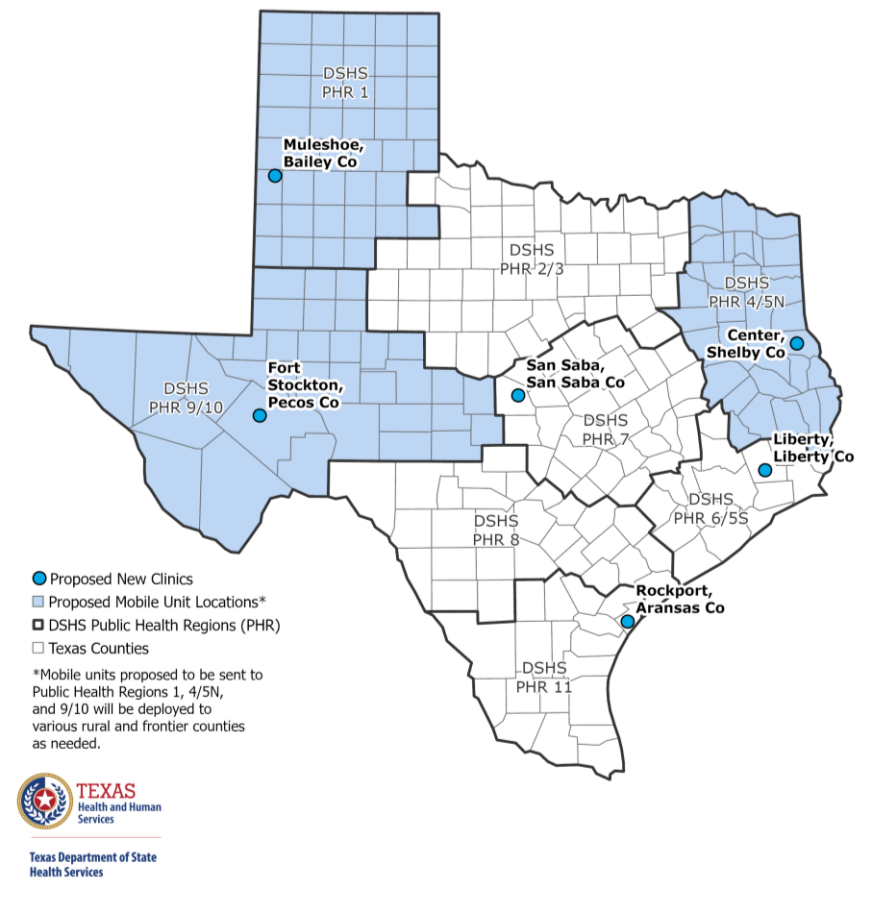
Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$23.4 M	$19.1 M	$42.5 M
All Funds	$23.4 M	$19.1 M	$42.5 M

FTEs
FY 2024: 23
FY 2025: 23

Program Data	
Counties Served by DSHS Public Health Clinics	164
Annual Client Visits to DSHS Public Health Clinics	60,000
Expected Number of Local Health Department Grants	~60

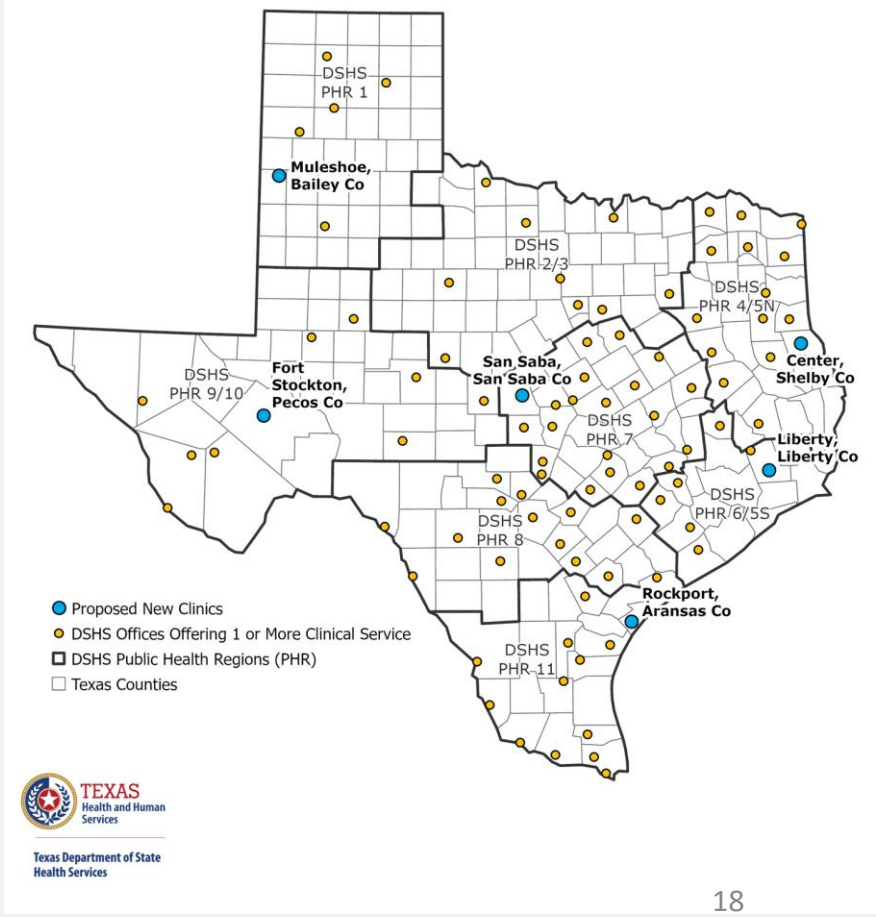
EI 3: Ensuring Access to Frontline Public Health Services

Map of Proposed Satellite Offices and Areas Served by Mobile Units



Additional community access points will serve largely rural and frontier communities with inadequate access to public health services through 6 new Satellite Clinics and 2 Mobile Units.

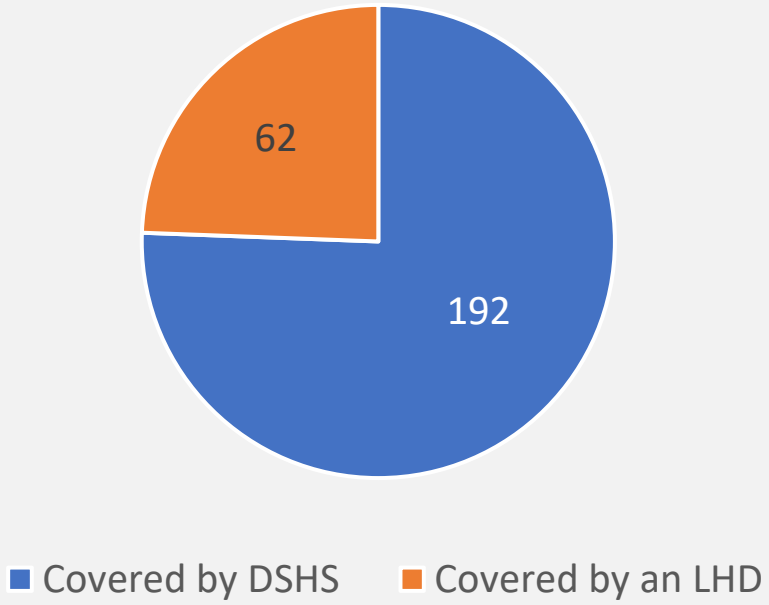
Map of Proposed Satellite Offices and Existing DSHS Clinical Offices



EI 3: Ensuring Access to Frontline Public Health Services

Local Health Departments currently serve about 85% of the Texas population with a range of public health services based on local decision-making. LHDs face increased challenges due to population shifts and inflation.

Texas County Public Health Coverage



Range of Public Health Functions Offered by Most Local Health Departments

EI 3: Ensuring Access to Frontline Public Health Services

Modernized Clinical Environments and Care

Kerrville Field Office (8) :
Exam room lacks sinks, space for exam table, storage for medical supplies.

Crockett Field Office (4/5) :
Lack of space for supplies makes exam table inaccessible in this patient room.

Clarksville Field Office (4/5) :
Hygiene issues with patient room – carpet is present and the exam room lacks a sink.

EI 4: Reducing the Impact of Preventable Disease

- **HIV Treatment and Prevention, $14.0 M:** Offer new long-acting, effective, injectable HIV treatments, such as Cabenuva, to AIDS Drug Assistance Program (ADAP) participants, as requested by stakeholders. Other long-acting medications may become available in the future. DSHS seeks legislative input to more quickly make available these medications.
- **Prevention of Tobacco-Related Diseases, $6.0 M:**
  - *Texas Tobacco Quitline, $2.1 M*: Expand access to the free cessation phone line for Texans 13 years and older and increase the time period nicotine replacement therapy is offered from two to eight weeks.
  - *Youth Tobacco Awareness and Education, $3.9 M*: Convert the TYTAP face-to-face instructor certification course to an online format. Relaunch the interactive Vapes Down public awareness campaign to address youth e-cigarette use. Increase community coalitions addressing youth tobacco prevention.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$10.0 M	$10.0 M	$20.0 M
All Funds	$10.0 M	$10.0 M	$20.0 M

FTEs
FY 2024: 1
FY 2025: 1

Program Data	Annual
Average THMP Clients	19,000
Average HIV Medications Dispensed to Eligible Clients	140,000
Unique Callers with at Least One Tobacco Quitline counselling call	10,126

EI 4: Reducing the Impact of Preventable Disease: HIV Treatments

Long-Lasting Injectables Facilitate Continuous HIV Medication Treatment Adherence

- HIV treatments ensure viral suppression is obtained.
- Long-lasting injectables can make ongoing treatment easier for some people.
- Long-term viral suppression keeps patients healthy and prevents transmission.

Cabenuva injections are only scheduled once a month or every other month.

This means clients would no longer have to take a pill(s) daily to treat HIV.

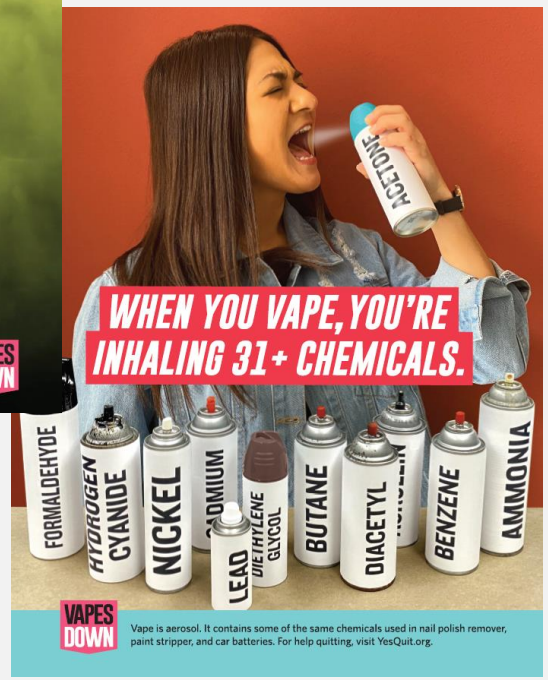
EI 4: Reducing the Impact of Preventable Disease: Tobacco

"I am just so thankful for this program. It really has made a big change in my life. Not only am I not smoking anymore, I can breathe so much easier. I am not using my inhaler nearly as much as I used to. Thank you…thank you."

Testimonial from a Texas Quitline user.

Visit YesQuit.org/stories.htm for more stories from those who have quit, their successes, and how Quitline resources supports eligible Texans.

***Vapes Down** ads aimed at preventing youth from using tobacco and vaping products.*



EI 5: Supporting Businesses and Economic Needs

- **Medical Advisory Board, $2.6 M**: Reduce backlog of cases to ensure Texans receive timely review of medical conditions that may affect their ability to drive or receive a concealed carry license. The funding will allow DSHS to:
  - Add additional support for the board by funding 11 new FTEs
  - Increase reimbursement for volunteer physicians serving on the board to make recommendations to DPS about whether individuals with health conditions may safely hold a drivers or concealed handgun license in line with Texas Health and Safety Code, Chapter 12.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$1.1 M	$1.5 M	$2.6 M
All Funds	$1.1 M	$1.5 M	$2.6 M

FTEs
FY 2024: 11
FY 2025: 11

Program Data	Annual
MAB Referral in Backlog	~3,700
Current DSHS Positions Funded to Support MAB	3

EI 5: Supporting Businesses and Economic Needs

Medical Advisory Board (MAB) Role: Volunteer physicians provide medical evaluations at DPS request for driver licenses and handgun licenses (Government Code §411.172 and 37 TAC §15.58 requirements). MAB provides recommendations, and DPS issues final determinations for each applicant.

STEP 1

DSHS receives referral from DPS and sends notice to licensee/applicant to submit medical history forms within 90 days.

= 4 Months

STEP 2

Licensee/applicant gathers medical history and meets with physician to complete required medical forms and submits to DSHS.

= 2 Months

STEP 3

DSHS schedules medical case review with 3 MAB physicians based on physician availability. (Health & Safety Code Sec. 12.095)

= 1-2 Months

(Depends on MAB physician availability)

STEP 4

DSHS submits MAB medical opinions to DPS.

= 1-3 Days

DSHS/MAB Licensing Evaluation Teams:

3 DSHS support staff for MAB

13 Volunteer MAB physicians

Current Timeline of Active Cases

7-8 Months

MAB Case backlog is **76%** of active cases

Proposed Timeline with EI

3-4 Months

EI to speed DSHS steps

DSHS sending notice to applicant/licensee and preparing case materials
Availability of MAB volunteer physicians for application review

EI 6: Strengthening Readiness for Public Health Emergency Response

- **Hospital System Capacity Data Collection, $2.8 M**: Continue payment for the EMResource software license used to collect hospital bed availability and other metrics in alignment with enacted legislation from the 87th Legislature (SB 969, SB 984).
- **Patient Transfer Portal, $4.7 M:** Continue payment for Pulsera, the patient transfer portal software used to facilitate transfers in times of disaster or emergency response.
- **Emergency Medical Task Force (EMTF) Support, $7.4 M:** Augment hospital preparedness and increase funding for EMTF to support the expanded number of emergency response missions EMTF completes each year serving the entire state.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$6.7 M	$7.5 M	$14.2 M
Federal	$0.7 M	$0 M	$0.7 M
All Funds	$7.4 M	$7.5 M	$14.9 M

FTEs
FY 2024: 3
FY 2025: 3

Program Data	Annual
Daily Hospital Metrics Reported	60

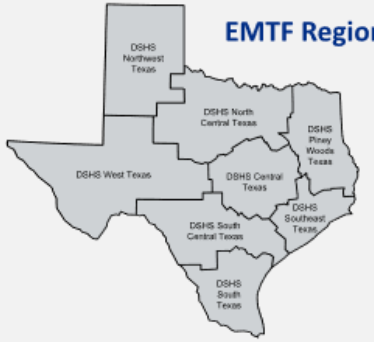
EI 6: Strengthening Readiness for Public Health Emergency Response

TX EMTF is the medical disaster response system providing statewide emergency healthcare and support.

The task force is a series of components with deployable teams and assets from EMS, fire, healthcare, and government.

Regional advisory councils, led by a statewide coordinator, operate eight EMTF regional teams across Texas.

EMTF Regions:

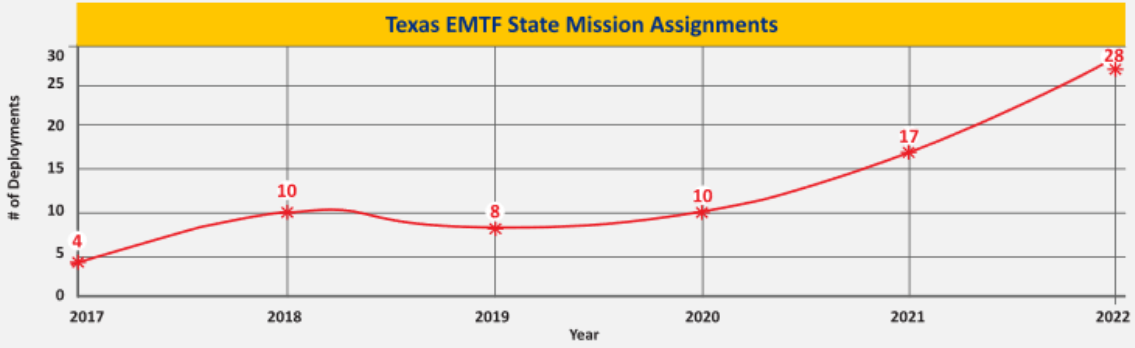


Keys to EMTF's rapid, flexible, and reliable medical response:

Scalability:
Components scale to meet the needs of any incident

Highly trained clinicians:
Teams staffed by actively practicing critical care professionals

Partner agreements:
Signed agreements with healthcare partners across Texas



EMTF Components:

Ambulance Bus/ Multi-Patient Vehicle (AMBUS/MPV)
Multi-patient vehicles providing care and mass transport, evacuation, and protection for responders.

Ambulance and Air Medical Strike Team (AST & AMST)
Ground and air ambulance strike teams supporting medical care and transport for large-scale patient movement.

Medical Incident Support Teams (MIST)
Trained leadership teams from EMS, fire and healthcare providing health and medical subject-matter expertise to local disaster response.

Mass Fatality Operations Response Team (TMORT)
Teams supporting local jurisdictions following a mass fatality incident with incident site teams, morgue operations, victim identification and information operations.

Infectious Disease Response Unit (IDRU)
Supports hospitals and regional emergency healthcare systems with care, transport, or transfer of patients with high consequence infectious disease.

Mobile Medical Unit (MMU)
Temporary healthcare infrastructure to support communities with medical treatment, triage, transfer and more.

Ambulance Staging Mgmt. Team (ASMT)
ASMT manages the base camp providing logistics and staging for units, personnel and resources.

Tactical Medical Support Unit
Specialized teams of EMS and healthcare providing medical support for law enforcement during high-risk incidents.

Wildfire Support Unit (WFLS)
EMS and medical leadership units supporting firefighters responding to moderate to large scale wildland fires.

Registered Nurse Strike Team
Augments nursing staff shortages in disasters that are specialty specific (ED, ICU, Burn etc.)

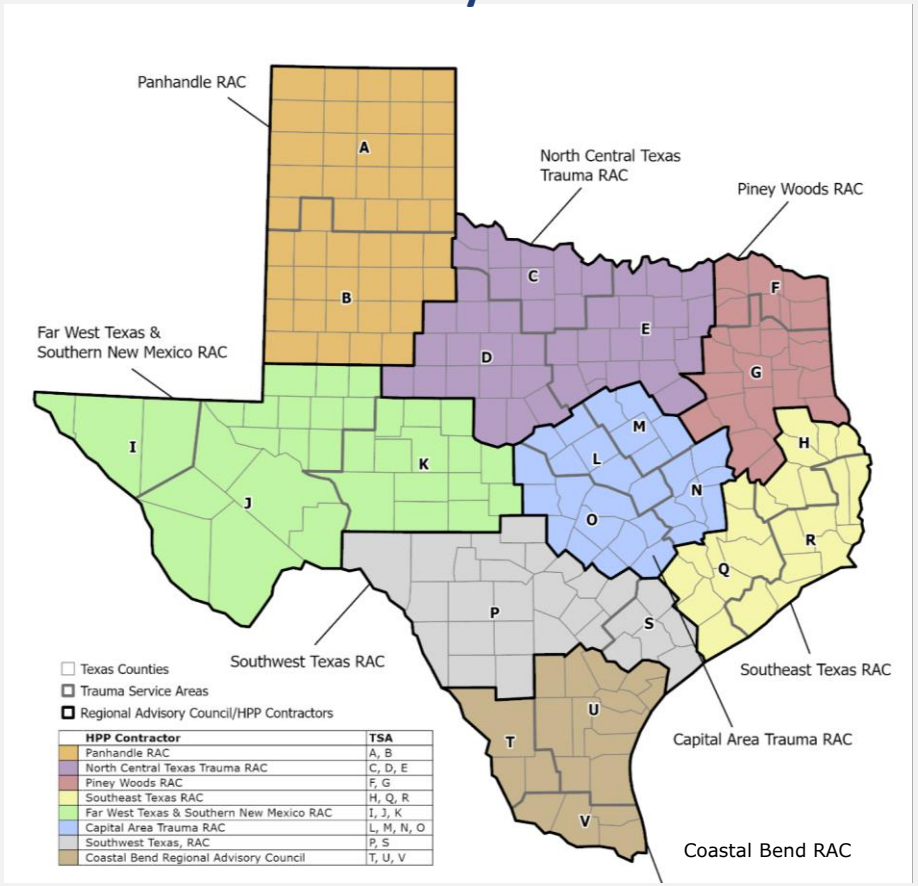
77
Completed Missions Since 2017

EI 6: Strengthening Readiness for Public Health Emergency Response

Preparedness and Response Capabilities

- **Trauma System Coordination – Regional Advisory Councils (RACs):** All 22 RACs have preparedness and response functions.
- **Hospital Preparedness Program (HPP):** 8 RACs currently contract with DSHS to provide coordination for HPP, which supports regional collaboration and health care coalitions to prepare for, respond to, and recover from all types of threats and emergencies. Multiple RACs are served within a single HPP region.
- **Emergency Medical Task Force (EMTF):** A deployable statewide capability provided by 8 EMTF RACs, including one statewide coordinator. EMTF provides personnel and assets from EMS, fire departments, healthcare organizations, and state and local governments to respond to public health incidents of varying scope and size.

Hospital Preparedness Program: 22 TSAs each served by a RAC



EI 7: Securing State Trauma System Coordination

- **RAC Funding Support, $6.6 M**: to provide additional funding for each Regional Advisory Council to keep pace with increasing responsibilities, including compliance with statutory requirements.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$3.3 M	$3.3 M	$6.6 M
All Funds	$3.3 M	$3.3 M	$6.6 M

FTEs
FY 2024: 0
FY 2025: 0

Program Data	Number
Regional Advisory Councils	22

EI 7: Securing State Trauma System Coordination

Additional RAC Responsibilities:

- Incorporating maternal and neonatal care designations into RAC planning
- Developing and implementing regional stroke transfer and system plans
- Handling the coordination with increased number of trauma facilities along with an increased Texas population

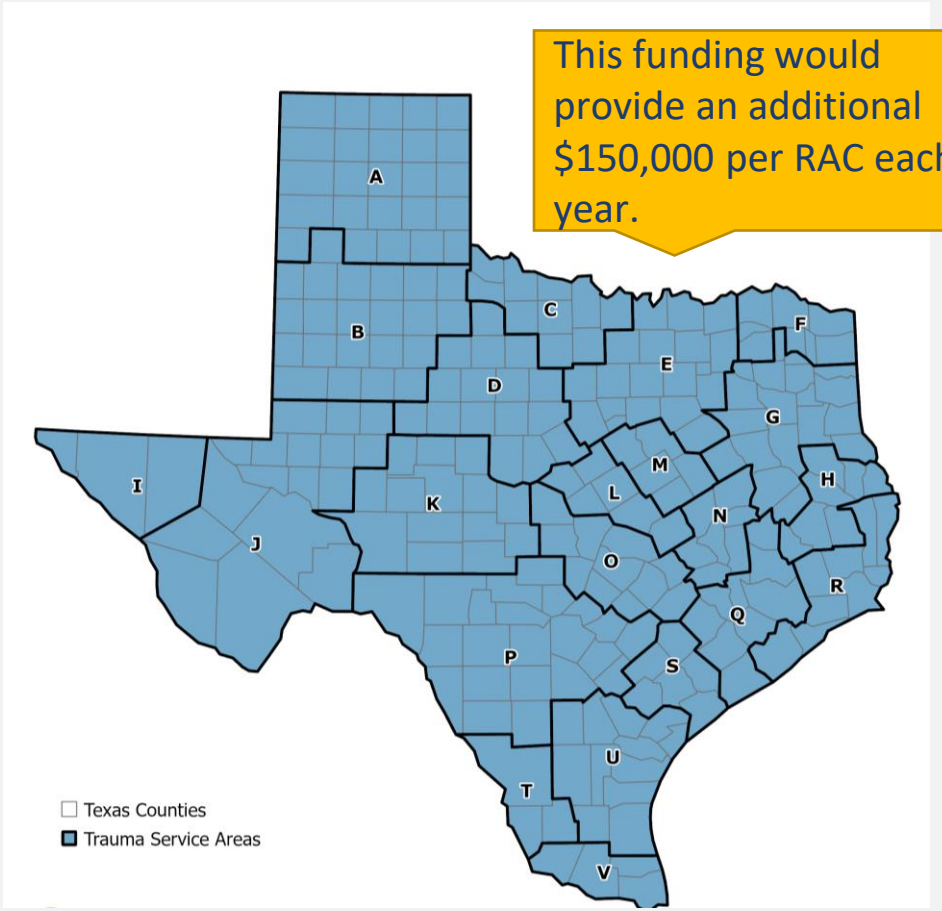
Trauma 305 designated facilities

Stroke 181 designated facilities

Maternal 222 designated facilities

Neonatal 227 designated facilities

Map of Texas Trauma Service Areas Served by RACs



EI 8: Improving Maternal Health Data Availability

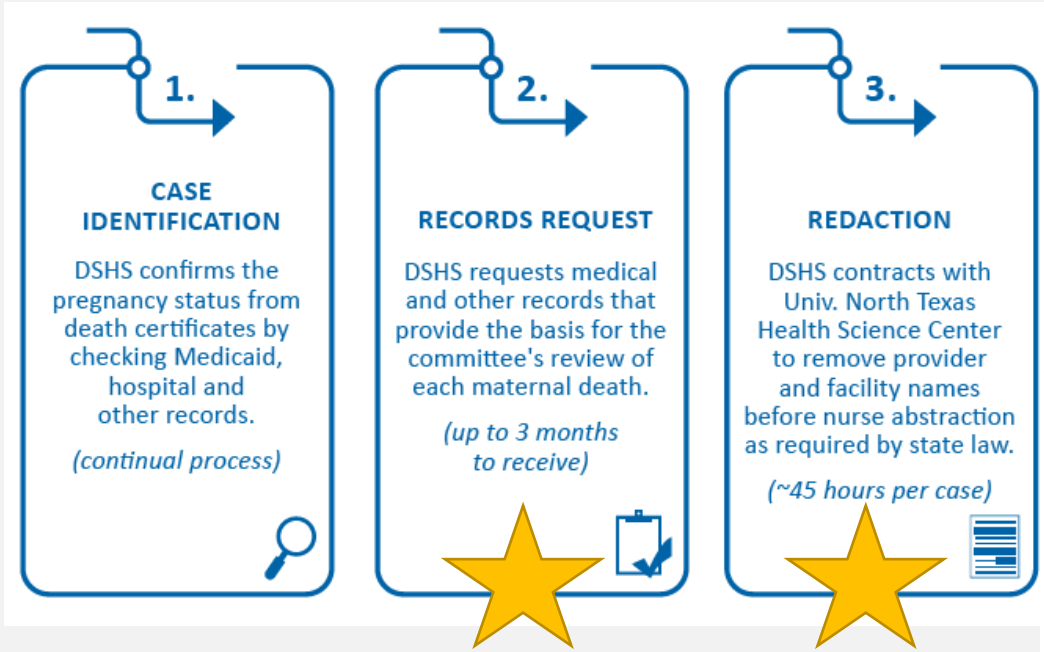
- **Member Reimbursement, $0.1 M**: to support the estimated time and travel costs associated with participating on the Maternal Mortality and Morbidity Review Committee (M3RC).
- **Staffing Support to Streamline Case Preparation, $1.8 M**: to provide additional staffing support to facilitate faster data collection, case preparation, and analysis. This item would provide 14 permanent FTEs for these functions.
- **Public Availability of Data, $0.7 M**: to improve the internal and external availability of maternal mortality and morbidity information.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$1.3 M	$1.3 M	$2.6 M
All Funds	$1.3 M	$1.3 M	$2.6 M

FTEs
FY 2024: 14
FY 2025: 14

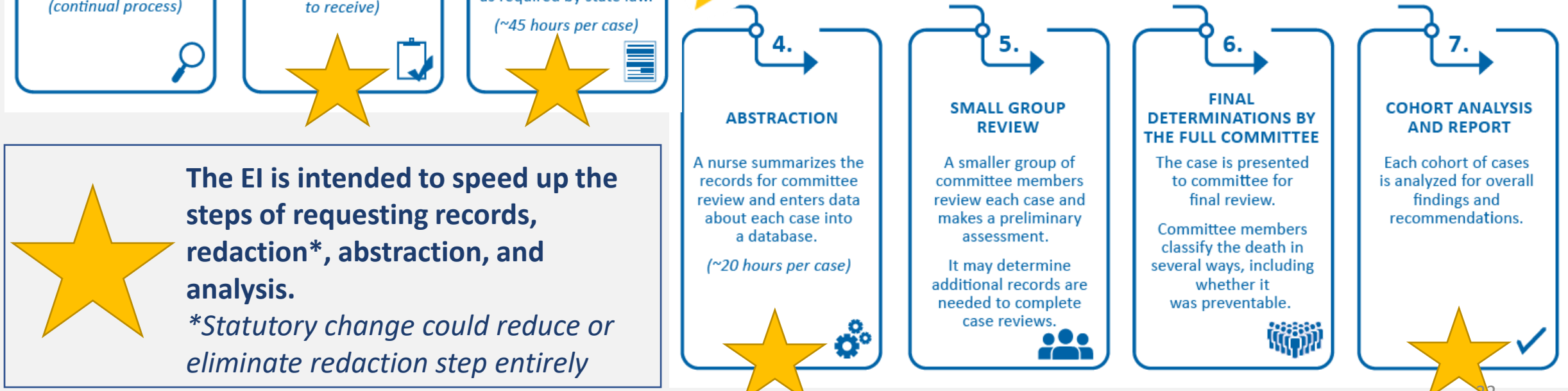
Program Data	
Number of members on the M3RC	17
Current DSHS Positions Funded to Support M3RC	8 FTEs

EI 8: Improving Maternal Health Data Availability: Committee Process



Redaction time varies from 1 to 250 work hours per case

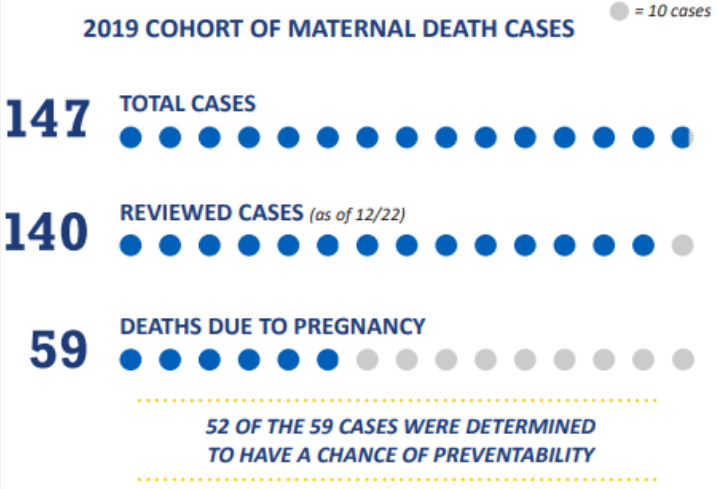
1 hr — 45 hrs *average* — 250 hrs

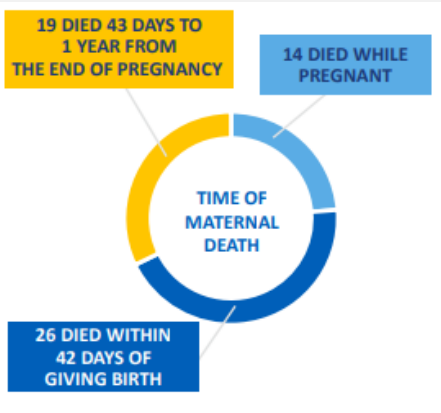


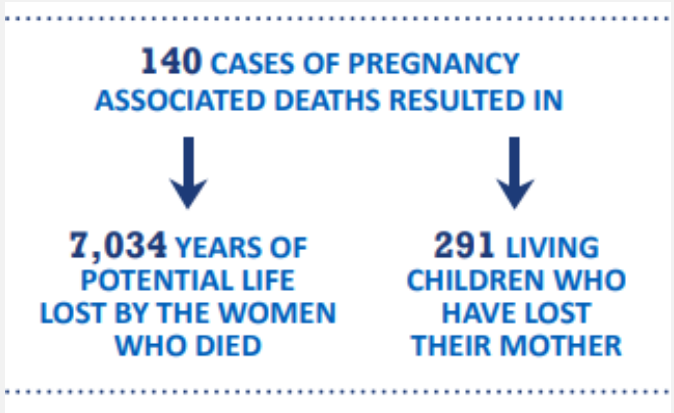
The EI is intended to speed up the steps of requesting records, redaction*, abstraction, and analysis.

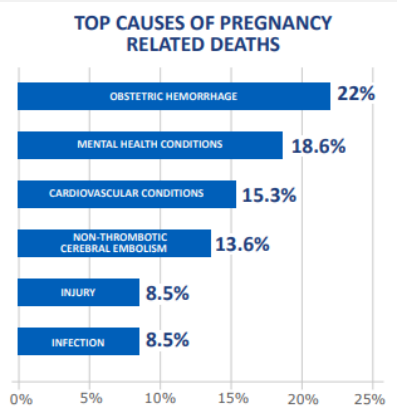
**Statutory change could reduce or eliminate redaction step entirely*

EI 8: Improving Maternal Health Data Availability: Data Snapshot









EI 9: Adopting New Federal Policies for HIV Treatment

- **New Federal Policies, $57.7 M:** Implement new federal Health Resource Services Administration guidelines that lengthen the current eligibility recertification cycle to encourage client adherence to medications. Federally-recommended changes include:
  - Switching from a six-month self-attestation and recertification schedule to an annual cycle for eligibility recertification.
  - Proactive verification of client eligibility before disenrolling clients (including third-party searches for income and insurance status).
- By changing current guidelines, DSHS would need additional staff to proactively verify client eligibility before disenrolling them.
- DSHS also anticipates increased medication costs due to less client turnover.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	$27.7 M	$30.0 M	$57.7 M
All Funds	$27.7 M	$30.0 M	$57.7 M

FTEs
FY 2024: 5
FY 2025: 5

Program Data	Annual
Percentage of THMP Clients Potentially Impacted	34%

EI 9: Adopting New Federal Policies for HIV Treatment

Eligibility Requirements

- Diagnosed with HIV infection
- Texas resident
- Meet income guidelines
- Be uninsured or underinsured for prescription drug coverage

Current Process

34.4% of clients disenrolled at this step due to non-response (as of January 2023)

Initial Application	6 Months Later	12 Months Later
Prospective client provides initial supporting documentation of eligibility requirements.	Client self-attests they still meet eligibility requirements. Failure to respond can lead to disenrollment.	Client reapplies with supporting documentation for proof of eligibility requirements.

Process if HRSA Guidelines Adopted

Initial Application		12 Months Later
Prospective client provides initial supporting documentation of eligibility requirements.		Client reapplies with supporting documentation for proof of eligibility requirements.

Thank you

DSHS Legislative Appropriations Request, FY 2024 - 2025

Jennifer A. Shuford, MD, MPH, Commissioner

Donna Sheppard, Chief Financial Officer