4.A. Exceptional Item Request Schedule
86th Regular Session, Agency Submission, Version 1
Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/17/2018**
TIME: **12:40:53PM**

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Safeguard the Future of the State Public Health Laboratory		
	Item Priority: 1		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > $50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 01-04-01 Laboratory Services		

OBJECTS OF EXPENSE:

CODE	DESCRIPTION	Excp 2020	Excp 2021
1001	SALARIES AND WAGES	4,499,578	4,499,578
1002	OTHER PERSONNEL COSTS	25,009	25,009
2001	PROFESSIONAL FEES AND SERVICES	3,163,424	4,204,161
2004	UTILITIES	16,392	9,948
2005	TRAVEL	12,497	8,497
2007	RENT - MACHINE AND OTHER	5,376	4,146
2009	OTHER OPERATING EXPENSE	15,943,843	13,135,857
5000	CAPITAL EXPENDITURES	21,980,904	1,083,644
	TOTAL, OBJECT OF EXPENSE	**$45,647,023**	**$22,970,840**

METHOD OF FINANCING:

		Excp 2020	Excp 2021
1	General Revenue Fund	45,647,023	22,970,840
	TOTAL, METHOD OF FINANCING	**$45,647,023**	**$22,970,840**
	FULL-TIME EQUIVALENT POSITIONS (FTE):	12.00	11.00

DESCRIPTION / JUSTIFICATION:

DSHS is requesting funds to shore up the laboratory's ability to continually provide accurate and reliable test results that provide communities, families, and doctors necessary information to prevent adverse health outcomes and death.

Address the Laboratory Budget Shortfall: $17,549,338
The increasing laboratory shortfall stems from issues like critical public health testing that has no payor source; increase in demand for testing; more complex testing; increased staff training requirements; and inflation of equipment and other costs. Each year, DSHS has worked to offset the laboratory shortfall through a variety of mechanisms. However, these short-term solutions are not sustainable and additional funds are necessary to ensure continued public health protections through this essential public health resource.

Fully Implement X-ALD Newborn Screening: $7,927,458
The 85th Legislature provided startup funds to prepare for roll out of this screening. Unfortunately, the level of funding will not allow testing to begin. This request would allow DSHS to fully implement the legislative directive for X-ALD screening.

| Agency code: | **537** | Agency name: | | |

State Health Services, Department of

CODE	DESCRIPTION		**Excp 2020**	**Excp 2021**

Promote a Safe and Efficient Laboratory Environment: $34,761,421 and 12 FTEs in FY20 and 11 FTEs in FY21:
• New roofs, water proofing, boiler/chiller and HVAC repairs
• Purchase of an emergency generator to maintain full laboratory operations during a power outage
• Acquisition of automated equipment and software to meet testing deadlines and provide more robust and reliable results
• Additional FTEs to meet increased testing volumes and to ensure system maintenance and modifications meet the changing business needs

Retain Trained Laboratory Science Staff: $8,379,646
• Retain highly-technical laboratory staff by increasing salaries closer to market-range salaries – including chemists, microbiologists, molecular biologists, and medical technologists
• Training new staff takes one to two years
• Turnover rate is 20%.

EXTERNAL/INTERNAL FACTORS:

The DSHS Laboratory is a unique and essential resource that is the foundation for much of DSHS' public health work. The laboratory performs necessary public health testing to identify, investigate, and control individual and community disease, and significant health threats. As a public health laboratory, it performs tests that no other laboratory in the state can provide. Testing that will be supported by this funding can affect all people in Texas. Local health departments and other health care partners, as well as consumer protection personnel, rely on this testing for ensuring that proper public health actions are taken. Without a sustainable laboratory, DSHS cannot fulfill its mission to protect the health of Texans.
• Two screenings of every newborn (almost 800,000 tests a year) that can be successfully treated if caught early
• Testing for numerous life-threatening infectious disease threats, for disorders including tuberculosis, influenza, HIV, STDs, vaccine-preventable diseases, etc.
• Testing for biological and chemical threats, including for potential bioterrorism and chemical terrorism
• Supporting public health response to infectious disease outbreaks including testing environmental samples or consumer products to detect contamination
• Testing water and milk to ensure that they are safe to drink
• Tests for emerging infectious diseases requiring highly specialized biosafety and technological training
• Testing suspect food for bacteria or chemicals in food-borne illness outbreaks

For 90 years, the state has depended on the DSHS Laboratory as the foundation of public health work. However, the laboratory faces challenges that jeopardize a successful and sustainable future.
PCLS TRACKING KEY:
N/A
DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:
The Department of State Health Services (DSHS) Laboratory Capacity project maintains the services required to perform testing needed for making informed public health interventions. This project includes IT components to upgrade servers, implement a disaster recovery plan, and manage the upgrade of the Laboratory Information Management Software (LIMS) applications including LabWorks and LabWare.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

This request includes participation in data center services as required by statute Texas Government Code 2054, Subchapter L, Statewide Technology Centers and Section 2054.391. In addition, upgrading the hardware and moving to DCS will provide disaster recovery and otherwise mitigate the risk of catastrophic system failure.

There is a great need to alleviate technical debt, the accrued impact of delayed investment in updating, upgrading, or replacing automated systems, through the replacement of outdated equipment, software, and a need to improve workflow processes through acquisition of automated equipment. The DSHS laboratory cannot ensure that it meets testing deadlines and provides the most robust and reliable results if the equipment is unreliable and the processes too slow to meet workload demands.

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

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

Test results are provided quickly and accurately so that informed public health interventions can be effective. The goal is to meet performance measures for testing/results 95% of the time for all areas, and 99.9% up-time for LIMS.

Increased ability to recover from disasters and continuing operations capacity. In case of a disaster, the Lab could lose 90% or more staff productivity without LIMS. Testing may need to be outsourced at very high costs. Additional time will be required to re-enter and recover data after system failure.

Increased ability to hire and retain staff. The goal is to retain 90% of staff over a year. The cost to train a new Lab employee is the full salary for a year of that position and partial salary for other employees who train the new employee.

OUTPUTS:

Performance measures, including turn-around-times in all Lab testing/results, error rates in all test groups, and staff retention rates are continually tracked.

System Upgrades – successful testing, validation and implementation of the software upgrade meeting project milestones. This enables continued vendor support and new features.

Server Upgrade – successful implementation of the new servers and porting of software, testing and validation meeting project milestones. This enables continued use of critical software.

Disaster Recovery – successful implementation of backup software and backup hardware in off-site location, testing and validation meeting project milestones. This enables continued productivity.

Staff Augmentation – gaining new positions, salary augmentation, and hiring and training of new positions.

TYPE OF PROJECT

Other Service Delivery Functions

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CODE	DESCRIPTION						Excp 2020	Excp 2021

ALTERNATIVE ANALYSIS

Due to the nature of this project scalability is not feasible.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$0	$0	$2,952,937	$3,910,674	$1,251,689	$1,251,689	$1,251,689	;10,618,678

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$0	$0	$0	$0	$0	$0	$0	$0

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	9.0	8.0	7.0	7.0	7.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Laboratory Shortfall: Out year costs will be related to maintaining basic lab operations.

Maintaining Lab Testing Capacity: Out year costs will be related to on-going FTE costs and additional operational costs to support IT needs

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
$21,936,840	$21,936,840	$21,936,840

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM :   67.00%

CONTRACT DESCRIPTION :

Contractors may be utilized to install laboratory equipment, repair building infrastructure, and IT development.

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Maintain Required Agency IT Infrastructure		
	Item Priority: 2		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > $50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 04-01-01 Agency Wide Information Technology Projects		

OBJECTS OF EXPENSE:

CODE	DESCRIPTION	Excp 2020	Excp 2021
2001	PROFESSIONAL FEES AND SERVICES	840,344	1,123,472
2007	RENT - MACHINE AND OTHER	2,427,587	2,370,249
	TOTAL, OBJECT OF EXPENSE	**$3,267,931**	**$3,493,721**

METHOD OF FINANCING:

		Excp 2020	Excp 2021
1	General Revenue Fund	3,267,931	3,493,721
	TOTAL, METHOD OF FINANCING	**$3,267,931**	**$3,493,721**

DESCRIPTION / JUSTIFICATION:

This item would support the seat management and Data Center Services (DCS) obligations for DSHS. This IT infrastructure is critical to support the public health programs. If DSHS does not receive funds for this purpose, DSHS would not be able to cover the costs of providing computer workstations for its employees. DSHS would also be out of compliance with statute and related agreements with DIR.

Seat Management: $4,681,075

DSHS computers are replaced on a four-year cycle, the maximum amount of time before warranties expire. This contract supports approximately 3,900 devices for DSHS employees. Since Information Technology is a consolidated function at HHSC, DSHS uses the HHSC seat management contract.

Data Center Services: $575,840

DSHS uses DCS to support needed infrastructure for its information technology infrastructure. DSHS continues to move towards comprehensive use of DCS, as required by Texas Government Code, Ch. 2054. This cost represents increased expenditures for DSHS in 2020-2021 as estimated by DIR for current services.

Application Remediation for DCS: $1,504,737

In order to comply with DCS requirements, the following applications must be remediated:

• Central Billing System (CBS): Used by DSHS regional clinics and local health departments for Medicaid billing and reimbursement services related to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The system also provides Medicaid Eligibility verification for several DSHS & HHSC program areas such as HIV, WIC, Kidney Health, and Children with Special Health Needs.

Agency code: **537** Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

• Poison Control: Clinical information on exposures from calls made to the Poison Control Network

• Conscientious Objector: Online Affidavit Request for Exemption from Immunizations for Reasons of Conscience

• Conscientious Objector Junior College: Online Affidavit Request for Exemption from Meningeal Vaccination Requirements of Texas Junior Colleges.

EXTERNAL/INTERNAL FACTORS:

DSHS does not have sufficient funding to continue to pay for its seat management and DCS obligations. DSHS is requesting funds to cover the costs of this IT infrastructure necessary for public health programs and services, agency operations, and for ensuring compliance with DIR standards and agreements.

PCLS TRACKING KEY:

PCLS_86R_537_431227

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Seat Management: HHSC is maintaining a seat managed solution for PC refresh and desktop software including a Microsoft Enterprise Subscription Agreement. Equipment is purchased only when outsourcing is not cost effective or ongoing funding is uncertain. Infrastructure investments of asset and configuration management ensure effective utilization of assets and minimize loss of equipment or data.

DCS Remediation: The Department of State Health Services is legislatively mandated to collect, store, manage and report health statistical data for multiple program software applications deployed for the citizens of Texas. Several of these applications have reached their technology platform end of life (EOL).

This project will remediate the technology stack to bring these legacy systems into compliance with regulations and requirements.

Additionally, the remediation efforts will bring the applications into compliance with:

- Texas Administrative Code 2054 requires agency systems to be housed in the consolidated data centers at current hardware and software versions.

- Texas Administrative Code 202 established a baseline of security standards for Texas state agencies to safeguard their information systems and assets.

- DIR DCS Software Currency requirements.

The program area applications below are deployed on enterprise servers that are out of compliance with the legislatively mandated DCS contract.

- Central Billing System: Used by DSHS regional clinics and local health departments for Medicaid billing and reimbursement services related to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). The system also provides Medicaid Eligibility verification for several program areas such as HIV, WIC, Kidney Health, and Children with Special Health Needs.

- Poison Control: Clinical information on exposures from calls made to the Poison Control Network. Trends and patterns used to target populations and prevention efforts

- Conscientious Objector (CO): Online Affidavit Request for Exemption from Immunizations for Reasons of Conscience

- Conscientious Objector Junior College (CO-JC): Online Affidavit Request for Exemption from Meningeal Vaccination Requirements of Texas Junior Colleges

Data Center Services: The Data Center Services program includes transformation and consolidation of facilities, server platforms, mainframes, data storage management, and data center print and mail. Key program objectives include:

• Consolidate disparate legacy agency facilities,

• Reduce statewide costs for services,

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

• Modernize aging equipment, and

• Increase security and disaster recovery capability.

The Data Center Services program supports the statewide technology vision of shared infrastructure services and 2018 – 2022 State Strategic Plan for Information Resources Management: Technology in Texas: Balancing Tradition with Innovation. The DCS program supports the following State Strategic Goals:

• Reliable and Secure Services: Security, Continuity of Operations, Connectivity

• Mature State IT Resources Management: Cost Optimization, IT Planning and Governance, IT Workforce

• Cost Effective and Collaborative Solutions: Legacy Modernization, Cloud Services, Shared Services

• Data Utility: Data Management and Governance, Open Data, Data Analytics

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

CURRENT

STATUS:

Seat Management: Seat Mgmt is an ongoing project. This includes all devices necessary to support DSHS staff and operations. Baseline funding is not sufficient to meet contractual obligations. Additional funding and capital authority is requested. Estimated biennial costs are $7,695,801 for FY18-19 and $7,909,398 for FY20-21. Note this exceptional item request is a portion of the overall project.

DCS Remediation: New Request for consideration by 86th Legislature

Data Center Services: DCS is an ongoing project. Texas Government Code §2054.375, Subchapter L. Statewide Technology Centers requires DIR to manage a statewide data center consolidation and identify agencies for participation. Estimated biennial costs are $23,218,725 for FY18-19 and $25,324,966 for FY20-21. Note this exceptional item request is a portion of the overall project.

The initial phase of the Data Center Services program commenced July 1, 2012. Since that time, Mainframe and Print/Mail services have been consolidated into the two State data centers and Server consolidation is currently 78.8% having met the 75% consolidation target in August 2016.

DCS Hybrid Cloud Services (HCS) continue to provide:

• Integrated DCS private community cloud with public government cloud options in the consolidated data centers

• Semi-managed and fully-managed service options

• Automated cloud self-provisioning

• Next generation tools and infrastructure automation improving service delivery and infrastructure availability

• Agility, transparency, and control of customer IT infrastructure and financial spend

OUTCOMES:

Seat Management: A reduction in outdated technology reduces service desk calls and enables software applications to function as expected. Services provided to constituents can allow for new mobile technologies and advances in information distribution, thus increasing efficiency in staff.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

DCS Remediation: Time saved on IT maintenance efforts after systems are upgraded to modern technology: Estimate 1000 staff hours per FY at roughly $43/hour = $43,000 annual savings

Time saved on security-related incidents as Microsoft Windows Server 2003 becomes more and more obsolete: Estimate 3 security incidents per FY at 200 staff hours each = $25,000 annual savings

Total: $68,000.00 annual savings

Other benefits include removal of security risk factors that result from non-support by Microsoft and compliance with state regulations.

Data Center Services: Managed Application Services and Managed Security Services consumption is steadily increasing.

OUTPUTS:

Seat Management: Desktop and laptop computers are refreshed on a four year life cycle resulting in approximately 1,000 devices each year.

DCS Remediation: - Central Billing System: application moved to hardware with current operating system, current hardware, application currency remediated to N/N+1, and compliance to Texas Administrative Code 2054, Texas Administrative Code 202, and Department of Information Resources Software Currency Policy

- Poison Control: application moved to hardware with current operating system, application currency remediated to N/N+1, and compliance to Texas Administrative Code 2054, Texas Administrative Code 202, and Department of Information Resources Software Currency Policy

- Conscientious Objector (CO): application moved to hardware with current operating system, application currency remediated to N/N+1, and compliance to Texas Administrative Code 2054, Texas Administrative Code 202, and Department of Information Resources Software Currency Policy

- Conscientious Objector Junior College (CO-JC): application moved to hardware with current operating system, application currency remediated to N/N+1, and compliance to Texas Administrative Code 2054, Texas Administrative Code 202, and Department of Information Resources Software Currency Policy

Data Center Services: The Texas Department of Information Resources does not currently have enterprise level Output Measures incorporated into the Agency Strategic Plan for the data center services program. However, the data center services contracts currently include 76 critical service levels and 52 key service levels, shared among the three service providers.

TYPE OF PROJECT

Acquisition and Refresh of Hardware and Software

ALTERNATIVE ANALYSIS

Seat Management: HHS utilizes the Department of Information Resources (DIR) guidelines related to leasing versus purchasing information technologies as directed by the General Appropriations Act of the 75th Texas Legislature. These key criteria in evaluating lease versus purchase decisions to determine cost alternatives include the following:

*Useful Life & Residual Value

*Maintenance & Training

*Cost to Sell & Cost of Return

*Discount Rates

*Managed Services Offsets

This request is needed to meet contractual obligations for leased computing devices to supply the necessary hardware and software for staff to fulfill agency operations and is

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Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

not scalable.

DCS Remediation: - 50% reduction. State agencies are required to maintain hardware and software currency to ensure the security of all DCS participating agencies. The request will ensure that technology stacks are current and applications are remediated to function properly on updated operating systems. The alternative is to continue with the current state of the systems if no funding is provided. The project is scalable in that the applications are independent from each other. DSHS would remediate specific applications, choosing which ones the agency benefits from the most, based on available funding received, but this approach would not bring DSHS into compliance with DCS requirements.

DCS: Texas Government Code §2054.375, Subchapter L. Statewide Technology Centers requires DIR to manage a statewide data center consolidation and identify agencies for participation. DSHS is an identified agency required to participate in Data Center Services(DCS) Program. Postponing this request will result in the inability for the agency to fund participation in the statutory requirement of DCS.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$4,122,992	$4,122,992	$3,267,931	$3,493,721	$2,748,778	$2,748,778	$2,748,778	$23,253,970

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$4,122,992	$4,122,992	$2,888,034	$3,121,249	$2,748,778	$2,748,778	$2,748,778	$22,501,601

FTE

2018	2019	2020	2021	2022	2023	2024	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

The seat management costs and the data center services costs are anticipated to continue into fiscal years 2020-22.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
$2,748,778	$2,748,778	$2,748,778

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM :   100.00%

CONTRACT DESCRIPTION :

HHSC works with a contractor to provide seat management services for the system. DIR has multiple contracts to provide data center services.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

Item Name: Combat Maternal Mortality and Morbidity in Texas
Item Priority: 3
IT Component: No
Anticipated Out-year Costs: Yes
Involve Contracts > $50,000: Yes
Includes Funding for the Following Strategy or Strategies: 02-01-01   Maternal and Child Health

OBJECTS OF EXPENSE:

CODE	DESCRIPTION	Excp 2020	Excp 2021
1001	SALARIES AND WAGES	402,335	536,447
1002	OTHER PERSONNEL COSTS	16,093	21,458
2004	UTILITIES	10,928	6,632
2005	TRAVEL	5,600	5,600
2007	RENT - MACHINE AND OTHER	1,776	1,776
2009	OTHER OPERATING EXPENSE	1,381,233	1,318,670
4000	GRANTS	1,612,899	1,576,321
5000	CAPITAL EXPENDITURES	69,136	33,096
	TOTAL, OBJECT OF EXPENSE	**$3,500,000**	**$3,500,000**

METHOD OF FINANCING:

		Excp 2020	Excp 2021
1	General Revenue Fund	3,500,000	3,500,000
	TOTAL, METHOD OF FINANCING	**$3,500,000**	**$3,500,000**
	FULL-TIME EQUIVALENT POSITIONS (FTE):	8.00	8.00

DESCRIPTION / JUSTIFICATION:

DSHS requests funding to address maternal mortality & morbidity by increasing current TexasAIM efforts, building public awareness about preventive measures, and creating programming to address high risk factors and appropriate care coordination for woman of childbearing age.

Implement Maternal Safety Initiatives Statewide: $2,660,000 and 6.0 FTEs
To combat maternal mortality and morbidity, DSHS is implementing TexasAIM, a statewide maternal safety initiative using the Alliance for Innovation in Maternal Heath (AIM) Safety Bundles, in hospital and provider settings. DSHS will also provide stipends to hospitals who may need additional equipment and resources to fully implement AIM.

Implement a Community Health Worker Care Coordination Pilot for Women of Childbearing Age: $1,000,000 and 1 FTE
DSHS seeks funding to conduct a statewide assessment on current Community Health Worker (CHW) training courses and create a high risk factor suite of trainings for CHWs that target women of childbearing age

Develop and Train Providers on Use of Risk Assessment Tools: $1,340,000 and 1 FTE

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

• Create a risk assessment tool that accurately identifies medical, environmental, and psychosocial risk factors, including behavioral health conditions such as depression and substance use disorder.
• Promote use of this tool as part of routine prenatal care, focusing on OBGYNs, nurses, and midwives.
• Create and conduct provider education and promotion on the need of high-risk assessments and the assessment tool

Increase Public Awareness and Prevention Activities: $2,000,000
• Enhance provider and community understanding about maternal health risk factor and preventive measures that can ensure that both mother and baby have the healthiest possible outcomes.

EXTERNAL/INTERNAL FACTORS:

Over the past two years, DSHS, in accordance with legislative direction, has been working with a wide variety of partners to address maternal mortality and morbidity in the state. An important component of this has been DSHS efforts to better classify the causes and contributing factors that lead to maternal deaths and complications.

Notably, per S.B. 17, 85th Legislature, First Called Session, 2017, DSHS has rolled out the TexasAIM program; a partnership with hospitals to promote evidence-based practices to prevent and respond to pregnancy complications. These efforts will help address episodes of hemorrhage that occur in the hospital, as well as severe hypertension and opioid use disorder during pregnancy.

While these efforts are well underway funding is needed to ensure sustainability of the effort. In addition, data reveals that more prevention opportunities exist for improving maternal health outcomes and decreasing maternal mortality and morbidity.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

On-going staff support and contracts with entities such as public health entities and/or health systems (i.e., local health departments, WIC programs, and Texas Hospital Association) to implement and disseminate evidence-based protocols and guidelines; promote routine screening of diabetes for women of childbearing age; develop referral and tracking system; develop or expand training modules and materials for providers and educators.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
$3,500,000	$3,500,000	$3,500,000

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM :　　　　47.00%

CONTRACT DESCRIPTION :

Contracts with entities such as public health entities and/or health systems (i.e., local health departments, WIC programs, and Texas Hospital Association) to implement and disseminate evidence-based protocols and guidelines; promote routine screening of diabetes for women of childbearing age; develop referral and tracking system; develop or expand training modules and materials for providers and educators. These contracts would last 2 to 3 years and consist of interagency contracts and sole source procurements.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Increase the Quality and Security of Vital Events Records		
	Item Priority: 4		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > $50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 01-01-02 Vital Statistics		

OBJECTS OF EXPENSE:

CODE	DESCRIPTION	Excp 2020	Excp 2021
1001	SALARIES AND WAGES	1,052,366	1,403,154
1002	OTHER PERSONNEL COSTS	42,095	56,126
2001	PROFESSIONAL FEES AND SERVICES	546,265	720,046
2004	UTILITIES	34,150	20,725
2005	TRAVEL	17,500	17,500
2007	RENT - MACHINE AND OTHER	5,550	5,550
2009	OTHER OPERATING EXPENSE	464,299	268,107
5000	CAPITAL EXPENDITURES	972,060	625,647
	TOTAL, OBJECT OF EXPENSE	**$3,134,285**	**$3,116,855**

METHOD OF FINANCING:

		Excp 2020	Excp 2021
1	General Revenue Fund	3,134,285	3,116,855
	TOTAL, METHOD OF FINANCING	**$3,134,285**	**$3,116,855**
FULL-TIME EQUIVALENT POSITIONS (FTE):		25.00	25.00

DESCRIPTION / JUSTIFICATION:

DSHS houses 60 million vital records in their physical form, with 890,000 new vital events registered annually. This request would provide funds to ensure the ongoing quality & security of vital events data and, improve customer service for Texans needing to access their records.

Plan for the Future: $960,000

DSHS is taking steps to maximize current space & resources to safely maintain vital records; however, capacity for new records will be exhausted. Space will run out sooner if action is not taken. These funds would allow DSHS to conduct long term planning to map out an approach for the ongoing secure maintenance of vital records.

Take Immediate Steps to Increase Security, Quality, & Capacity: $1,703,532 & 6 FTEs
• Surveillance systems to monitor physical records & security paper;
• High density & motorized shelving to increase capacity;
• Electronic tracking of on all vital records & security paper to better prevent identity fraud & theft;
• Environmental controls for protection from fire & water damage; and

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

• Staff to monitor the security of records, maintain indexes of all records, & manage required criminal background checks of people with access to records.

Improve the Quality of Death Data: $550,000 & 2 FTEs

Recent public health concerns around opioid misuse & maternal mortality exemplify the need for accurate & reliable public health data. This information aids in understanding contributing factors & helps public health professions design interventions to address them. DSHS requests to train medical certifiers & to hire 2 public health data quality analysts focused on improving data quality.

Address Backlogs and Improve Customer Service: $3,037,608 & 17 FTEs

DSHS has experienced a 42% increase in the volume of requests the last 5 years. The increased demand results in delayed services, requiring increased resources to resolve. Additional trained staff are needed to complete customer requests timely.

EXTERNAL/INTERNAL FACTORS:

DSHS is legislatively charged with maintaining all Texas birth and death records. These records are critical to the wellbeing of Texans and are used for legal purposes such as settling estates, obtaining social security cards, and establishing and proving identity for a variety of purposes. In addition, trends in birth and death data provide important context for some of the state's most pressing public health issues, including maternal mortality and opioid use disorder. Vital events data, particularly death data, can describe the health of a community, point to priority public health needs, and help evaluate the success of programs.

However, the difficulties with maintaining an accurate and secure data set are increasing due to limited capacity, growing numbers of records, increased customer service demands, and the need for more refined public health data. This request includes components to help address each of these factors.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Costs include: Employee Salaries and maintenance contracts for equipment; Professional services supporting on-going quality training for internal and external stakeholders; Maintenance contracts for equipment and security monitoring through Texas Facilities Commission, high density shelving, and specialized microfilm/microfiche companies.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
$1,963,464	$1,963,464	$1,963,464

4.A. Exceptional Item Request Schedule
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Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/17/2018**
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Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM :   57.00%

CONTRACT DESCRIPTION :

Professional Services contracts to implement quality assurance practices, professional services to address amendment backlog, secure shipping for DCOA, physical controls, and security equipment to increase security of the WD Carroll Building (vital records archive) to safeguard, protect, and maintain the quality of all original vital records from 1878 to present and future. The project will incorporate One-Time Contracts for Building Security Assessment and Re-design- Professional Services to perform Quality assessment, Inventory, and Categorization Vital Records Assets Vital Statistics, Quality Analysis and Stakeholder Training Development. Replacement of aged badging system, upgrade and expansion of existing video surveillance system, Motorized Shelving Expansion, and Commercial Grade Media Production Maintenance contracts for equipment and security monitoring through Texas Facilities Commission, high density shelving, and specialized microfilm/microfiche Microfilm and Microfiche reader/printers, commercial grade archival quality book and document scanners lease and maintenance. Service contracts are also needed to perform imaging and document quality assurance as well as maintaining Adobe licenses and seat management PC requirements.

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Ensure Stable Staffing of Technical and Scientific Public Health Positions		
	Item Priority: 5		
	IT Component: No		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > $50,000: No		
	Includes Funding for the Following Strategy or Strategies: 01-01-01 Public Health Preparedness and Coordinated Services		
	01-01-03 Health Registries		
	01-02-01 Immunize Children and Adults in Texas		
	01-02-02 HIV/STD Prevention		
	01-02-03 Infectious Disease Prevention, Epidemiology and Surveillance		
	01-02-04 TB Surveillance and Prevention		
	01-02-05 Texas Center for Infectious Disease (TCID)		
	01-04-01 Laboratory Services		
	02-01-01 Maternal and Child Health		
	02-01-02 Children with Special Health Care Needs		
	02-02-01 EMS and Trauma Care Systems		
	03-01-01 Food (Meat) and Drug Safety		
	05-01-01 Central Administration		

OBJECTS OF EXPENSE:

			Excp 2020	Excp 2021
1001	SALARIES AND WAGES		4,402,041	4,402,041
	TOTAL, OBJECT OF EXPENSE		**$4,402,041**	**$4,402,041**

METHOD OF FINANCING:

			Excp 2020	Excp 2021
1	General Revenue Fund		4,402,041	4,402,041
	TOTAL, METHOD OF FINANCING		**$4,402,041**	**$4,402,041**

DESCRIPTION / JUSTIFICATION:

This exceptional item aims to increase retention of technically skilled and scientific DSHS staff in positions that are critical to the Department's ability to carry out its responsibilities as the state's public health agency.

Public Health and TCID Nurses: $3,033,690

Public health nurses are the backbone of DSHS public health activities. Nurse's activities include providing:

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State Health Services, Department of

CODE DESCRIPTION	Excp 2020	Excp 2021

• Disease intervention, surveillance, and prevention

• Immunization services to children and adults

• Public health nursing services to TB/HIV/STD clients

• Consultation, training, and technical assistance to providers and the community

• Screening for health risks and case referral

• Public health emergency response

• Inpatient care of tuberculosis patients at the Texas Center for Infectious Disease

The average turnover of nurses is 26%.

Meat Safety Inspectors: $3,335,520

The DSHS meat safety program is a cooperative program with USDA to ensure that meat and poultry products entering commerce are safe and appropriately labelled. DSHS meat inspectors inspect every livestock animal slaughtered in Texas to ensure the meat is not diseased before it enters commerce for human consumption, and to ensure cleanliness standards are being met. Slaughter facilities are not able to operate unless an inspector is on-site at the time of slaughter. The average turnover of meat inspectors is 16%.

Financial Staff: $2,434,872

Finance staff provide key administrative support functions, including accounts payable, revenue collections, and budget management. These staff are critical to agency operations because they provide fiscal responsibility, ensuring compliance with applicable state, federal and agency policies, rules, laws and regulations regarding financial transactions. The average turnover of financial staff is 24%.

EXTERNAL/INTERNAL FACTORS:

DSHS depends on specialized public health personnel to accomplish legislative charges and its agency mission. These specialized staff have unique experience, training, and education. For these types of employees, it can take up to two years to train new hires to be fully effective and independent in their job functions. Because of the level of training involved with new hires, staff turnover is especially costly for certain areas.

Public Health and TCID Nurses

These staff combine clinical knowledge with an understanding of public health principles and knowledge of their local communities to carry out their public health function. However, vacancies and turnovers among these staff weaken the fabric of public health services throughout Texas. DSHS is proposing to ensure that public health nurses be compensated at mid-level.

TCID nurses are charged with in-patient care of Tuberculosis (TB). Treatment may last up to three years, depending on the type of TB strain. TCID is located in San Antonio, where other state and private medical opportunities exist that draw TCID staff to other jobs. Because of the level of competition that exists for hiring these experienced nurses, DSHS is proposing that TCID nurses be compensated at market level.

Meat Safety Inspectors

These staff are in demand both by competing federal agencies and by meat processing plants, making retention an ongoing issue for this agency. Two years of training is

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

required before a meat inspector is able to independently perform inspections, a cost of approximately $46,000 per training period. The proposal would make DSHS a more competitive employer.

Finance Staff

These staff are paid significantly less than their counterparts at other Article II, Health and Human Services agencies. Turnover is significant. The proposal would better align DSHS finance salaries with the other agencies in Article II.

PCLS TRACKING KEY:

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Out year costs are needed to maintain salary increase.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
$4,402,041	$4,402,041	$4,402,041

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Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021
	Item Name: Detect and Control the Spread of Tuberculosis in Texas		
	Item Priority: 6		
	IT Component: Yes		
	Anticipated Out-year Costs: Yes		
	Involve Contracts > $50,000: Yes		
	Includes Funding for the Following Strategy or Strategies: 01-02-04 TB Surveillance and Prevention		
	01-02-05 Texas Center for Infectious Disease (TCID)		

OBJECTS OF EXPENSE:

CODE	DESCRIPTION	Excp 2020	Excp 2021
1001	SALARIES AND WAGES	2,059,277	2,111,262
1002	OTHER PERSONNEL COSTS	82,371	84,450
2001	PROFESSIONAL FEES AND SERVICES	183,733	0
2004	UTILITIES	38,248	24,041
2005	TRAVEL	269,825	270,525
2007	RENT - MACHINE AND OTHER	26,380	26,602
2009	OTHER OPERATING EXPENSE	5,197,011	4,958,436
4000	GRANTS	5,000,000	5,000,000
5000	CAPITAL EXPENDITURES	1,792,197	133,463
	TOTAL, OBJECT OF EXPENSE	**$14,649,042**	**$12,608,779**

METHOD OF FINANCING:

		Excp 2020	Excp 2021
1	General Revenue Fund	14,649,042	12,608,779
	TOTAL, METHOD OF FINANCING	**$14,649,042**	**$12,608,779**
	FULL-TIME EQUIVALENT POSITIONS (FTE):	28.00	29.00

DESCRIPTION / JUSTIFICATION:

Tuberculosis (TB) is a public health issue that continues to impact Texans. TB bacteria are spread through the air & is highly contagious. In 2016, 1,250 people were diagnosed with TB. The TB rate in Texas is higher than the TB national average.

•Local Health Department(LHD) Capacity for TB Response: $10,000,000
Certain LHDs are unable to meet core objectives of screening people exposed to TB. Added capacity at local level would allow public health to address the number of TB exposures, including outpatient medication therapy for those who test positive, reducing the risk of TB disease spreading.

•Frontline & Support TB Response Staffing: $4,957,589 & 28FTEs
DSHS directly conducts TB investigation & response in parts of Texas without local capacity or when a TB investigation exceeds local resources. At current funding, DSHS

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cannot fully respond to incidence of TB due to staffing constraints. Additional skilled public health personnel, including nurses, would allow DSHS to meet the needs of jurisdictions throughout Texas.

•Essential Tools for Responding to TB: $9,967,106
For TB investigations to be successful, disease investigators require access to certain tools:
oPhlebotomy training to allow safe blood draws
oAccurate & timely (IGRA) laboratory testing
oMedications for treatment to prevent the adverse health impacts of TB

Other tools help ensure TB prevention efforts make use of state resources: $582,944
o Pilot for video direct observed therapy, allows TB nurses to monitor patients without costly & time-consuming travel
o Contracts for TB nurse surge capacity
o Staff for caseload management & quality tracking

TCID Infrastructure: $1,750,182 & 1FTE
Provide needed repairs & renovations at the Texas Center for Infectious Disease, including renovating facilities, increasing security & maintaining negative air pressure systems that ensure TCID staff & the local community are protected from infectious disease transmission.

EXTERNAL/INTERNAL FACTORS:

Tuberculosis detection and control: In recent years, exposures in congregate settings like homeless shelters, correctional settings, schools, daycares and hospitals have increased demand for public health capacity to, as appropriate, screen, test, and treat individuals exposed to TB. Although the state and local jurisdictions work together to maximize public resources, public health currently reaches about half of those individuals who are exposed to TB each year in Texas.

The Texas Center for Infectious Disease (TCID) plays a unique role in controlling TB in Texas. TCID treats complex cases of TB and provides care for individuals who have been court ordered to complete their treatment regimen. Proper maintenance of TCID facilities will preserve the investment the Legislature made when it built the facility, and will also help ensure that Texans with TB have continued access to curative TB treatment.

PCLS TRACKING KEY:
N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Implement a Software as a Service (SaaS) cloud-based solution to implement vDOT (video directly observed therapy) to allow patients in the field to record themselves taking prescribed medication, and share the video recording with regional staff who can confirm adherence to the needed Tuberculosis (TB) therapy. Additionally, minor changes to pharmacy labeling software will be required to provide more detailed information to patients since medications will be administered without the physical presence of a nurse or other practitioner.

During the local public health response to Hurricane Harvey in September 2017, the clients receiving traditional directly observed therapy (DOT) were unable to be observed during the storm. During Hurricane Harvey, 59 of 61 patients on vDOT were successfully monitored and did not miss any medication doses.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

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

NEW

STATUS:

New Request for consideration by 86th Legislature

OUTCOMES:

DSHS consulted with Harris County Public Health (HCPH) to determine an estimated return on investment on vDOT. HCPH noted that, in providing DOT, its outreach workers could drive up to 17,000 miles a month to deliver and observe medication doses. This is a costly endeavor. HCPH implemented vDOT to improve medication adherence and patient benefits due to greater flexibility and autonomy. Moreover, the cost savings allow for increased testing and treatment in communities most at- risk for acquiring TB.

According to HCPH, in 2014, 47 patients were placed on vDOT. Traditional DOT costs for 47 patients totaled $73,775; vDOT costs totaled $47,783 yielding a 34% ($28,000) savings.

DSHS expects similar cost-saving after the implementation of vDOT. Currently, in a jurisdiction with more than 30 TB cases, two FTEs (either a nurse or public health prevention specialist) must travel to directly observe clients taking their medication. This travel occurs daily and can last from early morning to early afternoon. Additionally, TB treatment typically lasts up to 9 months. Introducing vDOT would allow at least 1 of these FTEs to focus on other essential public health activities (i.e. contact investigations, data entry, and/or clinic duties).

OUTPUTS:

Through the utilization of vDOT, the tuberculosis treatment completion is estimated to increase.

TYPE OF PROJECT

Video Conferencing / WEB Broadcasting

ALTERNATIVE ANALYSIS

As this is planned to be a software as a service, the agency risks losing buying power if the request is reduced. The reduction of funds would also result in the elimination of features.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$0	$0	$183,733	$161,733	$161,733	$161,733	$161,733	$668,932

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CODE	DESCRIPTION					Excp 2020	Excp 2021

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$0	$0	$0	$0	$0	$0	$0	$0

FTE

2018	2019	2020	2021	2022	2023	2024	
0.0	0.0	0.0	0.0	0.0	0.0	0.0	

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Continuation of subscription services related to the vDOT solution along with maintaining staff salaries, TCID maintenance, contracts and laboratory supplies.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
$12,608,779	$12,608,779	$12,608,779

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM :   42.00%

CONTRACT DESCRIPTION :

Contracts will be utilized to repair and renovate at TCID facilities and provide services with local health departments.

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

	Item Name:	Drive Public Health Decision-Making through Useful and Accessible Data	
	Item Priority:	7	
	IT Component:	Yes	
	Anticipated Out-year Costs:	Yes	
	Involve Contracts > $50,000:	Yes	
	Includes Funding for the Following Strategy or Strategies:	01-01-05 Health Data and Statistics	

OBJECTS OF EXPENSE:

CODE	DESCRIPTION	Excp 2020	Excp 2021
2001	PROFESSIONAL FEES AND SERVICES	2,312,814	1,456,489
2004	UTILITIES	9,562	5,803
2005	TRAVEL	700	700
2007	RENT - MACHINE AND OTHER	1,554	1,554
2009	OTHER OPERATING EXPENSE	464,499	238,521
5000	CAPITAL EXPENDITURES	33,494	28,959
	TOTAL, OBJECT OF EXPENSE	**$2,822,623**	**$1,732,026**

METHOD OF FINANCING:

		Excp 2020	Excp 2021
1	General Revenue Fund	2,822,623	1,732,026
	TOTAL, METHOD OF FINANCING	**$2,822,623**	**$1,732,026**

		Excp 2020	Excp 2021
FULL-TIME EQUIVALENT POSITIONS (FTE):		7.00	7.00

DESCRIPTION / JUSTIFICATION:

This item would improve DSHS ability to report meaningful public health data to policymakers, the public, and to health programs that serve the state's population.

• Technological Tools for Health Data Synthesis: $4,070,441 and 7 FTEs

The Legislature has charged DSHS to collect and report on several data sets. However, DSHS technology does not allow these existing data sets to speak to each other, requiring manual work to collate data sets and produce information for public consumption. These technological limitations lead to data accuracy challenges and time lags that ultimately delay access to information that can drive health policy decision making.

DSHS is requesting to purchase server space, query tools and a database to allow DSHS data analysts to better merge individual data sets into cohesive profiles for emerging and critical public health issues. Additionally, funds for short term staff augmentation to facilitate implementation of these technologies, and one ongoing FTE to provide IT support.

• User-friendliness of Health Data: $300,000

DSHS has been working to proactively disseminate more comprehensive data so the public can access data to analyze on their own. DSHS is requesting funds for a contracted health communications expert to better translate static data reports into richer, more innovative, interactive data visualizations. This expert would also help ensure data is conveyed in plain language and with the appropriate contextual information.

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CODE	DESCRIPTION	Excp 2020	Excp 2021

• Technological Resources to Improve Customer Service: $184,208

DSHS receives over 1,000 requests for data annually that provide the basis for public health programming and research carried out by local and state level public and private entities. This request would fund the purchase and implementation of a tracking system that will help ensure timely response to data requests and also maintains a comprehensive record of fulfilled requests.

EXTERNAL/INTERNAL FACTORS:

DSHS plays a critical stewardship role in the management and analysis of public health data sets. These public health data sets are necessary for effective administration of DSHS programs. Additionally, key partners like local health departments and health care providers rely on timely and accessible health trend data to respond effectively to chronic and infectious diseases, behavioral health issues, injuries, and environmental risks.

While data is the foundation of all public health activities and decision making, DSHS is experiencing some challenges in fulfilling its role as a public health data resource for the state. In particular, DSHS data analysts lack the appropriate technology and tools to synthesize existing public health data into user-friendly data sets that are accessible, immediate, and actionable. The result has been limited availability of actionable and timely Texas public health data.

DSHS must conduct time-consuming manual data entries and data quality checks to ensure that data is reliable enough to make public or provide to policymakers. However, technological solutions exist that would reduce unnecessary manual work and allow DSHS to deliver data more quickly. These solutions would also allow data analysts to conduct more advanced analyses for policymakers, evaluate the effectiveness of public health interventions, and provide data assistance to state and local entities. In addition, DSHS lacks staff who specialize in translating technical data analysis into easily consumable, plain language information for all audience types.

DSHS is requesting technological tools and staffing to enhance understanding the health of communities, cities, counties, and the whole state.

PCLS TRACKING KEY:
PCLS_86R_537_431138

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

Improving health outcomes depends on using data that is current and available for a complete picture of public health issues. Modernization of outdated infrastructure is needed to produce such data.

Modernization of data solutions for the Center for Health Statistics (CHS) includes:

1) Purchase and customization of a modified off-the-shelf data request tracking system
2) Purchase and setup of Health Data reporting databases
3) Creation of expanded data query and analytic tools
4) Purchase and implementation of Geographic Information Services (GIS) server to facilitate map-based visualization.
5) Contract for health communication work with data on the website

The modernization will be implemented using a customized version of an industry-leading web-enabled data request tracking system and statistical analysis reporting repository including geographical information mapping technology.

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CODE	DESCRIPTION	Excp 2020	Excp 2021

A contract with an academic partner or private industry subject matter expert would also be part of the solution, in order to procure services in translating data reports, materials, and website postings into easily consumable information to assist consumers with healthcare decision making.

Prompt and effective decisions and actions are needed to address public health topics and promote the well-being of Texans. CHS translates data-based evidence so it can be used by policy makers and public health practitioners to respond effectively and efficiently to chronic and infectious diseases, injuries, substance use, environmental risks, and health disparities.

CHS is the steward for much of the department's public health data. This requires managing and analyzing many datasets, tracking of data requests, and delivering requested products such as geographic maps. CHS uses outdated and absent data solutions (e.g. no centralized data request tracking system, reliance on unwieldly flat data files, limited data query tools). Additional work is needed to translate data materials into easily consumable information for public health decision making. This additional data management work prohibits time for advanced analytics and predictive work to anticipate future threats.

Modernization of CHS' data infrastructure will enhance data usage to help understand the health of communities, cities, counties, and Texas. For example, hospital data could be used to track and map preventable admissions and evaluate public health interventions. Birth data could be more thoroughly linked with hospital admission data to examine low birthweight and maternal mortality. Enhanced use of emergency department data could help direct community education programs and early warning detection of opioid overdoses. Improved data usage can enable the best possible responses to emerging public health threats.

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

STATUS:
New Request for consideration by 86th Legislature

OUTCOMES:
There will be significant savings in staff time due to automated processes:
Current manual processes add months of effort and are error prone. Estimate 4000 staff hours per year spent on manual business processes that can be saved with automated processes
4000 hours x $34/hour = $136,000/FY

Current processes do not support multiple simultaneous staff interactions. A multi-user environment would eliminate wasted time waiting for system availability. Estimate 1000 staff hours per year recovered.
1000 hours x $34/hour = $34,000/FY
Current processes require manipulation of data using sophisticated desktop software by highly-skilled workers and powerful desktop computers. An automated system would allow less-skilled workers to process queries and free up highly-skilled workers for more value-rich tasks.

Current processes for releasing DSHS IRB approved research data files require releasing data by quarterly files and via SFTP. An automated system with a database will allow for more efficient data extractions and reduced staff time

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CODE	DESCRIPTION	Excp 2020	Excp 2021

The current server for Texas Health Data can take a full minute to render a page, which causes users to think the agency site is nonfunctional.

OUTPUTS:

Many business processes require manual manipulation of data in paper form or by means of keyboard entry in response to inputs from a variety of sources which must be monitored separately by staff. Delays (a.k.a. latency) result from inputs not being processed immediately as they arrive but rather as staff get to them.

Some expected throughput improvements:

Measurement #1: Texas Health Data page render

- Current (Manual) process: 60 seconds

- Improved (automated) process: < 5 seconds

Measurement #2: Public Use Data File transfers

- Current latency: 3 to 10 days between receipt of payment and completed request form to transfer data to customer

- Improved latency: < 10 seconds

We will also realize improved customer satisfaction due to quicker turn-around of their orders.

Current systems require many manual and error-prone steps to conduct business. Automated processes will increase accuracy.

TYPE OF PROJECT

Other Service Delivery Functions

ALTERNATIVE ANALYSIS

This project is scalable by moving the query tools ($300K) to FY2022. This is independent of other deliverables and will not impact their implementation.

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$0	$0	$2,547,297	$1,568,167	$639,765	$639,765	$639,765	$6,034,759

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$0	$0	$2,166,321	$1,487,190	$300,000	$639,765	$639,765	$5,233,041

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION						Excp 2020	Excp 2021

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	7.0	7.0	1.0	1.0	1.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Software License Maintenance Cost, Ongoing Hardware Costs.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
$717,627	$717,627	$717,627

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM :   84.00%

CONTRACT DESCRIPTION :

Purchase and customization of a modified off-the-shelf data request tracking system. Purchase and setup of Health Data reporting databases. Creation of expanded data query and analytic tools. Purchase and implementation of GIS server. Contract for health communication work with data on website. Obtain contractors for IT development.

Agency code: **537** Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

Item Name: Bolster public health capacity to identify and respond to infectious disease outbreaks

Item Priority: 8

IT Component: Yes

Anticipated Out-year Costs: Yes

Involve Contracts > $50,000: Yes

Includes Funding for the Following Strategy or Strategies: 01-01-01 Public Health Preparedness and Coordinated Services

01-02-03 Infectious Disease Prevention, Epidemiology and Surveillance

OBJECTS OF EXPENSE:

Code	Description	Excp 2020	Excp 2021
1001	SALARIES AND WAGES	336,589	448,785
1002	OTHER PERSONNEL COSTS	27,551	32,039
2001	PROFESSIONAL FEES AND SERVICES	1,915,010	1,392,852
2004	UTILITIES	20,490	12,435
2005	TRAVEL	17,000	17,000
2006	RENT - BUILDING	240,000	240,000
2007	RENT - MACHINE AND OTHER	3,330	3,330
2009	OTHER OPERATING EXPENSE	804,303	646,225
5000	CAPITAL EXPENDITURES	107,130	62,055
	TOTAL, OBJECT OF EXPENSE	**$3,471,403**	**$2,854,721**

METHOD OF FINANCING:

Code	Description	Excp 2020	Excp 2021
1	General Revenue Fund	3,471,403	2,854,721
	TOTAL, METHOD OF FINANCING	**$3,471,403**	**$2,854,721**

FULL-TIME EQUIVALENT POSITIONS (FTE): 15.00 14.00

DESCRIPTION / JUSTIFICATION:

Texas Enhancement of the National Electronic Disease Surveillance System (NEDSS): $2,783,480 & 8 FTEs. DSHS depends on its electronic infectious disease reporting system, NEDSS, to process & categorize laboratory reports of infectious disease. DSHS epidemiologists use this information to discover emerging patterns in infectious disease. In 2017, DSHS received over 560,000 laboratory records through NEDSS. As a result, over 34,000 infectious disease investigations were initiated that involved more than 26,000 confirmed & probable cases of disease. 60 jurisdictions across the state also use NEDSS to access disease information pertinent to their area, & to complete case investigations for infectious diseases that are reported to DSHS & the Center for Disease Control and Prevention.

Increased Surveillance and Analysis Capacity: $2,342,644 and 7 FTEs. The FTEs will maximize the usefulness of NEDSS, ensure complete & quality information in the system, & provide technical assistance & real-time laboratory results to local providers & public health entities.

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

The item would fund:

• Purchase of servers for increased capacity

• Necessary software upgrades to achieve dependability of NEDSS operations

• Support for compliance with Data Center Services requirements

• Routine upkeep & technological troubleshooting

• Assessment & continued maintenance of system security

Continuation of the Infectious Disease Response Unit: $1,200,000

Infectious Disease Response Units are specialized teams used for managing cases of high consequence infectious diseases. Following 2014's Ebola incident in Dallas, DSHS received a 5 year federal grant which expires in FY20 to train & equip deployable teams of experts that can safely transport patients & assist hospitals in providing care for patients with suspected or confirmed high consequence infectious disease infections like Ebola. These funds will continue this important state capability & capacity to respond when needed.

EXTERNAL/INTERNAL FACTORS:

NEDSS is the basis of disease surveillance and response in Texas, but the system and its components are at risk for failure. The system was put into place in 2005, and system stability is an issue due to aging infrastructure, limited server space, and insufficient resources to perform routine maintenance. The result is that public health is delayed in receiving laboratory reports and case information that are vital to beginning disease investigations and informing treatment decisions about affected patients. As NEDSS continues to deteriorate, these delays will worsen and increasingly threaten the timeliness of public health's infectious disease response.

There are 4 DSHS staff supporting 450 NEDSS users across the state in 60 jurisdictions with training, troubleshooting, and quality control as well as maintaining those systems and implementing enhancements.

Current staffing levels aren't sufficient to adequately troubleshoot day-to-day issues. Since NEDSS is a national system operated by a contractor funded by the CDC, it isn't tailored to the specific programmatic, legal, and disease investigation needs of Texas and DSHS. Current staffing, hardware, and funding resources are insufficient to implement and maintain current updates to NEDSS core software and customize it as necessary for Texas.

Infectious Disease Response Unit: The five-year award expires on June 30, 2020. Without funding, DSHS will not be able to support maintenance of IDRU. DSHS is requesting General Revenue to continue this important asset for containing disease in the event of a high consequence infectious disease response.

PCLS TRACKING KEY:

N/A

DESCRIPTION OF IT COMPONENT INCLUDED IN EXCEPTIONAL ITEM:

The requested funds will be used to direct activities associated with enhancing the National Electronic Disease Surveillance System (NEDSS) and electronic reporting of health information to the Department of State Health Services (DSHS). In addition to funding additional program area staff, funds will be required for augmenting NEDSS to capture appropriate data elements electronically and additional server or electronic storage capacity required as the volume of incoming data increases. This will include an analysis of the current architecture followed by a migration of that infrastructure to the Data Center Services (DCS). Additionally, to improve performance and increase the overall stability of the system, the current application will be assessed and documented to improve user interaction and drastically reduce the need for manual data correction.

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

This request includes participation in data center services as required by statute Texas Government Code 2054, Subchapter L, Statewide Technology Centers and Section 2054.391. In addition, upgrading the hardware and moving to DCS will provide disaster recovery and otherwise mitigate the risk of catastrophic system failure.

Texas Law requires reporting of suspected and confirmed notifiable conditions. The NEDSS is used by the DSHS as the repository for all infectious disease reporting in Texas. There is a minimum set of required data elements that must be part of each report submitted to DSHS. The program areas and clients that rely on this system to send and receive their Electronic Lab Results (ELR) will be better served with better connectivity and transmission of their data.

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

NEW

STATUS:

New Request for consideration by 86th Legislature.

OUTCOMES:

The project is expected to result in reducing duplicative data entry by staff.

Due to lack of interoperability with local surveillance systems with the NEDSS system, DSHS staff complete duplicative manual entry of information submitted by large metropolitan health departments that do not use NEDSS as their primary data management system for disease surveillance and case investigation.

OUTPUTS:

The project is expected to result in:

Enhanced Epidemiological Analysis:

Increased investigation data collected to enhance epidemiological analysis

Reduction in infections:

Delays in notifications may result in additional people becoming infected.

Improved Public Health Interventions:

The proposed NEDSS upgrades will improve public health interventions around infectious disease surveillance and reporting and as well as emergency preparedness and response planning

Reduction of Duplicative Efforts for Health Departments:

Integration of external data systems for electronic reporting will be part of the long-term strategic plan to reduce duplicative efforts across state, region and local health departments.

TYPE OF PROJECT

Other Service Delivery Functions

ALTERNATIVE ANALYSIS

 Due to the nature of this project scalability is not feasible.

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION							Excp 2020	Excp 2021

ESTIMATED IT COST

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$0	$0	$2,019,097	$1,496,940	$715,967	$715,967	$715,967	$5,663,938

SCALABILITY

2018	2019	2020	2021	2022	2023	2024	Total Over Life of Project
$0	$0	$0	$0	$0	$0	$0	$0

FTE

2018	2019	2020	2021	2022	2023	2024
0.0	0.0	8.0	7.0	3.0	3.0	3.0

DESCRIPTION OF ANTICIPATED OUT-YEAR COSTS :

Reoccurring staffing costs as well as DCS annual costs, Rhapsody and Oracle license fees.

ESTIMATED ANTICIPATED OUT-YEAR COSTS FOR ITEM:

2022	2023	2024
$2,709,721	$2,709,721	$2,709,721

APPROXIMATE PERCENTAGE OF EXCEPTIONAL ITEM :   86.00%

CONTRACT DESCRIPTION :

Contractors may be utilized to upgrade DCS servers, IT development and disaster recovery.

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

Item Name:	Replace Vehicles at the End of Their Life Cycle	
Item Priority:	9	
IT Component:	No	
Anticipated Out-year Costs:	No	
Involve Contracts > $50,000:	No	
Includes Funding for the Following Strategy or Strategies:	01-01-01	Public Health Preparedness and Coordinated Services
	01-02-03	Infectious Disease Prevention, Epidemiology and Surveillance
	01-02-05	Texas Center for Infectious Disease (TCID)
	01-03-01	Health Promotion & Chronic Disease Prevention
	01-04-01	Laboratory Services
	03-01-01	Food (Meat) and Drug Safety
	03-01-02	Environmental Health
	03-01-03	Radiation Control
	05-01-03	Other Support Services

OBJECTS OF EXPENSE:

		Excp 2020	Excp 2021
5000	CAPITAL EXPENDITURES	2,505,972	0
	TOTAL, OBJECT OF EXPENSE	**$2,505,972**	**$0**

METHOD OF FINANCING:

		Excp 2020	Excp 2021
1	General Revenue Fund	2,505,972	0
	TOTAL, METHOD OF FINANCING	**$2,505,972**	**$0**

DESCRIPTION / JUSTIFICATION:

The purpose of this exceptional item is to replace 57 vehicles used to ensure provision of public health services, including replacement of vehicles in the Department State of Health Services regions and at Texas Center for Infectious Disease, and protective sheltering for public health emergency response vehicles.
• Replace 57 Vehicles: $1,526,092 in FY2020
• Protective sheltering for public health emergency response vehicles: $979,880 in FY2020

DSHS maintains a fleet of 122 vehicles in support of the agency mission to improve the health, safety, and well-being of Texans. The majority of this fleet is used in the DSHS health regions, where DSHS staff provide core public health services throughout large geographic jurisdictions. The 57 vehicles have met or exceeded the Statewide Fleet Management Plans' replacement criteria. The average age of the vehicles is 15 years and the average mileage is 180,000.

Agency code: **537**   Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2020	Excp 2021

The vehicles eligible for replacement include mini vans, cargo and passenger vans, passenger cars, and light trucks, for the following purposes:

• 45 vehicles used for on-the-ground public health services by DSHS regional offices throughout the state

• 10 vehicles used out of DSHS central office for consumer protection, building maintenance, community health, and laboratory and infectious disease services

• 2 vehicles used by TCID to maintain services for patients receiving care for tuberculosis.

In San Antonio, DSHS houses emergency response equipment, including six vehicles and twenty trailers, valued at over $3 million. The requested funds and capital budget authority would be used to purchase a permanent secure structure to protect the assets from inclement weather and vandalism.

EXTERNAL/INTERNAL FACTORS:

DSHS staff use the vehicles to provide services across large geographic jurisdictions. DSHS serves as the public health authority in areas that do not have a local health department or to provide core public health services where the local health departments cannot. The geography of the state requires significant travel distances, resulting in high mileage vehicles. For example, regional staff may travel up to three hours one way to provide direct observed therapy for tuberculosis patients.

The emergency response trailers and vehicles are located at three different locations, including locations owned by the City of San Antonio. All of the equipment is unprotected from inclement weather and will continue to deteriorate.

PCLS TRACKING KEY: