



**Department of State Health Services  
Exceptional Items:  
Reference Materials**

**House Appropriations Committee**

**86<sup>th</sup> Legislature**

**February 2019**



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# Content

- ◆ Summary of HB 1 Impact on DSHS Exceptional Items
- ◆ Exceptional Items Summary Table
- ◆ Exceptional Items Details



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# HB 1: Impact on DSHS Exceptional Item Requests

HB 1 addressed needs in the following areas, allowing DSHS to remove or reduce requests.

- ◆ Increase of \$7 Million in General Revenue and 8 FTEs for a contingency rider that fully funds the Maternal Mortality and Morbidity exceptional items.
- ◆ Increase of \$7.9 Million in General Revenue to fully implement newborn screening for X-ALD.
- ◆ Increase of \$1.3 Million in General Revenue to replace 49 vehicles.
- ◆ Increase of \$0.3 Million in General Revenue and \$4.7 Million in Federal Funds to fund Seat Management and Data Center Services costs.
- ◆ Rider language to facilitate security and quality of vital records needs



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# FY 2020-2021 HB 1 and Exceptional Item Requests

	Exceptional Item	FY 2020 GR/GRD	FY 2020 All Funds	FY 2021 GR/GRD	FY 2021 All Funds	Biennial GR/GRD	Biennial All Funds	2020 FTEs	2021 FTEs
	<b>DSHS FY 2020 -2021 SB 1, Introduced</b>	<b>\$413,696,358</b>	<b>\$811,541,606</b>	<b>\$411,062,027</b>	<b>\$810,187,289</b>	<b>\$824,758,385</b>	<b>\$1,621,728,895</b>	<b>3,213.7</b>	<b>3,213.7</b>
1.	Safeguard the Future of the State Public Health Laboratory	\$32,536,341	\$32,536,341	\$21,815,158	\$21,815,158	\$54,351,499	\$54,351,499	12	11
2.	Combat Maternal Mortality and Morbidity in Texas	-	-	-	-	-	-	-	-
3.	Increase the Quality and Security of Vital Events Records	\$1,355,275	\$1,355,275	\$1,682,333	\$1,682,333	\$3,037,608	\$3,037,608	25	25
4.	Ensure Stable Staffing of Technical and Scientific Public Health Positions	\$4,402,041	\$4,402,041	\$4,402,041	\$4,402,041	\$8,804,082	\$8,804,082	-	-
5.	Bolster Public Health Capacity to Identify and Respond to Infectious Disease Outbreaks	\$3,021,403	\$3,021,403	\$2,854,721	\$2,854,721	\$5,876,124	\$5,876,124	15	14
6.	Detect and Control the spread of Tuberculosis in Texas	\$14,649,042	\$14,649,042	\$12,608,779	\$12,608,779	\$27,257,821	\$27,257,821	12	13
7.	Drive Public Health Decision-Making through Useful and Accessible Data	\$2,822,623	\$2,822,623	\$1,732,026	\$1,732,026	\$4,554,649	\$4,554,649	7	7
8.	One Time Disaster Preparedness Funding for Rapid Response	\$979,880	\$979,880	-	-	\$979,880	\$979,880	-	-
	<b>Total, Exceptional Items</b>	<b>\$59,776,605</b>	<b>\$59,766,605</b>	<b>\$45,095,058</b>	<b>\$45,095,058</b>	<b>\$104,861,663</b>	<b>\$104,861,663</b>	<b>71</b>	<b>70</b>
	<b>Total, DSHS Base + Exceptional Items</b>	<b>\$473,462,963</b>	<b>\$871,308,211</b>	<b>\$456,157,085</b>	<b>\$855,282,347</b>	<b>\$929,620,048</b>	<b>\$1,726,590,558</b>	<b>3,284.7</b>	<b>3,283.7</b>



# EI 1: Safeguard the Future of the State Public Health Laboratory

- ◆ **Address the Laboratory Shortfall, \$17.6 M:** Protect the foundation of the state’s public health system by providing funds to continue full operations at the state public health laboratory.
- ◆ **Promote a Safe and Efficient Laboratory Environment, \$28.4 M and 12 FTEs:** Ensure uninterrupted safe operation of laboratory testing by providing an emergency power generator, roof and HVAC repairs, information system updates, and FTEs to meet increasing testing demands.
- ◆ **Retain Trained Laboratory Science Staff, \$8.4 M:** Bring 318 high turnover laboratory staff to market-range salaries to ensure a dependably staffed and experienced laboratory.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$32.5 M	\$21.8 M	\$54.4 M
All Funds	\$32.5 M	\$21.8 M	\$54.4 M

FTEs	12 (11 in FY 21)
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Program Data	Annual
Public Health Lab Tests	1.6 million
Newborn Screens	800,000

# The Laboratory is the Backbone of Texas Public Health

Newborn  
Screening for  
53 Disorders

Safe Food,  
Milk, and  
Water

Tuberculosis

Mosquito-  
Borne Illness

High  
Consequence  
Infectious  
Disease (e.g.  
Ebola)

Biological and  
Chemical  
Threats

Rabies

HIV/STD  
Testing



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# The State Public Health Laboratory Has Operated at a Shortfall since 2015

The primary driver of the shortfall is a budget gap in the Newborn Screening Program.

- ◆ The Newborn Screening Program operates at an approximately \$8 Million annual loss.
- ◆ The entire laboratory budget gap is \$8.9 Million annual.

Due to tightening restrictions and reporting requirements, DSHS is not allowed to use HIV rebate funds to fund the full laboratory shortfall.

- ◆ HIV rebates were the primary mechanism DSHS has been using to cover the shortfall.
- ◆ DSHS received updated federal guidance this summer.
- ◆ Only expenses directly related to HIV prevention and control services are eligible.



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



Liquid Handlers



Specialty Freezers



SCID Screening Equipment



Chemical Fume Hoods



Aging TB Equipment



Bacteria Detectors



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



Makeshift Approaches for Protecting \$250,00 Equipment from Incoming Rainwater



Water Damage to Walls from Roof Leaks



# Lab Staff Turnover Challenges the Lab's Ability to Maintain Timeliness and Accuracy

The state laboratory in Austin is staffed with 386 full time equivalents (FTEs) and the South Texas Laboratory is staffed with 16 FTEs.

- ◆ Testing occurs 6 days a week for newborn screening.
- ◆ 24/7 coverage for certain tests to maintain quick response times for critical public health tests.

Technical laboratorians require training of up to 18 or 24 months, depending on specialty, to be fully effective in conducting sophisticated public health testing.

This exceptional item would provide increases for the following positions that have an 18.6% turnover rate:

- ◆ Microbiologists
- ◆ Laboratory Technicians
- ◆ Chemists
- ◆ Molecular Biologists
- ◆ Medical Technologists



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# EI 2: Combat Maternal Mortality and Morbidity

## Contingent on Passage of Legislation

- ◆ **Implement Maternal Safety Initiatives Statewide, \$0:** Promote and scale up implementation of new TexasAIM maternal safety bundles statewide.
- ◆ **Implement a Maternal Care Coordination Pilot for High Risk Women, \$0:** At least three pilot sites, establish and track outcomes for the use of maternal care coordination during routine prenatal care. Create or standardize and promote use of provider-specific risk assessment tools and training modules to identify women with high risk factors; provide education on preventive measures; and make appropriate referrals to care.
- ◆ **Increase Public Awareness and Prevention Activities, \$0:** Enhance provider and community understanding about maternal risk factors and related preventive measures.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	-	-	-
All Funds	-	-	-

<b>FTEs</b>	-
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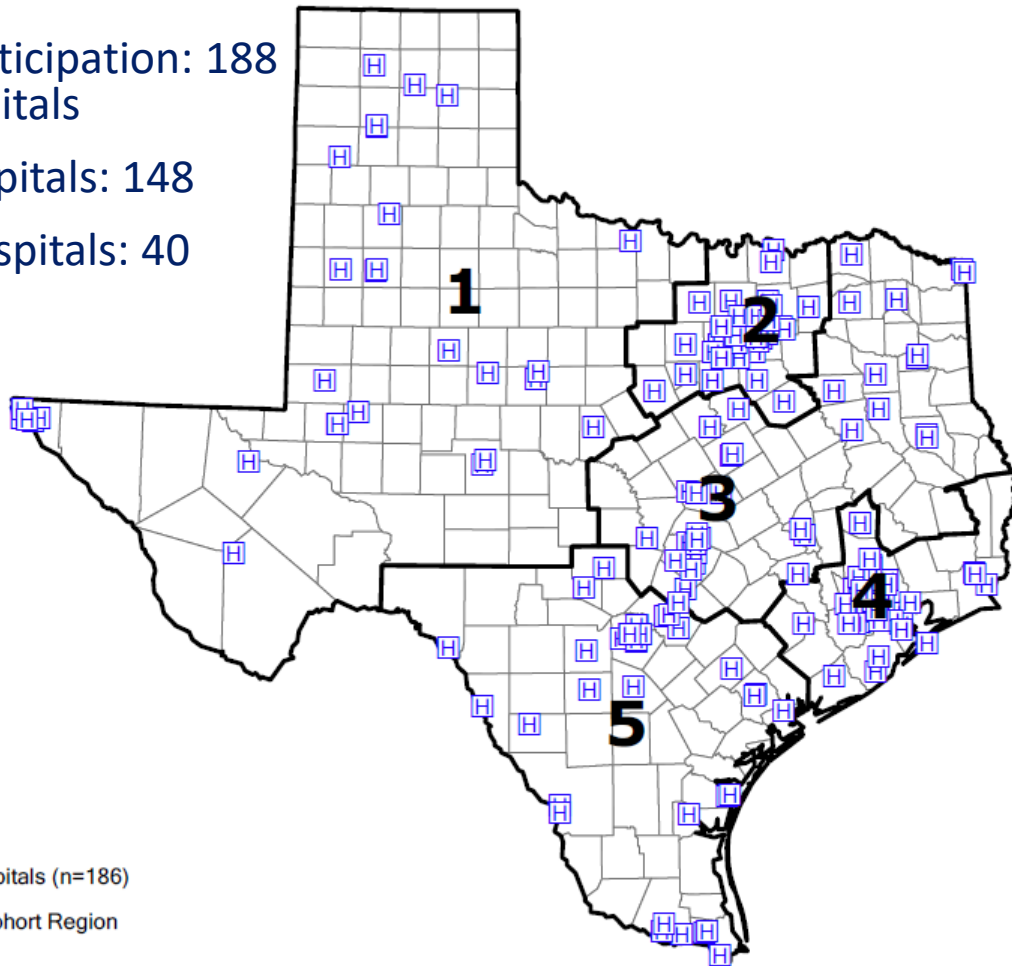
Program Data	
Potential Birthing Hospital Partners for TexasAIM	238
Confirmed Maternal Deaths, 2012-2015	382

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


Total AIM Participation: 188  
Birthing Hospitals


AIM Plus Hospitals: 148

AIM Basic Hospitals: 40



## Legend

 Enrolled hospitals (n=186)

 TexasAIM Cohort Region

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

AIM = Alliance for Innovation on Maternal Health

## Next Steps for TexasAIM

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



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

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

Types of factors that increase risk for mothers include:

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

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



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# New Interventions Could Help Address Multifaceted Maternal Conditions

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

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



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# EI 3: Increase Quality and Security of Vital Event Records

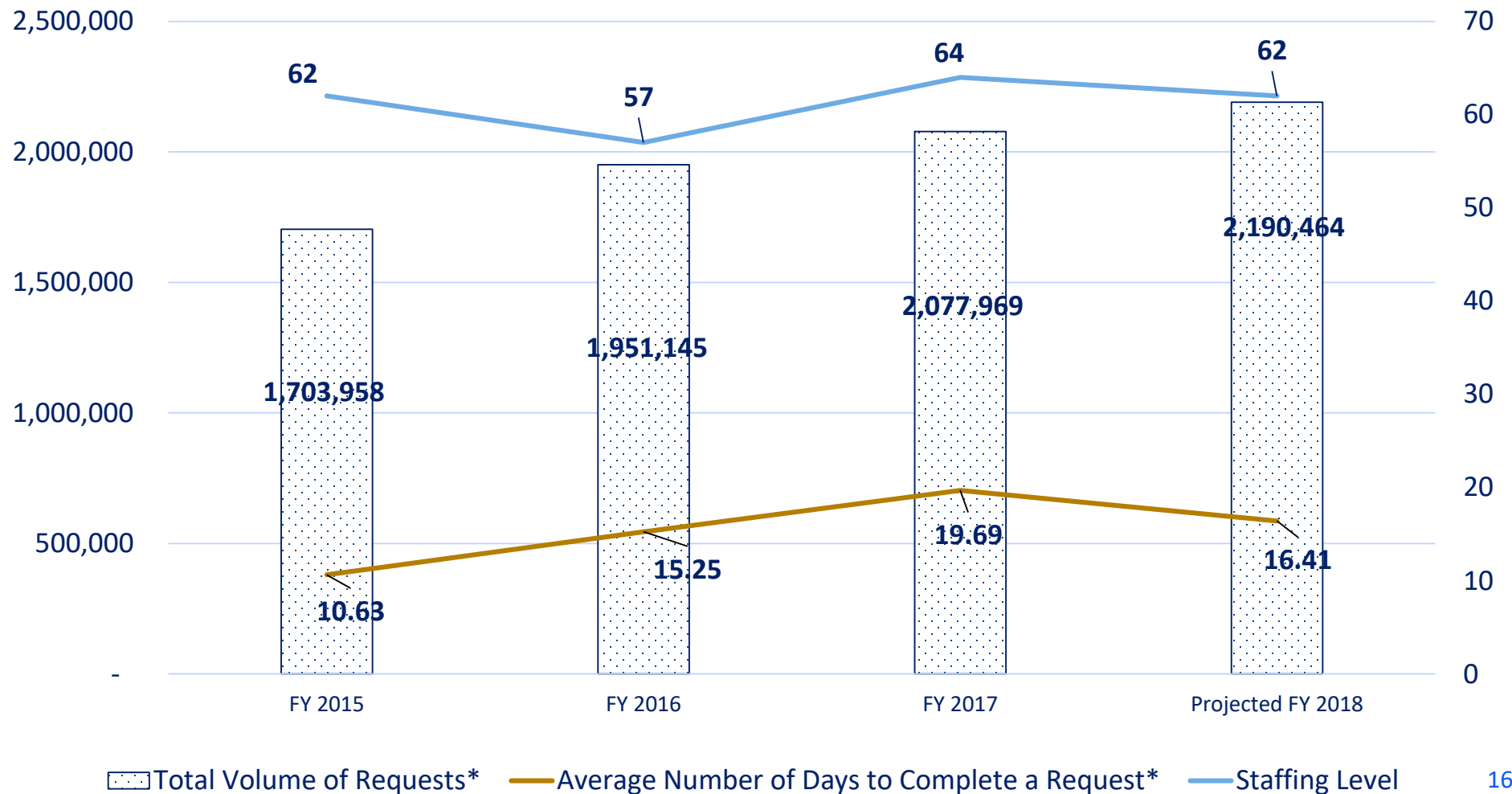
- ◆ **Address Backlogs and Improve Customer Service, \$3.04 M and 17 FTEs:** Reduce the backlog in processing vital events requests and improve responsiveness to customer needs by increasing staffing by 17 FTEs.
- ◆ **Increase Security of Vital Records, Capital Authority and 6 FTEs:** Take immediate steps to better ensure the physical security of Texas vital records through items like surveillance systems, high density shelving, appropriate fire suppression, and smoking detection. \$1.6 Million in capital budget authority is needed to implement.
- ◆ **Improve the Quality of Death Data, \$0 and 2 FTEs:** Provide training and ongoing support for medical certifiers to more accurately identify the cause of death on death certificates.

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$1.4 M	\$1.7 M	\$3.04 M
All Funds	\$1.4 M	\$1.7 M	\$3.04 M

<b>FTEs</b>	<b>25</b>
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Program Data	
Physical Records Held by DSHS	60 Million
Annual Newly Registered Vital Events	890,000

# Increasing Requests with Constant Staff Level Challenge Customer Service and Timeliness



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# Modifications Will Provide Safety for Physical Records



Fixed One-Directional Security Cameras Provide Limited Protection Against Theft



Adoption Paper Files Sit Unprotected Under Water Sprinklers



Historical Documents Have No Security Tracking Mechanisms on Them



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

## Rider 36, Death Certificate Quality Improvement

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

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



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# EI 4: Ensure Stable Staffing of Technical and Scientific Public Health Positions

- ◆ **Public Health and TCID Nurses, \$3.0 M:** Retain in-the-field public health expertise by increasing public health nurse and Texas Center for Infectious Disease nurse salary levels.
  - ◆ ~200 nurses
- ◆ **Meat Safety Inspectors, \$3.4 M:** Minimize the loss of investment in training meat safety inspectors by compensating these positions at market level.
  - ◆ ~150 inspectors
- ◆ **Finance Staff, \$2.4 M:** Protect the Department’s fiscal responsibility and compliance with state and federal requirements by compensating staff with financial expertise at midpoint.
  - ◆ ~120 staff

Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$4.4 M	\$4.4 M	\$8.8 M
All Funds	\$4.4 M	\$4.4 M	\$8.8 M

<b>FTEs</b>	<b>0</b>
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Program Data	
FTEs impacted	474
Amount of Time to Train New Staff in these Positions	6 weeks to 24 months

# Technical and Scientific Staff Turnover Wastes Resources and Decreases Public Health Coverage

## *Public Health and TCID Nurses, 26.4% turnover rate*

- ◆ Public Health Nurses act as the boots-on-the-ground for public health, including disease surveillance and control, immunizations, and emergency response
- ◆ TCID Nurses provide care for Tuberculosis inpatients and Hansen's disease patients, including the most complex and difficult-to-treat forms of TB
- ◆ 6 weeks to 5 months to train new nursing staff

## *Meat Safety Inspectors, 20.3% turnover rate*

- ◆ Inspect every livestock animal slaughtered in Texas to ensure the meat is not diseased before it enters intrastate commerce
- ◆ 2 years until the staff can operate completely independently

## *Finance Staff, 21.7% turnover rate*

- ◆ Manage budget and accounting for complex federal and state funding streams for multiple programs that must each comply with specific state and federal laws, regulations, and policies
- ◆ At least 6 to 9 months to train new staff



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# EI 5: Bolster Public Health Capacity to Monitor and Respond to Outbreaks

- ◆ **Stability of the Electronic Disease Reporting System, \$3.5 M and 8 FTEs:** Stabilize and maintain the dependability of this critically at-risk system called NEDSS through purchase of servers and software, and system maintenance.
- ◆ **Increased Surveillance and Analysis Capacity, \$1.6 M and 7 FTEs:** Meet increasing demand to provide technical assistance to external system users, customize and improve the system for more robust disease surveillance and investigation, and coordinate support for investigation during emergencies.
- ◆ **Continuation of the Infectious Disease Response Unit, \$750 K:** Provide state support for the Infectious Disease Response Unit program, which trains and equips deployable teams of experts that can safely transport patients and assist hospitals in providing care for patients suspected or confirmed with high consequence infections like Ebola, MERS, or Marburg.

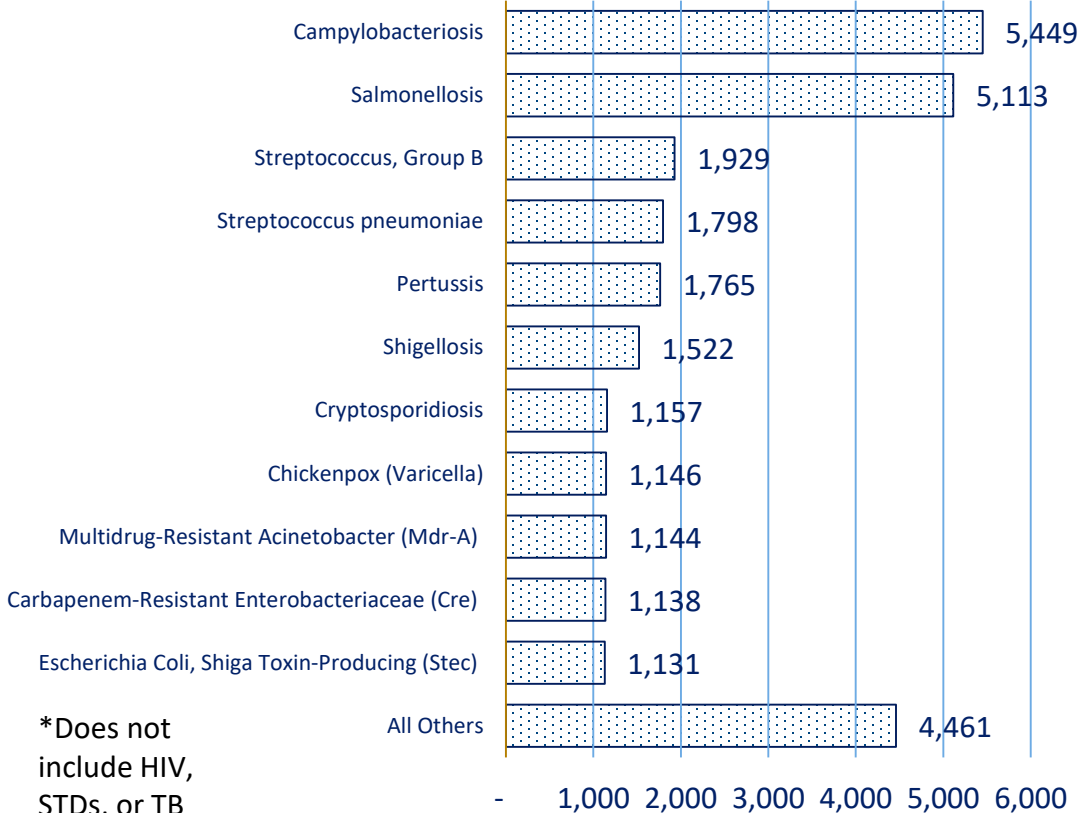
Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$3.0 M	\$2.8 M	\$5.9 M
All Funds	\$3.0 M	\$2.8 M	\$5.9 M

<b>FTEs</b>	<b>15</b>
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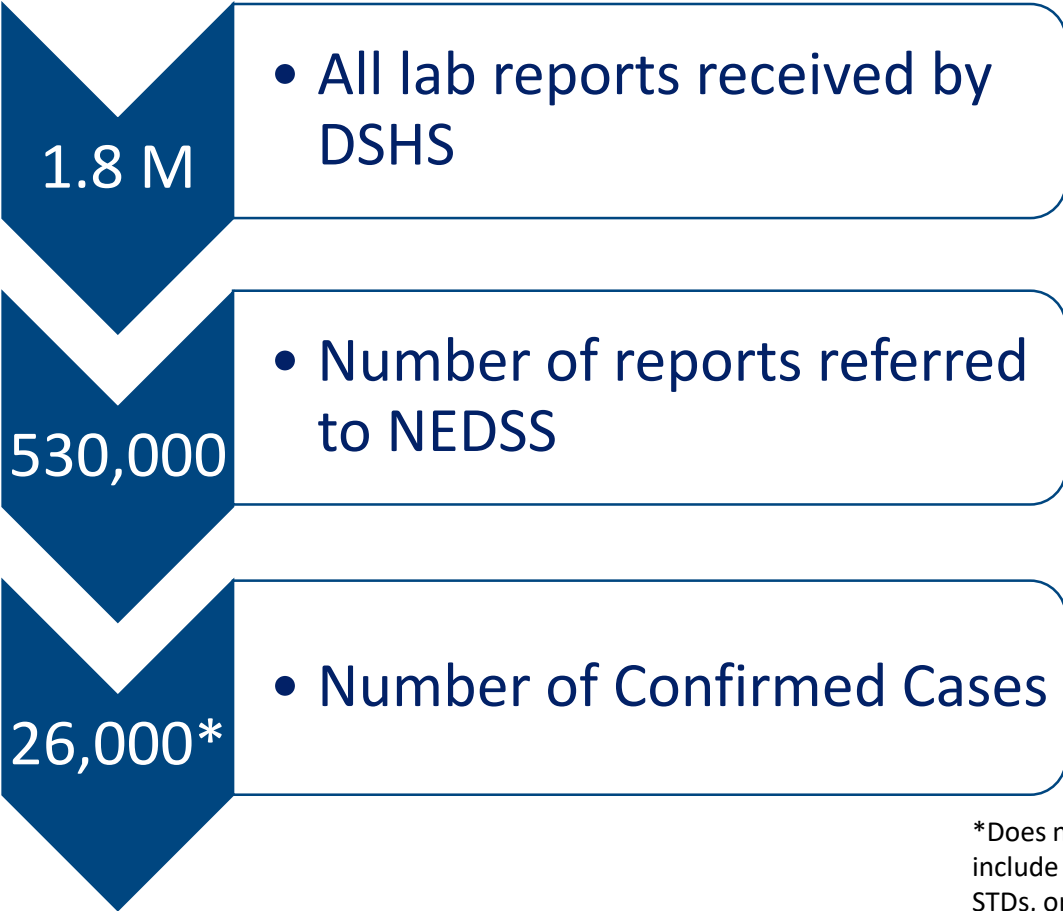
Program Data	Annual
Electronic Laboratory Records Reported to NEDSS	530,000
Infectious Disease Investigations Initiated	34,000
Confirmed and Probable Cases of Disease	26,000

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

Confirmed Cases, Select Diseases, 2017



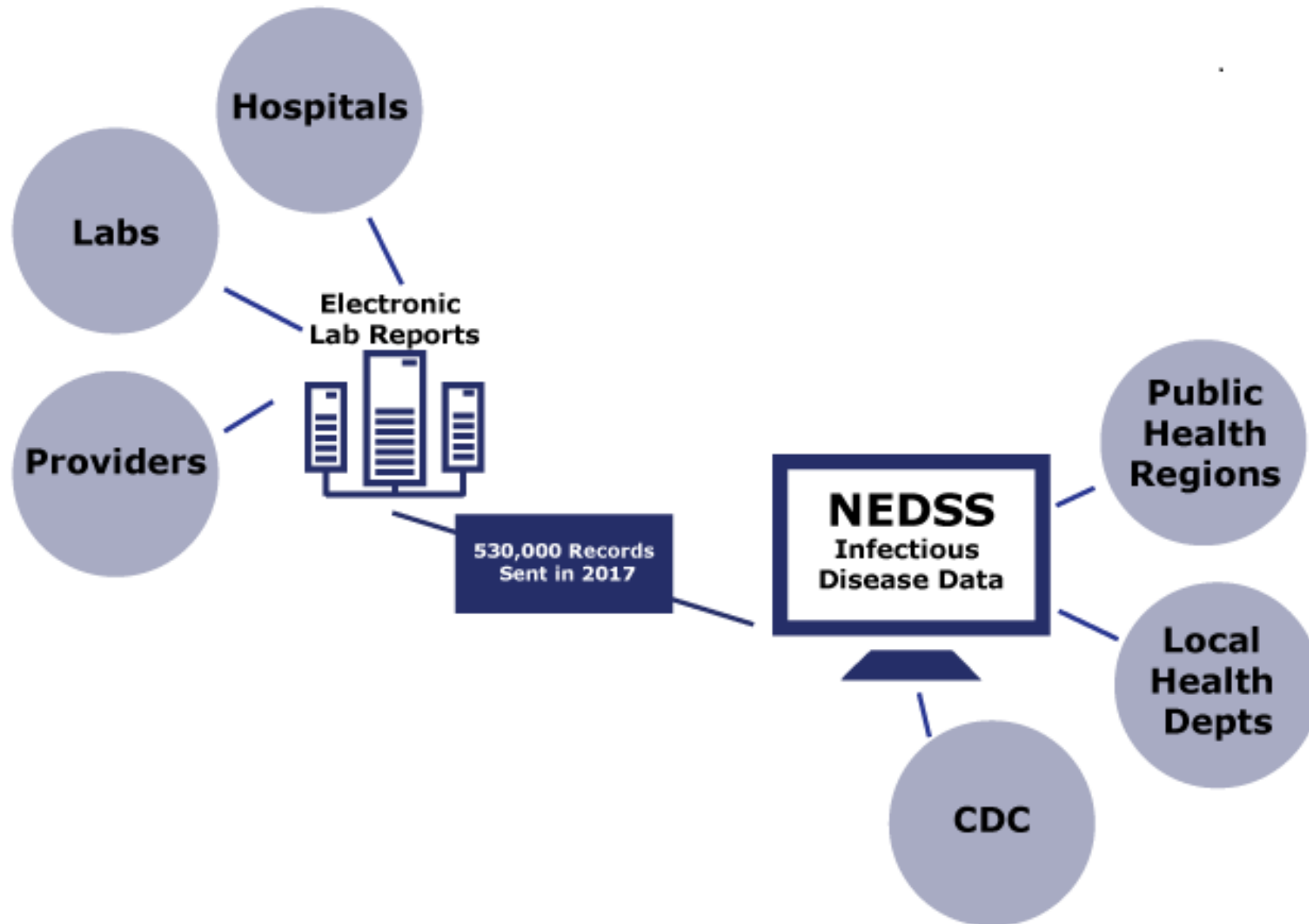
\*Does not include HIV, STDs, or TB



\*Does not include HIV, STDs, or TB



# Electronic Disease Reporting Facilitates Seamless Communication and Initiation of Response



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# Infectious Disease Response Units Maintain Readiness for High Consequence Disease

The five-year federal Ebola grant is expiring on June 30, 2020. The grant included \$0.7 Million annually to maintain the IDRU program.

Without an alternate source of funding:

- ◆ Texas will lose the capability to train and exercise personnel to provide deployable surge medical support to transport and care for a patient infectious with high consequence diseases like Marburg or Ebola.
- ◆ Texas will lose the ability to store and maintain a cache of equipment and pharmaceuticals to protect medical personnel, community members, and emergency responders from exposure to infectious disease.



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# EI 6: Detect and Control the Spread of Tuberculosis in Texas

- ◆ **Local Health Department Capacity for TB Response, \$9.2 M:** Support a more than 60 percent increase in state funding to local health departments for increase TB detection and response.
- ◆ **Essential Inpatient Capacity, Staffing and Tools for Responding to TB, \$16.3 M and 12 FTEs:** Provide additional DSHS capacity for TB detection, follow up activities. Maintain inpatient capacity at Texas Center for Infectious Diseases (TCID). Maximize the effectiveness of existing and new TB investigation capacity through tools like laboratory testing support, TB nurse surge capacity, medications, video direct observed therapy, and phlebotomy training.
- ◆ **TCID Renovations, \$1.8 M and 1 FTE:** Make needed repairs to TCID facilities, including repair and ongoing maintenance of the negative air pressure system, which contains the spread of airborne Tuberculosis within the facility.

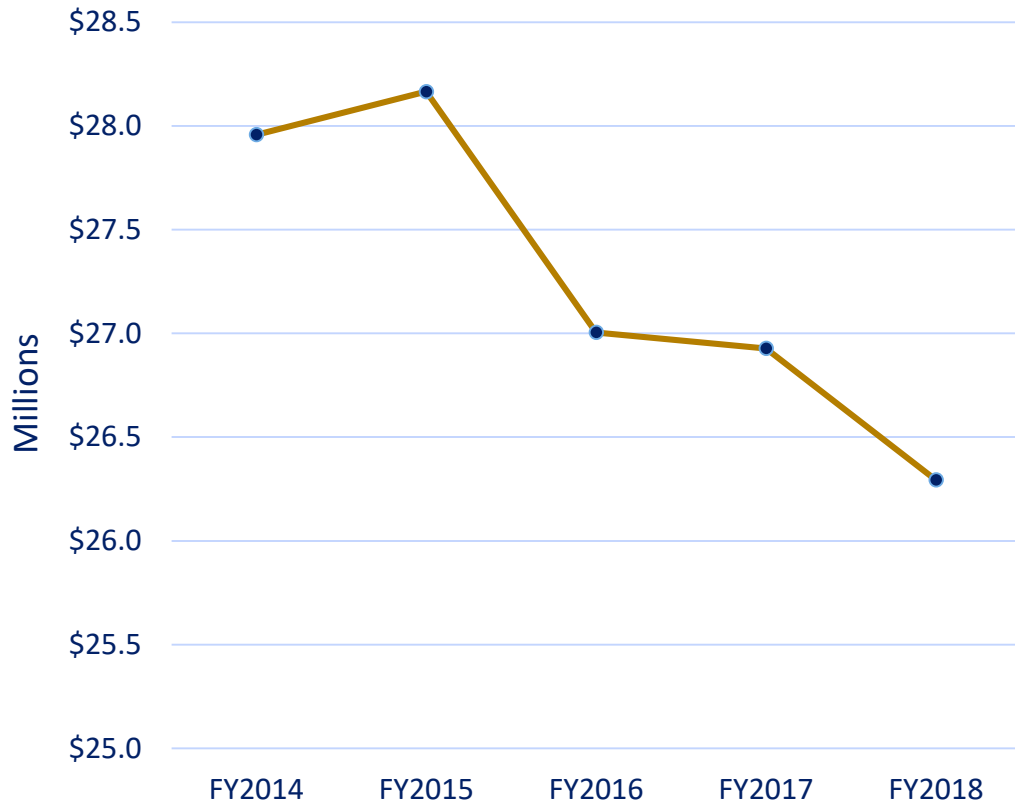
Method of Finance	FY 2020	FY 2021	Biennium
General Revenue	\$14.7 M	\$12.6 M	\$27.3 M
All Funds	\$14.7 M	\$12.6 M	\$27.3 M

<b>FTEs</b>	<b>12 (13 in FY 21)</b>
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Program Data	Annual
TB Diagnoses, 2016	1,250
Percent of Exposed Individuals Who are Screened for TB	62%
Time Spent in Travel to Administer TB medications, Region 9/10	440 Work Days

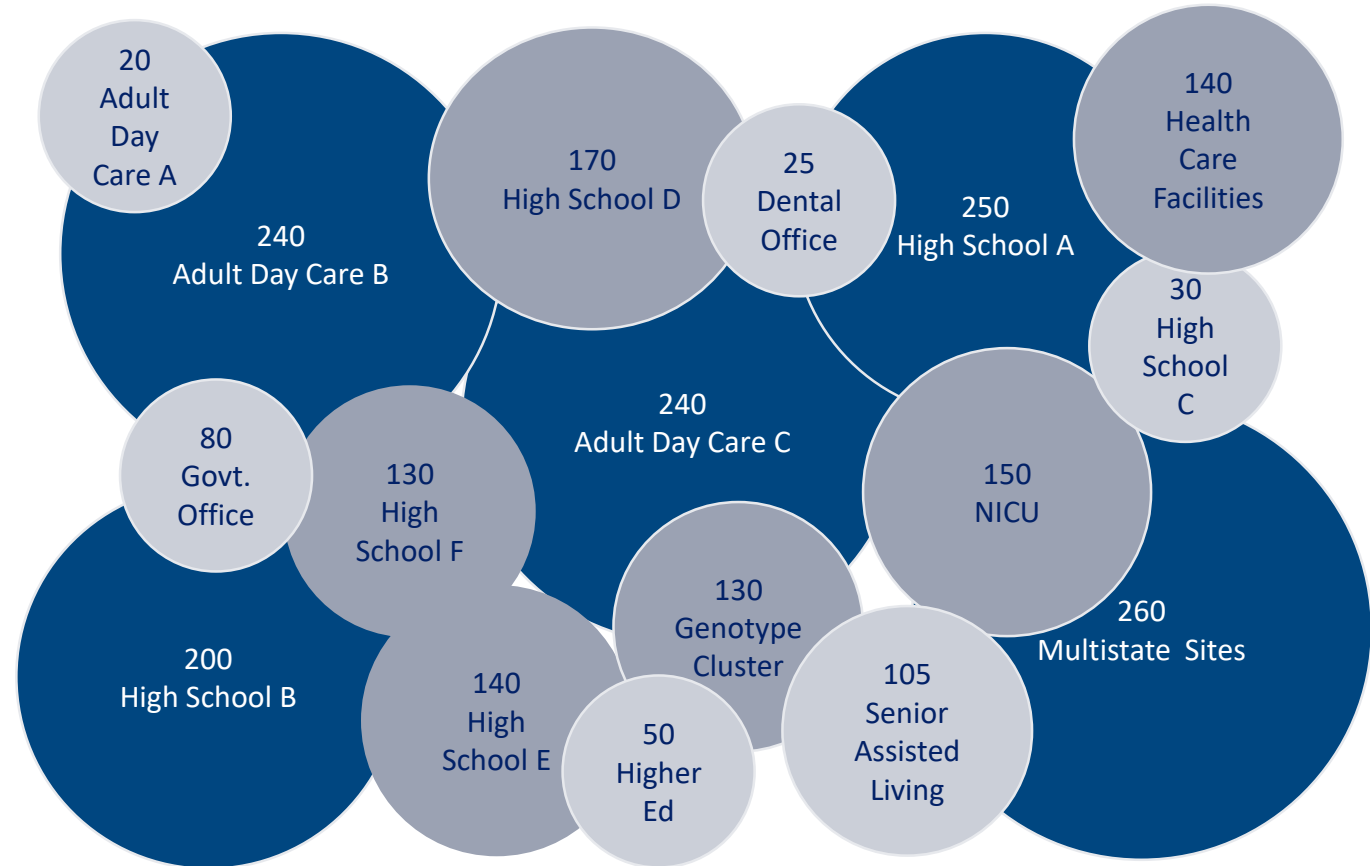
# Tuberculosis Investigations Grow More Complex While Resources Decline

Tuberculosis Funding\*, FY 2014-2018



\*Does not include DSRIP funding

Complex Investigations with Number of Exposed Individuals, 2017-2018



# Additional Staffing and Resources Will Increase the Effectiveness of TB Investigations

In 2015, approximately 14,500 individuals were exposed to active tuberculosis in Texas.

- Of those individuals, public health only was able to screen with 62 percent of exposed individuals.
- This is due to staffing limitations and the time needed to track and engage these individuals into screening and treatment.



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# Ongoing Maintenance and Renovations at TCID would Improve Safety and Operations

## *Negative Air Pressure System Repair and Maintenance*

- ◆ This specialized system ensures that contagions from TB and Hansen's Disease patients are contained appropriately within the facility.
- ◆ The system is about eight years old, a crucial point in its life span.
- ◆ With maintenance planning, a testing regimen, and a repair schedule, the dependability of this system can be maximized.

## *TCID Entry Modifications*

- ◆ TCID shares a campus with other facilities.
- ◆ A lack of appropriate pathway signage, and clear entries to TCID leads to confusion for campus visitors.
- ◆ Unnecessary visitor traffic poses a risk because of the nature of the diseases being treated at TCID.

## *SSLC Building Upgrade*

- ◆ The State Supported Living Center uses a building on TCID campus for staff training.
- ◆ This building needs bathroom facilities, and finishing of internal walls.



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# EI 7: Drive Public Health Decision-Making through Useful and Accessible Data

- ◆ **Technological Tools for Health Data Synthesis, \$4.0 M and 7 FTEs:** Increase data accuracy, timeliness, and comprehensiveness by purchasing server space, query tools, and a database for merging and analyzing public health data sets.
- ◆ **Tools and Consultant for User-friendliness of DSHS Public Health Data, \$500 K:** Translate public health data sets into visually meaningful and easily understandable formats and language by engaging a health communications expert for consultation.

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

<b>FTEs</b>	<b>7</b>
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Program Data	
Annual Number of Requests for Data	Thousands
Public Health Data Sets	~ 50
Annually Collected Records	Tens of Millions

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

Birth

Death

Pregnancy

Infectious  
Disease

Chronic  
Disease

Health Care  
Quality

Health Care  
Facility Claims

Emergency  
Medical  
Services

Birth Defects

Cancer

Health  
Professions

Health  
Behaviors



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

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

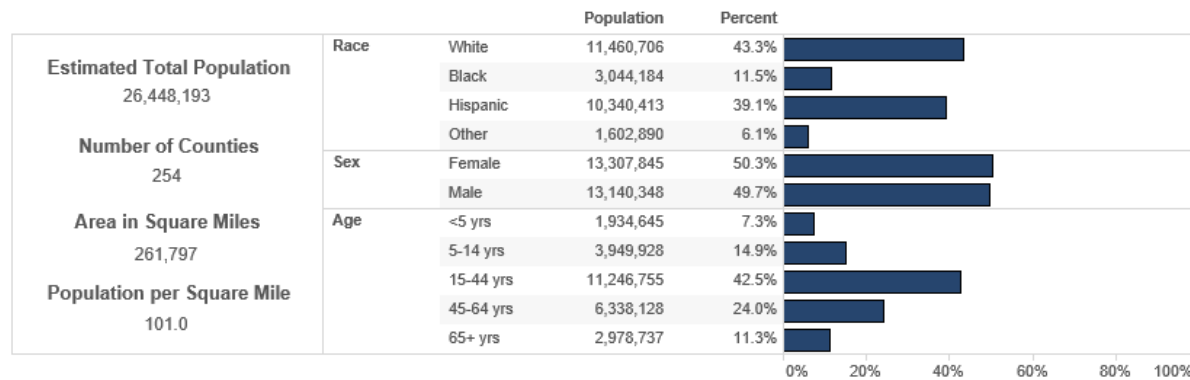
[Texas only](#)
[By County](#)
[By Metropolitan Statistical Area \(MSA\)](#)
[By Border Designation \(La Paz Agreement\)](#)
[By Public Health Region \(11\)](#)
[By Health Service Region \(8\)](#)
[By Metropolitan Status](#)

## Health Facts Profiles Texas, 2013

Select Year

2013

### Demography / Population



### Socioeconomic Indicators

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

### Births (Natality)

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

### Communicable Diseases - Reported Cases

### Deaths (Mortality)

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

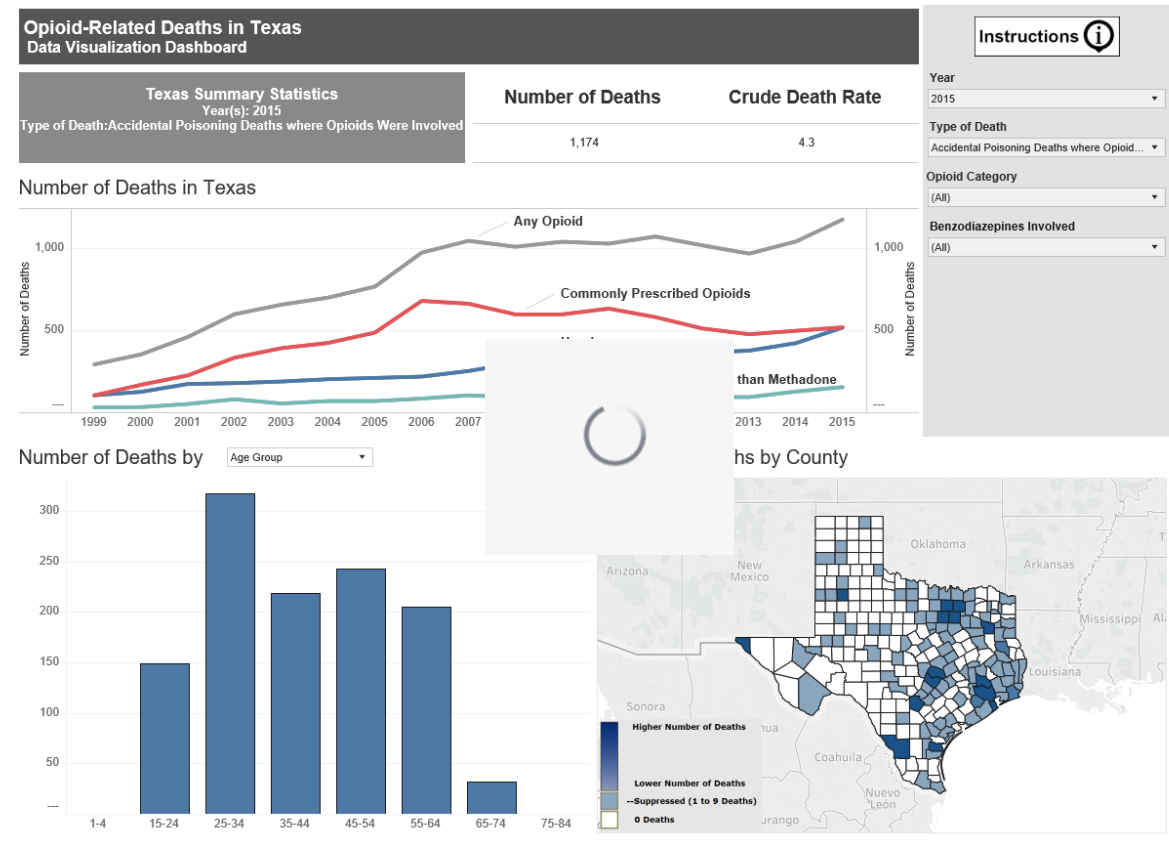
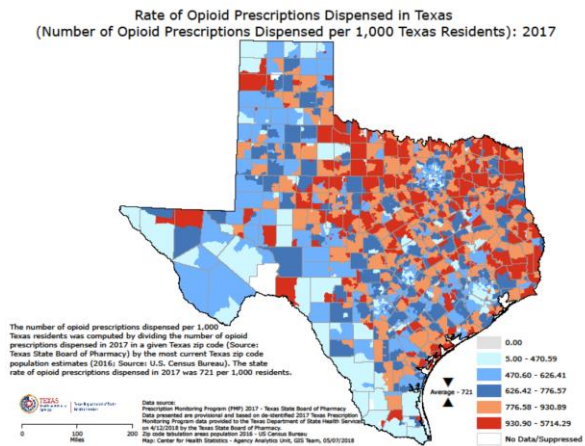


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# Limited Server Space Results in Slow Data Processing and Long Loading Times For Users

For a set of four maps:

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





# EI 8: One-Time Disaster Preparedness Funding for Rapid Response

- ◆ **Shelter and Staging for High Cost Emergency Response Vehicles, \$980 K:** Provide one staging location for medical emergency response vehicles, command and control, and specialized trailers to allow faster deployment and to protect high-cost emergency vehicle assets.

Method of Finance	FY 2018	FY 2019	Biennium
General Revenue	\$980 K	-	\$980 K
All Funds	\$980 K	-	\$980 K

<b>FTEs</b>	<b>0</b>
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Program Data	
Emergency Response Assets	26
Size of Proposed Deployment Area	30,000 square feet

# High Cost Emergency Assets are Scattered and Unprotected

- ◆ 26 emergency response vehicles, command and control, and specialized trailers across the San Antonio area
  - ◆ Future availability of these locations is uncertain; TCID grounds could be used to securely store them.
  - ◆ This slows down the ability of public health emergency responders to stage vehicles for deployment.
- ◆ These assets are unprotected from the environment, which results in shorter duration between tire changes, damage to exterior, and significantly shorter life of supplies and equipment inside the trailers.
- ◆ Having the vehicles in one location, with protective covering and access to electricity and water, would maintain the investment in these assets and allow more timely deployment in critical situations.

