Department of State Health Services
Joint Hearing of
the Governor’s Office of Budget, Policy, and Planning
and
the Legislative Budget Board

September 22, 2016
John Hellerstedt, M.D., Commissioner
Donna Sheppard, Interim Chief Financial Officer
Presentation Outline

- Agency Mission and Overview
- FY 2017 Agency Structure
- Current Budget and Issues
- FY 2018 - 2019 Summary of Base Request Table
- Exceptional Items Summary Table
- Exceptional Items Details
DSHS Mission: To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

DSHS Vision: A Healthy Texas

DSHS Goals:
• Improve health through prevention and population health strategies.
• Enhance public health response to disasters and disease outbreaks.
• Reduce health problems through public health consumer protection.
• Expand the effective use of health information.
Sunset legislation streamlined DSHS focus on population health programs including:

- Infectious disease control
- Health emergency preparedness and response
- Public health data and surveillance
- Chronic disease prevention
- Community health services
New Agency Structure (cont.)

FY 2017 Transitions

• Most client service programs have transferred to HHSC
• HHSC’s Office of Border Affairs transferred to DSHS
• Four professional regulatory programs to the Texas Medical Board
• Seven occupational and professional regulatory programs to the Texas Department of Licensing and Regulation (TDLR)

FY 2018 Transitions

• Health facility regulatory functions to HHSC
• Additional occupational and professional regulatory programs to TDLR and HHSC
• State hospital operations to HHSC
• Women, Infants, and Children (WIC) to HHSC
Agency Divisions and Functions: Fiscal Year 2017

Assistant Deputy Commissioner
• Academic affairs
• Border health
• Health statistics
• Public health policy
• State hospitals
• Vital statistics

Disease Control and Prevention
• Chronic disease
• Health registries
• Infectious disease
• Public health laboratory
Family and Community Health
• Community health
• Specialized health
• Title V and family health
• WIC nutrition

Regional and Local Health
• Health emergency preparedness and response
• Health authority in areas without a locally-appointed health authority
• Public health support for jurisdictions with no or limited coverage
Agency Divisions and Functions: Fiscal Year 2017 (cont.)

Regulatory

- Emergency Medical Services and trauma care system
- Environmental health
- Food and drug safety
- Health care professionals
- Health care facilities
- Radiation control
FY 2018 - 2019 Request: By Source

- **General Revenue/GRD**
  - $625,854,603
  - 40%

- **Federal Funds**
  - $584,919,396
  - 37%

- **Other Funds**
  - $356,058,278
  - 23%
FY 2018 - 2019 Request: All Funds

Biennial Budget Total: $1.6 Billion

- Safety Net Programs, $759,587,028 (48%)
- Public Health, $604,633,781 (39%)
- Patient and Consumer Safety, $88,342,229 (6%)
- Indirect Admin, $86,617,539 (5%)
- Agency Wide IT, $27,651,700 (2%)
## Top Ten Federal Funding Sources

<table>
<thead>
<tr>
<th>Federal Funding Source</th>
<th>Program</th>
<th>FY 2018 - 2019 Base Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan White Care Act II</td>
<td>HIV/STD Prevention</td>
<td>$200,847,455</td>
</tr>
<tr>
<td>Public Health Emergency Preparedness (PHEP) - Base</td>
<td>Public Health Preparedness and Coordination Services</td>
<td>$69,415,320</td>
</tr>
<tr>
<td>Maternal and Child Health Services - Title V</td>
<td>Women &amp; Children's Health Services</td>
<td>$48,543,271</td>
</tr>
<tr>
<td>Refugee and Entrant Assistance</td>
<td>Infectious Disease, Epidemiology, Surveillance and Control</td>
<td>$46,451,482</td>
</tr>
<tr>
<td>Immunizations and Vaccines for Children Program</td>
<td>Immunize Children &amp; Adults in Texas</td>
<td>$36,285,704</td>
</tr>
<tr>
<td>Hospital Preparedness Program (HPP)</td>
<td>Public Health Preparedness and Coordination Services</td>
<td>$30,520,856</td>
</tr>
<tr>
<td>Medicaid- 50/50</td>
<td>Women &amp; Children's Health Services</td>
<td>$16,982,168</td>
</tr>
<tr>
<td>Project &amp; Cooperative Agreements for Tuberculosis Control</td>
<td>Tuberculosis Surveillance and Prevention</td>
<td>$13,669,912</td>
</tr>
<tr>
<td>Preventive Health Services-STD Control Grants</td>
<td>HIV/STD Prevention</td>
<td>$13,322,050</td>
</tr>
<tr>
<td><strong>Total Method of Finance</strong></td>
<td></td>
<td><strong>$507,815,482</strong></td>
</tr>
</tbody>
</table>
Budget Issues

FY 2017

• State hospital shortfall
• State hospital deferred maintenance needs
• State hospital forensic wait list
• Public health laboratory revenue
• Tobacco Settlement Fund estimates

FY 2018 - 2019

• Increasing number of disease investigations and demand for public health professionals due to population growth
• Emerging disease threats like Zika virus
• Laboratory and vital records infrastructure
• EMS/Trauma funding
Four Percent General Revenue Reduction

Four Percent Reduction Impact: $12.5 million annually

Approach:
• Target administrative activities.
• Target one-time projects from the previous budget.
• Avoid programs with the most immediate impact to public health.

Highest Impact Reductions:
• Chronic Disease Prevention, $3.5 million annually
  • Includes reductions to Lone Star Stroke Consortium, Love Your Kidneys, Heart Attack and Stroke Data Collection Initiative
• Tobacco Prevention and Control: $1.0 million annually
## FY 2018 - 2019 Base and Exceptional Item Requests

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Goal 1: Preparedness and Prevention</td>
<td>$1,208,690,738</td>
<td>$87,316,189</td>
<td>$1,296,006,927</td>
<td>1,916.6</td>
<td>1,916.6</td>
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<tr>
<td>Goal 2: Community Health Services</td>
<td>$155,530,071</td>
<td>$2,065,712</td>
<td>$157,595,783</td>
<td>516.4</td>
<td>516.4</td>
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<tr>
<td>Goal 3: Consumer Protection Services</td>
<td>$88,342,229</td>
<td>–</td>
<td>$88,342,229</td>
<td>646.0</td>
<td>646.0</td>
</tr>
<tr>
<td>Goal 4: Agency Wide Information Technology</td>
<td>$27,651,700</td>
<td>–</td>
<td>$27,651,700</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Goal 5: Indirect Administration</td>
<td>$86,617,539</td>
<td>–</td>
<td>$86,617,539</td>
<td>215.5</td>
<td>215.5</td>
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<tr>
<td><strong>Total Agency Request</strong></td>
<td><strong>$1,566,832,277</strong></td>
<td><strong>$89,381,901</strong></td>
<td><strong>$1,656,214,178</strong></td>
<td><strong>3,294.5</strong></td>
<td><strong>3,294.5</strong></td>
</tr>
</tbody>
</table>

### General Revenue
- $507,563,368
- $89,381,901
- $596,945,269

### General Revenue - Dedicated
- $118,291,235
- $118,291,235

### Federal Funds
- $584,919,396
- $584,919,396

### Other Funds
- $356,058,278
- $356,058,278

### Total Agency Method of Finance
- **$1,566,832,277**
- **$89,381,901**
- **$1,656,214,178**
## Summary of Exceptional Items

<table>
<thead>
<tr>
<th>Exceptional Item</th>
<th>FY 2018 GR/GRD</th>
<th>FY 2018 All Funds</th>
<th>FY 2019 GR/GRD</th>
<th>FY 2019 All Funds</th>
<th>Biennial GR/GRD</th>
<th>Biennial All Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Restore Four Percent GR Reduction to Chronic Disease Programs</td>
<td>$2,492,994</td>
<td>$2,492,994</td>
<td>$2,492,993</td>
<td>$2,492,993</td>
<td>$4,985,987</td>
<td>$4,985,987</td>
</tr>
<tr>
<td>3. Support Regional and Local Public Health</td>
<td>$3,314,230</td>
<td>$3,314,230</td>
<td>$2,987,769</td>
<td>$2,987,769</td>
<td>$6,301,999</td>
<td>$6,301,999</td>
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<tr>
<td>4. Strengthen the State Public Health Lab</td>
<td>$20,288,825</td>
<td>$20,288,825</td>
<td>$7,244,671</td>
<td>$7,244,671</td>
<td>$27,533,496</td>
<td>$27,533,496</td>
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<tr>
<td>5. Improve Tuberculosis Detection and Control Capacity</td>
<td>$12,541,971</td>
<td>$12,541,971</td>
<td>$12,135,008</td>
<td>$12,135,008</td>
<td>$24,676,979</td>
<td>$24,676,979</td>
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<tr>
<td><strong>Exceptional Item Total</strong></td>
<td><strong>$54,083,557</strong></td>
<td><strong>$54,083,557</strong></td>
<td><strong>$35,298,344</strong></td>
<td><strong>$35,298,344</strong></td>
<td><strong>$89,381,901</strong></td>
<td><strong>$89,381,901</strong></td>
</tr>
</tbody>
</table>
DSHS Exceptional Item Objectives

• Ensure critical public health services
  • Continue funding levels for chronic disease and tobacco prevention efforts
  • Continue support of existing public health capacity
• Meet the needs of a growing population
  • Public health expertise and capacity in the field and in the laboratory
  • Adequate testing and medications capacity
• Maintain capacity for response to the increasing number of emerging and current disease threats
  • Routine surveillance and outbreak response
  • Tuberculosis containment
• Secure the operations of vital events registration and public health data systems
  • Vital statistics building infrastructure
  • Electronic systems for blood lead and the public health pharmacy
A Growing Population Leads to Increasing Numbers of Reported Disease

Select Reported Infectious Diseases, 2011-2015
Increased Disease Threats Require Greater Public Health Response Capacity

Investigations for Select Diseases, 2011 - 2015

- Tuberculosis
- Syphilis
- HIV
- Gonorrhea
- Emerging and Acute Diseases and Zoonotic Diseases
- Chlamydia
Increased Disease Threats Require Greater Public Health Response Capacity

- **October 2014 – December 2015**
  - Approximately 1,500 individuals were monitored for Ebola, including Ebola testing by the DSHS Public Health Laboratory.

- **January 2016 – March 2016**
  - 88 individuals were monitored for avian influenza, including testing by the DSHS Public Health Laboratory.

- **2016 Mosquito Season**
  - Approximately 200 Zika cases
  - 126 cases of human West Nile virus and two deaths
  - 23 human Dengue cases
Actionable Data Requires Modernization and Maintenance

Vital Event Records for Texans
- Responsibility for over 30 million birth and 10 million death records

Public Health Data
- Over 140 million immunization records in the Immunizations Registry
- Over two million records of patients in the Cancer Registry
- Over 7.5 million reports in the Blood Lead Registry

Valuable Public Health Assets
- Over $112 million value in medications and drugs processed through the Public Health Pharmacy annually
- Systems for High Consequence Infectious Disease monitoring and response
EI 1: Restore Four Percent GR Reduction to Chronic Disease Programs

Restore funding for Chronic Disease programs to support the following:

- End Stage Renal Disease Prevention Program: $500 K
- Lone Star Stroke (LSS) Research Consortium: $3.0 M
- Texas Heart Attack and Stroke Data Collection Initiative: $1.5 M

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>GR</td>
<td>$2.5 M</td>
<td>$2.5 M</td>
<td>$5.0 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$2.5 M</td>
<td>$2.5 M</td>
<td>$5.0 M</td>
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FTEs 2

Program Impact

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<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Hospitals Reporting Heart Attack and Stroke Data</td>
<td>281</td>
</tr>
<tr>
<td>Texans served by the LSS Research Consortium</td>
<td>7,000</td>
</tr>
</tbody>
</table>

Outputs

- Maintain current kidney disease education activities: medical education for providers and a website ad multimedia campaign for at risk Texans.
- Allow completion of existing projects to improve 7,000 Texans’ cerebrovascular health through clinical research and therapeutic trials.
- Continue augmented data collection to inform system of care improvements for heart attack and stroke.
Continued Interventions Needed for Kidney Disease and Stroke

Number of Living End Stage Renal Disease Patients in Texas


Stroke Death Rates among Residents of Texas and the U.S. by Race/Ethnicity

Source: Texas Behavioral Risk Factor Surveillance System (BRFSS), 2013
Top Causes of Death in Texas Largely Caused by Chronic Disease or Tobacco

Top Ten Causes of Death in Texas, 2014

1. Diseases of the Heart
2. Malignant Neoplasms
3. Cerebrovascular Diseases
4. Chronic Lower Respiratory Diseases
5. Accidents
6. Alzheimer's Disease
7. Diabetes Mellitus
8. Septicemia
9. Nephritis, Nephrotic Syndrome and Nephrosis
10. Chronic Liver Disease and Cirrhosis

Number of Deaths
EI 2: Maintain Critical Public Health Capacity and Tobacco Prevention/Control

1) Decrease in General Revenue-Dedicated Estimates, $8.3 M: Cover reduced appropriations from the Tobacco Settlement Fund with General Revenue:
   - EMS/Trauma ($2.1 M)
   - Tobacco Prevention and Control ($4.1 M)
   - Public Health Prevention and Preparedness ($2.1 M)

2) Restoration of General Revenue Reductions, $2.0 M: Continue tobacco prevention and control programming at current appropriated levels.

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>GR</td>
<td>$5.1 M</td>
<td>$5.2 M</td>
<td>$10.3 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$5.1 M</td>
<td>$5.2 M</td>
<td>$10.3 M</td>
</tr>
</tbody>
</table>

**Outputs**

- Continue local and state disaster and disease outbreak preparedness efforts and grants to rural and resource-scarce EMS providers and first responders for equipment, training and supplies.
- Continue locally-driven tobacco cessation and prevention services, public awareness, youth access enforcement, and program evaluation to measure outcomes.

<table>
<thead>
<tr>
<th>Program Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Advisory Councils</td>
</tr>
<tr>
<td>EMS Grants</td>
</tr>
<tr>
<td>Tobacco Coalitions</td>
</tr>
</tbody>
</table>
Tobacco Education Efforts Drive Texans to Cessation Resources

Number of Individuals Using DSHS Quitline Services, 2008-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Calls</th>
<th>Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>3,607</td>
<td>2,148</td>
</tr>
<tr>
<td>2009</td>
<td>6,555</td>
<td>4,164</td>
</tr>
<tr>
<td>2010</td>
<td>20,254</td>
<td>12,402</td>
</tr>
<tr>
<td>2011</td>
<td>23,821</td>
<td>12,671</td>
</tr>
<tr>
<td>2012</td>
<td>25,176</td>
<td>13,239</td>
</tr>
<tr>
<td>2013</td>
<td>27,791</td>
<td>16,198</td>
</tr>
<tr>
<td>2014</td>
<td>28,654</td>
<td>18,044</td>
</tr>
<tr>
<td>2015</td>
<td>29,680</td>
<td>16,154</td>
</tr>
</tbody>
</table>

Data Source: Texas Quitline data, Health Promotion and Chronic Disease Prevention Section, DSHS
EI 3: Support Regional and Local Public Health

1) Addressing Gaps and Population Growth, $3.0 M: Fund 19 FTEs to provide essential public health services in jurisdictions without a local health department or with only limited services.

2) Public Health Workforce and Expertise, $3.3 M: Ensure the viability of the DSHS public health workforce with statewide operational support, recruitment and retention of licensed public health professionals, and needed training.

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>GR</td>
<td>$3.3 M</td>
<td>$3.0 M</td>
<td>$6.3 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$3.3 M</td>
<td>$3.0 M</td>
<td>$6.3 M</td>
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</table>

FTEs 22.5

<table>
<thead>
<tr>
<th>Program Impact</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Counties Served by</td>
<td>112</td>
</tr>
<tr>
<td>Additional FTEs</td>
<td></td>
</tr>
</tbody>
</table>

Outputs

- Provide boots-on-the-ground support for response to disease and foodborne outbreaks in uncovered jurisdictions.
- Maintain capacity statewide for basic public health services like immunizations, health education, and preventive health services.
- Shore up stability of the DSHS public health nurse workforce that works to control the spread of infectious disease in Texas.
EI 3: Support Regional and Local Public Health Services

DSHS Public Health Professionals Provide Coverage for Large Portions of the State

Source: Texas Department of State Health Services, Division for Regional & Local Health Services, ADavidson September 2016.
Proposed FTE Locations Correspond with Heightened Public Health Need

- **Lubbock** – 1 FTE providing additional regional capacity
  - Over the past four years, a 57 percent increase in gonorrhea and a 111 percent increase in syphilis.

- **Dallas** – 2 FTEs providing additional regional capacity
  - Increase over four years in the number of gonorrhea and syphilis cases, by 1,845 and 553, respectively.

- **Montgomery County** – 9 FTEs
  - Population grew by 49 percent and depends on supplemental DSHS regional public health coverage.

- **Harlingen** – 2 FTEs providing additional regional capacity
  - Doubled animal-to-human disease activities in the past five years, and increased threat of mosquito-borne disease like Zika.

- **Hunt County** – 3 FTEs
  - Hunt County health department is no longer providing preparedness and Tuberculosis services.

- **Calhoun & Jackson Counties** – 2 FTEs
  - Closure of local health departments.
EI 4: Strengthen the State Public Health Laboratory

1) Laboratory Science Staff Recruitment and Retention, $3.0 M: Increase salary levels of DSHS skilled laboratorians and add two new staff to cover testing demand.

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>Biennium</th>
</tr>
</thead>
<tbody>
<tr>
<td>GR</td>
<td>$20.3 M</td>
<td>$7.2 M</td>
<td>$27.5 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$20.3 M</td>
<td>$7.2 M</td>
<td>$27.5 M</td>
</tr>
</tbody>
</table>

2) Cost of Public Health Testing, $11.1 M: Support public health disease surveillance testing needs that are not reimbursed by other funding sources.

3) Laboratory Infrastructure, $13.4 M: Maintain laboratory security and infection control with an emergency power generator and proper airflow, acid waste treatment, and biosafety features.

FTEs | 2

<table>
<thead>
<tr>
<th>Program Impact</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Lab Tests</td>
<td>1.6 million</td>
</tr>
</tbody>
</table>

Outputs

- Maintain DSHS ability to provide critical disease outbreak response by ensuring testing capacity.
- Ensure continued operation of the laboratory and integrity of laboratory specimens and testing supplies during an emergency.
- Protect infection control in the laboratory for hazardous biological agents handled by the laboratory.
Laboratory staff require up to two years training to gain the full proficiency for efficient performance of all job duties.

Loss of high skill laboratory staff has a significant impact on the timeliness and reliability of public health lab results.

Investment will better ensure the ability of the DSHS laboratory to fulfill its mission of reliable and accurate testing results to inform public health action.
EI 5: Improve Tuberculosis Detection and Control Capacity

Expand the state’s ability to identify and reduce the incidence of tuberculosis through:

- Increased local and regional public health investigation workforce
- Additional laboratory testing capacity, including capability to detect drug resistance
- Greater supply of medications to treat tuberculosis infection and disease
- Capacity to meet increased demand during an outbreak or large-scale investigation in sensitive locations like schools, day cares, and nursing homes

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>Biennium</th>
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</thead>
<tbody>
<tr>
<td>GR</td>
<td>$12.5 M</td>
<td>$12.1 M</td>
<td>$24.7 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$12.5 M</td>
<td>$12.1 M</td>
<td>$24.7 M</td>
</tr>
<tr>
<td>FTEs</td>
<td>31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Program Impact**

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional TB Screening for Exposed Individuals</td>
<td>1,100</td>
<td>1,100</td>
</tr>
</tbody>
</table>

**Outputs**

- Better ensure that individuals who are diagnosed with tuberculosis infection or disease receive appropriate treatment that breaks the cycle of disease spread.
- Increase support for local jurisdictions that are struggling to manage increasing tuberculosis caseloads; over half of funds will be directed towards local health departments.
- Harness technology for more efficient use of state resources.
Volume of Tuberculosis Reports Requires Enhanced Capacity Statewide

Source: Texas Department of State Health Services, Division for Regional & Local Health Services, ADavidson September 2016.

Note: Added FTEs will be utilized across an entire region.
EI 6: Secure and Preserve Vital Records

Protect Texas's birth, death, marriage, divorce, and adoption records through:
- Controlled access and surveillance systems for the vital records work areas
- Implementation of tracking mechanisms for all vital records and security paper
- More modern equipment to microfilm records for more high quality and faster processing
- Assessments for strategies to address future needs

### Outputs

- Protect the integrity of over 60 million Texas vital event records dating back to 1878 that are housed and preserved by DSHS.
- Meet the statutory mandate to preserve hard copies of Texas vital records in perpetuity.
- Better ensure the security of sensitive personal information that may be used for criminal activity like identity theft.

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>Biennium</th>
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<tbody>
<tr>
<td>GR</td>
<td>$2.1 M</td>
<td>$1.8 M</td>
<td>$3.9 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$2.1 M</td>
<td>$1.8 M</td>
<td>$3.9 M</td>
</tr>
</tbody>
</table>

| FTEs | - |

<table>
<thead>
<tr>
<th>Program Impact</th>
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<tbody>
<tr>
<td>Birth Records</td>
<td>30 Million</td>
</tr>
<tr>
<td>Death Records</td>
<td>10 Million</td>
</tr>
</tbody>
</table>
Increasing Intake of New Records Requires Effective Security and Archival Equipment
EI 7: Ensure Continued Operation of Public Health Information Technology

1) Blood Lead Registry, $2.9 M: Replace the blood lead surveillance system that allows identification of areas of high risk for lead exposure and targeted primary prevention actions.

2) Public Health Pharmacy, $8.9 M: Replace the public health pharmacy system that tracks inventory for 340 drugs to treat tuberculosis, HIV, and STDs, as well as vaccines and post-exposure drugs for the Strategic National Stockpile.

<table>
<thead>
<tr>
<th></th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>Biennium</th>
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<tbody>
<tr>
<td>GR</td>
<td>$8.3 M</td>
<td>$3.4 M</td>
<td>$11.8 M</td>
</tr>
<tr>
<td>All Funds</td>
<td>$8.3 M</td>
<td>$3.4 M</td>
<td>$11.8 M</td>
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FTEs

<table>
<thead>
<tr>
<th>Program Impact</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Blood Lead Reports</td>
<td>Over 7.5 million</td>
</tr>
<tr>
<td>Pharmacy Inventory Value</td>
<td>Over $112 million</td>
</tr>
</tbody>
</table>

Outputs

- Catch up on the two-year backlog of blood lead report database entry to maintain complete and accurate data for Texas lead exposures and allow the program to carry out legislative mandates.
- Ensure the Public Health Pharmacy’s compliance with federal Food and Drug Administration standards for inventory tracking and patient safety.
- Improve management and controls of costly medications and vaccine, valued at over $112 million.
Technology and Staffing Needs Delay Timely Public Health Risk Analysis

Texas Lead Record Counts, 2000 - 2016

Number of Records per year (Thousands)

Year


Processed  Pending
Lead Investigations Hampered by Resource Limitations

Environmental Lead Investigations (ELI) in Texas, 2004 - 2016

Year ELI Completed

Total Completed

2004 104
2005 128
2006 95
2007 114
2008 109
2009 118
2010 93
2011 135
2012 81
2013 89
2014 79
2015 57
2016 37

Total Completed
The Public Health Pharmacy Processes
Valuable Medications that Control Disease in the State

• More than 340 types of drugs, including medications to treat infectious disease like:
  • Hansen’s Disease
  • HIV
  • Rabies
  • Sexually Transmitted Diseases
  • Tuberculosis

• Over 85,000 drug orders processed annually to nearly 900 locations statewide
• Information Technology
  • Legacy System Modernization (Item 53)
  • Seat Management (Item 54)

• Fleet Operations (Item 20)
Appendix
## Ten Percent General Revenue Reduction Schedule

<table>
<thead>
<tr>
<th>Reduction Item</th>
<th>Biennial Total</th>
<th>FTEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulatory Programs</td>
<td>(12,163,744)</td>
<td>(162.5)</td>
</tr>
<tr>
<td>Public Health Programs</td>
<td>(26,693,916)</td>
<td>(47.0)</td>
</tr>
<tr>
<td>Safety Net Programs</td>
<td>(21,233,802)</td>
<td>(21.5)</td>
</tr>
<tr>
<td>Grand Totals - All Reductions</td>
<td>(60,091,462)</td>
<td>(231.0)</td>
</tr>
</tbody>
</table>