

**4.A. Exceptional Item Request Schedule**  
 84th Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/11/2014  
 TIME: 10:25:43AM

Agency code: 537

Agency name: State Health Services, Department of

CODE	DESCRIPTION		Excp 2016	Excp 2017
	<b>Item Name:</b>	To Maintain FY15 service levels		
	<b>Item Priority:</b>	1		
	<b>Includes Funding for the Following Strategy or Strategies:</b>			
		01-01-01 Public Health Preparedness and Coordinated Services		
		01-03-02 Reducing the Use of Tobacco Products Statewide		
		02-02-01 Mental Health Services for Adults		
		02-02-03 Community Mental Health Crisis Services		
		02-03-01 EMS and Trauma Care Systems		
<b>OBJECTS OF EXPENSE:</b>				
2009	OTHER OPERATING EXPENSE		1,138,178	1,138,178
3001	CLIENT SERVICES		1,341,335	1,339,140
4000	GRANTS		13,170,528	13,170,528
<b>TOTAL, OBJECT OF EXPENSE</b>			<b>\$15,650,041</b>	<b>\$15,647,846</b>
<b>METHOD OF FINANCING:</b>				
1	General Revenue Fund		14,308,706	14,308,706
555	Federal Funds			
93.778.000	XIX FMAP		768,585	766,390
758	GR Match For Medicaid		572,750	572,750
<b>TOTAL, METHOD OF FINANCING</b>			<b>\$15,650,041</b>	<b>\$15,647,846</b>

**DESCRIPTION / JUSTIFICATION:**

The FY14-15 GAA reflected ramp up for two mental health initiatives to allow time to establish procure services, set up contracts, and for the providers to begin services. To maintain services at the FY15 levels in FY16 and FY17, additional funding is needed.

During FY14, the State Comptroller notified DSHS that they would have to revise the biennial revenue estimates for three tobacco settlement GRD funds causing reductions in three DSHS budget strategies. The strategies were Tobacco Prevention and Control, EMS Trauma, and Preparedness. DSHS was able to find funding to maintain services for two strategies for FY15. This request is to maintain FY 15 funding in FY16-17 and not to reduce services.

**EXTERNAL/INTERNAL FACTORS:**

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<b>CODE</b>	<b>DESCRIPTION</b>	<b>Excp 2016</b>	<b>Excp 2017</b>
Mental Health Services:			
	Mental Health Community Collaboratives - Grant program to establish/expand community collaboratives to encourage communities to leverage public & private resources & to collaborate, coordinate, & align service providers to comprehensively address the needs of individuals with mental illness who are experiencing homelessness. This project focuses on municipalities located in counties with a population of more than one million.		
	1915i Home & Community Based Services (HCBS) -The HCBS-Adult Mental Health Program (AMH) allows for intensive home & community-based services to adults with extended tenure in state mental health facilities in lieu of their remaining long term residents of those facilities. The HCBS-AMH program provides an array of services, appropriate to each individual's assessed needs, enabling these individuals to live in the community rather than residing in a state facility.		
Tobacco Settlement Funds 5044, 5045 & 5046:			
	Tobacco Prevention and Control – With this funding, DSHS will continue to support community coalitions to promote tobacco prevention & control education and support; telephone cessation services; college-age prevention; youth access enforcement; a media campaign; program surveillance & evaluation to measure outcomes.		
	EMS/Trauma - The funding is a major resource for 22 Trauma Regional Advisory Councils (RACs) support the trauma system across the state & play an important role in preparedness. The funding supports grants to EMS providers/first responder organizations to help 911 & rural/underserved EMS providers & first responders with purchases of equipment (ambulances, stretchers, monitors, etc.), training, & supplies.		
	Preparedness - The funds in this strategy support broad public health & preparedness activities. They support disaster preparedness efforts (bioterrorism attacks, natural disasters, disease outbreaks, etc.) of the department, regional staff and local health departments.		

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CODE	DESCRIPTION		Excp 2016	Excp 2017
		<b>Item Name:</b> Facilities and Vehicles		
		<b>Item Priority:</b> 2		
		<b>Includes Funding for the Following Strategy or Strategies:</b>		
		03-01-03 Mental Health State Hospitals		
		06-01-02 Capital Repair and Renovation: Mental Health Facilities		
<b>OBJECTS OF EXPENSE:</b>				
5000	CAPITAL EXPENDITURES		94,631,545	0
	<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$94,631,545</b>	<b>\$0</b>
<b>METHOD OF FINANCING:</b>				
1	General Revenue Fund		6,036,305	0
780	Bond Proceed-Gen Obligat		88,595,240	0
	<b>TOTAL, METHOD OF FINANCING</b>		<b>\$94,631,545</b>	<b>\$0</b>

**DESCRIPTION / JUSTIFICATION:**

DSHS identified \$186 million in facility needs for the state mental health hospitals. Of those needs, \$83.7 million is considered critical (life-safety issues for patients and staff). In addition, another \$4.9 million was identified to demolish condemned or unsafe buildings. This exceptional item will also provide for the purchase of 110 vehicles for DSHS state hospital facilities to continue to provide vital services to individuals. The vehicles to be replaced have met or exceeded established replacement criteria, and will result in reduced fuel, maintenance, and repair costs.

**EXTERNAL/INTERNAL FACTORS:**

Patient and staff safety is essential to a therapeutic environment as state mental health hospital facilities. DSHS state mental health hospital facility campuses include ~2,000 acres, 557 buildings, five million square feet. They have a ~\$900 million replacement value. The buildings were constructed between 1857-1996. The average age of hospitals is >55 years old.

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CODE	DESCRIPTION	Excp 2016	Excp 2017
	<b>Item Name:</b> Expand and Enhance Women's Health via Primary Health Care Program		
	<b>Item Priority:</b> 3		
	<b>Includes Funding for the Following Strategy or Strategies:</b> 02-01-04 Community Primary Care Services		
 <b>OBJECTS OF EXPENSE:</b>			
2001	PROFESSIONAL FEES AND SERVICES	400,000	400,000
3001	CLIENT SERVICES	7,200,000	7,200,000
4000	GRANTS	2,400,000	2,400,000
	<b>TOTAL, OBJECT OF EXPENSE</b>	<b>\$10,000,000</b>	<b>\$10,000,000</b>
 <b>METHOD OF FINANCING:</b>			
1	General Revenue Fund	10,000,000	10,000,000
	<b>TOTAL, METHOD OF FINANCING</b>	<b>\$10,000,000</b>	<b>\$10,000,000</b>

**DESCRIPTION / JUSTIFICATION:**

This request is to increase the existing Expanded Primary Health Care (EPHC) program by additional 34,285 clients per year in FY16 and FY17. This will bring the estimated total number of women served through traditional PHC and EPHC in FY16 and FY17 to approximately 251,604 (or 7.6% of the 2011 WIN figure).

A significant portion of the request would go to densely populated areas, including Harris/Jefferson, Dallas, Tarrant, Travis/Williamson and Bexar Counties. Remaining client service funds would be directed to less populated counties throughout the state with attention to underserved areas.

**EXTERNAL/INTERNAL FACTORS:**

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In 2011, Texas had approximately 3.3 million women in need (WIN), aged 18 & over, at or below 200 percent of the Federal Poverty Level (FPL). The traditional Primary Health Care (PHC) program served approximately 47,318 female clients aged 18 & over in FY13. At current funding levels, the EPHC program is estimated to serve an additional 170,000 women annually. Therefore, both the PHC & current EPHC program are estimated to serve about 217,318 women on an annual basis (or 6.6 percent of the 2011 WIN figure).

During the 2013 Request for Proposal process, EPHC providers requested approximately \$30M more annually than DSHS had available to distribute. Based on continuous discussions with providers & close monitoring of FY14 expenditures & client services reports, DSHS is confident that the program can exp& at a moderate rate of \$10M per year allowing providers to better plan for outreach activities & open new access points at a reasonable pace.

It is expected that further expansion of preventive services through EPHC programs will increase early detection of breast & cervical cancers, help clients avoid preventable hospitalizations related to hypertension & diabetes, avert Medicaid births, & reduce the number of preterm births in the state in addition to other positive outcomes.

EPHC currently serves women age 18 & above at or below 200% FPL with \$50 million (GR) annually. There are 54 contractors & 220 clinic sites. Services include: Pap tests, pelvic examinations, STD screening & treatment, HIV screening, diabetes screening, high blood pressure screening, cholesterol screening, clinical breast exam & mammograms, immunizations, cervical dysplasia treatment, prenatal services (optional), sterilizations, contraceptives.

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CODE	DESCRIPTION	Excp 2016	Excp 2017
	<b>Item Name:</b> Enhance Substance Abuse Services		
	<b>Item Priority:</b> 4		
	<b>Includes Funding for the Following Strategy or Strategies:</b> 02-02-04 NorthSTAR Behavioral Health Waiver		
	02-02-05 Substance Abuse Prevention, Intervention and Treatment		
<b>OBJECTS OF EXPENSE:</b>			
2001	PROFESSIONAL FEES AND SERVICES	1,000,000	995,000
2009	OTHER OPERATING EXPENSE	1,520,836	1,543,553
3001	CLIENT SERVICES	636,563	654,750
4000	GRANTS	14,088,437	24,445,250
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$17,245,836</b>	<b>\$27,638,553</b>
<b>METHOD OF FINANCING:</b>			
1	General Revenue Fund	686,093	704,280
8002	GR For Subst Abuse Prev	16,559,743	26,934,273
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$17,245,836</b>	<b>\$27,638,553</b>

**DESCRIPTION / JUSTIFICATION:**

This request would allow DSHS to: (1)expand substance abuse prevention services for youth & families (2)develop a public awareness campaign to address the state's 3 prevention priorities of alcohol, marijuana, & prescription drugs (3)develop At-Risk Online Training for Elementary Educators.

- Expand Youth Prevention (YP) programs by 122 new programs in counties currently do not have any substance abuse prevention services, with priority given to counties with the highest need as evidenced by higher rates of substance abuse referrals for youth, juvenile justice referrals (particularly for drug-related offenses), school drop-out, & truancy. Priority will be given to counties along the U.S.-Mexican Border; & counties with military bases & Native American tribes
- Develop a statewide public awareness campaign focused on the state's three prevention priorities: alcohol, marijuana, & with a particular focus on prescription drugs (to include the development of materials for prescribers, medical professionals, substance abuse professionals, educators, community partners, assisted living & nursing home staff to ensure that we reach the general population across the lifespan)
- Develop an At-Risk Online Training for Elementary Educators to recognize when a student is exhibiting signs of psychological distress, & manage a conversation with the student with the goal of connecting them with the appropriate support.

Also, this exceptional item will expand existing services; create new services & systems to address the incidence of Neonatal Abstinence Syndrome (NAS), which may occur when a woman ingests alcohol & other drugs, including certain prescription medications, during her pregnancy. Service delivery & administrative changes will improve client

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outcomes & greatly reduce costs associated with NAS. The requested dollars will purchase health care services, products, & community-based activities to reduce the incidence, severity & costs associated with NAS.

**EXTERNAL/INTERNAL FACTORS:**

Currently, DSHS-funded substance abuse prevention providers are able to reach only 174 (68%) of the 254 counties in Texas. It should be noted that this includes counties containing midsized cities, military populations, and border communities, all of which are at significant risk. (Examples of counties with no services include Bell, Midland, and Zapata).

Data from the Department of State Health Services (DSHS) Texas Inpatient Public Use Data File (PUDF) indicate that the number of NAS cases in Texas is rising. Average charges are rising for newborns as well. Each year, Medicaid accounts for a significant portion of the claims.

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CODE	DESCRIPTION		Excp 2016	Excp 2017
	<b>Item Name:</b>	Community Mental Health Initiatives		
	<b>Item Priority:</b>	5		
	<b>Includes Funding for the Following Strategy or Strategies:</b>	02-02-01 Mental Health Services for Adults		
		02-02-02 Mental Health Services for Children		
		02-02-03 Community Mental Health Crisis Services		
		02-02-04 NorthSTAR Behavioral Health Waiver		
<b>OBJECTS OF EXPENSE:</b>				
2001	PROFESSIONAL FEES AND SERVICES		3,700,248	3,914,532
2009	OTHER OPERATING EXPENSE		10,190,000	14,298,714
3001	CLIENT SERVICES		916,790	820,213
4000	GRANTS		21,452,061	35,545,065
<b>TOTAL, OBJECT OF EXPENSE</b>			<b>\$36,259,099</b>	<b>\$54,578,524</b>

**METHOD OF FINANCING:**

1	General Revenue Fund		26,181,852	41,367,062
555	Federal Funds			
93.778.000	XIX FMAP		5,387,717	7,174,846
93.778.004	XIX ADM @ 75%		505,950	505,950
758	GR Match For Medicaid		4,183,580	5,530,666
<b>TOTAL, METHOD OF FINANCING</b>			<b>\$36,259,099</b>	<b>\$54,578,524</b>

**DESCRIPTION / JUSTIFICATION:**

This item focuses on community health initiatives intended to fill gaps in the current system or to enhance services currently being provided.

Crisis Service Expansion & Enhancement Activities-Funds via this item will expand or enhance crisis services based on assessment of community needs.

Mental Health Surge–Nursing Facilities-This funding addresses increased need for the targeted population of those in nursing facilities or at risk of placement. This request utilizes a three pronged approach:

- Enhance the referral system
- Increase relocation support
- Enhance services to those in nursing facilities

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	Relinquishment Slots-This component of the request will allow DSHS to increase the number of funded beds in private residential treatment centers (RTCs) from 10 to 30 for children/youth with severe emotional disturbances who are at risk of parental relinquishment of custody to the DFPS due solely to a lack of mental health resources.		
	Development & Expansion of Recovery-Focused Clubhouses-The International Center for Clubhouse Development is a day treatment program for rehabilitating adults diagnosed with mental health problems. This request will serve to enhance the scope of & capabilities of existing Clubhouses & provide funding for the startup of an additional four Clubhouses.		
	Mental Health Information Technology System Improvements-This project will complete the current functionality for the Clinical Management for Behavioral Health Services (CMBHS) system. Upgrades include: tracking services & outcomes for additional programs; support third party billing/attestations; & development of required interfaces with contract management system. The project will also include changes to CMBHS for automated invoicing & client services tracking for the Home & Community-Based Services as well as a mobile application with up-to-date information to assist with referrals to crisis facilities & aid in diverting individuals from high cost hospitalizations.		
	<b>EXTERNAL/INTERNAL FACTORS:</b>		
	This request addresses gaps in the mental health system to allow for local choice & options to address regional & community needs, & to preclude the need to rely upon costly & restrictive state-funded inpatient beds.		
	Also, 9,942 individuals with mental illness reside in nursing facilities. Many of these individuals reside there due to lack of funding to develop community alternatives. There are also 3,984 individuals entering nursing facilities having mental illness for whom the state will be responsible for 40% of the Medicaid match. In either case, these individuals are not covered by Medicaid Managed Care. Maintaining & accessing suitable housing is one factor causing people to cycle in/out of nursing facilities, & the lack of affordable housing in communities can cause people to remain in institutions longer than necessary.		
	Due to the shortage of affordable residential treatment beds for children & adolescent, far too many families are forced to relinquish custody of their child to the state to access services to treat the child's mental illness. The State will take custody due to parents' Refusal to Assume Parental Responsibility(RAPR), which is viewed as a form of neglect. Texas DFPS data shows from FY09 to FY11, 1,193 RAPR suits were filed against Texas parents. In 2012, 130 children were brought into DFPS conservatorship & placed in an RTC due to RAPR, abandonment, lack of local mental health services, or lack of physical/medical services.		
	Developing technology for mental health & substance abuse services is important for measuring outcomes & ensuring efficient operations. DSHS has developed the CMBHS system over a number of years. Completion of the project is important for the department & contractors. Some system functionality is incomplete & reduces productivity. With an increased focus on outcomes, it is even more critical to utilize technology to collect the right information to provide useful data for performance measurement & decision-making.		

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CODE	DESCRIPTION	Excp 2016	Excp 2017
	<b>Item Name:</b> State Hospital System Improvement		
	<b>Item Priority:</b> 6		
	<b>Includes Funding for the Following Strategy or Strategies:</b> 03-01-03 Mental Health State Hospitals		
	03-02-01 Mental Health Community Hospitals		
<b>OBJECTS OF EXPENSE:</b>			
2001	PROFESSIONAL FEES AND SERVICES	50,000	100,000
2009	OTHER OPERATING EXPENSE	3,170,432	3,807,425
3001	CLIENT SERVICES	5,000	10,000
4000	GRANTS	10,611,736	30,611,736
5000	CAPITAL EXPENDITURES	4,804,247	2,560,964
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$18,641,415</b>	<b>\$37,090,125</b>
<b>METHOD OF FINANCING:</b>			
1	General Revenue Fund	18,641,415	37,090,125
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$18,641,415</b>	<b>\$37,090,125</b>

**DESCRIPTION / JUSTIFICATION:**

Currently, the state funds 2,929 inpatient psychiatric beds. DSHS contracts for beds with other entities around the state to provide inpatient services. DSHS also operates a large state hospital system providing inpatient mental health services. Operating a large hospital system presents challenges with capacity, staffing & infrastructure. To manage these challenges relating to inpatient mental health services purchased by the state, DSHS proposes to:

- (1) purchase additional beds outside the state hospital system. DSHS will purchase 50 beds in FY 16 & an additional 100 beds in FY 17. The beds will be purchased through entities outside of DSHS. These beds address growth in the state & demand for state hospital beds.
- (2) support the services of four psychiatric residents to work in the public mental health system. The new residency slots will expand the current residency training program from 15 to 19 slots. The request will also fund site-based supervision for the residents as well as any other residents serving in the specific site. The residents & supervisors are paid through contracts with medical school departments of psychiatry.
- (3) create a supported decision making program within DSHS to reduce the number of patients who cannot be discharged from the state hospitals because they lack the capacity for independent decision-making.
- (4) support the full cost of the state hospital electronic medical record system; replacement of state hospital IT infrastructure; software for quality improvement; & wireless technology to support delivery of patient care.

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**EXTERNAL/INTERNAL FACTORS:**

Development of the 10-year plan for the state hospital system required by Rider 83 is underway. Adding beds outside of the hospital system is needed, consistent w/current planning, & avoids many of the challenges of operating beds.

Evidence has shown physicians stay in the locations where they train. The residency program part is intended to help recruit psychiatrists to the public mental health system. The use of residents can help fill psychiatrist vacancies & can be a cost effective alternative to contracting physicians from the private sector.

Many patients in state hospitals are w/o a guardian/supporting decision maker. Lack of decision making assistance can be a barrier to housing, placement in community facilities, & medical treatment after hospital discharge. The program will allow patients who do not need inpatient psychiatric levels of care to receive care in the least restrictive community setting. It would free up capacity in the hospitals by discharging long-term patients. Statutory changes needed.

Technology helps the delivery of patient care, making information easier to document & retrieve. This is critical to patient care/safety & ensures clinicians have the right information at the right time. There are several IT costs/needs:

- DSHS may need to take on the full cost of Avatar, the electronic medical record currently used by hospitals & state supported living centers.
- Much of the hospital IT infrastructure exceeds/soon will exceed its useful life. Funding is needed to maintain/upgrade infrastructure needed to operate the hospitals to avoid system failures/repairs/loss of access to critical systems.
- Advanced analytics software can be used by hospitals to improve patient care & decision-making.
- Wireless capability will allow clinicians to use tablets to record observations & notes in the electronic medical record in real-time rather than taking notes/relying on memory until they can get back to their office.

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CODE	DESCRIPTION	Excp 2016	Excp 2017
	<b>Item Name:</b> Fund Waiting List (CSHCN) <b>Item Priority:</b> 7 <b>Includes Funding for the Following Strategy or Strategies:</b> 01-03-05 Children with Special Health Care Needs		
<b>OBJECTS OF EXPENSE:</b>			
3001	CLIENT SERVICES	8,623,403	9,245,290
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$8,623,403</b>	<b>\$9,245,290</b>
<b>METHOD OF FINANCING:</b>			
1	General Revenue Fund	8,623,403	9,245,290
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$8,623,403</b>	<b>\$9,245,290</b>

**DESCRIPTION / JUSTIFICATION:**

The additional funding will remove Children with Special Health Care Needs (CSHCN) Services Program clients from the program waiting list to begin receiving health care benefits.

Over the biennium, an estimated 780 eligible clients with special needs on the waiting list will be able to access services provided by the program. The funding will reduce the number of individuals with special needs who may be receiving uncompensated care in their communities.

**EXTERNAL/INTERNAL FACTORS:**

The CSHCN Services Program is unable to serve all eligible clients due to funding constraints. These funds will allow eligible clients to begin receiving health care benefits.

It is projected that on September 1, 2015, there will be 630 clients on the waiting list. With the allocated additional funds, DSHS will notify clients that they are being removed from the waiting list and able to access services provided by the program, including but not limited to medical and dental care, behavioral health services, medications, rehabilitative and habilitative services, durable medical equipment, respite care, and access to transportation services. In March 2016, an estimated 70 clients will be removed from the waiting list, and in March 2017, an estimated 80 clients will be removed from the waiting list to compensate for attrition of eligible clients.

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CODE	DESCRIPTION	Excp 2016	Excp 2017
	<b>Item Name:</b> STD Prevention and Treatment		
	<b>Item Priority:</b> 8		
	<b>Includes Funding for the Following Strategy or Strategies:</b> 01-02-02 HIV/STD Prevention		
<b>OBJECTS OF EXPENSE:</b>			
2001	PROFESSIONAL FEES AND SERVICES	900,000	900,000
2009	OTHER OPERATING EXPENSE	419,161	419,161
4000	GRANTS	1,743,337	1,743,337
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$3,062,498</b>	<b>\$3,062,498</b>
<b>METHOD OF FINANCING:</b>			
8005	GR For HIV Services	3,062,498	3,062,498
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$3,062,498</b>	<b>\$3,062,498</b>

**DESCRIPTION / JUSTIFICATION:**

This request will increase funding for DSHS Health Service Regions (HSRs) & Local Health Departments (LHDs) to enhance & expand testing, treatment & contact tracing for persons diagnosed with sexually transmitted infections (STIs) including gonorrhea & chlamydia &/or Human immunodeficiency virus (HIV) & increase current efforts related to surveillance & laboratory capacity. The requested Exceptional Item funds will:

- Provide funding to HSRs & LHDs in areas of high STI morbidity to hire new staff to enhance & expand public health follow up/partner services for persons diagnosed with STIs in order to provide timely identification & treatment of disease & prevent the further spread of disease. The LHDs that will be eligible to receive these funds are Bexar, Dallas, Harris, Tarrant & Travis counties due to having had greater than 1,000 cases of gonorrhea reported in 2012.
- Support laboratory testing, supplies & treatment medications.
- Conduct quality improvement activities (i.e., revision of laboratory submission forms, development of review tool for clinicians & epidemiologists) to capture more data related to laboratory results & medical history, as well as for provider education (i.e., development of materials, staff travel) related to screening, diagnosis, treatment & reporting of specimen site to enhance case reporting.

**EXTERNAL/INTERNAL FACTORS:**

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	<p>Currently LHDs/HSRs only provide contact tracing for newly diagnosed HIV and syphilis cases. These services are provided by CDC-trained disease intervention specialists (DIS). The disease investigation process includes: testing; disease confirmation; referral for treatment; partner identification/testing; and a continuation of the same process if the partner is also confirmed with the disease. This process has been shown to break the chain of disease transmission and protect the public health in the case of HIV and syphilis. The exceptional item will increase the scope of the disease investigation program to include gonorrhea and chlamydia.</p> <p>STIs are a significant drain on the U.S. health care system, costing the nation almost \$16 billion in health care costs every year. STIs cost individuals even more in immediate and life-long health consequences, including infertility, pelvic inflammatory disease, birth defects, certain cancers and a three to five fold increased risk of acquiring HIV. This EI could potentially reduce the number of persons with an untreated asymptomatic STI, leading to a reduction in the potential risk for acquisition or transmission of HIV and a reduction in healthcare costs. CDC expects states to focus on reducing gonorrhea in counties who had greater than 1,000 cases of gonorrhea reported in 2012.</p>		

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CODE	DESCRIPTION	Excp 2016	Excp 2017
	<b>Item Name:</b> Improve Prevention of Chronic Diseases		
	<b>Item Priority:</b> 9		
	<b>Includes Funding for the Following Strategy or Strategies:</b>		
	01-03-01 Health Promotion & Chronic Disease Prevention		
	01-03-02 Reducing the Use of Tobacco Products Statewide		
<b>OBJECTS OF EXPENSE:</b>			
2001	PROFESSIONAL FEES AND SERVICES	250,000	250,000
2009	OTHER OPERATING EXPENSE	2,834,321	4,083,221
4000	GRANTS	5,600,364	13,036,149
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$8,684,685</b>	<b>\$17,369,370</b>
<b>METHOD OF FINANCING:</b>			
1	General Revenue Fund	8,684,685	17,369,370
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$8,684,685</b>	<b>\$17,369,370</b>

**DESCRIPTION / JUSTIFICATION:**

Health care costs will continue to increase without action to prevent/ mitigate certain diseases & conditions. DSHS uses public health strategies, data & other interventions to improve health & decrease health care costs. DSHS is proposing this item to address:

- (1) Asthma Prevention - Contract with community-based organizations or health systems to implement asthma management and control services for children with asthma. Contractor sites will implement standard of care case management services with some implementing an additional home-based component with comprehensive home remediation services.
- (2) Potentially Preventable Hospitalizations (PPH) - Add new county-wide initiatives to implement evidence-based interventions targeting nine adult PPH conditions: bacterial pneumonia; dehydration; urinary tract infection; angina; congestive heart failure; hypertension; chronic obstructive pulmonary disease; diabetes short-term complications; and diabetes long-term complications.
- (3) Diabetes – Reduce incidence and complications of pre-diabetes and diabetes through evidence-based programming in high prevalence areas: (a) Community Diabetes Projects in ten additional community-based organizations that will implement Diabetes Self-Management Education programming (DSME); (b) contracts with organizations that have the capacity to establish, sustain, and disseminate the National Diabetes Prevention Model; (c) expansion of an existing diabetes prevention campaign targeting providers in areas of high diabetes prevalence.
- (4) Tobacco Prevention - Provide funding to community coalitions to promote tobacco prevention and control education and support; prevention resource centers to provide enhanced middle and high school prevention activities; school-based outreach; telephone cessation services; e-Tobacco protocols; college-age prevention; youth access

Agency code: **537**

Agency name:  
**State Health Services, Department of**

<b>CODE</b>	<b>DESCRIPTION</b>	<b>Excp 2016</b>	<b>Excp 2017</b>
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enforcement; media campaign; media evaluation; and staffing to implement and evaluate the project.

**EXTERNAL/INTERNAL FACTORS:**

Asthma—An estimated 556,773/8% of children in Texas were reported to have asthma in 2001. Total charges for asthma-related hospitalizations for children:\$172 million in 2011. Asthma disproportionately affected minority populations. Effective asthma care through a multifaceted approach has been shown to reduce symptom days, improve quality of life scores/symptom scores, reduce the number of school days missed, & reduce utilization of costly services.

Potentially Preventable Hospitalizations-This will assist in improving health care & reducing health care costs in 25 counties by attempting to prevent hospitalizations. In 2012, adult Texans received health care services totaling approximately \$8.1 billion in hospital charges for the in-scope adult PPH conditions. The majority of the proposed new 25 counties are primarily rural & resource poor & are not fully participating in the 1115 Medicaid Transformation Waiver.

Diabetes-In Texas, hospitalizations for diabetes were, on average, about \$15K more expensive than for non-diabetes stays. The % of uninsured hospitalizations was more than 2 times higher for hospital stays principally for treating diabetes than for all stays among patients with diabetes. Typical DSME programs provide: nutrition ed, physical ed to increase activity, instruction regarding medication use, psychosocial support, individual client assessments & re-assessments, follow-up plans, measurement of attainment of client goals & outcomes. DSME has been shown to be effective in improving clinical outcomes & quality of life & reducing costs.

Tobacco Prevention-Tobacco is the leading cause of preventable deaths in TX. Tobacco use costs Texans \$11B annually in medical care & health-related productivity losses. Additional funding for tobacco prevention & control programs can reduce this impact via use of the quitline counseling, nicotine replacement therapy, & other preventive initiatives to deter smoking & smokeless tobacco use among adults & youths.

Agency code: 537

Agency name: State Health Services, Department of

CODE	DESCRIPTION	Excp 2016	Excp 2017
	<p align="center"><b>Item Name:</b> Improve Mobile Technology  <b>Item Priority:</b> 10  <b>Includes Funding for the Following Strategy or Strategies:</b> 05-01-02 Information Technology Program Support</p>		
<b>OBJECTS OF EXPENSE:</b>			
2007	RENT - MACHINE AND OTHER	3,000,000	3,200,000
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$3,000,000</b>	<b>\$3,200,000</b>
<b>METHOD OF FINANCING:</b>			
1	General Revenue Fund	3,000,000	3,200,000
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$3,000,000</b>	<b>\$3,200,000</b>

**DESCRIPTION / JUSTIFICATION:**

This request expands the existing technology seat management baseline to allow for the acquisition of computer devices and computer networking infrastructure that will replace DSHS' aging core information technology infrastructure and supports the acquisition of current technology to maintain daily business operations across the agency.

The current computer networking infrastructure, including core computer network switches and computer connections (core infrastructure) that support DSHS daily operations, is aging and will not be able to support the new and emerging technologies being proposed and/or implemented across the agency. The replacement of the core infrastructure is necessary so that DSHS IT can provide secure access to technologies and services such as Cloud-based applications and storage and virtual environments. Also, the base capital included in the Seat Management project is insufficient to cover the additional costs associated with providing current technology such as mobile devices that will enhance the ability and efficiency of DSHS staff in performing their duties.

DSHS will acquire technology that employees can use and easily transport as they move among a variety of work locations and interact with DSHS' partners and the public. The increased use of mobile computing technologies will enable employees to be more accessible to the public and improve the ability to respond to the needs of the public in a timely manner by enabling connectivity from a diverse array of locations using appropriate, secure tools. These technologies have a higher cost than the usual desktop computing environment provided to DSHS staff and funded by the current seat management plan.

**EXTERNAL/INTERNAL FACTORS:**

This approach shifts from capital expenditures to operating expenditures through the existing Seat Management Lease. DSHS can establish an environment where: aging equipment is on a set refresh cycle and new technologies are implemented to keep up with changing needs. It also improves efficiency in support of business continuity contingency procedures, safeguarding the agency's ability to continue operations of vital business functions following physical damage or other catastrophes.

**4.A. Exceptional Item Request Schedule**  
 84th Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/11/2014  
 TIME: 10:25:43AM

Agency code: 537

Agency name: State Health Services, Department of

CODE	DESCRIPTION	Excp 2016	Excp 2017
	<p align="center"><b>Item Name:</b> Emergency Planning  <b>Item Priority:</b> 11  <b>Includes Funding for the Following Strategy or Strategies:</b> 01-01-01 Public Health Preparedness and Coordinated Services</p>		
<b>OBJECTS OF EXPENSE:</b>			
4000	GRANTS	2,500,000	2,500,000
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>2,500,000</b>	<b>2,500,000</b>
<b>METHOD OF FINANCING:</b>			
5020	Workplace Chemicals List	2,500,000	2,500,000
<b>TOTAL, METHOD OF FINANCING</b>		<b>2,500,000</b>	<b>2,500,000</b>

**DESCRIPTION / JUSTIFICATION:**

This exceptional item will fund development of protocols and best practices for planning and response to emergency events involving hazardous materials in rural jurisdictions. It will provide one-time grants to rural counties for implementation of these protocols. Funding would be provided for distribution to Local Emergency Planning Committees.

**EXTERNAL/INTERNAL FACTORS:**

The federal Emergency Planning and Community Right-to Know Act (EPCRA) requires the formation of Local Emergency Planning Committees (LEPCs) and mandates certain activities related to emergency preparedness for hazardous materials. LEPCs accomplish these activities by coordinating government, emergency responder, private industry, private citizen, and media outlet emergency planning at the local level. This request will aid in fulfillment of jurisdictional responsibilities under the federal EPCRA.

Under Texas statute through Texas Health and Safety Code Chapters 505 and 507, DSHS collects fees from private industry upon their submission of Tier 2 reports relating to certain hazardous materials. From these fees, there exists approximately \$5M dollars in the General Revenue Dedicated Account, Workplace Chemical List No. 5020, Revenue Code 357700. Per the statute, the department may use up to 20 percent of the fees collected under this section as grants to local emergency planning committees to assist them to fulfill their responsibilities under EPCRA.

**4.A. Exceptional Item Request Schedule**  
 84th Regular Session, Agency Submission, Version 1  
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: 8/11/2014  
 TIME: 10:25:43AM

Agency code: 537

Agency name: State Health Services, Department of

CODE	DESCRIPTION	Excp 2016	Excp 2017
	<b>Item Name:</b> Office of Violent Sex Offender		
	<b>Item Priority:</b> 12		
	<b>Includes Funding for the Following Strategy or Strategies:</b> 07-01-01 Office of Violent Sex Offender Management		
<b>OBJECTS OF EXPENSE:</b>			
1001	SALARIES AND WAGES	92,453	92,453
2001	PROFESSIONAL FEES AND SERVICES	2,371,040	2,708,300
2005	TRAVEL	25,000	25,000
2009	OTHER OPERATING EXPENSE	943,888	1,374,905
<b>TOTAL, OBJECT OF EXPENSE</b>		<b>\$3,432,381</b>	<b>\$4,200,658</b>
<b>METHOD OF FINANCING:</b>			
1	General Revenue Fund	3,432,381	4,200,658
<b>TOTAL, METHOD OF FINANCING</b>		<b>\$3,432,381</b>	<b>\$4,200,658</b>

**DESCRIPTION / JUSTIFICATION:**

Previous administration had little to no infrastructure to manage this agency. As a result, agreements for residential services was in the form of an MOU with no formal contract. The MOUs did not give the agency any authority to oversee the agreement. And the MOU allowed the vendor to have the SVPs removed with just 30 day's notice and no placement plan. This agency received an extraordinary amount of public attention after moving sexually violent predators(SVPs) into a neighborhood without legislative or community notification. As a result, the vendors currently bidding on operating the residential facility are asking significantly higher per diem rates, from approximately \$47 a day to \$75 a day. We expect 66 additional SVPs to be released in 2016 and 2017. There will also be 50 trials a year that will result in additional releases. Additional case management staff, monitoring equipment and treatment provider time will be needed. All of the SVPs, by law and by court order, must be released to a residential facility. Salaries support 2 FTEs.

**EXTERNAL/INTERNAL FACTORS:**

Legal statues, court orders, vendor increases