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## The Commissioner's Report

**DSHS Council Meeting  
October 10-11, 2007**

### **Hurricane Dean Response**

Although Hurricane Dean moved south instead of hitting the Texas coastline, it initially presented so much of a threat that the Governor's Division of Emergency Management initiated the statewide response as quickly as possible. The result was the largest mobilization of assets in the state's history.

When the state is preparing for a hurricane, DSHS is responsible for meeting the health and medical needs of residents who could be affected. This responsibility translates into identifying, evacuating, and sheltering people who have special needs, such as hospital patients, nursing home residents, clients in state facilities, and ill or disabled people cared for in their own homes. Another important task is to provide disaster mental health services during and after an emergency.

More than 450 staff members from the DSHS regions and Austin campuses joined staff from the Texas Departments of Transportation, Public Safety, Criminal Justice, and Parks & Wildlife and Texas military forces in the preparation and response efforts. The work involved rounding up volunteers, ground and air ambulances, buses, wheelchair-accessible vehicles, and individuals to conduct triage so that the right people are put on the right vehicles. Arrangements were made for adequate fuel, medical supplies, and pharmaceuticals and shelters.

### **One Year Anniversary - Division for Regional & Local Health Services**

On September 1, 2007, the DSHS Division for Regional and Local Health Services (RLHS) celebrated its one year anniversary. Over the past few years, it became clear that a new division led by an Assistant Commissioner would better represent regional and local concerns within DSHS. The mission of RLHS is to serve the needs of local public health agencies, DSHS Health Service Regions, and local communities in building and maintaining capacity to provide essential public health services responsive to local needs.

### **Medicare Initial Certification Surveys**

The Centers for Medicare and Medicaid Services (CMS) recently informed DSHS that it would enforce an existing provision requiring DSHS to give initial Medicare certification surveys the lowest priority in using federal funds. The practical effect of this change is that DSHS will not be able to conduct initial Medicare surveys. CMS also clarified that DSHS cannot use state funding for this purpose.

This change will have dramatic consequences for any facility being built. DSHS was not given much notice, but is informing facilities as they contact the agency. Almost 20 facilities have requested initial certification surveys that are pending. DSHS has knowledge of about 100 hospitals and ambulatory surgical centers being built, but most likely there are projects underway of which we are not aware and therefore unable to initiate communications.

DSHS has tried to educate facilities and interested legislative offices about possible alternatives. The agency continues to work toward a solution to this problem.

### **Washington, D.C. Trip**

The U.S. House of Representatives Subcommittee on Emerging Threats, Cybersecurity, and Science and Technology invited Dr. Lakey to Washington, D.C., to testify at a Sept. 26 hearing on pandemic flu preparedness and response. The subcommittee is part of the Committee on Homeland Security. While in Washington, Dr. Lakey met with several members of the Texas Congressional delegation who serve on committees important to health, homeland security or budget, and raised a number of issues of concern, including the CMS initial certification issue. Dr. Lakey met with Senator Cornyn and Representatives Edwards, Carter, Granger and McCaul, as well as staff from the offices of Senator Kay Bailey Hutchison and Congressman Burgess. Congressman McCaul serves on the subcommittee and initiated the request for Dr. Lakey's appearance.

### **Mental Health Crisis Services Redesign Implementation**

During the 80th legislative session, DSHS received \$82 million for a redesign of crisis services over the 2008-2009 biennium. Authorized by the Legislature through Rider 69, these funds should allow the state to make significant progress toward improving the response to mental health and substance abuse crises. The first phase of implementation will focus on ensuring statewide access to competent rapid response services, avoidance of hospitalization and reduction in the need for transportation.

Crisis redesign funds will be used to support the array of services recommended by the Crisis Services Redesign Committee in 2005 and outpatient competency restoration services authorized by Senate Bill 867 of the 80<sup>th</sup> Legislature. This overall effort will be linked with the many community organizations that play a role in mental health and the state's public health care system. In addition, local mental health authorities may use some of the dollars to help defray transportation costs incurred by local law enforcement agencies in behavioral health crisis situations. Two processes will be used to distribute crisis redesign funds. A majority of the funds will be divided among the state's Local Mental Health Authorities and added to their existing contracts to fund enhanced crisis services. In addition, a portion designated as Community Investment Incentive funding will be awarded on a competitive basis to communities that are willing to contribute at least 25% in matching resources.

During the first quarter of fiscal year 2008, implementation of the crisis services redesign project will begin with the submission of Local Crisis Redesign Plans by local mental health authorities in conjunction with their local communities; crisis hotline trainings; completion of the Outpatient Competency Restoration curriculum; and release of requirements for competing for outpatient competency restoration funds. As the project is implemented, DSHS will work closely with local mental health authorities and key stakeholders through regular information sharing meetings and implementation conference calls. DSHS, in conjunction with stakeholders and state leadership offices, has developed a draft Implementation Overview for these funds. The overview is on the DSHS website: [www.dshs.state.tx.us/mhsacsr/MH\\_Crisis\\_Redesign\\_Overview.pdf](http://www.dshs.state.tx.us/mhsacsr/MH_Crisis_Redesign_Overview.pdf). This overview will be reviewed periodically and revised as needed.

## **Frew Lawsuit Update**

The Health & Human Services Commission (HHSC) is leading the effort to implement agreed upon Corrective Action Plans (CAPs) in the *Frew* class action lawsuit, pursuant to federal judicial order and appropriations approved by the Legislature earlier this year. HB 15 appropriated \$1.8 billion for the FY 2008-09 biennium to support state responsibilities and efforts in response to the judicial order. The \$1.8 billion is designated for three general purposes:

- To increase provider payments for services to persons under the age of 21 enrolled in Medicaid (approximately \$1.3 billion)
- To implement the specific CAPs (approximately \$91.6 million)
- To finance strategic initiatives determined to support compliance with the consent decree and corrective orders and further enhance efforts to ensure access to care and increased participation rates (approximately \$150 million)

DSHS staff will participate as subject matter experts in implementation of most of the 11 CAPs, including direct involvement in:

- Health care provider training
- Case management
- Outcome measures and dental health assessment
- Outreach and informing
- Check up reporting and plans for lagging counties

HHSC named a 16-person advisory committee to help the agency determine the most effective ways to use the new funding to make it easier for children with Medicaid coverage to get medical and dental check-ups. DSHS will hire an internal liaison to coordinate with programs across the agency and be the lead communicator with HHSC. Three additional positions for CAP implementation will be placed in the Health Screening and Case Management Unit within the Division for Family & Community Health Services.

## **\$7 Million in New Grants for Federally Qualified Health Centers**

The federal Human Resources and Services Administration has awarded 14 Texas communities more than \$7 million in new grants for federally qualified health centers to improve access to primary health care. The three award categories are:

- High Poverty County New Access Points (\$5.4M) in Albany, Anahuac, Corpus Christi, Gonzales, Greenville, Longview, Marshall, Nacogdoches, Pleasanton, and Tyler;
- High Poverty County Planning (\$77K) in Waco;
- New Access Points (\$1.7M) in Cleveland, Houston, and Lubbock.

Many of these centers are funded through the DSHS FQHC Incubator Grant Program.

## **FQHC Incubator Grants**

The Texas Primary Care Office, located within the Division for Family & Community Health Services, is finalizing contracts for FQHC incubator grant funding. This is the first round of incubator grants for Fiscal Year (FY) 2008; the grants have been awarded since the Legislature established the program in 2003. The purpose of the incubator grant program is to provide technical assistance and seed funding to organizations seeking designation as Federally Qualified Health Centers (FQHCs) and to support existing FQHCs in their efforts to expand service delivery through additional sites and/or types of services provided.

Eighteen organizations, including thirteen existing FQHCs, were awarded funds for this grant cycle. DSHS posted the list of successful applicants in early September and staff has worked for the past month to finalize contract amounts. Organizations located in Alice, Cleveland, Corpus Christi, Cotulla, El Paso, Galveston, Georgetown, Houston, Marshall, Pasadena, Pleasanton, Tenaha, Tyler and Waxahachie will receive funds. Since the inception of the Incubator Grant program, the number of FQHCs has gone from 32 in 2002 to 59 in 2007 (57 FQHCs and 2 Look-Alikes), representing an 84% increase. All 27 entities received either Incubator Grant funds or technical assistance.

Some of the \$5 million appropriation for the incubator program has not been awarded. The Primary Health Care Office is evaluating the best use of these funds to further support FQHC development. These funds may be used to encourage New Access Point applications or to target organizations who are interested in developing FQHCs but have not participated in the incubator program in the past.

## **Mental Health and Substance Abuse Services Recent Grant Awards**

Texas was recently awarded a \$13.5 million three-year Access to Recovery (ATR) grant by the Substance Abuse and Mental Health Services Administration (SAMHSA). A total of \$98 million was awarded to all 24 competitively chosen grantees across the country. DSHS will work with the Governor's office to implement the grant.

ATR is intended to increase access to substance abuse services through the use of vouchers that allow eligible persons a greater range of choice in selecting services most appropriate for their needs. A significant portion of the new ATR initiative will focus on treatment for methamphetamine abuse and dependence.

Additionally, the division has been awarded two other grants, the first of which is \$200,000 from the U.S. Department of Justice to promote and initiate statewide coordination of drug courts through a management information system. The project will use DSHS Clinical Management for Behavioral Health Services (CMBHS) as the platform for this system. CMBHS is a web-based clinical record keeping system being developed for state-contracted behavioral health service providers.

The second notice of award was for the Mental Health Data Infrastructure Grant for Quality Improvement. The grant amount is \$426,399 allocated across a three-year funding cycle. The purpose of this program is to implement and strengthen the annual collection of the Uniform Reporting System (URS) measures which include the National Outcome Measures, and to fund state mental health authorities to improve state and local data infrastructure for reporting and planning.

## **Organ Donation Awareness Campaign**

In August, DSHS launched a media campaign to promote awareness of the statewide organ donor registry. The registry is officially known as the “Glenda Dawson Donate Life-Texas Registry” in memory of the late Representative Glenda Dawson, who was a kidney transplant recipient and author of the law that created the registry. A media tour was conducted in Dallas, Fort Worth, Houston, Austin, San Antonio and the Rio Grande Valley, with representatives of DSHS and organ procurement organizations as well as organ donors. The tour prompted more than 40 newspapers, radio stations and television stations from across the state to cover organ donation and the registry, and resulting stories were overwhelmingly positive and educational. The campaign demonstrated immediate success, as online registration increased from 703 registrants in July to 7,673 in August. Donor registration is important because there is a critical shortage of organs available for transplant. There are more than 7,000 people on transplant lists in Texas, and last year 415 people died in Texas while waiting for a transplant.

Before the registry, there was no official, centralized list of individuals willing to donate their organs, tissue or eyes at the time of death. The online registry will streamline the donation process at a time when medical decisions and procedures must happen quickly. The system protects donor information by ensuring that only authorized organ procurement organizations and tissue and eye banks can access the information. The registry site ([www.DonateLifeTexas.org](http://www.DonateLifeTexas.org)) also provides facts about the organ donor process to help individuals decide whether they want to register.

## **DSHS Cheese Heroin Prevention Efforts**

DSHS has participated in recent efforts to address the outbreak of cheese heroin use among youth in Dallas County. Cheese heroin is an inexpensive mixture of heroin and an over-the-counter medication containing the antihistamine diphenhydramine, such as Tylenol P.M. Dallas County has seen an increase in substance abuse treatment admissions based on heroin use from 30 youths admitted in FY06 to 121 in FY07. In June 2007, DSHS approved \$500,000 in additional funding for the prevention and treatment of cheese heroin through the NorthSTAR program.

In addition, through the efforts of the Attorney General, a judicial order was recently signed providing an additional \$400,000 for cheese heroin prevention in the Dallas area and surrounding counties. DSHS will provide program expertise for this effort. The initiative will pay for prevention education, community focus meetings, and public service announcements. Three prevention organizations serving Dallas County and one organization serving Dallas, Tarrant and Collin counties will receive funding to implement an evidence-based prevention curriculum. Funding may also be allotted to finance three to four community focus meetings with local faith-based communities. Fox News in Dallas will create a "Back to School" PSA that will include participation from the Attorney General's Office. The PSA will run in optimal time-slots on local Spanish-speaking stations such as Univision and Telemundo.

## **50th Anniversary – South Texas Health Care System**

This week the South Texas Health Care System in Harlingen celebrated its 50<sup>th</sup> anniversary of providing health care services. The facility was originally built as a tuberculosis hospital, and, over time, it has become a clinic that cares for over 5,000 patients a year, with more than 50,000 patient visits annually. The clinic's scope of services includes: primary care, women's health, diabetes and endocrinology, diagnostic and social services. Inpatient tuberculosis hospitalization for complications is available via contract. DSHS is currently working with the Texas Facilities Commission and an architectural firm on plans to construct a new facility with funding provided by the Legislature.

## **Primary Amoebic Meningoencephalitis (PAM) Deaths in 2007**

Two people died in Texas this summer as a result of primary amoebic meningoencephalitis (PAM), an infection of the brain and surrounding tissues that is usually fatal. These deaths generated significant media attention across the state. Both individuals contracted the illness after water exposures in different areas of Lake LBJ. PAM is caused by an amoeba (*Naegleria*) that is common to all lakes, ponds, rivers, creeks and other bodies of fresh water in Texas. The amoebae may also be present in soil, along with poorly maintained swimming pools and hot tubs. *Naegleria* thrive in warm, stagnant bodies of fresh water when the temperatures are over 80 degrees. Consequently the majority of PAM cases occur during the summer when water temperatures are high and bodies of fresh water are not flowing.

PAM infection is extremely rare and is believed to occur when water containing the microorganism is forced into the nasal passages, usually when skiing, diving or jumping into the water. The amoebae can then travel to the brain and spinal cord, causing meningoencephalitis, a brain inflammation that leads to the destruction of brain tissue. As a result of these unfortunate deaths, DSHS sent out press advisories reminding the public to take risk-reducing precautions against contracting PAM during recreational activities in fresh water lakes, ponds, rivers and creeks, including:

- Not swimming or skiing in stagnant water.
- Not diving or jumping into stagnant water.
- Holding the nose or using nose clips when jumping into any fresh water.
- Using nose clips when skiing, jet skiing or wakeboarding.

## **Tobacco RFP Rollout**

The DSHS Tobacco Prevention and Control Program recently announced a statewide Request for Proposals to provide city and county health departments and independent school districts with funds to provide community-planned, evidence-based tobacco prevention and control activities through new community or existing community coalitions. Funds will be used for conducting in-depth needs assessments regarding community tobacco use and related health consequences among young people and adults, and planning, implementing and evaluating evidence-based tobacco and prevention and control strategies designed to address tobacco use. Proposals are due by October 25.