

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
 81st Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/27/2008**
 TIME: **10:24:03PM**

Agency code: **537**

Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Maintaining Current Operations		
	Item Priority: 1		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-01 Public Health Preparedness and Coordinated Services		
	01-01-02 Health Registries, Information, and Vital Records		
	01-02-01 Immunize Children and Adults in Texas		
	01-02-02 HIV/STD Prevention		
	01-02-03 Infectious Disease Prevention, Epidemiology and Surveillance		
	01-03-01 Health Promotion & Chronic Disease Prevention		
	01-04-01 Laboratory Services		
	02-01-02 Women and Children's Health Services		
	02-01-03 Family Planning Services		
	02-02-03 Community Mental Health Crisis Services		
	02-03-01 EMS and Trauma Care Systems		
	03-01-03 Mental Health State Hospitals		
	04-01-01 Food (Meat) and Drug Safety		
	04-01-02 Environmental Health		
	05-01-03 Other Support Services		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	903,355	903,355
2001	PROFESSIONAL FEES AND SERVICES	20,987	18,321
2002	FUELS AND LUBRICANTS	338,961	406,753
2003	CONSUMABLE SUPPLIES	367,497	533,535
2004	UTILITIES	13,234	13,579
2005	TRAVEL	564,714	615,399
2007	RENT - MACHINE AND OTHER	20,398	20,398
2009	OTHER OPERATING EXPENSE	5,296,107	7,613,075
3001	CLIENT SERVICES	4,505,103	4,553,454
3002	FOOD FOR PERSONS - WARDS OF STATE	691,128	817,206
4000	GRANTS	12,637,832	35,877,732
TOTAL, OBJECT OF EXPENSE		\$25,359,316	\$51,372,807

METHOD OF FINANCING:

1	General Revenue Fund	24,439,117	27,215,202
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Agency name:
State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
555	Federal Funds		
93.778.000	Medical Assistance Program	460,100	458,853
758	GR Match For Medicaid	460,099	458,852
5111	Trauma Facility And Ems	0	23,239,900
TOTAL, METHOD OF FINANCING		\$25,359,316	\$51,372,807

DESCRIPTION / JUSTIFICATION:

The 80th Legislature appropriated \$82M for the FY2008-FY2009 biennium to fund the first phase of implementation for the Mental Health Crisis Services Redesign initiative. Also, as a result of the Alberto N. lawsuit, effective Sept. 2007, HHSC implemented rules to deliver Personal Care Service, a benefit to children who are under 21 years of age and on Medicaid. Due to the phase-in of these programs in FY2008-FY2009, supplemental funds are necessary to continue FY 2009 levels.

The proposed exceptional item would allow DSHS to maintain the funding levels for uncompensated trauma care to trauma facilities and grants to emergency medical services (EMS) and regional EMS/Trauma Systems.

The proposed exceptional item would allow DSHS to align the family planning services and reimbursement rates with HHSC Medicaid reimbursement rates for oral contraceptive pills and a modified benefit package allowing family planning providers to more accurately bill for services provided and to add laboratory services that reflect current medical practice.

DSHS is appropriated funding to ensure optimal health for Texans and Texas communities. This funding is used for program-specific related expenses such as salaries and equipment as well as those costs that support all agency employees. DSHS is seeking funding in all program strategies sufficient to meet increased costs. Included in this request are specific program costs for rabies bait drops for Zoonosis Control, plastics for the DSHS Lab, and pharmaceuticals and outside medical costs for the hospitals.

EXTERNAL/INTERNAL FACTORS:

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Adequate crisis mental health services results in saving money in healthcare costs, by assisting individuals with mental illness in a more appropriate and less costly setting than state hospitals and criminal justice systems.

It is critical to assure that the distribution of state staff to carry out the Alberto N. Personal Care Services eligibility assessment matches distribution of clients across the state to assure timely access to services.

A decrease in EMS/trauma funding could result in trauma facilities relinquishing their designation and EMS firms closing, translating into delays in transporting and treating critically ill or injured patients.

Without an increase in rate reimbursement, many DSHS family planning contractors are unable to continue providing services in critical areas of the state resulting in a decline of clients served in DSHS programs.

The cost of increased competition in local markets for clinical staff in shortage professions, pharmaceuticals, outside medical services, food and fuel are key drivers in escalating costs. Since the last Legislative Appropriations Request was submitted in August 2006, support costs have been significantly impacted by the changes in the national economy over the past three years. The increase in fuel prices has impacted not only the cost of employee travel, but also has led to increased costs for utilities, plastics, rabies bait drops, and goods and services such as food and mail services.

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Agency name:
State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Regulatory Capacity		
	Item Priority: 2		
	Includes Funding for the Following Strategy or Strategies:		
	04-01-01 Food (Meat) and Drug Safety		
	04-01-02 Environmental Health		
	04-01-03 Radiation Control		
	04-01-04 Health Care Professionals		
	04-01-05 Health Care Facilities		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	3,762,295	7,577,106
2001	PROFESSIONAL FEES AND SERVICES	967,349	246,151
2005	TRAVEL	681,246	1,347,318
2007	RENT - MACHINE AND OTHER	60,212	141,810
2009	OTHER OPERATING EXPENSE	1,808,894	2,193,826
TOTAL, OBJECT OF EXPENSE		\$7,279,996	\$11,506,211

METHOD OF FINANCING:

1	General Revenue Fund	5,873,830	9,585,045
129	Hospital Licensing Acct	245,000	245,000
341	Food & Drug Fee Acct	700,000	700,000
512	Emergency Mgmt Acct	87,500	87,500
5017	Asbestos Removal Acct	60,333	235,333
5020	Workplace Chemicals List	103,333	103,333
5024	Food & Drug Registration	210,000	550,000
TOTAL, METHOD OF FINANCING		\$7,279,996	\$11,506,211

FULL-TIME EQUIVALENT POSITIONS (FTE):

	57.70	133.70
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DESCRIPTION / JUSTIFICATION:

DSHS is seeking resources sufficient to meet currently mandated functions within the regulatory strategies in Goal 4, Consumer Protection Services. Funds will support hiring additional staff, required training, equipment/supplies, and travel. Funds will also address salary disparities for critical regulatory professionals and for completion of a comprehensive licensing database system.

Regulatory activities impact all consumers every day, and DSHS' capacity to conduct these activities has been steadily eroding, particularly in recent years. All strategies have seen tremendous growth in the numbers of licensees (overall increase in the past 5 years is ~31%). In addition, for every new licensee there is an associated increase in compliance (inspections, complaints) and enforcement activities. The volume has grown so much that most programs cannot complete their workloads. Complaints often take 1-2

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CODE DESCRIPTION

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years to close; regular inspection intervals have extended to multiple years in most cases. Higher risk entities are targeted for regular inspections, however there are risky activities every day by regulated individuals/entities and a regulatory presence helps bring about voluntary compliance. As inspection intervals increase, complaints increase and often a more serious situation is found, one that might have been recognized early and mitigated if a regular inspection had occurred.

Over the last decade, new programs/mandates have been added without requisite resources. Individually, these new mandates do not appear have a large impact but the cumulative effect has been significant, particularly when coupled with mandatory budget cuts.

Knowledgeable, well-trained professionals are vital to the provision of appropriate regulatory services. Sanitarians and other specialty positions are hard to fill because salaries are not competitive with other governmental agencies/private sector and training takes significant resources and time.

EXTERNAL/INTERNAL FACTORS:

There has been tremendous growth in most licensees tracking the growth of the Texas population. An increasing population needs increasing numbers of grocery stores, emergency services, bedding, x-ray machines, etc. Some notable examples of increased growth in regulated industries in the last 5 years include a 130% increase in ambulatory surgery centers, a 25% increase in health care professionals, and a 58% increase in food manufacturers. The population is expected to continue to increase will into the future.

Since 9/11/01, homeland security and disaster preparation/response has become more critical and regulatory programs play a major role in these areas. For instance, the government must know where radiological sources are located and that the licensees who obtain, use, and dispose of these sources are doing so in an appropriate, secure manner. A recent sting by NRC demonstrated the ability for unauthorized receipt of potential dirty bomb materials by an unlicensed group. Licensed EMS firms/hospitals as well as many licensed health care professionals are also major players in emergency response to local and wide-spread disasters, man-made or natural. Adherence to food processing requirements helps assure that the food supply is not used to sicken Texans.

Imports from Mexico have increased dramatically in recent years. DSHS has a role in evaluation of imports and recall effectiveness checks. Recent testing of candy from Mexico found excess levels of lead which resulted in a recall and notification to the public of the potential danger. Around the holidays, toy sweeps look for items for sale that had been recalled. This was particularly important during Christmas 2007 when a large number of toys from China had been recalled for lead paint. A more recent example is the salmonella outbreak; more than 30 DSHS staff were mobilized to assist FDA, CDC, and state/local epidemiologists with the search for the source of the infection.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Health Data Collection & Analysis		
	Item Priority: 3		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-02 Health Registries, Information, and Vital Records		
	01-02-03 Infectious Disease Prevention, Epidemiology and Surveillance		
	01-04-01 Laboratory Services		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,435,663	2,695,592
2001	PROFESSIONAL FEES AND SERVICES	2,636,953	1,225,260
2005	TRAVEL	250,074	884,006
2007	RENT - MACHINE AND OTHER	29,027	37,572
2009	OTHER OPERATING EXPENSE	2,277,799	995,803
TOTAL, OBJECT OF EXPENSE		\$6,629,516	\$5,838,233

METHOD OF FINANCING:

1	General Revenue Fund	6,626,060	5,834,777
777	Interagency Contracts	3,456	3,456
TOTAL, METHOD OF FINANCING		\$6,629,516	\$5,838,233

FULL-TIME EQUIVALENT POSITIONS (FTE):

40.60	54.90
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DESCRIPTION / JUSTIFICATION:

DSHS is requesting funding to improve the timeliness, completeness, and validity of health information collected through registries and disease data collection and analysis systems. By use of more effective technology, information on cancer, birth defects, trauma, lead poisoning, and occupational diseases will be more current and readily available to the public and researchers for prevention. More accurate and timely data will be available to assess and measure the health status of local communities. Funds will also be used to develop a new data collection and analysis system for health care associated infections required by SB 288 of the 80th Legislature. Data collected through these registries are used to study patterns of disease in populations for targeting prevention and control programs, investigate unusual occurrence of diseases, identify individuals at highest risk, develop state health policies to protect the public, and to evaluate performance of public health programs.

With these funds, sub-standard technology will be replaced with web-based systems, common functions such as receipt and management of electronic lab reporting will be integrated across registries, and linkage to other health information systems will be implemented. These activities will make the collection of health information more effective, reducing the burden of disease reporting among local hospitals and health providers. Funds will also allow the integration of newborn bloodspot screening with newborn hearing screening, and vital records to ensure that all children receive appropriate health screens. FTEs are needed to expand collection efforts to new sources such as pathology lab and ambulatory surgery centers; meet increasing caseloads such as in birth defects; improve case follow-up of lead poisoning in children; support an injury prevention and trauma registry program; and operate the public health data collection and analysis system for health care associated infections.

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Disease registries including those for cancer, birth defects, trauma, and child lead poisoning are maintained on core declining technology systems that impedes the quality of data that can be shared with external partners such as academic institutions, the new Cancer Prevention and Research Institute of Texas, EMS providers and acute care hospitals, March of Dimes, and the CDC. DSHS and academic researchers are dependent on high quality registries to acquire federal research funding. Other factors related to this request are: 1) the caseload for the Birth Defects Registry is projected to increase 20% by 2010 and 2) the security and confidentiality of cancer patient information in the cancer registry does not meet CDC standards due to obsolete software systems. In 2007, the EMS/Trauma Registry was nonfunctional for five months due to system problems, which caused considerable anger and difficulties for trauma care providers. There are no state resources to support the ongoing maintenance of the EMS/Trauma Registry. The Child Lead Registry uses a database that has long outlived its lifecycle, requires excess staff time to process data, and has resulted in delayed case management. The current screening rate for Texas children of 20-30% is unacceptably low. The CDC and obligations originating from the Frew lawsuit requires that this rate be significantly improved. SB288 mandated that DSHS provide health care associated infections (HAI) data by facility to improve practices and lower infection rates; resources are needed to implement a HAI data collection and analysis system. Enhancements to the Newborn Screening Information System would result in more timely assessments and allow crosscheck with other programs to ensure all babies receive complete medical screenings and appropriate follow up. Additionally the Center for Health Statistics could improve information on quality of care and medical care costs by linking relevant health data.

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Item Name: Vital Statistics

Item Priority: 4

Includes Funding for the Following Strategy or Strategies: 01-01-02 Health Registries, Information, and Vital Records

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	333,840	709,131
2001	PROFESSIONAL FEES AND SERVICES	2,890,479	2,100,185
2007	RENT - MACHINE AND OTHER	15,639	22,412
2009	OTHER OPERATING EXPENSE	252,836	330,522
TOTAL, OBJECT OF EXPENSE		\$3,492,794	\$3,162,250

METHOD OF FINANCING:

1	General Revenue Fund	2,832,794	2,502,250
19	Vital Statistics Account	660,000	660,000
TOTAL, METHOD OF FINANCING		\$3,492,794	\$3,162,250

FULL-TIME EQUIVALENT POSITIONS (FTE):

	14.20	24.30
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DESCRIPTION / JUSTIFICATION:

The Vital Statistics Unit (VSU) is responsible for collecting, assuring for accuracy and completeness, storing, securing and reporting the data to customers and trading partners. The processes, systems and staffing levels in place do not support the timely production and release of Texas vital statistics.

VSU is requesting funding for indexing of 6,000,000 birth records currently not indexed and needed for compliance with the U.S. Department of Homeland Security (DHS) Real ID Act. DHS announced on January 11, 2007 a final rule establishing minimum-security standards for state-issued drivers' licenses and identification cards in compliance with the REAL ID Act of 2005, as a result of recommendations made by the 9/11 Commission, which Congress passed into law. Under the Act, Federal agencies are prohibited, effective May 11, 2008, from accepting a driver's license or a State-issued personal identification card for an official purpose unless the issuing State is meeting the requirements of the Act. "Official purpose" is defined to include access to Federal facilities and such other purposes as established by the Secretary of Homeland Security.

The principal impact of this legislation lies on the Department of Public Safety (DPS). However, VSU will be required to allow an electronic query of birth data to verify the validity of birth certificates, which have been presented to a Department of Motor Vehicles (DMV) to obtain a REAL ID compliant drivers license or identification card. VSU must create an electronic database for the birth certificates that do not have an electronic entry in the current birth database. The estimated cost include creating and maintaining the electronic birth data for these records to include temporary staff, equipment, and room to house the equipment and staff. VSU is also requesting funding for infrastructure and systems replacement and/or improvements, to include the Texas Electronic Registrar system.

EXTERNAL/INTERNAL FACTORS:

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The Real ID Act of 2005 is a federal mandate required of all states. VSU will be required to allow an electronic query of birth data to verify the validity of birth certificates presented to the Department of Public Safety for the purpose of obtaining a Real ID compliant driver license or identification card. DSHS/VSU will be out of compliance with federal law if we do not take measures to allow the electronic querying of birth certificates. VSU's non-compliance will create a situation where the Department of Public Safety is also unable to comply with the federal mandate.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
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	Item Name: Information Technology Support for Critical Programs		
	Item Priority: 5		
Includes Funding for the Following Strategy or Strategies:	01-01-01 Public Health Preparedness and Coordinated Services		
	01-01-02 Health Registries, Information, and Vital Records		
	01-02-01 Immunize Children and Adults in Texas		
	01-02-02 HIV/STD Prevention		
	01-02-03 Infectious Disease Prevention, Epidemiology and Surveillance		
	01-03-01 Health Promotion & Chronic Disease Prevention		
	01-03-03 Kidney Health Care		
	01-03-04 Children with Special Health Care Needs		
	01-04-01 Laboratory Services		
	02-01-02 Women and Children's Health Services		
	02-01-03 Family Planning Services		
	02-01-04 Community Primary Care Services		
	02-02-01 Mental Health Services for Adults		
	02-02-05 Substance Abuse Prevention, Intervention and Treatment		
	02-02-06 Develop a Statewide Program to Reduce the Use of Tobacco Products		
	03-01-01 Texas Center for Infectious Disease (TCID)		
	03-01-02 South Texas Health Care System		
	03-01-03 Mental Health State Hospitals		
	04-01-01 Food (Meat) and Drug Safety		
	04-01-02 Environmental Health		
	04-01-03 Radiation Control		
	04-01-04 Health Care Professionals		
	04-01-05 Health Care Facilities		
	05-01-01 Central Administration		
	05-01-02 Information Technology Program Support		
	05-01-03 Other Support Services		

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	449,870	598,762
2001	PROFESSIONAL FEES AND SERVICES	7,536,794	7,967,966
2005	TRAVEL	23,343	31,800

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CODE	DESCRIPTION	Excp 2010	Excp 2011
2007	RENT - MACHINE AND OTHER	1,534,198	1,537,587
2009	OTHER OPERATING EXPENSE	3,418,818	2,394,783
5000	CAPITAL EXPENDITURES	2,691,844	2,104,344
TOTAL, OBJECT OF EXPENSE		\$15,654,867	\$14,635,242

METHOD OF FINANCING:

1	General Revenue Fund	15,654,867	14,635,242
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TOTAL, METHOD OF FINANCING

\$15,654,867	\$14,635,242
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FULL-TIME EQUIVALENT POSITIONS (FTE):

12.10	12.10
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DESCRIPTION / JUSTIFICATION:

DSHS programs face many challenges as a result of outdated and insufficient information technology. The viability of patient records, client case files, regulatory rules, pharmacy inventory, vital records and disease registries are at risk. Internet connectivity among DSHS statewide offices is not reliable. An inadequate telephone system and outdated UPS devices have resulted in major telephone outages, limiting the ability to provide client services and to respond to emergencies. Over 2,600 employees are working with outdated desktop/laptop computers that have not been upgraded under the seat management. Data sharing capabilities among programs that are crucial to protecting the public's health are limited. Additional IT resources are required to: Provide the timely consolidated inpatient and outpatient information needed for effective healthcare acquired infections programs; provide a shared system among our mental health and substance abuse providers to keep up with increased clientele, exchange diagnostic information, and improve access to acute services; and to connect state hospitals with a statewide electronic medical record system that addresses the problem of patients suffering from delayed care while waiting for records to be obtained from remote locations. The installation of bar coding technology is essential to eliminating the possibility of errors in our automated medication dispensing systems. Video capabilities are needed to allow for conducting judicial and medical hearings with mental health hospitals, without requiring travel and risking personal security. This Exceptional Item funding request addresses these issues with information technology improvements for critical network functions, including voice and video; seat management for all agency staff; consolidated health care data collection; client management for mental and behavioral health services; and improved hospital client records and hospital automated medication dispensing systems.

EXTERNAL/INTERNAL FACTORS:

The DSHS Information Technology systems support over 400 programs in 9 health regions across the state and include the operation of 11 state hospitals, and a leading public health laboratory. This diversity is reflected in this Exceptional Item request and illustrates the variety and extent of internal demands placed upon information technology systems. Aging information technology systems and software, which are no longer supported by industry, restrict the agency's ability to provide adequate mental and public health services. For example, a number of applications still run under Microsoft DOS, the company's original, but now obsolete and unsupported, operating system on PCs that are not capable of running current operating systems and software. Inadequate communication systems threaten the agency's response during emergency events. The protection of sensitive data, the control of desktop and network access and the ability to service the desktop through automated processes are essential in delivering stable and reliable public and mental health services. In addition, DSHS is directly impacted by Department of Information Resources and Health and Human Services Enterprise projects. DSHS must make the network upgrades that are required for the Data Center Services transformation and must provide upgraded Uninterruptible Power Supplies, which are not included in the transformation. The Health and Human Services Enterprise seat managed telephone services project requires DSHS to upgrade its telephone systems. Other external factors influencing DSHS IT needs are state and federal privacy requirements, as well as public confidence and goodwill regarding our perceived level of data security.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Disaster Recovery & Public Health Preparedness		
	Item Priority: 6		
	Includes Funding for the Following Strategy or Strategies:		
	01-01-01 Public Health Preparedness and Coordinated Services		
	01-04-01 Laboratory Services		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	2,843,440	2,994,797
2001	PROFESSIONAL FEES AND SERVICES	2,684,112	2,079,143
2005	TRAVEL	216,150	231,000
2007	RENT - MACHINE AND OTHER	31,258	31,258
2009	OTHER OPERATING EXPENSE	885,340	525,332
4000	GRANTS	450,000	450,000
5000	CAPITAL EXPENDITURES	669,800	0
TOTAL, OBJECT OF EXPENSE		\$7,780,100	\$6,311,530

METHOD OF FINANCING:

1	General Revenue Fund	7,323,103	5,854,533
524	Pub Health Svc Fee Acct	166,685	166,685
555	Federal Funds		
93.994.000	Maternal and Child Healt	22,863	22,863
666	Appropriated Receipts	4,704	4,704
709	DSHS Pub Hlth Mediced Reimb	262,745	262,745
TOTAL, METHOD OF FINANCING		\$7,780,100	\$6,311,530

FULL-TIME EQUIVALENT POSITIONS (FTE):

37.80	37.80
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DESCRIPTION / JUSTIFICATION:

DSHS is seeking funding to improve its core response for day-to-day outbreaks as well as natural or man-made disasters by improving laboratory shipment processes, expanding the public health infrastructure and integrating mental health components of disaster preparedness with regional DSHS activities.

While the Center for Disease Control funds Texas public health preparedness activities, DSHS has responsibility for ESF-8, for natural and man-made disasters. The potential for disease outbreaks requiring investigation require a prompt and labor-intensive response in order to identify the disease or environmental problem and prevent spread or further contamination. The types of services provided in these events include testing, treatment, environmental analysis, disease surveillance, administration of preventive measures (such as vaccination or prophylaxis), abatement and decontamination. Deployable assets are also needed for disaster response by strike teams and include cell phones, radios, laptops, copier, fax, printer, vests, etc. Additional funding would provide the capacity, in both personnel and equipment, to effectively respond to the public health needs during and after naturally occurring or man-made disasters.

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Retention and recruitment of health professionals continues to be a challenge for DSHS as it fails to keep pace with compensation and benefits offered by other employers competing for a limited pool of available health professionals. This funding request will allow DSHS to ensure a skilled, competent public health workforce, address equity issues within the agency and provide for the flexibility to provide compensation that is closer to the private sector within local markets in the state.

EXTERNAL/INTERNAL FACTORS:

Public Health Emergency Preparedness (PHEP) funding continues to decrease each year and the agency anticipates reductions in federal funding ranging from 10-20% or \$3.7 to \$7.4 million dollars. These reductions do not include the loss of Pandemic Influenza funds set to expire in 2008.

Conversely, Health Service Region (HSR) preparedness roles and responsibilities are increasing. HSRs act as local health departments in addition to performing state duties. HSRs are also required to plan for hurricanes, and the evacuation and sheltering of Medical Special Needs populations. These requirements have added significantly to PHEP staff responsibilities. DSHS will continue its efforts in the area of pandemic influenza planning despite the loss of all federal funding for this activity.

One of the most significant barriers healthcare providers face for laboratory testing is transporting patient specimens to the laboratory in an appropriate and timely manner. Shipping regulations have become increasingly strict and costly. Faced with this, providers often opt not to send specimens to the DSHS laboratory. This results in missed cases and undiagnosed outbreaks furthering the spread of disease and increasing the cost of treatment due to delays in diagnosis.

DSHS continues to provide quality care and services to our clients; however, the recruitment and retention of healthcare professionals is key to maintaining this level of care. Without the funding in this exceptional item, DSHS will be challenged in the recruiting and retaining of quality professional to provide mental health services, local public health services and services to prevent and treat chronic and communicable diseases.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Stipends for Psychiatrist and Medical Residents		
	Item Priority: 7		
	Includes Funding for the Following Strategy or Strategies: 01-01-01 Public Health Preparedness and Coordinated Services		
	03-01-03 Mental Health State Hospitals		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	948,755	948,755
2001	PROFESSIONAL FEES AND SERVICES	48,296	48,551
2003	CONSUMABLE SUPPLIES	13,200	13,200
2004	UTILITIES	11,157	11,157
2005	TRAVEL	108,000	108,000
2007	RENT - MACHINE AND OTHER	16,082	16,082
2009	OTHER OPERATING EXPENSE	240,909	204,651
TOTAL, OBJECT OF EXPENSE		\$1,386,399	\$1,350,396
 METHOD OF FINANCING:			
1	General Revenue Fund	1,386,399	1,350,396
TOTAL, METHOD OF FINANCING		\$1,386,399	\$1,350,396

DESCRIPTION / JUSTIFICATION:

There is currently a critical shortage of professionals providing public and mental health care in the state health delivery system, most notably in physicians and psychiatrists. These shortages are not unique to the Texas mental health system and in fact, are a result of nation-wide shortages of qualified health care professionals.

In order to attract and retain psychiatrists, DSHS is requesting funding for 17 full time equivalent psychiatric resident positions which would allow for permanent psychiatric training rotations in the DSHS State Hospital system. These positions would fulfill requirements for training by academic medical centers that sponsor psychiatric residency training programs. This request enhances existing psychiatric residency training programs.

The DSHS Public Health and Preventive Medicine Residency program is currently accredited for four residents a year. Although initial interest from qualified applicants is high, DSHS typically fills one of the positions per year. This exceptional item would increase Resident salaries and additional support funding to levels necessary for DSHS to secure Residents for all the program's accredited positions and to fully operate the program.

EXTERNAL/INTERNAL FACTORS:

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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Residency training has proven to be a successful tool in recruiting new employees who develop relationships with the organizations where they do their clinical rotations and wish to continue their experience beyond academic study. With the aging of the workforce and anticipated retirements of current psychiatrists and physicians, we anticipate that the nationwide shortage will impact our ability to attract qualified applicants. Additionally, DSHS expects to benefit greatly from the public sector-academic linkages that will inevitably follow residency and training programs from academic research centers into our facilities. Faculty /student research being conducted at academic medical centers can be more easily integrated into the system by the linkage between current staff and residents.

The benefits of funding these stipends will allow the state health system to be pro-active in recruiting for critical shortage positions and lead the development of the public and mental health workforce. The consequences of not moving forward with this initiative will result in the state having to take a “reactive” stance when predicted shortages occur. This lack of planning could prove to be more costly. Without adequate numbers of trained psychiatrists and physicians to implement evidence-based initiatives, we risk not only the safety of individuals receiving treatment but accreditation from regulator agencies such as the Joint Commission (JC) and funding from the Centers for Medicare and Medicaid (CMS).

DSHS is requesting an exemption for the medical residency program the FTE cap regarding psychiatrists and physicians. The department is also requesting an exemption from the Out of State Travel Cap for this program due to a high number of required trainings held at out of state locations.

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Agency name:
State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Building & Equipment Repair & Replacement		
	Item Priority: 8		
	Includes Funding for the Following Strategy or Strategies: 03-01-03 Mental Health State Hospitals		
	06-01-05 Capital Repair and Renovation: Mental Health Facilities		
 OBJECTS OF EXPENSE:			
5000	CAPITAL EXPENDITURES	43,337,891	27,516,157
	TOTAL, OBJECT OF EXPENSE	\$43,337,891	\$27,516,157
 METHOD OF FINANCING:			
1	General Revenue Fund	2,071,806	1,591,673
780	Bond Proceed-Gen Obligat	41,266,085	25,924,484
	TOTAL, METHOD OF FINANCING	\$43,337,891	\$27,516,157

DESCRIPTION / JUSTIFICATION:

This item funds the necessary repairs, renovations and construction projects required to maintain the state's hospitals at acceptable levels of effectiveness and safety. The hospital buildings have aged throughout the years, most were built before 1965, and have suffered deterioration due to lack of capital funding.

A portion of the funds will also be used to intensify the facilities' emergency generator capabilities, intended to support the hospitals technology systems. The technology systems increased capability is essential for maintaining patient health information and to address continued availability for new patient information (i.e. computers, servers, and routers providing patient medication, nutritional requirements, etc.) during power outages, as required by the Joint Commission.

Additionally, this item funds the purchase and replacement of equipment, furniture and utility systems necessary for operational efficiency and an acceptable environment of care. Equipment scheduled for replacement is either broken, needs such frequent repair that it presents a safety risk or is no longer useful, is outdated and repair parts are no longer available or is otherwise substandard. Funding for this request is crucial to providing a safe, functional, supportive, and effective environment for patients, staff members, and other individuals at the hospital. This request only addresses the most critical Capital items.

EXTERNAL/INTERNAL FACTORS:

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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CODE DESCRIPTION

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Funding for capital construction and equipment and furniture replacement is critical for ensuring continued accreditation by the Joint Commission in order to receive federal funding. To maintain JC accreditation, the hospitals must comply with the environment of care standards in the Accreditation Manual, which requires the buildings and equipment be maintained in a safe manner and provide a therapeutic environment conducive to the clients' recovery. Additionally, they must comply with the minimum requirements of NFPA101 Life and Safety Code and associated codes and standards, which include fire sprinklers systems, fire alarm systems, firewalls, smoke barriers, emergency power and lighting, and other standards and regulation requirements.

Unsafe and unusable buildings will result in reduced services to clients and fewer clients served. Failure to address physical facility needs in a timely manner can result in exposure of clients and staff to environmental dangers such as mold poor indoor air quality, asbestos, etc. Failure to replace substandard equipment and furniture can result in safety risks and lead to an environment of care that does not meet JC standards.

Funding for the repairs, renovations and construction projects is requested through bond proceeds. The debt service estimates for the biennium are: FY10 - \$1,698,740 and FY11 - \$6,560,241.

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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Agency name:
State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Substance Abuse		
	Item Priority: 9		
	Includes Funding for the Following Strategy or Strategies: 02-02-05 Substance Abuse Prevention, Intervention and Treatment		
	05-01-01 Central Administration		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	542,173	720,824
2001	PROFESSIONAL FEES AND SERVICES	572,023	570,729
2003	CONSUMABLE SUPPLIES	13,095	14,895
2004	UTILITIES	5,516	6,790
2005	TRAVEL	73,773	98,364
2007	RENT - MACHINE AND OTHER	12,750	12,750
2009	OTHER OPERATING EXPENSE	255,689	126,920
3001	CLIENT SERVICES	13,205,083	13,205,083
4000	GRANTS	26,116,629	26,116,629
TOTAL, OBJECT OF EXPENSE		\$40,796,731	\$40,872,984

METHOD OF FINANCING:

1	General Revenue Fund	33,050,629	33,195,549
555	Federal Funds		
93.778.000	Medical Assistance Program	7,746,102	7,677,435
TOTAL, METHOD OF FINANCING		\$40,796,731	\$40,872,984

FULL-TIME EQUIVALENT POSITIONS (FTE):

15.20	15.20
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DESCRIPTION / JUSTIFICATION:

The substance abuse prevention and treatment block grant and general revenue dollars fund substance abuse prevention, intervention and treatment service providers across Texas. Current funding levels do not support adequate treatment provider rates and is insufficient to provide needed access to treatment and prevention services. This includes persons with mental health diagnoses who need intensive substance abuse treatment. Adding to the situation, the current Texas Medicaid Program covers very limited treatment services. The funding requested will expand prevention services, increase rates for treatment providers, expand detoxification services, provide recovery support funds and service coordination, expand Outreach, Screening, Assessment and Referral Provider services, expand the availability of detoxification and residential treatment for persons with co-occurring mental health diagnoses, and increase the availability of medication assisted treatment. It will also expand the adult Medicaid substance abuse benefit to include outpatient detoxification and outpatient counseling.

EXTERNAL/INTERNAL FACTORS:

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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Agency name:

State Health Services, Department of

CODE DESCRIPTION

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Effective and comprehensive substance abuse prevention mitigates adverse societal costs, as well as reduces the likelihood of requiring treatment later in life. Similarly, effective and comprehensive treatment for substance use disorders is cost effective. Numerous studies indicate that untreated or under-treated substance abuse frequently leads to increases in criminal behavior, domestic violence and child abuse, increased unemployment and high school dropout rates, increased emotional illness, and increased individual physical morbidity and mortality. Corresponding increases in the utilization of the criminal justice system, child protective services and foster care, state mental hospital beds, and emergency rooms and public/private hospital beds cost the state much more than it would to adequately treat an individual's substance abuse problem from the onset.

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Community Mental Health Services		
	Item Priority: 10		
	Includes Funding for the Following Strategy or Strategies:		
	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		
	05-01-01 Central Administration		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	611,000	812,455
2001	PROFESSIONAL FEES AND SERVICES	10,832	9,456
2003	CONSUMABLE SUPPLIES	12,918	17,688
2004	UTILITIES	3,853	5,296
2005	TRAVEL	58,922	78,564
2007	RENT - MACHINE AND OTHER	13,408	13,408
2009	OTHER OPERATING EXPENSE	270,558	131,928
3001	CLIENT SERVICES	7,531,447	9,448,918
4000	GRANTS	30,817,981	38,487,865
TOTAL, OBJECT OF EXPENSE		\$39,330,919	\$49,005,578

METHOD OF FINANCING:

1	General Revenue Fund	39,330,919	49,005,578
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TOTAL, METHOD OF FINANCING

\$39,330,919 \$49,005,578

FULL-TIME EQUIVALENT POSITIONS (FTE):

16.20 16.20

DESCRIPTION / JUSTIFICATION:

Through this exceptional item, DSHS seeks funding to enhance community based mental health service delivery in Texas. These dollars will be split between 3 projects. First, it will continue the crisis redesign implementation begun in FY2006. The following crisis services are targeted for further enhancement: Psychiatric Emergency Service Centers (and related diversion projects) in underserved areas and Crisis Respite Services for children. This includes continuing the external evaluation. Second, this item will provide an intensive package of engagement and transition services for 4,163 adults and 630 children. Communities will work to prioritize high needs persons who are not able to be served today post-crisis. Third, funds will be used to expand the availability of intensive adult and child packages of ongoing services- targeting recipients of the transition services. Approximately 3,470 adults and 497 children would receive these intensive ongoing services by the end of the biennium.

EXTERNAL/INTERNAL FACTORS:

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Building on the 80th Legislature's contribution to building a highly responsive crisis system in Texas, several areas for expansion have been identified. Stakeholders and legislators have shown strong interest and support for the Psychiatric Emergency Services Centers and other crisis projects currently under development in Texas. The expansion will allow DSHS to support additional community partnerships. There is also a pressing need to increase the availability and intensity of services provided through LMHA's. Persons in crisis who cannot access ongoing services are more likely to return to costly crisis services in the future. Over 60 percent of those who reach out to an LMHA in crisis are not provided ongoing care once their crisis is stabilized. This item creates a package of transitional services targeting this group. It will also add capacity to serve a portion of these individuals in intensive ongoing service packages. Providing effective services for individuals with a mental illness results in significant savings in healthcare costs, reduces homelessness, decreases medical major illnesses, and decreases criminal justice involvement.

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Agency name:
State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Chronic Disease Prevention		
	Item Priority: 11		
Includes Funding for the Following Strategy or Strategies:	01-03-01 Health Promotion & Chronic Disease Prevention		
	01-04-01 Laboratory Services		
	02-01-02 Women and Children's Health Services		
	02-02-06 Develop a Statewide Program to Reduce the Use of Tobacco Products		
	05-01-01 Central Administration		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	895,935	1,071,556
2001	PROFESSIONAL FEES AND SERVICES	3,914,890	3,620,713
2005	TRAVEL	123,809	159,468
2007	RENT - MACHINE AND OTHER	26,413	26,606
2009	OTHER OPERATING EXPENSE	2,664,344	3,200,135
3001	CLIENT SERVICES	51,600	51,600
4000	GRANTS	3,212,500	6,894,526
TOTAL, OBJECT OF EXPENSE		\$10,889,491	\$15,024,604

METHOD OF FINANCING:

1	General Revenue Fund	10,607,169	11,949,042
524	Pub Health Svc Fee Acct	0	1,215,491
555	Federal Funds		
93.778.000	Medical Assistance Program	141,161	157,051
709	DSHS Pub Hlth Medicd Reimb	0	1,545,969
777	Interagency Contracts	141,161	157,051
TOTAL, METHOD OF FINANCING		\$10,889,491	\$15,024,604

FULL-TIME EQUIVALENT POSITIONS (FTE):

27.30	27.30
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DESCRIPTION / JUSTIFICATION:

Chronic diseases like heart disease, stroke, type 2 diabetes, and cancer are the leading causes of death and disability in Texas. They are responsible for approximately 70% of all deaths, and cause major limitations in daily living for almost 10% of the population. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. People can prevent or control the devastating effects of these diseases by avoiding tobacco, eating healthy foods, being physically active, maintaining a healthy weight, controlling blood pressure and blood cholesterol. DSHS is seeking funding to: 1) Fund a Healthy People/Healthy Communities (HP/HC) Program that would include prevention and health promotion interventions in communities. The HP/HC program will provide a number of local communities the capacity to improve the health behaviors of their constituents to prevent and control obesity and related chronic diseases. They will address: a) obesity through interventions designed to improve

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nutrition and increase levels of physical activity; b) cardiovascular disease and stroke through the implementation of evidence-based policies and programs in healthcare sites and worksites, and changing systems of care to ensure compliance with evidence-based guidelines for screening, diagnosis and treatment; and c) support of the mayor's fitness council grant program. 2) Assist tobacco users who want to quit, and expand existing prevention efforts through increased availability of cessation services, increasing the number of community coalitions providing comprehensive activities, and increasing youth prevention activities. 3) Provide screening to newborns for cystic fibrosis and case management to follow screen positive infants to assure timely treatment.

EXTERNAL/INTERNAL FACTORS:

About 75 % of healthcare costs result from preventable chronic conditions like obesity, high blood pressure or cholesterol, and type 2 diabetes. Healthcare costs often consume half or more of corporate profits, and the ability of businesses to provide employee health insurance is more burdensome every year. National trends indicate a 7-10 % increase in health-insurance premiums in 2008 and again in 2009. Healthcare costs for state employees in Texas have increased more than 50% since 2000. Obesity cost Texas businesses an estimated \$3.3 billion in 2005. Physical inactivity, overweight, and obesity are associated with 23 % of national healthcare charges. The indirect cost of heart disease was estimated at more than \$145 billion in 2006. The long-term solution is to: 1) keep healthy people healthy, 2) ensure adults are routinely screened for early detection and effective treatment, and 3) ensure that people with chronic conditions know how to manage their conditions and receive the treatments necessary to minimize disability. This funding will be used to increase the capacity of communities to do this.

Approximately 17 % of the state's total population is currently covered by comprehensive tobacco prevention and control interventions. The proposed exceptional item funding would enable additional areas of the state to benefit from a comprehensive program, or allow for comprehensive, component-specific statewide targeted funding.

Cystic Fibrosis (CF) is one of the disorders recommended for newborn screening by the American College of Medical Genetics (ACMG). HB 790 of the 79th Legislature mandated that DSHS should screen for the disorders recommended by the ACMG to the extent funding is available. This is the only disorder on the current ACMG list for which DSHS does not screen. This screen will allow for the earlier diagnosis of CF and get children into treatment before the disease becomes severe, thus improving health outcomes.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2010	Excp 2011
	Item Name: Infectious Disease Prevention		
	Item Priority: 12		
	Includes Funding for the Following Strategy or Strategies:		
	01-02-02 HIV/STD Prevention		
	01-02-03 Infectious Disease Prevention, Epidemiology and Surveillance		
	01-04-01 Laboratory Services		
	05-01-01 Central Administration		
 OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,440,617	1,863,050
2001	PROFESSIONAL FEES AND SERVICES	474,147	441,137
2005	TRAVEL	411,188	563,750
2007	RENT - MACHINE AND OTHER	26,206	26,206
2009	OTHER OPERATING EXPENSE	2,678,831	2,396,327
4000	GRANTS	3,082,434	3,502,720
TOTAL, OBJECT OF EXPENSE		\$8,113,423	\$8,793,190
 METHOD OF FINANCING:			
1	General Revenue Fund	8,079,969	8,759,736
555	Federal Funds		
93.116.001	Tuberculosis Epidemiologic Studies	23,335	23,335
93.917.000	HIV Care Formula Grants	3,326	3,326
93.940.000	HIV Prevention Activities	6,793	6,793
TOTAL, METHOD OF FINANCING		\$8,113,423	\$8,793,190
FULL-TIME EQUIVALENT POSITIONS (FTE):		35.70	35.70

DESCRIPTION / JUSTIFICATION:

DSHS is seeking funding to reduce the spread of infectious disease through 1)improved laboratory testing to detect disease earlier; 2)increased testing for HIV and disease intervention to prevent spread of HIV, and 3)increased TB services.

Over one quarter of Texans who are diagnosed with HIV receive an AIDS diagnosis within one month, indicating they were diagnosed late in the course of the disease when it is much more costly to treat. In September 2006, the Centers for Disease Control and Prevention published new recommendations that voluntary HIV screening be a routine part of medical care to identify more people who do not know they are HIV infected. This request will increase HIV testing in DSHS settings. Additional cases of HIV will be identified, saving lives and money by linking people to medical care and preventing people from unknowingly spreading the disease. Funds will also support key components in HIV disease intervention – a responsive disease reporting and data collection and analysis system and public health follow up of HIV cases.

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Texas is second in the nation in the number of TB cases reported annually. Limitations in the existing TB public health infrastructure create barriers to service delivery and hinder efforts to adequately prevent and control TB. Funding is requested to develop a comprehensive program that incorporates accountability with the delivery of services in DSHS core, regional and local health department TB program infrastructure.

Funds are requested to implement improved laboratory testing for HIV and expand improved testing for TB, Chlamydia, and gonorrhea. Funding is also requested to upgrade the cervical cancer screening program for the women receiving public health care in the state of Texas. This will enable the Laboratory to detect and report diseases more rapidly resulting in earlier diagnosis and care of the patient and reducing further spread of these diseases.

EXTERNAL/INTERNAL FACTORS:

Without an increase in HIV testing in healthcare settings, many people with HIV infection will remain unaware of their HIV status, leading to poorer health outcomes and more costly treatment. People who remain unaware of their infection may not take precautions against infecting others, leading to increased disease burden in Texas. New infections will increase, and every new case of HIV results in an estimated cost of \$385,000 to the healthcare system (approximate lifetime medical costs for a person with HIV). Likewise, without robust data collection and analysis and public health disease intervention there will be lost opportunities to identify people with HIV disease and slow the spread of HIV.

TB management is becoming more complex with co-morbidities such as HIV/TB, diabetes, and cancer, an increase in the number of drug resistant cases particularly multidrug resistant TB, a fluid Texas-Mexico border that facilitates TB transmission, and a growing disparity among racial and ethnic groups disproportionately affected by TB. These external factors contribute to the rising costs of managing TB that includes outreach activities such as disease data collection and analysis, contact investigations and clinical services that involve medication and a treatment phase of six months up to two years. Without available staff to perform outreach activities to curtail disease transmission, to allow for accountability in managing TB infection and disease, and lack of scientific initiatives to guide program processes and performance, it will become increasingly difficult to build and maintain a public health infrastructure that is responsive to the TB needs of the state.

Failure to improve the testing for these infectious diseases will result in undiagnosed cases continuing to spread the diseases to more individuals and the increased costs of treating cases due to delays in diagnosis.