

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/26/2010**
 TIME: **2:38:12PM**

Agency code: **537**

Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
	Item Name: Maintain Current Services and Address Increasing Caseload		
	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		
	01-03-03 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		
	02-02-01 Mental Health Services for Adults		
	02-03-01 EMS and Trauma Care Systems		
	03-02-01 Mental Health Community 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		
	05-01-03 Other Support Services		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	1,272,268	1,272,268
2001	PROFESSIONAL FEES AND SERVICES	254,929	254,928
2002	FUELS AND LUBRICANTS	64,863	122,964
2003	CONSUMABLE SUPPLIES	86,538	144,998
2004	UTILITIES	4,353	7,331
2005	TRAVEL	585,921	907,693
2007	RENT - MACHINE AND OTHER	28,652	28,651
2009	OTHER OPERATING EXPENSE	2,624,380	26,056,581
3001	CLIENT SERVICES	0	846,983
4000	GRANTS	7,500,000	15,000,000
5000	CAPITAL EXPENDITURES	151,357	174,176

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Agency name:
State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
TOTAL, OBJECT OF EXPENSE		\$12,573,261	\$44,816,573
METHOD OF FINANCING:			
1	General Revenue Fund	12,352,465	44,595,778
19	Vital Statistics Account	220,796	220,795
TOTAL, METHOD OF FINANCING		\$12,573,261	\$44,816,573

DESCRIPTION / JUSTIFICATION:

DSHS is requesting funding for the FY2012-13 biennium to continue to provide public and mental health services to the citizens of Texas. The cost to provide these services has increased since the last biennium, particularly for laboratory equipment, HIV medications, Kidney Health Medication, travel and other operating costs. In addition, caseload increases are included for HIV medications and Kidney Health. As the Montgomery County Hospital was not to be operational until March 2011, DSHS base budget only includes funds to operate this facility for six months.

This exceptional request also provides for annualized services for exceptional items phased in during the 2010-11 biennium for Regulatory (including Laser Hair and Dyslexia), Vital Statistics and Newborn Screening.

This funding request also includes 16 replacement vehicles for Regional Offices.

EXTERNAL/INTERNAL FACTORS:

DSHS projects that enrollment and costs will continue to increase as HIV prevalence increases. At the present time, DSHS has projected increased need for funding to allow the program to keep pace with increased demand for these services. It is anticipated that an additional \$22.1 million is needed for the upcoming FY12-13 biennium.

The Montgomery County facility will take admissions directly from the Clearing House list, reducing the number of persons on the list and shortening the delay between being judged in need of inpatient competency restoration services and actually being admitted to a facility to receive those services.

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Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
	Item Name: Maintain Hospital Operations		
	Item Priority: 2		
	Includes Funding for the Following Strategy or Strategies: 03-01-03 Mental Health State Hospitals		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	11,272,845	11,272,846
2001	PROFESSIONAL FEES AND SERVICES	156,836	441,016
2004	UTILITIES	16,740	16,740
2007	RENT - MACHINE AND OTHER	27,230	27,230
2009	OTHER OPERATING EXPENSE	8,470,461	9,546,095
4000	GRANTS	660,000	660,000
TOTAL, OBJECT OF EXPENSE		\$20,604,112	\$21,963,927

METHOD OF FINANCING:

1	General Revenue Fund	20,604,112	21,963,927
TOTAL, METHOD OF FINANCING		\$20,604,112	\$21,963,927

FULL-TIME EQUIVALENT POSITIONS (FTE):

36.20	36.20
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DESCRIPTION / JUSTIFICATION:

DSHS is requesting funding to maintain the 2010-2011 daily bed capacity in the state mental health hospitals. Inflationary costs related to food, medications, utilities, supplies, postage, travel and oversight are included in this request.

State MH Hospitals are consistently functioning at 96+% capacity. In order to provide care and safety of the patients, to respond to the increased Joint Commission and CMS standards of care, and maintain a 90% rate of filled FTEs, additional FTEs and funding for those FTEs is necessary. Increases in base salaries are needed because state hospital base pay is significantly below current average market rates for psychiatrists, nurse practitioners, general physicians, and physician assistants. Failure to augment salaries for rural areas, high risk duty stations, and difficult to recruit geographic areas of the state tends to limit an already very thin clinician applicant pool.

The state hospital system is currently implementing an automated medication administration and reporting system (AMARS) to reduce the number of medication errors that actually reach the patient. A requirement of this system is that a pharmacist reviews all medication orders before the medications are issued and delivered to the patients. A significant percentage of admissions to the hospital system and changes to medications orders occur after normal working hours and on weekends and holidays. The current pharmacist staffing level is not sufficient to maintain current functions and take on additional requirements of after hours and weekend order verification. DSHS anticipates contracting for these services.

EXTERNAL/INTERNAL FACTORS:

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Maintaining adequate numbers of quality mental health professionals has become increasingly difficult as salaries for those positions have become less competitive with the private sector. In addition, changing standards of practice, rules, policies, and procedures have increased the workload for existing positions. Establishing a competitive salary structure for professional staff and insuring adequate numbers of those staff are essential to maintaining adequate treatment for patients admitted to state hospitals. Funding psychiatric residency and nurse practitioner training rotations through state hospitals will increase the availability of these mental health professionals.

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Agency name:
State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
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Item Name: Maintain Current Services - Replacement of ARRA
Item Priority: 3
Includes Funding for the Following Strategy or Strategies: 02-01-03 Family Planning Services
 03-01-03 Mental Health State Hospitals

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	965,933	965,933
2009	OTHER OPERATING EXPENSE	213,757	213,757
3001	CLIENT SERVICES	2,170,310	2,170,310
TOTAL, OBJECT OF EXPENSE		\$3,350,000	\$3,350,000

METHOD OF FINANCING:

1	General Revenue Fund	3,350,000	3,350,000
TOTAL, METHOD OF FINANCING		\$3,350,000	\$3,350,000

FULL-TIME EQUIVALENT POSITIONS (FTE):

	49.00	49.00
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DESCRIPTION / JUSTIFICATION:

This request includes funding for continuing services provided through American Recovery and Reinvestment Act of 2009 (ARRA) funding in FY2010 and FY2011. One project included is the method of finance swap between Social Services Block Grant (SSBG) and supplemental Transition Assistance for Needy Families (TANF) funding outlined in the 81st Leg. S.B. 1, R.S. (GAA), Art. XII, Sec. 1.

Funding is also requested to maintain current bed capacity at North Texas State Hospital related to the Vernon Expansion project initially made possible by ARRA funds. It includes funding for the seven expansion beds.

EXTERNAL/INTERNAL FACTORS:

The limited time of funding available through the American Recovery and Reinvestment Act of 2009 (ARRA) has made it necessary to seek additional funding to support the continuation of programs funded through the federal ARRA funds in FY2010-11.

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Agency name:
State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
	Item Name: Hospital Capacity		
	Item Priority: 4		
	Includes Funding for the Following Strategy or Strategies:		
	02-02-01 Mental Health Services for Adults		
	03-01-03 Mental Health State Hospitals		
	03-02-01 Mental Health Community Hospitals		
	06-01-05 Capital Repair and Renovation: Mental Health Facilities		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	575,075	575,075
2009	OTHER OPERATING EXPENSE	3,096,730	4,313,400
4000	GRANTS	6,868,678	6,868,678
5000	CAPITAL EXPENDITURES	2,277,975	0
TOTAL, OBJECT OF EXPENSE		\$12,818,458	\$11,757,153

METHOD OF FINANCING:

1	General Revenue Fund	10,540,483	11,757,153
780	Bond Proceed-Gen Obligat	2,277,975	0
TOTAL, METHOD OF FINANCING		\$12,818,458	\$11,757,153

FULL-TIME EQUIVALENT POSITIONS (FTE):

19.00	19.00
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DESCRIPTION / JUSTIFICATION:

DSHS requests funding for 25 beds in a private residential facility to treat 25 long term care transfer patients. This would allow the use of the MH hospital beds to be used for patients on the Cleaning House list. This would allow for an estimated 75 additional admissions per year.

Funds are also requested to expand the Peer Support Program. There is currently a critical shortage of professionals providing public mental health care in the state health delivery system. In order to attract and retain these positions, DSHS is requesting funding to provide stipends for psychiatrist and nurse practitioner residents.

Funds are requested to renovate the main building at Victory Field to house 50 long term forensic patients and provide funding for staff and operating costs. This will allow the use of these MH Hospital beds for patients on the Clearing House list.

This request will provide funding for 20 Forensic Beds at the Harris County Psychiatric Hospital. The Harris County facility will take admissions directly from the Clearing House list, reducing the number of persons on the list and shortening the delay between being judged in need of inpatient competency restoration services and actually being admitted to a facility to receive those services.

This request would allow increased funding for operations of Hospitality House. Hospitality House is a 65 bed residential facility which DSHS provides funding through its

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contract with the Local Mental Health Authority. The Lakes Regional MHMR Center contract increase would cover increases in minimum wage requirements, travel, supplies, professional services, maintenance costs, furniture, beds, and computers.

EXTERNAL/INTERNAL FACTORS:

Over the past 3-4 years there has been a steady increase in the number of patients committed to the hospitals on criminal code commitments needing competency restoration services or having been adjudicated not guilty by reason of insanity. These patients tend to have longer lengths of stay than patients under civil commitments. Consequently, a greater percentage of beds are filled with criminal code patients, leaving fewer beds for civil code patients. The creation and/or expansion of beds in "step down" programs for longer term patients who need continued care and treatment, but don't require the level of care and supervision provided in a state hospital setting, will allow state hospitals to provide services to a greater number of patients as beds previously occupied by long term patients are available to patients with shorter lengths of stay. This will reduce the percentage of time a local hospital is unable to accept admissions. When local hospitals are unable to accept admissions, local law enforcement must travel longer distances to the next available hospital. It will also have a positive impact on length of time a criminal code patient has to remain in jail awaiting an available hospital bed.

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CODE	DESCRIPTION	Excp 2012	Excp 2013
	Item Name: Hospital Equipment/Repair and Renovation		
	Item Priority: 5		
	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:			
2007	RENT - MACHINE AND OTHER	150,000	611,000
2009	OTHER OPERATING EXPENSE	2,005,000	0
5000	CAPITAL EXPENDITURES	77,851,902	3,739,958
TOTAL, OBJECT OF EXPENSE		\$80,006,902	\$4,350,958
 METHOD OF FINANCING:			
1	General Revenue Fund	11,107,257	4,350,958
780	Bond Proceed-Gen Obligat	68,899,645	0
TOTAL, METHOD OF FINANCING		\$80,006,902	\$4,350,958

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 be used for the replacement of furnishings and equipment necessary for the operation of the facility and provision of an adequate environment of care for patients. The purchase of new furnishing and equipment as care and treatment requirements and programs change with changes in Joint Commission and Medicare/Medicaid standards. Furnishings and equipment deteriorate with age and must be replaced to insure an adequate environment of care and the efficient operations for hospitals. Also, standards of care are continually evolving and result in the need for new equipment.

Additionally, this item will fund the consolidated laundries high capacity operations that handle the linens, towels and clothing for large numbers of patients in multiple facilities. They have been in operation for approximately 5 years and some of the equipment is in need of replacement parts or complete replacement.

State hospitals operate a large fleet for such things as patient transport on and off grounds, and movement of food and laundry both on and off grounds, maintenance activities. Many of these vehicles have logged over 100,000 miles and/or are over 10 years old. They require frequent repairs and it is no longer cost effective to repair them. In addition, they have become unreliable or unsafe for patient transportation. DSHS is requesting to replace, 199 Vehicles, 100 in FY12 and 99 in FY13.

EXTERNAL/INTERNAL FACTORS:

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Funding for capital construction and vehicle, 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.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
	Item Name: Patient Safety		
	Item Priority: 6		
	Includes Funding for the Following Strategy or Strategies: 01-01-02 Health Registries, Information, and Vital Records		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	947,827	1,317,699
2001	PROFESSIONAL FEES AND SERVICES	437,400	157,600
2004	UTILITIES	8,563	8,563
2005	TRAVEL	54,000	72,000
2007	RENT - MACHINE AND OTHER	253,138	99,988
2009	OTHER OPERATING EXPENSE	368,281	230,997
4000	GRANTS	700,000	800,000
TOTAL, OBJECT OF EXPENSE		\$2,769,209	\$2,686,847

METHOD OF FINANCING:

1	General Revenue Fund	2,769,209	2,686,847
TOTAL, METHOD OF FINANCING		\$2,769,209	\$2,686,847

FULL-TIME EQUIVALENT POSITIONS (FTE):

16.30	16.30
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DESCRIPTION / JUSTIFICATION:

The Department of State Health Services (DSHS) has integrated the common objectives of actions taken by the last three Legislatures under a general framework of initiatives that focus on improving patient safety. The three legislative initiatives are data gathering and reporting on health care-associated infections (HAI), preventable adverse events (PAE), and hospital discharge data such as present on admission (POA). The exceptional item will enable DSHS to fulfill the requirements of Chapter 98 of the Health and Safety Code that relate specifically to improving patient safety by gathering and reporting these data. Funds and FTEs are requested to establish a comprehensive program and develop, implement, support and maintain the web-based reporting systems; including a core hospital epidemiology team to analyze data, provide training and promote best practices. In addition, the following expanded funding options are requested: creating prevention collaborative targeting ventilator associated pneumonias and for central line infections; and establish four core hospital patient safety/quality assurance teams headquartered in health service regions to conduct audits at facilities, investigations, public reporting, and provide clinical tech support.

EXTERNAL/INTERNAL FACTORS:

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According to Chapter 98, Health and Safety Code, DSHS must compile and make available to the public a summary, by health care facility, of HAI and PAE reported by health care facilities. Under Chapter 108, DSHS is authorized to collect Present on Admission (POA) and discharge data from healthcare facilities such as hospitals and ambulatory surgical centers. (Rural facilities are statutorily exempt from reporting.) There are also statutory restrictions that keep these data, which are collected by one program area within DSHS, from being used by a different program area within DSHS. Healthcare facility discharge data collected by DSHS is not permitted for use at this point to determine a relationship between individuals with infections present on admission to healthcare-associated infections or preventable adverse events. Hospitals in the collaborative would focus on adopting and implementing the appropriate bundle of control interventions for the targeted HAI and assessing success in reducing those infections. The exceptional item request assumes that DSHS will partner with the Centers for Disease Control (CDC) to utilize the National Health Safety Network (NHSN) to collect HAI data from hospitals in Texas. Current law does not allow Texas to gather HAI data via NHSN which is managed by the CDC, thus DSHS is seeking legislative authority to allow sharing of HAI data outside DSHS programs.

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CODE	DESCRIPTION	Excp 2012	Excp 2013
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Item Name: Food and Environmental Safety
Item Priority: 7
Includes Funding for the Following Strategy or Strategies: 01-01-02 Health Registries, Information, and Vital Records
 01-04-01 Laboratory Services
 04-01-03 Radiation Control

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	648,746	861,730
2001	PROFESSIONAL FEES AND SERVICES	1,517,700	61,600
2004	UTILITIES	22,740	7,123
2005	TRAVEL	21,465	28,620
2007	RENT - MACHINE AND OTHER	12,860	11,672
2009	OTHER OPERATING EXPENSE	435,230	392,984
4000	GRANTS	737,165	589,026
5000	CAPITAL EXPENDITURES	172,094	146,836
TOTAL, OBJECT OF EXPENSE		\$3,568,000	\$2,099,591

METHOD OF FINANCING:

1	General Revenue Fund	3,568,000	2,099,591
TOTAL, METHOD OF FINANCING		\$3,568,000	\$2,099,591

FULL-TIME EQUIVALENT POSITIONS (FTE):

	15.20	15.20
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DESCRIPTION / JUSTIFICATION:

DSHS is seeking funding to improve the detection and investigation of foodborne illness in Texas to help prevent illness and death in Texas. Foodborne illnesses account for about 8,000 reported cases each year. Funding will allow the state to test thousands more bacterial from persons with foodborne illness and allow public health to follow up. Deaths by infectious disease category are not reported. CDC's estimates, the actual numbers would be over 6 million illnesses (1 in 4 Texans each year) and 400 deaths. About 30% of the deaths due to salmonellosis and another 30% of the deaths would be due to listeriosis. In accordance with Texas Health and Safety Code Chapter 88, the department collects and maintains blood lead test results for Texas children. By monitoring child blood lead results the department can identify and screen children who are at risk for lead poisoning. A new child lead registry system based on relevant health information architecture standards and technologies will help provide the program with the ability to meet the increasing requirements for screening, notification, case follow-up, and outreach education.

EXTERNAL/INTERNAL FACTORS:

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By current state rule, laboratories that isolate the foodborne pathogens *Listeria monocytogenes*, shiga toxin-producing *E. coli*, typhoid fever, and *Vibrio* species must send these pure cultures to the DSHS laboratory for molecular testing. Together these 4 pathogens cause 300 to 400 illnesses and 6-12 deaths each year in Texas. Timely investigations of foodborne outbreaks will result in the removal of a contaminated food from commerce and halt to an outbreak. Over the past several years, large multistate outbreaks involving produce items such as tomatoes, spinach, lettuce, and peppers, as well as processed foods such as frozen pot pies and peanut butter, have been identified and successfully investigated.

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State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
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Item Name: Healthy Babies
Item Priority: 8
Includes Funding for the Following Strategy or Strategies: 01-01-02 Health Registries, Information, and Vital Records
 01-04-01 Laboratory Services
 02-01-02 Women and Children's Health Services

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	425,824	490,453
2001	PROFESSIONAL FEES AND SERVICES	377,186	360,664
2004	UTILITIES	6,149	6,149
2005	TRAVEL	32,934	37,200
2007	RENT - MACHINE AND OTHER	7,840	6,800
2009	OTHER OPERATING EXPENSE	853,855	645,891
4000	GRANTS	4,680,000	5,000,000
TOTAL, OBJECT OF EXPENSE		\$6,383,788	\$6,547,157

METHOD OF FINANCING:

1	General Revenue Fund	5,862,270	5,645,825
524	Pub Health Svc Fee Acct	0	227,091
555	Federal Funds		
93.778.000	XIX FMAP	260,759	219,202
709	DSHS Pub Hlth Medicd Reimb	0	89,702
777	Interagency Contracts	260,759	365,337
TOTAL, METHOD OF FINANCING		\$6,383,788	\$6,547,157

FULL-TIME EQUIVALENT POSITIONS (FTE):

	10.00	10.00
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DESCRIPTION / JUSTIFICATION:

The Department of State Health Services (DSHS) is requesting funds to reduce infant mortality in Texas through a public-private partnership modeled after Kentucky's successful Healthy Babies are Worth the Wait program. This initiative will focus on reducing the three main causes of infant mortality: birth defects, preterm/low birth weight (LBW), and Sudden Infant Death Syndrome (SIDS) through the implementation of localized interventions in several hospital or hospital clinic sites across the state. Entities participating in the public-private partnership will be located in areas of Texas at high risk for infant mortality, based on an area's infant mortality rate, number of women of child-bearing age, and prevalence of birth defects.

Funds are also requested to improve the timeliness, completeness, and validity of health information collected through the birth defects registry, and to expand newborn screening and case management follow-up to include the panel of secondary targets. Improvements to the birth defects registry include integration of other infant records such as

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vital statistics and newborn screening case management data.

EXTERNAL/INTERNAL FACTORS:

More than 400,000 births occur in Texas annually. Of these, over 50 percent are paid for by Medicaid. Approximately 70 percent of Medicaid used for hospitalized newborns in Texas can be attributed to the diagnosis of related groups billing codes for prematurity and extreme immaturity.

Provisional 2008 birth and death certificate data showed that birth defects caused 1.26 infant deaths per 1,000 live births, or 20.6 percent of all infant deaths; preterm/low birth weight was determined to be the cause of 0.89 deaths per 1,000 births, or 14.6 percent of all infant deaths; and Sudden Infant Death Syndrome was listed as the cause of .44 deaths per 1,000 births, or 7.2 percent of all infant deaths.

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Item Name:	Community Mental Health and Substance Abuse Services		
Item Priority:	9		
Includes Funding for the Following Strategy or Strategies:	02-02-01	Mental Health Services for Adults	
	02-02-02	Mental Health Services for Children	
	02-02-05	Substance Abuse Prevention, Intervention and Treatment	

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	98,593	131,169
2001	PROFESSIONAL FEES AND SERVICES	802,251	627,876
2004	UTILITIES	941	941
2005	TRAVEL	7,920	10,560
2007	RENT - MACHINE AND OTHER	1,569	1,360
2009	OTHER OPERATING EXPENSE	326,709	293,311
4000	GRANTS	9,391,519	9,391,520
TOTAL, OBJECT OF EXPENSE		\$10,629,502	\$10,456,737

METHOD OF FINANCING:

1	General Revenue Fund	9,372,521	9,199,753
555	Federal Funds		
93.778.000	XIX FMAP	1,256,981	1,256,984
TOTAL, METHOD OF FINANCING		\$10,629,502	\$10,456,737

FULL-TIME EQUIVALENT POSITIONS (FTE):

	2.00	2.00
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DESCRIPTION / JUSTIFICATION:

DSHS seeks funding to implement a research-based and field tested model of behavioral health care in urban communities across the state.

The intent is to provide cost savings to the state and to funded communities via a jail diversion program designed to reduce incarceration rates for juveniles and adults who suffer from mental illness or substance abuse. DSHS also proposes to identify and initiate early treatment for contagious, expensive, and high risk diseases within these targeted populations, which are among the highest risk groups for exposure.

Due to high levels of drug trafficking and violence, DSHS also proposes a comprehensive prevention and treatment response targeted at key border communities. DSHS would expand funding for Rural Border Initiatives in order to expand culturally competent outreach and linkage to Texans who reside in communities that might otherwise not engage in prevention and treatment services. These communities are among the most impoverished in the nation, and as such, their citizens are vulnerable to the violence and drug activity that impacts their neighbors, friends, and often their extended families across the border.

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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Automated Budget and Evaluation System of Texas (ABEST)

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Agency name:

State Health Services, Department of

CODE DESCRIPTION

Excp 2012

Excp 2013

Additionally, DSHS has an established history of utilizing data from its array of behavioral health providers to shape policy and enhance quality oversight of its contractors. Consistent with this practice, DSHS developed the Clinical Management of Behavioral Health Systems (CMBHS) electronic health record to more fully integrate client level information regarding mental health and substance abuse services delivered by DSHS providers. Through this exceptional item, DSHS seeks to expand the capacity of CMBHS so that the system may be utilized to support these projects.

EXTERNAL/INTERNAL FACTORS:

DSHS had been sued by Advocacy, Inc., on behalf of criminal defendants who are ordered into competency restoration over the amount of time between when they are judicially determined to be incompetent to stand trial and when they are admitted to the state's hospital for competency restoration.

Factors such as the impact of drug trafficking and the trauma associated with the violence and unsafe communities along the Texas-Mexico border increase the risks of substance abuse, and numerous other high risk behaviors.

Maintaining and ensuring Texas data requirements are included in the recognized standard will reduce long term costs for local system customization to comply with State/Federal required reporting and align the behavioral Health standards with those of physical health to advance the state to integrated care and improve coordination of care between behavioral health and physical health providers.

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
 82nd Regular Session, Agency Submission, Version 1
 Automated Budget and Evaluation System of Texas (ABEST)

DATE: **8/26/2010**
 TIME: **2:38:17PM**

Agency code: **537**

Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
	Item Name: Obesity Prevention		
	Item Priority: 10		
	Includes Funding for the Following Strategy or Strategies: 01-03-01 Health Promotion & Chronic Disease Prevention		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	92,033	122,278
2001	PROFESSIONAL FEES AND SERVICES	15,230	95,000
2004	UTILITIES	1,418	1,418
2005	TRAVEL	2,826	3,768
2007	RENT - MACHINE AND OTHER	2,352	2,040
2009	OTHER OPERATING EXPENSE	95,397	102,140
4000	GRANTS	1,389,848	2,074,253
TOTAL, OBJECT OF EXPENSE		\$1,599,104	\$2,400,897

METHOD OF FINANCING:

1	General Revenue Fund	1,599,104	2,400,897
TOTAL, METHOD OF FINANCING		\$1,599,104	\$2,400,897

FULL-TIME EQUIVALENT POSITIONS (FTE):

3.00	3.00
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DESCRIPTION / JUSTIFICATION:

DSHS is seeking funds to support community-based obesity prevention activities (through a competitive application process) that are evidence-based and designed to make healthy eating and physical activity the easiest choices. It is anticipated that 15-18 new contracts would be awarded with these funds. Examples of the projects that would be funded include providing increased access to affordable nutritious foods and increasing sidewalks and parks in communities. Two out of 3 adult Texans are overweight or obese, with rates higher among African-Americans (73%) and Latinos (75%) than among whites (6 %). In 2004-5, 39% of Texas children in 4th, 8th, and 11th grades were overweight or at-risk-for overweight (Texas' School Physical Activity and Nutrition Survey, UT School of PH/Houston). Overweight and obesity, physical inactivity, and poor nutrition not only increase the risk for chronic diseases such as type 2 diabetes, heart disease, stroke, arthritis and certain types of cancer, but obese children and adults also face social stigmatization. With the rising rates of childhood overweight, we are now seeing increased rates of type 2 diabetes and other serious health problems in children.

EXTERNAL/INTERNAL FACTORS:

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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CODE DESCRIPTION

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These funds will be used to increase the number of grants that DSHS awards to communities to implement evidence-based obesity-prevention projects. Currently, the obesity appropriations for FY10-11 are being used to fund or augment 7 community obesity-prevention projects (totaling approximately \$487,000); 1 social marketing vendor (a DSHS blanket contractor at \$250,000); and to award approximately \$1.6 million in grants via a competitive RFP in March 2010 to 7 community-based organizations (2 of these grants are being augmented with other funds). According to the Office of the State Demographer, the population of Texas is increasing at almost twice the rate of the national population, and the fastest growth is among populations with the highest rates of obesity. In 2001, the economic burden of obesity in Texas was estimated at \$10.5 billion. It is projected that this will reach \$39 billion by 2040 if current trends persist. Individual choices and behaviors are profoundly shaped by the policies and environments present in the communities in which individuals move, work, eat and play. Therefore, funding for community-level changes to transform public venues, worksites, daycares, etc. to be more conducive to health is the most viable choice in directing public health dollars to impact nutrition, physical activity and weight..

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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DATE: **8/26/2010**
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Agency code: **537**

Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
	Item Name: Preventable Hospitalizations		
	Item Priority: 11		
	Includes Funding for the Following Strategy or Strategies: 01-03-01 Health Promotion & Chronic Disease Prevention		
OBJECTS OF EXPENSE:			
1001	SALARIES AND WAGES	178,405	236,272
2001	PROFESSIONAL FEES AND SERVICES	130,598	139,433
2004	UTILITIES	2,387	2,387
2005	TRAVEL	38,988	51,984
2007	RENT - MACHINE AND OTHER	3,896	3,792
2009	OTHER OPERATING EXPENSE	179,025	152,835
4000	GRANTS	2,000,000	2,000,000
TOTAL, OBJECT OF EXPENSE		\$2,533,299	\$2,586,703

METHOD OF FINANCING:

1	General Revenue Fund	2,533,299	2,586,703
TOTAL, METHOD OF FINANCING		\$2,533,299	\$2,586,703

FULL-TIME EQUIVALENT POSITIONS (FTE):

	5.00	5.10
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DESCRIPTION / JUSTIFICATION:

DSHS requests \$5,120,000 for the biennium to provide grants to counties to reduce adult hospitalizations and/or hospital charges by 15 percent for potentially preventable hospitalizations through the implementation of evidenced-based interventions. The interventions will focus on nine conditions for which hospitalization is considered preventable. Data on preventable hospitalizations are collected and analyzed by DSHS as part of statutorily required hospital reporting. Adult hospitalizations for the targeted conditions are called "potentially preventable hospitalizations" because inpatient stays would likely not have occurred if the individual had access to and cooperated with appropriate outpatient health care. The nine conditions are: Bacterial Pneumonia, Congestive Heart Failure, Diabetes, Chronic Obstructive Pulmonary Disease, Asthma, Urinary Tract Infection, Dehydration, Hypertension, Angina. Based on funding 80 evidence-based interventions, DSHS estimates achieving a 15 percent reduction in hospitalizations and/or charges for the 2012-13 biennium (as compared to the 2010-11 biennium) among the funded counties/initiatives. The 15 percent reduction would result in a decrease of 1,208 hospitalizations in these counties.

EXTERNAL/INTERNAL FACTORS:

Ninety-two counties have potentially preventable hospitalizations rates more than 50% higher than the state rate over the most recent four year period for which data is available. The Preventable Hospitalizations (PH) EI is built upon a community-based health promotion and chronic disease prevention model (Model for Community Change and Improvement) that employs intervention as the main strategy for achieving a population-level change in risks and behaviors. For this proposal, a menu of evidence-based strategies for each of the PH conditions will be provided by DSHS. Each county applicant will develop an intervention based on the DSHS strategies in order to address one or more of the potentially preventable conditions. Each community-based intervention proposal will be tailored to the community's need, infrastructure, and capacity.

4.A. EXCEPTIONAL ITEM REQUEST SCHEDULE
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Agency name:

State Health Services, Department of

CODE	DESCRIPTION	Excp 2012	Excp 2013
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Item Name: Infectious Disease Prevention

Item Priority: 12

Includes Funding for the Following Strategy or Strategies:

01-02-01	Immunize Children and Adults in Texas
01-02-03	Infectious Disease Prevention, Epidemiology and Surveillance
03-01-01	Texas Center for Infectious Disease (TCID)

OBJECTS OF EXPENSE:

1001	SALARIES AND WAGES	604,902	803,072
1002	OTHER PERSONNEL COSTS	58,909	108,464
2001	PROFESSIONAL FEES AND SERVICES	3,706,362	2,006,871
2002	FUELS AND LUBRICANTS	2,460	4,529
2003	CONSUMABLE SUPPLIES	25,486	46,925
2004	UTILITIES	110,708	194,291
2005	TRAVEL	7,207	11,831
2007	RENT - MACHINE AND OTHER	53,119	79,479
2009	OTHER OPERATING EXPENSE	1,097,101	1,299,713
3001	CLIENT SERVICES	8,357	15,387
3002	FOOD FOR PERSONS - WARDS OF STATE	43,395	79,900
4000	GRANTS	395,000	505,750
5000	CAPITAL EXPENDITURES	40,000	40,000
TOTAL, OBJECT OF EXPENSE		\$6,153,006	\$5,196,212

METHOD OF FINANCING:

1	General Revenue Fund	6,153,006	5,196,212
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TOTAL, METHOD OF FINANCING

	\$6,153,006	\$5,196,212
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FULL-TIME EQUIVALENT POSITIONS (FTE):

	24.30	24.30
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DESCRIPTION / JUSTIFICATION:

This exceptional item will support an initiative to improve the accuracy and effectiveness of the public health system's ability to identify and offer treatment to Texans with active tuberculosis (TB) disease and latent TB infection, thus preventing the development of future TB disease. These goals will be accomplished by increasing the use of newer TB testing technology to improve the accuracy of identification of TB infection, increasing the use of promotores or community health workers (CHW) in local health departments to provide education, facilitate treatment adherence, and refer patients with TB infection to health and social services as needed, and improving the use of TB data for planning and evaluating interventions.

In addition, DSHS proposes to reduce the number of pediatric hospitalizations due to gastroenteritis by increasing the number of young children immunized against rotavirus. Working in collaboration with the Texas Immunization Stakeholders Working Group (TISWG), DSHS will raise awareness among pediatric healthcare providers about the high

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proportion of preventable hospitalizations among Texas children that are attributable to this disease in particular and will promote full implementation of the national recommendation that all young children be vaccinated.

Funding is requested to provide additional staff and operating dollars for the increased capacity at the new Texas Center for Infectious Disease facility. The current level of funding provides staffing and operational costs for 35 patients. The new facility has the increased capacity for 75 patients if staffed and funded at that level.

EXTERNAL/INTERNAL FACTORS:

Historically, testing for TB has been done by skin testing, which requires the patient to return to the health care professional to have the test read within 48 to 72 hours about placement of the test. Not only does this result in a significant number of patients not returning for test results, the skin test has a high rate of inaccuracy depending on a number of factors. The newer testing technology (using a blood specimen) requires only one patient visit and is more accurate. This methodology results in fewer misdiagnoses and fewer patients being placed unnecessarily on TB medications. The appropriate use of paraprofessionals assists more patients to receive the support they need and allows licensed staff to focus their time and efforts on identifying and managing more complicated cases of TB. As with all infectious diseases, the ability to effectively prevent spread of TB, identify and treat those infected, and respond to outbreaks is supported by the timely and accurate use of surveillance and disease data.

To reduce the number of preventable hospitalizations, DSHS plans to engage a contractor with expertise in health promotion and marketing to work in collaboration with TISWG members to develop and implement an outreach plan. The contractor will work with stakeholders and key informants to identify possible barriers to full implementation of the immunization recommendations in the clinical setting, and will tailor a campaign to raise awareness, educate and motivate pediatric health care providers to include rotavirus immunization as routinely as they do the long-standing childhood vaccines. One component of the project would be to assist providers to conduct reminder/recall for this particular vaccine (to send a reminder card just prior to the date a vaccine is due, and a second card if the vaccination date is missed), a strategy proven to improve coverage rates.