

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Charles Rotan	Date: 9/13/2016	Request Level: Base																																										
Current Rider Number	Page Number in 2016-2017 GAA	Proposed Rider Language																																												
1	II-51	<p>Performance Measure Targets. The following is a listing of the key performance target levels for the Department of State Health Services. It is the intent of the Legislature that appropriations made by this Act be utilized in the most efficient and effective manner possible to achieve the intended mission of the Department of State Health Services. In order to achieve the objectives and service standards established by this Act, the Department of State Health Services shall make every effort to attain the following designated key performance target levels associated with each item of appropriation.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">2016</th> <th style="width: 10%; text-align: center;">2017</th> </tr> </thead> <tbody> <tr> <td colspan="3">A. Goal: PREPAREDNESS AND PREVENTION</td> </tr> <tr> <td colspan="3">Outcome (Results/Impact):</td> </tr> <tr> <td>Percent of Staff Reached during Public Health Disaster Response Drills</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">80%</td> </tr> <tr> <td>Vaccination Coverage Levels among Children Aged 19 to 35 Months</td> <td style="text-align: center;">70.4%</td> <td style="text-align: center;">70.4%</td> </tr> <tr> <td>Incidence Rate of TB Among Texas Residents</td> <td style="text-align: center;">4.4</td> <td style="text-align: center;">4.4</td> </tr> <tr> <td>Prevalence of Tobacco Use among Middle & High School Youth Target Areas</td> <td style="text-align: center;">22%</td> <td style="text-align: center;">22%</td> </tr> <tr> <td>Prevalence of Smoking among Adult Texans</td> <td style="text-align: center;">18.6%</td> <td style="text-align: center;">18.6%</td> </tr> <tr> <td colspan="3">A.1.2. Strategy: HEALTH DATA AND ANALYSIS</td> </tr> <tr> <td colspan="3">Efficiencies:</td> </tr> <tr> <td>Average Number of Days to Certify or Verify Vital Statistics Records</td> <td style="text-align: center;">11.1</td> <td style="text-align: center;">11.1</td> </tr> <tr> <td colspan="3">A.2.1. Strategy: IMMUNIZE CHILDREN & ADULTS IN TEXAS</td> </tr> <tr> <td colspan="3">Output (Volume):</td> </tr> <tr> <td>Number of Vaccine Doses Administered to Children</td> <td style="text-align: center;">15,020,205</td> <td style="text-align: center;">15,320,609</td> </tr> </tbody> </table>				2016	2017	A. Goal: PREPAREDNESS AND PREVENTION			Outcome (Results/Impact):			Percent of Staff Reached during Public Health Disaster Response Drills	80%	80%	Vaccination Coverage Levels among Children Aged 19 to 35 Months	70.4%	70.4%	Incidence Rate of TB Among Texas Residents	4.4	4.4	Prevalence of Tobacco Use among Middle & High School Youth Target Areas	22%	22%	Prevalence of Smoking among Adult Texans	18.6%	18.6%	A.1.2. Strategy: HEALTH DATA AND ANALYSIS			Efficiencies:			Average Number of Days to Certify or Verify Vital Statistics Records	11.1	11.1	A.2.1. Strategy: IMMUNIZE CHILDREN & ADULTS IN TEXAS			Output (Volume):			Number of Vaccine Doses Administered to Children	15,020,205	15,320,609
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<p>Explanatory: Dollar Value (in Millions) of Vaccine Provided by the Federal Government 370 377</p> <p>A.2.2. Strategy: HIV/STD PREVENTION Output (Volume): Number of Persons Served by the HIV Medication Program 20,119 21,052</p> <p>A.2.3. Strategy: INFECTIOUS DISEASE EPI/SURV AND CONTROL Output (Volume): Number of Communicable Disease Investigations Conducted 200,000 200,000</p> <p>A.3.3. Strategy: ABSTINENCE EDUCATION Output (Volume): Number of Persons Served in Abstinence Education Programs 48,000 48,000</p> <p>A.3.4. Strategy: KIDNEY HEALTH CARE Output (Volume): Number of Kidney Health Clients Provided Services 18,782 18,782</p> <p>A.3.5. Strategy: CHILDREN WITH SPECIAL HEALTH CARE NEEDS Output (Volume): Average Monthly Caseload of Children with Special Health Care Needs (CSHCN) Clients Receiving Health Care Benefits 1,008 1,008</p> <p>B. Goal: COMMUNITY HEALTH SERVICES Outcome (Results/Impact): Percentage of Eligible WIC Population Served 69% 69% Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate) 5.7 5.7 Percentage of Low Birth Weight Births 8.2% 8.2% Number of Pregnant Females Age 13-19 Per Thousand</p>				

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		(Adolescent Pregnancy Rate)	45	45
		Percent of Adults Receiving Community Mental Health Services Whose Functional Level Stabilized or Improved	83%	83%
		Percent of Children Receiving Community Mental Health Services Whose Functional Level Stabilized or Improved	82%	82%
		Percent of Persons Receiving Crisis Services Who Avoid Psychiatric Hospitalization within 30 Days	89%	89%
		Percent of Adults Who Complete Treatment Programs who Report Abstinence	90%	90%
		Percent of Youth Who Complete Treatment Programs and Report Abstinence	88%	88%
		B.1.1. Strategy: WIC/FARMER'S MARKET NUTRITION SVCS		
		Output (Volume):		
		Number of WIC Participants Provided Nutritious Food Supplements Per Month	958,644	958,644
		Explanatory:		
		Number of WIC Breastfeeding Initiation Rate	85.6	86.6
		B.1.2. Strategy: WOMEN & CHILDREN'S HEALTH SERVICES		
		Output (Volume):		
		Number of Infants <1 and Children Age 1-21 Years Provided Dental and Child Health Services by the Maternal and Child Health Program	41,733	41,733
		Number of Women over 21 Provided Services by the Maternal and Child Health Program (Title V)	23,412	23,412
		B.1.3. Strategy: FAMILY PLANNING SERVICES		
		Output (Volume):		
		Number of Adults and Adolescents Receiving Family Planning Services	65,000	65,000
		B.1.4. Strategy: COMMUNITY PRIMARY CARE SERVICES		
		Output (Volume):		

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		<p>Average Monthly Number of Adults Served in Substance Abuse Prevention Programs 44,000 44,000</p> <p>Average Monthly Number of Youth Served in Substance Abuse Prevention Programs 172,000 172,000</p> <p>Average Monthly Number of Adults Served in Substance Abuse Intervention Programs 9,000 9,000</p> <p>Average Monthly Number of Youth Served in Substance Abuse Intervention Programs 1,400 1,400</p> <p>Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse 7,597 7,597</p> <p>Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse 1,254 1,254</p> <p>B.3.1. Strategy: EMS AND TRAUMA CARE SYSTEMS</p> <p>Output (Volume):</p> <p>Number of Emergency Health Care Providers (EMS Firms, Hospitals, RACS) Assisted through EMS/Trauma System Funding Programs 2,337 2,337</p> <p>Explanatory:</p> <p>Number of Trauma Facilities 280 280</p> <p>Number of Stroke Facilities 125 125</p> <p>C. Goal: HOSPITAL FACILITIES AND SERVICES</p> <p>C.1.1. Strategy: TX CENTER FOR INFECTIOUS DISEASE</p> <p>Output (Volume):</p> <p>Number of Inpatient Days, Texas Center for Infectious Disease 12,700 12,700</p> <p>C.1.2. Strategy: RIO GRANDE STATE OUTPATIENT CLINIC</p> <p>Output (Volume):</p> <p>Number of Outpatient Visits, Rio Grande State Outpatient Clinic 37,404 37,404</p>		

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<p>C.1.3. Strategy: MENTAL HEALTH STATE HOSPITALS</p> <p>Output (Volume): Average Daily Census of State Mental Health Facilities 2,376 2,376</p> <p>Efficiencies: Average Daily Facility Cost Per Occupied State Mental Health Facility Bed 466 466</p> <p>C.2.1. Strategy: MENTAL HEALTH COMMUNITY HOSPITALS</p> <p>Output (Volume): Average Daily Number of Occupied Mental Health Community Hospital Beds 316 316</p> <p>Efficiencies: Average Daily Cost Per Occupied Mental Health Community Hospital Bed 483 483</p> <p>D. Goal: CONSUMER PROTECTION SERVICES</p> <p>Outcome (Results/Impact): Percentage of Licenses Issued within Regulatory Timeframe 98.7% 98.7%</p> <p>D.1.1. Strategy: FOOD (MEAT) AND DRUG SAFETY</p> <p>Efficiencies: Average Cost Per Surveillance Activity—Food/Meat and Drug Safety 295 295</p> <p>D.1.2. Strategy: ENVIRONMENTAL HEALTH</p> <p>Efficiencies: Average Cost Per Surveillance Activity—Environmental Health 200 200</p> <p>D.1.3. Strategy: RADIATION CONTROL</p> <p>Efficiencies: Average Cost Per Surveillance Activity—Radiation Control 300 300</p> <p>D.1.4. Strategy: HEALTH CARE PROFESSIONALS</p>				

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<p>Output (Volume): Number of Health Care Professionals and Licensed Chemical Dependency Counselors Licensed, Permitted, Certified, Registered, or Documented 100,000 100,000</p> <p>G. Goal: OFFICE VIOLENT SEX OFFENDER MGMT G.1.1. Strategy: OFFICE VIOLENT SEX OFFENDER MGMT</p> <p>Output (Volume): Number of Sex Offenders Provided Treatment and Supervision 253 253</p> <p>Efficiencies: Average Cost Per Sex Offender for Treatment and Supervision 27,120 27,120</p> <p>Explanatory: Number of New Civil Commitments 50 50</p> <p style="text-align: right;"><u>2018</u> <u>2019</u></p> <p><u>A. Goal: PREPAREDNESS AND PREVENTION</u></p> <p><u>Outcome (Results/Impact):</u></p> <p><u>Percent of Staff Reached during Public Health Disaster Response Drills</u> 80% 80%</p> <p><u>Vaccination Coverage Levels among Children Aged 19 to 35 Months</u> 72.0% 72.0%</p> <p><u>Incidence Rate of TB Among Texas Residents</u> 4.4 4.4</p> <p><u>Prevalence of Tobacco Use among Middle & High School Youth Target Areas</u> 22% 22%</p> <p><u>Prevalence of Smoking among Adult Texans</u> 18.6% 18.6%</p> <p><u>A.1.2. Strategy: VITAL STATISTICS</u></p> <p><u>Efficiencies:</u> Average Number of Days to Certify or Verify Vital Statistics Records 10.0 10.0</p> <p><u>A.2.1. Strategy: IMMUNIZE CHILDREN & ADULTS IN</u></p>				

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<p>TEXAS</p> <p><u>Output (Volume):</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Number of Vaccine Doses Administered to Children</td> <td style="width: 20%; text-align: right;">16,768,821</td> <td style="width: 20%; text-align: right;">17,607,262</td> </tr> </table> <p><u>Explanatory:</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Dollar Value (in Millions) of Vaccine Provided by the Federal Government</td> <td style="width: 20%; text-align: right;">393</td> <td style="width: 20%; text-align: right;">412</td> </tr> </table> <p><u>A.2.2. Strategy: HIV/STD PREVENTION</u></p> <p><u>Output (Volume):</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Number of Persons Served by the HIV Medication Program</td> <td style="width: 20%; text-align: right;">19,094</td> <td style="width: 20%; text-align: right;">19,477</td> </tr> </table> <p><u>A.2.3. Strategy: INFECTIOUS DISEASE EPI/SURV AND CONTROL</u></p> <p><u>Output (Volume):</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Number of Communicable Disease Investigations Conducted</td> <td style="width: 20%; text-align: right;">200,000</td> <td style="width: 20%; text-align: right;">200,000</td> </tr> </table> <p><u>B. Goal: COMMUNITY HEALTH SERVICES</u></p> <p><u>Outcome (Results/Impact):</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)</td> <td style="width: 20%; text-align: right;">5.5</td> <td style="width: 20%; text-align: right;">5.5</td> </tr> <tr> <td>Percentage of Low Birth Weight Births</td> <td style="text-align: right;">8.2%</td> <td style="text-align: right;">8.1%</td> </tr> <tr> <td>Number of Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate)</td> <td style="text-align: right;">29.6</td> <td style="text-align: right;">29.3</td> </tr> </table> <p><u>B.2.1. Strategy: EMS AND TRAUMA CARE SYSTEMS</u></p> <p><u>Output (Volume):</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Number of Emergency Health Care Providers (EMS Firms, Hospitals, RACS) Assisted through EMS/Trauma System Funding Programs</td> <td style="width: 20%; text-align: right;">2,337</td> <td style="width: 20%; text-align: right;">2,337</td> </tr> </table> <p><u>Explanatory:</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Number of Trauma Facilities</td> <td style="width: 20%; text-align: right;">290</td> <td style="width: 20%; text-align: right;">290</td> </tr> <tr> <td>Number of Stroke Facilities</td> <td style="text-align: right;">150</td> <td style="text-align: right;">150</td> </tr> </table>					Number of Vaccine Doses Administered to Children	16,768,821	17,607,262	Dollar Value (in Millions) of Vaccine Provided by the Federal Government	393	412	Number of Persons Served by the HIV Medication Program	19,094	19,477	Number of Communicable Disease Investigations Conducted	200,000	200,000	Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)	5.5	5.5	Percentage of Low Birth Weight Births	8.2%	8.1%	Number of Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate)	29.6	29.3	Number of Emergency Health Care Providers (EMS Firms, Hospitals, RACS) Assisted through EMS/Trauma System Funding Programs	2,337	2,337	Number of Trauma Facilities	290	290	Number of Stroke Facilities	150	150
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		<p>C. Goal: CONSUMER PROTECTION SERVICES</p> <p><u>Outcome (Results/Impact):</u> <u>Percentage of Licenses Issued within Regulatory</u> Timeframe 98.7% 98.7%</p> <p><u>C.1.1. Strategy: FOOD (MEAT) AND DRUG SAFETY</u> <u>Efficiencies:</u> <u>Average Cost Per Surveillance Activity - Food/Meat</u> and Drug Safety 295 295</p> <p><u>C.1.2. Strategy: ENVIRONMENTAL HEALTH</u> <u>Efficiencies:</u> <u>Average Cost Per Surveillance Activity -</u> Environmental Health 250 250</p> <p><u>C.1.3. Strategy: RADIATION CONTROL</u> <u>Efficiencies:</u> <u>Average Cost Per Surveillance Activity - Radiation</u> Control 300 300</p> <p><u>C.1.4. Strategy: HEALTH CARE PROFESSIONALS</u> <u>Output (Volume):</u> <u>Number of Health Care Professionals and Licensed</u> <u>Chemical Dependency Counselors Licensed, Permitted,</u> <u>Certified, Registered, or Documented</u> 34,000 34,000</p>		
2	II-53	<p>Capital Budget. None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease Payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase payments to the Texas Public Finance Authority pursuant to the provisions of Government Code, §1232.103.</p> <p style="text-align: right;">2016 _____ 2017</p>		

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a. Construction of Buildings and Facilities				
(1) Laboratory Bond Debt Service \$ 2,874,375 \$ 2,036,750				
Total, Construction of Buildings and Facilities \$ 2,874,375 \$ 2,036,750				
b. Acquisition of Information Resource Technologies				
(1) WIC PC Replacement \$ 3,070,165 \$ 3,585,165				
(2) Seat Management 6,120,652 5,976,952				
(3) IT Accessibility 1,079,943 1,079,943				
(4) Critical Information Technology – MH State Hospitals 1,660,000 UB				
(5) IT Security 1,200,000 1,200,000				
(6) Enhance Registries 1,277,830 UB				
(7) Information Systems Improvements 15,445,800 1,680,000				
(8) CARE 3,400,000 3,400,000				
(9) Linking Data for Health Information Quality 1,000,000 1,000,000				
Total, Acquisition of Information Resource Technologies \$ 34,254,390 \$ 17,922,060				
c. Transportation Items				
(1) Vehicles Replacement \$ 18,235 UB				
Total, Transportation Items \$ 18,235 UB				
d. Acquisition of Capital Equipment and Items				
(1) Laboratory Equipment \$ 2,435,822 \$ 2,031,909				
(2) Capital Equipment for Mental Health Facilities 1,650,000 1,650,000				
(3) Hospital Cameras 1,000,000 UB				
Total, Acquisition of Capital Equipment and Items \$ 5,085,822 \$ 3,681,909				

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e. Other Lease Payments to the Master Lease				
Purchase Program (MLPP)				
(1) Lease payments to MLPP—Mental Health—				
Energy Conservation \$ 2,476,134 \$ 2,458,825				
Total, Other Lease Payments to the Master Lease				
Purchase Program (MLPP) \$ 2,476,134 \$ 2,458,825				
f. Data Center Consolidation				
(1) Data Center Consolidation \$ 16,378,529 \$ 16,851,911				
Total, Data Center Consolidation \$ 16,378,529 \$ 16,851,911				
Total, Capital Budget \$ 61,087,485 \$ 42,951,455				
Method of Financing (Capital Budget):				
General Revenue Fund				
General Revenue Fund \$ 25,303,844 \$ 22,635,632				
GR Match for Medicaid 187,237 187,231				
GR Certified Match for Medicaid 153,000 153,000				
GR for Mental Health Block Grant 63,549 63,574				
GR for Substance Abuse Prevention and Treatment				
Block Grant 29,178 28,746				
GR for HIV Services 3,191,783 3,278,661				
General Revenue—Insurance Companies				
Maintenance Tax and Insurance Department Fees 11,415 11,745				
Subtotal, General Revenue Fund \$ 28,940,006 \$ 26,358,589				
General Revenue Fund—Dedicated				
Vital Statistics Account No. 019 31,125 32,025				
Hospital Licensing Account No. 129 3,065 3,154				

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		Food and Drug Fee Account No. 341	4,667	4,802
		Bureau of Emergency Management Account No. 512	5,260	5,412
		Department of Health Public Health Services Fee Account No. 524	264,349	271,989
		Commission on State Emergency Communications Account No. 5007	59	61
		Asbestos Removal Licensure Account No. 5017	93,590	94,078
		Workplace Chemicals List Account No. 5020	1,626	1,673
		Certificate of Mammography Systems Account No. 5021	713	734
		Food and Drug Registration Account No. 5024	11,905	12,249
		Permanent Fund for Health and Tobacco Education and Enforcement Account No. 5044	19,900	20,475
		Permanent Fund Children & Public Health Account No. 5045	521	536
		Permanent Fund for EMS & Trauma Care Account No. 5046	2,460	2,531
		EMS, Trauma Facilities, Trauma Care Systems Account No. 5108	121	124
		Trauma Facility and EMS Account No. 5111	693	713
		Health Department Laboratory Financing Fees Account No. 8026	2,874,375	2,036,750
		Subtotal, General Revenue Fund - Dedicated	\$ 3,314,429	\$ 2,487,306
		Federal Funds	24,237,867	11,585,104
		Other Funds		
		Appropriated Receipts	1,279,216	1,426
		DSHS Public Health Medicaid Reimbursements	2,310,822	1,513,736
		Interagency Contracts	1,005,145	1,005,294
		Subtotal, Other Funds	\$ 4,595,183	\$ 2,520,456

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<u>Total, Method of Financing</u>		\$ 61,087,485	\$ 42,951,455	
		<u>2018</u>	<u>2019</u>	
<u>a. Construction of Buildings and Facilities</u>				
(1) Laboratory - Bond Debt Service		\$ 1,896,250	\$ 0	
<u>Total, Construction of Buildings and Facilities</u>		\$ 1,896,250	\$ 0	
<u>b. Repair or Rehabilitation of Buildings and Facilities</u>				
(1) Repair and Renovations		\$ 881,744	\$ 161,744	
<u>Total, Repair or Rehabilitation of Buildings and Facilities</u>		\$ 881,744	\$ 161,744	
<u>c. Acquisition of Information Resource Technologies</u>				
(1) Vital Records System (TxEVER)		\$ 2,500,000	\$ UB	
(2) The Texas Health Care Safety Network (TxHSN)		\$ 164,000	\$ 156,000	
(3) Emergency Medical Services Trauma Registry Project		\$ 782,000	\$ 782,000	
(4) Enhance Registries - THISIS		\$ 3,199,707	\$ 1,109,303	
(5) HIV2000 REC N ARIES Replacement (HRAR) Implementation Project		\$ 1,564,803	\$ 4,476,700	
(6) Wi-Fi and Video-Teleconferencing Equipment Buildings 634, 636		\$ 100,000	\$ UB	
(7) IT Accessibility		\$ 1,079,943	\$ 1,079,943	
(8) IT Security		\$ 1,200,000	\$ 1,200,000	
(9) CyberSecurity		\$ 830,998	\$ 830,998	
(10) Seat Management		\$ 2,621,932	\$ 2,621,932	
<u>Total, Acquisition of Information Resource Technologies</u>		\$14,043,383	\$12,256,876	

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<u>d. Acquisition of Capital Equipment and Items</u>				
<u>(1) Texas Vaccine For Children (TVFC)</u>				
	Data Loggers	\$ 82,400		\$ UB
	<u>(2) FastPak Verify</u>	\$ 160,043		\$ UB
	<u>(3) Misc Lab Equipment</u>	\$ 1,673,152		\$ 928,657
	<u>Total, Acquisition of Capital Equipment and Items</u>	\$ 1,915,595		\$ 928,657
<u>e. Data Center Consolidation</u>				
	<u>(1) Data Center Consolidation</u>	\$11,203,918		\$11,203,918
	<u>Total, Data Center Consolidation</u>	\$11,203,918		\$11,203,918
	<u>Total, Capital Budget</u>	\$29,940,890		\$24,551,195
<u>Method of Financing (Capital Budget):</u>				
<u>General Revenue Fund</u>				
	General Revenue Fund	14,022,229		13,194,229
	GR for HIV Services	3,276,185		3,276,185
	Subtotal, General Revenue Fund	\$17,298,414		\$16,470,414
<u>General Revenue Fund - Dedicated</u>				
	Vital Statistics Account No. 019	32,025		32,025
	Food and Drug Fee Account No. 341	4,802		4,802
	<u>Department of Health Public Health Services Fee</u>			
	Account No. 524	271,989		271,989
	Asbestos Removal Licensure Account No. 5017	41,327		41,327
	Food and Drug Registration Account No. 5024	76,248		76,248
	<u>Permanent Fund for Health and Tobacco Education and Enforcement Account No. 5044</u>	20,475		20,475
	<u>Permanent Fund Children & Public Health Account</u>			

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		No. 5045	536	536
		<u>Health Department Laboratory Financing Fees</u>		
		<u>Account No. 8026</u>	1,896,250	UB
		<u>Subtotal, General Revenue Fund - Dedicated</u>	\$ 2,343,652	\$ 447,402
		<u>Federal Funds</u>	\$ 1,498,843	\$ 3,023,538
		<u>Other Funds</u>		
		<u>Appropriated Receipts</u>	6,327,054	2,901,409
		<u>DSHS Public Health Medicaid Reimbursements</u>	1,685,633	921,138
		<u>Interagency Contracts</u>	787,294	787,294
		<u>Subtotal, Other Funds</u>	\$ 8,799,981	\$ 4,609,841
		<u>Total, Method of Financing</u>	\$29,940,890	\$24,551,195
3	II-55	<p>Client Services. It is the intent of the Legislature that the Department of State Health Services (DSHS) and the Department of Family and Protective Services (DFPS) enter into a Memorandum of Understanding for providing outpatient substance abuse treatment services by DSHS to referred DFPS clients.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
4	II-55	<p>Other Reporting Requirements.</p> <p>a. Federal Reports. The Department of State Health Services shall submit the following information to the Legislative Budget Board and the Governor no later than the date the respective report is submitted to the federal government:</p> <p>(1) Notification of proposed State Plan amendments and waivers for the Maternal and Child Health Block Grant (Title V of the Social Security Act), the Special Supplemental Food Program for Women, Infants and Children Program (Child Nutrition Act of 1966), and the Substance Abuse, Prevention and Treatment Block Grant and any other federal grant requiring a state plan. State Plan amendments and waiver</p>		

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		<p>submissions shall also be provided to the Senate Health and Human Services, House Human Services, and House Public Health committees.</p> <p>(2) A copy of each report or petition submitted to the federal government relating to the grants and programs noted above under section a (1).</p> <p>b. Federal Issues. The Department of State Health Services shall notify the Legislative Budget Board and the Governor on a timely basis about emerging issues that could result in the loss of more than \$1,000,000 in federal revenue assumed in the appropriations act.</p> <p>e. SAPT Maintenance of Effort Calculation. The Department of State Health Services shall submit by September 1 of each year of the biennium to the Legislative Budget Board and the Governor a detailed analysis of all funds used for the calculation of the Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort requirement for fiscal years 2015, 2016, and 2017. The report shall be in a format prescribed by the Legislative Budget Board and shall be accompanied by any supporting documentation detailing the sources and methodologies utilized in the calculation.</p> <p>d c. Monthly Financial Reports. The Department of State Health Services shall submit the following information to the Legislative Budget Board and the Governor, and make available to the public, on a monthly basis:</p> <ol style="list-style-type: none"> (1) Information on appropriated, budgeted, expended, and projected funds, by strategy and method of finance. (2) Narrative explanations of significant budget adjustments, ongoing budget issues, and other as appropriate. (3) Collections, expenditures, and balances for revenues generated by the department as of the last day of the prior month. (4) Any other information requested by the Legislative Budget Board or the Governor. 		

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		e d. The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board. <i>Partial transfer of the rider to HHSC.</i>		
5	II-56	<p>Transfers of Appropriation – State Owned Hospitals. The Department of State Health Services (DSHS) shall transfer from non-Medicaid state appropriated funds the following amounts to the Health and Human Services Commission for the Disproportionate Share Hospital Reimbursement Program:</p> <p><u>2016</u> State Mental Health Hospitals \$158,038,231 Texas Center for Infectious Disease \$5,862,342 \$163,900,573</p> <p><u>20172019</u> State Mental Health Hospitals \$158,038,231 Texas Center for Infectious Disease \$5,862,342 \$163,900,573</p> <p>The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with the Health and Human Services Commission. The Legislative Budget Board is authorized to adjust the amounts of such transfers as necessary to match available federal funds. The department shall also transfer non-Medicaid state appropriated funds as necessary for other qualifying state-funded community hospitals including mental health community hospitals. DSHS shall monitor Medicaid utilization rates at these state-owned hospitals to ensure their qualification for the Disproportionate Share Hospital Reimbursement Program.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
6	II-56	<p>Disposition of Construction Appropriation. Construction appropriations may be used to pay salaries and travel expenses of department engineers and architects and administrative expenses of construction projects (but shall not</p>		

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		<p>exceed \$500,000 in a fiscal year that are paid out of General Obligation Bonds); architect's and engineer's fees; and the actual travel expenses incurred by them or their representatives in making trips of inspection at the discretion of the department during construction, renovation, or repair of buildings and systems or the installation of fixed equipment. Job titles and rates of pay for such salaried positions of department personnel paid from construction appropriations shall conform to the Position Classification Plan and Classification Salary Schedule.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
7	II-57	<p>Appropriation of Local Funds. All funds received by the department from counties, cities, and any other local governmental entities and all balances from such sources as of August 31, 2015<u>2017</u>, are hereby appropriated for the biennium ending August 31, 2017<u>2019</u>, for the purpose of carrying out the provisions of this Act. (Estimated to be \$0.)</p> <p><i>Update years.</i></p>		
8	II-57	<p>Unexpended Construction Balances.</p> <p>a. Mental Health Facilities. Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$0 from fiscal year 2015 to fiscal year 2016 and included in the method of finance above as General Obligation Bond proceeds in Strategy F.1.2, Capital Repair and Renovation: Mental Health Facilities, are hereby appropriated to the Department of State Health Services (DSHS) for the same purposes.</p> <p>b. Authorization. Authorization to expend the unexpended construction balances is contingent upon submission of the following reports to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the reports to the Comptroller of Public Accounts.</p> <p>(1) a report by September 1, 2015 providing actual expenditures for fiscal years 2014 and 2015, and planned expenditures for fiscal years 2016 and 2017 at the project/mental health state hospital level; and</p>		

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		<p>(2) a report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/mental health state hospital for the previous six months. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The notification and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p> <p>The planned expenditures shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
9	II-57	<p>Mental Health Appropriation Transfer Between Fiscal Years. Notwithstanding the limitations of Article IX, Section 14.01 Appropriation Transfers, the Department of State Health Services may transfer appropriations made for the fiscal year ending August 31, 2017, to the fiscal year ending August 31, 2016, subject to the following conditions provided by this section:</p> <p>a. Transfers under this section may be made only:</p> <p>(1) if costs associated with managing the Mental Health State Hospitals exceed the funds appropriated for these services for fiscal year 2016; or</p>		

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		<p>(2) for any emergency expenditure requirements, including expenditures necessitated to ensure the continuation of Medicaid client services to maintain fiscal year 2015 Medicaid caseloads; or</p> <p>(3) If appropriated receipts generated through MH hospital related programs required to fund appropriations contained in this Act for fiscal year 2016 are less than those contained in the method of financing for the department for fiscal year 2016.</p> <p>b. Transfers may not exceed \$15,000,000 in General Revenue.</p> <p>e. A transfer authorized by this section must receive the prior approval of the Legislative Budget Board and the Governor.</p> <p>d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
10	II-58	<p>Limitation: Transfer Authority.</p> <p>a. Notification Regarding Transfers. Authority granted elsewhere in this Act to transfer funds between any of the Department of State Health Services (DSHS) strategies is contingent upon a written notification from DSHS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:</p> <p>(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;</p> <p>(2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;</p>		

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<p>(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and</p> <p>(4) the capital budget impact.</p> <p>b. Transfers that Require Prior Approval. Transfers to Goal E, Indirect Administration, from other DSHS goals are not permitted without prior written approval. To request approval the agency shall provide the information listed under section (a) to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts.</p> <p>e. Cost Pools. Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.</p> <p>d. Cash Management. Notwithstanding the above limitations, DSHS may temporarily utilize funds for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the Comptroller of Public Accounts. The Comptroller of Public Accounts shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied. In the case of disaster or other emergency, this provision is superseded by the emergency related transfer authority in Article IX of this Act.</p> <p><i>Delete Rider from DSHS bill pattern due to the following: Sections a. and b. will reverting to Article IX Section 14.01 Appropriation Transfers. Sections c. and d. are contingent on approval of new riders for cost pools and cash management.</i></p>				

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11	II-58	<p>Laboratory Funding.</p> <p>a. All receipts generated by the Department of State Health Services (DSHS) from laboratory fees during the 2016-2017<u>2018-2019</u> biennium and deposited in General Revenue-Dedicated Account No. 524 under Revenue Object 3561 are hereby appropriated to the DSHS for transfer to the Texas Public Finance Authority for the payment of debt services on the project revenue bonds.</p> <p>b. Appropriations made out of the General Revenue Fund to DSHS in Goal E, Indirect Administration, may be transferred for bond debt service payments only if laboratory fees generated by the laboratory during the biennium are insufficient to support the bond debt service, subject to prior approval of the Governor and the Legislative Budget Board and if no funds appropriated to DSHS by this Act have been transferred into Goal E, Indirect Administration.</p> <p>c. Included in the appropriations made above in Strategy A.4.1, Laboratory Services, is \$13,043,985 <u>\$12,899,442</u> in fiscal year 2016<u>2018</u> and \$13,043,985 <u>\$12,899,442</u> in fiscal year 2017<u>2019</u> from General Revenue-Dedicated Account No. 524. These amounts include an unexpended balance of \$0 from the 2014-15<u>2016-17</u> biennium.</p> <p><i>Update fiscal years and amounts.</i></p>		
12	II-59	<p>Appropriations Limited to Revenue Collections. The Department of State Health Services (DSHS) shall review all of the fee schedules within its authority on an annual basis. The DSHS shall provide a copy of the report to the Legislative Budget Board and the Governor no later than January 1 of each year of the biennium. It is the intent of the Legislature that, to the extent feasible, fees, fines, and other miscellaneous revenues as authorized and generated by the department cover, at a minimum, the cost of the appropriations made for the programs listed in the table below, as well as the "other direct and indirect costs" associated with these programs, appropriated elsewhere in this Act. "Other direct and indirect costs" for these programs are estimated to be \$10,034,840 for fiscal year 2016<u>2018</u> and \$10,706,719 for fiscal year 2017<u>2019</u>. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct</p>		

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<p>that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available. This rider shall apply to revenues generated in the following strategies and deposited under the following revenue codes or account numbers:</p> <p>Strategy Revenue Code or Account</p> <p> D <u>C</u>.1.1. Food (Meat) & Drug Safety</p> <p> 341 Food & Drug Retail Fee</p> <p> 5022 Oyster Sales</p> <p> 5024 Food & Drug Registration</p> <p> Fees deposited into 001 to support D <u>C</u>.1.1, Food (Meat) and Drug Safety, including fees deposited under the following Revenue Codes: 3142 (Food Service Worker Training); 3180 (Health Regulation Fees, for Body Piercing and Tattoo Studios, Tanning Facility Fees, and Narcotic Treatment Fees); 3400 (Business Fees-Agriculture, for Renderers Licenses and Milk Industry Products); 3414 (Agriculture Inspection Fees, for Meat Inspection); 3554 (Food and Drug Fees, for Medical Device Wholesalers, Food Drug and Cosmetic Sales, and Frozen Desserts).</p> <p> D <u>C</u>.1.2. Environmental Health</p> <p> 5017 Asbestos Removal Licensure</p> <p> 5020 Workplace Chemical List</p> <p> Fees deposited into 001 to support D <u>C</u>.1.2, Environmental Health, including fees deposited under the following Revenue Codes: 3123 (Volatile Chemical Sales Permit); 3141 (Bedding Permit Fees); 3175</p>				

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Charles Rotan	Date: 9/13/2016	Request Level: Base
		<p>(Professional Fees, for Code Enforcement Officers and Mold Assessors); 3180 (Health Regulation Fees, for Lead-Based Paint Certification Program); 3555 (Hazardous Substance Manufacture); 3562 (Health Related Professional Fees, for Sanitarian Registration and Pesticide Use and Application Program); and 3573 (Health Licenses for Camps, for Youth Camps).</p> <p>D C.1.3. Radiation Control</p> <p>5021 Certification of Mammography Systems</p> <p>Fees deposited into 001 to support D C.1.3, Radiation Control, including fees deposited under the following Revenue Codes: 3589 (Radioactive Materials and Devices for Equipment Regulation).</p> <p>D C.1.4. Health Care Professionals</p> <p>Fees deposited into 001 to support D C.1.4, Health Care Professionals, including fees deposited under the following Revenue Codes: 3175 (Code Enforcement Officers) Professional Fees, for Health Services Providers) and Athletic Trainers); 3560 (Medical Examination and Registration, for Perfusionists, Medical Radiologic Technicians, and Respiratory Therapists); and 3562 (Health Related Professional Fees, for Medical Physicists, Hearing Aid Dispensers, Marriage and Family Therapists, Massage Therapists, Respiratory Care Practitioners, Professional Counselors, Dispensing Opticians, Speech Pathologists, Dieticians, Dyslexia Practitioners, and Chemical Dependency Counselors); 3616 (Social Worker Regulation); and 3727 (Fees for Administrative Services, for Council on Sex Offender Treatment Providers).</p> <p>D.1.5. Health Care Facilities</p> <p>129 Hospital Licensing</p> <p>Fees deposited into 001 to support D.1.5, Health Care Facilities, including fees deposited under the following Revenue Codes: 3180 (Health Regulation Fees, for Special Care Facilities); and 3557 (Health</p>		

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Charles Rotan	Date: 9/13/2016	Request Level: Base
		<p>Care Facilities Fees, for Abortion Clinics, Ambulatory Surgical Centers, Birthing Centers, End Stage Renal Disease Facilities, Chemical Dependency Facilities, Free Standing Emergency Medical Facilities, and Drug Abuse Treatment Facilities).</p> <p>A.1.2. Vital Statistics</p> <p>019 Vital Statistics</p> <p><i>Update fiscal years. Update strategies for LBB approved budget structure. Partial transfer of the rider to HHSC. Narcotic Treatment Facilities are being regulated within the Health Facilities strategy, which is transferring to HHSC. Deletion of programs that have been de-regulated or transferred to other agencies per SB 202 and HB 942.</i></p> <p><i>The biennial revenue estimated amount for the 2018-19 biennium will be updated by the Comptroller of Public Accounts in January 2017. The amounts will be updated in the upcoming GAA.</i></p>		
13	II-60	<p>Revolving Fund Services: Canteen Services and Sheltered Workshops. Out of funds appropriated above in Strategy C.1.3, Mental Health State Hospitals, \$795,500 per fiscal year in General Revenue shall be allocated for the operation of canteen and sheltered workshops. The department shall provide information on related revenues, balances, contracts and profits to the Legislative Budget Board, Governor and Comptroller of Public Accounts. These revenues, expenditures and balances shall be reported and included in agency Operating Budgets, Legislative Appropriation Requests, and Annual Financial Reports. The timetable, format and content for additional monthly reports related to canteen operations and sheltered workshops shall be prescribed by the Legislative Budget Board.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Charles Rotan	Date: 9/13/2016	Request Level: Base
14	II-60	<p>Reporting of Child Abuse. The Department of State Health Services may distribute or provide appropriated funds only to recipients who show good faith efforts to comply with all child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code.</p>		
15	II-60	<p>Authorization to Receive, Administer, and Disburse Federal Funds. The appropriations made herein may be used to match Federal Funds granted to the state for the payment of personal services and other necessary expenses in connection with the administration and operation of a state program of health services. Notwithstanding the General Provisions of this Act, the Executive Commissioner of Health and Human Services, the Commissioner of State Health Services, or the designee under statute or by rule is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal monies that are made available (including grants, allotments, and reimbursements) to the state and retain their character as Federal Funds for such purposes, and to receive, administer, and disburse Federal Funds for federal regional programs in accordance with plans agreed upon by the Department of State Health Services and the responsible federal agency, and such other activities as come under the authority of the Executive Commissioner of Health and Human Services, the Commissioner of State Health Services, or the designee under statute or by rule, and such monies are hereby appropriated to the specific purpose or purposes for which they are granted or otherwise made available. Earned Federal Funds are not considered to be Federal Funds for the purpose of this section.</p>		
16	II-60	<p>Accounting of Support Costs. The Comptroller of Public Accounts shall establish separate accounts from which certain support costs shall be paid. The Department of State Health Services is hereby authorized to make transfers into these separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include but are not limited to: postage, occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs and salary and travel costs of staff whose function supports several programs. The department shall be responsible for quarterly allocations of these costs to the original strategies.</p>		

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17	II-61	<p>Appropriation: WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) Rebates. The Department of State Health Services (DSHS) is authorized to receive and expend WIC rebates and interest earnings associated with WIC rebates and such funds are appropriated to DSHS. The department shall only expend WIC rebates and interest earnings for the purposes of the WIC program.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
18	II-61	<p>State Health Care Facility Provisions. The State Health Care Facilities operated by the Department of State Health Services are the Rio Grande State Center Outpatient Clinic (formerly known as the South Texas Health Care System) and the Texas Center for Infectious Disease. The provisions applying to the State Health Care Facilities are as follows:</p> <p>a. The Texas Center for Infectious Disease shall provide utilities and inpatient treatment and care services to the San Antonio State Hospital and the San Antonio State School without reimbursement.</p> <p>b. Out of the funds appropriated above, the Rio Grande State Center Outpatient Clinic shall support medical education through the South Texas Family Practice Residency Program McAllen with the cooperation of the University of Texas Health Science Center at San Antonio.</p> <p>c. Third party collections (appropriated receipts) collected by the Department of State Health Services State Health Care Facilities are hereby appropriated to Strategy C.1.1, Texas Center for Infectious Disease, and Strategy C.1.2, Rio Grande State Center Outpatient Clinic, for the provision of services.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
19	II-61	<p>Immunization of Employees. Monies appropriated above may be expended for any immunization which is required of employees at risk in the performance of their duties.</p>		

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20	II-61	<p>Reimbursement of Advisory Committee Members. Pursuant to Government Code §2110.004, or the statute authorizing the specific committee for those committees not subject to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above not to exceed \$200,000 per fiscal year, is limited to the following advisory committees: State Preventive Health Advisory Committee, Texas Radiation Advisory Board, Preparedness Coordinating Council, Governor's Emergency Medical Services and Trauma Advisory Council, and Local Authority Network Advisory Committee <u>the Infectious Disease Task Force.</u></p> <p>Pursuant to Government Code §2110.004, or the statute authorizing the specific committee for those committees not subject to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to any advisory committee member who represents either the general public or consumer on the following advisory committees: Texas HIV Medication Advisory Committee, Registered Sanitarian Advisory Committee, Promotora Community Health Worker Training and Certification Committee, Drug Demand Reduction Advisory Committee, Texas State Perfusionist Advisory Committee, Youth Camp Advisory Committee, Dyslexia Licensing Advisory Committee, Worksite Wellness Advisory Board, Texas Medical Child Abuse Resources and Education System Advisory Committee, <u>Healthcare Safety Advisory Committee</u>, the Advisory Panel on Health Care Associated Infections, Public Health Funding and Policy Committee, and <u>Texas School Health Advisory Committee</u>, <u>Maternal Mortality and Morbidity Task Force Advisory Committee</u>, <u>Sickle Cell Advisory Committee</u> and, <u>State Child Fatality Review Team.</u></p> <p>Pursuant to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above not to exceed \$21,978 per year, is limited to the Council for Advising and Planning for the Prevention and Treatment of Mental and Substance Abuse Disorders.</p> <p>To the maximum extent possible, the department shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.</p> <p><i>Partial transfer of the rider to HHSC.</i></p>		

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		<p><i>The scope of the panel/committee has broadened to include healthcare safety broadly, not just Health Care Associated Infections. The Healthcare Safety Advisory Committee is the name assigned in the TAC amendment.</i></p> <p><i>Infectious Disease Task Force added as a result from HB 2950.</i></p> <p><i>Deletion of Committees that have been abolished by S.B. 277.</i> <i>Local Authority Network Advisory Committee, Drug Demand Reduction Advisory Committee, Youth Camp Advisory Committee and Texas Medical Child Abuse Resources and Education System Advisory Committee</i></p> <p><i>The Council for Advising and Planning (CAP) for the Prevention and Treatment of Mental and Substance Use Disorders will be reconstituted as a subcommittee of the Behavioral Health Advisory Committee under HHSC to meet requirements for a mental health planning council under federal law.</i></p>		
21	II-62	<p>Reimbursement of Advisory Council Members. Pursuant to Health and Safety Code, §1001.027, reimbursement of travel expenses for the State Health Services Advisory Council members, out of funds appropriated above, is hereby authorized such that the sum total of all reimbursements for members of the Council shall not exceed \$25,000 per fiscal year, at the rate specified in the general provisions of this Act.</p> <p><i>Delete Rider from DSHS bill pattern due to the State Health Services Advisory Council was abolished by SB 200, SECTION 1.01, which amended Gov. Code 531.0202, effective 08/31/16. The bill also directed functions of the committee to be re-established through the formation of a HHSC Advisory Council.</i></p>		
22	II-62	<p>Medical Treatment. The Department of State Health Services may distribute funds for medical, dental, psychological, or surgical treatment provided to a minor only if consent to treatment is obtained pursuant to Chapter 32 of the Texas Family Code or other state law. In the event that compliance with this rider would result in the loss of Federal Funds to the state, the department may modify, or suspend this rider to the extent necessary to prevent such loss of funds, provided that 45-day prior notification is provided to the Governor and the Legislative Budget Board.</p>		

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		<i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i>		
23	II-62	<p>Unexpended Balances - Preparedness and Prevention, and Consumer Protection Services. All unexpended balances, including General Revenue and All Funds, not otherwise restricted from appropriations to Goal A, Preparedness and Prevention Services, and Goal D C, Consumer Protection Services, at the close of the fiscal year ending August 31, 20162018, are hereby appropriated for the fiscal year beginning September 1, 20162018 only upon prior written approval by the Legislative Budget Board and Governor.</p> <p>For authorization to expend the funds, the agency shall submit a written request to the Legislative Budget Board and the Governor by August 1, 20162018. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:</p> <p>a. The following information shall be provided for the fiscal year with an unexpended balance:</p> <ol style="list-style-type: none"> (1) an explanation of the causes of the unexpended balance(s); (2) the amount of the unexpended balance(s) by strategy; and (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act. <p>b. The following information shall be provided for the fiscal year receiving the funds:</p> <ol style="list-style-type: none"> (1) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing; (2) the amount of the expenditure by strategy; (3) an estimate of performance levels, and where relevant, a comparison to targets in this Act; and 		

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		<p>(4) the capital budget impact.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days of receipt of the request. The Legislative Budget Board and the Governor may approve or disapprove a request prior to the completion of the 30 day period. after the date the Legislative Budget Board staff concludes its review of the proposal to transfer the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Update fiscal years. Update goal for LBB approved budget structure. Modify 30 day approval to provide improved certainty for determining the outcome of the requests.</i></p>		
24	II-62	<p>State Health Programs Drug Manufacturer Rebates. The Department of State Health Services is authorized to receive and expend drug rebates and interest earnings associated with Kidney Health Care (KHC) drug rebates and Children with Special Health Care Needs (CSHCN) drug rebates. The department shall expend the drug rebates and interest earnings, appropriated above, only for the purpose of client services for the KHC and CSHCN programs.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
25	II-63	<p>Performance Reporting for Texas Center for Infectious Disease and Rio Grande State Center. The Department of State Health Services shall submit to the Legislative Budget Board and the Governor not later than December 1 of each fiscal year the following information regarding hospital performance: revenue collections at the hospital, by payor mix; direct and non-direct patient care expenditures; number of inpatient patients served on</p>		

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		<p>a monthly basis, by type of service provided; and number of outpatient patients served on a monthly basis, by type of service provided.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
26	II-63	<p>Notification of Regional Funds Distribution. The Department of State Health Services shall notify the Legislative Budget Board and the Governor of the allocation methodology or formula used to allocate funds and provide an impact analysis of any changes from the previous year's formula or percentage allocations, by public health region, at least 30 days prior to allocations made out of funds appropriated above in Strategy B.1.21, Women and Children's Health Services.</p> <p><i>Update strategy for LBB approved budget structure.</i></p>		
27	II-63	<p>State Owned Multicategorical Teaching Hospital Account.</p> <p>a. Out of funds appropriated above in Strategy B.3.2, Indigent Health Care Reimbursement University of Texas Medical Branch at Galveston (UTMB), from the State Owned Multicategorical Teaching Hospital Account No. 5049 ("Account"), and contingent upon \$9,809,765 being collected and deposited in the Account for the 2016-17 biennium, the amount of \$9,809,765 is allocated to the Department of State Health Services (DSHS) for reimbursement to the University of Texas Medical Branch at Galveston (UTMB) for the provision of health care services provided to indigent patients according to the terms set out in subsection (b). Any additional unexpended balances on hand in the accounts as of August 31, 2016 are appropriated to the agency for the fiscal year beginning September 1, 2016 for the same purpose, subject to the department notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p>b. Funds in the account may be used to reimburse UTMB for the provision of health care services provided to indigent patients from all counties, except that it may be used for indigent patients from Galveston, Brazoria, Harris, Montgomery, Fort Bend, and Jefferson counties only if those counties' County Indigent Health Care income eligibility levels, or those counties' hospital-district income eligibility levels, exceed the statutory minimum</p>		

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		<p>set for the County Indigent Health Care Program.</p> <p>e. Upon presentation of information supporting UTMB's claim, DSHS shall reimburse UTMB for the health care services provided to indigent patients from the Account established for this purpose. The reimbursement from the Account shall be based upon a rate equal to 90 percent of the Medicaid fee for service rate in effect at the time of service for UTMB. This reimbursement shall be made monthly upon the submission to DSHS of a statement of the care provided by UTMB to indigent patients, according to the terms set out in subsection (b). UTMB is authorized to charge patient co-payment amounts for providing health care services, however, UTMB is not entitled to reimbursement from the Account for these co-payment amounts. The Office of the State Auditor may periodically review the statements submitted to DSHS for reimbursement from the Account, as well as the disbursement therefrom, to verify compliance with the criteria established herein.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
28	II-63	<p>Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds. The estimated amounts appropriated above out of the Permanent Fund for Health and Tobacco Education and Enforcement, Permanent Fund for Children and Public Health, <u>and</u> the Permanent Fund for Emergency Medical Services and Trauma Care, and the Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease are out of the available earnings of the funds. Available earnings in excess of the amounts estimated above are appropriated to the Department of State Health Services. In the event that amounts available for distribution or investment returns are less than the amounts estimated above, this Act may not be construed as appropriating funds to make up the difference. Any additional unexpended balances on hand in the accounts as of August 31, 2016 <u>at the end of the fiscal year</u> are appropriated to the agency for the <u>next</u> fiscal year beginning September 1, 2016 for the same purposes, subject to the department notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p><i>Partial transfer of the rider to move TCID's tobacco funding to HHSC. The ability to UB funds allows DSHS to respond timely to public issues that cross biennia, by providing DSHS more latitude in managing funds appropriated to the agency.</i></p>		

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29	II-63	<p>Administration of Public Health Funds. Funds are appropriated above out of the Permanent Fund for Children and Public Health and, the Permanent Fund for Emergency Medical Services and Trauma Care, and the Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease for the purpose of implementing Government Code §§403.105, 403.1055, 403.106, and 403.1066. In no event may the administrative costs to implement the provisions of the statute exceed 3 percent. Grants and program costs must compose at least 97 percent of the expenditures to implement the provisions of the statute.</p> <p><i>Partial transfer of the rider to move TCID's tobacco funding to HHSC.</i></p>		
30	II-64	<p>Transfer for Health Professions Council. Out of funds appropriated above in Strategy D <u>C.1.4</u>, Health Care Professionals, an amount equal to \$11,846 in fiscal year 2016<u>2018</u> and \$11,846 in fiscal year 2017<u>2019</u> shall be used for transfer to, and expenditure by, the Health Professions Council as the pro-rated assessment of the Professional Licensing and Certification Unit of the Department of State Health Services.</p> <p><i>Update fiscal years. Update strategy for LBB approved budget structure.</i></p>		
31	II-64	<p>Children with Special Health Care Needs.</p> <p>a. Amounts appropriated above to DSHS in Strategy A.3.5, Children with Special Health Care Needs, may only be transferred if such a transfer would not result in a loss of, or reduction in, services or a loss of, or reduction in, persons otherwise eligible for CSHCN services or that results in higher cost projections for the next fiscal biennium.</p> <p>b. DSHS may exceed the performance measure targets identified above for the Average Monthly Caseload of CSHCN Clients Receiving Health Care Benefits to the extent funding is available to do so.</p> <p>c. DSHS is directed to maintain provider reimbursement rates for Title V providers that mirror reductions in provider reimbursement rates for Medicaid providers.</p>		

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		<p>d. DSHS shall submit to the Legislative Budget Board and the Governor the following information on an annual basis (no later than December 1 of each fiscal year) regarding the demographics of the clients served by this program, including income levels, insured status and citizenship.</p> <p>e. DSHS shall submit to the Legislative Budget Board and the Governor, at the end of each fiscal quarter, caseload and prescription drug data, and related expenditure data specific to:</p> <p style="padding-left: 40px;">(1) Forecast projections for the 36-month period beginning with the first month after the report is due; and</p> <p style="padding-left: 40px;">(2) Expenditure amounts for at least the preceding 36 months.</p> <p>The data shall be submitted in a format specified by the Legislative Budget Board.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
32	II-64	<p>Nuisance Surveys for the Economically Disadvantaged Communities Program. The Texas Commission on Environmental Quality (TCEQ) and the Water Development Board (WDB) shall reimburse the Department of State Health Services (DSHS) for costs incurred by the agency in conducting nuisance surveys for applicants for financial assistance through the Economically Disadvantaged Communities program administered by the Water Development Board. TCEQ and WDB shall each reimburse such costs through Interagency Contracts with DSHS in an amount not to exceed a total of \$125,000 per agency for the biennium beginning on September 1, 2015<u>2017</u>.</p> <p><i>Update year.</i></p>		
33	II-64	<p>Medically Fragile Children. It is the intent of the Legislature that the Department of State Health Services provides appropriate General Revenue funding in fiscal years 2016 and 2017 in Strategy A.3.5, Children with Special Health Care Needs, for programs specifically designed for medically fragile children, the most critical of the children with special health care needs.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		

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34	II-64	<p>Appropriation: Contingent Revenue. The Department of State Health Services (DSHS) is appropriated for the purposes identified below any additional revenue generated by DSHS above the amounts identified in fiscal year 20162018 or fiscal year 20172019 in the Comptroller of Public Account's Biennial Revenue Estimate (BRE) for each of the accounts or revenue objects identified below. An appropriation from an account or revenue object shall be made available to the department once certified by a Comptroller's finding of fact that the amount in the BRE for the account or revenue object for the given fiscal year has been exceeded. An appropriation is limited to revenue generated in fiscal year 20162018 or fiscal year 20172019 and does not include any balances that have accrued in the account or revenue object code.</p> <p>By March 1st each year, DSHS may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amount that the department projects will be received in excess of the amounts contained in the BRE for each of the department's accounts listed below, along with sufficient information to reflect how the estimate was determined. If the Comptroller finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect the additional revenue available for each account.</p> <ul style="list-style-type: none"> a. Account No. 341, Food and Drug Retail Fees, for restaurant inspections. b. Account No. 524, Public Health Services Fee, excluding any amounts deposited into Revenue Object 3561, which are statutorily dedicated for laboratory debt service. Any additional revenues are appropriated for laboratory operations. c. Revenue Object 3175, Account No. 5017, Asbestos Removal Licensure, for asbestos inspections and regulatory activities. d. Account No. 5021, Certification of Mammography Systems, for the purpose of certification of mammography facilities. e. Revenue Objects 3616, 3560, and 3562 in the General Revenue Fund for the purpose of regulating health professionals. 		

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		<p> f e. Account No. 5024, Food and Drug Registration Fees, for food and drug inspections. g f. Account No. 5022, Oyster Sales, for oyster plant inspections. h g. Revenue Object 3589 in the General Revenue Fund for Radiation Control regulatory activities. i h. Revenue Objects 3123, 3141, 3175, 3555, and 3573 in the General Revenue Fund for environmental regulation. j i. Account No. 19, Vital Statistics, for processing birth and death certificates and other vital records. k j. Account No. 512, Bureau of Emergency Management, for licensing Emergency Medical Services personnel and providers. l. Account No. 129, Hospital Licensing, for regulating health care facilities. <i>Partial transfer of the rider (Account No. 129, object codes: 3616, 3560 and 3562) transferring to HHSC. Update fiscal years. Delete object code 3141, as it was deregulated.</i> </p>		
35	II-65	<p> Mentally Ill Offender Screening. Pursuant to Health and Safety Code §§614.013 and 614.017, the Department of State Health Services and community centers, as defined in the Texas Health and Safety Code § 534.001 (b), shall, through a memorandum of understanding, identify offenders with mental impairments in the criminal justice system, collect and report prevalence data, and accept and disclose information relating to a special needs offender if the disclosure serves the purpose of Chapter 614, Health and Safety Code. </p> <p> The Department shall report to the Legislative Budget Board no later than September 1 of each fiscal year its efforts to facilitate the exchange of information between agencies pursuant to Health and Safety Code §614.017. The report shall include, but is not limited to: the manner in which information is exchanged between agencies, the frequency with which information is exchanged, the type of information most frequently exchanged, and the </p>		

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		<p>agencies most frequently involved in the exchange of information.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
36	II-65	<p>Texas.Gov Authority Appropriation.</p> <p>a. The Department of State Health Services (DSHS) is authorized in accordance with §2054.252 of the Government Code to increase the occupational license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by the Texas.Gov Authority.</p> <p>b. Amounts appropriated above to DSHS include \$1,156,867 <u>\$1,174,557</u> in fiscal year 2016<u>2018</u> and \$1,156,867 <u>\$1,174,555</u> in fiscal year 2017<u>2019</u> in revenue in Strategy D.1.6 <u>C.1.5</u>, Texas.Gov. <u>Estimated and Nontransferable</u>, for the purpose of paying Texas.Gov subscription fees.</p> <p>c. In the event that actual and/or projected revenue collections from fee increases to cover the cost of Texas.Gov subscription fees are insufficient to offset the costs identified above, the Comptroller is hereby directed to reduce the appropriation authority provided by this Act to DSHS to be within the amount of fee revenue expected to be available.</p> <p>d. For new licensing applications, DSHS is hereby appropriated the additional revenue generated from occupational license, permit, or registration fees in excess of the Comptroller's biennial revenue estimate for 2016-17<u>2018-19</u> for the sole purpose of payment to the Texas.Gov Authority contractor of subscription fees for implementing and maintaining electronic services for the department. DSHS, upon completion of necessary actions to access or increase fees, shall furnish an annual schedule of the number of license issuances or renewals and associated annual fee total, and any other supporting documentation to the Comptroller. If the Comptroller finds the information sufficient to support the projection of increased revenues, a notification letter will be issued and the contingent appropriation made available for the intended purposes.</p> <p>e. DSHS shall notify the Legislative Budget Board and the Comptroller of Public Accounts in writing upon</p>		

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		<p>receiving an exemption from participating in Texas.Gov. Within 45 days of receiving an exemption, the department shall provide the Legislative Budget Board and the Comptroller with a report of the effective date, the reason for exemption, and all estimated expenditures for Texas.Gov costs in the fiscal year in which the exemption is made.</p> <p><i>Partial transfer of the rider to HHSC. Update fiscal years and amounts. Update strategies for LBB approved budget structure.</i></p>		
37	II-66	<p>School Cafeteria Inspections. Amounts appropriated above to the Department of State Health Services include fee revenue (General Revenue) estimated to be \$350,000 <u>\$750,000</u> in fiscal year 2016<u>2018</u> and \$350,000 <u>\$750,000</u> in fiscal year 2017<u>2019</u> from school districts for the purpose of conducting inspections of school cafeterias to achieve compliance with federal regulations issued pursuant to Section 111(2)(A) of Public Law 108-265, 118 Stat. 747 (Child Nutrition and WIC Reauthorization Act of 2004).</p> <p><i>Update fiscal years. Increased revenue estimates necessary to provide for steadily increasing costs.</i></p>		
38	II-66	<p>Estimated Appropriations: Perpetual Care Account. In the event of an incident involving the release of or abandonment of radioactive material and/or contaminated facilities in Texas under the jurisdiction of the Texas Department of State Health Services (DSHS) or the abandonment of mammography films by a facility registered by the DSHS and after receiving the written approval of the Legislative Budget Board and the Governor and DSHS notifying the Comptroller of Public Accounts, DSHS is hereby appropriated any revenues from the DSHS licensees, including the proceeds of securities and interest earned, deposited to the credit of the Perpetual Care Account pursuant to Health and Safety Code §401.305 (b) and §401.301 (d) during the biennium beginning September 1, 2015<u>2017</u> (estimated to be \$1,160,000 <u>\$1,265,581</u>). Amounts that exceed \$100,000 are subject to the prior written approval of the Legislative Budget Board and the Governor. Transfers below these thresholds require written notification to the Legislative Budget Board and Governor within 30 days and a report on transfers of all amounts should be submitted to the Legislative Budget Board annually. Upon approval or notification, DSHS shall coordinate with the Comptroller of Public Accounts. Any additional unexpended balance on hand in the account as of August 31, 2015<u>2017</u> is appropriated to the agency for the fiscal year beginning September 1,</p>		

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		<p>20152017 for the same purpose, subject to the department notifying the Comptroller of Public Accounts, the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p>The funds shall be used in Strategy D C.1.3, Radiation Control, to mitigate radioactive contamination or abandoned radioactive sources resulting from activities of a DSHS licensee or unlicensed entity or a mammography registrant as provided in the Health and Safety Code, §401.305 (c) - (d), and pursuant to a memorandum of understanding with the Texas Commission on Environmental Quality relating to the regulations for the control of radiation as applicable.</p> <p><i>Update fiscal years. Update strategy for LBB approved budget structure.</i></p> <p><i>The biennial revenue estimated amount the 2018-19 biennium will be provided by the Comptroller of Public Accounts in January 2017. The amounts will be updated in the upcoming GAA.</i></p>		
39	II-66	<p>Unexpended Balances – Community Mental Health Crisis Services. Any unexpended balances remaining at August 31, 2016 in Strategy B.2.3, Community Mental Health Crisis Services, are hereby appropriated for the same purposes in fiscal year 2017.</p> <p>For authorization to expend the funds, the agency shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:</p> <p>a. The following information shall be provided for the fiscal year with an unexpended balance:</p> <p style="padding-left: 40px;">(1) an explanation of the causes of the unexpended balance(s);</p> <p style="padding-left: 40px;">(2) the amount of the unexpended balance(s) by strategy; and</p>		

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		<p>(3) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year.</p> <p>b. The following information shall be provided for the fiscal year receiving the funds:</p> <p>(1) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing;</p> <p>(2) the amount of the expenditure by strategy;</p> <p>(3) the incremental change in service levels compared to performance targets in this Act for that fiscal year; and</p> <p>(4) the capital budget impact.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		

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40	II-67	<p>County Indigent Health Care. The Department of State Health Services may not allocate more than 10 percent of the total funds appropriated for the County Indigent Health Care program strategy to any single county. The total distribution of funds to any county may exceed the 10 percent allocation limit if there are no counties below the limit eligible for additional funding.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
41	II-67	<p>Revolving Account for the Consolidated Health and Human Services Print Shop. It is the intent of the Legislature that the Department of State Health Services establish and maintain the "Revolving Account for the Consolidated Health and Human Services Print Shop" to account for the expenditures, revenues, and balances of managing a full cost recovery Consolidated Print Shop. The expenditures, revenues, and balances included above for this operation shall be maintained separately by the Department of State Health Services within its accounting system. These funds can only be used for the purpose of managing the consolidated print shop. For the purpose of meeting cash flow needs, the Department of State Health Services may temporarily transfer funds from Strategy E.1.3 <u>Misc, Other Support Services</u>, to the revolving account. Transfers must be returned by the end of the fiscal year.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
42	II-67	<p>Exemption from Article IX, Sec. 8.02 (e), Reimbursements and Payments. The Department of State Health Services is hereby exempted from the limitations contained in Article IX, Sec. 8.02 (e), Reimbursements and Payments, of the General Appropriations Act for the 2016-17 <u>2018-19</u> biennium.</p> <p><i>Update fiscal years.</i></p>		
43	II-67	<p>43. Limitation: Expenditure and Transfer of Additional Public Health Medicaid Reimbursements.</p> <p>a. Appropriations. Included in the amounts appropriated above for the Department of State Health Services (DSHS) are the following amounts of Public Health Medicaid Reimbursements (Account 709), which includes an anticipated transfer in the amount of \$11,699,945 <u>\$72,364,586</u> in fiscal year 2016<u>2018</u> and \$11,688,315</p>		

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<p><u>\$72,364,586</u> in fiscal year 2017<u>2019</u> to the Health and Human Services Commission from Strategy A.4.1, Laboratory Services:</p> <ul style="list-style-type: none"> (1) Strategy A.2.1, Immunize Children and Adults in Texas: \$341,686 in each fiscal year; (2) Strategy A.4.1, Laboratory Services: \$45,618,051 <u>\$92,640,619</u> in <u>each</u> fiscal year; 2016 and <u>\$50,967,882</u> in fiscal year 2017; (3) Strategy C.1.3, Mental Health State Hospitals: \$50,243,886 in each fiscal year (4) Strategy C.2.1, Mental Health Community Hospitals: \$10,120,700 in each fiscal year; and (5) (3) Strategy E.1.1, Central Administration: \$518,900 in each fiscal year; and <u>(4) Strategy D.1.1, Agency Wide Information Technology Projects: \$47,481 in each fiscal year</u> <p>b. Limitation on Use of Public Health Medicaid Reimbursements (Account 709).</p> <ul style="list-style-type: none"> (1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above, the department may spend the Public Health Medicaid Reimbursement funds thereby made available upon prior written notification of the Legislative Budget Board and the Governor. In the event that these revenues are less than the amounts above, a reduction shall be made in Strategy A.4.1,-Laboratory Services for transfer to the Health and Human Services Commission. (2) Notwithstanding any other provisions contained in Article IX, Section 14.01, transfers of Public Health Medicaid Reimbursement revenues may be made upon prior written notification of the Legislative Budget Board and the Governor. <p>c. Notification of Use of Additional Public Health Medicaid Reimbursements Funds. The notification shall include the following information:</p>				

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		<p>(1) the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts noted in section (a) above, and whether this additional revenue will continue in future years;</p> <p>(2) the reason for and the amount of any transfer of Public Health Medicaid Reimbursement revenue;</p> <p>(3) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing;</p> <p>(4) the name of the strategy or strategies affected by the expenditure and the FTEs for each strategy by fiscal year;</p> <p>(5) the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and</p> <p>(6) the impact of the expenditure on the capital budget.</p> <p><i>Update fiscal years. Appropriation amounts for strategy A.4.1, Laboratory Services are increased to allow transfers to HHSC for Mental Health State Hospitals in the amount of \$50,243,886 in each fiscal year and for Mental Health Community Hospitals in the amount of \$10,120,700 in each fiscal year.</i></p>		
44	II-68	<p>Use of Appropriated Funds for Reports on School-based Health Centers. Money appropriated to the Department of State Health Services may be used by the department to prepare and submit a report to the legislature regarding school-based health centers only if the report:</p> <p>a. is submitted not more frequently than once every two years;</p> <p>b. is limited to information relating to school-based health centers that receive funding from the department; and</p>		

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		<p>c. contains only information that the department determines may be provided:</p> <p>(1) in compliance with federal law regarding confidentiality of medical information; and</p> <p>(2) without imposing excessive reporting requirements on school districts.</p>		
45	II-69	<p>Synar Results Notification for Local Communities. Out of funds appropriated above in Strategy A.3.2, Reduce <u>Reducing the Use of Tobacco Products Statewide</u>, the Department of State Health Services or the contracted vendor conducting the federally-required Synar survey shall notify the applicable Comptroller of Public Accounts tobacco law enforcement grantee and the applicable local sheriff's department in writing when a Synar violation occurs during the administration of the annual federal Synar survey. The notification shall include a copy of the Synar survey document with documentation of the violation and any additional details of the violation, such as the name of the clerk and actual cigarettes and/or tobacco product sold. Notification shall occur no later than 30 days after the last Synar survey inspection is conducted for the current Synar survey year.</p> <p><i>Update the strategy name.</i></p>		
46	II-69	<p>Limitation: Reclassification of General Revenue Associated with Maintenance of Effort. Authority to reclassify Department of State Health Services (DSHS) General Revenue associated with Maintenance of Efforts (MOEs) for the Community Mental Health Services, Maternal and Child Health Services, and Substance Abuse Treatment and Prevention block grants from amounts specified above is contingent upon submission and approval of a written request to the Legislative Budget Board and the Governor. The request shall include the following information:</p> <p>a. a detailed explanation of the need for reclassification of the funds; and</p> <p>b. the impact the reclassification will have on current and future MOE requirements.</p> <p>DSHS is also directed to provide annual federal reports associated with the MOEs for the aforementioned block</p>		

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		<p>grants to the Legislative Budget Board and the Governor.</p> <p>Further, DSHS shall not take action or inaction to increase the state's MOE requirement for any federal grant without prior approval of the Legislative Budget Board and the Governor. <u>The request shall be considered approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 days of receipt of the request. The Legislative Budget Board and the Governor may approve or disapprove a request prior to the completion of the 30 day period</u></p> <p><i>Partial transfer of the rider to HHSC. Modify 30 day approval to provide improved certainty for determining the outcome of the request.</i></p>		
47	II-69	<p>Unexpended Balances: General Obligation Bond Proceeds. Included in the amounts appropriated above in Strategy F.1.2, Repair and Renovation: MH Facilities, are unexpended and unobligated balances of general obligation bond proceeds for projects that have been approved under the provisions of Article IX, Section 17.11 of Senate Bill 1, Eighty first Legislature, Regular Session, 2009, remaining as of August 31, 20152017, (estimated to be \$0) for the Department of State Health Services for the 2016-17 biennium.</p> <p>All projects funded herein with general obligation bond proceeds are subject to approval by the Legislative Budget Board prior to issuance of the bond proceeds by the Texas Public Finance Authority.</p> <p>Any unexpended balances in general obligation bond proceeds described herein and remaining as of August 31, 2016, are hereby appropriated for the same purposes for the fiscal year beginning September 1, 2016.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
48	II-69	<p>Food Manufacturers Licensing Report. Beginning September 1, 20152017, the Department of State Health Services (DSHS) shall request a report every six months of the food manufacturers who apply for a Sales Tax License and/or Franchise Tax License from the Comptroller of Public Accounts. DSHS shall reconcile the report with the manufacturers who apply for a Food Manufacturers License from DSHS. DSHS is to investigate the need</p>		

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		for licensure of any manufacturer that is on the Comptroller's report and not in the DSHS database. <i>Update year.</i>		
49	II-69	<p>Federally Funded Capital Projects. Notwithstanding the limitations in Article IX, Section 14.03, the Department of State Health Services is authorized to transfer from a non-capital budget item to an existing capital budget item or a new capital budget item not present in the agency's bill pattern contingent upon:</p> <ul style="list-style-type: none"> a. implementation of a new, unanticipated project that is 100 percent federally funded; or b. the unanticipated expansion of an existing project that is 100 percent federally funded; and c. <u>subsequent federal approval at a higher percentage of federal funding than original appropriated as long as no additional state funding is required; and</u> d. notification to the State Auditor's Office and the Comptroller of Public Accounts, and approval from the Legislative Budget Board and Governor. <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 30 business days <u>of receipt of the request. The Legislative Budget Board and the Governor may approve or disapprove a request prior to the completion of the 30 day period. after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.</u></p> <p><i>(c) Add language to allow for changes in federal/state split for federal projects which require varying state match. For instance, potential Advanced Planning Documents are submitted at 50/50 in LAR but Center for Medicaid Services may approve at higher federal funding.</i></p>		

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		<i>Modify 30 day approval to provide improved certainty for determining the outcome of the request.</i>		
50	II-70	Purchase of Pandemic Flu Vaccines. Out of funds appropriated above, the Department of State Health Services (DSHS) shall examine the latest generation of cell culture-derived pandemic flu vaccine. DSHS is strongly encouraged to consider purchasing the latest generation of cell culture-derived pandemic flu vaccine that is available out of state, federal, or other funds.		
51	II-70	Parkland Senior Care Project. It is the intent of the Legislature that a total of \$302,100 for the 2016-17 biennium appropriated in Strategy B.1.3, Community Primary Care Services, be expended for the Parkland Senior Care Project. <i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i>		
52	II-70	Available Earnings from the Permanent Fund for Health and Tobacco Education and Enforcement in Excess of the Biennial Revenue Estimate. In the event that the Comptroller of Public Accounts estimates that the actual and or projected revenue of available earnings, as determined under Government Code §403.1068, of the Permanent Fund for Health and Tobacco Education and Enforcement exceeds the amount projected by 2016-17 <u>2018-19</u> Biennial Revenue Estimate as eligible for distribution in a fiscal year in the 2016-17 <u>2018-19</u> biennium, the additional revenue is appropriated to the Department of State Health Services for the 2016-17 <u>2018-19</u> biennium from the Permanent Fund for Health and Tobacco Education and Enforcement Account No. 5044 for the purposes of supplementing amounts appropriated under Strategy A.3.2, Reduce <u>Reducing the Use of Tobacco Products Statewide</u> , and supporting programs established under Government Code §403.105(c). This appropriation may not exceed a total of \$20,000,000 for the fiscal biennium and is subject to written certification by the Comptroller's Office that revenue collections for the 2016-17 <u>2018-19</u> biennium have or will exceed the Biennial Revenue Estimate. <i>Update fiscal years and update strategy name.</i>		

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53	II-70	<p>Funding for Abstinence Sexual Education. It is the intent of the Legislature that funds appropriated in Strategy A.3.3, Abstinence Education, including \$1,231,686 in General Revenue, be utilized for the purpose of implementing abstinence sexual education programs to reduce the need for future family planning services for unwed minors. Any Federal Funds received by the agency for abstinence education are appropriated to the agency for this purpose. Abstinence education means materials and instruction which:</p> <p>a. Present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and</p> <p>b. Emphasize that abstinence from sexual activity, used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted disease, and infection with human immunodeficiency virus or acquired immunodeficiency syndrome.</p> <p>Funds appropriated in Strategy A.3.3, Abstinence Education, must be used to implement sexual education programs that must comply with each of the A-H components of the abstinence education program under Section 510(b)(2), Social Security Act (42 U.S.C. Section 710(b)).</p> <p>No later than December 1 of each fiscal year, the Department of State Health Services shall submit to the Legislative Budget Board and the Governor's Office a report containing contractor compliance issues related to components A-H of Section 510(b)(2) of the Social Security Act (42 U.S.C. Section 710(b)).</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
54	II-70	<p>Texas Center for Infectious Disease Services and Billing. Department of State Health Services shall pursue reimbursement, in cases where funding is available, from county governments for tuberculosis services provided to new county indigent patients served at TCID. Any appropriated receipts collected from county governments are hereby appropriated to DSHS in Strategy C.1.1, Texas Center for Infectious Disease.</p>		

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55	II-70	<p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p> <p>Local Service Area Planning. to Health and Safety Code §533.0352, the Department of State Health Services (DSHS) shall develop performance agreements with Local Mental Health Authorities (LMHAs) out of funds allocated in Strategies B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.3, Community Mental Health Crisis Services, that give regard to priorities identified by the community through a local needs assessment process and expressed in a local service plan.</p> <p>Subject to existing transfer authority in Article IX, Sec. 14.01, Appropriation Transfers, DSHS is granted flexibility to transfer funds between Strategies B.2.1, B.2.2, and B.2.3 in the approval of the local service plan. The performance agreements must include outcomes established in the General Appropriations Act for programs administered by the local authority and financed with General Revenue Funds. Performance related to outcomes must be verifiable by DSHS.</p> <p>Measures relating to outputs and units of service delivered, which may be included in the performance agreement, shall be recorded and submitted as required by DSHS.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
56	II-71	<p>End Stage Renal Disease Prevention Program. Out of funds appropriated above in Strategy A.3.1, Health Promotion and Chronic Disease Prevention, the Department of State Health Services shall allocate \$250,000 in General Revenue for fiscal year 2016<u>2018</u> and \$250,000 in General Revenue for fiscal year 2017<u>2019</u> to improve the health outcomes and reduce the economic burdens of chronic kidney disease end-stage renal disease through the End Stage Renal Disease Prevention Program model, Love Your Kidneys. The program shall work in collaboration with the Texas Renal Coalition and other statewide partnerships to educate the medical community and at-risk patients on the importance of early diagnosis and treatment of chronic kidney disease to prevent premature death from cardiovascular disease and other co-morbid conditions, and to delay progression to kidney failure necessitating expensive renal replacement therapy by dialysis or transplantation.</p> <p><i>Update fiscal years.</i></p>		

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57	II-71	<p>Administrative Attachment: Office of Violent Sex Offender Management Texas Civil Commitment Office. Amounts appropriated above in Strategy G.1.1, Office of Violent Sex Offender Management, are to be used by the Office of Violent Sex Offender Management, an independent agency which is administratively attached to the Department of State Health Services. The FTE cap for OVSOM is 35.0 in each fiscal year of the 2016-17 biennium. Any unexpended balances remaining on August 31, 2016, in Strategy G.1.1, Office of Violent Sex Offender Management, are hereby appropriated for the same purposes for the fiscal year beginning September 1, 2016, contingent upon prior written notification to the Legislative Budget Board and the Governor.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
58	II-71	<p>Mental Health Outcomes and Accountability. Out of funds appropriated above in Goal B, Community Health Services, Strategies B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall withhold ten percent (10%) of the General Revenue quarterly allocation from each Local Mental Health Authority (LMHA) for use as a performance-based incentive payment. The payment of the funds withheld shall be contingent upon the achievement of outcome targets set by the department. Performance shall be assessed and payments made on a six-month interval. Funds that have been withheld for failure to achieve outcome targets will be used for technical assistance and redistributed as an incentive payment according to a methodology developed by the department.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
59	II-71	<p>Mental Health Appropriations and the 1115 Medicaid Transformation Waiver. Out of funds appropriated above in Goal B Community Health Services, Strategies B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.3, Community Mental Health Crisis Services, the Department of State Health Services by contract shall require that General Revenue funds provided to the department in this biennium be used to the extent possible to draw down additional federal funds through the 1115 transformation waiver or other federal matching opportunities. Nothing in this section shall relieve a Local Mental Health Authority from an obligation to provide mental health services under the terms of a performance contract with the department or to reduce the amount of such obligation specified in the contract. The department shall report to the Legislative</p>		

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		<p>Budget Board and the Governor by December 1 of each fiscal year on efforts to leverage these funds.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
60	II-71	<p>1915(c) Youth Empowerment Services Waiver Expansion. The Health and Human Services Commission, in conjunction with the Department of State Health Services, shall initiate the expansion of the 1915(c) Youth Empowerment Services (YES) waiver statewide during the 2016-17 biennium. Expansion into new service areas is contingent upon approval by the Centers for Medicare and Medicaid Services (CMS).</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
61	II-71	<p>Home and Community Based Services.</p> <p>a. Included in funds appropriated above, the Department of State Health Services is appropriated General Revenue in the amounts of \$32,017,406 in the 2016-17 biennium in Strategy B.2.1, Mental Health Services for Adults. Funds shall be utilized to:</p> <ol style="list-style-type: none"> 1. develop a Home and Community Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays as defined by the Department; and 2. seek federal approval for a Medicaid 1915(i) state plan amendment to enable federal financial participation, to the extent possible, in the HCBS program in collaboration with the Health and Human Services Commission. <p>b. The Department of State Health Services shall also implement an expansion of the 1915(i) waiver program to divert populations from jails and emergency rooms into community treatment programs. Prior to implementation, the Department of State Health Services shall submit a report on the projected program, with information including:</p>		

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		<p>1. an estimate of the total population to be served;</p> <p>2. projected costs, including average monthly cost per recipient; and</p> <p>3. potential cost sharing opportunities with local entities that benefit from lower jail and emergency room admissions.</p> <p>The Department of State Health Services shall submit the report to the Governor's Office and the Legislative Budget Board by December 1, 2015.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
62	II-72	<p>Mental Health Program for Veterans. Included in the amounts appropriated above to the Department of State Health Services in Strategy B.2.1, Mental Health Services for Adults, is \$5,000,000 in each fiscal year of the 2016-17 biennium in General Revenue for the purpose of administering the Mental Health Program for Veterans pursuant to Health and Safety Code §1001.201-204.</p> <p>Not later than December 1 of each fiscal year, the department shall submit to the Legislature and the Governor's Office a detailed report describing the activities of the program in the preceding year, including, at a minimum: a description of how the program is operated; the number of veterans served; the number of peers and volunteer coordinators trained; a summary of the contracts issued and services provided through those contracts; and recommendations for program improvements.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
63	II-72	<p>Primary Health Care Program. The Department of State Health Services Primary Health Care Program shall not contract with providers that would be ineligible to participate in the Texas Women's Health Program at the Health and Human Services Commission.</p>		

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		<i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i>		
64	II-72	<p>Healthy Community Collaboratives. Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate up to \$25,000,000 in General Revenue over the biennium in Strategy B.2.3, Community Mental Health Crisis Services to fund grants pursuant to Government Code, §539.001-.008. If a collaborative also receives funds from the Texas Department of Housing and Community Affairs (TDHCA), then DSHS shall ensure that the grant funding under this section is in coordination with the funds from TDHCA.</p> <p>Any unexpended balances of these funds from fiscal year 2016-2018 are appropriated to DSHS for the same purposes in fiscal year 2017. DSHS shall use funds for these purposes to the extent allowed by state law. DSHS shall also report to the Legislative Budget Board and the Governor the amount and type of expenditure and progress of the project by December 1, 2016.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
65	II-72	<p>Collection of Emergency Room Data. Out of funds appropriated in Strategy A.1.2 5, Health Data and Analysis Statistics, the Department of State of Health Services shall collect emergency room data as set forth in Chapter 108 of the Health and Safety Code. The Department shall use the data to measure and report potentially preventable emergency room visits, including potentially preventable mental health and substance abuse emergency room visits. The Department shall submit the results of their findings to the Legislative Budget Board, Governor, and Chairs of the Committees in each House with jurisdiction over public health issues on an annual basis, beginning December 31, 2016.</p> <p><i>Update strategy name and strategy for LBB approved budget structure.</i></p>		
66	II-72	<p>Harris County Jail Diversion Pilot Program. Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate \$5,000,000 for fiscal year 2016 and \$5,000,000 for fiscal year 2017 from strategy B.2.1, Mental Health Services for Adults, to implement a mental health jail diversion pilot program in Harris County. In cooperation with the county judge in Harris County, DSHS shall establish a pilot program in Harris</p>		

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		<p>County to be implemented by the county judge for the purpose of reducing recidivism and the frequency of arrest and incarceration among persons with mental illness in that county. The Harris County Commissioners Court shall contribute funding to the pilot program in an amount that is equivalent to the funds provided by the state for the pilot program.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
67	II-73	<p>Cardiovascular Disease and Stroke Projects. Out of funds appropriated above in Strategy A.3.1, <u>Health Promotion and Chronic Disease Prevention</u>, the Department of State Health Services may expend \$6,500,000 in General Revenue Funds over the 2016-17<u>2018-19</u> biennium for the purpose of funding cardiovascular disease and stroke projects. Out of these funds, DSHS shall allocate \$4,500,000 of those funds over the biennium to the University of Texas System for the administration of the statewide stroke clinical research network, Stroke System of Care Coordination (Lone Star Stroke), and \$2,000,000 of these funds over the biennium for the Stroke/SEMI (St-Segment Elevation Myocardial Infarction) Data Collection for data collection activities.</p> <p><i>Updated fiscal years. Update strategy name.</i></p>		
68	II-73	<p>Sunset Contingency. Pursuant to Government Code Chapter 325, the Department of State Health Services was the subject of review by the Sunset Advisory Commission and a report pertaining to the Department of State Health Services was delivered to the Eighty-fourth Legislature. Government Code 325.015 provides that the legislature may by law continue the Department of State Health Services for up to 12 years, if such a law is passed before the sunset date for the Department of State Health Services.</p> <ol style="list-style-type: none"> <li data-bbox="556 1149 1871 1219">1) Funds appropriated above are contingent on such action continuing the Department of State Health Services by the Eighty-fourth Legislature. <li data-bbox="556 1260 1969 1365">2) In the event that the legislature does not choose to continue the agency, the funds appropriated for fiscal year 2016, or as much thereof as may be necessary, are to be used to provide for the phase out of agency operations or to address the disposition of agency programs and operations as provided by the legislation. 		

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		<i>Delete from the DSHS bill pattern due to Sunset complete; DSHS continued.</i>		
69	II-73	<p>Transfer from the Cancer Prevention and Research Institute of Texas for the Cancer Registry. Out of funds appropriated elsewhere in this Act to the Cancer Prevention and Research Institute of Texas is \$2,969,554 out of General Obligation Bond Proceeds each fiscal year of the 2016-17<u>2018-19</u> biennium which shall be transferred from Cancer Prevention and Research Institute of Texas to the Department of State Health Services in Strategy A.1.2 <u>5</u>, Health Data and Analysis <u>Statistics</u>, for administration of the Cancer Registry in accordance with the Texas Constitution, Article III, Section 67 and Health and Safety Code, Chapter 102.</p> <p><i>Update fiscal years. Update strategy name and strategy for LBB approved budget structure.</i></p>		
70	II-73	<p>Jail-Based Competency Restoration Pilot Program. Out of funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall allocate \$1,743,000 in each fiscal year of the 2016-17 biennium in General Revenue to be used only for the purpose of conducting a jail-based restoration of competency pilot program established under Article 46B.090 of the Code of Criminal Procedure, as a continuation of the pilot program started by the 83rd Legislature.</p> <p>The Department of State Health Services shall submit interim quarterly progress reports to the Legislative Budget Board, Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor no later than 15 business days after the end of each fiscal quarter.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
71	II-73	<p>Increased Access to Community Mental Health Services. Out of funds appropriated above in B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, and B.2.4, NorthSTAR Behavioral Health Services Waiver, the Department of State Health Services (DSHS) shall allocate \$46,486,001 in General Revenue Funds over the 2016-17 biennium to provide a funding adjustment to the local mental health authorities (LMHA) and the NorthSTAR service area to increase the number of individuals provided community mental health services. Of these funds above, DSHS shall allocate \$37,052,273 to local mental health authorities using a formula that</p>		

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		<p>considers historical billing patterns, general population and population under 200 percent of the federal poverty level, and \$9,433,728 to local mental health authorities to serve 960 individuals on waitlists for the purpose of eliminating waitlists. It is the intent of the Legislature that DSHS encourage the local mental health authorities and the NorthSTAR service area to first serve their statutorily required priority populations, and then to serve all clients who qualify with the goal of preventing a waitlist during the 2016-17 biennium.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
72	II-74	<p>Breast and Cervical Cancer Services Program. Funds appropriated above may only be expended by the Department of State Health Services in Strategy B.1.2, Women and Children's Health Services for the Breast and Cervical Cancer Services Program, to compensate providers that would be eligible to participate in the Texas Women's Health Program, including providers that would be otherwise eligible, but for the sole reason of providing a different service package than required to participate in the Texas Women's Health Program. If the department is unable to locate a sufficient number of eligible providers in a certain region, the department may compensate other local providers for the provision of breast and cervical cancer screening services.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
73	II-74	<p>Mental Health Peer Support Re-entry Pilot.</p> <p>a. Out of funds appropriated above, the Department of State Health Services (DSHS) through a Memorandum of Understanding shall allocate up to \$1,000,000 in General Revenue for the 2016-17 biennium from strategy B.2.1, Mental Health Services for Adults, to implement a mental health peer support re-entry program. DSHS in partnership with Local Mental Health Authorities and county sheriffs shall establish a pilot program that uses certified peer support specialists to ensure inmates with a mental illness successfully transition from the county jail into clinically appropriate community-based care.</p> <p>a. Prior to implementation, DSHS shall submit a report to the Governor's Office and the Legislative Budget Board by December 1, 2015 on the projected program that includes an estimate of the total population to be</p>		

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		<p>served and client outcome measures. A status report on these factors shall be provided by December 1, 2016.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
74	II-74	<p>University of Texas Harris County Psychiatric Center Long-term Bed Pilot. Out of funds appropriated above in strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$1,200,000 in General Revenue Funds in each fiscal year of the 2016-17 biennium in order to fund civil beds at the University of Texas Harris County Psychiatric Center to be used for persons needing long-term treatment not to exceed 90 days.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
75	II-74	<p>Unexpended Balances: Credit Card and Electronic Services Related Fees. Included in amounts appropriated above in Strategy A.1.2, Health Data and Analysis Vital Statistics, are any unexpended and unobligated balances remaining as of August 31, 20152017 (estimated to be \$4,708,206 \$2,500,000) in Object Code 3879, Credit Card and Electronic Services Related Fees, in General Revenue-Dedicated Account 0019, Vital Statistics Account, as provided in Article IX, §8.10 of this Act, relating to appropriation of credit, charge, or debit card service fees, for the biennium beginning September 1, 20152017 for the TxEver Project, <u>maintenance, and ongoing operations.</u></p> <p><i>Update strategy name, year and amount</i></p>		
76	II-74	<p>Prohibition on Use of Appropriations for the Private Operation of a State Hospital. No funds appropriated above shall be used to solicit bids for the private operation of a state hospital or for the private operation of a state hospital, without approval from the Legislative Budget Board.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		

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77	II-74	<p>Funding for Infectious Diseases including Ebola.</p> <p>a. Out of funds appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, and Strategy A.4.1, Laboratory Services, the Department of State Health Services (DSHS) is allocated \$6,650,000 in General Revenue each fiscal year for the purposes of prevention, planning and treatment of infectious diseases, including ebola, specifically in the following areas: epidemiology surveillance and response; infectious disease response training exercises; laboratory response; and communications and coordination.</p> <p>b. If DSHS receives federal funds above \$20,270,483 during the 2016-17 biennium related to ebola prevention, planning and treatment, the agency shall transfer an amount of General Revenue equal to that of the federal funds received to Strategy A.1.1, Public Health Preparedness and Coordinated Services, Strategy A.3.1, Chronic Disease Prevention, and Strategy A.3.2, Reduce Use of Tobacco Products, to be spent on pediatric asthma management, adult potentially preventable hospitalizations, diabetes prevention and control, expanded tobacco prevention services, and funding for the Texas Emergency Medical Task Force. The allocation to each of the programs shall be determined by DSHS.</p> <p><i>Delete rider from DSHS bill pattern due to continuing work for implementation on high consequence for infectious disease contingencies.</i></p>		
78	II-75	<p>Regulation of Outsourcing Facilities. Out of funds appropriated above, the Department of State Health Services shall allocate 1 FTE and \$136,135 in General Revenue funds each fiscal year to be used only for the following purpose: follow applicable law and implement regulation of <u>regulate</u> Section 503B of the Federal Food Drug and Cosmetic Act regarding Outsourcing Facilities.</p> <p><i>Update to reflect completion of regulation implementation and update to reflect ongoing regulation.</i></p>		
79	II-75	<p>Community Planning Grants for Hazardous Chemical Events. Included in amounts appropriated above in Strategy A.1.1, Public Health Preparedness and Coordinated Services, is \$2,000,000 in fiscal year 2016 and \$2,000,000 in fiscal year 2017 from the fund balance in the Workplace Chemicals List Account No. 5020 for the</p>		

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		<p>purpose of providing grants to communities to create and execute emergency response plans for hazardous chemical events per statutory authority in Health and Safety Code Chapters 502, 505, 506 and 507.</p> <p><i>Delete from DSHS bill pattern due to transfer to TCEQ.</i></p>		
80	II-75	<p>Community-Based Crisis and Treatment Facilities Review. Out of funds appropriated above, the Department of State Health Services (DSHS) shall conduct a comprehensive review of contract funding requirements and standards governing community based crisis and treatment facilities for persons with mental health and substance abuse disorders. As part of the review, DSHS behavioral health program staff and regulatory staff, in collaboration with the Health and Human Services Commission and stakeholders, shall identify best practices for and unnecessary barriers to the effective delivery of mental health and substance abuse services by community-based crisis and treatment facilities. No later than December 1, 2016, the department shall submit a report to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The report shall include a summary of activities related to the review, and recommendations for any changes to statutes or regulatory requirements needed to ensure the safe, effective, and efficient treatment of persons with mental health disorders, substance abuse disorders, or co-occurring mental health and substance abuse disorders in community settings.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
81	II-75	<p>Public Health System Inventory and Action Plan. Out of funds appropriated above, the Department of State Health Services (DSHS) shall collaborate with the Public Health Funding and Policy Committee and other stakeholders to develop a comprehensive inventory of the roles, responsibilities, and capacity relating to public health services delivered by DSHS and local health entities and authorities. DSHS shall use this information to establish statewide priorities for improving the state's public health system and to create a public health action plan, with regional goals and strategies, to effectively use state funds to achieve these priorities. DSHS shall complete the inventory no later than March 1, 2016, and submit the action plan to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services no later than November 30, 2016.</p>		

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		<i>Delete from DSHS bill pattern; This will be completed in November 2016.</i>		
82	II-75	<p>Behavioral Health Services Provider Contracts Review. Out of funds appropriated above, the Department of State Health Services (DSHS), in collaboration with the Health and Human Services Commission (HHSC), shall conduct a review to identify improvements to performance measurement, contract processing, and payment mechanisms for behavioral health services contracts with DSHS. In conducting the review, DSHS shall solicit stakeholder input and may use funds appropriated above to seek the assistance of a third party with expertise in health purchasing. DSHS shall complete the review and report findings no later than December 1, 2016 to the Legislative Budget Board, the Office of the Governor, and the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services. The review and report must include:</p> <ul style="list-style-type: none"> a. identification of performance measures and other requirements not necessary by a state or federal requirement that could be eliminated from contracts; b. a review of the metrics and methodology associated with the withholding of allocations made under DSHS Rider 58, Mental Health Outcomes and Accountability; c. consideration of performance measures and contracting strategies similar to those used for managed care organizations; d. consideration of best practices in performance measurement and contracting, including incentive payments and financial sanctions that are aligned with the models used by the Health and Human Services Commission for purchasing health care services; and e. a proposal for a publicly available web based dashboard to compare performance of behavioral health services providers contracted with DSHS. <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		

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83	II-76	<p>HIV/STD Screenings. Out of funds appropriated above to Strategy A.2.2, HIV/STD Prevention, the Department of State Health Services shall allocate an additional \$250,000 in General Revenue in each fiscal year to provide an option for an HIV/STD screening during routine checkups to residents in metropolitan statistical areas with the highest rate or instances of HIV/STD cases.</p>		
84	II-76	<p>Contingency for Behavioral Health Funds. Notwithstanding appropriation authority granted above, the Comptroller of Public Accounts shall not allow the expenditure of General Revenue Related behavioral health funds for the Department of State Health Services in Strategy B.2.1, Mental Health Services for Adults, B.2.2, Mental Health Services for Children, Strategy B.2.3, Community Mental Health Crisis Services, Strategy B.2.4, NorthSTAR Behavioral Health Waiver, Strategy B.2.5, Substance Abuse Prevention, Intervention and Treatment, Strategy C.1.2, Rio Grande State Outpatient Clinic, Strategy C.1.3, Mental Health State Hospitals, Strategy C.2.1, Mental Health Community Hospitals, Strategy F.1.2, Repair and Renovation: Mental Health Facilities, and Strategy G.1.1, Office of Violent Sex Offender Management, in fiscal year 2017, as identified in Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures, if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the agency's planned expenditure of those funds in fiscal year 2017 does not satisfy the requirements of Art. IX, Sec. 10.04, Statewide Behavioral Health Strategic Plan and Coordinated Expenditures.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
85	II-76	<p>Transition of the NorthSTAR Behavioral Health Services Model. Appropriations made above in this Act in Strategy B.2.4, NorthSTAR Behavioral Health Waiver, for fiscal year 2017 assume the discontinuation of the program on December 31, 2016.</p> <p>a. Beginning January 1, 2017, funds to provide services, other than Medicaid behavioral health services, previously available through NorthSTAR are allocated as follows:</p> <p style="text-align: center;">North Texas Behavioral Health Authority (NTBHA): B.2.1, Mental Health Services for Adults, \$19,218,496 in GR and \$23,144,112 in All Funds</p>		

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<p data-bbox="625 313 1787 418"> B.2.2, Mental Health Services for Children, \$6,406,164 in GR and \$7,714,702 in All Funds B.2.3, Community Mental Health Crisis Services, \$5,348,640 in GR and All Funds B.2.5, Substance Abuse Prevention, \$744,954 in GR, \$6,495,191 in All Funds </p> <p data-bbox="590 459 1801 638"> Local Mental Health Authority (LMHA) serving Collin County: B.2.1, Mental Health Services for Adults, \$4,769,692 in GR and \$5,825,822 in All Funds B.2.2, Mental Health Services for Children, \$1,589,897 in GR and \$1,941,940 in All Funds B.2.3, Community Mental Health Crisis Services, \$1,438,974 in GR and All Funds B.2.5, Substance Abuse Prevention, \$114,972 in GR, \$1,002,432 in All Funds </p> <p data-bbox="510 678 1969 889"> This allocation takes into account the proportion of historical billing patterns, general population, and population under 200 percent of federal poverty level. These amounts include funding adjustments of \$10,861,046 in General Revenue for NTBHA (which includes \$7,087,817 for one-time transition needs) and \$2,515,132 in General Revenue for the LMHA serving Collin County (which includes \$1,500,000 for one-time transition needs). Expenditure of transition funding must be approved by the Health and Human Services Commission (HHSC) executive commissioner. </p> <p data-bbox="510 938 1976 1369"> b. It is the intent of the Legislature that the NorthSTAR Behavioral Health Services model cease operation on December 31, 2016. Transition funds are intended to support NTBHA and LMHA Collin County for readiness to transition by this date. The HHSC executive commissioner, in coordination with DSHS, shall evaluate and report to the Legislature by May 1, 2016 on the progress of NTBHA and LMHA Collin County, separately, as they transition from the current NorthSTAR model to the new models. If deemed necessary, the HHSC executive commissioner may submit a request to the Legislative Budget Board to extend the transition deadline by 90 days. The request should indicate how transition funds have been spent to date, provide a rationale for the delay and include a plan to complete the transition with an accompanying plan for strategy transfers to align with the delayed transition date, which can be no later than March 31, 2017. The request shall be considered to be disapproved unless the Legislative Budget Board or the Governor issue a written approval within 15 business days of the date on which the staff of the Legislative Budget Board forwards its review of the request to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House and Lieutenant </p>				

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		<p>Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 15 business days.</p> <p>e. HHSC, in coordination with DSHS, shall provide a report by March 1, 2017 to the Governor's Office and the Legislative Budget Board that includes NTBHA's and Collin County's plans to access additional funds, which may include local funds, Medicaid funds, and other sources, in addition to a projection of funds anticipated in fiscal year 2018 and fiscal year 2019.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
86	II-77	<p>State Hospital System Improvement.</p> <p>a. The Department of State Health Services (DSHS) shall evaluate the benefits of a university health related institution or institutions operating a state hospital. The evaluation should include administrative, legal and financial considerations as well as a timeline for the transition and a progress report on the expansion of efforts to increase academic partnerships. The evaluation and report must be submitted to the Governor's Office and the Legislative Budget Board no later than September 1, 2016.</p> <p>b. In the event that DSHS projects a surplus of funds available in Goal C, Hospital Facilities and Services, DSHS may submit a proposal to use these funds, up to the amount of \$12.4 million in General Revenue over the biennium, for the purpose of project planning, development of construction plans, site preparation and related activities to support the future construction of mental health hospital facilities to replace the current facility at Rusk. The proposal must include the strategies where the surplus General Revenue funds would be transferred from, and DSHS must receive written prior approval of the Governor's Office and the Legislative Budget Board before using surplus funds for these purposes.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		

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87	II-76	<p>University of Texas Harris County Psychiatric Center Rates. Out of funds appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$1,213,103 in General Revenue Funds in each fiscal year of the 2016-17 biennium in order to increase the rate for acute community mental health inpatient services at this facility.</p> <p><i>Delete from DSHS bill pattern due to SB 200 transfer to HHSC.</i></p>		
NEW		<p><u>Unexpended Balance (UB) Authority for Rebate Revenues.</u> <u>The Department of State Health Services Rebate Revenue amounts in Strategy A.2.2, HIV/STD Prevention, including unexpended and unobligated balances by the end of the state fiscal year, are allowed to carry forward to the following fiscal year for use in related program areas.</u></p> <p><i>Drug manufacturer rebate revenues earned by the HIV Medication Program and received late in the state fiscal year are difficult to expend before the end of the fiscal year. This rider would allow automatic roll forward into the second year of the biennium.</i></p>		
NEW		<p><u>Cash Management Contingency.</u> <u>The Department of State Health Services (DSHS) is hereby authorized to transfer funds across each year of the biennium between any of the DSHS strategies for the purpose of alleviating the temporary cash flow needs. The transfer of funds shall be repaid to the General Revenue Fund by the end of the biennium in which the funds were transferred under procedures and standards established by the Comptroller of Public Accounts.</u></p> <p><i>The ability to transfer funds allows DSHS to respond timely to issues that may arise, providing more latitude in managing appropriated funds to the agency.</i></p>		
NEW		<p><u>Cost Pools.</u> <u>The Department of State Health Services (DSHS) is hereby authorized to transfer funds to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.</u></p> <p><i>The ability to transfer funds into cost pools provides DSHS with more latitude in managing shared support costs within funds appropriated to the agency.</i></p>		