



Health and Human Services Quarterly Briefing

October 16, 2014

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Ebola Case and Investigation in Dallas

Ebola Response in Dallas

- On September 30, 2014, DSHS and CDC laboratory testing confirmed the first diagnosis of Ebola in the U.S.
 - The case was travel-related, and was not transmitted in the country.
- As a result of this diagnosis, an investigation identified individuals who may have been exposed to the virus while the patient was infectious.
 - 48 contacts were identified for possible exposure.
 - 10 are considered at high risk of exposure.
 - These individuals are under active monitoring until at least October 19, 2014.
- The patient passed away on October 8, 2014.

Ebola Response in Dallas

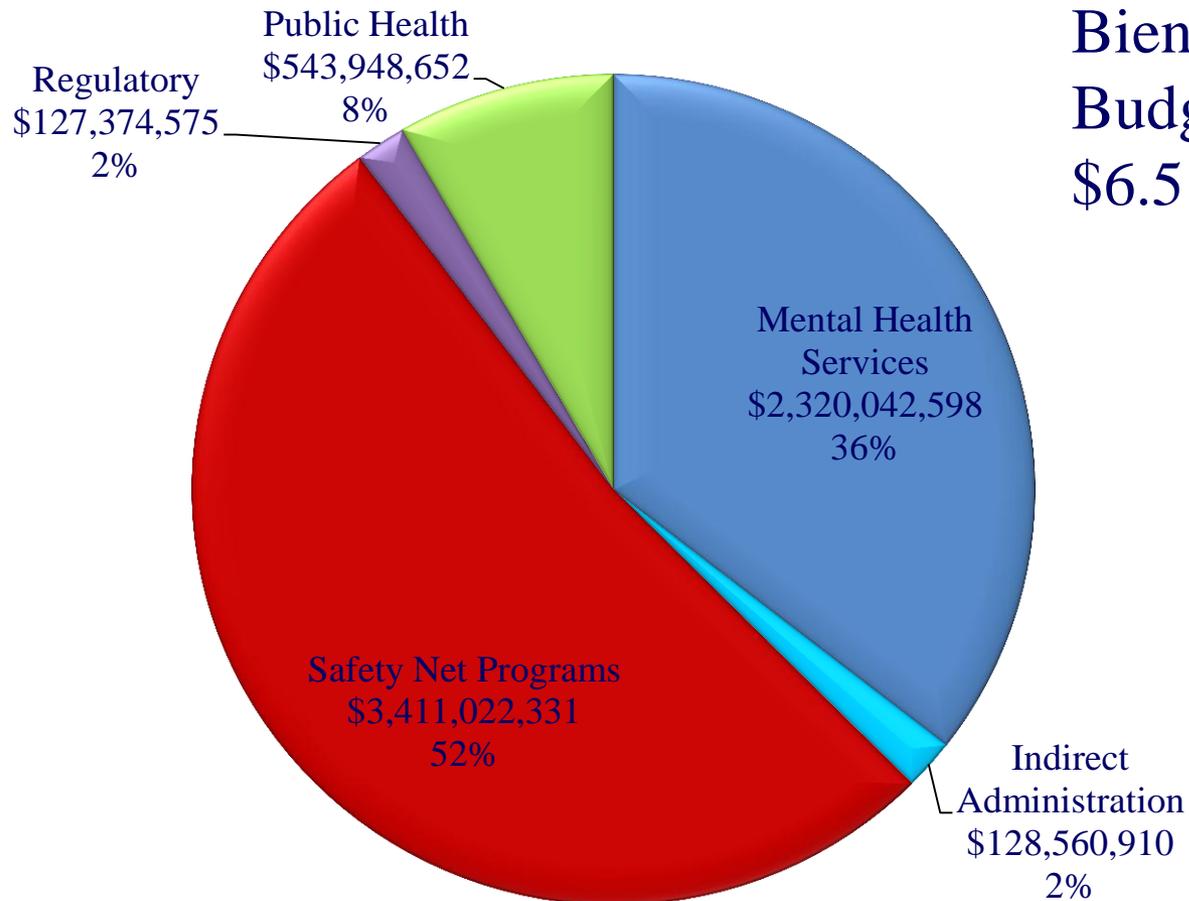
- On October 12 and 15, 2014, two additional cases of Ebola were diagnosed.
 - Both patients are health care workers who provided care to the index case while he was in isolation.
- The two patients have identified four contacts who may have been exposed.
 - These individuals are being actively monitored for symptoms.
- Other health care workers who provided care to the index case are also being actively monitored.
- The CDC has said it will identify and contact individuals who were on the flight from Cleveland, Ohio, to Dallas-Fort Worth with the third patient.

Ebola Response in Dallas

- Ebola is only infectious when a person is symptomatic.
 - Symptoms become apparent between two and 21 days of infection.
- Transmission requires direct contact with blood or body fluids, or with a contaminated object like a needle.
 - Direct contact means exposure through broken skin or unprotected mucous membranes.
 - Body fluids include feces, saliva, urine, vomit, and semen.
- The spread of Ebola can be prevented through core public health prevention and infection control measures.

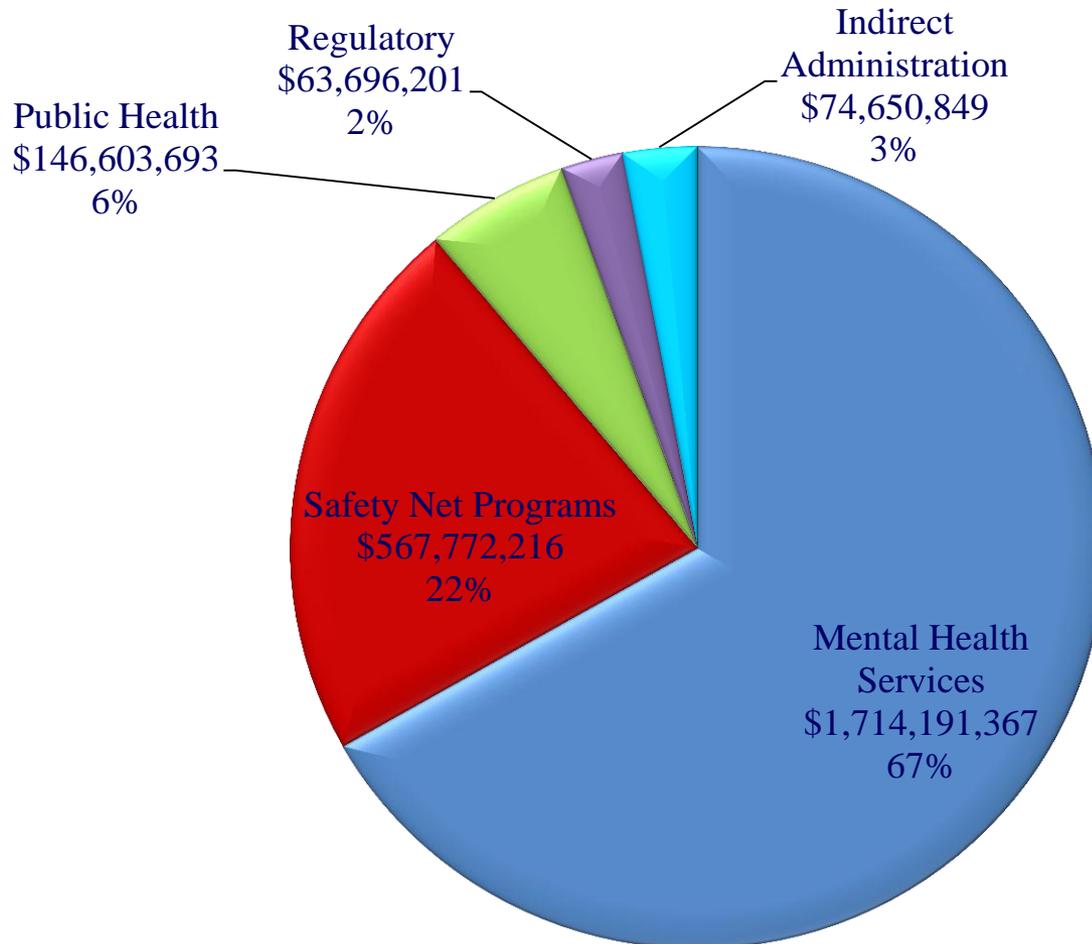
Legislative Appropriations Request Fiscal Years 2016-2017

FY 2014 - 2015 Budget: All Funds



*Excludes OVSOM

FY 2014 - 2015 Budget: General Revenue and General-Revenue Dedicated



*Excludes OVSOM

FY 2015 Budget

- NorthSTAR projected caseload growth
- Federal approvals of 1915(i) and YES Waiver expansion
- Federal funding and policy changes

FY 2016 - 2017 Budget

- Mental Health initiatives enacted by the 83rd Legislature
- Capacity and maintenance issues for state hospitals
- Shifts in federal law and policies



FY 2016 - 2017 Base and Exceptional Requests

Department of State Health Services Goals	FY 2014 - 2015	FY 2016 - 2017	FY 2016 - 2017	FY 2016 - 2017
	Exceptional Items/ Budget	Base Request	Exceptional Items	Total Request
Goal 1: Preparedness and Prevention	\$1,205,200,756	\$1,160,561,336	\$70,519,530	\$1,231,080,866
Goal 2: Community Health Services	\$4,027,832,636	\$3,803,914,209	\$171,548,113	\$3,975,462,322
Goal 3: Hospitals	\$1,044,270,693	\$1,035,203,316	\$61,767,845	\$1,096,971,161
Goal 4: Regulatory	\$127,776,880	\$123,953,210	–	\$123,953,210
Goal 5: Indirect Administration	\$94,296,725	\$92,932,647	\$6,200,000	\$99,132,647
Goal 6: Capital	\$43,576,784	\$31,069,422	\$88,595,240	\$119,664,662
Total Agency Request	\$6,542,954,474	\$6,247,634,140	\$398,630,728	\$6,646,264,868
General Revenue	\$2,580,656,088	\$2,592,564,178	\$289,926,050	\$2,882,490,228
General Revenue - Dedicated	\$953,759,884	\$652,926,009	\$5,000,000	\$657,926,009
Federal Funds	\$2,456,963,864	\$2,486,100,331	\$15,109,438	\$2,501,209,769
Other Funds	\$551,574,638	\$516,043,622	\$88,595,240	\$604,638,862
Total Agency Method of Finance	\$6,542,954,474	\$6,247,634,140	\$398,630,728	\$6,646,264,868
Full Time Equivalents (FTEs)	12,266	12,266	–	12,266

*Excludes OVSOM



Summary of Exceptional Items

Exceptional Item	FY 2016 GR/GRD	FY 2016 All Funds	FY 2017 GR/GRD	FY 2017 All Funds	Biennial GR/GRD	Biennial All Funds
Department of State Health Services Base Request	\$1,623,173,050	\$3,124,245,027	\$1,622,317,137	\$3,123,389,113	\$3,245,490,187	\$6,247,634,140
1. Maintain FY 2015 Service Levels	\$14,881,456	\$15,650,041	\$14,881,456	\$15,647,846	\$29,762,912	\$31,297,887
2. Facilities and Vehicles	\$6,036,305	\$94,631,545	-	-	\$6,036,305	\$94,631,545
3. Enhance Expanded Primary Health Care Program	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$20,000,000	\$20,000,000
4. Enhance Substance Abuse Services	\$17,245,836	\$17,245,836	\$27,638,553	\$27,638,553	\$44,884,389	\$44,884,389
5. Community Mental Health Initiatives	\$30,365,432	\$36,259,099	\$46,897,728	\$54,578,524	\$77,263,160	\$90,837,623
6. State Hospital System Improvement	\$18,641,415	\$18,641,415	\$37,090,125	\$37,090,125	\$55,731,540	\$55,731,540
7. Fund Waiting Lists (CSHCN)	\$8,623,403	\$8,623,403	\$9,245,290	\$9,245,290	\$17,868,693	\$17,868,693
8. STD Prevention and Treatment	\$3,062,498	\$3,062,498	\$3,062,498	\$3,062,498	\$6,124,996	\$6,124,996
9. Improve Prevention of Chronic Diseases	\$8,684,685	\$8,684,685	\$17,369,370	\$17,369,370	\$26,054,055	\$26,054,055
10. Improve Mobile Technology	\$3,000,000	\$3,000,000	\$3,200,000	\$3,200,000	\$6,200,000	\$6,200,000
11. Emergency Planning	\$2,500,000	\$2,500,000	\$2,500,000	\$2,500,000	\$5,000,000	\$5,000,000
Total	\$1,746,214,080	\$3,342,543,549	\$1,794,202,157	\$3,303,721,319	\$3,540,416,237	\$6,646,264,868

*Excludes OVSOM

Questions
