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**Presentation to  
the Senate Finance Committee  
on Senate Bill 2**

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February 18, 2015  
Kirk Cole, Interim Commissioner  
Bill Wheeler, Chief Financial Officer



# DSHS Mission Statement and Key Functions

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## **DSHS Mission**

“To improve health and well-being in Texas.”

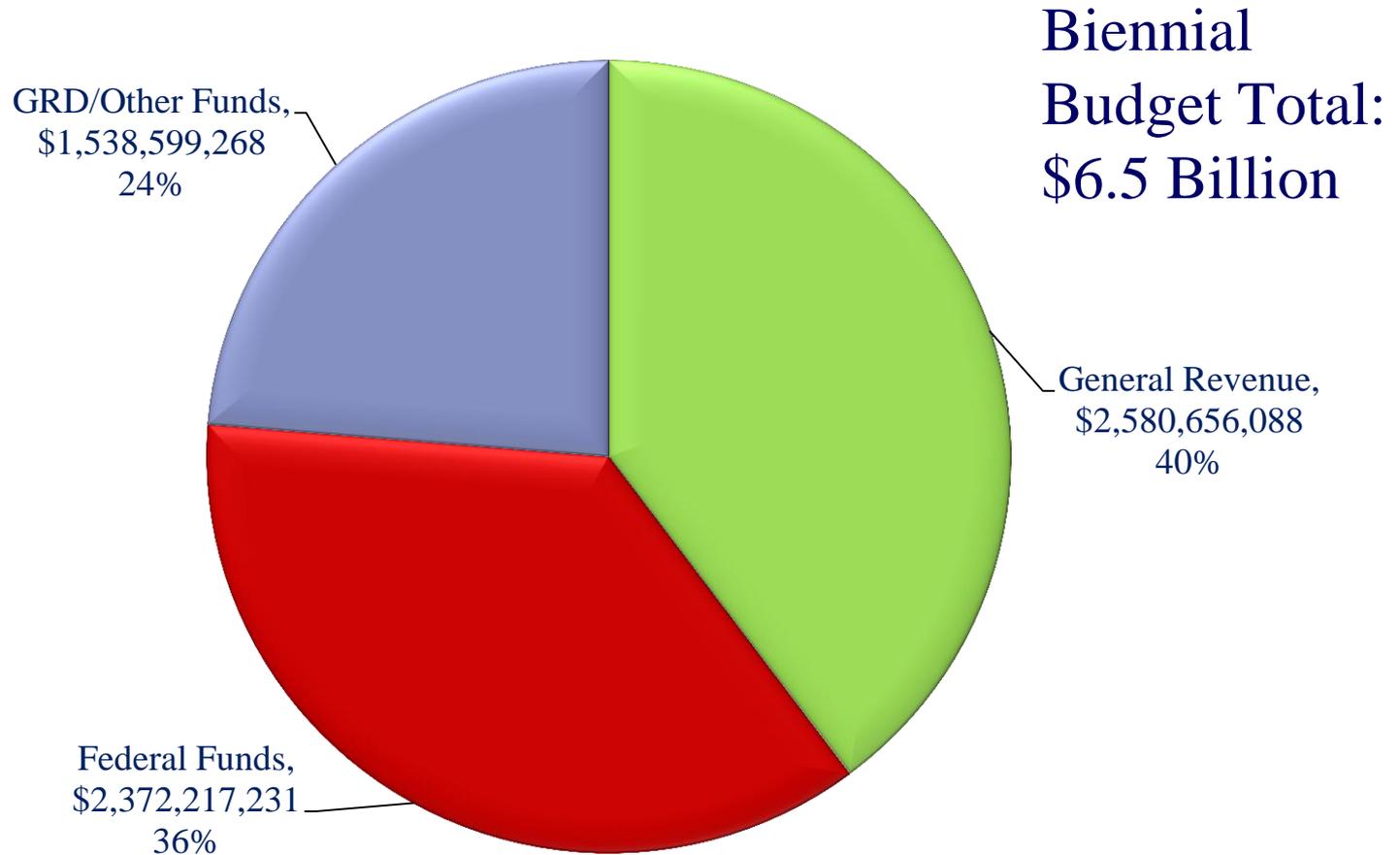
## **Scope of Services**

- Alzheimer’s and Ambulances to Zoonosis and Zebra Meat
- Nearly 7,900 client services and administrative contracts
- Approximately 160 sites statewide

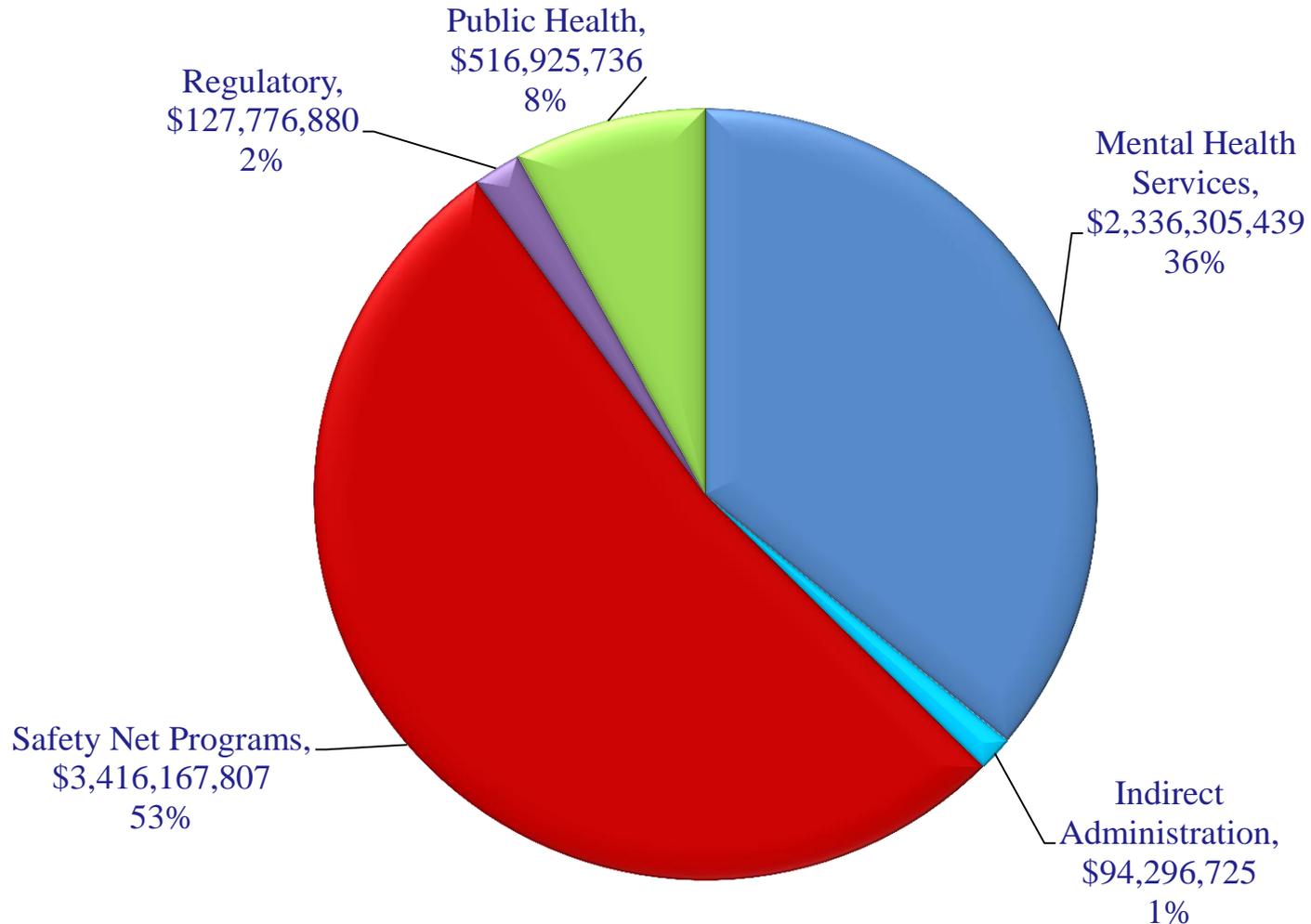
## **Functions**

- Disease Control and Prevention Services
- Family and Community Health Services
- Health Information and Vital Statistics
- Mental Health and Substance Abuse Services
- Regional and Local Health Services
- Regulatory Services

# FY 2014 - 2015 Budget: By Source

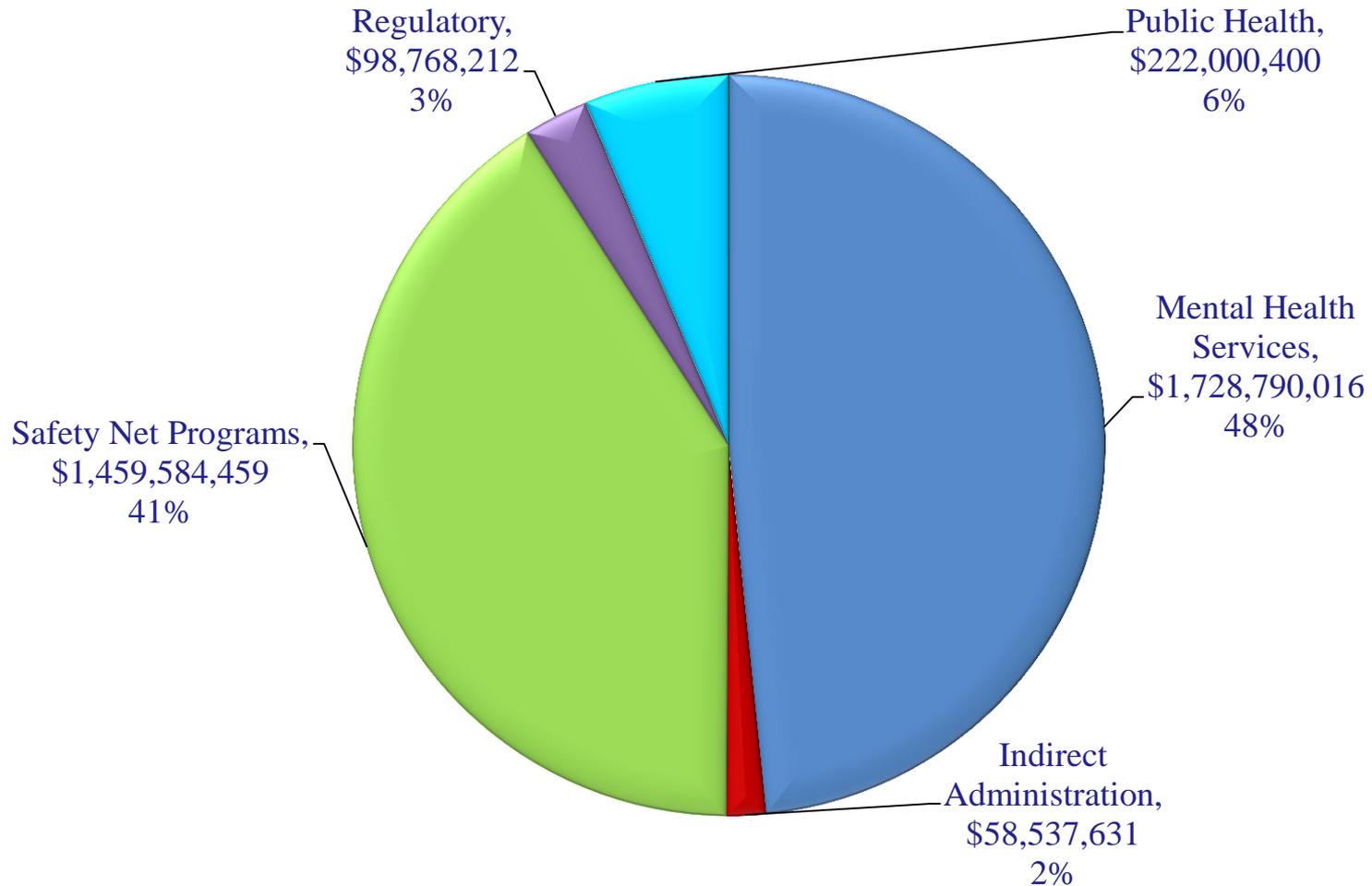


# FY 2014 - 2015 Budget: All Funds



(Excludes OVSOM)

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



(Excludes OVSOM)

# FY 2014 - 2015 Accomplishments

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## **Health Indicators**

- Improved infant and adolescent immunizations
- Decreased poor mental health days
- Continued decline in infant mortality, prematurity, and early elective deliveries
- Lower rates of Healthcare-Associated Infections
- Ongoing reduction in adult smoking rates

## **Major Initiatives from the Legislature**

- Expanded Primary Health Care
- Increased substance abuse capacity
- Expansion of mental health services with additional appropriations
- Completion of the Moreton building recladding project

# FY 2014 - 2015 Accomplishments

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## **Infectious Disease Preparedness and Response**

- Successful state and local response to Ebola cases in Dallas
- Support of Tuberculosis investigation in El Paso

## **Program Improvements and Modernizations**

- Additional screenings for newborns in Texas
- Improved transit times for newborn screening specimens to the DSHS Laboratory
- Consolidation of data center functions and modernization of registry systems

## **Community Projects and Outreach**

- Positive health outcomes through the Potentially Preventable Hospitalizations project
- Increased availability of health data for Texans
- Promotion of behavioral health awareness through the *Speak Your Mind* campaign



# Comparison of Current Biennium to Senate Bill 2

Description	FY 2014 - 2015 Expended/ Budgeted	FY 2016 - 2017 Introduced SB 2
Goal 1: Preparedness and Prevention	\$1,205,200,756	\$1,147,259,407
Goal 2: Community Health Services	\$3,976,350,749	\$3,677,219,189
Goal 3: Hospitals	\$1,044,270,693	\$1,030,403,837
Goal 4: Regulatory	\$127,776,880	\$123,987,774
Goal 5: Indirect Administration	\$94,296,725	\$97,385,690
Goal 6: Capital	\$43,576,784	\$10,660,942
<b>Total Agency Request</b>	<b>\$6,491,472,587</b>	<b>\$6,086,916,839</b>
General Revenue	\$2,580,656,088	\$2,587,584,747
General Revenue - Dedicated	\$987,024,630	\$671,296,472
Federal Funds	\$2,372,217,231	\$2,318,041,794
Other Funds	\$551,574,638	\$509,993,826
<b>Total Method of Finance</b>	<b>\$6,491,472,587</b>	<b>\$6,086,916,839</b>
Full Time Equivalents (FTEs)	12,266	12,266

(Excludes OVSOM)

## Summary of Senate Bill 2

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- 1915(i) Home and Community Based Services: Maintained through \$12.0 million
- Preparedness: Activities maintained with \$4.8 million
- Emergency Medical Services (EMS)/Trauma: Activities maintained with \$4.7 million
- Crisis Services: Funded at \$18.8 million
- State Hospital Vehicles: Increased by \$0.6 million over FY 2014- 2015 levels
- Data Center Services: Increased by \$4.3 million
- Projected Mental Health Wait Lists: Funding of \$14.5 million added

# 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
1. Maintain FY 2015 Service Levels	\$22,209,455	\$22,209,455	\$24,471,977	\$24,471,977	\$46,681,432	\$46,681,432
2. Maintain and Improve the State Hospital System	\$52,329,679	\$140,924,919	\$56,478,389	\$56,478,389	\$108,808,068	\$197,403,308
3. Ensure Preparedness for Infectious Disease and Disaster Responses	\$15,199,920	\$15,199,920	\$15,199,920	\$15,199,920	\$30,399,840	\$30,399,840
4. Enhance Expanded Primary Health Care Program	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$20,000,000	\$20,000,000
5. Enhance Substance Abuse Services	\$17,245,836	\$17,245,836	\$27,638,553	\$27,638,553	\$44,884,389	\$44,884,389
6. Continue Increased Focus on Community Mental Health Options	\$23,876,127	\$29,769,794	\$27,934,326	\$35,615,122	\$51,810,453	\$65,384,916
7. Fund Waiting Lists (CSHCN)	\$5,370,220	\$5,370,220	\$5,648,707	\$5,648,707	\$11,018,927	\$11,018,927
8. Prevent and Treat STDs	\$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
<b>Total Exceptional Item Request:</b>	<b>\$160,978,420</b>	<b>\$255,467,327</b>	<b>\$191,003,640</b>	<b>\$198,684,436</b>	<b>\$351,982,060</b>	<b>\$454,151,763</b>

(Excludes OVSOM)

# Other Items Impacting DSHS

HHSC Exceptional Item	FY 2016 GR Request	FY 2017 GR Request	FY 2016 All Funds	FY 2017 All Funds	Biennial GR/GR-D	Biennial All Funds
1. HHS Enterprise Information Technology	\$5,441,448	\$4,974,396	\$5,441,448	\$4,974,396	\$10,415,844	\$10,415,844
2. State Hospital Safety & Operations	\$1,863,518	-	\$1,863,518	-	\$1,863,518	\$1,863,518
3. Staff Recruitment and Retention	\$8,463,766	\$8,270,310	\$8,463,766	\$8,270,310	\$16,734,076	\$16,734,076

General Revenue-Dedicated Item Outside the Biennial Revenue Estimate	FY 2016 GR-D	FY 2017 GR-D	Biennial GR-D
Replacement of the Vital Records System (TxEVER)	\$14,124,618	-	\$14,124,618

# EI 1: Maintain FY 2015 Service Levels

**1.a) Tobacco Prevention and Cessation:** \$10.7 million GR to continue locally-driven tobacco cessation and prevention services, public awareness, youth access enforcement, and program evaluation to measure outcomes

**1.b) Hospital Cost Increases:** \$24.4 million GR to fund inflation-related direct cost increases for operating the current state hospital system

**1.c) Patient Care-Related Transport:** \$3.5 million GR to replace vehicles, including vehicles for patient transport in state hospitals, that have met or exceeded established replacement criteria

**1.d) NorthSTAR Caseloads:** \$8.1 million GR to address the needs of the increasing NorthSTAR client population for mental health and substance abuse services

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$22.2 M	\$24.5 M	\$46.7 M
All Funds	\$22.2 M	\$24.5 M	\$46.7 M

<b>Program Impact</b>	<b>FY 2016</b>	<b>FY 2017</b>
Quitline Callers	2,459	2,459

<b>Outcomes</b>
<ul style="list-style-type: none"> <li>Ensure continued decline in Texas' tobacco use rates, with a focus on preventing initiation of tobacco use among young people</li> <li>Maintain state hospital operations at current levels and NorthSTAR services for eligible populations</li> <li>Promote safe, reliable transport of state hospital patients, and reduce fuel costs and need for state vehicle repairs and rental</li> </ul>

## EI 2: Maintain and Improve the State Hospital System

**2.a) Modernization of the Public Mental Health System:** \$94.3 million GR to begin implementation of the State Hospital Long-Term Plan by purchasing additional capacity in the private and public sector and by funding preparation costs for replacement and renovation of state hospital buildings

**2.b) Life and Safety Issues at State Hospitals:** \$88.6 million in General Obligation Bonds to perform critical facility maintenance and demolition of condemned or unsafe buildings

**2.c) Patient Transition Support into Communities:** \$2.5 million GR to create supported decision-making and guardianship programs to reduce the number of patients who cannot be discharged from state hospitals because they lack the capacity for independent decision-making

**2.d) Hospital Electronic Medical Records and IT Improvements:** \$12.0 million GR to support improvements for the state hospital electronic medical record system, and other IT infrastructure needs that will improve patient care delivery and quality

	FY 2016 Request	FY 2017 Request	Biennium
GR-Related	\$52.3 M	\$56.5 M	\$108.8 M
All Funds	\$140.9 M	\$56.5 M	\$197.4 M

Program Impact	FY 2016	FY 2017
Inpatient Beds	100	150

Outcomes
<ul style="list-style-type: none"> <li>Improve the state's capacity to care for patients closer to their homes and families</li> <li>Begin the long-term process of modernizing the public mental health system</li> <li>Ensure patient and staff safety in state hospitals</li> <li>Provide individuals with appropriate care in the least restrictive setting possible</li> <li>Avoid IT system failures that disrupt patient care</li> </ul>

# EI 3: Ensure Preparedness for Infectious Disease and Disaster Response

**3.a) Ebola and Other Infectious Disease:** \$25.4 million GR to ensure Texas’ capacity to prepare for and respond to high-consequence infectious disease through increased epidemiological and response capacity, through preparedness infrastructure, and through training for first responders, emergency planners, and healthcare providers

**3.b) Local Preparedness for Hazardous Chemical Events:** \$5.0 million GR-Dedicated to provide one-time grants to Local Emergency Planning Committees to support emergency planning for counties with facilities in their jurisdictions that store hazardous or extremely hazardous substances in amounts reportable to the Tier II Chemical Reporting Program

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$15.2 M	\$15.2 M	\$30.4 M
All Funds	\$15.2 M	\$15.2 M	\$30.4 M

<b>Program Impact</b>	<b>FY 2016</b>	<b>FY 2017</b>
Counties Receiving LEPC Grants	22	22

<b>Outcomes</b>
<ul style="list-style-type: none"> <li>Increased training for handling and care of patients with high consequence infectious disease</li> <li>Better capacity to monitor disease trends and preparedness to respond to outbreaks throughout the state</li> <li>Improved local planning for hazardous chemical emergencies within rural communities</li> </ul>

# EI 4: Enhance Expanded Primary Health Care Program

4. \$20.0 million to increase the existing Expanded Primary Health Care (EPHC) program by an additional 34,286 clients for each year in the FY 2016 - 2017 biennium, bringing the total number served by the EPHC program to approximately 204,286 clients annually

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$10.0 M	\$10.0 M	\$20.0 M
All Funds	\$10.0 M	\$10.0 M	\$20.0 M

<b>Program Impact</b>	<b>FY 2016</b>	<b>FY 2017</b>
Additional EPHC Clients	34,286	34,286

<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• A return on investment of \$7.4 million in General Revenue savings to Medicaid in FY 2017</li> <li>• Nearly 1,500 averted Medicaid births</li> <li>• Avoidance of an estimated 35 preterm births</li> <li>• Detection of nearly 400 potential breast cancer cases and over 50 potential cervical cancer cases</li> </ul>

# EI 5: Enhance Substance Abuse Services

**5.a) Substance Abuse Prevention:** \$27.9 million GR to increase substance abuse prevention services for youth and families; expand the *Speak Your Mind* public awareness campaign to target Texas’ prevention priorities of underage drinking, marijuana, and prescription drug abuse

**5.b) Neonatal Abstinence Syndrome:** \$17.0 million GR to reduce incidence, severity, and cost associated with Neonatal Abstinence Syndrome through expansion of substance abuse disorder intervention and treatment, and through implementation of a pilot project for pregnant and post-partum women needing services

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$17.3 M	\$27.6 M	\$44.9 M
All Funds	\$17.3 M	\$27.6 M	\$44.9 M

<b>Program Impact</b>	<b>FY 2016</b>	<b>FY 2017</b>
Substance Abuse Prevention Clients	327,746	655,492
NAS Clients	9,670	12,455

## Outcomes

- Increase Texans’ awareness about the availability of statewide substance abuse treatment services
- Decrease the number of youths who initiate underage drinking and drug use
- Improve health outcomes for children born to women with substance abuse disorders

# EI 6: Continue Increased Focus on Community Mental Health Services

**6.a) Crisis Services:** \$12.9 million GR requested to expand or enhance crisis services based on community needs; this amount represents the difference between the \$18.8 million proposed by SB 1 and the \$31.7 million GR proposed by HB 1

**6.b) Mental Health Services in Nursing Homes and Alternatives to Long Term Care:** \$39.1 million AF to address the service needs of individuals in nursing facilities or those at risk of placement in nursing facilities by enhancing services, the referral system, and relocation support

**6.c) Relinquishment Prevention:** \$4.8 million GR to increase funded beds in private residential treatment centers (RTC) for children/youth with severe emotional disturbances who are at risk of parental relinquishment of custody to DFPS due solely to lack of mental health resources

**6.d) Expansion and Development of Recovery-Focused Clubhouses:** \$2.5 million GR to enhance the scope and capabilities of existing community-based support centers for individuals with mental illness using the Clubhouse Model of Rehabilitation, and provide start-up funding for additional Clubhouses

**6.e) IT Improvements for Community Behavioral Health Services:** \$6.1 million AF to upgrade the functionality of the Clinical Management for Behavioral Health Services (CMBHS) information system

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$23.9 M	\$27.9 M	\$51.8 M
All Funds	\$29.8 M	\$35.6 M	\$65.4 M

<b>Program Impact</b>	<b>FY 2016</b>	<b>FY 2017</b>
RTC Clients	40	40
Clubhouse Members	672	1,176

<b>Outcomes</b>
<ul style="list-style-type: none"> <li>Put in place a continuum of services to provide quality care for individuals in the least restrictive setting possible</li> <li>Provide support for families and individuals working to manage mental health needs while remaining at home and in the community</li> <li>Reduce psychiatric hospitalizations by increasing services in the community</li> </ul>

## EI 7: Fund Waiting Lists (CSHCN)

7. \$11.0 million GR to provide health care benefits to high-need children and youth by moving them off the Children with Special Health Care Needs waiting list and into full program services

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$5.4 M	\$5.6 M	\$11.0 M
All Funds	\$5.4 M	\$5.6 M	\$11.0 M

<b>Program Impact</b>	<b>FY 2016</b>	<b>FY 2017</b>
CSHCN Clients Moved off the Waiting List	430	105

<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Support families in successfully caring for their children at home</li> <li>• Prevent further disability for certain clients</li> <li>• Facilitate better quality of life and health outcomes for a vulnerable population</li> </ul>

# EI 8: STD Prevention and Treatment

8. \$6.1 million GR to enhance testing, treatment, education, and contact tracing for persons diagnosed with sexually transmitted diseases (STDs) in high-prevalence counties

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$3.05 M	\$3.05 M	\$6.1 M
All Funds	\$3.05 M	\$3.05 M	\$6.1 M

<b>Program Impact</b>	<b>FY 2016</b>	<b>FY 2017</b>
Individuals receiving STD services	2,800	2,800

<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Treat STDs earlier and reduce adverse health outcomes and related costs</li> <li>• Reduce the spread of gonorrhea and co-occurring infections</li> <li>• Prevent introduction of drug-resistant gonorrhea in Texas</li> </ul>

# EI 9: Improve Prevention of Chronic Diseases

**9.a) Pediatric Asthma Management:** \$3.8 million GR to reduce pediatric asthma-related hospitalizations through locally-contracted asthma management services for children with asthma

**9.b) Potentially Preventable Hospitalizations:** \$3.4 million GR to broaden the current project to include additional high-prevalence counties, with a focus on four adult conditions with the greatest expected outcomes: Congestive Heart Failure; Chronic Obstructive Pulmonary Disease or asthma in older adults; short and long-term diabetes complications; and Urinary Tract Infections

**9.c) Diabetes Prevention and Control:** \$7.6 million GR to reduce incidence and complications of pre-diabetes and diabetes through evidence-based programming in high-prevalence areas

**9.d) Expanded Tobacco Prevention Services:** \$11.3 million GR to expand existing tobacco prevention, control, and cessation activities throughout the state, with an emphasis on youth prevention, smokeless tobacco, and youth access enforcement

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$8.7 M	\$17.4 M	\$26.1 M
All Funds	\$8.7 M	\$17.4	\$26.1 M

<b>Program Impact</b>	<b>FY 2016</b>	<b>FY 2017</b>
Pediatric Asthma Clients	1,100	2,200
Pre-diabetic/ Diabetic Clients	1,200	2,500

<b>Outcomes</b>
<ul style="list-style-type: none"> <li>Reduce burden on emergency rooms and uncompensated hospital care costs by preventing chronic disease-caused health episodes</li> <li>Improve health outcomes, quality of life, and productivity by implementing community-based initiatives that target those individuals most at risk for chronic diseases and their complications</li> </ul>

# EI 10: Improve Mobile Technology

**10.** \$6.2 million GR to expand the existing technology seat management baseline to allow for replacement of DSHS’ aging core information technology infrastructure, and support the acquisition of mobile and other technology to maintain daily business operations across the agency.

	<b>FY 2016 Request</b>	<b>FY 2017 Request</b>	<b>Biennium</b>
GR-Related	\$3.0 M	\$3.2 M	\$6.2 M
All Funds	\$3.0 M	\$3.2 M	\$6.2 M

<b>Outcomes</b>
<ul style="list-style-type: none"> <li>• Allow for timely and secure communications by regulatory, disaster response, and epidemiological staff performing work functions that require on-site visits</li> <li>• Reduce ongoing maintenance costs through standardization of IT infrastructure</li> </ul>

# Appendix: Exceptional Item Details

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# EI 1: Maintain Services at FY 2015 Levels

EI Request: \$46.7 million in General Revenue over the FY 2016 - 2017 biennium

## **Purpose**

- Continue locally-driven tobacco cessation and prevention services, public awareness, youth access enforcement, and program evaluation to measure outcomes
- Fund inflation-related direct cost increases for operating the current state hospital system
- Replace vehicles, including vehicles for patient transport in state hospitals, that have met or exceeded established replacement criteria
- Maintain mental health and substance abuse managed care for the growing NorthSTAR population

## **Outcomes**

- Continuity of services in the public mental health system
- Continued decline in Texas' tobacco use rates, with a focus on preventing initiation of tobacco use among young people
- Safe, reliable transport of state hospital patients, and reduce fuel costs and need for vehicle repairs and rental
- Ensure continued services for NorthSTAR clients

# EI 2.a: Modernization of the Public Mental Health System

EI Request: \$94.3 million in General Revenue over the FY 2016 - 2017 biennium

## **Purpose**

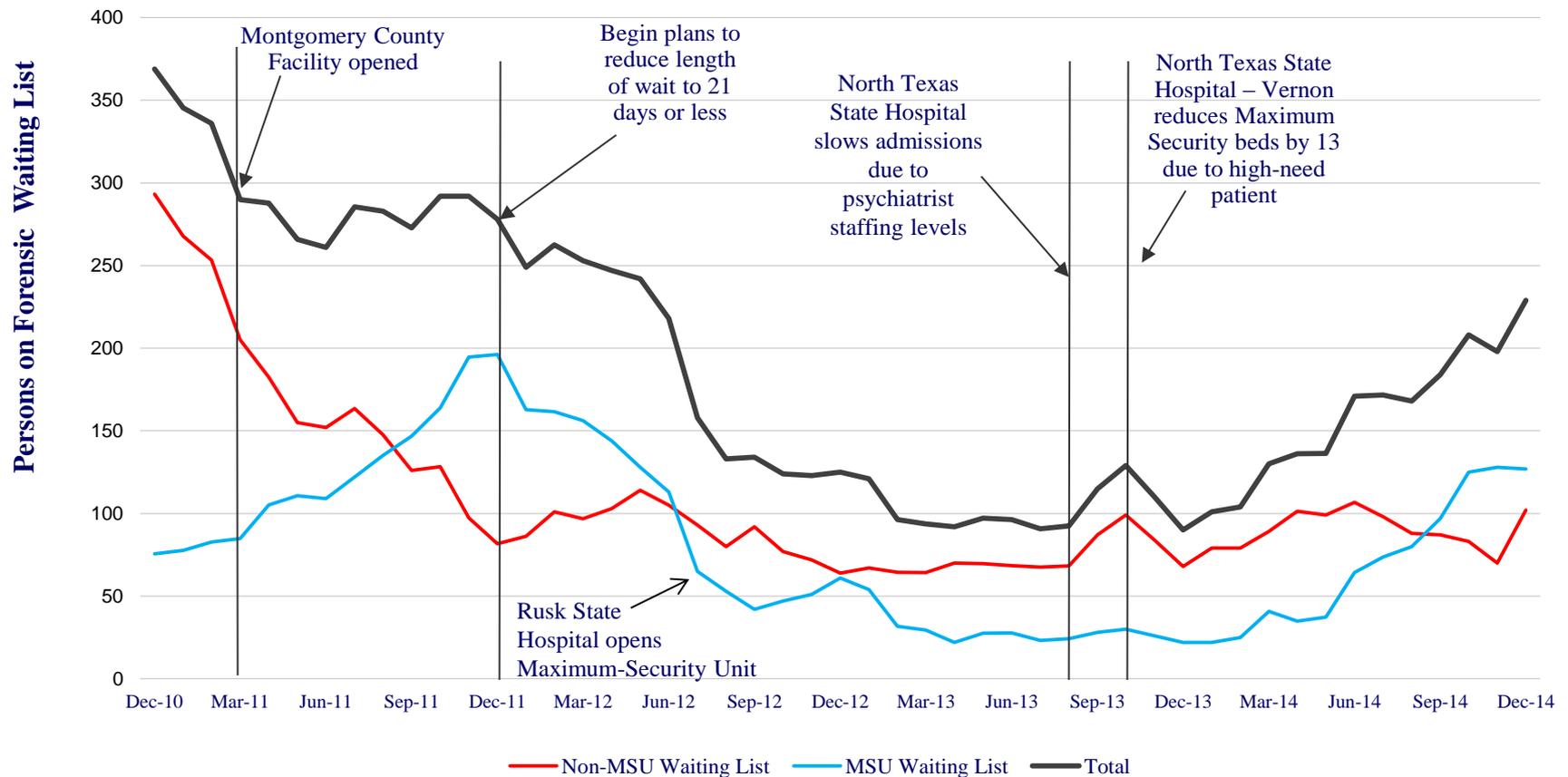
- Purchase psychiatric hospital beds throughout the state in locations where services are needed
- Provide services using an additional 250 beds over the biennium: 100 beds in FY 2016 and 150 additional beds in FY 2017
- Address renovation and replacement needs at North Texas State Hospital-Wichita Falls, Terrell State Hospital, and Rio Grande State Center, as recommended in the State Hospital Long-Term Plan required by DSHS Rider 83 of the FY 2014 - 2015 General Appropriations Act

## **Outcomes**

- Reduced time of stay for forensic patients waiting in jails for transfer to psychiatric facilities
- Increased capacity without increased facility maintenance costs
- Flexibility to purchase beds in high need areas to met the state's changing needs
- Initiation of the first phase of the State Hospital Long-Term Plan
- Better ability to provide care to patients closer to their homes and families
- Modernization of the state hospital system

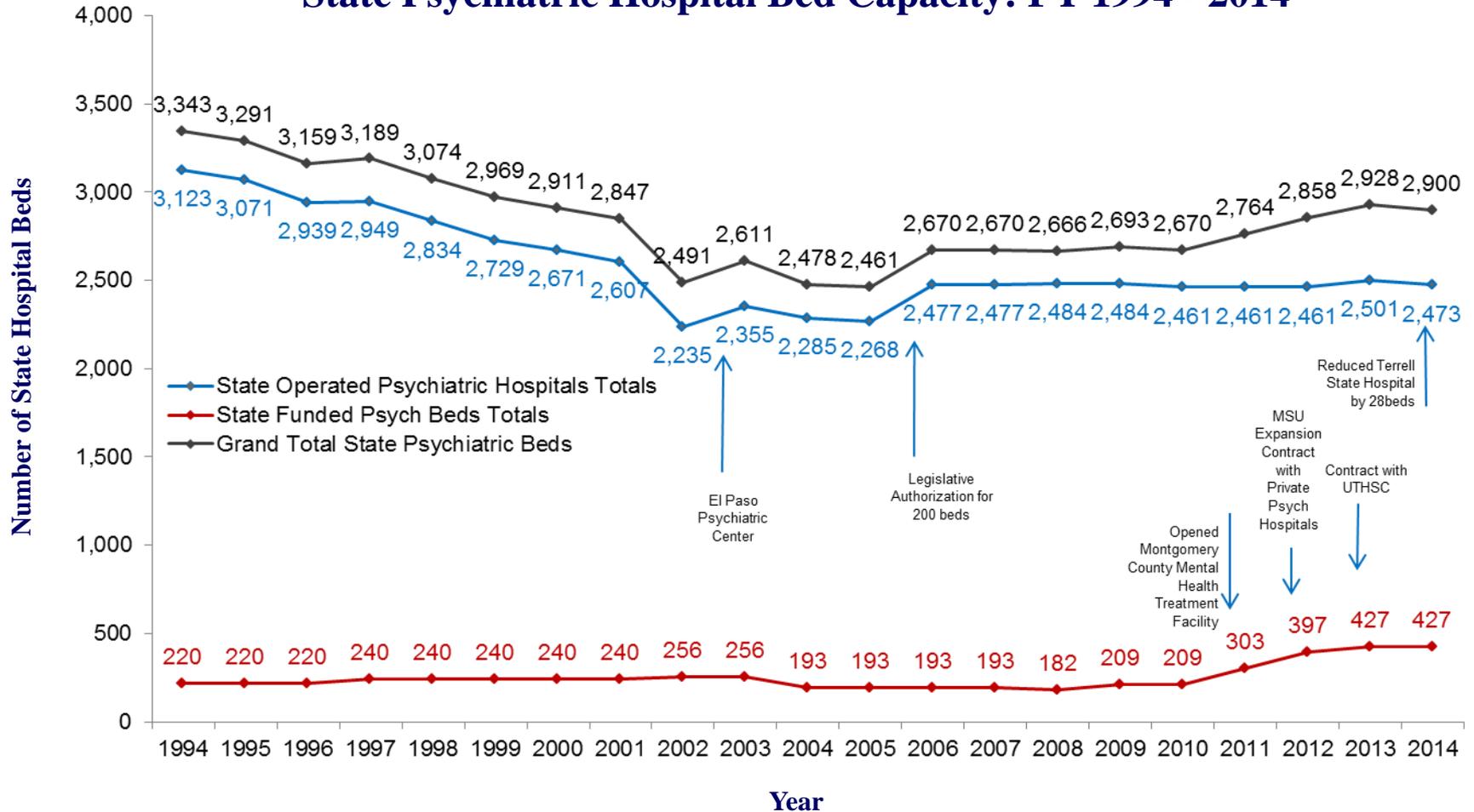
# EI 2.a: Modernization of the Public Mental Health System

## Forensic Waiting Lists for State Mental Hospitals: December 2010 – December 2014



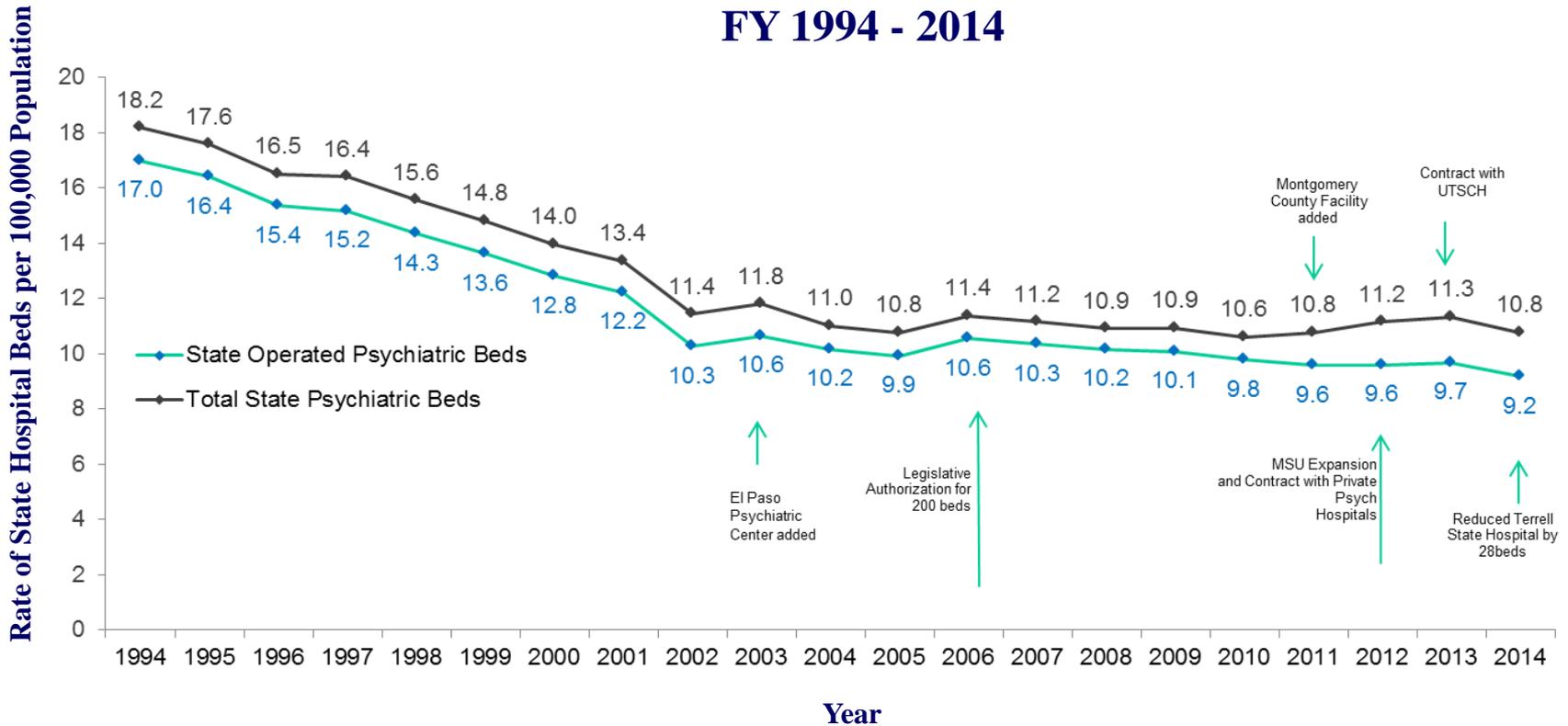
# EI 2.a: Modernization of the Public Mental Health System

## State Psychiatric Hospital Bed Capacity: FY 1994 - 2014



# EI 2.a: Modernization of the Public Mental Health System

## State Psychiatric Hospital Bed Capacity: FY 1994 - 2014



Source: DSHS Mental Health and Substance Abuse Division

## EI 2.b: Life and Safety Issues at State Hospitals

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EI Request: \$88.6 million in General Obligation bonds over the FY 2016 - 2017 biennium

### **Purpose**

- Ensure safe living conditions at state hospital facilities, and demolish condemned or unsafe buildings
- Meet a portion of the nearly \$198 million in needed repairs to the state hospital system
- Supported through General Obligation bonds

### **Outcomes**

- Mitigate of unexpected, costly emergency repairs
- Address ongoing deferred maintenance needs
- Ensure ongoing operations of state hospitals pending final implementation of the Ten-Year Plan

## EI 2.b: Life and Safety Issues at State Hospitals



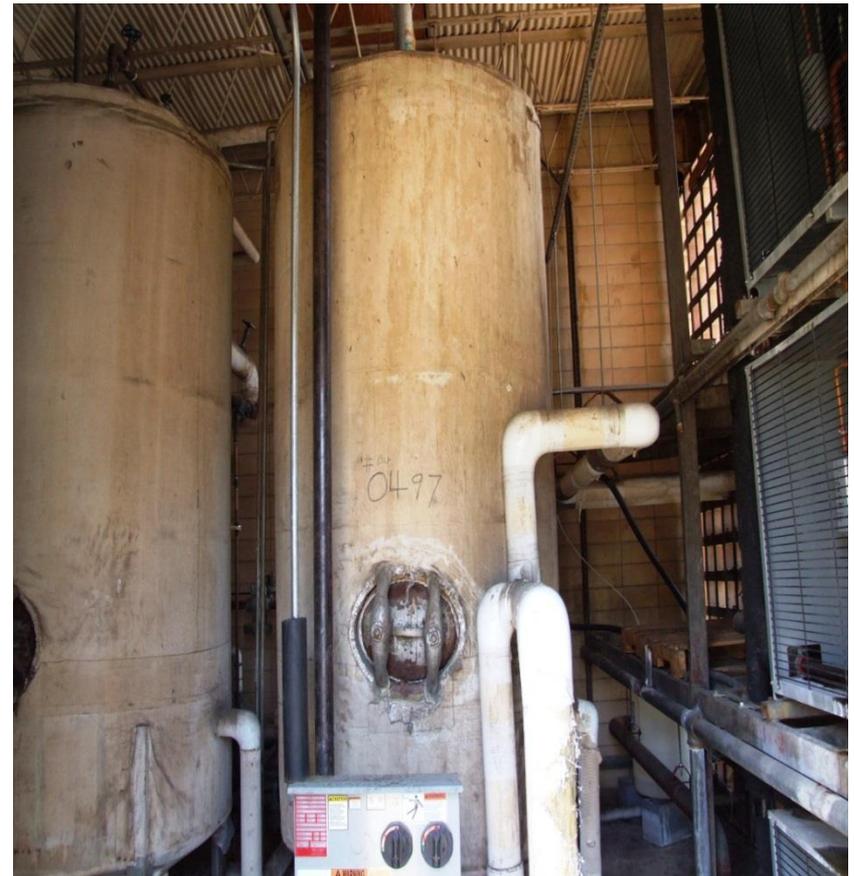
**Note:** The above buildings are not in current use.

## EI 2.b: Life and Safety Issues at State Hospitals

Kerrville State Hospital – Air Chiller



Austin State Hospital – Twenty-Year-Old Kitchen  
Hot Water Holding Tanks



## EI 2.b: Life and Safety Issues at State Hospitals

### Summary of EI Request For Facilities by Type of Repair

Type of Need	Amount Requested
Life Safety Code Compliance	\$18,297,097
Roofing	\$5,701,123
HVAC for State Hospitals	\$7,198,357
Utilities	\$2,976,424
Plumbing	\$4,852,853
Electrical	\$7,770,706
Renovation	\$21,848,685
Americans with Disabilities Act/Texas Accessibility Standards Compliance	\$6,890,066
Non-Structure Site Repair	\$4,493,891
HVAC for Harris County Psychiatric Center	\$3,672,240
Demolition	\$4,894,000
<b>Total</b>	<b>\$88,595,240</b>

# EI 2.b: Life and Safety Issues at State Hospitals

## Summary of EI Request for Facilities by State Hospital

Facility	Need	Amount Requested
Austin State Hospital	\$19,531,371	\$3,184,860
Big Spring State Hospital	\$17,552,891	\$6,373,619
El Paso Psychiatric Center	\$743,065	\$743,065
Kerrville State Hospital	\$13,028,687	\$6,704,200
North Texas State Hospital - Vernon	\$8,250,834	\$2,512,855
North Texas State Hospital - Wichita Falls	\$40,284,216	\$19,096,968
Rio Grande State Center	\$7,705,309	\$629,243
Rusk State Hospital	\$22,239,811	\$10,754,857
San Antonio State Hospital	\$19,964,563	\$13,889,003
Terrell State Hospital	\$33,638,556	\$10,764,643
Texas Center for Infectious Disease	\$3,534,420	\$3,534,420
Waco Center for Youth	\$2,931,240	\$1,841,469
DSHS Repair Subtotal	\$189,404,963	\$80,029,000
HVAC for Harris County Psychiatric Center	\$3,672,240	\$3,672,240
Demolition	\$4,894,240	\$4,894,000
<b>Total</b>	<b>\$197,971,443</b>	<b>\$88,595,240</b>

# EI 2.c: Patient Transition Support into Communities

EI Request: \$2.5 million over the FY 2016 - 2017 biennium

## **Purpose**

- Create supported decision-making and guardianship programs to facilitate the discharge of certain long-term state hospital patients to more appropriate community-based facilities
- Provide assistance for 100 state hospital patients who no longer need inpatient mental health services but cannot be discharged to the community due to lack of support
- Train supported decision-makers to ensure individuals smoothly transition into appropriate community-based services

## **Outcomes**

- Individuals provided appropriate care in the least restrictive setting possible
- Additional patients served in state hospital settings due to quicker turnover of state hospital beds
- Reduced state costs for individuals served by the supported decision-making and guardianship programs

**Return on Investment:** For every one long-term patient moved to a community setting, approximately three individuals can be served in the state hospital system each year

# EI 2.d: Hospital Electronic Medical Records and IT Improvements

EI Request: \$12.0 million over the 2016 - 2017 biennium

## **Purpose**

- Replace components of the state hospital IT core infrastructure
- Fund 100% of the operations and maintenance cost of the secured electronic health record (EHR) system if DADS procures a separate system for State Supported Living Centers
- Upgrade software for quality improvement
- Expand secure wireless network capability to support provider delivery of patient care

## **Outcomes**

- Improved patient care
- Increased staff efficiency
- Reduction of duplicative data entry
- Avoided system failures and potential loss of access to critical IT systems
- Maintenance of Joint Commission accreditation and Centers for Medicare and Medicaid Services certification

# EI 3.a: Ebola and Other Infectious Diseases

EI Request: \$25.4 million in General Revenue funds over the 2016 - 2017 biennium

## **Purpose**

- Bolster infectious disease preparedness infrastructure with personal protective equipment, communications technology, and with enhancements to laboratory safety, security, and technology
- Increase opportunities for infectious disease response training and exercises at a simulation center designed to provide hands-on experiences for emergency management, first responders, and healthcare providers
- Train and equip a volunteer Infectious Disease Response Team and an eight-member DSHS Epidemiological Strike Team to rapidly deploy throughout the state in the case of a significant infectious disease event
- Ensure epidemiological capacity to identify outbreaks, determine mode of transmission, and prevent spread of disease

## **Outcomes**

- Increased training for those responders and providers who will be involved in the handling and care of a patient with high consequence infectious diseases like Ebola
- Better preparedness for the unique circumstances involved in high consequence infectious disease responses
- Greater capability to identify infectious disease trends overseas, monitor potential disease import into the country, and respond to incidence of disease within the state

## EI 3.b: Local Preparedness for Hazardous Chemical Events

EI Request: \$5.0 million in General Revenue-Dedicated funds over the 2016 - 2017 biennium

### **Purpose**

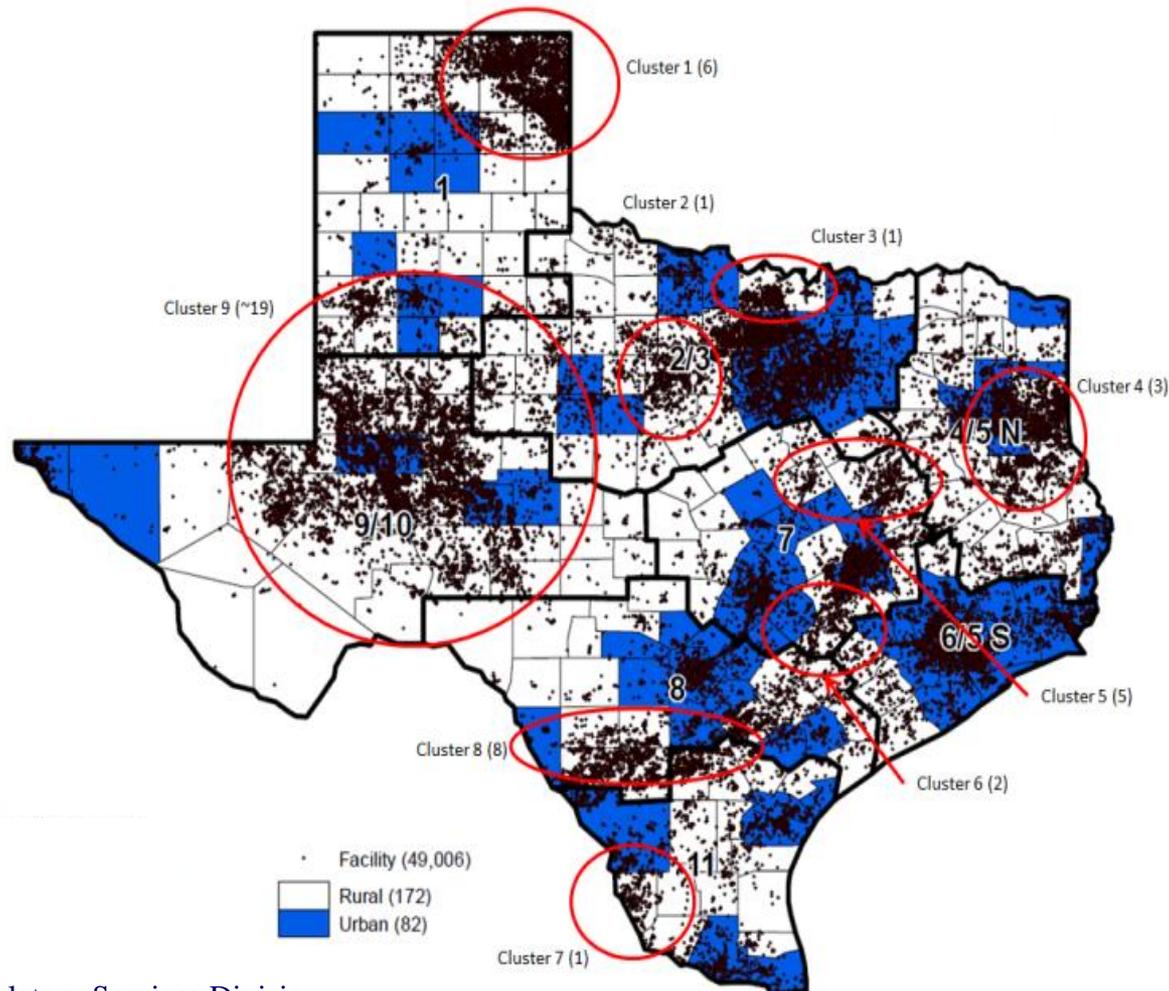
- One-time funding to approximately 45 rural Local Emergency Planning Committees (LEPC) for preparing, planning and executing response to a hazardous chemical disaster
- Fulfillment of statutory authority to provide LEPC grants from Tier II fees
- Appropriations from the General Revenue-Dedicated Account 5020, Workplace Chemicals List

### **Outcome**

- Improved local planning for hazardous chemical emergencies within rural communities

# EI 3.b: Local Preparedness for Hazardous Chemical Events

## Tier II Facilities in Texas: 2013





# EI 4: Enhance Expanded Primary Health Care Program

EI Request: \$20 million in General Revenue Funds over the FY 2016 - 2017 biennium

## **Purpose**

- Access to primary care for 34,286 additional women who are 18 years or older and at or below 200% Federal Poverty Level, and who live in densely populated or underserved areas
- Primary care services consist of: health screenings, including screenings for breast and cervical cancer, STD/HIV, and diabetes; family planning; perinatal services; immunizations; and prenatal medical and dental services
- 60% of clients will receive contraception services

## **Outcomes**

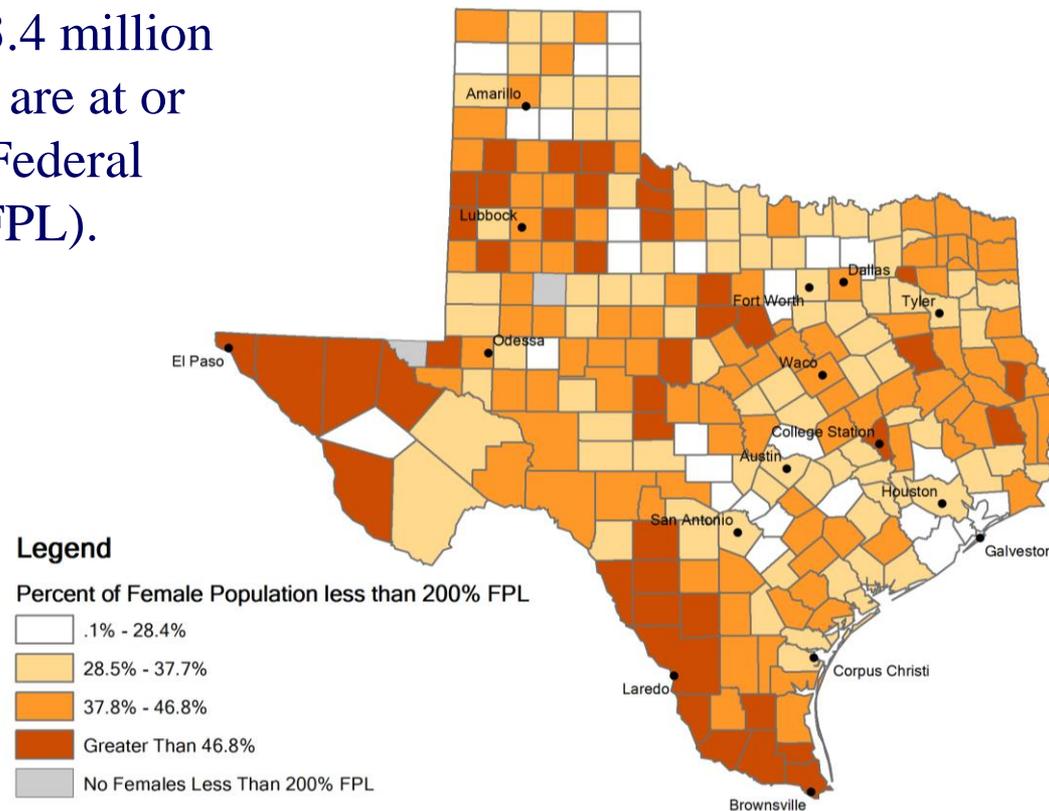
- An estimated 1,481 Medicaid births averted
- Avoidance of an estimated 35 preterm births
- Detection of 389 potential breast cancer and 58 potential cervical cancer cases

**Return on Investment:** An estimated \$7.4 million in General Revenue savings to Medicaid in FY 2017

# EI 4: Enhance Expanded Primary Health Care Program

## Female Population < 200% FPL in Texas: 2012

Approximately 3.4 million women in Texas are at or below 200% of Federal Poverty Level (FPL).

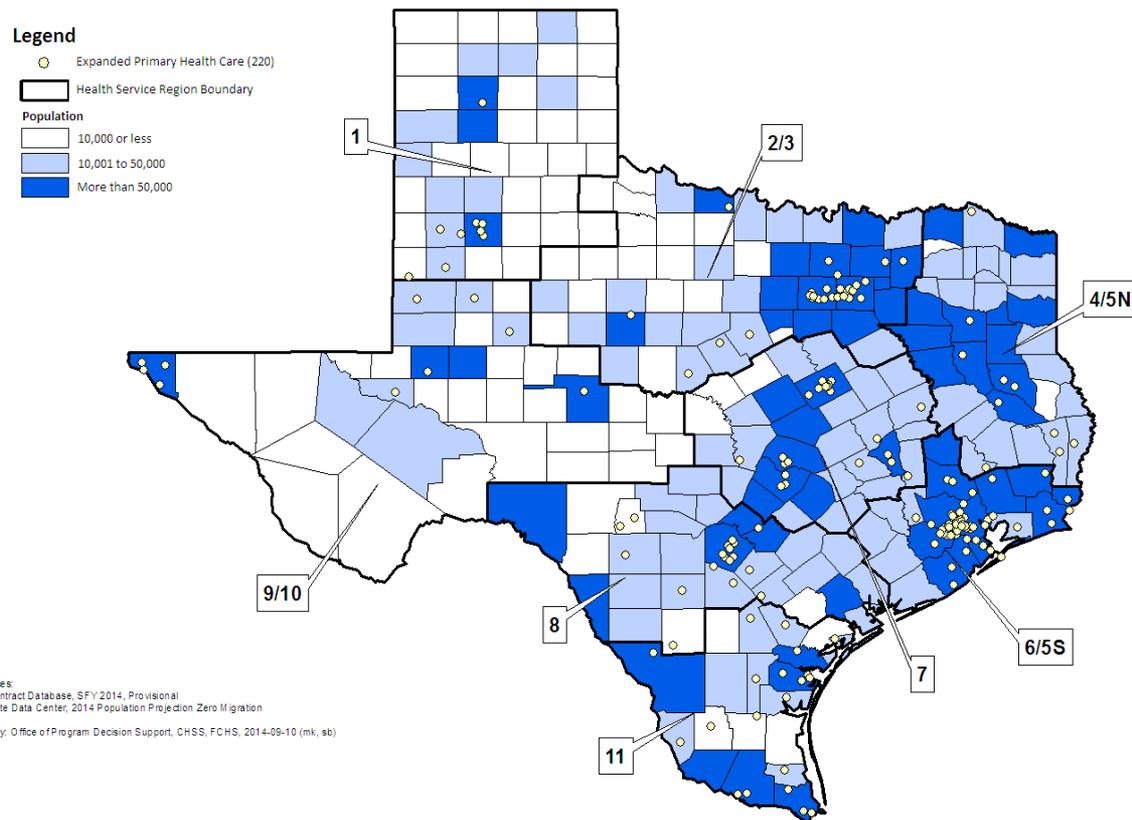


Sources:  
-American Community Survey 2008-2012 Tables B17001 and S1701  
-Texas State Data Center 2014 Population Projections

Prepared by: Office of Program Decision Support, 9/9/2014

# EI 4: Enhance Expanded Primary Health Care Program

## Current Expanded Primary Health Care Clinic Sites



# EI 5.a: Substance Abuse Prevention Expansion

EI Request: \$27.9 million in General Revenue over the FY 2016 - 2017 biennium

## **Purpose**

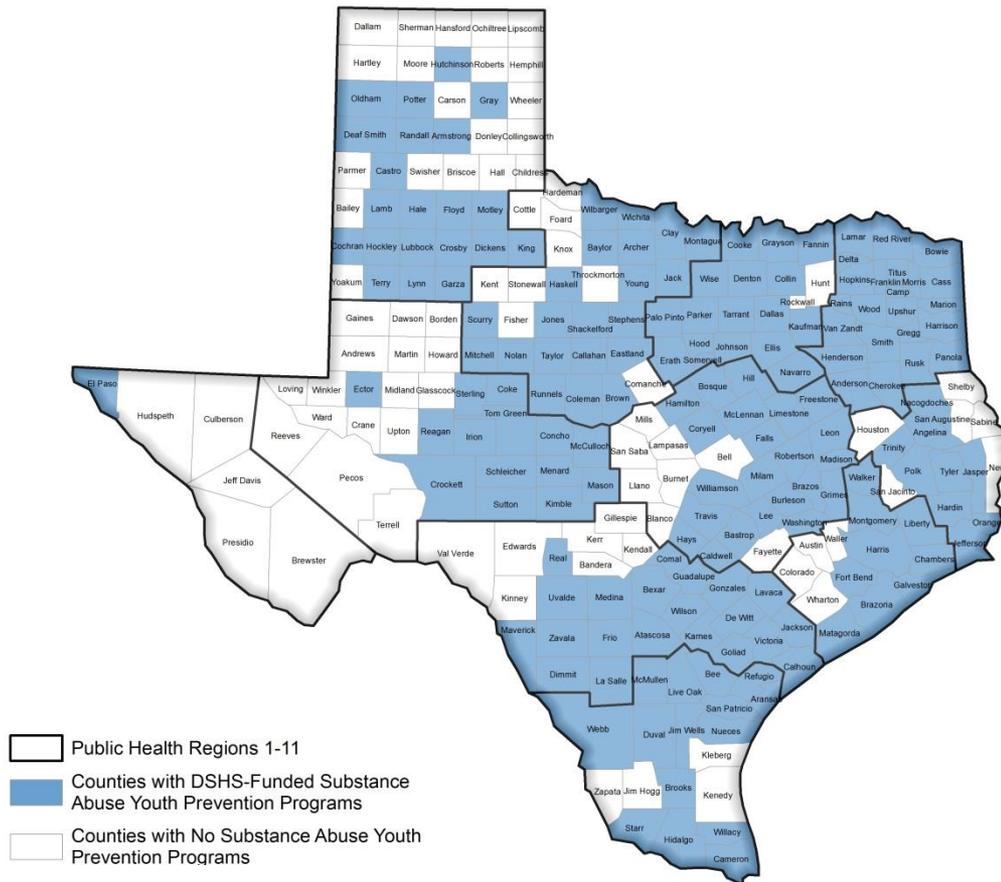
- Serve an additional 980,000 youths and their families through the expansion of substance abuse Youth Prevention (YP) programs into new counties
- Broaden the *Speak Your Mind* public awareness campaign to include the state's three prevention priorities of underage drinking, marijuana, and prescription drugs

## **Outcomes**

- Decreases in juvenile delinquency
- Reduced adverse physical and mental health consequences
- Increases in academic success, family stability, and lifetime self-sufficiency
- Growth in the number of Texans seeking information and resources for behavioral health issues through the 2-1-1 hotline and public awareness campaign websites

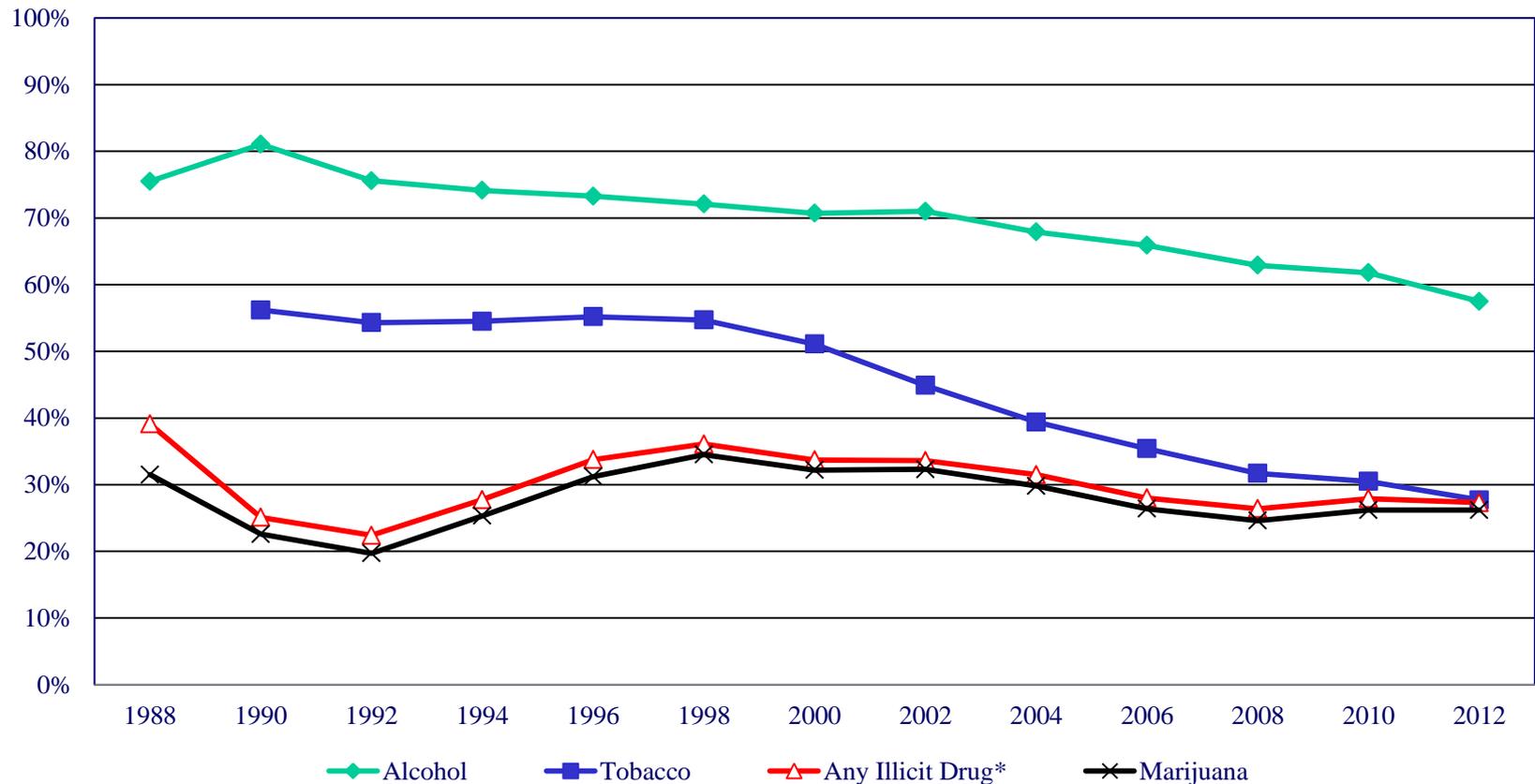
# EI 5.a: Substance Abuse Prevention Expansion

## Counties with Substance Abuse Youth Prevention Service Programs



# EI 5.a: Substance Abuse Prevention Expansion

## Trends in Use of Selected Substances – Grades 7 - 12: 1988 - 2012



Source: *Texas School Survey of Substance Use*, DSHS and Texas A&M Public Policy Research Institute

# EI 5.b: Neonatal Abstinence Syndrome (NAS)

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- Neonatal Abstinence Syndrome (NAS) is neonatal withdrawal after exposure to certain illicit or prescription drugs in the womb, which occurs with the abrupt cessation of the exposure resulting from birth.
- NAS cases in the U.S. grew by 300% between 2000 and 2009
  - In 2000, there were 1.2 cases per 1,000 U.S. births.
  - In 2009, there were 3.3 cases per 1,000 U.S. births.
  - Bexar, Harris, and Dallas counties have the highest incidence of NAS.
  - NAS cases in Bexar County account for over 30% of all NAS cases in Texas.
- In Texas, one out of four pregnant women admitted to DSHS-funded treatment services are dependent on opioids.



# EI 5.b: Neonatal Abstinence Syndrome (NAS)

EI Request: \$17.0 million in General Revenue over the FY 2016 - 2017 biennium

## **Purpose**

- Provide a continuum of care for at-risk women by increasing: Screening, Brief Intervention, and Referral to Treatment (SBIRT) services; Opioid Substitution Therapy (OST); case management services; and Pregnant and Postpartum Intervention (PPI) services
- Target outreach services for over 1,000 pregnant women with substance abuse disorders
- Implement a residential substance use disorder treatment pilot program for over 150 clients
- Expand the “Mommies” program to hospitals with highest incidence of NAS, serving about 560 more families
- Ensure availability of best practices education for a broad array of providers about how to provide appropriate care for at-risk women

## **Outcomes**

- Improved health outcomes for children born to women who receive services
- Reduced use of Neonatal Intensive Care Units (NICUs) for children born to women who receive assistance
- Fewer hospitalizations, arrests, and injuries for women who are referred to and receive services
- Reduced rate of removal by Child Protective Services due to parental substance abuse

Return on Investment: An estimated \$1.4 million in General Revenue savings to Medicaid in FY 2017

## EI 6.a: Mental Health Crisis Sites

EI Request: \$12.9 million in General Revenue for the FY 2016 - 2017 biennium

### **Purpose**

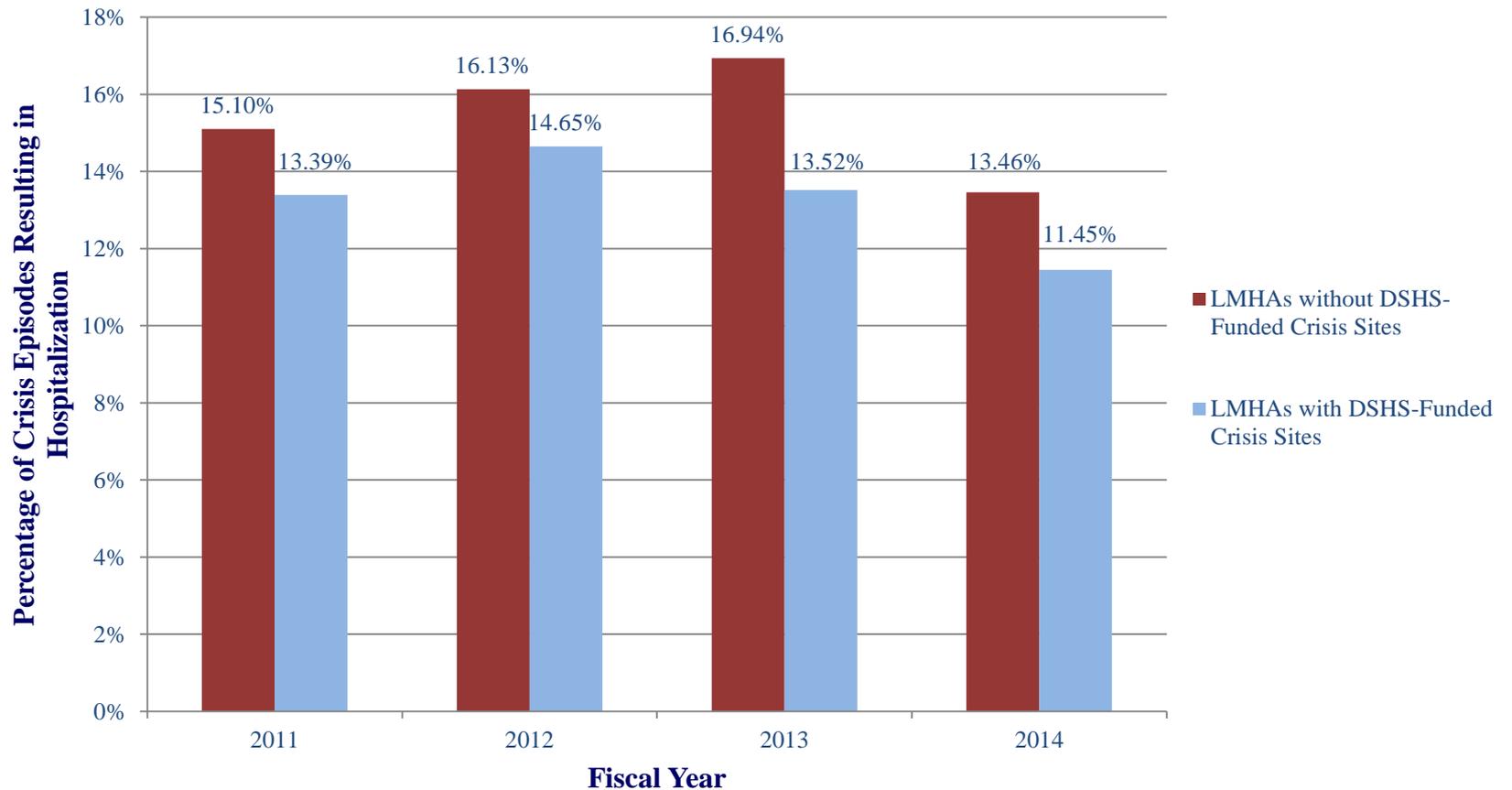
- Build on efforts by the 80<sup>th</sup> and 83<sup>rd</sup> Legislatures to support an array of crisis services
- Ensure crisis capacity at all 37 Texas Local Health Mental Authorities and NorthSTAR
- Develop crisis sites in counties without beds or a facility-based option
- Increase service types at existing crisis service sites to include: expedited access and transport; coordinated medical care; and substance abuse services

### **Outcomes**

- Diversion from hospitals to community-based solutions
- Reduced hospitalizations and associated costs
- Increased likelihood of crisis stabilization

# EI 6.a: Mental Health Crisis Sites

## Crisis Episodes Resulting in Hospitalization



Source: DSHS Mental Health and Substance Abuse Division



# EI 6.b: Mental Health Services in Nursing Homes and Alternatives to Long Term Care

EI Request: \$26.5 million in General Revenue over the FY 2016 - 2017 biennium

## **Purpose**

- Enhance referral for individuals with mental illness to suitable long-term support and other services
- Coordinate with DADS, HHSC, and other partners to standardize screening for potential clients and ensure that there is “no wrong door” into services
- Deliver mental health targeted case management and psychosocial rehabilitation services for nearly 10,000 individuals in nursing homes
- Provide housing and relocation assistance for at risk individuals and nursing home residents ready for movement into the community

## **Outcomes**

- Continuum of services to provide quality care for individuals in the most appropriate and least restrictive setting
- Compliance with federal regulations

## EI 6.c: Relinquishment Prevention

EI Request: \$4.8 million in General Revenue over the FY 2016 - 2017 biennium

### **Purpose**

- Expand the DSHS residential treatment center (RTC) program's capacity by 20 beds, for a total of 30 state-purchased beds in private licensed RTCs
- Provide intensive residential treatment for an additional 40 children with severe emotional disturbance (SED) per year, for a total of 60 children served annually

### **Outcomes**

- Preservation of families by providing parents and guardians options outside of relinquishment to DFPS
- Avoided placement in foster care and related expenses
- Decreased psychiatric hospitalizations due to stabilization of youths who receive appropriate interventions and levels of continuing care
- Reduced likelihood of juvenile justice issues for children who receive assistance and stay with their families

# EI 6.d: Expansion and Development of Recovery-Focused Clubhouses

EI Request: \$2.5 million over the FY 2016 - 2017 biennium

## **Purpose**

- Allow more individuals with mental health issues access to accredited Clubhouses
- Support existing Clubhouses to expand infrastructure, staffing, systems, days, and service hours in order to increase capacity
- Develop new or early-stage Clubhouses in areas without robust options, requiring a local match of 25%
- Ensure quality of services by requiring that Clubhouses become nationally accredited and meet contract performance measures
- Require Clubhouses to meet a sustainability plan to ensure lasting impact to communities

## **Outcomes**

- Fewer psychiatric hospitalizations for individuals engaged in local Clubhouses
- Increased and sustained employment for Clubhouse members

## EI 6.d: Expansion and Development of Recovery-Focused Clubhouses

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- Clubhouses are local community centers that provide members with assistance and peer support outside treatment or clinical settings.
- The Clubhouse Model's evidenced-based approach includes
  - Opportunities to obtain paid employment through a Transitional and Independent Employment Program,
  - Help obtaining housing in the community,
  - Assistance with accessing community-based educational resources, and
  - Integration into society.
- Outcomes include decreases in hospitalization rates for Clubhouse members.
- Start up and accreditation costs are a barrier to Clubhouses offering full services and obtaining a self-sustaining model.



# EI 6.e: IT Improvements for Community Behavioral Health Services

EI Request: \$6.1 million in All Funds over the 2016 - 2017 biennium

## **Purpose**

- Make improvements to the Clinical Management for Behavioral Services (CMBHS) electronic records system, which supports the state's community mental health and substance abuse providers
- Make technical upgrades to allow third party billing to streamline processes, and to eliminate dependence on outsourcing and outdated legacy systems
- Automate invoicing and client services tracking for the Home and Community Based Services – Adult Mental Health program

## **Outcomes**

- Expedited billing for services in accordance with federal requirements for automation of claims processing
- Secure data exchange between medical records systems

## EI 7: Fund Waiting Lists (CSHCN)

EI Request: \$11.0 million in General Revenue over the 2016 - 2017 biennium

### **Purpose**

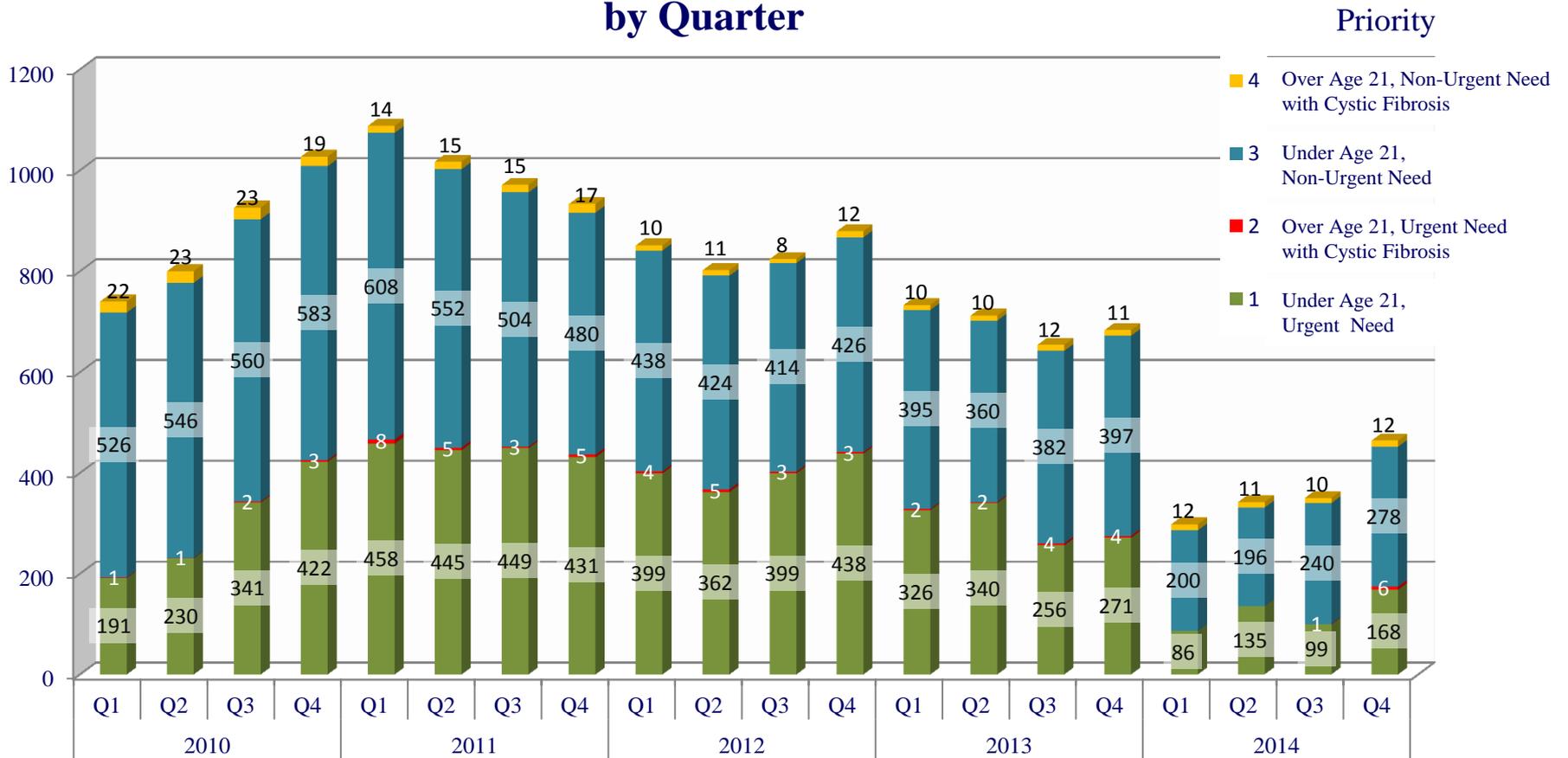
- Ensure children with complex needs receive comprehensive health care benefits by acting as a payor of last resort
- Services for the client include: medical, dental, and mental health care; medications; durable medical equipment; rehabilitative and habilitative services; and special therapies
- Services for the family can include: support services, case management, respite care, and assistance with transportation and insurance premium costs

### **Outcomes**

- Support families in successfully caring for their children at home
- Prevent further disability for certain clients
- Facilitate the better quality of life and health outcomes for a particularly vulnerable population

# EI 7: Fund Waiting Lists (CSHCN)

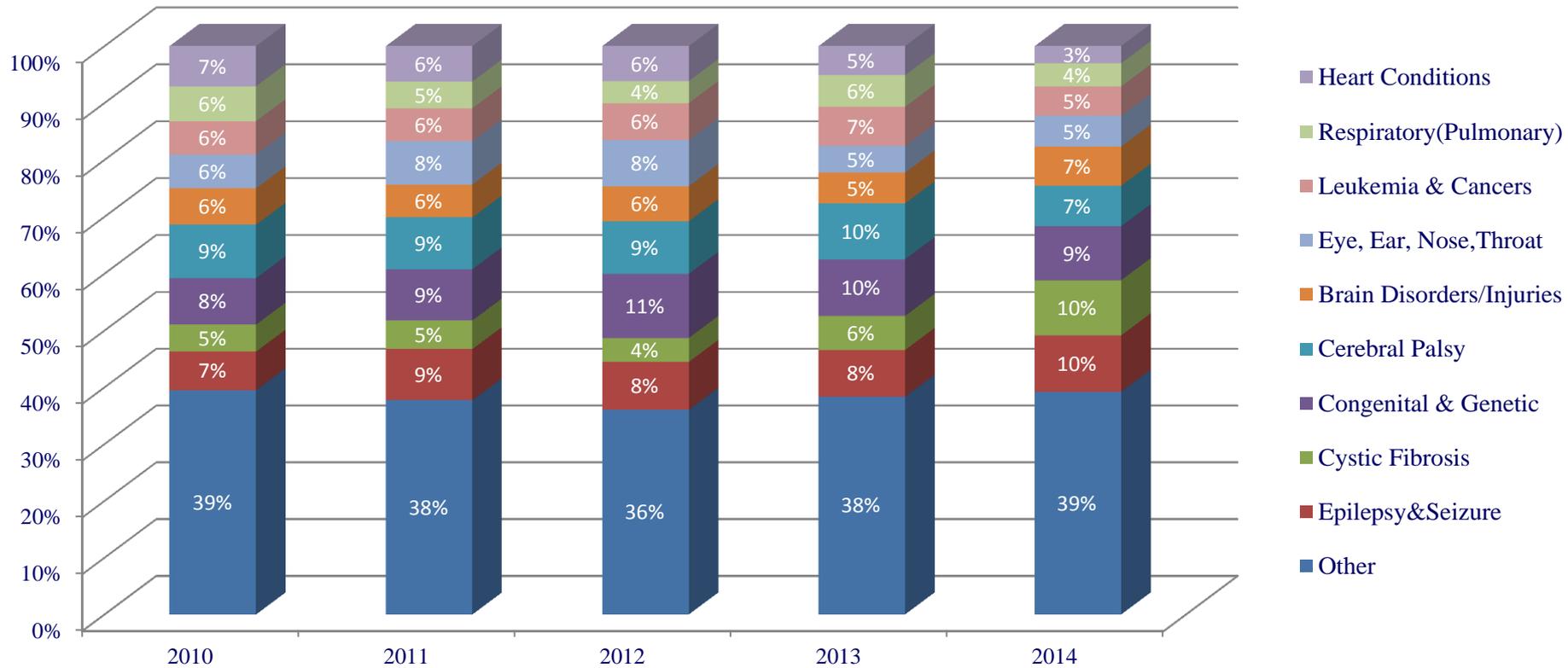
## CSHCN Services Program Clients on the Waiting List by Quarter



Source: Family and Community Health Services Division, DSHS

# EI 7: Fund Waiting Lists (CSHCN)

## CSHCN Services Program Top Diagnosis Categories



# EI 8: STD Prevention and Treatment

EI Request: \$6.1 million in General Revenue over the FY 2016 - 2017 biennium

## **Purpose**

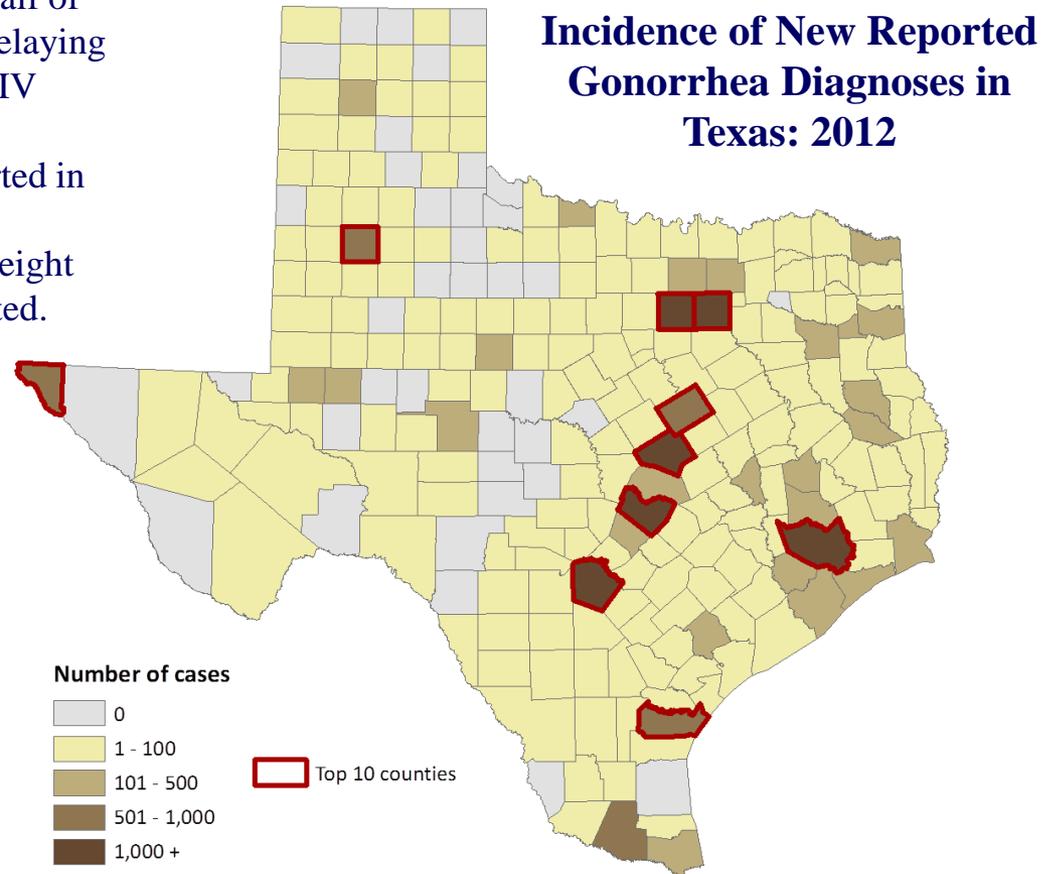
- Offer approximately 2,800 additional people STD testing, treatment, education, and services each year in counties with the highest incidence of gonorrhea
- Detect and treat gonorrhea cases in counties served
- Concurrently identify and treat chlamydia infections, which can lead to infertility and adverse pregnancy outcomes
- Break the chain of disease transmission through public health follow-up for gonorrhea in high-incidence counties

## **Outcomes**

- Earlier treatment of STDs, leading to fewer adverse health outcomes and related costs
- Prevention of drug-resistant gonorrhea in Texas
- Reduction in spread of gonorrhea, which can subsequently facilitate HIV transmission
- Quicker identification of HIV infection for individuals with co-occurring infections, allowing more timely treatment

# EI 8: STD Prevention and Treatment

- National evidence suggests that about half of gonorrhea cases remain undiagnosed, delaying the opportunity to identify or prevent HIV infection.
- 32,089 new gonorrhea cases were reported in Texas in 2012; 33,116 in 2013.
- Individuals with gonorrhea are three to eight times more likely to become HIV-infected.



# EI 9.a: Pediatric Asthma Management

EI Request: \$3.8 million in General over the FY 2016 - 2017 biennium

## **Purpose**

- Provide interventions for 3,300 uninsured children who have previously been hospitalized due to the effects of uncontrolled asthma
- Individualize case management through evidence-based services: environmental control; self-management education for patients and their families; and smoking cessation
- Coordinate with patient medical homes and, as appropriate, specialty care providers
- Target ten high-need counties and harness local relationships and resources to provide services at a community level

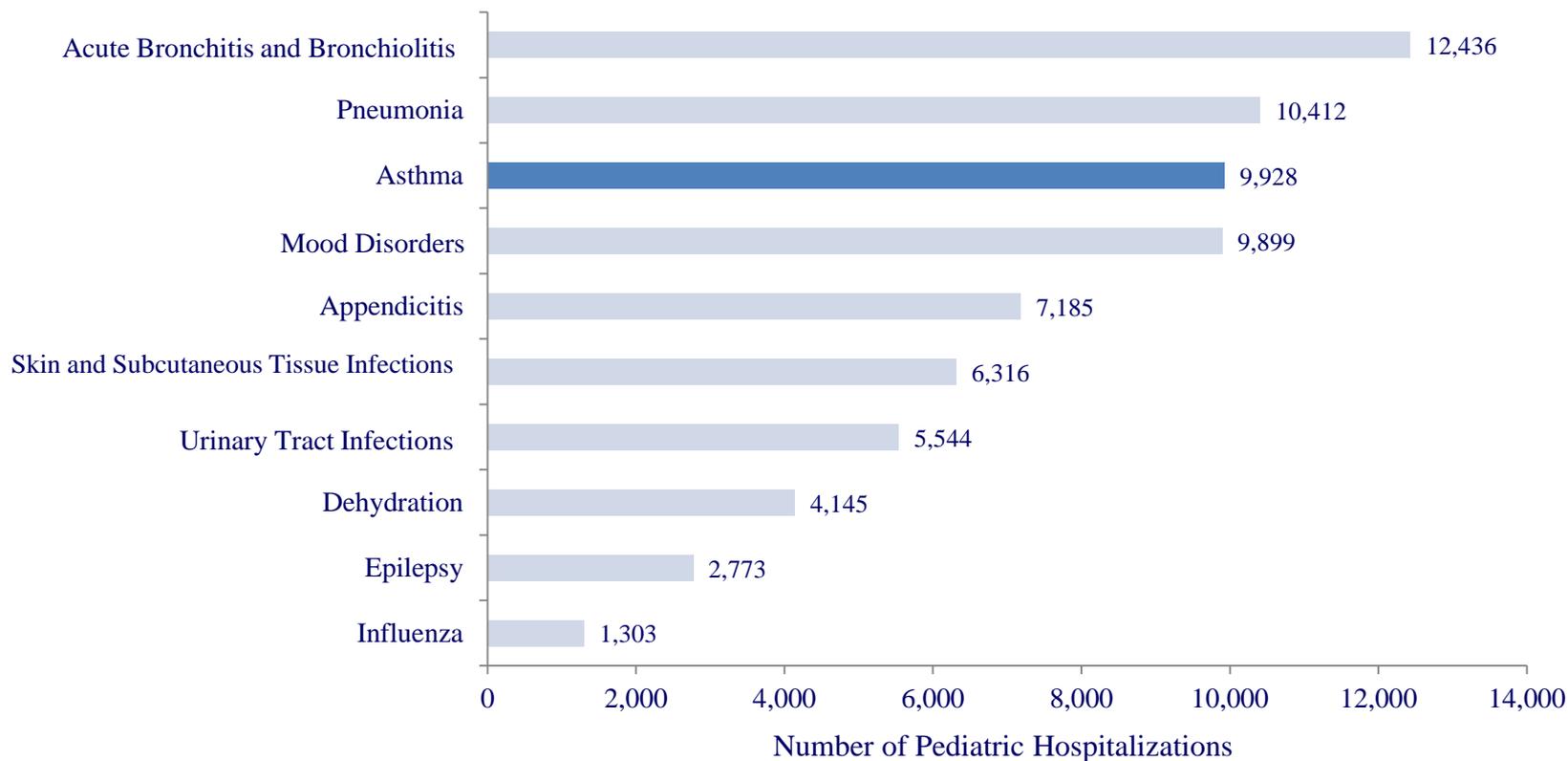
## **Outcomes**

- 40% fewer asthma-related hospitalizations for children served
- Decrease in visits to the emergency room by 20%
- Reduced burden for uncompensated hospital care costs

Return on Investment: \$20.8 million in cost savings in medical costs and school absenteeism over the FY 2016 - 2017 biennium, \$5.56 per every dollar spent

# EI 9.a: Pediatric Asthma Management

## Most Common Reasons for Pediatric Hospital Admissions in Texas: 2012



Data Source: Texas Health Care Information Collection, Center for Health Statistics, DSHS

Most common conditions based on Healthcare Cost and Utilization Project Report by <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb118.pdf>



# EI 9.b: Adult Potentially Preventable Hospitalizations (PPH)

EI Request: \$3.4 million in General Revenue over the FY 2016 - 2017 biennium

## **Purpose**

- Expand the PPH Initiative by 14 counties for a total of 27 county-wide initiatives targeting: Congestive Heart Failure; Chronic Obstructive Pulmonary Disease or asthma in older adults; Urinary Tract Infection; and short and long-term diabetes complications
- Target low to moderately-populated counties most severely impacted by PPHs
- Implement locally-driven and coordinated evidence-based interventions, including at a minimum: case management, community engagement, healthcare provider training, and patient education

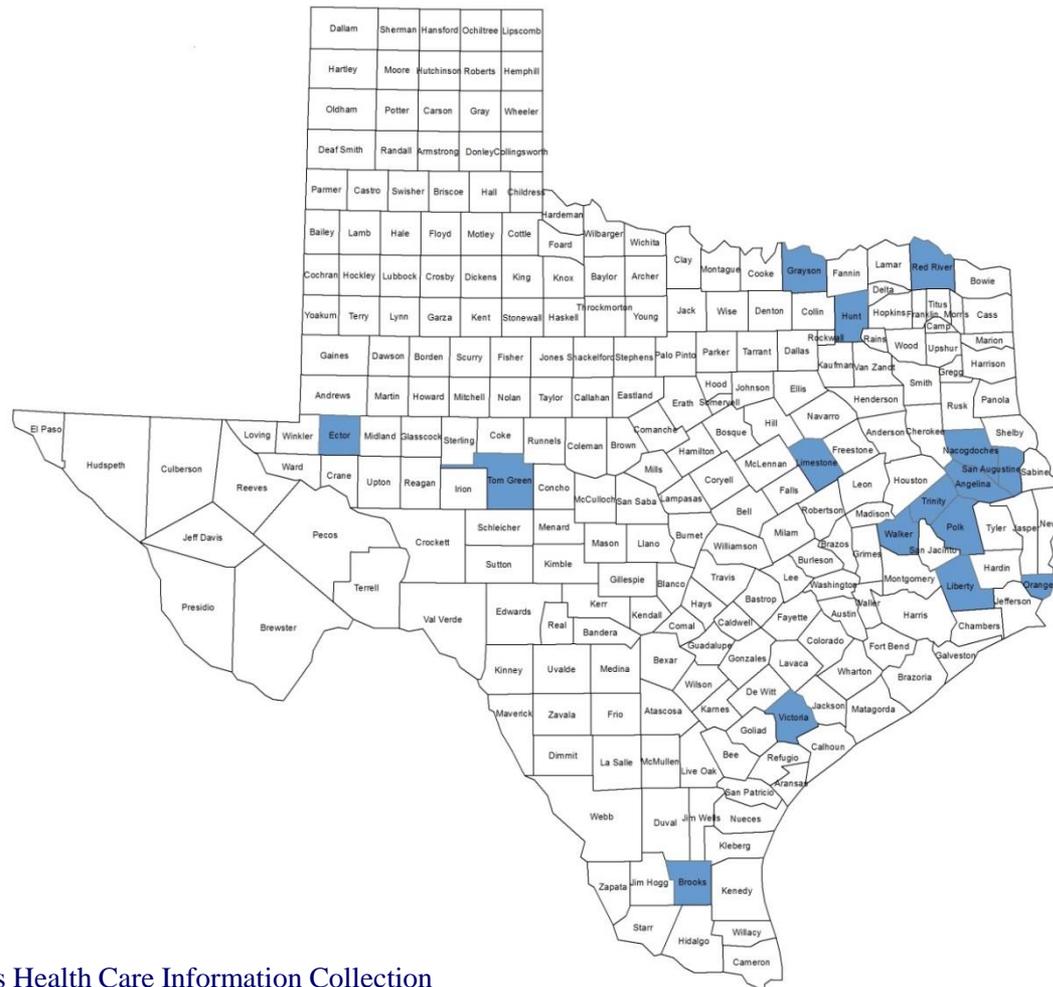
## **Outcomes**

- Improved healthcare by reducing PPHs
- Reduced health disparities by reducing PPHs among African Americans
- Reduced healthcare costs by avoiding hospital charges for PPHs for adult residents of the funded counties

\*The PPH initiative was awarded with an Association of State and Territorial and Health Officials Vision Award in 2014.

# EI 9.b: Adult Potentially Preventable Hospitalizations (PPH)

## Potentially Preventable Hospitalizations County Initiatives: FY 2012 - 2013





# EI 9.b: Adult Potentially Preventable Hospitalizations (PPH)

Potentially Preventable Hospitalizations (PPHs)	Non-Funded Period 01/01/10 - 09/30/11	Funded Period 01/01/12 -09/30/13	Change	% Change
Amount of PPH charges for adults in the <b>funded counties</b>	\$269.5 M	\$246.4 M	\$23.1 M↓	<b>08.6%↓</b>
Amount of PPH charges for adults in Texas	\$10.2 B	\$9.9 B	\$300 M↓	02.9%↓
Number of PPHs for vulnerable adults in the <b>funded counties</b>	1,119	872	247↓	<b>22.1%↓</b>
Number of PPHs for vulnerable adults in Texas	51,359	50,291	1,068↓	02.1%↓
Amount of PPH charges for vulnerable adults in the <b>funded counties</b>	\$32.5 M	\$27.4 M	\$5.1 M↓	<b>15.7%↓</b>
Amount of PPH charges for vulnerable adults in Texas	\$1.6 B	\$1.7 B	\$110 M↑	<b>06.3%↑</b>

PPHs means Congestive Heart Failure; Chronic Obstructive Pulmonary Disease or Asthma in Older Adults; Diabetes Complications (Short-term and Long-term); and Urinary Tract Infections.

Funded counties means the counties DSHS contracted with in FY12/13 to target one or more of the PPHs.

Vulnerable adults means adults who were uninsured or on Medicaid.

# EI 9.c: Diabetes Prevention and Control

EI Request: \$7.6 million over the FY 2016 - 2017 biennium

## **Purpose**

- Provide 3,500 persons with accredited diabetes self-management education through community-based diabetes projects over the course of the biennium
- Facilitate education for 1,200 high-risk pre-diabetic patients through local diabetes prevention programs that provide individual counseling and support for diet, exercise, and behavior modification
- Focus on unserved areas of the state with high prevalence of diabetes
- Promote Texans' understanding of diabetes prevention and available resources through a public awareness campaign, with a focus on high-prevalence areas

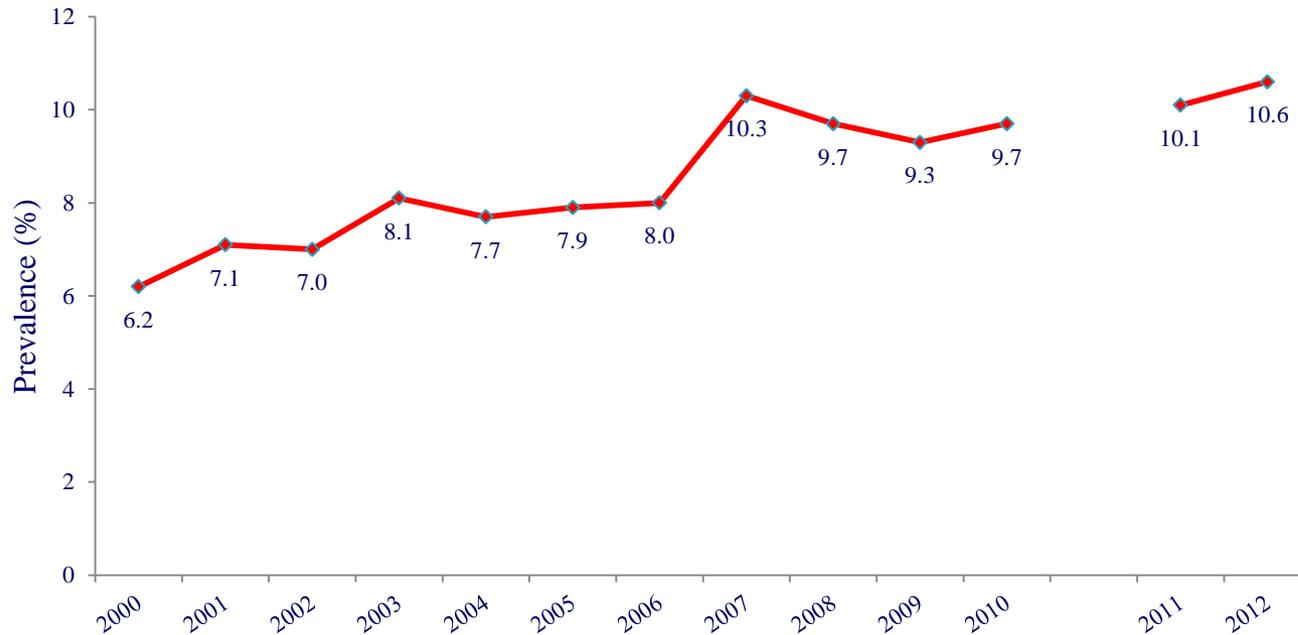
## **Outcomes**

- Reduced risk of eye disease, kidney disease, nerve damage, and cardiovascular disease through diabetes self-management
- Reduced likelihood of costs associated with adverse health outcomes resulting from diabetes
- Reduced risk of developing type 2 diabetes by 58% through pre-diabetic lifestyle changes
- Decreased undiagnosed cases due to better public awareness of diabetes risk in high-prevalence areas

# EI 9.c: Diabetes Prevention and Control

In 2012, approximately 2.5 million Texans had diabetes, 457,819 of who are estimated to be undiagnosed.\*

**Prevalence of Diabetes in Texas: 2000 - 2012**

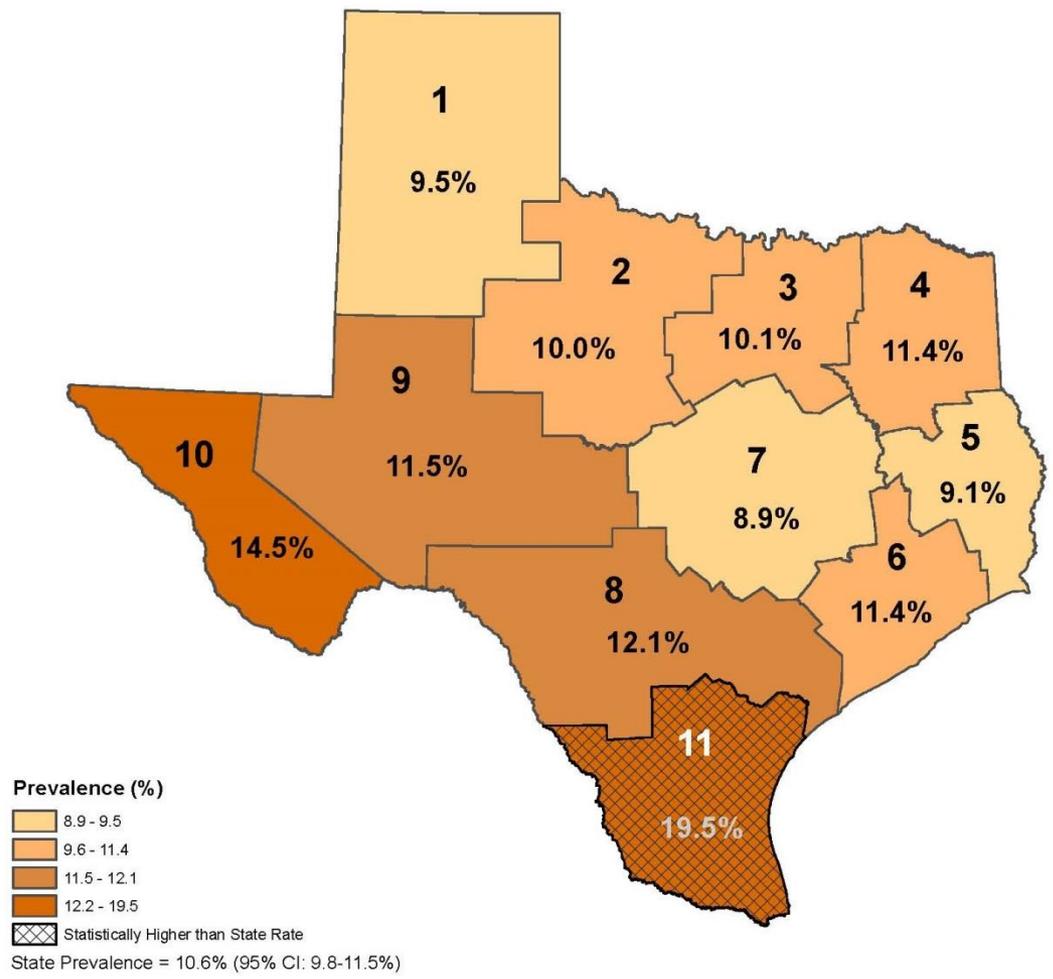


Data Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, DSHS

\*Undiagnosed diabetes estimate based on 2003-2006 NHANES age-adjusted prevalence estimate of 2.5% for persons twenty years of age and older.

# EI 9.c: Diabetes Prevention and Control

## Diabetes Prevalence by Texas Health Service Region: 2012



# EI 9.d: Expanded Tobacco Prevention and Control

EI Request: \$11.3 million over the FY 2016 - 2017 biennium

## **Purpose**

- Expand services within 12 comprehensive tobacco coalitions covering 2.3 million Texans
- Offer nicotine replacement therapy for 18 new counties
- Conduct smokeless tobacco surveillance and evidence-based prevention interventions targeting middle school, high school, and college students
- Expand support of local law enforcement of state youth access to tobacco laws via retail inspections

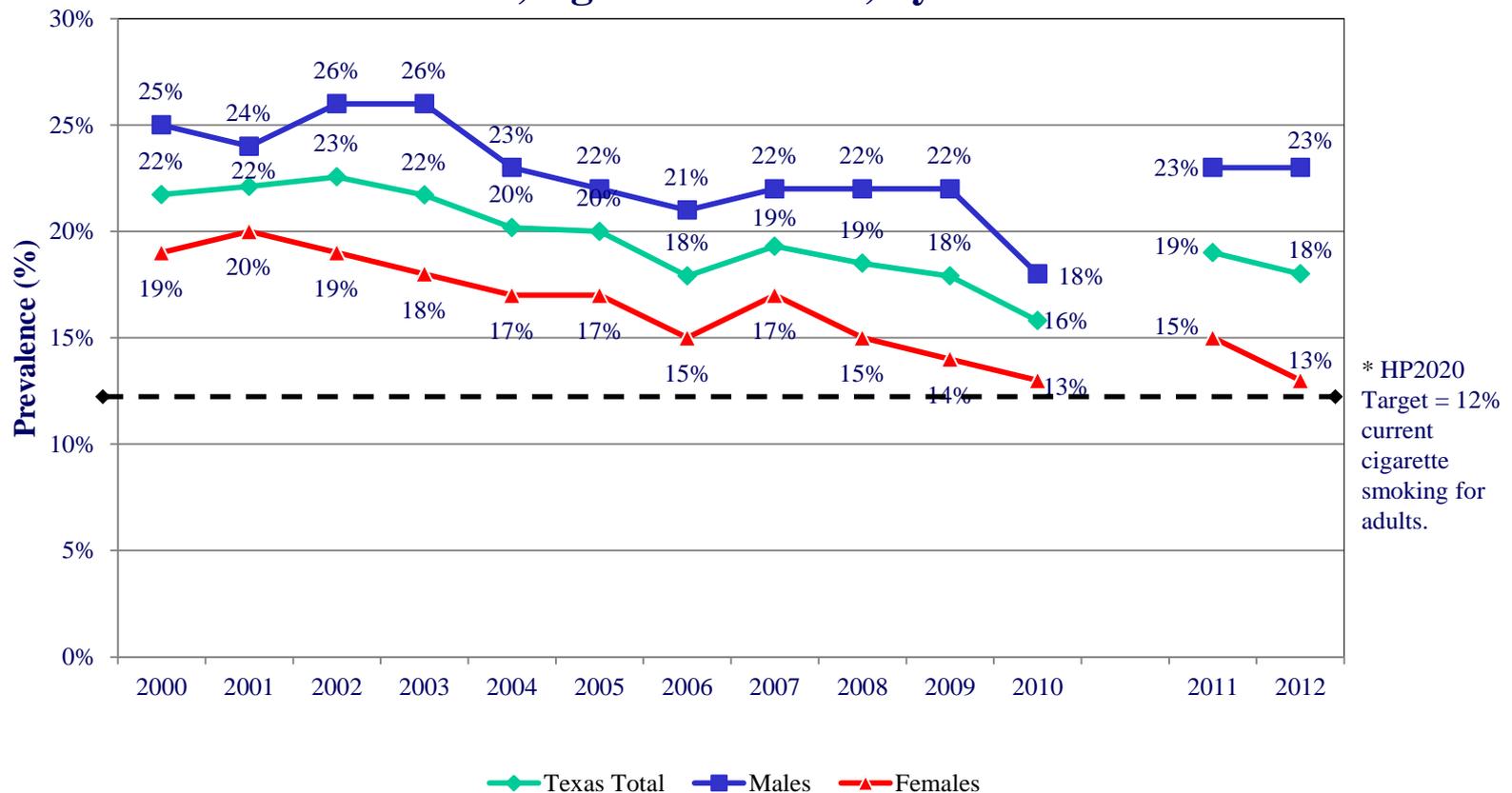
## **Outcomes**

- Higher Quitline utilization rates
- Increased tobacco cessation rates in new and existing tobacco coalition counties
- Quicker pace of reduction in cigarette use by high school students in covered counties
- Decreases in smokeless tobacco use

**Return on Investment:** A savings of \$53.8 million to the health care system and to productivity costs over a five-year period

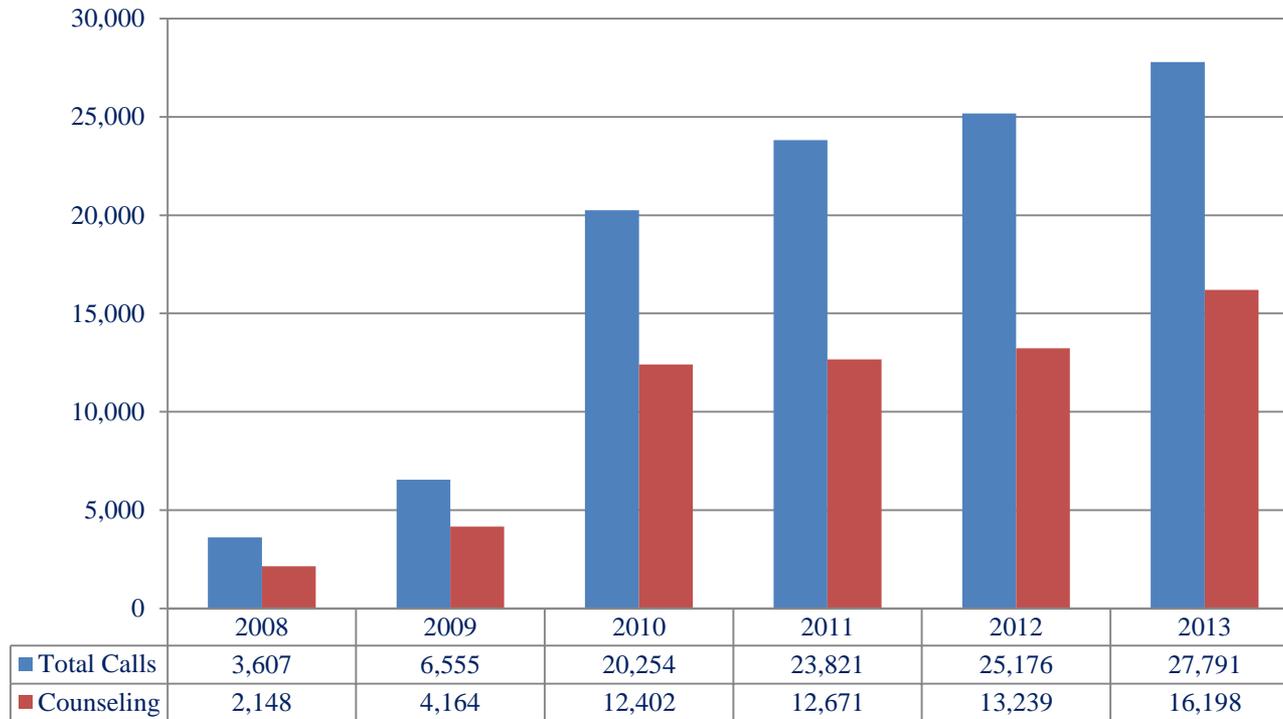
# EI 9.d: Expanded Tobacco Prevention and Control

## Age-Adjusted Prevalence of Current Cigarette Smokers in Texas, Age 18 and Over, by Sex



# EI 9.d: Expanded Tobacco Prevention and Control

## Number of Individuals Using DSHS Quitline Services: 2008 - 2013



Data Source: Texas Quitline Data, Health Promotion and Chronic Disease Prevention Section, DSHS

## EI 9.d: Expanded Tobacco Prevention and Control

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- According to a 2012 Texas study conducted by the Center for Health Research at Kaiser Permanente, for every Texan who quits smoking, there is a savings of approximately \$7,000 in medical costs and lost productivity in the first five years.
- Surveys indicate that 27 percent of the callers to the state's Quitline successfully quit and remained tobacco-free seven months after enrolling in state-funded Quitline services.
- Expansion of Quitline services through the EI would result in an anticipated 7,697 quitters by 2017, and could generate a potential savings of \$53.8 million to the health care system and productivity costs over five years.

# EI 10: Improve Mobile Technology

EI Request: \$6.2 million over the 2016 - 2017 biennium

## **Purpose**

- Provide DSHS staff with mobile computing devices to improve their ability and efficiency in performing job duties
- Maintain software licenses required for core business services
- Replace network infrastructure to support current and emerging technologies and maintain security
- Enhance network security

## **Outcomes**

- Establishment of a business and operational framework for continual modernization
- Improved staff efficiency for regulatory inspectors, disease investigators in the field, and deployed disaster response personnel
- Reduced risk of information systems security breach

# Questions

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