

Department of State Health Services
Possible Exceptional Item Requests for the 2010-11 Biennium

Priority Description	GR	All Funds
1 Shortfalls	\$70 - 90 million	\$70 - 90 million
<p>This exceptional item consists of three components:</p> <p>1) Funding to cover a shortfall for FY 09 in the MH hospitals to maintain the current capacity. This funding level will be required to be continued in 2010-11.</p> <p>2) Funds for programs phased in during the 2008-09 biennium: Mental Health Crisis Services, Alberto N. and Mammography.</p> <p>3) Funding to cover increased costs for the 2011-11 biennium including but not limited to pharmaceuticals, medical supplies, travel and other operating costs.</p>		
2 Regulatory	\$10 - 20 million	\$10 - 20 million
<p>Funding for the regulation of individuals, schools, equipment and firms in five areas: Food and Drug Safety, Environmental Health, Radiation Safety and Control, Health Care Professionals and Facilities. Since 2002, DSHS has seen an increase in licenses as depicted in Attachment A. For every additional license there is an increase in inspections, surveys, sampling, complaint intake, investigations and enforcement activities. Additional funds have not been appropriated to address this increase in workload. Also, included in this request are funds to recruit Sanitarians. These positions are critical to the mission of the agency but have been difficult to fill. Funding is also requested to complete the Regulatory Automation System to provide a single database of all the entities and individuals licensed by the Department of State Health Services for more efficient inspection and enforcement activity.</p>		
3 Health Data Collection and Analysis	\$10 -15 million	\$10 - 15 million
<p>DSHS is responsible for the collection, analysis, interpretation and dissemination of data on the occurrence of specific diseases in Texas. DSHS operates the Cancer Registry, Birth Defects Registry, Texas EMS/Trauma Registry, Occupational Disease Conditions Surveillance and Lead Poisoning Surveillance. DSHS is now also required to implement public health surveillance of health care acquired infections. Data collected through these registries are used to study patterns of disease in populations for targeting prevention and control programs, investigate unusual occurrence of diseases, identify individuals at highest risk, develop state health policies to protect the public, and to evaluate performance of public health programs.</p>		
4 Vital Statistics	\$10 -15 million	\$10 -15 million
<p>The U.S. Department of Homeland Security has established minimum security standards for state-issued drivers' licenses and identification cards in compliance with the REAL ID Act of 2005. The principal impact of this legislation lies on the Department of Public Safety. However, DSHS must accept electronic query of birth data to verify the validity of birth certificates presented to the Department of Motor Vehicles to obtain a drivers license or identification card.</p>		
5 Information Technology	\$30 - \$45 million	\$30 - \$45 million
<p>DSHS services continue to suffer from aging infrastructure. Critical systems fail causing disruption in service and lost productivity. DSHS' infrastructure uses a series of switches and routers. The age of this equipment is considerably past the industry standard; in addition, bandwidth and server capacity is insufficient to support today's applications. DSHS has taken a phased-in approach in addressing the technology needs of the agency with the emphasis being first on the replacement of aging infrastructure and secondly on those applications which have the broadest impacts both inside and outside the agency. In addition, to aging infrastructure, this exceptional item includes Consolidation of Health Care Data Collection; expansion of the Clinical Management Behavioral Health System, enhancement of the Clinical Medical Record system in the hospitals and a Medication Dispensing system for the hospitals.</p>		

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Clinical Management Behavioral Health System, enhancement of the Clinical Medical Record system in the hospitals and a Medication Dispensing system for the hospitals.		
6 Recruitment and Retention	\$5 - 10 million	\$5 - 10 million
DSHS is seeking additional funding to recruit and retain critical staff in difficult to fill positions. Funding for classifications which cross the Enterprise are included in HHS' LAR or the Consolidated Budget. This request is for critical positions specific to DSHS which include epidemiologists, microbiologists, chemist and medical technologists. Additionally funds are requested to provide stipends for psychologist and physician interns. Lack of skilled staff results in reduced capacity in the hospitals, delays in laboratory tests, and the inability to conduct investigations of outbreaks to determine causes and develop and take corrective actions.		
7 Building & Equipment Repair & Replacement	\$5 - 10 million	\$70 - 75 million
DSHS state facilities serve over 18,000 individuals a year. Operating state facilities is in many respects similar to running a small city. It requires maintenance of buildings and grounds, housekeeping, laundry and food services, medical equipment, furnishings and office equipment to provide a safe environment for the individuals served. State facilities must maintain equipment, buildings, grounds and living environments in accordance with JCAHO and Medicare regulations. In addition, hospitals must comply with federal, state and local ordinances, mandates, policies, and regulations such as Life Safety Codes, Fire Codes, the Americans with Disabilities Act, Texas Accessibility Codes, and Uniform Building Codes.		
8 Substance Abuse Prevention & Treatment	\$50 - 60 million	\$66 - \$76 million
Funding is requested to: 1. Ensure the stability of the current treatment provider system through appropriate cost-based rates and potentially expand the beds available. 2. Expand substance abuse prevention services. 3. Expand the Medicaid substance abuse benefit. 4. Enhance the existing service array to include additional services that promote recovery (eg. childcare and transportation vouchers to facilitate employment). 5. Provide additional funding for substance abuse outreach, screening, assessment and referral provides; and 6. Provide for medication assisted treatment		
9 Mental Health	\$85 - 95 million	\$85 - 95 million
This exceptional item is to continue the progress of enhancing community based mental health service delivery begun during this biennium. It includes funding for: 1) Further crisis expansion. 2) Increasing the availability of, and access to, ongoing mental health services through Resiliency and Disease Management by decreasing the number of individuals on the waiting list. It is anticipated that approximately 5900 would be served as a result of additional funding. 3) Making available supports individuals with mental illness need to reside in the community, such as transportation, housing and health care.		

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10 Chronic Disease	\$20 - \$25 million	\$20 - \$25 million
<p>Chronic Diseases are the leading causes of death and disability in Texas. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. DSHS is seeking resources to:</p> <p>1) Fund A Healthy Communities/Health People Program that would include prevention and health promotion interventions at the community level to address: a) Obesity through interventions designed to improve nutrition and increase levels of physical activity; b) Cardiovascular disease and stroke through the implementation of evidence-based policies and programs in healthcare sites and worksites; and changing systems of care to ensure compliance with evidence-based guidelines for screening, diagnosis and treatment; and c) support of the Mayor's fitness council grant program.</p> <p>2) Assist tobacco users who want to quit, and expand existing prevention efforts through increased availability of cessation services and increasing the number of community coalitions providing comprehensive activities.</p> <p>3) Provide Newborn testing for cystic fibrosis.</p>		
11 Infectious Disease	\$15 - 20 million	\$15 - \$20 million
<p>DSHS is seeking additional funds to reduce the spread of infectious disease through 1) improved laboratory testing to detect disease earlier; 2) increased testing for HIV, and 3) increased TB services. Over one quarter of all new HIV diagnoses made from 2002 to 2006 received an AIDS diagnosis within one month of their HIV diagnosis, indicating that a substantial proportion were not diagnosed until late in the progression of the disease. In September, 2006, the Centers for Disease Control and Prevention published new recommendations for healthcare providers designed to make voluntary HIV screening a routine part of medical care. Texas is second in the nation in the number of TB cases reported annually. Limitations in the existing TB public health infrastructure create barriers to service delivery and hinders efforts to adequately prevent and control TB. Funding is requested to increase regional and local health department funds for outbreak management, patient centered targeted intervention, childhood tuberculosis management, projects to reduce TB in African Americans, and recovery centers.</p>		
12 Core Response Capacity	\$5 - \$7 million	\$5 - \$7 million
<p>DSHS is seeking funding to improve its core response for day to day outbreaks as well as natural or man-made disasters. This includes:</p> <p>1) Improving laboratory services by reducing the amount of time between collection of a specimen or sample and the reporting of test results; reducing the number of specimens unacceptable for testing when they arrive; and establishing a mechanism for efficiently coordinating the identification of suspected chemical and/or biological threat agents in clinical specimens.</p> <p>2) Improving the public health infrastructure of the state by increasing funds to support the development of new or expansion of existing local health departments.</p> <p>3) Integrating mental health components of disaster preparedness with regional DSHS activities.</p>		

**Increase in licenses for the Division of Regulatory Services
from 2002 to 2007**

