

Section 1

State Health Services, Department of
Summary of Recommendations - House

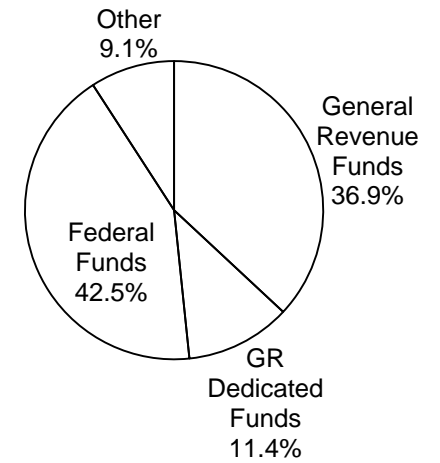
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Dr. David Lakey, Commissioner

Christy Havel, LBB Analyst

Method of Financing	2012-13 Base	2014-15 Recommended	Biennial Change	% Change
General Revenue Funds	\$2,135,928,572	\$2,133,703,135	(\$2,225,437)	(0.1%)
GR Dedicated Funds	\$661,941,408	\$659,639,120	(\$2,302,288)	(0.3%)
<i>Total GR-Related Funds</i>	<i>\$2,797,869,980</i>	<i>\$2,793,342,255</i>	<i>(\$4,527,725)</i>	<i>(0.2%)</i>
Federal Funds	\$2,504,655,669	\$2,454,485,873	(\$50,169,796)	(2.0%)
Other	\$493,876,208	\$528,460,086	\$34,583,878	7.0%
All Funds	\$5,796,401,857	\$5,776,288,214	(\$20,113,643)	(0.3%)

RECOMMENDED FUNDING
BY METHOD OF FINANCING



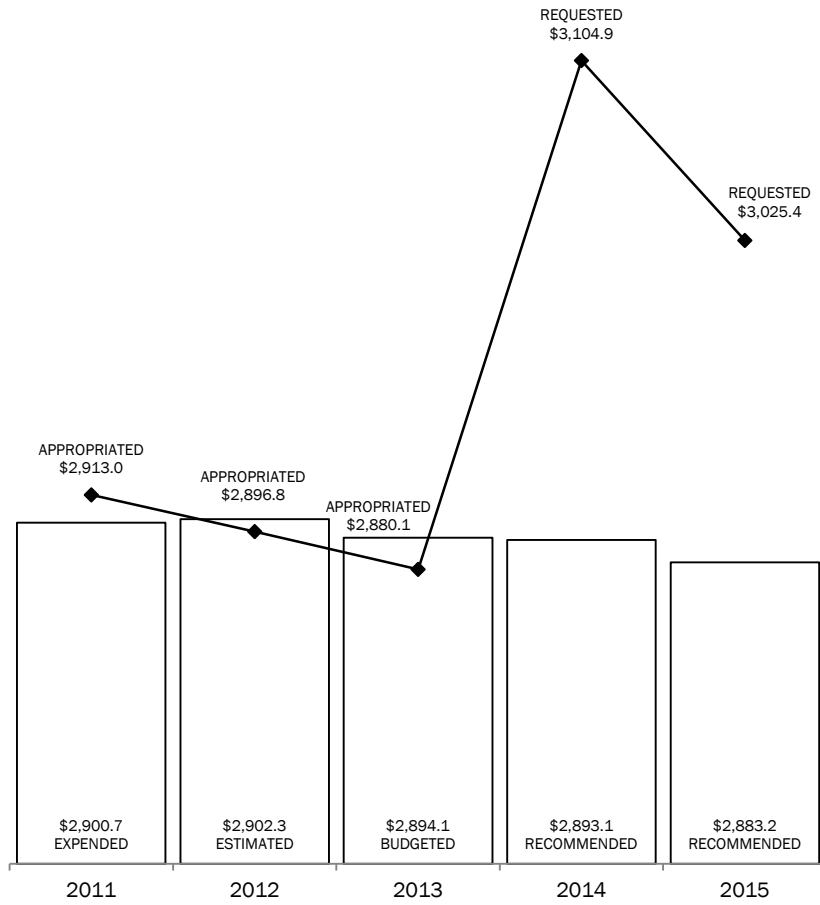
	FY 2013 Budgeted	FY 2015 Recommended	Biennial Change	% Change
FTEs	12,349.1	12,318.0	(31.1)	(0.3%)

The bill pattern for this agency (2014-15 Recommended) represents an estimated 100% of the agency's estimated total available funds for the 2014-15 biennium.

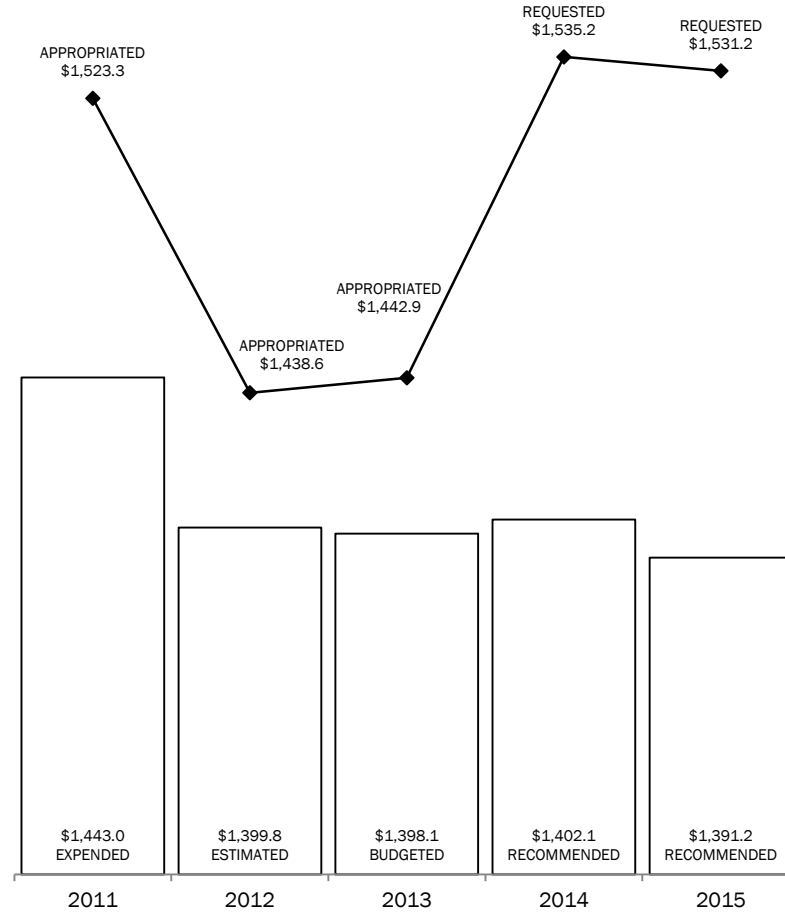
Section 1
State Health Services, Department of
2014-2015 BIENNIUM
 IN MILLIONS

TOTAL= \$5,776.3 MILLION

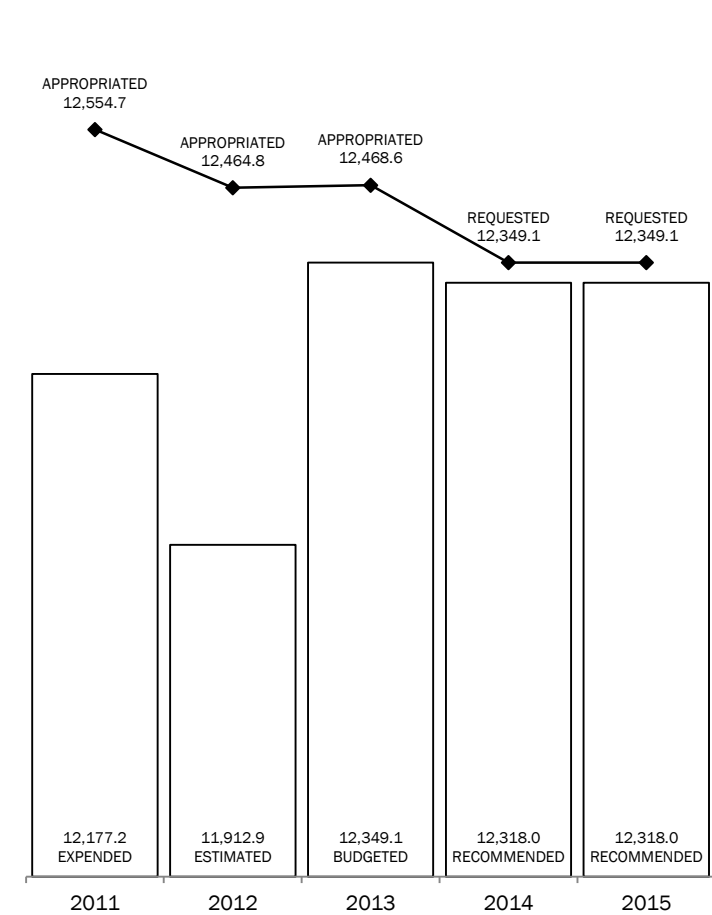
ALL FUNDS



**GENERAL REVENUE AND
 GENERAL REVENUE-DEDICATED FUNDS**



FULL-TIME-EQUIVALENT POSITIONS



**State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- ALL FUNDS**

Strategy/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
PUBLIC HEALTH PREP. & COORD. SVCS A.1.1	\$179,208,528	\$172,629,234	(\$6,579,294)	(3.7%)	<ul style="list-style-type: none"> •Increase of \$0.3 million in General Revenue to replace 14 vehicles. •Decrease due to a \$6.9 million decrease in Public Health Emergency Preparedness funds and the National Bioterrorism Hospital Preparedness grant. (See Policy Issue #7)
REGISTRIES, INFO, & VITAL RECORDS A.1.2	\$63,570,293	\$56,110,520	(\$7,459,773)	(11.7%)	<ul style="list-style-type: none"> •Decrease due to \$2.5 million decrease in ARRA funds, \$2.6 million decrease in the Title V Block Grant, \$0.8 million decrease in the Affordable Care Act: Centers for Disease Control and Prevention- Investigations and Technical Assistance grants, \$0.4 million decrease in other grants and a \$1.2 million decrease in interagency contract funds.
IMMUNIZE CHILDREN & ADULTS IN TEXAS A.2.1	\$159,551,462	\$150,589,991	(\$8,961,471)	(5.6%)	<ul style="list-style-type: none"> •Decreases of \$1.2 million in General Revenue and \$0.8 million in Other Funds due to savings from the implementation of the health insurance exchange, \$3.9 million decrease in the Center for Disease Control: Immunization Grant, \$0.5 million decrease in the Affordable Care Act - Capacity Building grant, a \$0.2 million decrease in ARRA funds, and \$2.4 million reduction in Medicaid reimbursements. (See Policy Issue #1)
HIV/STD PREVENTION A.2.2	\$385,121,075	\$380,551,552	(\$4,569,523)	(1.2%)	<ul style="list-style-type: none"> •Decreases due to \$0.3 million in savings from the implementation of the health insurance exchange, and a \$4.2 million reduction in HIV Prevention Program Grants. (See Policy Issue #1)
INFECTIOUS DISEASE PREV/EPI/SURV A.2.3	\$92,346,528	\$90,090,267	(\$2,256,261)	(2.4%)	<ul style="list-style-type: none"> •Increase of \$3.0 million to fund the tuberculosis blood test. •Decrease of \$0.8 million due to savings from the implementation of the health insurance exchange, a \$0.8 million decrease in refugee assistance grants (Federal Funds), and a \$3.6 million decrease in federal tuberculosis grants and environmental public health Federal Funds. (See Policy Issues #1 and 6)
CHRONIC DISEASE PREVENTION A.3.1	\$38,188,627	\$37,593,114	(\$595,513)	(1.6%)	<ul style="list-style-type: none"> •Decrease due to \$0.4 million decrease in ARRA funds and a \$0.2 million decrease in the Affordable Care Act: Centers for Disease Control grants.
ABSTINENCE EDUCATION A.3.2	\$11,826,984	\$12,027,647	\$200,663	1.7%	<ul style="list-style-type: none"> •Increase in the Abstinence Education grant.

**State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- ALL FUNDS**

Strategy/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
KIDNEY HEALTH CARE A.3.3	\$51,319,909	\$38,370,348	(\$12,949,561)	(25.2%)	•Decrease due to \$11 million decrease in Kidney Health rebates, from the agency's 10% reduction schedule, and \$1.9 million decrease due to savings from the implementation of the health insurance exchange. (See Policy Issue #1 and 2)
CHILDREN WITH SPECIAL NEEDS A.3.4	\$74,070,152	\$70,186,947	(\$3,883,205)	(5.2%)	•Decrease due to a \$1.1 million General Revenue savings from the implementation of the health insurance exchange and a \$2.8 million reduction in the Title V Block Grant. (See Policy Issue #1)
EPILEPSY HEMOPHILIA SERVICES A.3.5	\$2,525,183	\$2,048,280	(\$476,903)	(18.9%)	•Decrease due to savings from the implementation of the health insurance exchange. (See Policy Issue #1)
LABORATORY SERVICES A.4.1	\$89,927,144	\$111,037,467	\$21,110,323	23.5%	•Increase of \$21.5 million in Medicaid reimbursements to the lab. •Decrease due to \$0.2 million decrease in the Title V Block Grant, \$0.1 million decrease in Preventative Health Services grant, and \$0.1 million decrease in the Food and Drug Administration Research grant. (See Policy Issue #8)
Total, Goal A, PREPAREDNESS AND PREVENTION	\$1,147,655,885	\$1,121,235,367	(\$26,420,518)	(2.3%)	
WIC/FARMER'S MARKET NUTRITION SVCS B.1.1	\$1,634,304,583	\$1,642,554,877	\$8,250,294	0.5%	•Increase in Women, Infant and Children (WIC) grants and in General Revenue to replace one vehicle.
WOMEN & CHILDREN'S HEALTH SERVICES B.1.2	\$169,289,036	\$162,753,233	(\$6,535,803)	(3.9%)	•Decrease primarily in the Title V Block Grant.
FAMILY PLANNING SERVICES B.1.3	\$43,164,601	\$43,164,601	\$0	0.0%	•Increase of \$4.7 million in General Revenue to offset Federal Fund decreases in Family Planning. •Decrease of \$3.7 million in the Title XX Social Services Block Grant and of \$1.0 million in the Title V Block Grant. (See Policy Issue #5)
COMMUNITY PRIMARY CARE SERVICES B.1.4	\$28,205,018	\$26,398,840	(\$1,806,178)	(6.4%)	•Decrease due to \$1.2 million in General Revenue savings from the implementation of the health insurance exchange and a \$0.6 million decrease in ARRA funds. (See Policy Issue #1)

**State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- ALL FUNDS**

Strategy/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
MENTAL HEALTH SVCS-ADULTS B.2.1	\$556,240,488	\$551,354,323	(\$4,886,165)	(0.9%)	<ul style="list-style-type: none"> •Increase of \$2.5 million in Medicaid reimbursements. •Decrease due to \$2.8 million General Revenue savings from the implementation of the health insurance exchange, \$3.6 million in the Community Mental Health Block Grant, \$0.5 million decrease in Mental Health Disaster Assistance grants, \$0.2 million reduction in a Center for Medicare and Medicaid Services Research and Evaluation grant, and the ending of a \$0.2 million interagency contract with the Department of Assistive and Rehabilitative Services as part of the Medicaid Infrastructure grant. (See Policy Issue #1)
MENTAL HEALTH SVCS-CHILDREN B.2.2	\$126,182,344	\$125,495,554	(\$686,790)	(0.5%)	<ul style="list-style-type: none"> •Increase of \$0.5 million in Medicaid reimbursements. •Decrease due to \$0.6 million in General Revenue savings from the implementation of the health insurance exchange, \$0.4 million in the Community Mental Health Block Grant, and \$0.1 in other federal grants. (See Policy Issue #1)
COMMUNITY MENTAL HEALTH CRISIS SVCS B.2.3	\$168,553,850	\$168,132,374	(\$421,476)	(0.3%)	<ul style="list-style-type: none"> •Decrease due to savings from the implementation of the health insurance exchange. (See Policy Issue #1)
NORTHSTAR BEHAV HLTH WAIVER B.2.4	\$206,238,496	\$210,169,317	\$3,930,821	1.9%	<ul style="list-style-type: none"> •Increase due to Medicaid funds as part of a cost containment item from the 82nd General Appropriations Act.
SUBSTANCE ABUSE PREV/INTERV/TREAT B.2.5	\$289,333,463	\$291,210,871	\$1,877,408	0.6%	<ul style="list-style-type: none"> •Increase in the Substance Abuse Prevention and Treatment Block Grant.
REDUCE USE OF TOBACCO PRODUCTS B.2.6	\$19,278,943	\$18,079,006	(\$1,199,937)	(6.2%)	<ul style="list-style-type: none"> •Decrease due to a reduction of \$0.6 million in the ACA: Centers for Disease Control and Prevention –Communities Putting Prevention to Work grant, a \$0.4 million reduction in ARRA funds, and \$0.2 million reduction in other federal funds.
EMS AND TRAUMA CARE SYSTEMS B.3.1	\$137,807,027	\$137,807,027	\$0	0.0%	
FQHC INFRASTRUCTURE GRANTS B.3.2	\$0	\$0	\$0	0.0%	
INDIGENT HEALTH CARE REIMBURSEMENT B.3.3	\$11,500,000	\$9,809,765	(\$1,690,235)	(14.7%)	<ul style="list-style-type: none"> •Decrease due to savings from the implementation of the health insurance exchange. (See Policy Issue #1)
COUNTY INDIGENT HEALTH CARE SVCS B.3.4	\$4,352,465	\$4,352,465	\$0	0.0%	
Total, Goal B, COMMUNITY HEALTH SERVICES	\$3,394,450,314	\$3,391,282,253	(\$3,168,061)	(0.1%)	

**State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- ALL FUNDS**

Strategy/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
TX CENTER FOR INFECTIOUS DISEASE C.1.1	\$23,865,850	\$23,791,084	(\$74,766)	(0.3%)	•Decrease due to savings from the implementation of the health insurance exchange. (See Policy Issue #1)
RIO GRANDE STATE OUTPATIENT CLINIC C.1.2	\$8,350,487	\$8,348,424	(\$2,063)	(0.0%)	
MENTAL HEALTH STATE HOSPITALS C.1.3	\$791,225,670	\$809,542,313	\$18,316,643	2.3%	•Increases of \$1.7 million for 63 vehicles, \$1.1 million in Medicaid reimbursements, and \$16.3 million in Public Health Medicaid reimbursements. •Decrease of \$0.8 million as a baseline reduction due to decreased MLPP payments. (See Policy Issue #7 and 8.)
MENTAL HEALTH COMMUNITY HOSPITALS C.2.1	\$139,006,192	\$150,740,973	\$11,734,781	8.4%	•Increase of \$12.8 million in Public Health Medicaid reimbursements. •Decrease due to \$1.1 million in General Revenue savings from the implementation of the health insurance exchange. (See Policy Issue #1)
Total, Goal C, HOSPITAL FACILITIES AND SERVICES	\$962,448,199	\$992,422,794	\$29,974,595	3.1%	
FOOD (MEAT) AND DRUG SAFETY D.1.1	\$52,738,574	\$52,626,310	(\$112,264)	(0.2%)	•Increase of \$18,000 in General Revenue to replace one vehicle. •Decrease in Federal Funds.
ENVIRONMENTAL HEALTH D.1.2	\$16,923,614	\$17,050,278	\$126,664	0.7%	•Increase in Air Pollution Federal Funds.
RADIATION CONTROL D.1.3	\$18,464,091	\$17,484,784	(\$979,307)	(5.3%)	•Decrease in appropriations from the Perpetual Care Account. This is an estimated appropriation.
HEALTH CARE PROFESSIONALS D.1.4	\$15,431,777	\$15,449,824	\$18,047	0.1%	
HEALTH CARE FACILITIES D.1.5	\$22,043,836	\$22,471,099	\$427,263	1.9%	•Increase of \$0.5 million in Medicare payments as part of a contract with DADS to conduct surveys of CMS certified health facilities and determine compliance with CMS regulations. •Decrease of \$0.1 million in ARRA funds.
TEXAS.GOV D.1.6	\$2,292,280	\$2,292,280	\$0	0.0%	
Total, Goal D, CONSUMER PROTECTION SERVICES	\$127,894,172	\$127,374,575	(\$519,597)	(0.4%)	
CENTRAL ADMINISTRATION E.1.1	\$39,362,936	\$37,982,528	(\$1,380,408)	(3.5%)	•Decrease of \$1.3 million in Central Administration savings from the agency's 10% reduction schedule and a reduction in ARRA funds. (See Policy Issue #3)

**State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- ALL FUNDS**

Strategy/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
IT PROGRAM SUPPORT E.1.2	\$41,663,276	\$56,497,099	\$14,833,823	35.6%	•Increase of \$15.3 million to fund Data Center Consolidation current services. •Decrease of \$0.5 million in Federal Funds. (HHSC Exceptional Item #5; see Policy Issue #4)
OTHER SUPPORT SERVICES E.1.3	\$25,908,388	\$25,737,031	(\$171,357)	(0.7%)	•Decrease primarily due to the one-time Hazard Mitigation Grant (Federal Funds).
REGIONAL ADMINISTRATION E.1.4	\$3,050,080	\$3,049,072	(\$1,008)	(0.0%)	
Total, Goal E, INDIRECT ADMINISTRATION	\$109,984,680	\$123,265,730	\$13,281,050	12.1%	
LABORATORY (AUSTIN) BOND DEBT F.1.1	\$5,741,328	\$5,745,000	\$3,672	0.1%	
REPAIR & RENOVATION: MH FACILITIES F.1.2	\$39,423,081	\$6,158,297	(\$33,264,784)	(84.4%)	•Decrease because the General Obligation Bonds are anticipated to be expended in fiscal years 2012-13.
Total, Goal F, CAPITAL ITEMS	\$45,164,409	\$11,903,297	(\$33,261,112)	(73.6%)	
OFFICE VIOLENT SEX OFFENDER MGMT G.1.1	\$8,804,198	\$8,804,198	\$0	0.0%	
Total, Goal G, OFFICE VIOLENT SEX OFFENDER MGMT	\$8,804,198	\$8,804,198	\$0	0.0%	
Grand Total, All Strategies	\$5,796,401,857	\$5,776,288,214	(\$20,113,643)	(0.3%)	

**State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- Supplemental -- Goal Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
Total, Goal A, PREPAREDNESS AND PREVENTION	\$1,147,655,885	\$1,121,235,367	(\$26,420,518)	(2.3%)	
GENERAL REVENUE FUNDS	\$385,316,654	\$371,460,806	(\$13,855,848)	(3.6%)	<ul style="list-style-type: none"> •Increase of \$3.0 million to fund the tuberculosis blood test, and \$0.3 million to replace 14 vehicles. •Decrease of \$11.0 million in Kidney Health rebates, from the agency's 10% reduction schedule, and of \$6.2 million due to savings from the implementation of the health insurance exchange.
GR DEDICATED	\$44,616,273	\$44,992,559	\$376,286	0.8%	<ul style="list-style-type: none"> •Increase due to revenue from the implementation of the health insurance exchange.
FEDERAL FUNDS	\$564,698,343	\$517,174,860	(\$47,523,483)	(8.4%)	<ul style="list-style-type: none"> •Increase of \$0.2 million in the Abstinence Education grant. •Decrease of \$18.1 million due to a method of finance swap and reduction for refugee funding, \$6.9 million in Public Health Emergency Preparedness funds and the National Bioterrorism Hospital Preparedness grant, \$5.6 million in the Title V Block Grant, \$4.2 million reduction in HIV Prevention Program Grants, \$4.1 million in the Center for Disease Control: Immunization Grant, \$3.1 million in ARRA funds, \$2.2 million in tuberculosis grants, \$1.3 million in the Affordable Care Act grants, \$1.2 million in environmental public health funding, and \$1.0 million in other grants.
OTHER FUNDS	\$153,024,615	\$187,607,142	\$34,582,527	22.6%	<ul style="list-style-type: none"> •Increase of \$17.4 million for a method of finance swap for the refugee program and \$21.5 million in Medicaid reimbursements to the lab. •Decrease of \$1.2 million in interagency contracts, \$2.4 million reduction in Medicaid reimbursements due to a one-time transfer in FY12, and \$0.8 million in savings from the implementation of the health insurance exchange.

**State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- Supplemental -- Goal Level**

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
Total, Goal B, COMMUNITY HEALTH SERVICES	\$3,394,450,314	\$3,391,282,253	(\$3,168,061)	(0.1%)	
GENERAL REVENUE FUNDS	\$855,291,796	\$856,204,169	\$912,373	0.1%	<ul style="list-style-type: none"> •Increase of \$4.7 million to offset the decrease in Federal Funds in the base request for Family Planning, and \$3.0 million due to a net less favorable FMAP. Increase includes funds to replace one vehicle. •Decrease of \$6.8 million due to savings from the implementation of the health insurance exchange. (See Policy Issues #1, 5, and 9)
GR DEDICATED	\$574,021,740	\$572,331,505	(\$1,690,235)	(0.3%)	<ul style="list-style-type: none"> •Decrease due to savings from the implementation of the health insurance exchange. (See Policy Issue #1)
FEDERAL FUNDS	\$1,843,606,716	\$1,839,172,225	(\$4,434,491)	(0.2%)	<ul style="list-style-type: none"> •Increase of \$8.2 million in Women, Infant and Children (WIC) grants, \$1.9 million in the Substance Abuse Prevention and Treatment Block Grant, and \$6.5 million Medicaid reimbursements. •Decrease of \$7.5 million in the Title V Block Grant, \$4.0 million in the Community Mental Health Block Grant, \$3.7 million in the Title XX Social Services Block Grant, \$3.0 million due to the less favorable FMAP, \$0.6 million in the ACA: Centers for Disease Control and Prevention –Communities Putting Prevention to Work grant, \$1.0 million in ARRA funds, \$0.5 million in Mental Health Disaster Assistance grants, \$0.2 million reduction in a Center for Medicare and Medicaid Services Research and Evaluation grant, and \$0.5 million reduction in other Federal Funds.

State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- Supplemental -- Goal Level

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
OTHER FUNDS	\$121,530,062	\$123,574,354	\$2,044,292	1.7%	<ul style="list-style-type: none"> •Increase due to \$1.8 million in revenue from the implementation of the health insurance exchange and a \$0.8 million increase in Medicaid matching funds from the Health and Human Services Commission. •Decrease of \$0.2 million due to the ending of an interagency contract with the Department of Assistive and Rehabilitative Services as part of a Medicaid Infrastructure grant and \$0.3 million due to an anticipated decrease in NorthSTAR appropriated receipts. (See Policy Issue #1)
Total, Goal C, HOSPITAL FACILITIES AND SERVICES	\$962,448,199	\$992,422,794	\$29,974,595	3.1%	
GENERAL REVENUE FUNDS	\$758,623,009	\$757,177,462	(\$1,445,547)	(0.2%)	<ul style="list-style-type: none"> •Increase of \$1.7 million for 63 vehicles, and \$0.7 million due to a change in the FMAP. •Decrease of \$3.0 million due to savings from the implementation of the health insurance exchange and a \$0.8 million baseline reduction due to decreased Master Lease Purchase Program (MLPP) payments. (See Policy Issues #1, 7, and 9)
GR DEDICATED	\$2,391,000	\$2,391,000	\$0	0.0%	
FEDERAL FUNDS	\$37,494,500	\$37,971,853	\$477,353	1.3%	<ul style="list-style-type: none"> •Increase of \$0.5 million in Medicaid reimbursements.
OTHER FUNDS	\$163,939,690	\$194,882,479	\$30,942,789	18.9%	<ul style="list-style-type: none"> •Increase of \$29.1 million in Public Health Medicaid reimbursements and \$1.9 million due to revenue from the implementation of the health insurance exchange. (See Policy Issue #1)

State Health Services, Department of
Summary of Recommendations - House, By Method of Finance -- Supplemental -- Goal Level

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
Total, Goal D, CONSUMER PROTECTION SERVICES	\$127,894,172	\$127,374,575	(\$519,597)	(0.4%)	
GENERAL REVENUE FUNDS	\$63,677,966	\$63,696,201	\$18,235	0.0%	•Increase to replace 1 vehicle. (See Policy Issue #7)
GR DEDICATED	\$32,528,113	\$31,536,102	(\$992,011)	(3.0%)	•Decrease in appropriations from the Perpetual Care Account. This is an estimated appropriation.
FEDERAL FUNDS	\$29,820,727	\$30,274,906	\$454,179	1.5%	•Increase of \$0.5 million in Medicare payments as part of a contract with DADS to conduct surveys of CMS certified health facilities and determine compliance with CMS regulations. •Decrease of \$0.1 million in ARRA funds.
OTHER FUNDS	\$1,867,366	\$1,867,366	\$0	0.0%	
Total, Goal E, INDIRECT ADMINISTRATION	\$109,984,680	\$123,265,730	\$13,281,050	12.1%	
GENERAL REVENUE FUNDS	\$57,991,868	\$70,202,002	\$12,210,134	21.1%	•Increase of \$13.5 million to fund Data Center Consolidation current services. (HHSC LAR Exceptional Item #5) •Decrease of \$1.3 million in Central Administration savings from the agency's 10% reduction schedule (See Policy Issue #3 and 4)
GR DEDICATED	\$2,642,954	\$2,642,954	\$0	0.0%	
FEDERAL FUNDS	\$29,035,383	\$29,892,029	\$856,646	3.0%	•Increase of \$1.3 million to fund Data Center Consolidation current services. •Decrease of \$0.4 million primarily due to the one-time Hazard Mitigation Grant, reduction in ARRA funds, and a method of finance swap for refugee funding. (HHSC LAR Exceptional Item #5; see Policy Issue #4)
OTHER FUNDS	\$20,314,475	\$20,528,745	\$214,270	1.1%	•Increase due to a method of finance swap for the refugee program.
Total, Goal F, CAPITAL ITEMS	\$45,164,409	\$11,903,297	(\$33,261,112)	(73.6%)	•Decrease because the General Obligation Bonds are anticipated to be expended in fiscal years 2012-13.
GENERAL REVENUE FUNDS	\$6,223,081	\$6,158,297	(\$64,784)	(1.0%)	
GR DEDICATED	\$5,741,328	\$5,745,000	\$3,672	0.1%	
FEDERAL FUNDS	\$0	\$0	\$0	0.0%	
OTHER FUNDS	\$33,200,000	\$0	(\$33,200,000)	(100.0%)	

State Health Services, Department of
 Summary of Recommendations - House, By Method of Finance -- Supplemental -- Goal Level

Strategy/Fund Type/Goal	2012-13 Base	2014-15 Recommended	Biennial Change	% Change	Comments (Optional)
Total, Goal G, OFFICE VIOLENT SEX OFFENDER MGMT	\$8,804,198	\$8,804,198	\$0	0.0%	
GENERAL REVENUE FUNDS	\$8,804,198	\$8,804,198	\$0	0.0%	
GR DEDICATED	\$0	\$0	\$0	0.0%	
FEDERAL FUNDS	\$0	\$0	\$0	0.0%	
OTHER FUNDS	\$0	\$0	\$0	0.0%	
Grand Total, All Agency	\$5,796,401,857	\$5,776,288,214	(\$20,113,643)	(0.3%)	
GENERAL REVENUE FUNDS	\$2,135,928,572	\$2,133,703,135	(\$2,225,437)	(0.1%)	
GR DEDICATED	\$661,941,408	\$659,639,120	(\$2,302,288)	(0.3%)	
FEDERAL FUNDS	\$2,504,655,669	\$2,454,485,873	(\$50,169,796)	(2.0%)	
OTHER FUNDS	\$493,876,208	\$528,460,086	\$34,583,878	7.0%	

Section 3

Department of State Health Services Selected Fiscal and Policy Issues - House

Reductions

1. **Affordable Care Act: Health Insurance Exchange.** Recommendations include a **reduction in General Revenue – Related Funds of \$3.4 million in fiscal year 2014 and \$13.9 million in fiscal year 2015 and an increase in Other Funds of \$0.6 million in fiscal year 2014, and \$2.3 million in fiscal year 2015** due to implementation of a health insurance exchange, per the Affordable Care Act (ACA). The anticipated net savings are **\$2.8 million in All Funds in fiscal year 2014 and \$11.6 million in All Funds in fiscal year 2015**. The reduction reflects estimated savings and estimated revenue gains from insurance companies for services in one quarter of fiscal year 2014 and all of fiscal year 2015.

Recommendations include two riders related to the implementation of the insurance exchange. The first requires the agency to report on actual changes in savings and caseload due to the exchange. The second requires the agency to request approval to expend funds made available as a result of additional savings from the exchange. (See Section 4, Maximize the Use of Private Health Insurance for Clients Served by Certain Programs at the Department of State Health Services, and Rider Highlights, #75 and 76)

2. **Kidney Health Drug Rebates.** Recommendations reduce appropriations to Kidney Health Care by **\$11.0 million in General Revenue: Vendor Drug Rebates-Public Health over the biennium**. This reduction was part of the agency's 10% Reduction Schedule.
3. **Central Administration.** Recommendations reduce appropriations to Central Administration by **\$1.3 million in General Revenue over the biennium**. This reduction was part of the agency's 10% Reduction Schedule and includes a reduction of 9.1 FTEs. The agency has streamlined administrative operations and found these savings.

Increases

4. **Data Center Consolidation.** Recommendations increase appropriations by **\$6.6 million General Revenue and \$0.8 million in Federal Funds in fiscal year 2014 and \$7.0 million in General Revenue and \$0.9 million in Federal Funds in fiscal year 2015** and capital budget authority to fund the Data Center Consolidation Services (DCS) project due to cost increases for current service levels as identified by the Department of Information Resources. During the 2012-13 biennium, costs increased by \$7.1 million over the appropriated amount of \$17.8 million due to increased rates in the new contract. The recommended increase in fiscal years 2014 and 2015 includes the increased contract rate and \$3.0 million for application remediation, which is required to move DSHS applications to the DCS servers. If the applications are unable to be consolidated to the DCS servers, DSHS will continue to be invoiced higher charges under non-consolidated rates.

Section 3

5. **Family Planning.** Recommendations for the Family Planning program maintain the 2012-13 biennium All Funds expenditure level, but **recommendations increase General Revenue by \$4.7 million over the biennium to offset Federal Funding decreases.** During the 82nd Legislature, Regular Session, House Bill 1 Introduced included \$99.6 million in All Funds. HB1 as Engrossed reduced funding for these services by approximately \$61.7 million in All Funds including \$14.9 million in General Revenue – Related Funds and \$46.8 million in Federal Funds. Funds were transferred to other agencies and \$46.8 million was transferred within DSHS.

During the interim, the agency moved Federal Funds (Title XX) in the amount of \$3.7 million forward from fiscal year 2011 to fiscal year 2012 to fund current contracts in the first quarter of fiscal year 2012 while the agency made the programmatic changes specified in rider. Additionally, the agency received more Title V Federal Funds in fiscal year 2012, \$1.0 million of which was spent in the Family Planning program. Neither of these increases are anticipated to continue through fiscal years 2014-15.

6. **Tuberculosis Testing.** Recommendations increase appropriations by **\$3.0 million in General Revenue** over the biennium to fund a newer tuberculosis (TB) blood test. Recently Texas has experienced an increase of TB outbreaks. The newer method for TB testing, Interferon-Gamma Release Assay (IGRA) is more accurate than the more commonly used Tuberculin Skin Testing (TST). In addition, it requires only a single office visit rather than requiring the patient to return to have the test read within a 48 to 72 hour window. As a result, demand for IGRA testing is growing among public health providers. Since IGRA testing is more expensive than TST testing, additional funds would allow DSHS to increase IGRA testing in a strategic manner.
7. **Vehicle Replacement.** Recommendations increase capital budget authority and appropriations by **\$2.0 million in General Revenue** over the biennium to replace 79 vehicles with over 150,000 miles. Sixty-three of the vehicles will be used at the state hospitals.

Additionally, the agency included two vehicle replacements within the base request: replacing a 13 year old WIC Cargo/Passenger van with 113,000 miles, for a cost of \$20,000 in Federal Funds, and a 17 year old building services vehicle with 190,000 miles, for a cost of \$20,000 in General Revenue-Dedicated, Food and Drug Registration Account No. 5024.

8. **Additional Lab Revenue.** Recommendations include an increase of **\$48.2 million in Other Funds (Public Health Medicaid Reimbursements)** for additional lab revenue. During the 2012-13 biennium, DSHS requested and was approved to spend additional laboratory fees in the amount of \$10.8 million in fiscal year 2012 and \$25.3 million in fiscal year 2013 to implement an additional newborn screening test, to provide partial funding for the additional state hospital beds to meet the demands from the hospital capacity lawsuit (Taylor v. Lakey), and to fund other needs identified by the agency. In the last quarter of fiscal year 2013, the agency will add the Severe Combined Immunodeficiency Disorder (SCID) panel to the Newborn Screenings. The SCID test brings in additional revenue due to a beneficial federal matching rate. The recommendations include increased expenditures of this revenue in the state laboratory, the state hospitals and the mental health community hospitals. (See Rider Highlights, #53)

Section 3

9. **Federal Medical Assistance Percentage (FMAP).** Federal participation rates for state-administered programs are more favorable in federal fiscal year 2014 than fiscal year 2012 and less favorable in federal fiscal year 2015 than fiscal year 2013. The net adjustment is a **\$3.7 million** increase in General Revenue and a like decrease to Federal Funds. The participation rate for federal fiscal year 2015 has not been finalized and may change.

Additional Policy Issues

10. **Trauma Funds.** Recommendations include two riders to help reduce reliance on GRD-Account 5111 for certification purposes. This recommendation is also included in the LBB staff report on strategies to reduce reliance on GR-D accounts for certification. Background: DSHS was appropriated \$2.25 million per year in General Revenue-Dedicated Account 5111, Trauma Funds, to increase trauma fellowships. Although DSHS has appropriation authority over the account, authority to administer the program was given to the Higher Education Coordinating Board (THECB). As a result DSHS transferred the funding to the THECB via an MOU. The THECB recommendations include a contingency rider appropriating this amount to THECB if statute is changed to allow other agencies access to GR-D 5111. Because General Revenue-Dedicated Account 5111 is one of the accounts with the largest balances counted towards certification (\$424.8 million), the report will include specific options to reduce reliance on the account's revenue and balance. (See Rider Highlights, #72 and 73)
11. **FTE Changes.** DSHS requested 122 fewer FTEs in fiscal years 2014 and 2015 than the fiscal year 2013 cap. The agency has outsourced Women, Infant, and Children (WIC) centers for a reduction of 90 FTEs and closed the Women's Health Lab in San Antonio for a reduction of 32 FTEs. Additional reductions are due to unfunded vacancies. The agency requested funding for 22 unfunded FTEs within LAR exceptional items. Also, the reduction in Central Administration from the 10% reduction schedule includes a decrease of 9.1 FTEs. Recommendations lower the FTE cap by 31.1 FTEs since the positions are unfunded. (See Policy Item #3 above).
12. **Office of Violent Sex Offender Management (OVSOM).** The 82nd Legislature created OVSOM as an independent agency administratively attached to DSHS. Appropriations for OVSOM are in strategy G.1.1. (See Rider #77)

**Department of State Health Services
FY12 - Mental Health State and Community Hospitals - House**

In fiscal year 2012, a forensic capacity lawsuit (*Taylor vs. Lakey*) found that forensic patients must wait no longer than 21 days to be placed in a state mental health facility. A forensic patient is a patient that has been committed by a court for inpatient competency restoration. To meet this increased demand, DSHS expanded the number of forensic beds within the state hospitals and contracted with community hospitals for civil beds. This demand was funded partially by the additional lab fee revenue (See Policy Issue #8). Below is a chart of the beds in each facility.

State Hospitals	Civil	Forensic	Transitional Forensic	Maximum Security-Forensic	Maximum Security-Civil	Total
Austin State Hospital	261	38	0	0	0	299
Big Spring State Hospital	122	0	78	0	0	200
El Paso Psychiatric Center	58	16	0	0	0	74
Kerrville State Hospital	0	0	202	0	0	202
North Texas State Hospital	233	101	0	274	32	640
Rio Grande State Center	55	0	0	0	0	55
Rusk State Hospital	210	20	55	50	0	335
San Antonio State Hospital	220	82	0	0	0	302
Terrell State Hospital	292	24	0	0	0	316
Waco Center for Youth	78	0	0	0	0	78
Total	1529	281	335	324	32	2501

Community Hospitals	Civil	Forensic	Transitional Forensic	Maximum Security-Forensic	Maximum Security-Civil	Total
Montgomery County Hospital	0	94	0	0	0	94
Harris County Psychiatric Center	159	20	0	0	0	179
Gulf Coast Center	18	0	0	0	0	18
Sunrise Canyon	30	0	0	0	0	30
Hill Country MHMR (Kerrville)	16	0	0	0	0	16
Tri County MHMR	5	0	0	0	0	5
Center for Health Care Services (San Antonio)	25	0	0	0	0	25
UTHSC-Tyler	30	0	0	0	0	30
Tropical South Tx Behavioral (Edinburgh)	10	0	0	0	0	10
MHMR of Tarrant County (Fort Worth)	20	0	0	0	0	20
Total	313	114	0	0	0	427

Source: Department of State Health Services

Section 3b

Department of State Health Services
Performance Measure Highlights - House

	Expended 2011	Estimated 2012	Budgeted 2013	Recommended 2014 Without Exchange Impact	Recommended 2015	Recommended 2014 With Exchange Impact	Recommended 2015
1.2.1 OP 1 <i>Number of Vaccine Doses Administered - Children</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	14,741,300	12,891,362	14,000,000	14,500,000	14,750,000	14,493,923 (6,077)	14,725,692 (24,308)
1.2.2 OP 1 <i>Number of Persons Served by the HIV Medication Program</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	16,711	17,235	18,479	19,173	19,894	19,173 0	19,070 (824)
1.3.3 OP 1 <i>Number of Kidney Health Clients Provided Services</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	19,563	19,563	20,000	20,000	20,000	19,485 (515)	17,940 (2,060)
1.3.4 OP 2 <i>Avg. Monthly Caseload of CSHCN Clients Receiving Health Care Benefits</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	1,239	1,126	1,100	1,100	1,100	1,090 (10)	1,060 (40)
2.1.4 OP 1 <i>Number of Primary Hlth Care Eligible Patients Provided Primary Care Services</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	80,444	64,338	85,000	85,000	85,000	83,792 (1,208)	80,168 (4,832)
2.2.1 OP 1 <i>Average Monthly Number of Adults Receiving Community MH Services</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	52,747	51,140	52,484	52,484	52,484	52,166 (318)	51,212 (1,272)

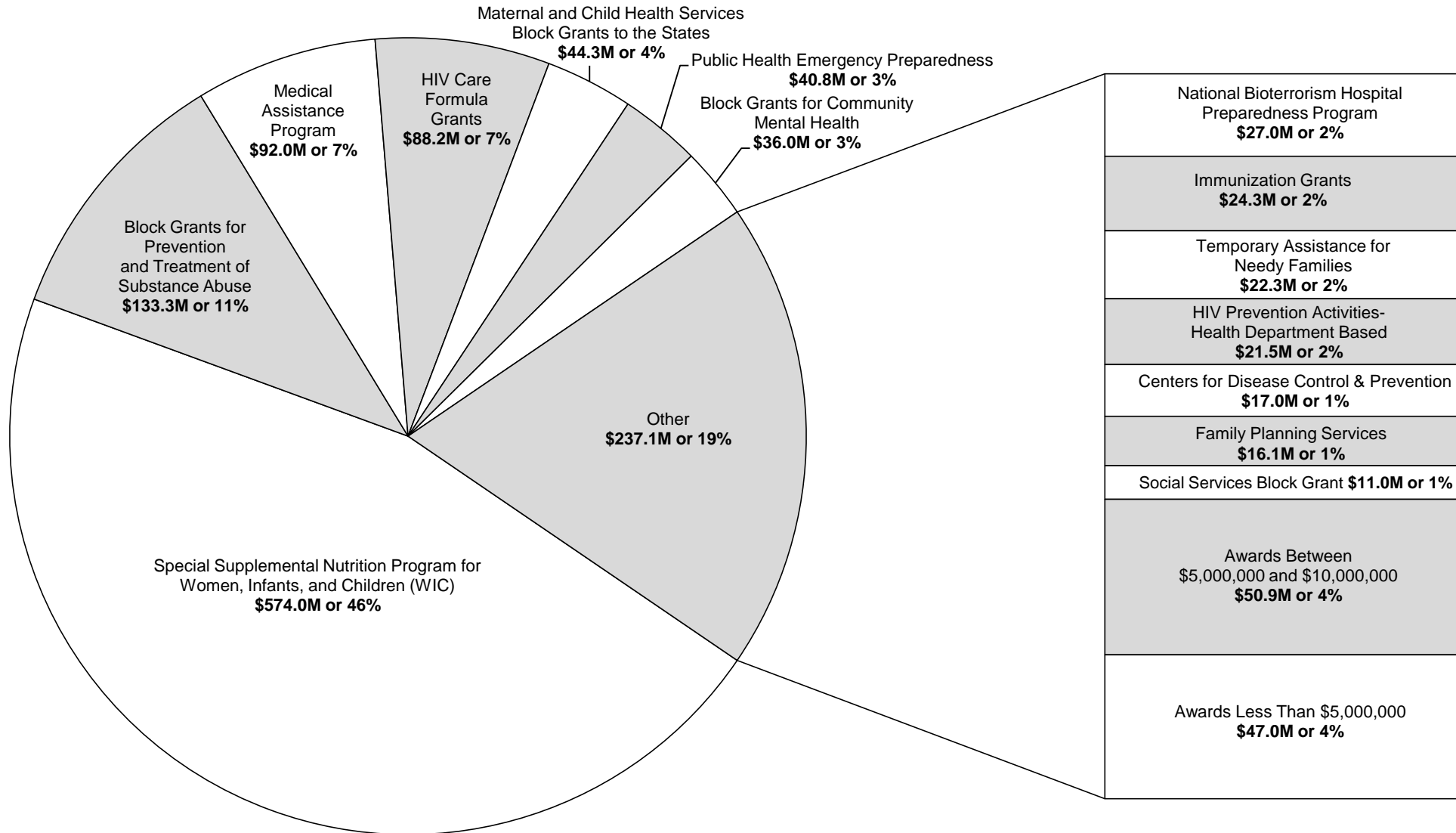
Section 3b

	Expended 2011	Estimated 2012	Budgeted 2013	Recommended 2014 Without Exchange Impact	Recommended 2015	Recommended 2014 With Exchange Impact	Recommended 2015
2.2.2 OP 1 <i>Average Monthly Number of Children Receiving Community Mental Health Services</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	13,633	13,300	12,206	12,206	12,206	12,146 (60)	11,964 (242)
2.2.3 OP 2 <i>Number of Persons Receiving Crisis Outpatient Services Per Year</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	66,567	67,531	59,935	59,935	59,935	59,870 (65)	59,675 (260)
3.1.2 OP 1 <i>Number of Outpatient Visits, Rio Grande State Center</i> <i>Measure Explanation: Decrease due to the implementation of the health insurance exchange.</i>	54,916	38,189	37,656	37,656	37,656	37,593 (63)	37,404 (252)

All above are Key Performance Measure changes due to the implementation of the health insurance exchange.

Section 3c

Department of State Health Services
Summary of Federal Funds (Estimated 2012) - House
TOTAL = \$1,245.7M



Section 4

**Department of State Health Services (DSHS)
Performance Review and Policy Report Highlights**

Reports & Recommendations	Report Page	Savings/ (Cost)	Gain/ (Loss)	Fund Type	Included in Introduced Bill	Action Required During Session
Maximize the Use of Private Health Insurance Coverage for Certain Clients Served by the Department of State Health Services	231					
1. Reduce appropriations by \$2,816,713 in All Funds in fiscal year 2014, and \$11,593,619 million in All Funds in fiscal year 2015 for strategies in the agency's bill pattern that are projected to be impacted by the exchange. The reduction in appropriated amounts reflects estimated savings related to the implementation of a health insurance exchange and the estimated revenue gain to DSHS related to payments from insurance companies for services for fiscal years 2014 and 2015.		\$14,410,332		All Funds	Funding Reduction	
2. Include a rider requiring DSHS to notify the Legislative Budget Board at least 30 days prior to a projected deficit in funds in the event that savings related to the implementation of a third party health insurance exchange are less than projected for fiscal years 2014 and 2015. In the event that actual savings are greater than projected in fiscal year 2014 and 2015, the agency is authorized to expend General Revenue Funds thereby made available only upon prior written approval from the Legislative Budget Board and the Governor.					Rider 76	
3. Include a rider requiring DSHS to report on the caseload and fiscal impact of the health insurance exchange and the outcome of agency efforts to increase client awareness of the health insurance exchange. The agency should submit a report to the Legislative Budget Board and the Governor by December 1, 2014.					Rider 75	
Use Alternative Settings to Reduce Forensic Cases in the State Mental Health Hospital System	216					
1. Include a contingency rider in the agency's bill pattern that would authorize DSHS to use funds appropriated for hospital facilities and services for jail-based competency restoration and conditional release programs for certain individuals under forensic commitment.					Contingency Rider 74	

Section 5

Department of State Health Services Rider Highlights - House

Deleted Riders (original number)

35. **Appropriation of License Plate Revenue.** Senate Bill 2, Eighty-second Legislature, First Called Special Session, appropriated all specialty license plate revenue earned during the 2012-13 biennium. Article IX continues this policy.
43. **SAPT Maintenance of Effort Calculation.** Combined with Rider 5, Federal Reports (see Modified Riders #5 below).
56. **Texas Cancer Registry.** Provisions of the rider have been completed.
59. **Regulatory Programs.** Provisions of the rider have been completed. The report will be received prior to session.
60. **Laboratory Fee Schedule.** Provisions of the rider have been completed; the new rates went into effect September 1, 2012.
62. **Community and State Hospitals Bed Capacity.** The project is complete.
63. **Request for Proposal to Privatize a State Mental Health Hospital.** Provisions of the rider have been completed. The agency did not award a contract to the one vendor who submitted a proposal.
67. **Contingency for Bottled Water Regulation.** The legislation did not pass.
68. **Contingency for Regulating Urgent Care Centers.** The legislation did not pass.
70. **Billing and Collections of Department of Health Public Health Services Fee Account No. 524.** The one-time report was completed.
71. **Study of the Mental Health System.** The one-time report was completed.
72. **Evaluate Security of Birth Records.** The one-time report was completed.
84. **Contingency for Senate Bill 166: Transfer of the Sex Offender Treatment and Supervision Program.** Provisions of the rider have been completed. A related informational new rider has been added (see New Riders #77 below).

Section 5

Modified Riders

3. **Client Services.** Added “substance abuse” for clarification of intent.
5. **Federal Reports.** Combined former rider 43, SAPT Maintenance of Effort Calculation, with this reporting rider.
6. **Mental Health Community Hospital Medicaid Services.** Changed the hospital listed. Galveston Community Hospital suffered significant damage during hurricane season and instead a contract was established with St. Joseph Hospital to provide these services.
8. **Transfers of Appropriation – State Owned Hospitals.** The amounts have decreased for the State Hospitals due to the proportional increase of forensic patients as a result of the forensic capacity lawsuit. (See Policy Issue #8 and Section 3a State Hospital Capacity).
15. **Appropriations Limited to Revenue Collections.** Rider is edited to reflect an approved request during the interim to eliminate the preliminary report previously submitted on September 1 of each year.
23. **Medical Treatment.** Deletes statement that agency can disregard rider to prevent a loss of federal funds; a state agency may not suspend a rider (violation of the separation of powers).
25. **State Health Care Facility Provisions.** House Bill 1850, Eighty-first Regular Legislative Session, changed the facility name from South Texas Health Care System to Rio Grande State Center.
27. **Reimbursement of Advisory Committees.** Updated the list of advisory committees to reflect those recently abolished, created, or exempt from the Government Code provisions. The adjustments to the reimbursement amounts in the rider result in no net funding change to the agency.
29. **Unexpended Balances – Preparedness and Prevention, and Consumer Protection Services.** Changed the unexpended balance approval process to be approved unless disapproved.
32. **Performance Reporting for Texas Center for Infectious Disease and Rio Grande State Center.** House Bill 1850, Eighty-first Regular Legislative Session, changed the facility name from South Texas Health Care System to Rio Grande State Center.
36. **Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds.** Added the Permanent Fund for Health and Tobacco Education and Enforcement. This fund was removed from the rider in the introduced bill for the Eighty-second Legislature due to zero-funding. During conference committee, the appropriations were added from this account, but the rider was not updated.

Section 5

39. **Children with Special Health Care Needs.** Moved language from the Special Provisions into the agency bill pattern and modified the reporting requirement to quarterly. The deletion of the c(2) provides the agency with flexibility to expend all appropriated funds while staying within budgetary and program constraints.
42. **Appropriation: Contingent Revenue.** Amended to add Account No. 129, Hospital Licensing, and to allow the agency to request projected revenue above the BRE as opposed to actual revenue. The earlier request in March will allow the agency more time to expend the funds.
46. **Estimated Appropriation: Perpetual Care Account.** Modified to be consistent with a similar rider in the Texas Commission on Environmental Quality's bill pattern.
50. **Family Planning Affiliate Requirements.** Deleted references specific to internal divisions at DSHS.
51. **Pandemic Flu Preparedness.** Modified to reflect the post-H1N1 response stockpile of vaccines.
53. **Limitation: Expenditure and Transfer of Additional Public Health Medicaid Reimbursements.** Changes the approval process to a notification process. These additional funds are lab reimbursements from Medicaid. Amended amounts to reflect the increased revenue and transfer to reimburse HHSC for Medicaid payments.
64. **Expand Physician Trauma Fellowships.** Modified to remove the contingency language.
66. **Outpatient Competency Restoration Pilot Program.** Removed language specifying certain pilot programs.

New Riders

72. **Contingency for Trauma Fellowships.** This recommendation is also included in the LBB staff report of strategies to reduce reliance on GR-D accounts for certification. Background: DSHS was appropriated \$2,250,000 per year in General Revenue-Dedicated Account 5111, Trauma Funds, to support partnerships between hospitals and graduate medical education programs or graduate nursing education programs. Although DSHS has appropriation authority over the account, authority to administer the program was given to the Higher Education Coordinating Board (THECB). As a result the DSHS transferred the funding to the THECB via an MOU. The Introduced Bill includes a contingency rider appropriating this amount to THECB if statute is changed to allow other agencies access to GR-D 5111. Because General Revenue-Dedicated Account 5111 is one of the accounts with the largest balances counted towards certification (\$424.8 million balance amount), the report will include specific options to reduce reliance on the account's revenue and balance.

Section 5

73. **Contingency for Trauma Registry Funds.** This rider would help reduce reliance on GRD-Account 5111 for certification purposes. This recommendation is also included in the LBB staff report of strategies to reduce reliance on GR-D accounts for certification. New rider includes language to switch methods of finance to fund the Trauma Registry with General Revenue-Dedicated Account 5111, Trauma Funds, instead of General Revenue Fund 1 if statute is amended to allow this use.
74. **Alternatives to Inpatient Services for Forensic Cases.** This contingency rider is part of a Performance Review recommendation. (See Section 4, Use Alternative Settings to Reduce Forensic Cases in the State Mental Health Hospital System).
75. **Third Party Health Insurance Exchange Reporting Requirement.** This rider is part of a Performance Review recommendation. The rider requires the agency to submit reports on the fiscal and caseload impact of the third party health insurance exchange. (See Policy Issue #1 and Section 4, Maximize the Use of Private Health Insurance for Clients Served by Certain Programs at the Department of State Health Services).
76. **Administration of Third Party Insurance Exchange Savings and Revenue Gains.** This rider is part of a Performance Review recommendation. This rider specifies the amount of projected savings and revenue gains included in the recommendations and requires the agency to request approval to expend funds if additional savings are realized. (See Policy Issue #1 and Section 4, Maximize the Use of Private Health Insurance for Clients Served by Certain Programs at the Department of State Health Services).
77. **Administrative Attachment: Office of Violent Sex Offender Management.** Informational rider about the administrative attachment between OVSOM and DSHS. (See Policy Issue #12).

Section 6

**State Health Services, Department of
Items not Included in Recommendations - House**

Agency Exceptional Items - In Agency Priority Order

	2014-15 Biennial Total	
	GR & GR- Dedicated	All Funds
1. State Hospital Patient Safety and Operations.	\$ 16,501,492	\$ 16,501,492
a) Security equipment and cameras in selected areas of state hospitals; make recordings available to DFPS.	\$ 6,381,000	\$ 6,381,000
b) Renovation of Victory Field campus at North Texas State Hospital - Vernon, for adolescent forensic program.	\$ 4,429,436	\$ 4,429,436
c) Resident Physician Stipends for the State Hospitals.	\$ 2,000,000	\$ 2,000,000
d) Vehicle Replacements, 145 vehicles.	\$ 3,691,056	\$ 3,691,056
2. Immunizations.	\$ 26,522,000	\$ 26,522,000
a) Adult Safety Net Vaccines.	\$ 17,942,000	\$ 17,942,000
b) Meningococcal Vaccines.	\$ 8,580,000	\$ 8,580,000
3. Disease Outbreaks and Disaster Response.	\$ 7,103,306	\$ 7,103,306
4. Hospital Facilities and Infrastructure (request is General Obligation Bond funding).	\$ -	\$ 76,366,891
5. Primary Health Care Expansion.	\$ 69,931,512	\$ 69,931,512
6. DSHS Waiting Lists.	\$ 80,800,000	\$ 80,800,000
a) Wait List: Children with Special Health Care Needs. (802 additional clients served per year)	\$ 23,600,000	\$ 23,600,000
b) Wait List: Mental Health Adults. (6,242 additional clients served per year)	\$ 54,100,000	\$ 54,100,000
c) Wait List: Mental Health Children. (286 additional clients served per year)	\$ 3,100,000	\$ 3,100,000

		2014-15 Biennial Total	
		GR & GR- Dedicated	All Funds
7. Substance Abuse.		\$ 33,550,084	\$ 33,550,084
a) Capacity Expansion/ Wait List. (948 additional clients served per year)		\$ 4,941,828	\$ 4,941,828
b) Substance Abuse Provider Rate.		\$ 18,471,549	\$ 18,471,549
c) Set aside slots for DFPS. (6,000 over the biennium)		\$ 10,136,707	\$ 10,136,707
8. Behavioral Health.		\$ 23,213,668	\$ 28,037,202
a) Oxford House, addiction recovery house.		\$ 1,140,000	\$ 1,140,000
b) Relinquishment slots (DFPS). (10 beds per year)		\$ 2,056,262	\$ 2,056,262
c) Rental assistance to currently enrolled persons who are homeless or at risk of homelessness.		\$ 20,017,406	\$ 24,840,940
9. Tobacco Cessation and Chronic Disease Prevention.		\$ 8,574,702	\$ 8,574,702
a) Chronic Disease Prevention.		\$ 4,000,000	\$ 4,000,000
b) Restore Quitline and Smokeless Tobacco funding.		\$ 4,574,702	\$ 4,574,702
10. Preventing Healthcare Associated Infections.		\$ 2,000,000	\$ 2,000,000
11. Office of Violent Sex Offender Management (OVSOM).		\$ 4,127,313	\$ 4,127,313
Total, Items Not Included in the Recommendations		\$ 272,324,077	\$ 353,514,502

DSHS Portion of Enterprise Exceptional Items in the HHSC Request.

1. Recruitment and Retention - Psychiatric Nursing Assistants. Increase pay by 10%.		\$ 14,790,336	\$ 14,790,336
2. Laundry Services.		\$ 253,260	\$ 253,260
3. CARE Retirement.		\$ 13,740,471	\$ 13,740,471
Total, DSHS Portion of Enterprise Exceptional Items		\$ 28,784,067	\$ 28,784,067