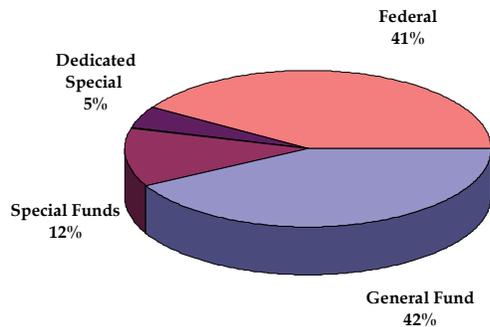






## Financing of Health and Human Resources Agencies\*

(Based on 2008 - 2010 Proposed Operating Budget)



\* Funds with totals less than 1% have not been included.

**Access to Care:** More than a million Virginians reported they did not have health insurance in 2005. Adequate access to health care is critical to ensuring Virginia's families stay strong and healthy so that individuals can continue to contribute to the Commonwealth's dynamic economy. Over the last year Virginia has expanded prenatal coverage to low-income pregnant women and provided targeted payment increases in the Medicaid program for physicians and rural hospitals. These changes have been critical to reaching vulnerable populations and areas where health care services are most needed.

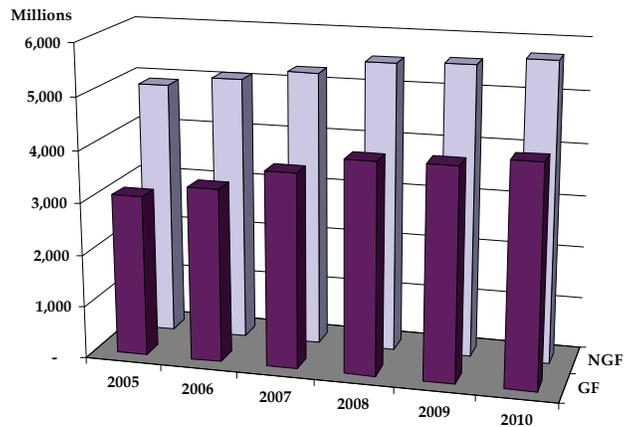
**Mental Health:** The tragic events at Virginia Tech on April 16<sup>th</sup> highlighted some of the gaps in our mental health delivery system. To meet the immediate needs of mental health providers in the Blacksburg area, Virginia was successful in obtaining a grant from the federal government in August of this year. Many of the other gaps identified following the incident will be deliberated upon during the 2008 General Assembly session. The secretariat is fully committed to working with the General Assembly and localities to improve our mental health system going forward.

**Healthcare Workforce:** The availability of nurses is one of the most critical workforce issues facing Virginia. To close the gap between growing demand and the limited number of nurse graduates, the Commonwealth sought to increase nursing school

capacity by increasing the number of nursing faculty. Last year, additional nursing scholarships were made available to nurses seeking advanced degrees to enable them to teach in our nursing schools. In addition, existing nurse faculty received a salary increase to make their salaries competitive with private providers. Lastly, a nursing workforce summit was held in August to identify additional pathways to increase school capacity and reduce current nurse shortages.

**Prevention:** A critical component to advancing Virginia's health rankings is encouraging citizens to make healthier lifestyle choices. Over the last year, the Department of Health has developed a strong partnership with the Department of Education to combat childhood obesity. This partnership helped the Commonwealth receive a National Governor's Association Grant to bolster existing efforts to combat obesity in schools and resulted in a successful Healthy Students Summit with over 400 participants from local school districts. The Commonwealth also implemented a high risk maternity program for Medicaid enrollees, established an Office of Minority Health, and expanded Medicaid disease management programs.

## Office of Health and Human Resources Operating Budget History



## Secretary of Health and Human Resources

<http://www.hhr.virginia.gov/>

The Health and Human Resources Secretariat manages the delivery of services and programs to ensure and provide for public health, provide services for persons with disabilities, establish health care coverage and social services for low-income Virginians, offer temporary assistance for Virginians working their way toward self-sufficiency, increase access to health and social services information, work with families to overcome natural and manmade disasters, and establish accountability in service delivery.

### Operating Budget History

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$588,454	\$4,790	6.00
2006 Appropriation	\$1,689,724	\$4,790	6.00
2007 Appropriation	\$1,732,144	\$0	6.00
2008 Appropriation	\$1,732,144	\$0	6.00

### New Operating Budget Summary

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$1,732,144	\$0	6.00
2009 Addenda	\$72,578	\$0	0.00
2009 TOTAL	\$1,804,722	\$0	6.00
2010 Base Budget	\$1,732,144	\$0	6.00
2010 Addenda	\$72,578	\$0	0.00
2010 TOTAL	\$1,804,722	\$0	6.00

### Recommended Operating Budget Addenda

#### ► Distribute Central Appropriations amounts to agency budgets

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$72,578 (GF).

## Comprehensive Services For At-Risk Youth And Families

<http://www.csa.state.va.us/>

The mission of the Comprehensive Services Act for At-Risk Youth and Families (CSA) is to create a collaborative system of services and funding that is child-centered, family-focused and community-based when addressing the strengths and needs of troubled and at-risk youths and their families in the Commonwealth.

### Key Objectives and Performance Measures

#### ► Maximize the number of CSA funded youth served in community and family based settings

We will increase the proportion of children served at home, in school and in the community.

### Operating Budget History

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$186,694,989	\$55,956,816	0.00
2006 Appropriation	\$202,129,445	\$61,411,678	0.00
2007 Appropriation	\$216,357,852	\$53,017,498	0.00
2008 Appropriation	\$239,329,274	\$52,607,746	0.00

### New Operating Budget Summary

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$239,329,274	\$52,607,746	0.00
2009 Addenda	\$64,225,103	\$965,579	0.00
2009 TOTAL	\$303,554,377	\$53,573,325	0.00
2010 Base Budget	\$239,329,274	\$52,607,746	0.00
2010 Addenda	\$84,922,836	\$0	0.00
2010 TOTAL	\$324,252,110	\$52,607,746	0.00

### Recommended Operating Budget Addenda

#### ► Increase state pool funds for at-risk youth and families

Provides additional funds to continue mandated special education, foster care and foster care prevention services for at-risk youth. Projected expenditures include anticipated increases due to policy clarification during the previous fiscal year. In line with projected program growth, these funds will cover an annual program growth of approximately 10 percent. For 2009, \$65.4 million (GF). For 2010, \$93.2 million (GF).

#### ► Increase funding for basic foster care rate

Raises maintenance payments made to foster family homes on behalf of foster children by 15 percent in the first year and by an additional 10 percent in the second year. This increase will facilitate stability in foster home placements, enhance local departments' ability to recruit families and avoid placement in more costly residential facilities. For 2009, \$1.1 million (GF). For 2010, \$2.6 million (GF).

#### ► Provide incentives to localities serving children in community-based settings

Provides incentives to localities to provide community-based services by changing the match rate for residential and community based services. Localities will receive a higher match rate from the state for services provided in community settings, and a lower match rate for services provided in residential settings. For 2009, a decrease of \$1.5 million (GF). For 2010, a decrease of \$11.0 million (GF).

#### ► Substitute Temporary Assistance for Needy Families (TANF) dollars for general fund support of eligible activities

Replaces general fund dollars in certain activities with TANF appropriation. Recent data indicates that the TANF caseload has declined and with it the mandated expenditures for cash assistance and child care services. This reduction strategy will generate savings by supplanting general fund with TANF for certain eligible activities in FY 2009 without reducing the overall amount of support provided. For 2009, a decrease of \$965,579 (GF) and an increase of \$965,579 (NGF).

#### ► Collect outcome data on children served by the Comprehensive Services Act

Provides funding for the purchase and maintenance of a data tool that will allow the agency to better coordinate information

**Comprehensive Services For At-Risk Youth And Families (Continued)**

related to a uniform assessment instrument. The ability to track outcome data for children served through the Comprehensive Services Act will aid localities in providing effective services in the most appropriate setting. For 2009, \$225,000 (GF). For 2010, \$52,000 (GF).

► **Adjust utilization management language**

Changes language to reflect existing practice for utilization management services. Current language requires the Department of Medical Services to contract for utilization management services for certain localities receiving payment from the Office of Comprehensive Services. This language adjustment will streamline the utilization management process. This amendment is embedded in budget language.

**Department for the Aging**

<http://www.vda.virginia.gov/>

The Virginia Department for the Aging (VDA) promotes the dignity, independence, and security of older Virginians by promoting partnerships with families and communities.

**Key Objectives and Performance Measures**

► **We will implement the No Wrong Door initiative in more Area Agencies on Aging (AAAs) and within each expand the number of business processes that are incorporated in the information technology solution.**

The number of Area Agencies on Aging business processes incorporated in the No Wrong Door initiative.

**Operating Budget History**

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$15,102,765	\$29,859,086	27.00
2006 Appropriation	\$15,432,765	\$29,859,086	27.00
2007 Appropriation	\$17,719,307	\$31,689,698	27.00
2008 Appropriation	\$19,349,077	\$31,593,189	27.00

**New Operating Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$19,349,077	\$31,593,189	27.00
2009 Addenda	(\$645,085)	\$133,443	0.00
2009 TOTAL	\$18,703,992	\$31,726,632	27.00
2010 Base Budget	\$19,349,077	\$31,593,189	27.00
2010 Addenda	(\$645,085)	\$133,443	0.00
2010 TOTAL	\$18,703,992	\$31,726,632	27.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$64,356 (GF) and \$133,443 (NGF).

► **Realign positions to reflect proper funding source**

Converts three positions from general fund to nongeneral fund to more accurately reflect the fund split. The agency's federal

funding as been stagnant for several years and these positions are now supported from the general fund.

► **Continue 2008 budget reductions**

Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For each year, a reduction of \$709,441 (GF).

**Department for the Deaf and Hard-of-Hearing**

<http://www.vddhh.org/>

The Virginia Department for the Deaf and Hard of Hearing (VDDHH) works to reduce the communication barriers between persons who are deaf or hard of hearing and those who are hearing, including family members, service providers, and the general public.

**Key Objectives and Performance Measures**

► **We will increase the pool of qualified interpreters available to fill assignments coordinated by VDDHH.**

We will fill interpreter requests from Virginia Courts, state agencies and 12-step programs.

**Operating Budget History**

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$1,203,631	\$177,942	14.00
2006 Appropriation	\$1,328,631	\$177,942	14.00
2007 Appropriation	\$1,378,340	\$182,333	14.00
2008 Appropriation	\$1,378,549	\$14,382,229	14.00

**New Operating Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$1,378,549	\$14,382,229	14.00
2009 Addenda	(\$3,948)	\$6,849	0.00
2009 TOTAL	\$1,374,601	\$14,389,078	14.00
2010 Base Budget	\$1,378,549	\$14,382,229	14.00
2010 Addenda	(\$3,948)	\$6,849	0.00
2010 TOTAL	\$1,374,601	\$14,389,078	14.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$64,980 (GF) and \$6,849 (NGF).

► **Continue 2008 budget reductions**

Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For each year, a reduction of \$68,928 (GF).

**Department of Health**

<http://www.vdh.state.va.us/>

The Virginia Department of Health is dedicated to promoting and protecting the health of Virginians.

**Key Objectives and Performance Measures**

- **Increase the influenza and pneumococcal vaccination coverage rates in adults 65 years of age and older.**  
 The percentage of adults 65 years of age and older in Virginia who are appropriately immunized against influenza  
 The percentage of adults 65 years of age and older in Virginia who are appropriately immunized against pneumonia
- **Improve the quality of life and the quality of health care provided to long-term care residents diagnosed with pressure ulcers, or at risk for acquiring pressure ulcers. ( )**  
 The percentage of residents of long term care facilities in Virginia who have pressure ulcers
- **Increase Virginia's citizens access to safe and affordable drinking water**  
 The number of additional Virginia citizens who will gain access to safe and affordable drinking water
- **We will Increase immunization rates of children at two years of age**  
 90% of two-year old children in Virginia will be appropriately immunized
- **We will reduce the prevalence of obesity in Virginia**  
 The percentage of adults in Virginia who are obese
- **We will reduce the prevalence of smoking among Virginians**  
 The percentage of adults who smoke  
 The percentage of youth who smoke
- **We will reduce teenage pregnancy rates in Virginia**  
 The teenage pregnancy rate among females ages 10-19 in Virginia
- **We will reduce infant mortality**  
 The infant mortality rate

**Operating Budget History**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2005 Appropriation	\$138,787,326	\$338,103,991	3,670.00
2006 Appropriation	\$142,773,275	\$345,158,590	3,598.00
2007 Appropriation	\$161,715,879	\$368,461,750	3,768.00
2008 Appropriation	\$169,123,134	\$366,304,299	3,771.00

**New Operating Budget Summary**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2009 Base Budget	\$169,123,134	\$366,304,299	3,771.00
2009 Addenda	\$10,144,932	\$49,015,234	29.00
2009 TOTAL	\$179,268,066	\$415,319,533	3,800.00
2010 Base Budget	\$169,123,134	\$366,304,299	3,771.00
2010 Addenda	\$13,167,921	\$45,984,243	29.00
2010 TOTAL	\$182,291,055	\$412,288,542	3,800.00

**Recommended Operating Budget Addenda**

- ▶ **Distribute Central Appropriations amounts to agency budgets**  
 Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$11.6 million (GF) and \$14.5 million (NGF).
- ▶ **Transfer appropriation to Department of Environmental Quality**  
 Transfers funding and two positions as authorized in Chapter 847, Item 295, Paragraph B, 2007 Appropriation Act. This transfer supports the Department of Environmental Quality's biosolids program pursuant to House Bill 2802, which was passed during the 2007 General Assembly Session. For each year, a reduction of \$183,026 (GF).
- ▶ **Remove appropriation for Comprehensive Health Investment Project of Roanoke**  
 Removes unsupported federal appropriation. For each year, a reduction of \$249,358 (NGF).
- ▶ **Increase appropriation in the Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities**  
 Projects a revenue increase of four percent in the "Four for Life" Fund based on historical revenue collections and vehicle registrations. These funds are used to support the provision of training and education of Emergency Medical Services personnel, the purchase of equipment and supplies, and to support local government operations. For each year, \$4.2 million (NGF).
- ▶ **Increase appropriation in Trauma Center Fund**  
 Increases support due to increased revenue collections from the restoration of revoked motor vehicle licenses and multiple offenders convicted of driving under the influence. Revenue is used for defraying the costs of providing emergency medical care to victims of automobile accidents attributable to alcohol or drug use. For each year, \$4.2 million (NGF).
- ▶ **Increase appropriation in Special Supplemental Nutrition Program for Women, Infants, and Children**  
 Increases support due to the United States Department of Agriculture increasing its federal grant award from \$57 million to \$80 million. The grant covers food costs as well as an anticipated increase in program enrollment. For each year, \$23.1 million (NGF).
- ▶ **Reduce appropriation for Drinking Water State Revolving Fund**  
 Reduces support to reflect declining federal waterworks construction funding. For each year, a reduction of \$4.5 million (NGF).
- ▶ **Increase special fund appropriation for private grants and donations**  
 Increases support in Local and Maternal Child Health Services and Chronic Disease and Prevention Control service areas in order to meet revenue and expenditure needs. For each year, \$900,000 (NGF).
- ▶ **Remove appropriation in Injury and Violence Prevention**  
 Removes appropriation in order to be in compliance with

Section 32.1-34.1 of the Code of Virginia, which allows donations to local health departments to be used only in conjunction with the Community Health Services program. For each year, a reduction of \$10,000 (NGF).

► **Remove appropriation and transfer two positions to the Department of Environmental Quality**

Removes funding related to the transfer of two positions as authorized in Item 295, Paragraph B of Chapter 847, 2007 Appropriation Act. This transfer supports the Department of Environmental Quality's biosolids program pursuant to House Bill 2802, which was passed during the 2007 General Assembly Session. The base adjustment within the department already includes the transfer of the general fund appropriation. For 2009, a decrease of \$250,000 (NGF) and two positions. For 2010, a decrease of \$250,000 (NGF).

► **Adjust position level related to the Virginia Information Technology Agency transfer**

Reflects the administrative transfer of positions. The department signed a memorandum of agreement with the Virginia Information Technology Agency whereby 22 of the 77 full time positions originally transferred to the agency, during the 2005 General Assembly session, would return to the department. For 2009, 22 positions.

► **Implement system-wide salary realignments for Chief Medical Examiner and forensic pathologist positions**

Raises the statewide average salary for experienced pathologist positions to \$180,000 and newly trained pathologist positions to \$160,000. The Chief Medical Examiner's annual salary would also be adjusted to \$200,000. The salary adjustments are needed to give the department the financial resources needed to fill these highly-recruited positions. For each year, \$505,457 (GF).

► **Fund positions within Office of Drinking Water Program**

Provides the full funding of salaries and benefits for nine current positions and supplemental funding for four additional positions. The Office of Drinking Water currently has multiple vacancies in critical areas that support the primacy requirements under the federal Safe Drinking Water Act. These requirements are directly focused on the protection of public health and the provision of clean, safe drinking water. For each year, \$250,000 (GF).

► **Continue 2008 budget reductions**

Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For each year, a decrease of \$38,369 (GF) and \$890,000 (NGF).

► **Substitute Temporary Assistance for Needy Families (TANF) dollars for general fund support of eligible activities**

Replaces general fund dollars for Teenage Pregnancy Prevention, Partners in Prevention, and Resource Mothers Programs with TANF appropriation. Recent data indicates that the TANF caseload has declined and with it the mandated expenditures for cash assistance and child care services. This reduction strategy will generate savings by supplanting general fund with TANF for certain eligible activities in FY 2009 without reducing the overall amount of support provided. For 2009, a decrease of \$4.0 million (GF) and an increase of \$4.0 million (NGF).

► **Reduce public information office activities**

Implements cost savings initiatives regarding public

information activities across all programs. For each year, a reduction of \$75,000 (GF).

► **Reduce pass-through to Arthur Ashe Health Center and AIDS Resource and Consultation Centers**

Reduces funding to both nonstate entities by five percent. For each year, a reduction of \$35,988 (GF).

► **Reduce funding to Virginia Health Information**

Reduces funding provided to support the administration of a patient level database and provide outpatient surgical and other medical data by five percent. For each year, a reduction of \$15,314 (GF).

► **Continue funding to State Pharmaceutical Assistance Program at current level**

Funding established for this program was reduced by five percent in FY 2008 as part of the department's savings strategy. This program will continue to operate at its current funding level, which pays insurance premiums, coinsurance payments, and other out of pocket costs for individuals in the Virginia AIDS Drug Assistance Program. For each year, a reduction of \$15,000 (GF).

► **Reduce funding to Regional Health Planning Agencies**

Reduces the authorized payment of general fund and certificate of public need revenue, in excess of the department's expenses, to Regional Health Planning Agencies by five percent. The reduction will allow the department to retain fees currently collected to support regional public hearings. For each year, a reduction of \$16,654 (GF).

► **Reduce funding to Poison Control Centers**

Reduces support provided for the department to contract with three poison control centers (University of Virginia in Charlottesville, Virginia Commonwealth University in Richmond, and the National Capital Poison Center in Washington, D.C.) by five percent. For each year, a reduction of \$81,563 (GF).

► **Eliminate funding to Blood Cord Initiative**

Eliminates funding established for the Virginia Cord Blood Bank Initiative. Legislative intent was that the nonprofit entity be responsible for the operation and administration of the initiative. For each year, a reduction of \$200,000 (GF).

► **Eliminate funding to Area Health Education Centers**

Eliminates funding to eight community Area Health Education Centers (Blue Ridge, Southside, Southwest Virginia, Greater Richmond, South Central, Rappahannock, Northern Virginia, and Eastern Virginia). For each year, a reduction of \$400,000 (GF).

► **Reduce funding for new electronic health records grants and interoperability funds**

Reduces funding used to encourage the adoption of electronic health records throughout Virginia. General fund support is also used to serve as match for available special funds for the development and implementation of an electronic medical records system for local health departments. For each year, a reduction of \$550,000 (GF).

► **Provide Office of Epidemiology bulletin electronically**

Discontinues printing the Office of Epidemiology's Bulletin in hard copy. The office will provide the same information electronically. For each year, a reduction of \$96,000 (GF).

► **Supplant Trauma Centers through nongeneral funds**

Supports the Trauma Center Fund through fines paid by those convicted of two or more driving under the influence-related offenses within 10 years and applying for reinstatement of suspended or revoked driver's licenses. Actual collection of revenue for the fund were estimated to be \$4.2 million, however, actual collections in FY 2007 were \$8.2 million. Eliminates general fund support. For each year, a reduction of \$1.9 million (GF).

► **Eliminate funding to Injury and Violence Prevention**

Supports the service area through federal grants. Annual federal grants awarded to the service area total over four million dollars. Because this service area is predominantly federally funded, emerging national injury and violence priorities generally drive categorical federal funding opportunities and, therefore, determine the services that are funded and able to be provided. For each year, a reduction of \$102,000 (GF).

► **Eliminate match for federal abstinence-only education grant**

Eliminates state funding for abstinence-only education. The status of the grant is uncertain due to its cancellation, and later reinstatement, by the federal government. Formal program evaluations at the federal level have indicated that this particular program is no more effective than any other birth control education effort. For each year, a reduction of \$275,098 (GF).

► **Reduce funding to Public Health Toxicology**

Reduces support to the Division of Public Health Toxicology. Since the division was formed in 1976, federal laws and regulations have taken much of the responsibility for the functions of the division. In addition, duties have been transferred, with staff, to other agencies, such as the Department of Environmental Quality. For 2009, a decrease of \$275,788 (GF) and two positions. For 2010, a decrease of \$275,788 (GF).

► **Provide funding to support costs of leasing new or expanding existing local health department facilities**

Addresses local health department facility needs in Isle of Wight, Suffolk, and Roanoke City. For each year, \$435,000 (GF) and \$215,000 (NGF).

► **Add two positions in Office of Minority Health and Public Health Policy**

Enables the office to hire two positions to assist in the designation of federal Health Professional Shortage Areas, federal Medically Underserved Areas, and Medically Underserved Populations. For 2009, \$157,711 (GF) and two positions. For 2010, \$153,363 (GF).

► **Add support to expand the immunization registry system**

Expands the immunization registry, a web-based integrated information system currently used by local health departments to record and track immunizations administered on patients across the life span. Funding will be used for information technology services and support, as well as, travel, printing, user training, registry marketing, stakeholders meeting, digital certificate licenses and registry algorithm. The department received a federal Immunization and Vaccines for Children grant from the Centers for Disease Control and Prevention (CDC) totaling over four million dollars, of which over one million dollars is designated for registry support. The CDC expects each state receiving federal registry grant funds to be a

part of the national registry system. For 2009, \$1.4 million (NGF) and nine positions. For 2010, \$1.3 million (NGF).

► **Increase fees for onsite sewage and water services, restaurant, hotel, campground, and summer camp permit applications**

Assists local health departments in the protection of the public's health. Well and septic fee increases will enable more local health departments to fill positions, monitor the performance of advanced treatment systems after installation, and improve local health departments' capacity to conduct quality assurance reviews which will reduce the number of systems that fail due to preventable factors. The increase in food establishment fees will enable local health departments to fill positions and fully implement inspections based on critical risk factors. For 2009, \$2.5 million (NGF). For 2010, a decrease of \$1.1 million (GF) and an increase of \$3.5 million (NGF).

► **Increase support for shellfish and marina programs**

Increases support for the Division of Shellfish Sanitation and Marina Program. The appropriation increase will address increasing costs and workload for both programs. The department will conduct a study to examine the potential general fund savings of establishing and implementing a fee structure within both programs, making them self-sufficient in FY 2010. For 2009, \$216,320 (GF).

► **Provide additional funding to community-based health safety net providers to stabilize their operations, expand access to healthcare services, and coordinate services for uninsured Virginians**

Increases access to the most basic primary healthcare for Virginia's one million uninsured residents. Community-based providers consist of free clinics, health centers, local health departments, and other local or regional organizations providing care to the uninsured. For each year, \$5.0 million (GF).

► **Increase funding for Virginia Breast and Cervical Cancer Early Detection Program**

Provides funding for additional breast and cervical cancer screenings and diagnostic tests for an additional 1,333 women ages 18-44. Funding will also provide supplies and educational materials used by local health workers in the recruitment and enrollment of minority and rarely/never screened women between the ages of 18-44. For 2010, \$300,000 (GF).

► **Fund the Virginia Dental Health Foundation's Mission of Mercy Dental Project**

Supports the Virginia Dental Health Foundation, a nonprofit organization within the Virginia Dental Association. Funding will be used to purchase dental equipment and supplies to provide dental services for Virginia's uninsured. For each year, \$50,000 (GF).

► **Reduce funding to Regional Health Planning Agencies**

Reduces support to nonstate entities by 50 percent. The reduction will allow the department to retain fees currently collected to support regional public hearings. For each year, a reduction of \$166,536 (GF).

► **Fund Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Project**

Supports the program, which seeks to reduce the number of new cases of intimate partner violence (IPV) in seven locally funded communities. Virginia is one of 14 states selected to

implement the DELTA project through the Centers for Disease Control and Prevention (CDC). This project is in its fifth year and brings together diverse members of local communities to plan, implement, and evaluate projects designed to prevent domestic violence before it starts, particularly in populations at high-risk for perpetrating violence. For each year, \$288,000 (GF).

► **Modify language concerning the scholarship program to accurately reflect program expenditures and expectations**

Reflects current program expenditures and expectations, such as increased general funds provided for financial incentives to psychiatrists who commit to practice in underserved areas of the state, scholarships, and loan repayments for nursing and dental students. This amendment is embedded in budget language.

► **Authorize the Department of Health to charge market rates for medical care services**

Allows the department to charge market rates for medical care services to local health department patients covered by private commercial insurance. If the insurance company denies a claim for medical care services provided by the department to such a person, the patient portion of the bill shall not be greater than if the person did not have private health insurance. This amendment is embedded in budget language.

► **Move language concerning the Trauma Fund into the correct program**

Moves language concerning the Trauma Fund from the Administrative and Support Services program to the Emergency Medical Services program, where appropriation and authority for the fund is located. This amendment is embedded in budget language.

**Department of Health Professions**

<http://www.dhp.virginia.gov/>

Our mission is to ensure safe and competent patient care by licensing health professionals, enforcing standards of practice, and providing information about health care practitioners.

**Key Objectives and Performance Measures**

➤ **To promptly process applications for initial licensure and, where necessary, conduct examinations and deny eligibility for all individuals and entities who seek to provide services.**

We will process applications for licensure within 30 days of receipt of a completed application

We will achieve high customer satisfaction ratings from individuals applying for licensure

➤ **To detect, receive, evaluate and investigate allegations of misconduct.**

We will investigate and process cases relating to patient care within 250 work days

**Operating Budget History**

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$0	\$19,323,170	173.00
2006 Appropriation	\$0	\$19,881,977	173.00
2007 Appropriation	\$0	\$23,157,461	199.00
2008 Appropriation	\$0	\$23,412,064	204.00

**New Operating Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$0	\$23,412,064	204.00
2009 Addenda	\$0	\$3,853,637	10.00
2009 TOTAL	\$0	\$27,265,701	214.00
2010 Base Budget	\$0	\$23,412,064	204.00
2010 Addenda	\$0	\$3,968,813	11.00
2010 TOTAL	\$0	\$27,380,877	215.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$1.4 million (NGF).

► **Increase appropriation to cover building lease costs**

Provides nongeneral fund appropriation to cover increased lease costs associated with moving the Department of Health Professions to new office space. For 2009, \$273,860 (NGF). For 2010, \$305,445 (NGF).

► **Appropriate the nongeneral fund share of information technology costs**

Provides the necessary appropriation to cover the cost of increased information technology services. For each year, \$502,525 (NGF).

► **Appropriate funds for the Prescription Monitoring Program**

Appropriates anticipated annual revenue to support the Virginia Prescription Monitoring Program that will be received as part of a larger OxyContin settlement. Pursuant to a plea agreement, the Purdue Frederick Company Inc. has deposited \$20.0 million dollars into a state account to be held in a trust account solely for the operation of the Virginia Prescription Monitoring Program. A limited amount of money will be drawn from the trust account each year for the operation of the program. For 2009, \$788,798 (NGF) and two positions. For 2010, \$788,798 (NGF).

► **Improve the timeliness of disciplinary investigations and case resolutions**

Adds appropriation and positions in the areas of enforcement and administrative proceedings necessary to address increases in the number and complexity of complaints and allegations regarding misconduct by health care practitioners. Additional staff will be used to investigate and adjudicate cases of alleged misconduct by health care practitioners as well as address the existing backlog of cases. For 2009, \$779,014 (NGF) and seven positions. For 2010, \$862,605 (NGF) and one additional position.

► **Address risk management and internal controls deficiencies**

Funds an additional position to enable the agency to comply with new requirements governing agency risk management and internal controls standards (ARMICS) and to enable management to improve the agency's operational efficiency. For 2009, \$80,551 (NGF) and one position. For 2010, \$80,551 (NGF).

**Department Of Medical Assistance Services**

<http://www.dmas.virginia.gov/>

To provide access to a comprehensive system of high quality and cost effective health care services to qualifying Virginians.

**Key Objectives and Performance Measures**

➔ **We will work to improve the immunization rate among FAMIS children by increasing the percentage of two year olds who are fully immunized**

Percentage of two year olds in FAMIS who are fully immunized

Percentage of 3-6 year-old children enrolled in the FAMIS program who received the recommended number of well-child screenings

Percentage of 15 months-old children enrolled in the FAMIS program who received the recommended number of well-child screenings

➔ **We will work to improve the oral health and increase the utilization of appropriate preventative care of FAMIS and FAMIS Plus (Medicaid) enrolled children**

Percentage of enrolled children who utilize dental services

➔ **We will work to improve the immunization rate among FAMIS Plus (Medicaid) children by increasing the percentage of two year olds who are fully immunized**

Percentage of two year olds in FAMIS Plus (Medicaid) who are fully immunized

Percentage of 15 months-old children enrolled in the FAMIS Plus (Medicaid) program who received the recommended number of well-child screenings

Percentage of 3-6 year-old children enrolled in the FAMIS Plus (Medicaid) program who received the recommended number of well-child screenings

➔ **We will work to improve the oral health and increase the utilization of appropriate preventative care of FAMIS and FAMIS Plus (Medicaid) enrolled children**

Percentage of enrolled children who utilize dental services

➔ **We will work to improve birth outcomes in the Medicaid population by increasing the percentage of Medicaid/FAMIS covered births which are normal birth weight, rather than below normal birth weight**

Percentage of Medicaid/FAMIS covered births which are normal birth weight

➔ **We will increase the number of long-term care recipients served in home-and-community settings by increasing the percentage of spending for community based on long care services as compared to all Medicaid long term care service expenditures**

Proportion of total Medicaid long term care expenditures for home and community based services.

➔ **We will work to improve the oral health and increase the utilization of appropriate preventative care of FAMIS and FAMIS Plus (Medicaid) enrolled children**

Percentage of enrolled children who utilize dental services

EPSDT well-child screenings

**Operating Budget History**

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$1,947,986,146	\$2,615,488,502	325.00
2006 Appropriation	\$2,147,195,688	\$2,773,903,914	331.00
2007 Appropriation	\$2,408,455,441	\$2,912,055,424	348.00
2008 Appropriation	\$2,633,127,039	\$3,126,849,770	349.00

**New Operating Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$2,633,127,039	\$3,126,849,770	349.00
2009 Addenda	\$37,302,167	\$78,168,223	12.00
2009 TOTAL	\$2,670,429,206	\$3,205,017,993	361.00
2010 Base Budget	\$2,633,127,039	\$3,126,849,770	349.00
2010 Addenda	\$192,438,522	\$242,188,416	13.00
2010 TOTAL	\$2,825,565,561	\$3,369,038,186	362.00

**Recommended Operating Budget Addenda**

▶ **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$1.3 million (GF) and \$1.3 million (NGF).

▶ **Remove one-time funding for a PACE site in Northern Virginia**

Removes one-time funding of \$250,000 in FY 2008 that was provided to start a PACE (Program for the All-Inclusive Care for the Elderly) site in Northern Virginia. This money was start-up funding for one site and must be removed from the base budget. For each year, a reduction of \$250,000 (GF).

▶ **Remove one-time funding for the National Provider Identifier**

Funding was provided to the agency for the administrative costs of the National Provider Identifier. This was a federal requirement that went into effect in May 2007 requiring that all providers basically have one identification number to be used across all health plans. Funding was provided for the remediation costs of the Medicaid Management Information System. This adjustment removes the funding from the base budget that was provided in FY 2008. For each year, a decrease of \$78,459 (GF) and \$657,736 (NGF).

▶ **Provide appropriation for the Uninsured Medical Catastrophe Fund**

Provides additional nongeneral fund appropriation for the Uninsured Medical Catastrophe Fund. The fund has a nongeneral fund appropriation of \$30,000 for the interest and donations it receives each year. In FY 2007, donations increased and the amount plus interest was about \$40,000. This adjustment increases the appropriation to \$40,000. For each year, \$10,000 (NGF).

▶ **Provide appropriation for federal revenue maximization contractor costs**

This adjustment provides a nongeneral fund appropriation (0220) for contractor costs for revenue maximization efforts by

the Department of Medical Assistance Services. The funding generated from the results of such efforts is transferred to the Health Care Fund after contractor costs are paid. There is no nongeneral fund appropriation for this fund. Previous appropriations have been provided administratively. This adjustment provides an appropriation nearly equal to the amount the agency spent in FY 2007, which was \$765,223. For each year, \$765,000 (NGF).

► **Adjust nongeneral appropriation for State/Local Hospitalization Program**

Reduces appropriation for the State/Local Hospitalization program to match recent expenditure trends in the program. The nongeneral fund share of this program is the amount of funds the localities contribute to the program and it has been below \$2.0 million for several years. This adjustment reduces the nongeneral fund appropriation to \$2.0 million. For each year, a reduction of \$800,000 (NGF).

► **Adjust nongeneral fund appropriation for the Indigent Health Care Trust Fund**

Reduces appropriation for the Indigent Health Care Trust Fund to match recent expenditure trends in the program. The nongeneral fund share of this program is from private hospitals that must contribute to the fund by law. Those contributions have been at or below \$3.0 million for several years. This adjustment reduces the appropriation to \$3.2 million. For each year, a reduction of \$1.8 million (NGF).

► **Adjust funding for savings related to reduced VITA decentralized rates**

Adjusts the appropriation for the rates the agency pays to the Virginia Information Technologies Agency (VITA) for various information technology services. The move to decentralized rates resulted in a reduction in the costs the agency must pay. This adjustment captures those savings. For each year, a decrease of \$181,936 (GF) and \$181,936 (NGF).

► **Fund Medicaid utilization and inflation**

Increases funding for the use of Medicaid services and the anticipated costs of those services. Medicaid enrollment has begun to increase after a slight decline in FY 2007 and with that growth the costs of the program are increasing again. Since March 2007 enrollment through November 2007 has increased by 2.2 percent. Medicaid expenditures are projected to increase by 6.1 percent in FY 2009 and 5.4 percent in FY 2010. For 2009, \$98.7 million (GF) and \$110.1 million (NGF). For 2010, \$245.3 million (GF) and \$253.8 million (NGF).

► **Provide funding for the Payment Error Rate Measurement Program**

Provides funding for the agency to participate in the federal Payment Error Rate Measurement (PERM) program during federal fiscal year 2009. The federal government requires the state to participate in order to review the Medicaid and State Children's Health Insurance Program (SCHIP) programs, which are considered susceptible to significant erroneous payments. The purpose of the program is to estimate the amount of improper payments, to report those estimates, and to submit a report on actions being taken to reduce erroneous expenditures. Federal contractors will review medical claims, but the state must review eligibility determinations at a cost of \$800,000 (\$340,000 general fund and \$460,000 federal funds). A savings of about \$1.0 million (\$425,000 general fund and \$575,000 federal funds) is expected from potential errors that

may be uncovered. For 2009, a decrease of \$85,000 (GF) and \$115,000 (NGF).

► **Fund Family Access to Medical Insurance Security plan utilization and inflation**

Provides funding for the program to reflect an increase in the use of services and higher medical costs. Enrollment for the program continues to increase, which results in higher costs. For 2009, \$6.2 million (GF) and \$11.4 million (NGF). For 2010, \$10.8 million (GF) and \$19.9 million (NGF).

► **Fund medical assistance services for low income children utilization and inflation**

Increases funding for the Commonwealth's Medicaid Children's Health Insurance Program. This adjustment reflects an increasing enrollment in the program and higher medical costs for services. This program applies to children over age six who fall within an income limit of 100 to 133 percent of the federal poverty level. For 2009, \$4.1 million (GF) and \$7.6 million (NGF). For 2010, \$6.2 million (GF) and \$11.4 million (NGF).

► **Adjust funding for medical services for involuntary mental commitments**

Decreases funding for the costs of hospital and physician services for persons subject to an involuntary mental commitment. The projection of costs for the program based on the latest data is less than in the base budget for the program, which results in a budget savings. For 2009, a decrease of \$1.0 million (GF). For 2010, a decrease of \$796,166 (GF).

► **Adjust appropriation for Health Care Fund**

Reduces funds used as state match for Medicaid due to higher revenue estimates for the Health Care Fund. While revenues from tobacco taxes are expected to decrease slightly, increased revenues are expected from Medicaid recoveries and Master Settlement Agreement payments from tobacco companies. The end result is additional revenue that can be used to offset general fund appropriation that is used as state match for Medicaid. For 2009, a decrease of \$7.2 million (GF) and an increase of \$7.2 million (NGF). For 2010, a decrease of \$11.2 million (GF) and an increase of \$11.2 million (NGF).

► **Continue 2008 budget reductions**

Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For 2009, a decrease of \$69.1 million (GF), \$60.5 million (NGF), and an increase of eight positions. For 2010, a decrease of \$69.1 million (GF) and \$60.5 million (NGF).

► **Implement a Chronic Care Management program**

Provides funds to implement a chronic care management program within the state's Medicaid program. The most significant costs within Medicaid accrue from those clients that have multiple chronic conditions. This new program would provide a better way to manage the conditions of those clients in the most cost-effective way possible while improving their quality of the life. The annual costs for the agency is one position at \$87,807 (\$43,904 general fund) to administer the contract with the vendor and the vendor cost of \$1.7 million (\$835,544 general fund). Expected savings are about \$3.3 million per year (\$1.7 million general fund). The net savings after accounting for the costs are \$1.6 million per year (\$791,641 general fund). For 2009, a decrease of \$791,641 (GF), \$791,641 (NGF), and an increase of one position. For 2010, a decrease of \$791,641 (GF) and \$791,641 (NGF).

► **Reduce funding for the Alzheimer's waiver**

Reduces funding for the Alzheimer's waiver in the Medicaid program. Since the waiver was implemented the agency has had a difficult time getting providers interested in providing services to waiver recipients. The waiver has had minimal expenditures to date and the remaining appropriation will be sufficient to cover any expenditures for the waiver. For each year, a decrease of \$200,000 (GF) and \$200,000 (NGF).

► **Limits the primary care case management program to certain localities**

Limits the MEDALLION program under Medicaid to localities in the state with only one participating managed care organization. The MEDALLION program was the agency's first step into managed care. It requires enrollees to have a primary care doctor, who is paid a case management fee, to manage their care. However, with the implementation of disease management and chronic care programs the need for this program has disappeared. The program will have to be maintained in the Roanoke region, because there is only one other managed care plan that operates in the region.

MEDALLION serves as the other managed care plan and two are necessary to require all Medicaid enrollees in the region to be enrolled in managed care. For 2009, a decrease of \$464,518 (GF) and \$464,518 (NGF). For 2010, a decrease of \$470,093 (GF) and \$470,093 (NGF).

► **Fund administrative costs for implementation of the Acute and Long-Term Care Integration Initiative**

Provides funds for the implementation costs to implement a regional model for the integration of acute and long-term care services. Specifically, the funds will be used to cover the increased costs of agency contractors that support managed care enrollment, the actuarial analysis for new rates, and external quality reviews. This funding is necessary to ensure the success of such a complex integration of acute and long-term care services. For 2009, \$239,944 (GF), \$239,944 (NGF), and one position. For 2010, \$358,944 (GF), \$408,944 (NGF), and one additional position.

► **Expand prenatal coverage for women**

Provides funding to expand eligibility for prenatal coverage of women from 185 to 200 percent of the federal poverty level. By expanding coverage to the same eligibility level for children covered under the Family Access to Medical Insurance Security (FAMIS) plan, the mother of any child covered by FAMIS will also be more likely to receive prenatal care. This expansion will cover about 400 additional women per year. For 2009, \$1.0 million (GF) and \$1.9 million (NGF). For 2010, \$1.6 million (GF) and \$2.9 million (NGF).

► **Provide funding for the VirginiaShare Health Insurance program**

Creates a program to provide health insurance coverage for the uninsured that work in small businesses. The Commonwealth would provide premium assistance of up to one-third (not to exceed \$75) of the costs, with one-third being paid by the employer and the remaining third paid by the individual. Individuals with incomes less than or equal to 200 percent of the federal poverty level would be eligible. Over 5,000 Virginians are expected to gain health insurance through the program. For 2009, \$2.6 million (GF) and two positions. For 2010, \$5.1 million (GF).

► **Provide coverage for all newborn births plus two months**

**after delivery through the Family Access to Medical Insurance Security plan**

Provides funds to cover newborns plus up to two months of care after delivery for the newborns of Family Access to Medical Insurance Security plan (FAMIS) enrollees even if eligibility is never established for the newborn. Federal Medicaid rules permit Medicaid coverage for infants born to Medicaid recipients, for the birth month plus two additional months. Even if eligibility for continued coverage is never established on behalf of the newborn, the two plus months of postpartum eligibility remains valid. Federal matching funds are not available for this eligibility expansion. For 2009, \$43,480 (GF). For 2010, \$46,741 (GF).

► **Increase federal funding for long-term care pre-admission screening at the Department of Health**

Provides an increase in federal appropriation for payments to the Virginia Department of Health (VDH) for pre-admission screening for long-term care services. VDH is involved in helping determine whether or not Medicaid clients are eligible for long-term care services. The agency has been paid a low rate for many years. A recent evaluation of the costs to VDH shows that they are not recouping all of their costs to perform the service. For 2009, \$865,989 (NGF). For 2010, \$902,836 (NGF).

► **Add community mental retardation waiver slots**

Adds 75 new mental retardation (MR) waiver slots in FY 2009 and 75 new slots in FY 2010 for a total of 150 new slots by the end of the biennium. Each slot costs approximately \$35,000 general fund per year. These slots are for individuals who are currently in the community that are waiting for services on the urgent waiting list. For 2009, \$2.3 million (GF) and \$2.3 million (NGF). For 2010, \$4.9 million (GF) and \$4.9 million (NGF).

► **Provide funding for the Uninsured Medical Catastrophe Fund**

Provides funding for the Uninsured Medical Catastrophe Fund. This program provides funds to uninsured individuals with a family income at or below 300 percent of the federal poverty level who need treatment for a life threatening illness or injury. The only funding source for the program is from donations through a tax-check off on Virginia individual income tax returns. This funding would increase the resources available in the fund to help uninsured individuals. For 2009, \$150,000 (GF).

► **Provide authority to implement prior authorization and utilization reviews for community-based mental health services**

Provides authority for the agency to implement utilization reviews and prior authorization for community-based mental health services. These services currently have no such requirements. The agency will be able to better manage the use of these services to ensure that they are needed. This language is necessary to implement a budget reduction strategy, which captures the associated savings. This amendment is embedded in budget language.

► **Provide authority to include life estates as part of eligibility determination**

Authorizes the agency, once a report is provided to the Governor on the impact of this change, for the agency to implement changes in how life estates are treated in the

eligibility determination for covered groups for which a resource determination is required, including those individuals requesting Medicaid payment of long-term care services. A life estate gives an individual certain rights in a property for his/her lifetime. The owner of a life estate may live on the property, keep any earnings from the property, and may sell his/her life interest, unless restricted by the will or deed granting the life estate. Current Medicaid policy does not count the value of a life estate in the resource eligibility determination. Additionally, there is no limit to the number of life estates an individual may own under current Medicaid policy. This amendment is embedded in budget language.

► **Increase Mental Retardation and Developmental Disability waiver slots for the Money Follows the Person demonstration**

Provides authority to increase the number of Mental Retardation waiver slots by 220 and the number of Development Disability waiver slots by 30 over the two years of the biennium. These slots are necessary to implement the federal "Money Follows the Person" demonstration, which requires dedicated slots in the community to ensure that people can be moved from the facilities to earn the enhanced federal match the grant allows. This amendment is embedded in budget language.

► **Eliminate reporting requirement for Maximum Allowable Cost program**

Eliminates a reporting requirement for the Maximum Allowable Cost program. This program was implemented several years ago as an initiative to reduce prescription drug costs in the Medicaid program. At this point, reporting on the annual costs savings is no longer necessary because any such savings is reflected in the annual forecast of Medicaid expenditures. This amendment is embedded in budget language.

► **Implement site-of-service differential for physician services**

Provides authority for the agency to implement a site-of-service differential to reimbursement rates for physician/practitioner services as defined by Medicare. Annually, Medicare updates the physician fee schedule based on the Resource Based Relative Value Scale (RBRVS) methodology which includes different rate factors for facility and non-facility procedures. DMAS employs the RBRVS methodology to develop reimbursement rates for physician services; however DMAS only uses the non-facility rate factors to develop physician rates. Application of differential rate factors will bring the agency's reimbursement practices in line with Medicare. The implementation of the differential will occur in a budget neutral fashion over a four-year time period. This amendment is embedded in budget language.

► **Eliminate outdated revenue maximization reporting and approval requirements**

Eliminates a requirement that the agency report on revenue maximization efforts each year. The agency already reports on monthly budget expenditures information that captures the information. In addition, the agency currently only has two revenue maximization initiatives underway, which does not offer much for the agency to report on. This language change also deletes a paragraph related to the approval process for such initiatives, which is unnecessary since the agency must develop an interagency agreement or seek approval through the budget process to implement any new proposal.

**Department Of Mental Health, Mental Retardation and Substance Abuse Services**

<http://www.dmhmsas.virginia.gov/>

The Department of Mental Health, Mental Retardation, and Substance Abuse Services (the Department) provides leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders (alcohol or other drug dependence or abuse). The Department seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals.

**Key Objectives and Performance Measures**

➤ **Increase the proportion of people served in intensive community-based services per occupied state facility bed.**

We will increase the proportion of persons served in intensive community services versus state facilities

➤ **Increase the community tenure of consumers served in state facilities.**

We will reduce the percent of consumers who are readmitted to state facilities by providing community-based services and supports that respond to their individual needs

**Operating Budget History**

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$450,326,350	\$336,394,278	9,943.00
2006 Appropriation	\$445,005,639	\$336,394,278	9,884.00
2007 Appropriation	\$519,215,031	\$350,996,323	9,892.00
2008 Appropriation	\$535,733,680	\$354,190,998	9,704.00

**New Operating Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$535,733,680	\$354,190,998	9,704.00
2009 Addenda	\$49,459,748	\$22,536,185	8.25
2009 TOTAL	\$585,193,428	\$376,727,183	9,712.25
2010 Base Budget	\$535,733,680	\$354,190,998	9,704.00
2010 Addenda	\$59,357,657	\$22,538,959	11.25
2010 TOTAL	\$595,091,337	\$376,729,957	9,715.25

**New Capital Outlay Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Addenda	\$0	\$55,000,000	0.00
2010 Addenda	\$0	\$0	0.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$48.5 million (GF) and \$12.7 million (NGF).

- ▶ **Expand monitoring and accountability of community services boards**  
Creates four positions to develop core standards and service improvement plans related to services provided through local community services boards. The addition of these positions will allow for better oversight and monitoring of recent community-based service expansion. For 2009, \$300,000 (GF) and four positions. For 2010, \$575,000 (GF).
- ▶ **Continue and expand support for jail diversion services**  
Supports the continuation and expansion of the goals of a pilot program for jail diversion services funded in the 2006 - 08 biennial budget. It is anticipated that these funds will provide diversion and wraparound services and supports for an estimated 300-500 persons. For each year, \$3.0 million (GF).
- ▶ **Establish training program for crisis intervention**  
Provides funds to implement and expand a training program related to crisis intervention and jail diversion services. This training will enable law enforcement to respond to crisis situations involving individuals with mental illness. For each year, \$300,000 (GF).
- ▶ **Expand licensing staff**  
Provides funding for four new licensing and investigation positions. This funding will ensure the agency is able to make the scheduled investigations necessary to properly license services statewide. For 2009, \$141,952 (GF) and two positions. For 2010, \$331,164 (GF) and two additional positions.
- ▶ **Provide oversight of opiate treatment programs**  
Provides nongeneral funds for development, implementation and ongoing maintenance of an automated data management system for monitoring and tracking, research development, and training for community services boards and treatment providers. Proposed legislation would generate the funds required to perform these functions by imposing a dosing fee. For 2009, \$273,239 (NGF) and 1.25 positions. For 2010, \$276,013 (NGF) and one additional position.
- ▶ **Continue 2008 budget reductions**  
Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For 2009, a decrease of \$7.0 million (GF) and an increase of \$3.0 million (NGF). For 2010, a decrease of \$7.1 million (GF) and an increase of \$3.0 million (NGF).
- ▶ **Transfer funds for the community integration commission**  
Moves salary and benefit funding for the Director of the Office of Community Integration from the Virginia Board for People with Disabilities to the Department of Mental Health, Mental Retardation, and Substance Abuse Services. This is a zero sum transaction with no impact on client services. For each year, \$151,600 (GF).
- ▶ **Provide support for autism spectrum disorders**  
Provides funding for a community resource manager to support autism spectrum disorder services. The new position will be responsible for coordinating with families and community resources to determine the statewide availability of and need for autism spectrum disorder services. For 2009, \$100,000 (GF) and one position. For 2010, \$100,000 (GF).
- ▶ **Adjust electronic health record language**  
Adjusts existing language to properly disperse funds. Funding will be used by the department to continue the development and implementation of electronic health records at state facilities, and in coordination with community services boards. This amendment is embedded in budget language.
- ▶ **Remove one-time funding for Medicaid waiver start-up costs**  
Removes funding for the one-time costs of placing an individual in a mental retardation home and community based waiver slot funded in the 2006 - 08 biennial budget. For each year, a reduction of \$1.1 million (GF).
- ▶ **Adjust federal appropriation for new grants**  
Adjusts federal grant appropriation to reflect anticipated awards. The adjustment is needed to allow for the expenditure of anticipated federal grant awards. For each year, \$1.8 million (NGF).
- ▶ **Increase availability of outpatient clinicians and therapists**  
Increases the availability of outpatient clinicians and therapists at community services boards. This funding level will allow each community service board to hire one additional clinician, for a total of 40 new clinicians statewide. Funds are necessary to address significant delays in accessing outpatient mental health services. The positions will be phased in during the first year, and are fully funded in the second year. For 2009, \$1.5 million (GF). For 2010, \$3.0 million (GF).
- ▶ **Increase community services boards emergency services capacity**  
Provides funding for emergency mental health services, including around-the-clock emergency psychiatric consultation, emergency clinicians and crisis stabilization. The funding level will provide \$50,000 per Community Services Board (CSB) to provide 24/7 psychiatric consultation, \$70,000 per CSB for emergency clinicians, and the addition of 36 new crisis stabilization beds. The increase in funding will assist community services boards in providing legally mandated emergency services. Services will be phased in during the first year, and are fully funded in the second year. For 2009, \$5.3 million (GF). For 2010, \$9.3 million (GF).
- ▶ **Increase community services boards case management capacity**  
Increases the number of case managers for mental health services provided through Community Services Boards. Over 90 percent of boards have average caseloads that exceed the nationally-recommended 25. A total of 106 additional case managers, one per CSB with the remainder being distributed based on capacity and need, will be hired by the end of the biennium. Services will be phased in during the first year, and are fully funded in the second year. For 2009, \$3.5 million (GF). For 2010, \$5.3 million (GF).
- ▶ **Provide outpatient services to children**  
Provides funding for 40 clinicians specializing in children's mental health. This funding is intended to serve children who are not eligible for services through the Comprehensive Services Act. For 2009, \$2.8 million (GF). For 2010, \$3.0 million (GF).
- ▶ **Remove training funds**  
Removes funds appropriated in the 2006-08 biennial budget for the specialized training of direct care services workers at state

facilities. For each year, a reduction of \$156,807 (GF).

► **Maximize use of Medicare Part D to provide prescriptions for individuals in the community**

Reduces funding for the community resource pharmacy program. An increase in Medicare Part D participants has reduced the need for the state to provide general fund dollars for individuals being served through community services boards. For each year, a reduction of \$5.0 million (GF).

► **Maximize federal revenue for inpatient pharmacy services**

Replaces general fund dollars with nongeneral funds. An increase in participation in Medicare Part D has made more federal dollars available for inpatient pharmacy services at state facilities. For each year, a decrease of \$4.8 million (GF) and an increase of \$4.8 million (NGF).

► **Increase funding for sexually violent predator treatment**

Increases funding for anticipated caseload growth at the sexually violent predator treatment facility. Current trends show approximately four individuals committed to the facility per month. The funds will be used to provide security and treatment for those individuals. For 2009, \$2.0 million (GF). For 2010, \$3.9 million (GF).

**Recommended Capital Outlay Addenda**

► **Renovate Central Virginia Training Center**

Provides bond funding to renovate residential, treatment and hospital space on the campus of Central Virginia Training Center. These funds will address fire suppression systems and life safety code issues in non-compliant living spaces. Funding will be provided from the issuance of Virginia Public Building Authority bonds. For the biennium, \$22.0 million (NGF).

► **Repair and replace cottages at Southeastern Virginia Training Center**

Provides bond funding to renovate and replace cottages on the campus of Southeastern Virginia Training Center. Funds will be used to address life safety code issues in residential spaces, including the replacement of cottages if necessary. Funding will be provided from the issuance of Virginia Public Building Authority bonds. For the biennium, \$9.0 million (NGF).

► **Address life safety issues at state mental health and mental retardation facilities**

Provides bond funding to address life safety issues at various state facilities. Included projects are the repair or replacement of roofs with active leaks, remediation of contaminated water supplies, and the installation of sprinkler systems in residential, treatment and administrative spaces. Funding will be provided from the issuance of Virginia Public Building Authority bonds. For the biennium, \$24.0 million (NGF).

**Department of Rehabilitative Services**

<http://www.vadrs.org/>

The Virginia Department of Rehabilitative Services (DRS), in partnership with people with disabilities and their families, collaborates with the public and private sectors to provide and advocate for the highest quality services that empower individuals with disabilities to maximize their employment, independence and full inclusion into society.

**Key Objectives and Performance Measures**

► **We will assist eligible individuals with disabilities to become employed and maintain employment that is consistent with individual interests, abilities and informed choice.**

Percentage of vocational rehabilitation consumers who achieve their employment goals and work satisfactorily for at least 90 days upon completion of their programs.

**Operating Budget History**

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$26,357,549	\$102,347,822	709.00
2006 Appropriation	\$27,162,016	\$102,354,072	694.00
2007 Appropriation	\$29,356,353	\$105,642,275	703.00
2008 Appropriation	\$30,497,683	\$105,922,275	704.00

**New Operating Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$30,497,683	\$105,922,275	704.00
2009 Addenda	(\$238,085)	\$5,606,956	0.00
2009 TOTAL	\$30,259,598	\$111,529,231	704.00
2010 Base Budget	\$30,497,683	\$105,922,275	704.00
2010 Addenda	\$11,915	\$5,606,956	0.00
2010 TOTAL	\$30,509,598	\$111,529,231	704.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$1.1 million (GF) and \$4.6 million (NGF).

► **Provide nongeneral fund appropriation increase for rehabilitation services**

Increases nongeneral discretionary special fund used to support rehabilitation services. In FY 2007 the appropriation was increased administratively. For each year, \$500,000 (NGF).

► **Reduce nongeneral fund appropriation for administrative services**

Decreases nongeneral fund appropriation of discretionary special funds used to support administrative support services. The agency has not spent up to its appropriation level for the past five years. For each year, a reduction of \$500,000 (NGF).

► **Adjust funding for savings related to reduced Virginia Information Technology Agency decentralized rates**

Agency is experiencing savings under VITA's decentralized rates implemented earlier this year. This reduction reflects the amount saved under the new rates. For each year, a reduction of \$3,324 (GF).

► **Expand existing brain injury case management programs**

Expands services and addresses waiting lists for brain injury case management services. Expansion will provide specialized one-to-one community-based services for individuals at risk of job loss or, more critically, placement into an institutional setting such as criminal justice or mental health systems. The

**Department of Rehabilitative Services (Continued)**

addition of funding to Virginia's network of Brain Injury Case Management Programs will allow the agency to serve a minimum of an additional 100 individuals per year. For 2010, \$200,000 (GF).

► **Continue 2008 budget reductions**

Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For each year, a decrease of \$1.3 million (GF) and an increase of \$973,066 (NGF).

► **Provide general fund pass-through support to Foundation for Rehabilitative Equipment & Endowment**

Provides general fund support to Foundation for Rehabilitative Equipment and Endowment in order to support their efforts in providing durable medical equipment and assistive technology devices to elderly and disabled citizens of Virginia who otherwise would not be able to afford it. For 2010, \$50,000 (GF).

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$812,343 (GF) and \$1.1 million (NGF).

► **Provide nongeneral fund appropriation for administration services**

Increases the nongeneral fund appropriation used to support the agency's administrative activities. This increase will be supported by existing service fees. For each year, \$500,000 (NGF).

► **Reduce nongeneral fund appropriation for rehabilitation services**

Decreases nongeneral fund appropriation for rehabilitation assistance services. The agency has not spent up to the anticipated level of appropriation in the last five years. For each year, a reduction of \$1.5 million (NGF).

► **Reduces nongeneral fund appropriation for administration services**

Decrease in nongeneral fund appropriation for administrative support services. The agency no longer uses federal funds to support administrative activities. The appropriation is no longer needed. For each year, a reduction of \$119,276 (NGF).

► **Continue 2008 budget reductions**

Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For each year, a reduction of \$334,978 (GF).

**Woodrow Wilson Rehabilitation Center**

<http://wwrc.virginia.gov/>

Woodrow Wilson Rehabilitation Center provides people with disabilities comprehensive, individualized services to realize optimal personal independence and employment.

**Key Objectives and Performance Measures**

➤ **We will prepare WWRC training graduates to attain competitive employment outcomes.**

Percentage of graduates of WWRC training programs who are employed.

**Operating Budget History**

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$5,278,146	\$19,865,787	363.00
2006 Appropriation	\$5,279,056	\$19,865,787	363.00
2007 Appropriation	\$6,689,579	\$20,817,101	363.00
2008 Appropriation	\$6,699,566	\$20,817,101	363.00

**New Operating Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$6,699,566	\$20,817,101	363.00
2009 Addenda	\$477,365	\$18,785	0.00
2009 TOTAL	\$7,176,931	\$20,835,886	363.00
2010 Base Budget	\$6,699,566	\$20,817,101	363.00
2010 Addenda	\$477,365	\$18,785	0.00
2010 TOTAL	\$7,176,931	\$20,835,886	363.00

**New Capital Outlay Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Addenda	\$0	\$7,946,000	0.00
2010 Addenda	\$0	\$0	0.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

**Recommended Capital Outlay Addenda**

► **Renovate Harold E. Watson Kitchen & Dining Hall Building**

Addresses asbestos abatement, renovation of food service areas, mechanical, electrical, plumbing, lighting, interior finishes, fire and life safety (current fire alarm and suppression system is not compliant with Americans with Disabilities Act standards, which places clients at high risk), and will provide temporary food service facilities while renovation is completed. This project will be funded using Virginia Public Building Authority bonds. For the biennium, \$7.9 million (NGF).

**Department of Social Services**

<http://www.dss.virginia.gov/>

VDSS: People helping people triumph over poverty, abuse and neglect to shape strong futures for themselves, their families, and communities.

**Key Objectives and Performance Measures**

➤ **We will assist low-income Virginians to obtain employment by providing high quality workforce services to TANF participants**

Percent of TANF participants gainfully employed at least six months after program exit

➤ **We will increase Child Support collections.**

Child support dollars that are owed will be collected

➤ **We will prevent the recurrence of child maltreatment**

Children will be protected from becoming victims of repeated abuse or neglect

**→ We will achieve a safe, permanent family for children in foster care who have the goal of adoption.**

Children will be adopted within 24 months of entering foster care

**Operating Budget History**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2005 Appropriation	\$305,770,744	\$1,349,424,005	1,662.50
2006 Appropriation	\$332,649,079	\$1,359,409,561	1,617.50
2007 Appropriation	\$362,182,791	\$1,376,843,563	1,674.50
2008 Appropriation	\$399,358,480	\$1,408,543,771	1,683.50

**New Operating Budget Summary**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2009 Base Budget	\$399,358,480	\$1,408,543,771	1,683.50
2009 Addenda	\$27,263,243	(\$56,396,856)	28.00
2009 TOTAL	\$426,621,723	\$1,352,146,915	1,711.50
2010 Base Budget	\$399,358,480	\$1,408,543,771	1,683.50
2010 Addenda	\$47,731,134	(\$62,948,882)	28.00
2010 TOTAL	\$447,089,614	\$1,345,594,889	1,711.50

**Recommended Operating Budget Addenda**

**▶ Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$9.7 million (GF) and \$8.7 million (NGF).

**▶ Appropriate the nongeneral fund share of information technology costs**

Provides the necessary appropriation to cover the cost of increased information technology services. For each year, \$2.1 million (NGF).

**▶ Transfer funding to appropriate service areas**

Moves appropriation within the Department of Social Services to correct services areas. This amendment nets to zero.

**▶ Consolidate local staffing dollars as required by federal cost allocation plan**

Groups all funding associated with local staffing to specific service areas. The department recently completed a required revision of its federal cost allocation plan. Per federal rules, the department must pool local staffing dollars into larger groups for the purpose of cost allocation to federal revenue streams. This amendment nets to zero.

**▶ Move Healthy Families of Virginia funding to new service area**

Moves funding for Healthy Families of Virginia to a more appropriate service area. This amendment nets to zero.

**▶ Adjust nongeneral fund appropriation with actual revenues**

Makes adjustments in the nongeneral fund appropriation to more closely align the department's appropriation with the availability of actual grant revenue. Over the past several years the federal government has reduced its support of agency

programs leaving the current base appropriation artificially high. For each year, a reduction of \$79.7 million (NGF).

**▶ Maintain local social services by offsetting federal revenue losses**

Offsets the loss of federal revenue that supports staff in local departments of social services who perform child welfare services. The loss of revenue will occur as the result of a federally required revision of Virginia's public assistance cost allocation plan. Without this funding, the social services system would be forced to reduce its workforce by approximately 200 employees. The loss of these workers would have a direct and immediate adverse impact on children's services. For each year, an increase of \$11.9 million (GF) and a decrease of \$11.9 million (NGF).

**▶ Increase to the number of foster care visitations**

Adds social workers in local departments of social services to carry out activities related to improving permanency for children in foster care. These workers are needed at the local level to manage the increased workload that will occur as a result of implementing monthly visitations between social workers and foster care families. These visits are required to evaluate foster families and ensure that children are receiving the needed services. For each year, \$1.0 million (GF) and \$125,000 (NGF).

**▶ Maintain existing child support enforcement operations**

Adds funds to offset the loss of federal child support enforcement matching dollars resulting from the Deficit Reduction Act of 2005. The Division of Child Support Enforcement (DCSE) received general fund support to offset nine months of the loss of federal matching revenue in FY 2008. The additional quarter of general fund support will allow DCSE to draw enough federal match to maintain existing operations. For each year, an increase of \$1.6 million (GF) and a decrease of \$1.6 million (NGF).

**▶ Continue 2008 budget reductions**

Continues some of the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For each year, a reduction of \$1.5 million (GF).

**▶ Capture savings associated with reduced check processing costs**

Captures savings associated with processing the Office of Child Support Enforcement's child support checks because the office has switched to pay cards for payment of these claims. For each year, a decrease of \$66,360 (GF) and \$131,730 (NGF).

**▶ Substitute Temporary Assistance for Needy Families (TANF) dollars for general fund support of eligible activities**

Replaces general fund dollars in certain activities with TANF appropriation. Recent data indicates that the TANF caseload has declined and with it the mandated expenditures for cash assistance and child care services. This reduction strategy will generate savings by supplanting general fund with TANF for certain eligible activities in FY 2009 without reducing the overall amount of support provided. For 2009, a decrease of \$9.8 million (GF) and an increase of \$9.8 million (NGF).

**▶ Reduce support for the Virginia Caregiver Grant program**

Reduces the general fund support for the Virginia Caregiver Grant program. This action leaves \$500,000 in the Department of Social Services for the provision of caregiver grants. For each year, a reduction of \$500,000 (GF).

► **Adjust appropriation for the general relief program to reflect annual expenditure projections**

Reduces general fund support for the general relief program to reflect actual FY 2007 expenses. The general relief program is cash assistance and services offered to no income and extremely low-income individuals served through those localities willing to commit local matching dollars. In FY 2007, the department had an unspent balance in the general relief program since some localities did not fully expend their budget. This savings strategy will capture this anticipated general fund surplus. For each year, a reduction of \$1.2 million (GF).

► **Fund local facility improvements**

Assists local departments of social services with the lease cost of local offices. Local departments of social services currently occupy space leased to them by the local government or through a rental agreement with a private entity. The amount provided would cover rent increases and facility improvements at 15 local offices where the greatest need exists. For each year, \$199,810 (GF) and \$199,810 (NGF).

► **Capture savings associated with continuing benefits for abused and neglected children placed with relative caregivers**

Accounts for savings associated with proposed legislation that allows a relative of a child in a 24 month period of ineligibility to receive Temporary Assistance for Needy Families (TANF). The legislative proposal will continue TANF benefits for children in situations in which a relative agrees to accept custody, thereby avoiding a more costly foster care placement. For each year, a decrease of \$141,792 (GF) and \$141,792 (NGF).

► **Increase payments to foster care and adoptive families**

Raises maintenance payments made to foster family homes on behalf of foster children by 15 percent in the first year and by an additional 10 percent in the second year and beyond. This increase will facilitate stability in foster home placements, enhance local departments' ability to recruit families and avoid placement in more costly residential facilities. The amendment also increases adoption subsidy funding to ensure that adoption subsidies keep pace with foster family rates. For 2009, \$6.7 million (GF) and \$5.2 million (NGF). For 2010, \$12.2 million (GF) and \$8.4 million (NGF).

► **Enhance child welfare worker training**

Provides funding to enhance child welfare worker training throughout the state. Improved worker training will enable child welfare workers to serve children more effectively and improve overall performance outcomes associated with permanency and repeat occurrence of neglect and abuse. For 2009, \$2.2 million (GF), \$1.4 million (NGF), and two positions. For 2010, \$2.2 million (GF) and \$1.4 million (NGF).

► **Improve the recruitment and retention of foster parents**

Provides funding to increase foster and adoptive family recruitment, support, training, and retention efforts and improve permanent connections for older youth in foster care. The increase is an essential component in the department's current effort to transform child welfare in Virginia toward a more child centered, family focused, community based approach. Funds would be used to implement the Finding Families best practices and provide standardized training using the Parent Resource Information Development Education (PRIDE)

curriculum. For 2009, \$3.4 million (GF), \$1.1 million (NGF), and 17 positions. For 2010, \$3.6 million (GF) and \$1.2 million (NGF).

► **Build early childhood systems at the local level**

Adds funds for the Virginia Early Childhood Foundation (VECF) to increase capacity of local communities to develop delivery systems of high quality early childhood development. Through VECF grants, communities are encouraged to develop school readiness councils to address the comprehensive needs of children from birth to school entry. For 2009, \$500,000 (GF). For 2010, \$1.5 million (GF).

► **Expand the grants offered by the Office of Newcomer Services**

Provides additional funding for the Office of Newcomer Services within the Department of Social Services to create a network of community-based organizations that reach Virginia's population of legal permanent residents. Specifically, the office will use the new funding to provide grants to organizations for the provision of English classes, civic exam preparation, naturalization assistance and workforce creation. For each year, \$250,000 (GF).

► **Enhance quality of early childhood programs**

Adds funds to implement a voluntary quality rating and improvement system (QRIS); a means of assessing, rating, and supporting improvement in the quality of early childhood education programs. The QRIS provides mentors to assist with development of quality improvement plans, improved classroom settings and interactions, and resources to strengthen curriculum and materials. QRIS is a strong consumer education tool for assisting parents in recognizing and understanding the quality of early childhood programs. For 2009, \$1.3 million (GF) and three positions. For 2010, \$3.3 million (GF).

► **Strengthen the early childhood education workforce**

Adds funds to support education and training scholarships for early childhood teachers, assistant teachers, and program directors seeking to earn associate and bachelor degrees and/or specialized training in early childhood education. For 2009, \$1.0 million (GF). For 2010, \$3.0 million (GF).

► **Provide child care services to at-risk, low-income families**

Increases funding for at-risk child care subsidies and Head Start wrap-around care. The added support will address about 25 percent of the current waiting list for child care subsidies and provide Head Start parents with extended-day child care. The additional child care dollars provided will allow working families to maintain employment and receive education/training without the need for more extensive public assistance. For each year, \$8.5 million (NGF).

► **Provide staffing for local pilot reentry programs**

Provides funding and staff for five pilot reentry programs established by the Virginia Reentry Policy Academy in 2006. These local programs are coordinated by local directors of social services. This action will provide funding for a case manager for each pilot program, located in the department of social services. It will also add a position in the central office of the Department of Social Services to direct the activities of these programs. Finally, it will support the evaluation of the programs. For 2009, \$509,174 (GF) and six positions. For 2010, \$565,100 (GF).

► **Provide funding to the Central Virginia Food Bank**

Provides additional funding for the Central Virginia Food Bank to procure and distribute food throughout the central Virginia region, which includes 31 counties and five cities. For 2009, \$62,000 (GF).

**Virginia Board for People with Disabilities**

<http://www.vaboard.org/>

The Virginia Board for People with Disabilities' mission is to enrich the lives of Virginians with disabilities by providing a VOICE for their concerns:

- □ Vision of communities that welcome people with disabilities,
- □ Outreach to individuals, families, and advocates,
- □ Innovation through grant projects and sponsored programs,
- □ Collaboration with providers of disability services,
- □ Education of policymakers on disability issues.

**Key Objectives and Performance Measures**

↔ **We will advance systems change by providing grant funding for new and creative statewide and community programs, services, and supports for persons with developmental and other disabilities.**

Number of Individuals Transitioned from nursing homes to community settings as an outcome of Board initiatives

**Operating Budget History**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2005 Appropriation	\$127,039	\$1,553,995	9.00
2006 Appropriation	\$127,952	\$1,644,735	10.00
2007 Appropriation	\$288,988	\$1,686,288	10.00
2008 Appropriation	\$318,317	\$1,686,288	10.00

**New Operating Budget Summary**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2009 Base Budget	\$318,317	\$1,686,288	10.00
2009 Addenda	(\$150,859)	\$83,477	0.00
2009 TOTAL	\$167,458	\$1,769,765	10.00
2010 Base Budget	\$318,317	\$1,686,288	10.00
2010 Addenda	(\$150,859)	\$83,477	0.00
2010 TOTAL	\$167,458	\$1,769,765	10.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$17,061 (GF) and \$74,737 (NGF).

► **Continue 2008 budget reductions**

Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For each year, a decrease of \$16,320 (GF) and an increase of \$8,740 (NGF).

► **Transfer salary for Community Integration Commission director**

Moves salary and benefit funding for the director of the Office of Community Integration (OCI) from the Virginia Board for People with Disabilities (VBPD) to the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) in order to create efficiencies. This is a zero sum transaction which has no impact on client services. For each year, a reduction of \$151,600 (GF).

**Department For The Blind And Vision Impaired**

<http://www.vdbvi.org/>

The mission of the Department for the Blind and Vision Impaired (DBVI) is to empower individuals who are blind, vision impaired or deafblind to achieve their maximum levels of employment, education, and personal independence.

**Key Objectives and Performance Measures**

↔ **We will promote competitive job placements**

To insure that 70% of vocational rehabilitation consumers achieve their employment goals and work satisfactorily for at least 90 days upon completion of their programs.

↔ **We will work to increase the independence of Virginia's seniors who are blind or vision impaired.**

Ensure that 85% of consumers of Older Blind Grant training services report an increase in independence upon completion of their programs.

**Operating Budget History**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2005 Appropriation	\$5,975,570	\$29,434,238	163.00
2006 Appropriation	\$6,025,484	\$29,957,127	163.00
2007 Appropriation	\$6,343,311	\$30,650,228	163.00
2008 Appropriation	\$6,745,868	\$30,650,228	170.00

**New Operating Budget Summary**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2009 Base Budget	\$6,745,868	\$30,650,228	170.00
2009 Addenda	\$79,658	\$1,327,060	-6.00
2009 TOTAL	\$6,825,526	\$31,977,288	164.00
2010 Base Budget	\$6,745,868	\$30,650,228	170.00
2010 Addenda	\$79,658	\$1,327,060	-6.00
2010 TOTAL	\$6,825,526	\$31,977,288	164.00

**New Capital Outlay Budget Summary**

	<b>General Fund</b>	<b>Nongeneral Fund</b>	<b>Positions</b>
2009 Addenda	\$0	\$7,214,000	0.00
2010 Addenda	\$0	\$0	0.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$426,533 (GF) and \$965,854 (NGF).

► **Provide nongeneral fund appropriation for rehabilitation services**

Increases nongeneral fund appropriation used to support rehabilitative services for the blind and vision impaired. Increase is supported by the enterprise fund. For each year, \$310,206 (NGF).

► **Provide nongeneral fund appropriation for state education services**

Increases nongeneral fund appropriation used to support state education services for the blind and vision impaired. Increase was made administratively in FY 2007. This increase will be supported with agency trust funds. For each year, \$7,000 (NGF).

► **Provide federal appropriation for state education services**

Increases federal appropriation used to support state education services for the blind and vision impaired. This increase was made administratively in FY 2007. For each year, \$64,000 (NGF).

► **Reduce nongeneral fund appropriation for rehabilitative industries for the blind**

Decreases nongeneral fund appropriation used to support rehabilitative industries for the blind and vision impaired. Over the past five years the agency has not received or spent up to its current appropriation amount. For each year, a reduction of \$20,000 (NGF).

► **Continue 2008 budget reductions**

Continues the budget reductions included in the Governor's 2008 reduction plan into the 2008-10 biennium. For 2009, a decrease of \$346,875 (GF) and six positions. For 2010, a decrease of \$346,875 (GF).

**Recommended Capital Outlay Addenda**

► **Renovate administrative and activities building**

Renovate the administrative and activities building, which will include replacement of the heating, ventilating and air conditioning (HVAC), electrical, and fire alarm and suppression systems. This project will eliminate life safety issues as well as provide energy efficiency. Renovation will be supported by Virginia Public Building Authority bonds. For the biennium, \$7.2 million (NGF).

**Virginia Rehabilitation Center For The Blind And Vision Impaired**

<http://www.vrcbvi.org/>

The mission of the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI) is to empower blind, vision impaired and deafblind citizens of Virginia to achieve optimum vocational, educational, and social independence.

**Operating Budget History**

	General Fund	Nongeneral Fund	Positions
2005 Appropriation	\$191,641	\$1,793,703	26.00
2006 Appropriation	\$191,641	\$1,793,703	26.00
2007 Appropriation	\$191,641	\$1,908,779	26.00
2008 Appropriation	\$191,641	\$1,908,779	26.00

**New Operating Budget Summary**

	General Fund	Nongeneral Fund	Positions
2009 Base Budget	\$191,641	\$1,908,779	26.00
2009 Addenda	\$777	\$383,878	0.00
2009 TOTAL	\$192,418	\$2,292,657	26.00
2010 Base Budget	\$191,641	\$1,908,779	26.00
2010 Addenda	\$777	\$383,878	0.00
2010 TOTAL	\$192,418	\$2,292,657	26.00

**Recommended Operating Budget Addenda**

► **Distribute Central Appropriations amounts to agency budgets**

Adjusts the agency budget to reflect amounts moved from Central Appropriations to cover the cost of items such as the continuation of 2007 and 2008 salary and health insurance premium increases, as well as changes in retirement and disability contribution rates and other centrally funded items. For each year, \$777 (GF) and \$155,978 (NGF).

► **Provide nongeneral fund appropriation for rehabilitation services**

Increases federal appropriation used to support rehabilitation services. In FY 2007 the appropriation was increased administratively. For each year, \$131,900 (NGF).

► **Increase nongeneral fund appropriation for administration services**

Increases federal appropriation used to support administrative services. In FY 2007 the appropriation increase was made administratively. For each year, \$96,000 (NGF).