Department of Health (601)

Agency Plan

Mission Statement

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

Vision Statement

Healthy people in healthy communities.

Information Technology

Current Operational IT Investments

The Virginia Department of Health (VDH) hosts 119 applications. Most applications are used by a small number of employees to address program, division, or office issues. The core applications with more of an enterprise focus appear below. Agency goals can be viewed in the Agency Goals section of the Agency Strategic Plan.

VENIS - Environmental system for restaurant inspection, wells, septic, etc. Contributes to Agency Business Goals 1, 4, 5 and supports many environmental health activities which are required by Code.
Emergency Medical Services (EMS) Trauma Registry (Oracle) - Tracks medical reports on each patient transported to an Emergency Room (ER) by ambulance. Contributes to Agency Business Goal 8, and supports activities of state-wide emergency medical services.
Strategic National Stockpile (SNS) - Tracks federal drugs and medical supplies provided during an emergency. Contributes to Agency Business Goal 8 and is part of the Agency's Emergency Response.
Volunteer Management - Registers medical volunteers for deployment in an emergency. Contributes to Agency Business Goal 8 and is part of the Agency's Emergency Response.
FLU-DASHBOARD- the Influenza Dashboard project allows VDH to track the progression of influenza and influenza-like illness (ILI), on a district-by-district basis. This Dashboard tracks both ILI and influenza related laboratory results by subtype. Contributes to Agency Business Goals 1, 8, and 11.
Vaccine Registry (VIIS) - Code-mandated statewide immunization registry supports vaccination efforts and contributes to Agency Business Goals 1, 8, and 11.
ESSENCE - Syndromic surveillance system. Receives and analyzes daily data from hospital ERs to detect emerging patterns of disease syndromes. Accessed by DSI and district staff and contributes to Agency Business Goals 1, 4, 8, 9, and 11: Part of a multi-state (MD, DC, and VA) early-warning system to detect bioterrorism events and other disease patterns.
NEDSS - A CDC developed application for tracking reports of notifiable diagnoses and contributes to Agency Business Goals 1, 4, 8, and 9. It meets Code-required reporting of certain diseases of public importance.
Cancer Registry – This is the central office application for tracking and reporting cancer. It contributes to Agency Business Goals 1 and 10 and meets federal funded cancer data reporting needs.
Virginia Vital Elements and Screening Tracking System (VVESTS)-This contributes to Agency Business Goal 1 and 11 and meets Code-mandated birth defects tracking requirements.
WICNet - Federal nutrition program that contributes to Agency Business Goals 1, 2, 3, 7, and 11. USDA requires this system to provide nutritional assessments and to print WIC food checks.
Financial & Admin System (F&A) - Administrative support and front end to CARS. Includes Web F&A. Supports all Agency Goals and allows coding for federal grant requirements.
Health Alert Network (HAN) - Alerting system for medical providers. Contributes to Agency Business Goals 8, 11 and 13. It provides emergency notification to licensed medical providers through multiple channels.
WebVISION – A patient management system for clinics. Contributes to Agency Business Goals 1, 2, 11, and 13 and meets Code-mandated requirement to provide medical services based on ability to pay.

All of these applications were developed for specific business needs, and are actively managed to the system owner's requirements.

The VDH mission has always included elements of emergency preparedness and response, but as the lead state agency for response to bioterrorism, and as an important part of the response to chemical and radiological emergencies, the required level of reliability and redundancy of key systems, especially communications, has increased. Additionally, the Strategic National Stockpile system and Volunteer Management System are more likely to be needed and must be available.

The major application at VDH is WebVISION. This in-house developed statewide system provides local health departments the ability to manage the business of providing patient care. It is currently running on Oracle 11g and has proven to be a reliable, flexible, and secure application. Changes in external requirements (such as third party payer electronic billing changes, immunization billing upgrades) and evolving user requirements (including new programs wanting to use WebVISION) continue to create substantial ongoing maintenance requirements and support.

VDH has recognized the expanding need for health related data and is making a focused effort to improve the agency data warehouse's accessibility and functionality. As the common end point for many applications, this function has many potential benefits to both employees and citizens.

VDH has completed transferring key application development and maintenance personnel from contractor to full time employee status. This was an important risk in the past that has now been substantially reduced. We have converted most contractors to classified employees, further decreasing risk.

Factors Impacting the Current Agency IT

This response will challenge our vaccine registry (VIIS), alerting (HAN), surveillance (ESSENCE), and general communications.

Like all executive branch agencies, many of VDH's IT issues are impacted by outsourcing the infrastructure through the Virginia Information Technologies Agency (VITA) to Northrop Grumman. The transformation process has introduced substantial change and we continue to meet these perpetual challenges.

Federal grantees are increasingly unwilling to fund state-specific development. Multi state consortia, such as the Crossroads 4-state consortia for the new Women, Infants, and Children's program application, or federally funded applications, such as the Wisconsin Immunization Registry and the NEDSS project, decrease start-up costs for VDH but substantially decrease flexibility and may increase maintenance costs and/or challenges.

Though VDH is decreasing its reliance on IT contractors, uncertainty in future contracting anticipates that the IT Staff Augmentation Operational Review will provide avenues to address the issue of long-term reliance on IT contractors.

Proposed IT Solutions

VDH plans to continue to enhance the functionality of the data warehouse and to add the number of data sources being captured. Providing a comprehensive tool for public health decision-making is the long term goal.

All applications require regular maintenance including upgrades to operating systems, software, servers, and network, as well as training at all levels. Security continues to be a focus as it pertains to any application containing sensitive or confidential information, especially patient information.

Several new projects will enhance current business functions through automation.

1. Electronic Death reporting - The Electronic Death Registration (EDR) will allow the Division of Vital Records to move from a paper-based reporting system to an electronic filing system. EDR will be a web-based system that will allow the many participants of the death registration process to remotely submit; register; and certify deaths occurring in the Commonwealth of Virginia. The EDR system is expected to reduce reporting delays, improve data quality, and increase the usability of death data. This project has been approved by the PMD office of Vita and has been started. This application will support the following:

Citizen Operations - Describes the direct provision of a service for the citizen by government employees (or contractors).

General Purpose Data and Statistics - Includes activities performed in providing empirical, numerical, and related data and information pertaining to the current state of the state in areas such as the economy, education, labor, weather, global trade, etc.

2. VDH's efforts to adopt an electronic health record (EHR) for its own patients have experienced a number of obstacles during previous planning efforts. A new effort is in the conceptual phase. This will enhance clinic operations, and improve patient safety.VDH will partner with the Dept of Behavioral Health to select an Electronic Health Records vendor. This effort is currently underway.

Access to Care - Involves activities focused on the population, including the under-served, receiving care and ensuring the care received is appropriate in terms of types of care. A successful implementation of these processes will result in the population receiving the appropriate guidance to care/appropriate care, at the right location for the most appropriate cost.

Health Advancement - Addresses the evolutionary process in healthcare, quality improvements, and delivery of services, methods, decision models and practices. These cover all aspects of health.

Health Care Services - Involves programs and activities that provide delivery of health and medical care (inpatient and outpatient) to the public, including health care benefit programs.

3. VDH has recognized the many benefits of Electronic Content Management and has made progress in defining requirement and detailing business processes, but budget challenges have stalled this project. Many operational efficiencies could be realized from this project. Processes will be simplified, documents will be safer and more easily found, storage costs will be eventually reduced.

Central Records and Statistics Management - Involves the operations surrounding the management of official documents, statistics, and records for the entire state government. This Sub-Function is intended to include the management of records and statistics for the state government as a whole, such as the records management performed by the Library of Virginia or the statistics and data collection performed by the Virginia Employment Commission. Note: Many agencies perform records and statistics management for a particular business function and as such should be mapped to that line of business. The Central Records and Statistics Management are intended for functions performed on behalf of the entire state government.

Record Retention - Involves the operations surrounding the management of the official documents and records for an agency.

4. The Virginia Department of Health's Office of Information Management and Health Information Technology will be responsible for administering a program for the creation and maintenance of a statewide Health Information Exchange (HIE). Funding for this four year effort was provided through an agreement with the Office of National Coordinator within Health and Human Services. Community Health Alliance, a non-profit Virginia-based organization, will be responsible for the creation and governance of the statewide HIE. The statewide HIE will provide a secure, confidential, electronic system where a patient's records will be accessible to other health care providers throughout the nation, if that patient chooses to participate. Once implemented, the statewide HIE will improve the speed in which patients receive care, especially if the patient is receiving care from a physician other than their primary care provider.

Access to Care - Involves activities focused on the population, including the under-served, receiving care and ensuring the care received is appropriate in terms of types of care. A successful implementation of these processes will result in the population receiving the appropriate guidance to care/appropriate care, at the right location for the most appropriate cost.

Health Advancement - Addresses the evolutionary process in healthcare, quality improvements, and delivery of services, methods, decision models and practices. These cover all aspects of health.

5. The WIC Electronic Benefits Project is part of the USDA-funded Crossroads Project. Virginia is taking the lead on developing this module for the multi-state consortium providing better constituent services. This credit card type system will be more convenient for customers, safer, easier to track, cheaper to manage, eliminate any stigma associated with WIC checks.

Citizen Operations - Describes the direct provision of a service for the citizen by government employees (or contractors).

6. Central Pharmacy Non-Vaccine Items Inventory in WebVISION Project. The Central Pharmacy Non-Vaccine Items Inventory in WebVISION will incorporate new functionalities within a new module that will integrate both the non-vaccine items inventory from old F&A along with the vaccine inventory that currently exists in WebVISION. WebVISION will require some modifications to permit the merger of the two inventories into one module, providing users with a streamlined system. This will provide operational efficiencies by providing a single application to manage inventories.

Access to Care - Involves activities focused on the population, including the under-served, receiving care and ensuring the care received is appropriate in terms of types of care. A successful implementation of these processes will result in the population receiving the appropriate guidance to care/appropriate care, at the right location for the most appropriate cost.

Health Care Services - Involves programs and activities that provide delivery of health and medical care (inpatient and outpatient) to the public, including health care benefit programs.

7. Virginia Volunteer Health System (VVHS, aka VMS) and SNS (InVaTrack) offline modules and enhancements. In order to use VVHS and SNS in a major emergency with no power and Internet connectivity, we have completed and deployed a mobile module for the both applications that can be run on a laptop. This new module will give the user capability to access the data from a laptop without Internet connectivity and synchronize data after the connectivity is established to the central database. This feature is very critical to both the applications due to the nature of business in which both these applications can be used. This suite of applications is also maintained in-house. We are currently working on an interface for automating the credential validation process for volunteers and downloading data from TRAINVA.

Key Asset and Critical Infrastructure Protection - Involves assessing key asset and critical infrastructure vulnerabilities and taking direct action to mitigate vulnerabilities, enhance security, and ensure continuity and necessary redundancy in government operations and personnel.

8. Web F & A Assets Management Module. Web F & A Assets Management Module is an add-on to the current VDH Financial and Administration system that has been developed in-house. This new module will contain the asset management module, the federal grant management module, a new reporting module and other enhancements as requested by the business unit to make their operations more efficient. The add-on module helps integrate assets accounting to the existing system and allows inventory maintenance, funding management, cost center accounting etc. The integration will achieve data redundancy and reduce errors. Since the modules will be seamlessly integrated to existing modules, there will not be accounting error introduced by data synchronization issues. This new module will also help manage agency VITA inventory and related accounting of the same. Lines of Business supported are: The Web F&A System will be enhanced to include a contracts module. This contract module will track and support the management of all goods and services contracts of VDH.

Web F&A Encumbrance module: The Web F&A Encumbrance module is an add-on to the current VDH Financial and Administration system which has been developed in-house. This new module will track WIC encumbrance data and transmit this information to the Crossroads SAM system. This new module will allow work units to track expenses by grant period and provide an approval process in the system for program units to approve the assignment of financial transactions before the grant is closed out. Additionally this module will contain a reporting module to comply with USDA reporting requirements.

Accounting - Entails accounting for assets, liabilities, fund balances, revenues and expenses associated with the maintenance of funds and expenditure of state appropriations (Salaries and Expenses, Operation and Maintenance, Procurement, Working Capital, Trust Funds, etc.), in accordance with applicable state standards.

Asset and Liability Management - Provides accounting support for the management of assets and liabilities of the state government.

Cost Accounting/Performance Measurement - Includes the process of accumulating, measuring, analyzing, interpreting, and reporting cost information useful to both internal and external groups concerned with the way in which an organization uses, accounts for, safeguards, and controls its resources to meet its objectives. Cost accounting information is necessary in establishing strategic goals, measuring service efforts and accomplishments, and relating efforts to accomplishments. Also, cost accounting, financial accounting, and budgetary accounting all draw information from common data sources.

Financial Overview

VDH funds are managed across an array of 45 service areas and fund appropriations. The specific breakdown of all fund sources of the agency budget is: federal grants and contracts (49 percent); general funds (25 percent); local government funds for local health departments (9 percent); fees and charges for services (13 percent); dedicated special revenues (3 percent); and private grants, donations, and gifts (less than 1 percent).

Through a contractual agreement, each locality commits funds to VDH to operate the local health department. The percentage of local match dollars is determined by an administrative formula and varies from locality to locality based on the estimated taxable wealth of each locality. Locality percentages range from 18 percent to 45 percent of the local health department budget, and state general funds represent the remainder.

VDH has approximately 125 federal grants and contracts, as well as 65 pass-through grants for which the Office of Financial Management is responsible for complying with cash management and federal reporting requirements.. Federal grants fund a broad range of activities such as Public Health Preparedness and Response, Maternal and Child Health Services, Preventive Health Services, AIDS Prevention, Childhood Immunizations, Licensure and Medical Certification of Acute and Long Term Care Facilities, Women-Infants-Children (WIC) Nutrition, Chronic Disease Prevention, Safe Drinking Water, and include four American Recovery and Reinvestment (ARRA) grants.

A substantial portion of the fees and charges for services are for environmental, medical, and personal care services provided in the local health departments; also included are those fees associated with waterworks operation, regulation of health care facilities, certified copies of vital records, and other miscellaneous services. Dedicated special revenues are those revenues generated from non-VDH related fees and fines such as the $4.25 surcharge on motor vehicle registrations earmarked for Emergency Medical Services and repayments on loans.

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	153,981,240	420,617,827	153,981,240	420,617,827
Changes to Base	2,861,382	43,974,479	-51,667	52,416,228
Total	156,842,622	464,592,306	153,929,573	473,034,055

Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Goal Summary and Alignment

In the absence of adequate precautions and effective safeguards, innumerable infectious agents are capable of being spread throughout the population via numerous mechanisms. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

- Improve the health and well-being of families by improving family planning, child spacing and decreasing unplanned pregnancy.

Goal Summary and Alignment

Improving the overall health status of Virginia's population, by promoting the health of women and children, is a key dimension of Virginia's public health system. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

- Improve food security and nutrition for at risk Virginians through maximization of WIC, Child and Adult Care Food Program, and Summer Food Services.

Goal Summary and Alignment

The WIC, Child and Adult Care Food Programs and Summer Food Service programs provide critical resources to Virginia's at risk populations. Improving the overall health status of Virginia's population, by ensuring food security and nutrition is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

- Prevent food borne disease outbreaks in public and private settings.

Goal Summary and Alignment

Assurance of safe food is vital in order to prevent the spread of food-borne diseases, and is an essential component for ensuring Virginians an acceptable quality of life. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

- Assure the provision of clean, safe drinking water and protect the public from waterborne disease and water pollution.

Goal Summary and Alignment

Clean and safe drinking water is vital in order to prevent the spread of water-borne diseases, and is an essential component for ensuring Virginians an acceptable quality of life. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Engage and inform citizens to ensure we serve their interests.

- Maintain a positive and productive work environment for VDH employees.

Goal Summary and Alignment

State, regional and local partners work together to enhance readiness to respond to bioterrorism, infectious disease outbreaks and other public health emergencies. Virginia's Emergency Medical system is a key component of Virginia's overall emergency preparedness efforts. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Be recognized as the best-managed state in the nation.

- Coordinate state's approach to the obesity prevention and promotion of health nutrition through the continuation of the Interagency Obesity and Nutrition Task Force.

Goal Summary and Alignment

Improving the overall health status of Virginia's population, by reducing the incidence of obesity through collaborative statewide efforts, is a key dimension of Virginia's public health system. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Objectives for this Agency Goal

Objective
To prevent obesity and improve nutrition

Description

Objective Strategies

- Increase collaboration among Executive Branch agencies to improve effectiveness and efficiencies of existing programs.

- Strengthen the culture of preparedness, and respond in a timely manner to any emergency affecting public health.

Goal Summary and Alignment

State, regional and local partners work together to enhance readiness to respond to bioterrorism, infectious disease outbreaks and other public health emergencies. Virginia's Emergency Medical system is a key component of Virginia's overall emergency preparedness efforts. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

• Maintain an effective and efficient system for the investigation of unexplained, violent or suspicious deaths of public interest.

Goal Summary and Alignment

Deaths that are potentially due to causes that would pose a public health hazard, such as bioterrorism and emerging infectious agents, must be thoroughly investigated in order to identify and develop preventive measures. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

• Protect the health of Virginians by preventing exposure to toxic substances and eliminating unnecessary exposure to ionizing radiation.

Goal Summary and Alignment

The purpose of this goal is to assess potential health hazards, advise policy makers and others concerning the nature of the hazard, and communicate with the public concerning the nature of the threat and preventive measures that should be taken. This goal is directly aligned with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Protect the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

• Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Goal Summary and Alignment

Promoting systems, policies and practices which assure access and improve health for all Virginian's directly aligns with VDH's mission to protect and promote the health of Virginians.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Be recognized as the best-managed state in the nation.

• In conjunction with the non-profit vendor selected, successfully implement the statewide Health Information Exchange for the Commonwealth.

Goal Summary and Alignment

Effective information management is a cornerstone for efficiency and for promoting improvements in systems and policies which impact the health status of Virginian's. This directly aligns with Agency goals.

Long Term Goal

Be recognized as the best-managed state in the nation.

Engage and inform citizens to ensure we serve their interests.

• Promote the active participation, integration and use of the common portal.

Goal Summary and Alignment

Improving efficiency and operations to simplify the delivery of critical information and resources to at risk Virginian's helps promote access and ultimately improved health status which aligns to the goals of the Agency.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Be recognized as the best-managed state in the nation.

Engage and inform citizens to ensure we serve their interests.

Programs and Service Areas for Agency

- 10810: Scholarships
- 40203: Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities
- 40204: State Office of Emergency Medical Services
- 40301: Anatomical Services
- 40302: Medical Examiner Services
- 40401: Health Statistics
- 40402: Vital Records
- 40502: Immunization Program

- 40503: Tuberculosis Prevention and Control
- 40504: Sexually Transmitted Disease Prevention and Control
- 40505: Disease Investigation and Control Services
- 40506: HIV/AIDS Prevention and Treatment Services
- 40507: Pharmacy Services
- 40603: Health Research, Planning and Coordination
- 40607: Regulation of Health Care Facilities
- 40608: Certificate of Public Need
- 43002: Child and Adolescent Health Services
- 43005: Women's and Infant's Health Services
- 43015: Chronic Disease Prevention, Health Promotion, and Oral Heath
- 43016: Injury and Violence Prevention
- 43017: Women, Infants, and Children (WIC) and Community Nutrition Services
- 44002: Local Dental Services
- 44004: Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services
- 44005: Local Family Planning Services
- 44009: Support for Local Management, Business, and Facilities
- 44010: Local Maternal and Child Health Services
- 44013: Local Immunization Services
- 44014: Local Communicable Disease Investigation, Treatment, and Control
- 44015: Local Personal Care Services
- 44016: Local Chronic Disease and Prevention Control
- 44018: Local Nutrition Services
- 49204: Payments to Human Services Organizations
- 499: Administrative and Support Services
- 50801: Drinking Water Regulation
- 50802: Drinking Water Construction Financing
- 50805: Public Health Toxicology
- 56501: State Office of Environmental Health Services
- 56502: Shellfish Sanitation
- 56503: Bedding and Upholstery Inspection
- 56504: Radiological Health and Safety Regulation
- 77504: Emergency Preparedness and Response

Customers

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Child	School age population	1,244,005	1,456,371	Increase
Health Professions	EMS providers	35,913	35,567	Stable
Families	Families of decedents	6,000	7,500	Increase
Consumer	Individual Requests for Vital Records	356,890	360,000	Stable
Property Owner	Owners of private wells and/or onsite sewage disposal systems	1,000,000	1,200,000	Stable
Employer/ Business Owner	Food establishment owners	26,788	27,600	Stable
Natural Resources and Earth Science	Waterworks operators	2,150	2,250	Increase
Low-Income	WIC Participants	155,018	223,231	Increase

Key Risk Factors

Aging Public Health Workforce: Within five years, 25.3% of VDH's workforce will be eligible to retire with unreduced benefits. The results of an agency wide retirement survey consistently indicate that 24-28% of the respondents plan to retire within 5 years or less. This places a sense of urgency in succession planning and knowledge transfer.

Reliance on Non General Funds:To manage budget reductions while ensuring that core public health services are protected and remain available, VDH has become increasingly dependent on non general fund sources for delivery of a wide range of services. 50% of VDH's total budget is dependent on federal funds. VDH cannot predict the federal budget and grant allocations for subsequent years; however, the outlook for stable federal funding is bleak. Any loss of these funds could have significant impact on core public health services. Special Funds represent 25% of VDH's budget.

Emergency Preparedness and Response(EP&R): The unpredictability of the number and types of public health threats from all hazards creates challenges for decision makers on how to allocate diminishing resources. VDH expects federal funding for EP&R staff to continue to decrease which requires seeking additional appropriation of general fund to maintain this critical public health infrastructure. In addition, due to the increased recognition in the agency's response capabilities, VDH is increasingly called upon to participate and often serve as the lead for planned events and activities in Virginia as well as in bordering jurisdictions (i.e. national inaugurations, historical celebrations such as the Battle of Bull Run re-enactment, etc.).

Aging Infrastructure: Services are delivered at 175 facilities throughout the state. Currently, many facilities are challenged with providing adequate services in facilities that are over 20 years old. The older buildings have numerous safety and maintenance issues; some are non-ADA (Americans with Disabilities Act) compliant, have asbestos and other safety problems as well as significant issues with ensuring the privacy of personal information and security of medical records required by the Health Insurance Portability and Accountability Act (HIPAA).

Longevity and Growth in the Elderly Population: An increasing aging population will seek out local health departments for risk reduction programs, wellness activities, immunizations and pre-admission nursing home screenings.

Affordable Care Act (ACA)Implementation: VDH must carefully evaluate issues pertaining to implementation of the ACA in order to ensure that the agency is well-positioned to respond effectively to the challenges and opportunities that this will pose for Virginia's public health system. VDH will need to evaluate its future role in providing clinical services. For example, there may be potential roles for VDH in coordinated care efforts like Affordable Care Organizations (ACOs) and Patient Centered Medical Home partnerships. As part of these efforts, VDH could convene stakeholders to help ensure a true focus on prevention and population health. VDH could also have potential roles in value, quality and efficiency efforts like value based purchasing and Electronic Health Records through collection and analysis of data; and development of new quality measures. VDH will have to consider needs and opportunities for community education, outreach, enrollment. In addition, VDH may have opportunities to collaborate on community health needs assessments.

Products and Services

VDH has 41 Service Areas that reflect the extensive range of VDH's statutory responsibilities. VDH products and services benefit Virginians across their life span and can be broadly categorized as communicable disease prevention and control; preventive health services; environmental health hazards protection; drinking water protection; emergency preparedness response and recovery; emergency medical services; medical examiner and anatomical services; health assessment, promotion and education; health planning, quality oversight, and access to care; vital records and health statistics; and community health services.

VDH is uniquely tasked by law to provide services that are not available in the private sector. While VDH provides care and treatment for individuals who have diseases of public health significance, VDH is much more than a safety net provider. While many of the agency's employees are public health nurses, VDH employs numerous other professionals including engineers who regulate public water supplies, epidemiologists who investigate disease outbreaks, shellfish specialists who inspect and regulate shellfish products to prevent the spread of foodborne disease, medical facility inspectors, forensic pathologists, death investigators, emergency coordinators, and environmental health specialists who inspect and permit restaurants, private wells and onsite sewage treatment systems.

Trends

Rankings & Customer Trends

As aging Virginians encompass an increasing percentage of the Commonwealth's total population, services will likely be affected by a growing demand for them such as chronic disease management, long term care services, various types of acute care and rehabilitation services, and emergency medical services. VDH will need to respond across a number of dimensions, including direct service delivery, regulatory and enforcement, health and medical facilities planning, and emergency preparedness response and recovery.

Growing numbers of foreign born Virginia residents create more culturally diverse populations which may impede traditional methods of health care delivery and communicable disease control. This will likely present challenges and requires adaptation to language and cultural barriers. Emerging infections, such as a pandemic strain of influenza, particularly infections originating in foreign countries, would change the characteristics of the traditional VDH customer base, as these infections put the entire population at risk.

Increased activities of groups opposed to the use of vaccines, and widespread distribution of anti vaccine material, could result in decreased demand for vaccination services, and thus increasing the number of susceptible children and adults. VDH will need to ensure that public and private healthcare providers have the resources to effectively respond to the concerns of resistant parents and convince them of the importance of age-appropriate immunizations.

Trend Name	Trend Area
Percentage of Aging Adults	Increase
Information Technology Costs	Increase
Foreign Born Residents	Increase

Performance Highlights: Service Performance & Productivity Initiatives

In 2010, the Centers for Disease Control and Prevention, through its National Public Health Improvement Initiative, awarded VDH a grant to establish a Performance Improvement Unit (PIU) within the Office of the Commissioner with a goal of establishing an agency-wide system for continuous performance assessment and improvement. Since February 2011, the PIU has implemented a Performance Improvement Dashboard and initiated major Performance Improvement Projects that have identified potential IT cost savings, improved administrative capacity by streamlining internal procurement and communication processes, and positively impacted public health by increasing enrollment in Plan First (a Medicaid Family Planning Program).

Future projects include accelerating VDH's preparations for achieving national accreditation from the Public Health Accreditation Board; initiating a staff training program focused on creating an agency-wide performance improvement culture, concepts, and methods; and initiating a collaborative process with Local Health Districts to identify and replicate evidence-based policies, procedures, and regulations.

Management Discussion & Analysis

Future Direction, Expectations, and Priorities

As VDH pursues its mission of a healthy VA, it must evolve to meet changing needs.

Immunization: To address the growing number of refusals by parents to have their children immunized in accordance with the recommended schedules, VDH must ensure public & private healthcare providers have the resources to effectively respond to resistant parents.

Health Equity: Numerous VA localities are classified as medically underserved. To improve access to health and healthcare for those residents, new incentives are being identified to attract & retain the needed providers and to impact the social determinants for health to create conditions for health promotion.

Infectious Diseases: Many infectious diseases that caused morbidity & mortality have been essentially controlled. However, demographic change in many parts of the state could potentially begin reversing the trend. Healthcare providers in many areas in the state now have to learn how to communicate effectively with patients with cultural differences.

Environmental Health: The demand for environmental health services has increased due to growth in the population, the number of restaurants/food festivals, milk plants, & real estate developments. Several emerging issues with onsite sewage programs include: operation & maintenance requirements, wastewater reuse, rainwater harvesting, protecting the Chesapeake Bay for nutrient pollution, health equity initiatives for water & sewer, seeking ways to assist owners financially in upgrading/repairing onsite sewage systems, & increasing VDH's collaboration with the private sector.

Emergency Preparedness & Response: Being prepared to prevent, respond, & rapidly recover from public health threats is critical. The roll out of the CDC Public Health Emergency Preparedness performance measures in August 2011 provides an opportunity for VDH to systematically evaluate & prioritize a consistent set of public health preparedness capabilities that will guide our strategic planning.

10810: Scholarships

Description

This service area addresses access to health care services in underserved areas of the State through scholarship and loan repayment programs designed to provide incentives to health practitioners who agree to practice in areas of need in the Commonwealth. These programs include:
The Dental Scholarship Program,
The Dentist Loan Repayment Program,
The Virginia Physician Loan Repayment Program,
The Virginia State Loan Repayment Program (SLRP),
The Mary Marshall Nursing Scholarship Program,
The Virginia Nurse Practitioner/Nurse Midwife Scholarship Program,
The Nursing Loan Repayment Program,
The National Health Service Corp Scholarship Program, and
The National Health Service Corp Loan Repayment Program.

Mission Alignment and Authority

This service area is aligned with the Virginia Department of Health's (VDH) mission to promote and protect the health of Virginians by increasing the number of health care providers practicing in underserved communities in the state.

Customers for this Service Area

Anticipated Changes to Customers Base

State funding for the Dental Scholarship and Dentist Loan Repayment Programs was eliminated in FY 2009. The VDH Dental Health Program has received federal funding for the Dentist Loan Repayment program from the Health Resources and Services Administration (HRSA) Oral Health Workforce Grant. Therefore, there is the potential for up to 5 Dentist Loan Repayment Awards through state fiscal year 2015. No new dental scholarship awards are anticipated.

The Virginia Medical Scholarship Program (VMS) was phased out in FY 2007 but earlier recipients are still serving the Commonwealth in primary care clinical settings. This program provided financial assistance to medical students at Eastern Virginia Medical School in Norfolk; the University of Virginia in Charlottesville; Virginia Commonwealth University in Richmond; and Pikeville School of Osteopathic Medicine in Pikeville, Kentucky. Eligible applicants were medical students pursuing primary care specialties in family practice, general internal medicine, pediatrics, or obstetrics/gynecology. First-year primary care residency students were also eligible. After completion of his/her residency program the recipient was required to practice in a federally designated Health Professional Shortage Area (HPSA) or a Virginia Medically Underserved Area (VMUA). The phase out was because there was a 40% default rate in the Virginia Medical Scholarship Program.

The demand for nursing scholarships is expected to increase as the demand for nurses continues to increase; many current nursing professionals are retiring. Nursing schools are moving to increase enrollment to fill the shortage created by these retirees.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Professions	Dentists serving in areas of need	13	13	Decrease
Post-Secondary Student	National Health Service Corp Practice Scholars and Loan Repayers	61	75	Decrease
Post-Secondary Student	Nurse Practitioner Scholarship Program (Awards per year)	10	10	Stable
Post-Secondary Student	Nursing Scholarship and Loan Repayment Participants (RN and LPN, Awards per year)	122	150	Decrease
Health Professions	Primary Care Physicians, Psychiatrists, Physician Assistants, and Nurse Practitioners participating	6	10	Decrease

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

State funding for the Dental Scholarship and Dentist Loan Repayment Programs was eliminated in FY 2009. As of the end of FY 2012, there are no outstanding contractual obligations to this program.
The demand for nursing scholarships increases each year as tuition increases. However, funding for nursing scholarships decreased because the 2005 General Assembly approved a reciprocal agreement with surrounding states to accept licenses for nurses that have been issued by other states.

Anticipated Changes to the Products and/or Services

New dentist loan repayment awards are being made in state fiscal year 2012 with federal funding. The VDH Dental Health Program will monitor all dentists who have obligations to repay or who are in default until all recipients have been tracked to the fulfillment of their obligations.

New awards in the Virginia Medical Scholarship Program were phased out and the funds used for this program will instead be used in the Virginia Loan Repayment

Programs. This was because there is a 40% default in the scholarship program. This can be attributed to students deciding not to go into primary care, not working in an underserved area of Virginia, or not returning to Virginia after completing an out of state residency program. Currently, funds collected through default are used in the loan repayment programs. As these funds are exhausted, fewer recipients in the loan repayment programs are expected.

Listing of Products and / or Services

The Dentist Loan Repayment Program established in 2000 was first funded in FY 2006. It assists dentists who have graduated from any accredited dental school in the nation with repayment of their educational loans in exchange for service in an underserved area in the Commonwealth. Loan repayment awards will be made through state fiscal years 2015 with federal funding from the HRSA Oral Health Workforce Grant. These individuals will be tracked to completion of their contracts and must be practicing in a federal dental Health Professional Shortage Area.

The Virginia State Loan Repayment Program (SLRP), a federal grant through the Health Resources Services Administration, Bureau of Health Professions is state program that assists primary care physicians, psychiatrists, physician assistants, or nurse practitioners to repay educational loans in exchange for service in a federally designated primary care Health Professional Shortage Area (HPSA) or a mental HPSA (psychiatrists only). Applicants must specialize in primary care family or general practice, internal medicine, pediatrics, obstetrics/gynecology or psychiatry. An eligible practice site must be located in a HPSA, and must be a public or not-for-profit entity. Participants may receive up to $120,000 for a 4-year commitment in addition to the salary and benefit package offered by their employer. This program requires a state/community dollar-for-dollar match.

The Mary Marshall Nursing Scholarship Program is for students earning a degree as a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) attending nursing school in Virginia. Scholarships are competitive and are awarded by a Nursing Scholarship Advisory Committee appointed by the Board of Health. Awards are based upon criteria determined by the committee including scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in the award. The service obligation can be fulfilled anywhere in Virginia in the chosen field of the recipient, RN or LPN.

The Virginia Nurse Practitioner/Nurse Midwife Scholarship Program awards are competitive and are awarded by a Nurse Practitioner/Nurse Midwife Scholarship Advisory Committee appointed by the Board of Health. Awards are based upon criteria determined by the committee and include scholastic attainments, character, need, and adaptability of the applicant for the service contemplated in such award. Preference for a scholarship award is given to residents of the Commonwealth; minority students; students enrolled in adult primary care, obstetrics and gynecology, pediatrics, and geriatric nurse practitioner programs; and residents of medically underserved areas of Virginia. Scholarships are awarded for a single academic year. Scholarships must be repaid with service, one year for every year an award is received. The recipient must engage in full-time nurse practitioner or nurse midwife work in a medically underserved area of Virginia.

The Nursing Loan Repayment Program was established by the 2000 General Assembly, but was not funded. It established a loan repayment program requiring service anywhere in the Commonwealth with a preference for working in a long term care facility in the Commonwealth.

Assessment: Determine the primary care, dental and mental health underserved areas for the scholarship and loan repayment programs to meet the health needs of the state utilizing data from various sources, i.e., the Virginia Board of Dentistry, the American Dental Association, the Department of Health Professions, American Medical Association, Virginia Nurses Association, etc. Continue to conduct dentist manpower analyses based on regulatory requirements. Maintain ppova.org web site where interested practice sites and practitioners can post vacancies and/or resumes to pursue placements in medically underserved areas. Maintain a listing of all primary care physicians and psychiatrists and their practice locations in Virginia to use for designation purposes. Track the recipients of the scholarship and loan repayment programs to ensure compliance with the various programs. Ensure the practitioner is working in an approved underserved area of the Commonwealth.

Policy Development: Promulgate regulations and adopt rules and regulations related to the scholarship and loan repayment programs. Interact with agencies, divisions, academic institutions, offices, societies, coalitions, task forces, joint interagency work groups, commissions, boards, advisory councils, legislative hearings, governor's staff, etc. concerning the scholarship and loan repayment programs.

Assurance: Link people in communities to primary care, dental and mental health services by providing students, dentists, primary care physicians, psychiatrists, nurse practitioners, physician assistants, and nurses with opportunities through the scholarship and loan repayment programs in order to increase access to primary care, oral, and mental health services in rural and underserved communities in the state. Dental scholarship and loan repayment recipients are tracked through the single provider of dental Medicaid services in the state, Dentaquest. Quarterly reports from Dentaquest provide data to determine if a dentist is meeting his/her obligation to serve in an area of need and provide access to care for underserved populations. Dentists who go into default will be tracked until they have repaid their financial obligation. The demand for nursing scholarships increases each year as tuition increases. However, funding for nursing scholarships decreased because the 2005 General Assembly approved a reciprocal agreement with surrounding states to accept licenses for nurses that have been issued by other states.

The Virginia Nurse Educator Scholarship Program was established by the 2006 General Assembly to provide annual nursing scholarships to students who are enrolled part- or full-time in a master's or doctoral level nursing program and who commit to full-time teaching after completion of their degree program within a nursing program in the Commonwealth.

The National Health Service Corp program places physicians who have received federal support in Virginia's underserved communities. Recent activities include: •Reviewing site applications and providing technical assistance to help them become approved sites - Promoting NHSC program to eligible practice sites in Virginia • Participating in recruitment events throughout the Commonwealth • Creating a Virginia NHSC webpage in the newly developed Choose Virginia! recruitment website • Contacting recipients to assure they are still practicing in approved sites and • Assisting federal policymakers in assuring program compliance.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	125,000	0	125,000	0
Changes to Base	0	187,000	0	187,000
Total	125,000	187,000	125,000	187,000

Objectives for this Service Area

Objectives for this Service Area

Objective

Increase access to primary health, oral health, and mental health care services in underserved areas of the Commonwealth.

Description

All Office of Minority Health and Health Equity (OMHHE) programs seek to eliminate health inequities within the Commonwealth. To fulfill this mission, OMHHE looks at ways to identify and monitor inequities in health and health care and identify the social determinants that contribute to these inequities. Although Virginia has an overall favorable number of practitioners statewide and a practitioner to population ratio that mirrors the nation, a maldistribution of providers exists in many areas of the state resulting in underserved areas for access to primary health, oral health, and mental health care services. The scholarship and loan repayment programs seek to correct this maldistribution through contracting with students and practitioners to serve in these areas in exchange for funding for tuition or debt reduction of school loans.

Objective Strategies

- DDH will complete the periodic review of the Dental Scholarship and Loan Repayment Regulations.
- DDH will monitor those dentists currently under contract in the Dentist Loan Repayment Program.
- DDH will track those dental students who graduate and begin to practice in an area of need regarding the terms of their obligation as well as students who decide to proceed with financial payback rather than serve.
- DDH will update areas of need through a manpower analysis as required by regulation.
- The VDH Division of Dental Health (DDH) will administer the Dental Scholarship Program through collaboration with the Virginia Commonwealth University's School of Dentistry to track those students currently under obligation and provide information to students concerning the program and about potential areas of need and their contractual obligation.
- The VDH Office of Minority Health and Health Equity will develop a rational service area plan to guide designation efforts so that high poverty areas are prioritized for assessment.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of signed contracts that obligate a dental student or dentist to serve in an area of need for one year.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Stable | Frequency: Annually

  Data Source and Calculation

  This data is stored in an internal database at VDH. This measure is calculated based on the number of students at VCU School of Dentistry (who entered into a contract with VDH to serve in a dental area of need upon graduation) plus the number of licensed dentists (who have recently graduated from any dental school in the country and enter into a contract with VDH to serve in a dental area of need).

- Percentage of participants in the OMHHE State Loan Repayment Program (SLRP) and Virginia Loan Repayment Program (VLRP) that are currently serving or have successfully completed their service obligation in health professional shortage areas or medically underserved areas.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Stable | Frequency: Annually

  Data Source and Calculation

  The data is tracked through an internal database at the Virginia Department of Health. This measure is calculated based on the number of active loan recipients minus the number of recipients who default divided by the total number of active loan recipients.

40203: Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities

Description

This service area includes the Virginia Rescue Squads Assistance Fund grants program, Financial Assistance to Localities to support Non Profit Emergency Medical Service (EMS) agencies, and funding provided to support the Virginia Association of Volunteer Rescue Squads (VAVRS). These items support the effective integration of personnel, transportation, communications, facilities, and education and training into a unified system that provides quality emergency medical care, thereby decreasing morbidity, mortality, and hospitalization. A comprehensive statewide system of emergency medical care offers an incentive for a business and industry considering locating in the state.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health's (VDH) mission of promoting and protecting the health of Virginians by reducing death and disability resulting from sudden or serious injury and illness in the Commonwealth. This is accomplished through funding support to nonprofit Emergency Medical Services (EMS) agencies and localities in the development of a comprehensive, coordinated statewide EMS system to provide the highest quality emergency medical care possible to those in need.

Customers for this Service Area

Anticipated Changes to Customers Base

The establishment of EMS agencies is dynamic and dependent upon the consent of local governments. Some local governments are increasingly encouraging the establishment of EMS agencies in their communities by investigating and funding government combination agencies that are staffed by local government employees during the day and by community volunteers at night. This effort is more prevalent in rural areas as the availability of volunteers becomes more limited. There is anticipated growth in the number of licensed EMS agencies staffed by governmental employees and volunteers to approach 10% in the next several years. These changes have also been precipitated by a 2005 amendment to § 15.2-955 that states "Each locality shall seek to ensure that emergency medical services are maintained throughout the entire locality."

The demand for EMS providers will continue to grow to meet the population growth. The pool of 16-34 year old volunteers is decreasing and there is a decreasing trend in people volunteering due to time constraints and other commitments. EMS agencies, particular volunteer agencies with higher turnover, will need to continue to develop new leaders who are competent to manage a changing and challenging environment and the complex issues of managing an EMS agency. Volunteers will be more dependent on career support for answering calls and managing the day-to-day operations. With the changing demographics of Virginia, leaders will need to be trained in dealing with a variety of ethnic and cultural backgrounds and issues. The Office of Emergency Medical Services will experience an increase in demand for technical assistance services and funding related to recruitment and retention of EMS personnel.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Organization	EMS agencies (nonprofit & municipal agencies eligible for funding support)	680	680	Stable
Health Professions	EMS providers	35,913	35,913	Stable
Local or Regional Government Authorities	Localities	134	134	Stable
Organization	Virginia Association of Volunteer Rescue Squads	1	1	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

FOUR FOR LIFE FUNDING

In FY 2002, funding under this program increased from $2 per vehicle registration to $4 per vehicle registration to support EMS.

The FY 2002-2004 Biennium budget retained the increase in funds to support other Commonwealth general funded initiatives.

In FY 2005, the additional funding under this program was partially distributed for EMS purposes; however $3.45 million was retained in the general fund for other purposes, and $1.04 million was set aside to support the Virginia State Police Medevac program.

In FY 2008, all funding under this program will be provided, except for the $1.04 million set aside to support the Virginia State Police Medevac program.

In FY 2009, funding under this program increased from $4 per vehicle registration to $4.25 per vehicle registration to support EMS. The additional $0.25 "shall be deposited into the Rescue Squads Assistance Fund and used only to pay for the costs associated with the certification and recertification training of emergency medical services personnel."

PERCENT DISTRIBUTIONS AS ESTABLISHED IN § 46.2-694 OF THE CODE OF VIRGINIA:
32% Rescue Squad Assistance Fund Grants
26% Return to Localities

2% Virginia Association of Volunteer Rescue Squads (VAVRS)
10% Department of Health, EMS
30% State Department of Health for EMS training programs; advanced life support training programs; recruitment & retention of volunteer EMS personnel; system development, communications and emergency preparedness and response; and regional EMS councils.

Anticipated Changes to the Products and/or Services

Change in the RSAF regulations to allow for the funding of new or innovative projects through the RSAF grant program:

To meet statewide critical needs especially in EMS training, communications equipment and programs; computers, emergency management, retention of EMS providers.

To meet the 18 objectives identified in § 32.1-111.13 of the Code.

Listing of Products and / or Services

Financial Assistance to Localities for Nonprofit EMS agencies provides non-supplanting funds to support training, equipment and supplies to eligible nonprofit EMS agencies and organizations within their jurisdiction. Annually, funds are transferred to the locality based upon the fees collected within that jurisdiction. The locality's comptroller must report annually on the use of these funds before subsequent fiscal year funding is released.

Rescue Squads Assistance Fund program grants support training and equipment to eligible nonprofit EMS agencies and organizations. The grant application process and award criteria are established in regulations with two distinct grant cycles each year.

VAVRS funding is to be used solely for the purpose of recruitment, retention and training activities for volunteer EMS personnel and agencies. Funding is provided through quarterly payments, and § 32.1-111.13 requires VAVRS to submit an annual financial report on the use of its funds to the State EMS Advisory Board.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	32,560,051	0	32,560,051
Changes to Base	0	-3,911,901	0	-3,911,901
Total	0	28,648,150	0	28,648,150

Objectives for this Service Area

Objectives for this Service Area

Objective
Provide balanced and sound financial support for EMS.

Description
The Commonwealth provides direct financial assistance for emergency medical services through a $4.25 surcharge on motor vehicle registration. These funds are to support the provision of training and education of EMS personnel, the purchase of EMS equipment and supplies and, to support local government EMS operations.

Objective Strategies

- Coordinate and conduct bi-annual RSAF grant awards.
- Develop and monitor regional and state priorities for funding of EMS programs and services through effective use of RSAF Program.
- Provide technical assistance and monitoring of Return to Locality funds.
- Provide technical assistance to VAVRS in use of funds and review of annual financial report by State EMS Advisory Board as required in Code.

Alignment to Agency Goals

- Strengthen the culture of preparedness, and respond in a timely manner to any emergency affecting public health.

Measures

- Percentage of funds collected and distributed from annual registration fees on vehicles designed and used for transportation of passengers

Measure Class: Other Agency — Measure Type: Input — Preferred Trend: Stable — Frequency: Annually

Data Source and Calculation

The measure for Rescue Squads Assistance Fund (RSAF) is calculated based upon the amount of funding available as defined in Code. Grants are awarded based upon criteria established in regulations.

40204: State Office of Emergency Medical Services

Description

The Virginia Emergency Medical Services (EMS) system is very large and complex, involving a wide variety of EMS agencies and personnel, including volunteer and career providers functioning in volunteer rescue squads, municipal fire departments, commercial ambulance services, hospitals, Regional EMS Councils and, a number of other settings to enable the EMS community to provide the highest quality emergency medical care possible to those in need. Every person living in or traveling through the state is a potential recipient of emergency medical care. The Virginia Department of Health (VDH), Office of Emergency Medical Service (OEMS) is responsible for developing an efficient and effective statewide EMS system.

Products and services in this Service Area Plan include:

EMS System Coordination and Integration of Health Services
EMS Education, Training and Medical Direction
Critical Care, Trauma Centers, Stroke Centers, and other specialty centers(formerly PPCR)
EMS Registry (formerly PPCR)
Emergency Operations
EMS for Children
EMS System Evaluation and Research
Human Resources Management and Technical Assistance
Public Information and Education
Regulation and Compliance
Critical Incident Stress Management
Communication Systems
Regional EMS Councils

Statewide planning and coordination is essential to assure the availability of quality emergency medical care across the Commonwealth and to provide a more coordinated response in large scale or mass casualty events requiring resources from a large number of EMS agencies and personnel. All aspects of the EMS system are included in statewide planning and coordination. OEMS maintains and updates an EMS Plan every three years that addresses specific services including: technical assistance related to general EMS system design and operation, EMS communications system design and implementation, recruitment & retention of EMS personnel, EMS training and continuing education for all levels of EMS providers, specialty care center designation, Critical Incident Stress Debriefing, and public information and education. The State EMS Advisory Board, its many committees, and the 11 designated Regional EMS Councils are essential partners in the statewide and regional planning and coordination effort.

Mission Alignment and Authority

This service area directly aligns with the VDH’s mission of promoting and protecting the health of Virginians by reducing death and disability resulting from sudden or serious injury and illness in the Commonwealth. This is accomplished through planning and development of a comprehensive, coordinated statewide EMS system; and provision of other technical assistance and support to enable the EMS community to provide the highest quality emergency medical care possible to those in need.

Customers for this Service Area

Anticipated Changes to Customers Base

The establishment of EMS agencies is dynamic and dependent on the consent of local governments. Some local governments are increasingly encouraging the establishment of EMS agencies in their communities by investigating and funding government combination agencies that are staffed by local government employees during the day and by community volunteers at night. This effort is more prevalent in rural areas as the availability of volunteers becomes more limited. OEMS anticipates growth in the number of licensed EMS agencies staffed by governmental employees and volunteers to approach 10% in the next several years. These changes have also been precipitated by a 2005 amendment to §15.2-955 that states “Each locality shall seek to ensure that emergency medical services are maintained throughout the entire locality.

The demand for EMS providers will continue to grow to meet the estimated 12% population growth through 2010. The pool of 16-34 year old volunteers is decreasing and there is a decreasing trend in people volunteering due to time constraints and other commitments. EMS agencies, particular volunteer agencies with higher turnover, will need to continue to develop new leaders who are competent to manage a changing and challenging environment and the complex issues of managing an EMS agency. Volunteers will be more dependent on career support for answering calls and managing the day-to-day operations. With the changing demographics of Virginia, leaders will need to be trained in dealing with a variety of ethnic and cultural backgrounds and issues. OEMS will experience an increase in demand for technical assistance services and funding related to recruitment and retention of EMS personnel.

Emergency preparedness and response will continue to be a central focus to meet the needs of Virginia to respond to natural disasters and threats of terrorism. OEMS will continue to support and coordinate deployable emergency response resources. Greater technical assistance from OEMS to emergency managers, local government leaders, and Emergency Services supervisors will be required for planning, training and response activities.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Care	Advanced Life Support Training Coordinators	514	550	Stable
Health Care	Designated stroke centers	28	28	Increase
Organization	EMS agencies	680	680	Stable
Health Professions	EMS Instructors	564	592	Decrease
Organization	EMS organizations & associations	15	15	Stable
Health Professions	EMS providers	35,067	35,567	Stable

Health Care	Free standing emergency departments	9	9	Increase
Health Care	Hospitals	87	87	Stable
Local or Regional Government Authorities	Localities	134	134	Stable
Non-Profit Agency (Boards/Foundations),	Regional EMS Councils	11	11	Stable
Health Care	Trauma centers	14	14	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Changes driven by VITA transformation activities have negatively impacted OEMS' ability to serve external agency and internal information technology customers. Agency costs have increased substantially in order to meet the transformation mandates.

EMS agencies and personnel are expecting to transact more programmatic and financial business with OEMS across automated systems. This requires OEMS to expand electronic services.

Emergency medical services are available statewide, but the level of service varies. This will require a greater coordination of services by OEMS with local governments, EMS agencies and organizations.

Recruitment and retention of EMS providers are major problems for EMS agencies. Local, regional, and state initiatives are needed to address recruitment and retention.

The number of certified EMS personnel is affected by access and availability to participate in educational programs, especially by volunteers who have competing demands placed on them by family and employers. Additional factors include changes to the educational curriculum required to comply with national standards and increase in the cost of training.

Revenue recovery and local funding of emergency medical services is an evolving issue. In general, EMS is moving from a free service provided by volunteers to a service that bills for care.

Trauma Center designation is voluntary and has lead to gaps in trauma care in certain areas of the state. There has not been a financial incentive to being a designated trauma center. A 2004 JLARC report on “The Use and Financing of Trauma Centers” indicated that Virginia's Trauma Centers were losing $45 million annually ($52 million annualized inflation rate; at risk of downgrading or closing; experiencing difficulty recruiting specialty physicians; and facing increased medical malpractice liability costs.

Section 18.2-270.01 of the Code of Virginia established the State Trauma Center Fund and it is expected to raise $9.5 million annually; however, this is less than 20% of the financial losses being experienced by the trauma centers.

The Virginia EMS for Children Program has been funded through federal funds and it is unclear if federal grant support will continue. Demands for emergency care and EMS for children with chronic illnesses, or technology-dependent conditions continue to increase.

Increased violence in the workplace, schools and public areas continue to drive the demand for crisis intervention and peer support services for EMS and public safety personnel.

National changes in laws and processes will impact the availability of EMS personnel and resources.
Homeland Security issues - National Incident Management System and local/federal coordination. Financial reimbursement - revenue recovery; Emergency Medical Treatment and Labor Act; and Medicaid/Medicare laws. New training – time and resource commitments.

Regulation and oversight of EMS agencies will remain a significant focus of this service area plan. Anticipated changes in the service area include the EMS System through OEMS and the regulatory process needs to promulgate new/revised regulations concerning designation of Regional EMS Councils; financial assistance to EMS agencies; and pursuant to legislation passed in 2005 (HB 2238); EMS regulations need to define response times, data collection requirements and, enforcement provisions to include civil penalties (currently in development).

Changes, updates and new legislation from the Federal Communications Commission concerning public safety communications will impact EMS agencies. Changes in communications technology (e.g., improved two way radios, voice over internet, digital radios, etc.) will have a financial impact upon EMS agencies and they will seek alternative sources of funding for these major investments. Greater technical and financial assistance from OEMS is anticipated. OEMS will continue to offer its program in emergency medical dispatch and accreditation program for 911 Public Safety Answering Points (PSAP) and Emergency Dispatch Centers. Accreditation promotes implementation of standardized emergency medical dispatch (EMD) protocols and continued training and education of dispatchers.

Critical Incident Stress Management (CISM) services have primarily focused on EMS and fire. Legislation passed during the 2005 General Assembly increased the objectives of § 32.1.111.3 to include CISM. OEMS has been working with Virginia's law enforcement community and this service area is expected to expand substantially. There will be an increased need for CISM training and crisis intervention and peer support services across the Commonwealth as violence in the workplace, schools and public areas continue to escalate. CISM is now being requested by public schools (school shootings), jails and mental hospitals (abused staff) and private business (robberies) leading to increased requests for debriefing services.

EMS agencies, particularly volunteer agencies with higher workforce turnover rates, need to continue to develop new leaders who are competent to manage a changing and challenging environment and the complex issues of managing an EMS agency. Volunteers will be more dependent on career support for answering EMS calls and managing their day-to-day operations. With the changing demographics of Virginia, leaders will need to be trained in dealing with a variety of ethnic and cultural backgrounds and issues. OEMS will experience an increase in demand for technical assistance services and funding related to recruitment and retention of EMS personnel.

OEMS customer services are anticipated to increase as the number of EMS responses increase. As the public's expectations for EMS services increase, local governments and EMS agencies will seek the assistance of OEMS to increase the level of patient care while finding ways to maximize the impact of public funds. Informing the public remains a challenge and will require innovative methods to educate the public about the EMS System.

Demands for emergency care for children continue to increase due to inadequate access to primary care, increased survival and home care of children who suffer from chronic illnesses or who are technology-dependent, racial and ethnic disparities in pediatric emergency care, terrorism concerns, and staff, facility, and other resource limitations. OEMS will experience an increase in demand for technical assistance services and funding.

New regulations and contract deliverables required of the Regional EMS Councils will increase the demands on regional council resources and focus greater attention on local priorities.

Anticipated Changes to the Products and/or Services

The quality of patient care can be improved when there is a coordination and integration of resources. Fuller integration of pre-hospital providers and hospital providers into a unified EMS system will result in faster access, better pre-hospital care, and continued high quality patient care through the rehabilitative phase. OEMS has begun to utilize Webinars and other technologies to provide administrative updates to EMS instructors and coordinators as well as offering on-line continuing education for EMS providers through TrainVA.

Due to workforce shortages and demand on services, EMS will see a trend in returning to basics, i.e., a rapid and robust Basic Life Support system followed by a smaller cadre of experienced and well supervised paramedics. The demand for technical assistance from localities, EMS agencies and organizations to develop strategies to address recruitment and retention of EMS personnel will increase.

There will be changes in EMS curricula and certification programs based on EMS training and educational core content, the National Scope of Practice and educational standards.

Virginia’s trauma system is benchmarked with national and state systems to ensure continuous adherence with recognized best practices in trauma care. A triennial review process of trauma centers will be conducted. Additionally, in conjunction with the JLARC study, an analysis of geographic gaps in trauma system coverage, by region will be conducted, recommendations and plans developed to meet identified gaps in trauma care services.

There will be a greater emphasis on the safety, wellness and physical health of EMS providers. Compared to police and fire, ambulances experience the highest percentage of crashes with fatalities and injuries. Not being restrained in the back of an ambulance pose great risks. Motor vehicle crashes are the leading cause of work related deaths for EMS workers. There is a need to review current ambulance design and injury prevention and safety programs.

Other threats to EMS providers range from blood borne pathogens, assault & homicides to back injuries and hearing loss. Overall occupational death rates per 100,000: police: 14.2; firefighters: 16.5; EMS: 12.7. The national average for all workers is 5.0.

There will be an increasing role for lay interveners. The impact of 9/11 has resulted in the development of citizen corps and other volunteer groups, support for neighbors and family, new courses being developed and an increasing role of bystander care until EMS arrives. This will require greater coordination and management of information and resources by OEMS.

Health care delivery issues such as declining on-call availability of physician specialists, diversion, hospital overcrowding, difficulty of access to primary care, uninsured patients and increasing EMS call volume will require EMS to play a significantly larger role in community health delivery and coordination of services. In addition, there is greater emphasis and attention related to planning and prepared activities related to pandemic flu. This will place a greater demand on OEMS programs, services and financial resources.

OEMS will play a critical role in assisting localities assess and evaluate EMS resources and capabilities. This will include monitoring the health of a community, surveillance, early detection; ensuring patients have to access to appropriate care – all of which will require additional training for EMS providers, additional resources and more reliance on OEMS programs and services.

New regulations governing the designation process and changing contractual requirements of Regional EMS Councils will place greater emphasis on performance and outcome measures for those designated regional councils to meet the needs and priorities of the EMS agencies and local governments within their designated service area.

OEMS highly anticipates the incorporation of designated cardiac centers in Virginia. Like stroke center and trauma center designation, cardiac designation will likely incorporate a larger volume of hospitals that serve a larger population of patients annually. The addition of a third type of specialty care hospitals will create an increased burden upon OEMS to coordinate, regulate and educate the hospital and EMS systems.

Listing of Products and / or Services

EMS Education, Training and Medical Direction - Regulatory authority to establish certification and re-certification qualifications and standards for EMS personnel: Emergency Medical Technician(EMT) Basic Life Support curriculum and competency standards; Advanced Life Support curriculum and competency standards; EMS Instructor curriculum and competency standards; and certification examinations. Maintain certification records of EMS personnel: Initial certification candidates and re-certification candidates. Maintain accreditation criteria and standards for training sites/programs. Perform accreditation site visits of training centers/programs.

Critical Care, Stroke Center, and Trauma - Trauma Center Regulatory Authority: Designation criteria development and designation inspections. Trauma System Planning (State Trauma System Plan): Oversight & Management Committee; Statewide Trauma Triage Plan Development & Compliance Monitoring; and Regional Trauma Triage Plan monitoring/administration. Trauma Center Fund Administration Emergency Medical Services Patient Care Information System data collection and analysis: Statewide Trauma Registry administration; and, participation in the Crash Outcomes Data Evaluation System (CODES).

Emergency Operations - OEMS is responsible for developing a comprehensive and coordinated response during a declared “state of emergency”. This is achieved through Health and Medical Emergency Response Teams (HMERT) and the training of EMS personnel and other first responders. Disaster Response Teams: Health and Medical Emergency Response Teams (HMERT) and Disaster Task Forces. Training Programs: Public Safety Response to Terrorism – Awareness; Heavy and Tactical Rescue; HMERT Team Member; HMERT Team Leader; and Mass Casualty Incident Management - Modules I -V.

Emergency Medical Services for Children (EMSC) - Integrate EMSC within the EMS system in Virginia. Incorporate pediatric issues in all aspects of clinical care through outreach and education in the prehospital setting, emergency departments and primary care offices. Administer and maintain a EMSC program to provide coordination and support for emergency pediatric care. Assess the existence of a statewide, territorial, or regional system that recognizes hospitals that are able to stabilize and/or manage pediatric emergencies. Assess the percentage of Virginia licensed hospitals that have written interfacility transfer agreements, and written guidelines for effecting interfacility transfers. Improve and expand pediatric emergency care education systems. Improve EMS/EMSC systems development. Ensure that integration of health services meets children’s needs by increasing the availability of pediatric injury prevention, first aid and Cardiopulmonary Resuscitation programs throughout Virginia. Develop broad-based support for prevention activities. Increase both unintentional and intentional injury prevention programs. Increase community linkages between EMSC and the Children with Special Health Care Needs (CSHCN) program. Identify and recommend pediatric equipment for EMS vehicles.

EMS System Evaluation & Research - Assist all areas of EMS system development with supportive data from the EMS Patient care Information System to ensure prehospital emergency care is developed in an evidence based fashion. EMS Research can contribute to high quality EMS and to drive improvements in patient outcome. Vast amounts of money are being spent for patient care with little rigorous evaluation of the effectiveness of that care. Methodologically sound research must be incorporated into all facets of the EMS system. EMS Research can assure new technologies and therapeutic approaches are scientifically and rapidly evaluated prior to or at the initiation of their use and for continued monitoring.

Human Resources Management and Technical Assistance - Technical Assistance – OEMS will coordinate with Regional EMS Councils and other state organizations to assist local EMS and government officials with specific system issues. Technical Resources – Develop, produce and distribute manuals, tool kits, curriculums, and self assessment guides to help local EMS and government officials to identify solutions to their own retention, leadership and management related issues. Resource Coordination - Partner with Regional EMS Councils and statewide EMS organizations and agencies to pool resources and assist volunteer and governmental EMS agencies. Financial Support - Promote the Rescue Squad Assistance Fund grant program to localities to help fund management and leadership and recruitment programs. Workshop and Seminars - Sponsor leadership and management workshops and seminars at EMS Symposium and other state-wide conferences.

Public Information and Education - Provide public education and awareness programs to increase interest, knowledge and participation in Virginia's emergency medical services system; promote and publicize Office of EMS programs and services identified under the Service Area Description of this plan; assist EMS agencies in recruitment efforts; coordinate Virginia's Durable Do Not Resuscitate (DNR) program; and education of the public, EMS providers and health care facilities on EMS rules and regulations.

EMS Regulation and Compliance - EMS Agency Licensure and Vehicle Permits: Inspect and license new and existing EMS agencies and inspect and permit EMS vehicles. Compliance and review of EMS Regulations; conduct investigations of EMS agencies and/or personnel; periodic review and revision of EMS regulations; and review and evaluate EMS agency or personnel requests for variances and exemptions to regulations. EMS Field Services: coordinate and administer certification examinations and provide technical assistance to EMS personnel, agencies, local governments and organizations; and verification of RSAF grant awards and service as a technical assistance resource for EMS personnel and agencies.

Critical Incident Stress Management: - Establish and maintain a process for crisis intervention and peer support services for emergency medical services and public safety personnel, including statewide availability and accreditation of critical incident stress management teams.

Communications - Establish and maintain a program to improve dispatching of emergency medical services including establishment of and support for emergency medical dispatch training, accreditation of 911 dispatch centers, and public safety answering points; and coordinate Federal Communications Commission licensure authorization for EMS agency radio communication.

EMS Registry - Conduct regular statewide EMS system needs assessments and report the results through the appropriate committees of the EMS Advisory Board; perform monitoring of the quality of emergency medical care being provided in both the out of hospital and in hospital environments; submission to the National EMS Information System (NEMSIS) database hosted at the National Highway Traffic Safety Administration (NHTSA). OEMS signed a Memorandum of Understanding with NEMSIS in 2004 to use the NHTSA 2.2 dataset and submit to the national database; support the Code mandated monitoring of patient transfer patterns of trauma patients throughout the Commonwealth. Conduct regular evaluations of EMS System performance and support requests for analysis of system resources to improve Commonwealth preparedness, homeland security, and other functions.

Regional EMS Councils - Develop, coordinate and improve the delivery of EMS in the region through implementation of Regional EMS Plan, Regional EMS protocols, Regional Mass Casualty Incident Plan, regional coordination of basic and continuing education of EMS providers and other services as defined in the performance based contract with the Office of Emergency Medical Services.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	6,392,460	0	6,392,460
Changes to Base	0	1,080,146	0	1,080,146
Total	0	7,472,606	0	7,472,606

Objectives for this Service Area

Objectives for this Service Area

Objective

Establish regulations and monitor compliance of Emergency Medical Services agencies and personnel.

Description

The Commonwealth licenses and regulates EMS agencies through inspection and licensure of EMS agencies, permitting of EMS vehicles and investigation of complaints alleged against EMS agencies or personnel.

Objective Strategies

- Conduct investigations of complaints against EMS agencies or personnel in accordance with regulations and OEMS approved standards for investigative proceedings.
- Conduct ongoing review and revision of existing regulations. Complete a general revision of existing regulations with NOIRA process every four years.
- Conduct scheduled and unscheduled inspections of EMS agencies to verify licensed EMS agencies comply with regulations pertinent to EMS vehicles, EMS staffing requirements for EMS vehicles and, levels of care provided.
- Develop and establish a disciplinary review process and identify an adjudication officer to review investigative findings and make recommendations on appropriate enforcement actions.
- Provide educational resources, technical assistance, coordination and funding support to assist EMS agencies and local governments strengthen their leadership and management programs.
- Review and submit recommendations on all variance and exemption requests, noting any patterns.

- Work with the EMS Workforce Development Committee of the State EMS Advisory Board to establish leadership and management competencies and knowledge areas for EMS leaders as part of the development of a voluntary EMS agency accreditation program referred to as "Standards of Excellence".
- Work with the Medevac Committee of the State EMS Advisory Board to develop a standard of medical necessity to be utilized by Virginia Medevac Services to assure the appropriate utilization of air medical services.

Alignment to Agency Goals

- Strengthen the culture of preparedness, and respond in a timely manner to any emergency affecting public health.

Measures

- Percent of applications received for variances and exemptions processed within 14 calendar days of receipt.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Output	Increase	Annually

Data Source and Calculation

Time frame from date of receipt of variance/exemption request by the Office of Emergency Medical Services to date such request is reviewed, entered and forwarded to Virginia Department of Health Executive Management for their review and final approval.

Objective

Provide planning, coordination and evaluation of acute patient care delivery services between EMS agencies and hospitals.

Description

OEMS is the state agency responsible to plan, coordinate and integrate a system of care that encompasses all aspects of emergency medical care.

Objective Strategies

- Convert the PPCR data elements to comply with the National EMS Information System data element standards approved by the National Highway Traffic Safety Administration.
- OEMS will distribute, to designated trauma centers, the Trauma Center Fund on a quarterly schedule using an electronic means of distribution. OEMS will elicit stakeholder involvement in the annual review and/or revision of the Trauma Center Fund Distribution Method.
- OEMS will maintain a system of designated trauma centers that will continue to decrease morbidity and mortality of injured person in Virginia.
- OEMS will organize teams to perform trauma centers site reviews to ensure compliance with the Virginia Statewide Trauma Center Criteria.
- Participate as an active stakeholder in the development of a national trauma registry data set with the National Trauma Data Bank.
- Provide education as needed to support the mission of the Virginia Poison Control Network (VPCN). Support the maintenance of funding needed by the VPCN to improve services and increase poison injury prevention efforts. Pave the way towards a system of toxosurveillance within the VPCN.
- Review and revise the State Trauma System Plan & Trauma Triage Plan.
- Review and revise the Virginia Statewide Trauma Center Designation Program Resource Manual for Hospitals.
- Schedule and conduct stakeholder meetings with designated trauma centers, non-designated hospitals and pre-hospital agencies.
- Utilize Prehospital Patient Care Reporting and Trauma Registry data to perform EMS Research.

Alignment to Agency Goals

- Strengthen the culture of preparedness, and respond in a timely manner to any emergency affecting public health.

Measures

- Percent of applications received for accreditation or reaccreditation of Emergency Medical Services Training Programs in Virginia successfully completed within 180 calendar days of receipt.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Output	Increase	Annually

Data Source and Calculation

Percent of applications for accreditation or reaccreditation of Emergency Medical Services educational programs that are reviewed, evaluated and processed within 180 calendar days of receipt. The time frame does not include necessary follow-up by educational entity to address any identified deficiencies.

Objective

Provide statewide regional planning for Virginia's Emergency Medical Services System.

Description

Effective planning and coordination is essential to the success of Virginia's EMS system. Such plans should facilitate the development and coordination of effective and efficient delivery of EMS in each region. Virginia's Regional EMS Councils provide overall coordination and leadership in establishing and maintaining EMS related plans, which are approved by the Virginia Department of Health's Office of EMS.

Objective Strategies

- Conduct regional educational sessions for EMS stakeholders on plans.
- Create a process by which stakeholders can review and, when appropriate, adopt policies, procedures and plans to enhance the regional delivery of EMS.
- Develop, implement and maintain formal regional Trauma Triage Plans.
- Develop, implement and maintain regional EMS Hospital Diversion Plans.
- Develop, implement and maintain regional EMS Plans.
- Develop, implement and maintain regional Mass Casualty Incident Plans.

- Establish and maintain advisory structures that are comprised of a governing Board of Directors and committee structures.
- Maintain stakeholder forums to facilitate the development and coordination of an effective and efficient regional EMS system.
- Promote and act as an advocate for issues that are important and beneficial to the EMS system.
- Provide evaluation and guidance on Virginia's Regulations Governing EMS

Alignment to Agency Goals

- Strengthen the culture of preparedness, and respond in a timely manner to any emergency affecting public health.

Measures

- Percent completion of the total number of contracted services within the performance based contract for each Regional Emergency Medical Services Council.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Output	Increase	Annually

Data Source and Calculation

By contract with the Virginia Department of Health, each region must submit reports on a quarterly and annual basis that summarizes the progress and completion of the scope of services.

40301: Anatomical Services

Description

This service area provides donated cadavers to medical schools and research centers in the Commonwealth of Virginia for anatomical study. The nonprofit Virginia State Anatomical Program (VSAP), supervised by the Office of the Chief Medical Examiner (OCME) within the Virginia Department of Health (VDH), is the only program in Virginia authorized to receive donations of human bodies for scientific study for the teaching of anatomy, and surgery, and performing research in Virginia's medical schools, colleges, universities, and research facilities.

Mission Alignment and Authority

This service area is aligned with the VDH mission to promote and protect public health by providing anatomical material through a donor program to aid medical education and research. These donations also facilitate surgical and clinical medicine advances to enhance the quality of life, prevent illness, treat diseases, and protect life.

Customers for this Service Area

Anticipated Changes to Customers Base

It is anticipated that the average age of a donor will continue to rise as the life expectancy average increases. The number of qualified education programs receiving cadavers will also increase as schools and universities expand the number of students and classes offered.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Higher Education Institutions	Research programs	4	4	Stable
Resident	Donors	570	800	Increase
Employer/ Business Owner	Funeral homes	250	530	Increase
Local or Regional Government Authorities	Government based programs	5	5	Stable
Higher Education Institutions	Medical schools/University and College Anatomy Programs	28	30	Stable
Health Care	Nursing homes, hospice, assisted living centers	560	729	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

New advances in embalming practices and the increased need of school programs for quicker delivery will result in increased expenses (e.g., gasoline, rapid body transport, and embalming) for the service area in the future.
Recent reorganization of program procedures and processes was undertaken to ensure optimal efficiency and quality of services provided. This reorganization included hiring an operational director to monitor and manage preparation, processing and delivery of cadavers, internal accounting and recordkeeping, and quality assurance measures.

Anticipated Changes to the Products and/or Services

To increase donations to meet the customer demands, the Anatomical Program is planning on providing more educational programs and mailings to assisted living facilities and hospice programs. The program is using traditional and non-traditional outreach opportunities such as working with an organ procurement organization, LifeNet Health, to provide families who wish to donate organs and/or tissues but are deferred as a result of donor criteria with VSAP information in the form of a brochure so they may have the option of whole body donation.

Listing of Products and / or Services

Obtaining donor consent;

Mailing outreach brochures and information;

Keeping a donor database;

Storing complete records on each donor;

Coordinating transport of deceased donors from the location of death to Richmond;

Embalming cadavers;

Preparing cadavers for medical school or research program delivery;

Filing the death certificate for donors;

Obtaining personal information from families;

Relaying information to schools if family requests the return of cremated remains;

Transporting prepared cadavers to medical schools and research centers;

Invoicing the schools per cadaver for expenses;

Ensuring the schools and research centers are educated in the program guidelines and the laws governing the program;

Obtain feedback from cadaver user groups for quality assurance and improvement.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	450,000	0	450,000
Changes to Base	0	1,431	0	1,431
Total	0	451,431	0	451,431

Objectives for this Service Area

Objectives for this Service Area

Objective
Increase the number of suitable donor cadavers available to medical schools and research centers in Virginia as well as increase the number of educational uses of each cadaver.

Description
This service area provides donated cadavers to medical schools and research centers in the Commonwealth of Virginia for anatomical study. The nonprofit State Anatomical Program, supervised by the Office of the Chief Medical Examiner (OCME) within the Virginia Department of Health (VDH), is the only program in Virginia authorized to receive donation of human bodies for scientific study for the teaching of anatomy, surgery, and performing research in Virginia's medical schools, colleges, universities, and research facilities.

Objective Strategies
- Conduct an outreach program to 75 assisted living facilities to educate potential donors on the process and benefits of the donation program. This will increase the donor base with individuals that are at a time in their lives when they are planning for their eventual death. The outreach will include a mailing of informational brochures and on site presentations at facilities.
- Distribute materials for funeral directors to give to families who may want to use the program as an alternative to funeral services when family financial resources are limited.
- Meet with various medical education and research facilities to determine specific cadaver needs.

Alignment to Agency Goals
- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures
- Percentage of donated cadavers used in two or more educational activities.

  Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  The data source for this calculation is a spreadsheet with each donor number and a notation for each educational use of a particular cadaver including which program used the cadaver and for what purpose.

- Number of suitable cadavers provided to Virginia medical schools and research centers.

  Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  The data source for this calculation is the numbering system used by the anatomical program each year to number the cadavers to protect their identities.

40302: Medical Examiner Services

Description

This service area provides medicolegal death investigation. In Virginia, the first line of death investigation is the local city/county Medical Examiners (ME) who conduct the initial medicolegal death investigation and serve as the principal case investigator in the locality for deaths falling within their jurisdiction and statutory authority. The VDH Office of the Chief Medical Examiner (OCME) currently supports more than 215 local medical examiners. They receive the initial notification of death, collect the history of events surrounding the death and determine if the death should come under the jurisdiction of the medical examiner. Local medical examiners attend death scenes, examine the body, and sign the certificate of death on medical examiner cases or, in accordance with OCME professionally established guidelines, refer certain classes of cases for more intensive death investigation and medicolegal autopsy at a district office.

Mission Alignment and Authority

This service area is aligned with Virginia Department of Health's mission to promote and protect the health of Virginian's by maintaining an effective and efficient system for the investigations of deaths that are unexplained or violent as well as suspicious deaths of public interest. This service area is aligned with the mission of promoting and protecting public health by diagnosing the cause of sudden and unexpected deaths, conducting surveillance for deaths that present a hazard to Virginia's citizens, identifying emerging infectious deaths, bioterrorism deaths, and documenting injuries associated with violent deaths.

Customers for this Service Area

Anticipated Changes to Customers Base

As the population of Virginia rises and ages, the number of cases the OCME investigates has increased by approximately 200 cases a year since 1999. This trend is expected to continue unabated.

The customers of the OCME are more aware of services through the OCME website and can now email inquiries directly to the OCME. Forensic television shows like CSI and educational programs through the Discovery Channel and Court TV have increased customer awareness and expectations. The number of requests for reports from families has doubled in past years and continues to increase. The "CSI Effect" has resulted in increased requests for special testing, data, tours of our facilities, meetings with forensic pathologists and for our staff to provide instructional classes and make presentations to interested groups.

The Virginia Commonwealth University (VCU) undergraduate and graduate programs in Forensic Science sought OCME expertise to teach a course in Forensic Pathology in 2012 and it is anticipated that this will be a continuing responsibility. The newly established School of Public Health will draw on the forensic expertise of the OCME for research as well as teaching. The Chief Medical Examiner, as Chairman of the Department of Legal Medicine at the VCU School of Medicine, has instituted a Forensic Pathology Lecture Series that was presented by the Chief and Assistant Chief Medical Examiners. OCME staff members teach at the medical schools, law schools, and other institutions of higher learning as mandated by the Code.

Deaths due to infection, that previously were assumed to be natural deaths due to natural disease, must now be screened in real time to capture, investigate and autopsy for a possible bioterrorism agent. Deaths due to "biological bullets" are homicides and of interest to the criminal justice system as well as public health.

There is also a focus on elder abuse and neglect deaths which will increase the surveillance for this special class of death. Bills passed in the 2009 General Assembly session established the structure for an Adult Fatality Review Team. The OCME is seeking funding for the creation and ongoing organization and maintenance of this team.

The OCME takes responsibility for the tracking, entry and retrieval of information on Virginia's unidentified decedents. In order to facilitate identification of unidentified remains the OCME received grant funding in 2008, and continued funding in 2010, in partnership with the Department of Forensic Sciences (DFS) to now process skeletal remains for identification with mitochondrial DNA testing that was unavailable in Virginia prior to establishment by the Department of Forensic Sciences of a mitochondrial DNA laboratory in 2009. The DNA profiles along with other decedent information are entered into national databases to see if there are any matches with missing or unidentified persons. This endeavor has assisted with the resolution of "cold cases" and missing person cases. The OCME anticipates additional "hits" from these national databases as more information is entered and compared.

An increased number of requests for data from members of the General Assembly, media, other agencies, and researchers reflect the importance of OCME case data for the development of death prevention measures.

As one of the largest statewide medical examiner systems in the nation, OCME data and case information is highly valued by state and federal agencies, including the Centers of Disease Control and the Federal Bureau of Investigations. The OCME will continue to partner with the CDC to conduct population based studies of disease and death.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Attorney General	Attorney General and Inspector General	2	2	Stable
Health Care	Cadaver dog search and rescue/recovery programs	20	25	Increase
Federal Agency	Centers for Disease Control and Injury Prevention (CDC)	1	1	Stable
State Government Employee	Commonwealth's Attorneys and public defenders	150	150	Increase
State Agency(s),	Department of Behavioral Health and Developmental Services (deaths of patients)	56	56	Decrease
State Agency(s),	Department of Corrections (deaths in custody and executions)	38	38	Increase
State Agency(s),	Department of Criminal Justice Services	1	1	Stable

State Agency(s),	Department of Forensic Science (district offices)	4	4	Stable
State Agency(s),	Department of Game and Inland Fisheries (water and boating deaths)	5	5	Stable
Federal Agency	Department of Labor (occupational deaths)	7	7	Stable
State Agency(s),	Department of Social Services (paternity establishment and child abuse cases)	100	143	Increase
State Agency(s),	Division of Consolidated Labs Services	1	1	Stable
State Agency(s),	Division of Vital Records (death certificates on all decedents)	37	37	Stable
Health Care	EMS, hospitals, nursing homes, adult centers, and related physicians	4,000	5,000	Increase
Families	Families of decedents	6,000	7,500	Increase
Federal Agency	Fort Lee Army Mortuary Affairs (training of soldiers in mortuary affairs before going to war)	200	250	Decrease
Employer/ Business Owner	Funeral homes and body transport services	500	550	Increase
General Assembly	General Assembly	1	1	Stable
Employer/ Business Owner	Insurance companies (death benefits and lawsuits)	2,000	2,500	Increase
Local Government Employee	Law enforcement, all levels	5,000	8,000	Increase
Communication	Media	80	100	Increase
Higher Education Institutions	Schools and universities (deaths on property or campus)	15	93	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

The OCME is required to achieve direct real time reporting of all death cases of concern to the Commonwealth to achieve full accreditation status by the National Association of Medical Examiners (NAME). Currently, all four offices are fully accredited with offices coming up for re-accreditation on a 5 year cycle. The current staffing level, of 24 death investigators to man four OCME district offices in Virginia, is not enough to cover all shifts to handle real time death reporting from law enforcement and local medical examiners for the four regions of Virginia, given staff time off for illness, vacation and personal needs. There is a need for a minimum of 28 death investigators to achieve the needed coverage statewide. During the 2011 inspection for the OCME to retain its National Association of Medical Examiner accreditation, the inspector identified that the OCME was operating with a deficiency in death investigators and local medical examiners to cover 24 hours a day, seven days a week. The standard for medical examiner systems nationwide is to have coverage of death investigators 24 hours a day, seven days a week to receive and make dispositions on death calls, consult with and assist local medical examiners from each county/city, and assist forensic pathologists who are performing autopsies and investigations on holidays and weekends. The recent addition of several death investigators statewide and a fourth forensic pathologist in the Roanoke office allowed the district offices to achieve full accreditation during this 2011 inspection cycle. Though the investigator staff has increased statewide there are still gaps in coverage when investigators take time off. The NAME inspector during this inspection cycle also expressed concern that Virginia local medical examiners do not call in all deaths to the districts, including cases that are turned down because they do not fall under the OCME jurisdiction, so a letter was sent to all local MEs requesting they report all case calls in real time. Having a single, statewide, death call center for the OCME with the call center notifying the district offices and dispatching medical examiners would rectify this problem however, additional staff to support a 24/7 call center would be required. NAME accreditation, which sets the national standard for medical examiner systems, is important for the credibility of the medical examiner system in court and is a factor considered when obtaining federal grant funding that supports several OCME programs.

Currently, cases are reported to local medical examiners but documentation of these cases may not be sent to the district office for weeks. There is no real time screening for bioterrorism deaths or immediate knowledge or documentation of cases that do not fall under OCME jurisdiction and have been turned down. Local medical examiners do not have an immediate resource to answer questions on cases. Law enforcement complains regularly that they are not able to reach the local medical examiners and get disposition of their cases in a timely manner, causing bodies to lie in place for hours at the scene. People die 24 hours a day, seven days a week, so the cases do not stop on weekends and holidays. Additional death investigator positions will be needed to provide this real time coverage for law enforcement, local medical examiners, and families as the population and number of deaths in Virginia increases. Most medical examiner systems in the U.S. with a population equivalent to Virginia have 30 death investigators and accept twice as many cases as Virginia does. To control costs, the Virginia OCME utilizes stringent criteria for accepting cases and investigates only one out of every 10 deaths; other systems investigate one out of five deaths.

The number of local medical examiners has also drastically declined. The number of local medical examiners has decreased from 450 in 1989 to the present 2012 level of 215. The local medical examiner fee was increased from $50 to $150 per case investigated in FY 2007 (as recommended and approved by the Board of Health) to improve recruitment of local medical examiners in an effort to cover the many cities and counties currently underserved. The fee had not been increased since 1980 and did not adequately compensate medical examiners for the several hours they spend on each medical examiner's case. Despite the increased ME fee per case, free ME training programs twice a year offering Continuing Medical Education credit toward maintenance of medical licensure, free scene visit duffle bags with supplies and an updated ME manual, there has been no increase in the interest of private practice physicians in becoming local MEs in their communities. The OCME has partnered with the Medical Society of Virginia, the Department of Health Professions and physicians associations to develop strategies to increase our local ME pool.

A new Northern Virginia District facility in Manassas (Prince William County) housing both the OCME and the Department of Forensic Science was built through a public/private partnership and was completed in May 2009. This facility will be able to accommodate the growing case load in Northern Virginia This new location has larger meeting areas for education and will allow the OCME to offer training for local MEs, law enforcement, and others at this facility. This relocation from the prior Fairfax facility will impact services by changing accessibility for some funeral home and transport services that deliver bodies to the OCME for autopsy and for law enforcement officers attending autopsies. Plans for expanding the Western District facility in Roanoke housing both the OCME and the Department of Forensic Sciences is in the planning stages.

Deaths due to infection that previously were assumed to be natural deaths due to natural disease, must now be screened in real time to capture, investigate and autopsy for a possible bioterrorism agents.

A prior concern for the OCME was mass fatality planning and the ability to manage a mass fatality event so OCME is currently searching for additional specific mass fatality training for staff.

Current staffing and supply levels are able to provide adequate services to the citizens of Virginia.

When there is a vacancy within the OCME, services are compromised and complaints increase. The most significant area of critical shortage is board certified Forensic Pathologists that serve as Assistant Chief Medical Examiners. Though a recent fourth Forensic Pathology position was added to the Western District, a recent NAME inspection revealed the need for an additional Forensic Pathologist for the Central District in the near future given the continual increase in that district's caseload.

Anticipated Changes to the Products and/or Services

Population and public awareness of what the medical examiner does has increased, and the expectation for timely services has increased. There are several initiatives that are being sought to improve OCME service:

The OCME is striving to serve its customers in a timely manner by obtaining more death investigators to provide direct reporting, quicker disposition of cases and identification of bodies. This service could be enhanced by setting up a statewide, 24/7 death call center so anyone reporting a death (hospital, law enforcement, funeral home, family, EMS, etc.) would call only one phone number to report the death to a trained staff member who could then notify the appropriate district office and dispatch the local ME or death investigator if the case fell under OCME jurisdiction.

This direct reporting effort has been assisted through the recent implementation of a new database at the OCME that is web based. Information has the potential to be entered immediately from the field or at time of case notification. Digital scene photos, autopsy photos, and digital x-ray images can be stored with the case in the database. The database has a bar coding module so the status of bodies, evidence, and lab specimens can be tracked when the tracking module can be made operational. Reports and data can be more quickly disseminated electronically by reducing the interval between receipt/accessioning of a report and sending it to those in need.

OCME will be piloting the VDH Office of Vital Records (VR) Electronic Death Registration (EDR) when it becomes available. OCME is currently working with VDH IT and VR staff to develop the EDR program through regularly scheduled meetings. Once OCME pilots the program and it has been formally approved, it will be offered to the private physicians and funeral homes throughout Virginia. The EDR will allow for more timely death certification and filing throughout Virginia by both medical examiners and private physicians.

There is a nationwide shortage of forensic pathologists and vacancies within the OCME often take over a year to fill. The OCME has a Forensic Pathology (FP) fellowship training program to prepare medical doctors specializing in pathology by allowing them to complete a year of required training in a medical examiners system. Once doctors complete the (FP) fellowship they are qualified to become a Forensic Pathologist and take the American Board of Pathology exam to become board certified in the specialty. This program serves as a feeder of qualified candidates for Forensic Pathologist vacancies The OCME is striving to enhance its Forensic Pathology Fellow training program with early recruitment of medical students into the field and by providing exceptional hands-on learning opportunities through student electives provided by the OCME to all the medical schools in Virginia.

Listing of Products and / or Services

Perform medicolegal death investigation, scientific identification of decedents, external examinations, medicolegal autopsies, evidence collection, and anthropological review.

Certify the cause and manner of death for courts, vital records, families and others.

Collect toxicology and other specimens for testing, process digital photography at scene and autopsy, document all findings.

Perform collections of DNA samples, fingerprints, x-rays, and records for identification of unknown decedents.

Enter all information into a database and stores case files and records.

Establish and maintain unidentified persons files through the National Missing and Unidentified Persons System (NamUs)

Provide reports and consultation on cases to law enforcement, attorneys, insurance companies, families, and other state and federal agencies.

Provide court testimony and depositions.

Provide training to forensic pathology fellows, medical students, residents, law enforcement, local medical examiners, EMS, attorneys, community groups, and many others.

Teach courses at universities and colleges throughout Virginia

Provide data to various agencies (Dept. of Labor, Dept. of Criminal Justice Services, and others), CDC, pharmaceutical research oversight companies, Fatality Teams, and more.

Administer the State Child Fatality Review Team, Maternal Mortality Review Team, Family and Intimate Partner Violence Review, and the National Violent Death Reporting System.

Partner with VCU to administer the Department of Legal Medicine (teach courses, train forensic pathology fellows, and house a forensic epidemiologist position for the university)

Partner with the CDC to continue to conduct population based studies and to provide specimens from emerging infectious diseases.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	9,156,711	676,844	9,156,711	676,844
Changes to Base	-57,818	201,750	-57,818	201,750

Total	9,098,893	878,594	9,098,893	878,594

Objectives for this Service Area

Objectives for this Service Area

Objective
Improve the quality and quantity of medicolegal death investigation in Virginia by implementing real time, 24/7 direct reporting of deaths in all district offices.

Description
Real time reporting of deaths will improve medical examiner case acquisition and disposition, and provide surveillance for bioterrorism, emerging infections, and elder abuse. Presently, only homicides and most suicides are reported contemporaneously with the death because they are sent to a district OCME office to be autopsied. Reports of all other deaths not requiring an autopsy come in over days to months later. The OCME is not aware of the death until the report is mailed in. For statewide ME systems the standard rate of acceptance of cases is one for each four or five deaths. Virginia accepts one in ten. Missed cases are partially investigated retrospectively. Additional statewide positions statewide are needed to receive calls and provide 24 hour 7 day a week real time death reporting coverage for law enforcement, local medical examiners and hospitals, nursing homes and others that are required to report deaths.

Objective Strategies

- Educate members of the Executive Branch, General Assembly and partner agencies on the critical need for real time, 24/7 coverage for death reporting.
- Seek appropriation funding and position allotment for the addition of four medical death investigator positions, one for each district.

Alignment to Agency Goals

- Maintain an effective and efficient system for the investigation of unexplained, violent or suspicious deaths of public interest.

Measures

- Number of medicolegal death investigators.

Measure Class: Other Agency | Measure Type: Input | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

The data source for this calculation is the Office of the Chief Medical Examiner's database that stores information on active medicolegal death investigators appointed to perform death investigation.

Objective
Increase the number of identified decedents by implementing mitochondrial DNA testing, NamUs entry and tracking of information on Virginia's unidentified decedents.

Description
This project in cooperation with the Department of Forensic Sciences involves review of current and archival unidentified person cases with DNA specimen submission for matches to missing persons and NamUs database screening of possible matches to missing persons. . This is labor intensive with possible hits being referred for follow-up to the jurisdiction of discovery of the unidentified remains. This endeavor will assist with the resolution of “cold cases”.

Objective Strategies

- Complete grant funding for the installation and maintenance of the terminal. Submit DNA samples from unidentified remains and put the case information into the NamUs database.

Alignment to Agency Goals

- Maintain an effective and efficient system for the investigation of unexplained, violent or suspicious deaths of public interest.

Measures

- Percent of unidentified medical examiner cases successfully identified through modern forensic means of identification.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

The data source is the Unidentified Logbook and Office of the Chief Medical Examiner database. Calculation is determined through a count of the unidentified cases over the total number of cases examined.

Objective
Enhance Virginia's medicolegal death investigation system through increased local medical examiner recruitment.

Description
This service area is highly dependent upon work performed by local medical examiners, who are local private physicians appointed by the Chief Medical Examiner. Local medical examiners are responsible for the medical investigation of the circumstances of death; physical examination of the body; collection and shipping of toxicology specimens; recognition, collection, and transfer of physical evidence on the body to law enforcement; determination of the cause and manner of death; properly signing the certificate of death; and the production and submission of the required reports to the district office for processing and distribution.

Objective Strategies

- Educate eligible physicians regarding the increased case fee and benefits of being a medical examiner through presentations at medical society and physician association meetings.
- Increase the training and tools for death investigation provided to local medical examiners.

Alignment to Agency Goals

- Maintain an effective and efficient system for the investigation of unexplained, violent or suspicious deaths of public interest.

Measures

- Number of local medical examiners.

Measure Class	Other Agency	Measure Type	Input	Preferred Trend	Increase	Frequency	Annually

Data Source and Calculation

The data source for this calculation is the Office of the Chief Medical Examiner's database that stores information on active local medical examiners appointed to perform death investigation.

40401: Health Statistics

Description

This service area is responsible for the dissemination of health statistics information. This information is processed and made available to Virginia Department of Health (VDH), legislators, other government agencies, the National Center for Health Statistics (NCHS), and the general public. There are six principal categories of statistical data managed by this service area: births, deaths, natural fetal deaths, induced terminations of pregnancy, marriages and divorces. These statistics are presented in the form of annual reports, special reports, electronic data exchange and consultation. This service area is administered by the VDH's Division of Health Statistics, previously known as the Center for Health Statistics.

Mission Alignment and Authority

This service area supports the VDH mission of promoting and protecting the health of Virginians by providing one source of health status measurements to gauge the success of the mission.

Customers for this Service Area

Anticipated Changes to Customers Base

The Division continues to forge agreements and partnerships to share data collected with VDH programs such as Cancer Registry, HIV/Sexually Transmitted Diseases, Injury and Violence Prevention, Immunization, Office of the Chief Medical Examiner, Virginia Congenital Anomalies Reporting and Educational System, Women and Infants Health, and Minority Health. There is vast potential for new agreements outside of VDH. The Division currently has agreements with other state agencies including Taxation, Motor Vehicles, Board of Elections, Medical Assistance Services, Social Services, and Virginia Retirement System. Formal agreements exist with colleges and research facilities such as University of Virginia (UVA) hospital, Virginia Commonwealth University Medical Center, and the Children's Hospital of Philadelphia.

The Division anticipates more requests for agreements from colleges, medical researchers and private healthcare organizations. There is also potential for data sharing among physician's groups or individual doctors.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Federal Agency	Consumer Product Safety Commission	1	1	Stable
State Agency(s),	Department of Behavioral Health and Developmental Services	1	1	Stable
State Agency(s),	Department of Labor and Industry	1	1	Stable
State Agency(s),	Department of Motor Vehicles	1	1	Stable
State Agency(s),	Department of Social Services	1	1	Stable
State Agency(s),	Department of Taxation	1	1	Stable
General Assembly	General Assembly	1	1	Stable
Governor	Governor's and Secretary's Offices	1	1	Stable
Federal Agency	National Center for Health Statistics (NCHS)	1	1	Stable
Federal Agency	National Death Index	1	1	Stable
Institute	National Institute for Occupational Safety & Health	1	1	Stable
Institute	National Safety Council	1	1	Stable
Communication	News media	20	260	Increase
Non-Profit Agency (Boards/Foundations),	Nonprofit organizations	5	20	Increase
State Agency(s),	Other state agencies	13	39	Increase
State Agency(s),	Other states' government	50	50	Stable
Health Care	Private health care industries	25	50	Increase
Higher Education Institutions	Researchers	14	28	Increase
Federal Agency	Social Security Administration (SSA)	1	1	Stable
State Agency(s),	State Board of Elections	1	1	Stable
Student	Students	25	50	Increase
Higher Education Institutions	Universities	25	50	Increase
State Agency(s),	VDH - Central office and health districts	100	175	Increase
Organization	Virginia Retirement System	1	1	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Beginning with the 2000 Census, the U.S. Census Bureau allowed respondents to classify their race by selecting a greater number of race categories than the traditional five. The Bureau is suggesting the use of about 32 multi-racial categories for reporting. The Division of Health Statistics (DHS) altered its birth data collection in 2012 to allow for the capture of multi-racial categories.
The National Center for Health Statistics (NCHS) has changed the data items collected and used for health analysis. This includes switching to collect race data in a format consistent with the census data changes. In 2003 the birth and death items that states are asked to collect was revised. Most state and local programs perform their analysis using data, rates, formulas and methodologies that are comparable to those of the federal government. As DHS moves towards consistency with the federal government collecting these new data elements, there will be new variables with new calculations and new rates being reported. The new birth items have been incorporated in the latest revision of the Division of Vital Records' (DVR) electronic birth registration system. A new electronic death and fetal death registration system is currently under development that will also include the NCHS suggested changes. This should be completed by October 2014.

The funding that the federal government provides for purchasing data and analysis is remaining steady despite the difficult economic times. The grants that many other state programs use to operate are diminishing. This will impact DHS revenue generated as requests for data and analysis decline due to reduced funding.

The DVR and DHS are collaborating on other quality control initiatives that will positively impact the timeliness and accuracy of death data. The DHS has migrated its databases to the VDH Warehouse which should facilitate better real time sharing of data.

Anticipated Changes to the Products and/or Services

The Division of Health Statistics has a performance based contract with NCHS that obligates collection data in a recommended format. NCHS has revised its minimum data sets for birth, death and fetal death systems. The Division is now converting to provide data in this new format.

In general, the federal government is seeking increased electronic data connections with state governments. This is in alignment with the current Administration's goal of developing more e-government. The Social Security Administration is currently negotiating through the National Association of Public Health Statistics and Information Systems for an electronic verification of vital events. There is interest in expanding the data on occupation and industry for deaths that are reported to the federal government. The Division currently supplies only occupational data when the death is accidental and job related.

All of the archive statistical databases have been migrated to VDH's data warehouse from their old location on VITA's mainframe. While the migration is being verified, the Division's staff are being trained to operate in the new ORACLE base environment. Once training is completed and all security issues are addressed, data will be more readily available to other VDH programs.

The three volume annual report is now made available at no charge via the VDH/Health Statistics' website. A CD version of the report will continue to be made available. Plans are under way to expand Health District data availability via DHS's web site. The Division continues to improve the timeliness of basic data to the health districts for verification purposes and to support new initiatives aimed at reducing infant mortality for Virginia. Electronic monthly reports are supplied with the latest data available. DHS will continue to increase to number of reports provided electronically.

The Division's staff continues to be active in serving on health related groups, study panels, and advisory boards. It currently serves on: Crash Outcome Data Evaluation System (CODES) (with Virginia Health Information and the Department of Motor Vehicles), Cancer Plan Advisory Board (CPAC), and the National Violent Death Reporting System (NVDRS). The staff also serves on the Infant Mortality work group with the State Health Commissioner. DHS is participating in a new alliance, the Virginia Chronic Disease Collaborative Network and continues to service on the Commissioner's Infant Mortality Workforce.

Listing of Products and / or Services

Annual Report on Health Statistics: A three volume set of reports is available on the DHS website and provides detailed demographics and other characteristics of births, deaths, fetal deaths, induced terminations of pregnancy, marriages, and divorces. Statistics produced are relevant to the customer base and compiled consistent with analyses provided at the National level. Numbers and rates are produced by city/county level of detail. Aggregations are also provided at various levels where planning is performed, i.e. planning districts, health districts, perinatal regions, medical examiner regions, etc. A report specific to vital events occurring to teenagers is one of the three volumes produced. Reports will continue to be available in multiple formats: hard copy, CD ROM and spreadsheet format.

Report on the Health of Minorities: DHS collaborates with the Office of Minority Health and Health Equity to publish periodic reports aimed at describing health equity and health disparities. The report is produced in multiple formats with the Division contributing detailed race/sex and Hispanic origin data as it relates to health statistics. Numbers and rates (where population is available) are produced mostly at the health district level. If confidentiality of individuals is not threatened, data are reported down to the city/county level of detail.

Ad Hoc Reporting System: Existing databases are used for ad hoc reports that include different aggregations, combinations of years, or different output formats.

VDH/DHS Website: This website contains modules with the most popular tables from the six statistics systems. It also contains maps and graphics on trends and city/county profiles which are summary pages containing the most popular data items from all six vital events. Data on population are also made available as communicated to the Division from the Census Bureau and NCHS. The website continues to be expanded. More detailed cancer death information is available. Additional graphics and charts are being added to the graphics and charts module. A data module specifically for infant mortality statistics is being created. Future reports will provide more data on focus groups such as males, Asians, and Hispanics.

Shared Electronic Files: A semi-monthly client level vital event data set is produced under contractual agreement with NCHS and SSA. Data are exchanged with all other states under a formal interstate agreement to supply vital event information for residents of their state.

Data Cleansing/Nosology Activities: The Divisions performs ongoing editing and file maintenance on incoming vital event data ensuring the data collected are of high quality and completeness. The nosology team assists in proper completion of the cause of death on death certificates and processes the information to send to NCHS. Nosology also works closely with the Medical Examiner's Offices which supply causes of death to complete pending deaths and certificates with incomplete information.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	936,738	0	936,738
Changes to Base	0	2,021	0	2,021
Total	0	938,759	0	938,759

Objectives for this Service Area

Objectives for this Service Area

Objective

Improve the production of accurate, timely, and relevant health statistics

Description

The production and distribution of real time health statistics provides data by which VDH can evaluate the success or failure of its programs in its effort to protect and promote the health of Virginians. Statistics also help to educate Virginia's citizens as to their overall health status.

Objective Strategies

- Develop employee work profiles for Division staff that emphasize quick and accurate editing and reporting of incoming data.
- Establish methods that will assist those entities and individuals who must transmit data to the Division of Vital Records and Division of Health Statistics to do so quickly and accurately. This includes properly training and equipping those responders.
- Implement good change management so that changes in data formats and collection requirements do not impede the timely reporting of data.
- Work with the Division of Vital Records to develop tools such as an electronic death registry, aimed at facilitating faster and more accurate collection of incoming data.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Average number of business hours for response to data requests

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Decrease | Frequency: Annually

Data Source and Calculation

The source of this data is an internal database at the Division of Health Statistic. Calculation is determined by the total hours logged responding to requests over the number of total requests.

40402: Vital Records

Description

This service area is responsible for the registration, collection, preservation, amendment and certification of vital records. The vital records system consists of births, deaths, spontaneous fetal deaths, induced termination of pregnancy, marriages, divorces or annulments, adoptions and amendments (alteration to a vital record). This service area is administered by the Virginia Department of Health's (VDH) Division of Vital Records.

Mission Alignment and Authority

This service area directly aligns with the VDH mission in promoting and protecting the health of Virginians by serving as the official custodian of all vital records in Virginia. The statistical data collected on these vital records are used by VDH's Division of Heath Statistics to generate annual reports and special reports that address health-related issues.

Customers for this Service Area

Anticipated Changes to Customers Base

Individual Requests
The number of vital record requests will increase based on the changes to local, state and federal laws and policies. Before an individual can obtain any type of service from a government agency they must produce a certified copy of a vital record. Vital records are used extensively for employment purposes, travel, and obtaining benefits and to obtain other documents used for identification such as driver licenses, social security, and passports.
The number of requests will increase based on the studies from the various hospitals, universities and other entities.
Because of the new travel requirement to leave and re-entry the United States and the requirement for proof of citizenship for Medicaid recipients and applicants there has been an increase in birth certificate requests.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Local or Regional Government Authorities	Governmental Agencies – local, state and federal (request for vital records)	50,000	50,000	Stable
Consumer	Individual Requests for Vital Records	356,890	360,000	Stable
Consumer	Researchers (requests for vital records)	60	70	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Laws and mandates imposed by state, local and federal agencies that require an individual to prove identification and citizenship will impact the Division of Vital Records.

Anticipated Changes to the Products and/or Services

Security Paper. – The Federal Intelligence Reform Bill requires Vital Records Offices to meet certain security features in the security paper used to issue vital records. Failure to comply with these changes will result in the rejection of the vital record at federal agencies.

Expand the website to include items such as the Report of Adoption, Acknowledgment of Paternity and Correction Affidavit forms, information on how to file a delayed birth registration and more answers to the most frequently asked questions.

Develop an electronic death registration application. This application will allow death certificates to be filed electronically.

Develop an on-line tutorial for the local health department deputy registrars that will assist them in filing home births, reviewing and accepting death certificates, preparing acknowledgment of paternity forms, and correction affidavits.

Develop an on-line tutorial for funeral directors that will assist them in the filing of a death certificate.

Listing of Products and / or Services

Supplies and Forms - The State Registrar prepares prints and supplies all blank paper and forms that are used in registering, recording and preserving vital records. These forms are sent to hospitals, courts, funeral homes, local health departments, medical examiner offices, attorneys and any individual filing a vital record. The Electronic Birth Certificate (EBC) is an application used by the 63 birthing facilities that file birth certificates.

Certified Copies of Vital Records - To preserve the original documents, the State Registrar issues a certified copy of a vital record (birth, marriage, divorce, death or stillbirth) when the applicant has submitted a written request, identification and payment. There are three methods in which an applicant can request a vital record (i) mail, (ii) in person or (iii) Vital Check express service.

Amending Vital Records - Upon receipt of a certified copy of a court order changing the name, sworn acknowledgment of paternity, court determination of paternity order, adoption report, surrogate consent form, correction affidavit and court order and supporting documentation for a gender change, new birth certificate will be established or the existing vital record is amended.

Delayed Birth Registration - When the birth of a person has not been registered, a delayed birth certificate may be prepared and filed. Documentary evidence that establishes the registrant's name, date of birth, place of birth and parents names is required before the certificate can be filed.

Call Center - The Call Center provides assistance to customers seeking information on how to obtain a vital record, hours of operation, cost of a vital record, directions to the office, status of their request, and what type of identification they must submit.

Help Desk Services - Provides technical support for Division of Vital Records staff and Hospital Birth Registrars. This support may include setting up new users, troubleshooting computer problems, granting access to Oracle applications and training.

Division of Vital Records Website - This website contains information on how to apply for a vital record, list of acceptable identification, hours of operation, a question and answer page, Regulations Governing Vital Records, genealogy information, foreign authentication, link to the Virginia Center for Health Statistics and vital records offices in other states. It also contains the application for a vital record that can be downloaded and provides an email address that customers may send questions to.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	5,843,159	0	5,843,159
Changes to Base	0	-697,237	0	-697,237
Total	0	5,145,922	0	5,145,922

Objectives for this Service Area

Objectives for this Service Area

Objective
Decrease time required to respond to a citizen's request for a vital record.

Description
Vital Records are a person's first and last identity document. For instance, an individual needs a birth certificate to obtain a social security card, enroll in school, and obtain a driver's license, passport and employment. Governmental agencies use vital records to help establish eligibility for provision of benefits (i.e. social security) and issuance of documents (i.e., driver licenses and passports).

Objective Strategies
No Strategies for this Objective

Alignment to Agency Goals
No Agency Goals for this Objective

Measures

- Number of business days required to respond to mailed in requests for an automated vital record that requires no amendments to the vital record.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Decrease | Frequency: Annually

Data Source and Calculation

Each request for a vital record is entered into a Correspondence Tacking System (CTS). The data collected from the request consists of the requestor's name, identification and address, the registrant's name, type of vital record needed, and payment. CTS also allows the collection of the date the request was received the date the vital record was mailed, the monies received as well as the type of currency. A status report is generated to capture all of this information.

40502: Immunization Program

Description

This service area has responsibility for the support and oversight of statewide immunization activities. Through a variety of activities, the service area strives to maintain and distribute an adequate and viable vaccine supply. The program also conducts quality assurance site visits, oversees the investigation of suspected cases of vaccine preventable disease and assesses immunization coverage statewide and maintains a statewide immunization registry. These and other program activities are effective in protecting the health of all Virginians.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health's (VDH) mission of promoting and protecting the health of Virginians. The Immunization Program ensures that an adequate and viable inventory of vaccine is available to local health departments and private physicians participating in the Vaccines for Children (VFC) program. This is essential to protecting the public from the spread of communicable disease.

Customers for this Service Area

Anticipated Changes to Customers Base

Expansion of the immunization registry will broaden the customer base to include health plans, insurers, managed care organizations, emergency preparedness and response agencies, pharmacies and other organizations.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Care	Birthing Hospitals	56	56	Stable
Organization	Community Health Centers	93	93	Stable
State Agency(s),	Department of Education	1	1	Stable
State Agency(s),	Department of Medical Assistance Services	1	1	Stable
Health Care	Laboratories	1	183	Stable
General Assembly	Legislators	140	140	Stable
Local or Regional Government Authorities	Local health departments	119	119	Stable
Health Professions	Pediatricians & Family Physicians	4,100	5,000	Stable
Non-Profit Agency (Boards/Foundations),	Project Immunize Virginia Coalition	1	1	Stable
Non-Profit Agency (Boards/Foundations),	Virginia Health Quality Center	1	1	Stable
Health Care	Free Clinics	42	60	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Poverty and unemployment: Increased rates of poverty and unemployment could result in a large number of citizens presenting to health departments for immunization services.

Vaccine supply and demand: Insufficient vaccine supply or radically increased demand could cause delays in the on-time administration of vaccine, causing more persons to be unimmunized or incompletely immunized.

Acts of bioterrorism/pandemic: Responding to acts of bioterrorism or pandemic disease (H1N1) will reduce the number of staff available for the delivery of routine health department services. This could result in an increasing number of unimmunized or incompletely immunized children and adults.

Health insurance and access to care: Failure of insurance companies to cover the cost of new vaccines or added doses of vaccine would cause some citizens to delay/or defer immunizations.

Immigration policies: More comprehensive health care requirements and an increasing number of immigrants presenting to health departments for vaccinations could rapidly deplete the vaccine budget and result in gaps in vaccine supply.

Anti vaccine movement: Increased activities of anti vaccine groups and widespread distribution of anti vaccine material could result in decreased demand for vaccination services. This would result in an increased number of susceptible children and adults.

Legislative changes at the federal and state level: Legislative changes that have fiscal impact but no additional funding appropriation will adversely affect program operations and could reduce vaccine availability and access to vaccination services.

Anticipated Changes to the Products and/or Services

Increased focus on emergency preparedness and pandemic response

Greater need for services to be ethnically and linguistically diverse.

Addition of new vaccines [adolescent/adult tetanus diphtheria and pertussis (Tdap), human Papillomavirus (HPV), meningococcal conjugate vaccine (MCV4), and pneumococcal conjugate (PCV 13) vaccine].

Increased usage of more costly combination vaccines [measles,mumps,rubella and varicella (MMRV), Dtap-IPV, Dtap/Hep.B/IPV, Tdap/IP/HI].

Listing of Products and / or Services

Vaccine Supply: Maintain and appropriately ship an inventory of viable vaccine to public and private health care providers statewide.

Statewide Policy Development: Develop and implement statewide policy on vaccine preventable diseases in accordance with the harmonized recommendations of the Centers for Disease Control (CDC) Advisory Committee on Immunization Practices, the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

Grants Management and Resource Allocation: Develop and manage annual federal grant and allocate resources to districts for support of immunization services. Perform quarterly evaluation of program fiscal activity.

Quality Assurance: Conduct annual quality assurance reviews in all local health department sites to ensure compliance with State and Federal program guidelines. Conduct quality assurance reviews in all Vaccines for Children Program (VFC) private provider sites to ensure compliance with State and Federal program guidelines.

Statewide Assessment and Program Evaluation: Conduct annual assessment of the immunization records of kindergarten students to determine immunization coverage, medical and religious exemptions and school regulatory compliance. Conduct annual assessment of day care and Head Start centers to determine immunization coverage and regulatory compliance. Conduct quarterly assessment of the immunization coverage rates in health districts. Conduct quarterly evaluation of program objectives.

Adverse Event Reporting: Manage the statewide vaccine adverse event reporting system.

Immunization Registry: Implement and manage the statewide immunization registry. Actively recruit additional providers and enhance system functionality.

Technical Assistance: Provide vaccine preventable disease related technical assistance to public and private health care providers statewide. Maintain the statewide Pandemic Influenza Emergency Response plan. Provide technical guidance on Pandemic Influenza Preparedness planning and operations. Provide guidance and support to local health department staff on investigation of suspected cases of vaccine preventable diseases. Perform statewide oversight and provide guidance to district health department staff on the identification and follow-up of cases of perinatal hepatitis B.

Education and Training: Ensure availability of CDC and other vaccine preventable disease satellite training courses to public and private health care providers. Develop and distribute patient and provider educational material. Provide computer based assessment training for health department staff. Support off-site, job related training for program staff. Use multiple training modalities to train health department staff and private providers on registry utilization.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	1,610,755	4,684,680	1,610,755	4,684,680
Changes to Base	0	3,312,565	0	3,312,565
Total	1,610,755	7,997,245	1,610,755	7,997,245

Objectives for this Service Area

Objectives for this Service Area

Objective
Achieve and maintain maximum immunization coverage rates in Virginia's children.

Description
The occurrence of most vaccine-preventable diseases in children is at or near record low levels. However, the organisms that cause these diseases have not disappeared. Rather, they have receded and will reemerge if the vaccination coverage drops. Continuing to improve immunization coverage and sustaining high coverage is critical to achieving on-going reductions in vaccine-preventable disease morbidity and mortality.

Objective Strategies

- Convene an on-going Immunization Advisory Committee with membership from a diverse group of healthcare providers that assist VDH/Division of Immunization with planning and policy development.
- Improve and expand monitoring of vaccination coverage. Quarterly assessment of immunization coverage in health districts. Annual assessment of immunization status of students at middle school entry (6th grade). Annual assessment of immunization coverage in at least 25% or private provider sites enrolled in VFC. Annual assessment of the immunization coverage at school entry, Head Start facilities and day care centers. Quarterly assessment of immunization coverage in health districts.
- Improve the quality and quantity of vaccination delivery services. Provide an adequate and viable vaccine supply to public and private providers. Provide up-to-date Vaccination Information Statements to all providers. Regularly update VDH policies to reflect the most recent recommendations of the CDC Advisory

Committee on Immunization Practices (ACIP). Conduct annual quality assurance site visits at all public and private health care provider sites.

- Improve vaccine use. Ensure availability of resources to support the provision of new vaccines and combination vaccines. Ensure availability of resources to support the provision of new vaccines and combination vaccines.
- Increase community participation, education and partnership. Support the infrastructure needs of the Project Immunize Virginia statewide immunization coalition. Regularly update division website to include the most up-to-date information on vaccines, policies and regulations. Continue partnerships with the Department of Medical Assistance Services (DMAS), the Department of Education and the Department of Social Services. Support the infrastructure needs of the Project Immunize Virginia statewi
- Minimize financial burdens to needy persons. Increase private provider enrollment in the Vaccines for Children Program, including non-traditional vaccination sites such as pharmacies. Increase private provider enrollment in the Vaccines for Children Program.

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Number of healthcare providers enrolled in the Virginia Immunization Information System.

  Measure Class: Agency Key | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  This measure is calculated from client level data entered into the Virginia Immunization Information System

- Percentage of immunization coverage rates of children at school entry.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  Data are from the Virginia Department of Health Immunization Survey of Kindergarten, Head Start and Day Care programs. The statistical function known as probability proportional to size is used to select assessment sites. This function provides all students, regardless of geographic location, with an equal chance of being selected. Data collected by district health department staff are forwarded to the central office where they are imported into the Clinic Assessment Software Application (CASA). CASA analyzes the data taken from the student immunization records and provides vaccine coverage rates at school entry, retrospectively at 2 years of age and produces a listing of students with medical and religious exemptions to immunization.

Objective

Increase the influenza and pneumococcal vaccination coverage rates in adults 65 years of age and older.

Description

Historically, the annual influenza and pneumococcal vaccination coverage rates in persons 65+ years of age has been below 70 percent. The risks of complications and hospitalizations from influenza and pneumococcal disease are higher among persons in this age group, and nursing home attack rates may be as high as 60 percent, with fatality rates as high as 30 percent. Increasing the number of persons 65 and older who receive an annual influenza vaccination and at least one pneumococcal vaccination will reduce morbidity and mortality and medical costs associated with these diseases and improve the quality of life for older Virginians.

Objective Strategies

- Improve the quality and quantity of vaccination delivery services. Maintain an adequate and viable supply of vaccine. Maintain current vaccine procurement contracts. Maintain current vaccine distribution contract. Develop a vaccine prioritization plan for implementation during periods of vaccine shortages. Provide up-to-date Vaccine Information Statements to all providers. On-going education of providers on the need to increase vaccine coverage, persons to be vaccinated and appropriate u
- Increase community participation, education and partnership. Support the Project Immunize Virginia annual flu and pneumococcal campaigns. Partner with the American Lung Association of Virginia in the annual flu and pneumococcal statewide media campaign. Partner with the Virginia Health Quality Center on the annual influenza and pneumococcal educational campaigns directed at hospitals and nursing homes. Develop annual VDH press release at the beginning of flu season. Partner with the Virg
- Minimize financial burdens for needy persons. Educate providers on Medicare reimbursement and encourage roster billing in mass clinic settings.

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- The percentage of adults 65 years of age and older in Virginia who are appropriately immunized against influenza.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  Data is taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus Washington, D.C. and several U.S. Territories. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received an influenza vaccination within the previous 12 months.

- The percentage of adults 65 years of age and older in Virginia who are appropriately immunized against pneumonia.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  Data is taken from the Behavioral Risk Factor Surveillance Survey (BRFSS). BRFSS is a series of telephone interviews with people in all 50 states plus

Washington, D.C. and several U.S. Territories. Coverage rates are calculated by determining the number and percentage of persons contacted who are 65 + years of age and who have received a pneumonia vaccination within the previous 12 months.

40503: Tuberculosis Prevention and Control

Description

The purpose of this service area is to control, prevent, and eventually eliminate tuberculosis (TB) from the Commonwealth. Through a variety of activities, the service area strives to detect every case of TB, assure the adequacy and completeness of treatment, and prevent further disease transmission. This service area is administered by the Division of Disease Prevention/TB (DDP/TB). The service area also includes the Newcomer Health Program (NHP), which focuses on the health needs of refugees newly resettled in Virginia. Major activities include:

Disease surveillance for all TB cases from time of initial suspicion through case disposition,

Consultation to local health departments on treatment, diagnosis, case management, contact investigations, discharge planning, and media relations,

Direct assistance in large-scale contact investigations, when clusters are identified, and when needed on individual cases,

Development of policies ranging from preventing disease transmission to the proper use of personal protection equipment,

Oversight of TB awareness activities for the public and training opportunities for local health department personnel,

Assistance and guidance to local health departments when involuntary isolation of a recalcitrant patient is required to minimize risks to others in the community,

Application and administration of federal grants to fund the TB program,

Coordination and facilitation of the initial health assessments of all newly arriving immigrants with a refugee or asylee status,

Collection of data on refugee arrivals, health conditions and outcome of their assessment data , and

Notification to local health districts that a newly arrived immigrant or refugee requires screening for tuberculosis.

Mission Alignment and Authority

This service area aligns directly with the mission of the Virginia Department of Health (VDH) by reducing morbidity and preventing the transmission of TB.

Customers for this Service Area

Anticipated Changes to Customers Base

Concerned public and TB cases are likely to be more culturally and linguistically diverse, reflecting the changing demographics of the Commonwealth.
The number of nursing homes, assisted living and other congregate care facilities will likely grow as the population ages, exposing more people to situations with increased risks for transmission of TB.
The population of jails and prisons may continue to grow. In addition, Virginia correctional facilities are increasingly used to house immigration prisoners, many of whom are from high TB prevalence areas.
Immigration prisoners are frequently moved among correction facilities, and are unlikely to receive routine
medical services available to other inmates.
Consolidation of health care facilities and laboratory services is likely to result in out of state facilities providing services for Virginia TB cases.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Federal Agency	CDC	1	1	Stable
Higher Education Institutions	Colleges and universities	88	88	Stable
Inmate	Correctional facilities	130	130	Stable
Health Professions	Health care providers - public and private sector	6,500	6,500	Stable
Organization	Homeless shelters	81	81	Stable
Health Care	Hospitals	142	142	Stable
Health Care	Laboratories	17	17	Stable
General Assembly	Legislators	140	140	Stable
State Agency(s),	Local health departments	119	119	Stable
Communication	Media	121	121	Stable
State Agency(s),	Other VDH offices and divisions	7	10	Stable
Infectious Disease	Persons with latent TB infection	70,000	350,000	Stable
Infectious Disease	Persons with suspected or confirmed TB disease	1,000	1,000	Stable
Refugee	Refugee resettlement agencies	10	10	Stable
State Agency(s),	State and territorial health departments	58	58	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Population growth and changing demographics in Commonwealth.

Larger number of foreign born residents; newcomers increasingly from countries with high TB rates.

Newcomers settling in areas of the state where local support services are limited.

Significant numbers of international visitors, students, undocumented aliens – i.e., non-citizen, non-permanent residents with limited eligibility for services - are entering state.

Virginia residents (permanent and non-permanent) increasingly travel between US and high TB prevalence countries, so have repeated opportunities for exposure to TB.

TB in usually productive, employed adults may result in loss of job, sudden poverty, loss of housing, lack of funds for necessities (e.g., groceries) for patient and family. Support services are limited or unavailable for other than citizens and legal permanent residents.

Persons with serious underlying medical conditions (e.g., HIV infection, diabetes, end stage renal disease, collagen-vascular diseases) are surviving longer, so have more years at risk for re-activating latent TB infection or progressing to active TB if newly infected. Immunocompromised patients with TB may be more difficult to diagnose (increasing opportunities for transmission to others) and are more difficult to manage.

National and state standards for the management of TB cases and their contacts are increasingly effective in curing patients and limiting transmission, but are also increasingly labor intensive and costly.

The majority of TB patients are underinsured or uninsured, limiting access to health care services in the private sector.

Public health services at the district and local level are uneven across the Commonwealth and very limited in several districts.

Fewer public health nurses and other local health department personnel with TB management experience.

Few regional TB clinics remain.

Few private sector health care providers with experience or interest in TB.

English speaking clients with limited literacy and non-English speaking clients make case management and patient education difficult.

Anticipated Changes to the Products and/or Services

Some re-centralization of TB prevention and control services (i.e., return of some consultation, involvement in contact investigations, and assistance to districts in collecting data for surveillance systems) is occurring. Balancing local needs and resources with state requirements and resources is and will be an ongoing activity at both the central office and in the districts.

Federal funding is likely to remain level or decrease, and Cooperative Agreement funds are increasingly categorical – i.e., with very specific requirements or restrictions on activities for which the funds may be used.

Greater need for services to be ethnically and linguistically diverse.

Greater emphasis on program evaluation.

Changing public health workforce (e.g., smaller numbers of workers, fewer physicians and nurses) at a time of increasing pressure to meet standards of care will force re-evaluation of how and by whom TB prevention and control services are provided.

The public health workforce has increasing and diverse responsibilities. TB prevention and control services at the local level must compete with other mandated/high priority activities.

Listing of Products and / or Services

Consultation and Technical Assistance- Consultation on TB prevention, diagnosis and treatment for health departments and health care providers in the public and private sector- Consultation on health screening of refugees and asylees- Development of guidelines and procedures related to core mission – examples include contact investigation and sputum collection guidelines- Development of products to facilitate service delivery – examples include TB record forms, risk assessment tools, investigation and evaluation- algorithms Technical assistance to hospitals, clinics, long term care facilities, congregate living facilities, health departments and other facilities on matters related to facility design and maintenance, TB screening of employees and clients, and investigation of exposures- Implementation of statutory and regulatory requirements by development and publication of policies, procedures, and guidelines

Direct Assistance- Direct assistance to health departments to assess possible outbreaks and facilitate large contact investigations- Coordination of referrals and information exchange for cases, suspected cases, contacts and other clients who move in or out of Virginia- Facilitate communication between local health districts for those moving within Virginia- Support (personnel and financial) for health departments to ensure that CDC mandated activities are carried out at the local level- Support (personnel and financial) for health departments experiencing increased numbers of TB cases- Direct assistance in management of difficult cases with complicating factors such as homelessness-

Education and Training Activities- Provision of training for health care providers in public and private sectors- Development and dissemination of educational materials for patients and the public – English and other languages to meet needs of patients and the public. Examples include pamphlets, fact sheets, web site, media presentations- Preparation of informational materials for elected officials and other decision-makers- Serve as speakers at conferences and meetings on matters related to TB prevention and control and refugee health conditions of public health importance- Development of fact sheets, press releases, interviews, other products as required to address media requests

Planning and Evaluation- Periodic evaluation of local district TB prevention and control activities- Production of reports for local, regional and national use in TB program planning and evaluation- Participation in local, regional and national TB control planning activities- Participation in local, regional and national refugee resettlement planning and evaluation activities

Surveillance and Data Analysis- Collection of TB case reports and other surveillance data from health departments; verification of data; data analysis; transmission of data for inclusion in the national TB registry- Collection of data on health screening of refugees and asylees from local health departments; verification of data; data analysis; production of reports for local, regional and national use in program planning and evaluation

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	661,727	1,319,006	661,727	1,319,006
Changes to Base	58,421	-149,743	58,421	-149,743
Total	720,148	1,169,263	720,148	1,169,263

Objectives for this Service Area

Objectives for this Service Area

Objective
Reduce the occurrence of TB disease among Virginia residents

Description
Reducing the incidence of TB disease is critical to achieving eventual elimination of the disease. TB is an airborne disease that is transmitted from person to person. Transmission can occur when a patient with TB disease of the lungs coughs TB bacteria into the air. A person in close contact with the patient can breathe the TB bacteria into his lungs and become infected. That person may also develop active TB, and may transmit infection to others, or may develop latent infection – i.e., TB infection that is limited so the person is not sick. The person with latent infection may develop active (and potentially infectious TB) later in life.

Objective Strategies

- All case reports, contact investigation and patient treatment data will be analyzed at least semi-annually. Where possible problems are identified (e.g., missing data on case reports, unusual numbers of patients requiring more than 12 months to complete treatment), more complete evaluations of program at district and central levels will be undertaken.
- All TB cases will have a public health nurse case manager assigned to follow the patient until the case is closed. The case manager will be responsible for coordinating the overall care for the patient and ensuring that all components of the contact investigation are completed. The case manager will ensure that the correct medications are prescribed in the correct doses, and that the patient receives all medications as scheduled, so the maximum possible of number of cases complete treatment i
- All TB patients will be assessed for infectiousness and activities restricted, if necessary, until the nurse case manager, in consultation with the district health director, judges the patient to be non-infectious and clears the patient to return to work, school or other normal activity. Restriction of the patient's activity decreases the risk of transmission of TB to others in the community.
- For all cases with an initial positive culture for TB, drug susceptibility studies will be performed. The case manager will review the results with the health care provider and district health director. Prompt recognition of resistance of a TB bacillus to the commonly prescribed medications allows treatment regimens to be changed if necessary to ensure the patient receives the most appropriate medications to treat his TB, thus improving chances for cure, and minimizing risks that drug resistan
- For all infectious pulmonary cases, and in other cases where patient compliance is a concern, a healthcare worker will observe the patient swallowing the medications. This technique, referred to as "Directly Observed Therapy" (DOT) will assure that the patient ingests all doses of all medications, and that any side effects will be detected early.
- Newly diagnosed TB cases and suspected cases will be reported to the central office as soon as a TB diagnosis is suspected. This will allow central office personnel to ensure that all required demographic and clinical information is collected so case counts and treatment records are complete and accurate.
- Patient incentives (e.g., nutritional supplements) and enablers (e.g., assistance with transportation to clinic appointments) will be used as necessary and appropriate to facilitate DOT and to encourage the patient to be compliant with the treatment regimen.
- Training and educational activities will be planned and offered for health department personnel and for others in the public and private sector who are involved in TB prevention and control. These training sessions will provide current information to facilitate early recognition of disease and proper follow-up. Diagnosis and treatment of TB cases in accordance with current guidelines, and management of close contacts of cases to ensure appropriate evaluation and completion of preventive treatm

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- The percent of patients who complete an adequate and appropriate course of treatment within 12 months of treatment initiation.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Data is collected from patient records that are maintained at the local health department level. A public health nurse case manager is responsible for monitoring the patient until the case is closed. Treatment initiation and completion dates for each patient are entered into a database. The number of days on treatment is calculated to determine if treatment was completed in fewer than 366 days. For some cases, a 12-month regimen is not recommended or not possible (e.g., TB resistant to rifampin, death during treatment, moved out of country). Those cases are excluded when completion rates are calculated. This measure is consistent with the National TB Program Objectives and Performance Targets for 2015 published by the Centers for Disease Control and Prevention. The percent is calculated on a calendar year to coincide with grant requirements. Because of the long length of treatment,

treatment often starts in one year and is completed the following year preventing our ability to capture more current statistics. Also, treatment may be appropriately extended beyond 12 months for cases with TB resistant to one or more antituberculosis drugs, those who experience side effects to antituberculosis drugs, or experience other problems during treatment.

40504: Sexually Transmitted Disease Prevention and Control

Description

Sexually Transmitted Disease (STD) prevention and Control Services provides for the prevention and control of morbidity and mortality associated with STDs and their complications, including assistance to local health departments and community organizations. Activities include:
Oversight of statewide program activities;

Policy and guidelines development;

Grants management for STD Prevention and Control;

Diagnostic and laboratory support for gonorrhea and chlamydia testing;

Partner services (patient counseling, interviewing and partner referral);

Early detection, referral, and treatment;

Technical assistance and consultation;

Targeted outreach to high-risk individuals;

Clinical and field screening;

Community-based organization funding to provide syphilis and other STD interventions;

Deployment of the Virginia Epidemiology Response Team (VERT) for outbreak situations;

Risk reduction counseling;

Oversight and management of surveillance activities, including forms completion, data management, trend analyses and disease monitoring, reporting and STD research initiatives;

Program evaluation and quality assurance assessments; and

Health care provider training and education.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health (VDH) mission to promote and protect the health of Virginians. This program improves the health of people and their communities, particularly those populations infected with and impacted by STDs, through STD prevention initiatives, referral and treatment services, and surveillance activities.

Customers for this Service Area

Anticipated Changes to Customers Base

Increased number of persons screened for STDs in public clinics:
As part of a national campaign to reduce infertility in women, Congress allocated funds to provide early detection for chlamydia in women attending STD and family planning clinics. This has since been expanded to include other relevant clinics serving women of reproductive age. Women under 25 years old in family planning/prenatal clinics and all women in STD clinics are eligible. Most women eligible for chlamydia screening are also tested for gonorrhea. The screening criteria have been expanded to allow for male screening and an increasing number of men are also screened for both STDs. An estimated 120,000 patients annually meet the criteria, which has been in place for women since 1993. Screening criteria for women is not likely to change substantially in the foreseeable future, however symptomatic women over the age of 25 are tested in family planning clinics. General funds are also used for Chlamydia and gonorrhea screening.

Increased number of gay/bisexual men reported with syphilis and other STDs:
Over the past four years, from 2007 to 2010, the proportion of early syphilis cases attributed to males increased from 86% to 89%. In 2010, most of the male syphilis cases were among gay or bisexual men (78%), about half of which were HIV co-infected. Virginia's cases are consistent with national trends which are expected to change slightly over time as more female partners become infected. This population is difficult to reach as there are very few venues in Virginia that provide targeted health care to gay/bisexual men.

Community-based organizations (CBO) are likely to become more involved in assisting with STD-services, especially related to partner notification and referral.

Three CBOs currently receive funding from the Division to provide STD services. All funded CBOs statewide (~45) incorporate STD interventions whenever possible as a stipulation of funding for HIV Prevention. These CBOs receive STD materials at no charge.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Non-Profit Agency (Boards/Foundations),	Community health clinics	3	10	Increase
Non-Profit Agency (Boards/Foundations),	Community-based organizations	45	45	Stable

Male	Gay/bisexual men	1,500	175,000	Increase
Inmate	Institutionalized populations	1,200	1,200	Stable
State Agency(s),	Local health departments	119	119	Stable
Infectious Disease	Patients screened for chlamydia/gonorrhea in public health clinics (i.e. STD, Prenatal, and Family P	92,852	120,000	Stable
Health Professions	Private physicians	6,500	6,500	Increase
Infectious Disease	STD clinic patients (includes some patients referenced above)	54,109	60,000	Stable
Health Professions	Surveillance/data report recipients (data requests, reports, etc.)	9,750	71,000	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Advances in testing technology offer many benefits for increasing the number of people identified with STDs.

Hepatitis C became a reportable condition in 2001, at which time federal and state funds were available for hepatitis initiatives, including awareness campaigns, testing, and vaccinations. These funds have since ceased to exist. Federal funds support a hepatitis coordinator and hepatitis B vaccine through a collaborative effort with the Division of Immunization. Federal HIV Prevention funds are also used to support testing in local health departments.
Cultural and shifting demographic changes highly impact service needs. Examples include internet use for meeting partners, recreational drug use and use of performance enhancing drugs (i.e., Viagra, Cialis, Levitra).

STD clinic patients are a high-risk population that represents the core area for STD prevention and control services. Comparatively, there are specific geographical areas within the Commonwealth that have clinic populations with significantly higher STD rates.

Historically, screening programs have been implemented in jails targeting inmates related to specific outbreak-related populations. These programs are temporary arrangements established to assist with specific outbreak situations. Additionally, chlamydia and gonorrhea screenings are provided in Virginia's central medical site serving incarcerated youth.

All local health departments (LHD) in Virginia have a collaborative relationship with the Division for the provision of STD services. The level of collaboration is affected by factors such as morbidity, population, geography and need.

Private health care providers of STD services and diagnoses receive STD-related information from the Division. These practitioners are primarily from disciplines such as Obstetrics/Gynecology, Infectious Disease, and Preventative Health. Most routine private sector screening for STDs is performed within the above-mentioned specialties.

Statistical analyses, reports and data sets of disease trends are provided for a wide range of customers, including LHDs, CBOs, STD patients, private physicians, academia, media and the general public. Such reports are made available via published documents (web-accessible), electronic media and non-routine data requests. Confidentiality of data is maintained at all times.

Anticipated Changes to the Products and/or Services

Emerging program needs will revolve around ongoing research findings. For example, vaccine development continues to occur for both human papillomavirus (HPV) and herpes. Data collection for genital warts has begun in some health departments.

As antibiotic resistance continues to increase, a greater need will be placed on the necessity to use new, expensive classes of drugs. There is also a need to develop capacity to monitor for resistance to all available drugs.

Enhancements to existing surveillance activities will continue to occur via targeted surveying of high-risk populations and behavioral based surveillance initiatives will continue. Collaboration with theVirginia Commonwealth University Department of Epidemiology and Community Health are also anticipated as a means of strengthening surveillance and analytic capacity.

The Centers for Disease Control and Prevention (CDC) continues to use its existing surveillance system for STDs. This system is referred to as the Sexually Transmitted Disease Management Information System (STD*MIS). Advances to this application as well as the laboratory information system will allow for new initiatives such as the initiation of Electronic Laboratory Reports (ELRs). It is unknown at present what impact ELRs will have on staffing requirements.

STD clinic attendance has not fluctuated much over time and is not expected to change significantly in the future, although a higher number of male clients are receiving screening.

The number of persons screened for STDs in incarcerated settings fluctuates depending on current disease investigation needs. It is unknown whether the number of persons screened will increase or decrease in the foreseeable future.

The number and specificity of requests for data and data sets has increased in recent years. Additionally, specific data needs such as assessments of HIV unmet needs and enhanced development of epidemiology profiles are expanding needs for data expertise. The need for Statistical Analysis Software (SAS) and Server Query Language (SQL) expertise has also increased dramatically in recent years and will continue to become a more important skill sets for epidemiologists and data managers.

Listing of Products and / or Services

Leadership and Program Management: Thorough and consistent oversight, policy development and guidance are provided for STD prevention services, including technical assistance to local health departments and community organizations. Grants related to STD Prevention and Control, including the Comprehensive STD Prevention Services grant, as well as those related to enhance STD surveillance, are managed and maintained. Allocating personnel resources to local health departments is handled through Memoranda of Agreement.

Program Evaluation: Program Assessment and Review (PAAR) evaluations are conducted for local health department STD programs. Formal reports with findings and recommendations are provided to local health directors.

Surveillance and Data Management: Surveillance staff conducts and provides guidance to local health department disease investigators regarding patient and partner interviews and follow-up procedures. Surveillance staff conducts data management activities, including form and system development, data collection and entry, epidemiologic analyses and quality assurance. Time-scaled reports are provided to relevant personnel and the public via Local and Wide Area Networks, the internet, and data publications.

Training and Professional Development: Health care provider training and education is provided on an ongoing basis. Knowledgeable staff are assigned to provide consultation services and technical assistance for specified areas of the Commonwealth. Laws and regulations pertaining to STDs are provided and the Division of Disease Prevention Program Operations Manual is maintained online. The Division has a collaborative partnership with the Region III HIV/STD Prevention Training Center to provide an annual 5-day STD clinical training to providers. Training that addresses STD partner notification procedures for medical providers is conducted by the Virginia HIV/AIDS Resource and Consultation Center.

Medical and Laboratory Services: Diagnostic and therapeutic services for gonorrhea and chlamydia are supported through a contract with the Division of Consolidated Laboratory Services and the provision of laboratory testing supplies to local health departments. Funding for testing is also provided to some community health clinics. Assessment to determine implementation of new testing technology is also performed in order to improve service delivery. Testing, vaccines and medications related to Hepatitis are provided to specific populations and/or locations, based on available funding.

Partner Services: Staff conducts and provides guidance to local health department disease investigators related to risk reduction counseling, interviewing and referral services for STD patients and sexual partners. Early detection, referral and treatment are paramount to avoiding lasting health consequences such as Pelvic Inflammatory Disease or infertility.

Community and Individual Behavior Change Interventions: Community Based Organizations (CBOs) are funded to provide syphilis and other STD interventions. Social networking techniques are employed when working with patients, partners and acquaintances. Staff work within affected communities to establish “local ownership” of disease conditions as well as community coalitions.

Outbreak Response Plan: An Outbreak Response unit, inclusive of VERT, was established in 1999, as a result of dramatic increases of syphilis in Danville. VERT staff addresses programmatic needs in the National Syphilis Elimination Plan, as well as other STDs. Additionally, this unit participates in other disease investigations throughout the Commonwealth, as needed. An accreditation process was developed for VERT staff to ensure their skills are maintained at a high level. VERT staff have to be re-certified annually.

Areas of Special Interest: Clinical screenings are provided for gonorrhea and chlamydia, targeting specific high-risk populations. Hepatitis screening and/or vaccines are provided in some health departments as funds are available. Targeted field screenings are provided by VERT staff for various STDs. Surveys and research activities regarding specific high risk populations are conducted as a means of collecting enhanced surveillance data to better assess outcomes associated with STD transmission.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	201,735	1,895,980	201,735	1,895,980
Changes to Base	1,073	7,019	1,073	7,019
Total	202,808	1,902,999	202,808	1,902,999

Objectives for this Service Area

Objectives for this Service Area

Objective
Reduce the incidence of Sexually Transmitted Diseases (STD) in Virginia.

Description
Prevention and control of STDs is of critical importance to ensure the health of Virginians. Undiagnosed or untreated STDs may lead to disease outbreaks, as well as severe health consequences such as congenital deaths, infertility, ectopic pregnancy and blindness.

Objective Strategies

- The Division of Disease Prevention (Division) will continue efforts aimed at reducing the incidence of STDs through effective surveillance initiatives by: • Employing methods to capture, analyze and make available relevant surveillance information necessary for appropriate STD program development and evaluation activities, including tabular and graphical data reports and enhancing the Division’s Strategic Aberration Monitoring (SAM) system. • Using historical methods of surveillance monitor
- The Division will continue efforts aimed at reducing STD incidence and prevalence in high risk environments and/or populations by: Targeting core areas of STD transmission and/or high risk populations with various intervention methods. Developing and maintaining collaborative partnerships with establishments and special populations frequented by or considered to be at increased risk for STDs.
- The Division will continue efforts aimed at reducing STD transmission through appropriate treatment and referral services by: • Providing funding and support for STD clinical services within the LHDs. • Ensuring the development and dissemination of Division of Disease Prevention Program Operations Manuals and well-defined treatment guidelines, including newly emerging antibiotic resistance protocols. • Maintaining collaboration with private sector physicians most likely to diagnose and treat
- The Division will continue to promote STD-related prevention and education services by: Developing materials to educate health practitioners and the general public on topics such as STD signs and symptoms, reporting guidelines, and risk factors. Employing various social marketing strategies. Continuing the use of individualized and group level education strategies.
- The Division will provide efforts aimed at reducing STD transmission through screening services by: • Providing funding for STD screening services in various public

health clinics. • Conducting outreach activities to locate and screen hard to reach, high-risk populations. • Providing STD screening, as needed, in institutionalized populations. • Funding and recommending use of more efficacious screening technologies that improve upon quality and convenience for the patient and/or provider.

- The Division will provide for and employ efforts aimed at reducing STD transmission through intensive case follow-up activities by: • Training local health department staff regarding contact tracing (partner notification) used to identify and refer persons exposed to STDs. • Maintaining a highly skilled VERT staff that can rapidly and efficiently respond to outbreaks. • Maintaining up to date internet guidelines regarding partner notification procedures.

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- The number of primary and secondary syphilis incidence rates per 1,000 persons.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Decrease | Frequency: Annually

Data Source and Calculation

Data is collected from morbidity and interview reports related to each case of reported syphilis. The data is submitted by local health department staff, Virginia Epidemiology Response Team staff, health care providers statewide and laboratories. All related data is entered into the Sexually Transmitted Disease Management Information System. The disease rates are calculated as the number of cases reported for a given calendar year divided by Virginia's most current population estimate (U.S. Census Bureau), multiplied by 100,000. Data related to HIV co-infection will also be assessed routinely, as ulcerative STDs provide greater opportunity for HIV transmission. Rates are calculated using calendar year data. This is due to the availability of the population denominators on a calendar year basis.

40505: Disease Investigation and Control Services

Description

Disease Investigation and Control Services works to detect, assess, and control the spread of various communicable diseases. This service area focuses on approximately 50 different diseases of public health importance, including diarrheal diseases, hepatitis, meningitis, rabies, and vector-borne diseases (such as Lyme disease and West Nile Virus). Disease surveillance contains a variety of components, such as the following:
Receiving reports from physicians, hospitals, and laboratories about people possibly diagnosed with a communicable disease of public health importance;
Monitoring for the occurrence of disease in mosquitoes, birds, other animals, or contamination in the environment that could potentially lead to illness in humans;
Tracking trends in daily utilization of medical care by reviewing data from emergency departments, provider claims, and pharmaceutical sales to detect unusual occurrences of disease;
Compiling statistics to identify trends and patterns in disease activity in order to detect outbreaks or other disease events and producing reports summarizing disease activity data;
Disease consultation and policy development to provide recommendations regarding interventions that can be implemented to interrupt the spread of disease;
Outbreak investigations to identify the source of an outbreak and prevent other people from being exposed to the source; and
Monitoring for and responding to emerging infections and terrorism-related illnesses.

Mission Alignment and Authority

This service area directly aligns with the mission of the Virginia Department of Health to promote and protect the health of Virginians by preventing the spread of communicable diseases.

Customers for this Service Area

Anticipated Changes to Customers Base

A large scale outbreak, act of terrorism involving a biological, chemical, or radiological agent, or other public health emergency could greatly increase the numbers of people affected and the scale of the response required from the service area staff.

The emergence of a new, naturally occurring disease could have unanticipated effects on the numbers of customers and work of the staff.

Increased interactions with medical care providers across the state could lead to an increase in disease reports received, thereby increasing the customer base and the response required from staff.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Care	Acute care hospitals	94	94	Stable
Child	Day Care Centers experiencing an outbreak	15	4,438	Stable
Inmate	Jails and Prisons experiencing an outbreak	5	121	Stable
Health Care	Laboratories	90	183	Stable
General Assembly	Legislators	140	140	Stable
Local or Regional Government Authorities	Local Governments	135	135	Stable
State Agency(s),	Local Health Departments	119	119	Stable
Health Care	Nursing Facilities and Assisted Living Facilities	605	605	Stable
Health Professions	Physicians	21,000	21,000	Stable
Student	Schools experiencing an outbreak	40	1,846	Stable
Higher Education Institutions	Universities and Colleges experiencing an outbreak	5	39	Stable
Health Professions	Veterinarians	3,500	3,500	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Factors that adversely affect the living standards of people, including those that lead to crowded living arrangements or that impact access to health insurance and medical care, can impact the services provided by this service area because those factors tend to increase the risk of communicable disease.

Increasing foreign travel (and adventure travel) by citizens of the Commonwealth and increasing tourism visitors from other countries can affect the services, too, by exposing people to diseases that are common in other parts of the world that are not usually seen here.

Some changes in food importation practices and changes in eating habits in American society affect the occurrence of disease. People tend to eat out more often now than they have in the past, and more people eat imported foods from sources not inspected by local health departments. Such activities could potentially impact the chances of exposure to contaminated food items that may cause illness. More and more, health departments across the US are investigating outbreaks that are due to a food item that has been widely distributed to multiple states rather than localized outbreaks.

Another factor that may affect this service area is the overuse and misuse of antibiotics. This practice can lead to increasing antibiotic resistance of microorganisms and result in outbreaks of infections that are difficult to treat.

Concerns and plans for acts of bioterrorism and/or actual acts of bioterrorism have greatly increased the demand on this service area, which is involved with preparing for the appropriate response to such events.
Involvement with terrorism preparedness planning has changed the work practices of the service area by requiring increased interactions with partner agencies and organizations that are involved in emergency response.

Anticipated Changes to the Products and/or Services

More interstate coordination of investigations;

Greater focus on emergency preparedness;

Greater need for services to be ethnically and linguistically diverse;

Greater emphasis on emerging and exotic infections;

Increasing emphasis on chain of custody to meet the needs of law enforcement in outbreak investigations.

Listing of Products and / or Services

Disease control policies and procedures for each disease, contained in the Virginia Disease Control Manual.

Databases and other tools for conducting disease surveillance.

Disease statistics posted on the website and published in the Disease Surveillance Annual Report.

Disease-specific emergency response plans and other guidance materials posted on the VDH web site. For example, specific plans have been produced for smallpox, severe acute respiratory syndrome (SARS), monkeypox, and pandemic influenza.

Consultation services to local health departments and private practitioners.

Training to ensure consistency of disease reporting and control operations.

Monitoring and issuing advisories for environmental exposures, such as marine beach waters.

Regulatory and legislative documents and testimony.

Press releases and brochures to inform the public about reportable and emerging diseases.

Informational notices to local health departments and other medical care partners about new diseases occurring that have the potential to affect the health of Virginia's citizens. (This has occurred with SARS, monkeypox, and anthrax, for example).

Grant management and statewide program review and oversight.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	1,063,271	2,661,061	1,063,271	2,661,061
Changes to Base	70,798	-109,242	220,798	-109,242
Total	1,134,069	2,551,819	1,284,069	2,551,819

Objectives for this Service Area

Objectives for this Service Area

Objective
Conduct comprehensive surveillance for communicable diseases of public health significance.

Description
Disease surveillance is conducted to detect trends and patterns in disease occurrence in order to (1) identify populations at risk for disease and intervene to minimize the spread of disease to the extent possible and (2) detect outbreaks and other public health emergencies that require response on the part of public health staff to locate the source of the outbreak and prevent its spread or recurrence.

Objective Strategies

- Communicate timely and appropriate information about the occurrence of disease and ways to minimize disease occurrence.
- Conduct and coordinate environmental monitoring (e.g., beaches and other recreational waters).
- Conduct and coordinate surveillance among insects and animals for signs of disease that may potentially be spread to humans.
- Continue to ensure that activities occur across the state that reinforce the importance of disease reporting by healthcare providers, particularly the rapid reporting of certain designated (conditions).
- Coordinate activities with external partners, such as the Department of Environmental Quality.

- Enroll users in a way that ensures appropriate privileges are assigned and accountability can be maintained.
- Ensure that alerts are disseminated whenever these monitoring systems indicate a threat to human health.
- Ensure users are properly trained on the use of the system and have access to help and support at the central office.
- Ensure VDH staff are enrolled and appropriately trained to use the system.
- Maintain the NEDSS system so it continues to be available to health department staff for management of disease surveillance data.
- Once hospital agreements are signed, ensure that the information technology aspects of the data exchange are worked out in a timely manner.
- Provide information from these systems to local health departments and the public as appropriate.
- Standardize and improve the quality of data in existing systems.
- Target sentinel facilities in the northwest and southwest regions to participate in the system.
- Work with health districts to determine the best way to finalize agreements with hospitals to participate in the ESSENCE system.

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percentage of infectious disease outbreak investigation reports that contain all minimal elements.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Output	Stable	Annually

Data Source and Calculation

The data are stored and abstracted through internal databases at VDH. Minimal elements include context/background, suspected or known etiology, initiation of investigation, investigation methods, investigation findings/results, discussion and/or conclusions, recommendations for controlling disease and/or preventing/mitigating exposure, and key investigators and/or report author. Data will be collected using outbreak report forms, field epidemiology reports, and memoranda and the outbreak database used in the central office. During a pilot project from April-July 2010, 11 investigation reports contained all the necessary elements out of 16 outbreak reports received.

40506: HIV/AIDS Prevention and Treatment Services

Description

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency (AIDS) Prevention and Treatment Services seeks to reduce the burden of HIV/AIDS on the Commonwealth. This service area identifies populations at greatest risk for becoming infected, provides services to prevent new HIV infections among individuals at risk, tracks the disease, links infected individuals into care, and provides treatment/medication to individuals who would otherwise be unable to access care. Additional activities include, but are not limited to:

Development of policies and guidelines;

Grants management for HIV prevention, surveillance and care;

Funding of community-based organizations to provide HIV Prevention Services to individuals at risk for acquiring or transmitting the disease;

HIV testing and partner services to identify people who are HIV-infected and don't know their status;

Ensure HIV infected individuals receive appropriate treatment to reduce viral load and HIV transmission.

Public information for both the general public and targeted groups through hotline services, social media and public information campaigns;

Quality assurance for both health department and community-based service provision; and

Provision of pharmaceutical services and medications to low income, uninsured persons for the treatment of HIV infection through the AIDS Drug Assistance Program (ADAP).

Mission Alignment and Authority

This service area directly aligns with the agency mission to promote and protect the health of Virginians. By reducing risk behaviors, tracking disease trends and assisting individuals with accessing care and medications, the program improves the health of both people and their communities, particularly those populations infected with and impacted by HIV.

Customers for this Service Area

Anticipated Changes to Customers Base

Men who have sex with men (MSM), especially young African American men are the only population in which HIV is increasing. Additional focus and resources will need to be directed to testing, behavioral interventions and linkages to care for MSM.

Latinos represent a larger proportion of Virginia's population than in past years. New language and culturally-specific services will be needed to address this population.

Implementation of new U.S. Centers for Disease Control and Prevention (CDC) priority surveillance projects and electronic reporting requirements will increase collaborative relationships with and need to provide technical assistance and support to 183private laboratories, including all high-complexity labs in Virginia and the five large national reference laboratories.

The number of individuals in need of HIV-related health care services is expected to continue to increase. Although the number of new clients has remained relatively stable, the duration of enrollment in services continues to increase. This trend is expected to continue. This increase in service duration is largely due to the success of current treatment strategies. In the past, clients would frequently transition to disability-based Medicaid eligibility if their HIV disease progressed. The rate of transition has slowed since the disabling effects of HIV are mitigated for many by combination antiretroviral therapy.

The incidence of both social and medical co-morbidities is increasing among people living with HIV/AIDS. Medical co-morbidities include co-occurring infections such ashepatitis C and tuberculosis (TB) as well as conditions caused directly by HIV and its treatment. Social co-morbidities include mental illness and substance abuse. These co-morbidities result in an increasing complexity of need for those accessing HIV related services.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Non-Profit Agency (Boards/Foundations),	Community-Based Organization Staff	100	180	Stable
Federal Agency	Federal/Military Facilities	5	5	Stable
Health Professions	Health Care Providers who would receive training through the Statewide HIV/AIDS Resource Center	2,000	2,000	Stable
Adult	High-Risk Heterosexuals	44,000	88,000	Stable
Inmate	Incarcerated Individuals	5,175	53,000	Increase
Substance User	Injection Drug Users/Substance Abusers	4,350	146,000	Increase
Local or Regional Government Authorities	Local Health Dept staff	82	105	Increase
Male	Men who have Sex with Men	10,500	175,000	Increase
State Agency(s),	Other State Agencies	3	6	Increase
Chronically Ill	People Living with HIV	3,000	22,000	Increase

Chronically Ill	People Living with HIV Using Primary Medical Care and Support Services	3,278	3,780	Increase
Chronically Ill	People Living with HIV Using the AIDS Drug Assistance Program	3,409	3,920	Increase
Chronically Ill	People Living with HIV who are Newly Diagnosed or Lost to Care	432	497	Increase
Infectious Disease	Persons in STD clinic	54,000	60,000	Stable
Pregnant	Pregnant Women	22,000	100,000	Stable
Health Care	Private Hospitals/Clinics/Long-term Care	350	6,099	Increase
Health Care	Private Labs	30	183	Increase
Health Professions	Private Physicians	6,500	6,500	Stable
Inmate	Public Correctional Facilities/Jails	19	24	Increase
State Agency(s),	Public Labs (Division of Consolidated Lab Services)	6	6	Stable
Minority	Racial/Ethnic Minorities	75,000	150,000	Increase
Adult	Recipients of Published Data/reports	10,500	42,000	Stable
State Agency(s),	U.S. State/Territorial HIV Surveillance Programs	61	63	Stable
Child	Youth (out-of-school, incarcerated and other high-risk youth)	5,664	10,000	Increase
State Agency(s),	Prescriptions filled in support of VDH programs	53,388	75,000	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Rapid test technology offers many benefits for increasing the number of people who agree to be tested and receive their test results; however, the high cost has limited the expansion of this service.

The White House issued the National HIV/AIDS Strategy in summer 2010 and identified the following national priorities: 1) reduce new HIV infections; 2) Increase access to care and improve health outcomes for people living with HIV (PLWH); 3) Reduce HIV-related health disparities; and 4) Achieve a more coordinated national response to the HIV epidemic in the United States. Resource allocation for HIV prevention will need to be reviewed to ensure that services are reaching the geographic areas and populations most heavily impacted by HIV.

In 2007, federal funds were appropriated to increase HIV testing opportunities for populations disproportionately affected by HIV, primarily African Americans and Latinos who are unaware of their HIV status. These funds support HIV testing, screening, linkage to care, partner services, and the purchase of HIV rapid tests with a goal of expanding the availability of HIV testing, especially in clinical settings.

HIV case Surveillance data is used to monitor new HIV diagnoses and HIV prevalence, track HIV related morbidity and mortality, target prevention activities and evaluate their effectiveness and the allocation of funds for health care and social services. Elimination of the HIV Perinatal Surveillance Program funding has created a burden on surveillance program staff in being able to collect timely and complete HIV perinatal transmission data. Level funding of essential “core” surveillance activities has made it difficult for the surveillance program to implement new CDC-required evaluation measures.

The high priority HIV Incidence Program collects data on the number of new diagnoses and assesses the incidence of HIV in Virginia. The Incidence program conducts surveillance activities and calculates Virginia’s HIV/AIDS incidence estimates by collecting specimens for the HIV recency testing (tests that determine new infections within the previous six months). This test is used to classify new diagnoses of HIV infection as either recent or long term. These results together with Testing and Treatment History (TTH) information is used to calculate the HIV incidence estimate. The Medical Monitoring Project (MMP) is a supplemental surveillance system that collects behavioral and clinical data from an annual probability sample of persons in care for HIV infection. Virginia is one of 23 national sites randomly selected to participate in this CDC supplemental project. Data collected from this project will be used to provide a nationally representative estimate of clinical and behavioral outcomes among persons living with HIV infection.

The HIV health care services delivery system continues to strive to maintain adequate capacity to care for newly-diagnosed individuals. In past years, some areas of the state have reported lengthening waiting times for availability of an initial appointment for services. Virginia Department of Health (VDH) continues to monitor wait times for Ryan White Part B funded services as part of routine contract reporting requirements.

In 2012, HIV Prevention received increased federal funding. Funds were directed to new requirements such as enhances linkages to HIV care and condom distribution.

Anticipated Changes to the Products and/or Services

Bi-lingual Spanish speaking educators, counselors, outreach workers and case managers will be needed to address the growing needs of Latino residents. Additional materials will be needed in Spanish.

To accomplish the May 2007 revised Virginia Regulations for Disease Reporting, ”For HIV-Infected patients, report all results of CD4 and HIV viral load test”, creating the technical infrastructure to support electronic lab reporting is required. In addition, funding must be available to train staff and customers in order to effectively utilize this technology.

In response to priorities in the National HIV/AIDS Strategy, greater focus will need to be placed on ensuring that HIV infected people learn their status and are effectively linked and retained in care. In addition, less emphasis will be placed on HIV prevention for high-risk negatives and more emphasis will be placed on prevention for HIV-infected people. Successful retention in care including use of antiretroviral medications and undetectable viral loads has been shown to reduce transmission of HIV infection.

Listing of Products and / or Services

HIV Prevention and Treatment Services program manages federal grants/cooperative agreements for HIV Prevention, Surveillance and HIV Care services. Responsibilities include awarding funds to local agencies/providers, providing oversight and technical assistance.

Prevention Services funds seven competitive grant programs to provide education, outreach, community-based HIV testing and prevention case management to high-risk individuals. Currently, 20organizations provide services to their communities.

The HIV/Sexually Transmitted Diseases (STD) and Viral Hepatitis Hotlines provide information, crisis counseling and referral to over 5,000 people per year either on the phone or through the internet. This staff also responds to calls on the General Assembly mandated Medication Assistance Hotline. The Hotline distributes more than 250,000 pamphlets, posters and educational materials annually. Staff develops and/or identifies appropriate educational materials for populations at risk.

The Virginia HIV Community Planning Group integrates HIV prevention and care planning and advises VDH on the development of three required documents: a Jurisdictional HIV Prevention Plan to guide population and intervention priorities; a Comprehensive HIV Care Plan, and a Statewide Coordinated Statement of Need.

Training to improve the scientific base of prevention programs is conducted for health educators, outreach workers and prevention case managers. Specific curriculum training on interventions identified by the CDC is also provided.

Training of health department and community-based staff is conducted in order to provide client services in a culturally competent and non-judgmental manner.

Capacity building support such as training in grant writing, fiscal management, board development, program evaluation, quality assurance and use of logic models is conducted to support community agency infrastructure.

Quality assurance through site visits and quarterly report reviews is conducted. Staff develops and monitors standards for HIV prevention interventions and preparation of educators and outreach workers.

Confidential HIV testing is offered through a variety of venues including STD clinics, TB clinics and family health clinics. Funded testing sites provided counseling and testing services to 72,902 individuals in 2011. A Memoranda of Agreement (MOA) with the Department of General Services funds HIV testing conducted at the local health departments.

Memoranda of Agreement (MOA) with local health districts are implemented to support partner services.

Rapid and oral HIV testing is provided through contracts with community-based organizations and offered in non-traditional settings such as drug treatment centers, detention centers, outreach vans and other street/community venues. Rapid testing is offered through select STD clinics, hospital emergency departments, community health centers and substance abuse treatment centers in high morbidity areas.

Training on the use of both oral and rapid testing, including quality assurance measures, is provided.

HIV/AIDS-related morbidity and mortality trend data on adults and children are compiled from public and private providers, hospitals, and labs, then cleaned and analyzed for emerging trends. These data are disseminated via mailings, web distribution, and various postings statewide to internal and external customers.

HIV/AIDS information and statistics are presented to customers throughout the year.

Trainings on Virginia HIV/AIDS reporting regulations, testing technology, and HIV investigations of special epidemiological significance, e.g. unusual mode of transmission, are routinely provided to internal and external customers.

Core surveillance epidemiology consultants provide technical assistance on HIV and AIDS adult and pediatric case definitions and clinical characteristics as well as HIV/AIDS-related policies and procedures to public and private health care practitioners.

The testing of diagnostic blood specimens from all newly reported HIV infections from local health departments is contracted to the Virginia Public Health Laboratory to calculate population-based estimates of HIV incidence (new infections) using collected HIV testing and treatment history.

Linked medical record abstractions and patient interviews are conducted to estimate statewide access to HIV care, clinical outcomes, risk behaviors, health care utilization, and unmet needs among HIV-infected persons receiving medical care.

AIDS Drug Assistance Program (ADAP) provides life sustaining medications to people with HIV who have no other access to treatment. The formulary includes medications for the treatment of HIV infection and the prevention and treatment of HIV related co-morbidities. A waitlist for ADAP services was established in November 2010 but will be eliminated by September 2012.

The State Pharmaceutical Assistance Program (SPAP) was established in 2006 to provide ADAP eligible clients enrolled in Medicare with Part D cost sharing assistance. SPAP services are provided through a contractual agreement.

Core services and essential support services are provided to low income, uninsured individuals with HIV infection through direct service agreements, and a network of four regional consortia. Core services include primary medical care, medications not covered by ADAP, dental care, case management, mental health services and substance abuse services. Supportive services, such as transportation, assist clients to access medical care and remain adherent to antiretroviral therapy. Consortia are responsible for assessing needs and planning services in their regions. Each consortium has a lead agency that is responsible for the administration and coordination of consortium activities and the delivery of services. Federal Ryan White Part B (formerly Title II) funding for services is provided through contractual agreement with the lead agencies.

Ryan White Part B also funds two medical sites to increase access to ADAP, primary medical care and related services for racial and ethnic minorities. This program focuses on identifying and referring individuals at risk for or infected with HIV, or those lost to care in order to link/re-engage them into needed services. These individuals are at high risk of disease progression and transmission of HIV to others.

Training for health care providers on all aspects of HIV/AIDS, hepatitis and sexually transmitted diseases diagnosis and treatment is provided through a contract with the Virginia HIV/AIDS Resource and Consultation Center. A variety of mechanisms including consultation, education and clinical training sessions are used to train providers.

Health care services utilization trends and projections are identified via data collected through ADAP, the Minority AIDS Initiative and consortia-based services. This information is used for statewide services coordination and planning.

Public awareness campaigns are conducted annually for Black HIV/AIDS Awareness Day, National HIV Testing Day, National Gay Men's HIV Awareness Day, Latino AIDS Awareness Day and World AIDS Day. Fact sheets are developed and distributed to local health districts and community-based organizations. Advertising is conducted through social media sites and/or the radio. A Facebook page is maintained.

A condom distribution program was launched in 2012. Free condoms are provided to all health districts, HIV care providers and community based organizations.

HIV Care Services also has a four year Special Projects of National Significance (SPNS) grant to increase linkage to care and retention in care for HIV-positive persons. Currently, two pilot sites are funded to develop a patient navigation and mental health network under their grant.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	6,426,806	29,246,280	6,426,806	29,246,280
Changes to Base	207,924	-496,556	-42,076	-1,099,007
Total	6,634,730	28,749,724	6,384,730	28,147,273

Objectives for this Service Area

Objectives for this Service Area

Objective
Decrease new HIV infections in Virginia.

Description
HIV causes long-term and catastrophic illness which can disable individuals in their prime working years. Prevention of infection benefits the Commonwealth by reducing the disease impact on the community and the associated public and private health care costs and by increasing productivity of individuals contributing to the tax base. Every infection averted is cost beneficial to the state. People who learn their HIV status can be referred for prevention and care services and are less likely to transmit HIV. People with HIV who have an undetectable viral load are less likely to infect others.

Objective Strategies

- By conducting testing to determine HIV infection at a population-based level, HIV Incidence Project data will be utilized to calculate state and national HIV incidence rates and provide data that will accurately characterize current HIV transmission. These data will be used to better identify those becoming newly infected so that the Division can monitor trends, evaluate programs and redirect prevention resources to populations or communities most at risk. More effective targeting of HIV prevent
- Community-based models of partner services will be expanded to identify and offer services to an increased number of people who have been exposed to HIV but may be unaware of their risk.
- Division contractors will continue and expand primary prevention services to people living with HIV to prevent transmission of HIV to others and link individuals to HIV care and treatment.
- Rapid testing technology will be expanded across the state in both health department and community settings, as funding allows, to increase the percentage of individuals tested who receive the results of their HIV tests.
- Ryan White Part B care providers will offer prevention messages at primary care visits to patients with HIV.
- The Division will continue the community planning process which involves affected communities in the establishment of priority populations and interventions for HIV prevention through the analysis of epidemiologic data, development of needs assessments and identification of science-based interventions. Community planning will also address care planning and continuity of services between prevention and care.
- The Division will establish referral tracking procedures to ensure that newly-diagnosed individuals referred into care services actually enter into care. Follow-up encounters with newly-diagnosed individuals will also provide an opportunity for further discussion of partners and assessment of risk behaviors for prevention services.

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percentage of individuals with newly-diagnosed HIV infection who receive their positive HIV test results.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

This measurement is calculated from HIV screening data submitted by public and community-based providers to the Virginia Department of Health. Programmatic information on positive and negative test results, as well as patient's receipt of these results, is recorded in the HIV Counseling, Testing and Referral (CTR) database. All HIV tests performed in Virginia are not reported as part of this program. The CTR program provides HIV testing in local health departments and various other testing locations statewide. The measure is calculated based on the proportion of newly diagnosed positive individuals who received their test result out of the total number of newly diagnosed positive cases. This measure is reported based on the calendar year.

Objective

Ensure that HIV-infected individuals receive optimal health care services that prolong length and quality of life.

Description

HIV is a complex disease process. Presentation, symptomatology, and co-morbidities vary widely from person to person and are impacted by host, virological and environmental factors as well as timely access to diagnosis and treatment. Treatment options, drug therapies and standards of care frequently change. This requires a vigilant public health response to ensure effective treatment and sufficient resources to keep pace with new medical technology. With effective medical and supportive treatment, many people with HIV can live productive lives and remain employed. Without these services, HIV disease progresses, resulting in a rapid decline in health leading to disability and death.

Objective Strategies

- The Virginia HIV/AIDS Surveillance Program participates in the Medical Monitoring Project. MMP utilizes medical record abstractions and patient interviews to: examine and measure the utilization of HIV/AIDS medical and prevention services and variations in utilization across geographic locations, across health-care systems, and across patient clinical and demographic characteristics; pool data locally and nationally to direct policy planning, resource allocation, and benchmark and evaluate st
- VDH will collaborate with the Virginia HIV/AIDS Resource and Consultation Center and the federally funded Pennsylvania/Mid-Atlantic AIDS Education and Training Center to identify and address training needs of providers serving people living with HIV/AIDS. Compliance with established standards of care and US Public Health Service Guidelines will be a focus for trainings.
- VDH will involve its customers and stakeholders in continually identifying, developing, and implementing improvements to ADAP and related HIV services. Mechanisms to obtain input will include the following: The ADAP Advisory Committee, HIV Community Planning Group, regional needs assessments, public hearings, client satisfaction surveys, and the development of the Statewide Coordinated Statement of Need and Comprehensive Plan (This process occurs on a 3-year cycle.)
- VDH will monitor antiretroviral prescribing practices through the following mechanisms: Pharmacists will review antiretroviral regimens filled through ADAP. The ADAP Coordinator will follow up with the primary medical provider when regimens containing fewer than three antiretroviral medications are prescribed. The ADAP Coordinator will perform site visits to local health departments to assess all aspects of ADAP operations, including chart reviews to assess compliance with current U.S. Pu
- Virginia Department of Health (VDH) will monitor the quality of HIV-related services provided with Ryan White Part B funding through the use of an Independent Peer Review Team. The team develops and updates standards of care and performs site visits to assess providers' compliance with these standards. A briefing and report of findings are provided to all sites. A corrective action plan is required when deficiencies are identified. Technical assistance is provided to ensure sites are equi

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percentage of living HIV-infected persons receiving care in the last calendar year.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Output	Increase	Annually

Data Source and Calculation

Viral load data is collected from laboratory reports which are entered into the HIV/AIDS reporting system. The data is submitted directly to the central office from labs performing this testing statewide and from health care providers. Viral load is selected as the outcome measure based on its emphasis in the National HIV/AIDS Strategy. Regular viral load testing is a component of the standards of care and is used as the marker that the patient has received care. This measure is calculated as the proportion of individuals who have evidence of a viral load test during the calendar year out of the total number of persons known to be living with HIV as of the end of the calendar year.

40507: Pharmacy Services

Description

Pharmacy services are essential to enable local health departments to effectively treat communicable diseases, treat chronic diseases, and to respond to public health emergencies such as pandemic influenza, bioterrorism events and natural disasters that displace citizens with a loss of their prescription medications. The capacity of this support service varies based on the volume of prescriptions and clinic services offered by the local health departments. All local health departments using guidelines provided by pharmacy services maintain core competencies in inventory and proper storage of drugs and biologicals; administration and dispensing pharmaceuticals; and proper handling of pharmaceuticals for disposal.

All Pharmacy Services comply with all state and federal laws including The Pharmacy Act, The Drug Control Act and all regulations promulgated by the Virginia Board of Pharmacy related to the practice of Pharmacy, as well as all applicable Virginia Department of Health policies and procedures.

Pharmacy Services serves all 119 local health departments by providing patient specific prescriptions in support of various agency programs as well by providing pharmaceuticals, vaccines and biological that support local health department clinic operations. Each local health department is also capable of dispensing and administering vaccines and medications in the event of an emergency as declared by the Governor.

As a government agency, Virginia Department of Health purchases prescription drugs through federal contracts and multi-state purchasing compacts at prices that are substantially lower than average wholesale prices. As a condition of this preferential pricing, public health facilities are prohibited from competing against public retail entities for non-public health treatments under the federal Robinson-Patman Act. Pharmacy Services does not provide services to the general public but only to patients of the local health department as evidenced by the requirement that all patients that receive pharmacy services must have a medical chart on site.

The prescription needs of patients seen in local health departments are met through the Virginia Department of Health's Central Pharmacy. These services include: treatment or support for sexually transmitted and communicable diseases, prenatal services, family planning; provision of pharmaceuticals to HIV infected patients under the AIDS Drug Assistance Program; provision of pharmaceuticals in support of the Children Specialty Services Program; provision of pharmaceuticals in support of the Hemophilia Program; provision of vaccines for patients not eligible for the Vaccines for Children Program and for foreign travel; provision of pharmaceuticals in response to natural emergencies, national emergencies, and bioterrorism related events; and the provision of guidance and information to local health departments on State and Federal laws that pertain to the storage, distribution, and dispensing of medications.

Mission Alignment and Authority

This service area aligns with the Virginia Department of Health mission to promote and protect the health of Virginians by assuring pharmacy support services to detect, prevent, and treat diseases, promote health, and respond to public health emergencies.

Customers for this Service Area

Anticipated Changes to Customers Base

Assessments of community health needs may result in identification of new constituencies for services as health service gaps are identified.

Updates in state and federal regulatory guidelines could expand our mandate for services, restrict access to services or change the ability to utilize specific vendors and contracts for pharmacy services.

Social, economic, political, and technological changes will create variations in customer base, priorities, with resultant cost increases.

Global migration continues to diversify the customer base in terms of special health care needs and the need to communicate with non-English speaking customers.

Partnering opportunities with other agencies that are likewise impacted by the above factors who may turn to public health to provide quality and cost effective pharmacy services to eligible customers.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Resident	Prescriptions filled in support of VDH programs	53,388	75,000	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

A downturn in the economy may increase the demand for services if there is an increase in the number of underinsured or uninsured citizens, who turn to the local health department for pharmacy services.

Maintenance of trained staff is challenging as competition from the private sector for trained pharmacy staff increases.

Anticipated Changes to the Products and/or Services

Availability of pharmaceutical supplies (example: flu vaccine) will vary and can affect product and service availability

Increasing demand for affordable medications will require innovative solutions and increased linkages to sources of affordable medications.

Listing of Products and / or Services

Prescription dispensing services in support of designated agency programs that include Aids Drug Assistance Program, TB Control, Hemophilia Treatment Center, Care Connection for Children, Metabolic Disorders Program, and General Medical Clinics operated by the Office of Community Health Services;
Provision of pharmaceutical services to local health departments in support of all clinic operations including Family Planning and Sexually Transmitted Diseases;
Provision of Vaccines and Biologicals to local health departments;
Procurement , storage and inventory management of the Commonwealth's emergency cache of antivirals and mass dispensing antibiotics for response to a bioterrorism event;
The Continued development and management of the agencies Antiviral Distribution Network;
Consultation and education provided to other agency programs and local health departments on proper storage, distribution and administration of pharmaceuticals. In addition provide legal guidance to agency senior management and local health departments regarding state and federal laws that apply to pharmaceuticals and the practice of pharmacy.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	0	0	0
Changes to Base	0	1,000,000	0	1,000,000
Total	0	1,000,000	0	1,000,000

Objectives for this Service Area

Objectives for this Service Area

Objective
Assure access to quality pharmaceutical services in support of public health

Description
Local health departments assure citizens local access to needed immunizations and pharmaceuticals to promote the health of pregnant women and children, and treat and prevent diseases. The Virginia Board of Pharmacy regulates the Division of Pharmacy Services and conducts periodic inspections to assure adherence to statutory regulations contained in the Code of Virginia.

Objective Strategies

- All dispensing will comply with the Virginia Department of Health policies and procedures, Board of Pharmacy regulations, The Pharmacy Act, The Drug Control Act, and all applicable federal laws
- Community Health Services will collaborate with the Central Pharmacy to institute a statewide and standardized incident reporting process for all service area customers who experience an "error" in pharmaceutical dispensing and develop a feedback mechanism to assure quality improvement. Pharmacy Services will meet or exceed recognized national standards for dispensing accuracy.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Percentage of errors in dispensing prescription medications.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Decrease | Frequency: Annually

Data Source and Calculation

Medications error reports filed under the Division of Pharmacy Services Continuous Quality Improvement Program. Error rate equals the number of medication error reports divided by the number of prescriptions filled.

40603: Health Research, Planning and Coordination

Description

This service area is administered by the Virginia Department of Health's (VDH) Office of Minority Health and Health Equity (OMHHE). The purpose of this service area is to advance health equity for all Virginians. The mission of the Office of Minority Health and Health Equity is to identify health inequities and their root causes and promote equitable opportunities to be healthy. In support of that mission, OMHHE 1) analyzes data to characterize inequities in health and healthcare, their geographic distribution and their association with social determinants of health; 2) facilitates equitable access to quality healthcare and providers; 3) empowers communities to promote health equity; 4) informs health, healthcare, and public policy in order to promote health equity ("health equity in all policies"); 5) enhances the capacity of public health and our partners to promote health equity.

Products and services include:

State Office of Minority Health,
State Office of Rural Health,
State Primary Care Office,
Data analysis and research to identify high priority target areas for focusing policies, programs, and limited resources,
Designations of medically underserved areas or health professional shortage areas,
Healthcare practitioner Recruitment and retention programs,
Critical Access Hospital Program and Flex Rural Veterans Program,
Culturally and Linguistically Appropriate Health Care Services Program,
Small Rural Hospital Improvement Program,
Minority Health Program,
State Health Access Grant Program,
State Health Workforce Implementation Grant Program,
Community Engagement with high priority target area communities to address social determinants of health and promote health equity,
Technical assistance to VDH office and programs and external partners to support programmatic and policy efforts to advance health equity.

Mission Alignment and Authority

This service area is aligned with the VDH mission of protecting and promoting the health of Virginians. This service area supports the healthy development of Virginia's rural, racial/ethnic minority, and low income residents by providing resources to communities that will help them develop and support programs that improve health and access to care for all residents.

Customers for this Service Area

Anticipated Changes to Customers Base

Both the Small Hospital Improvement Program and Critical Access Hospitals programs have statutorily defined eligibility criteria. Unless a small rural hospital in Virginia considerably decreases its number of beds, no other hospitals will be eligible to participate in the program. The SHIP program, which is administered by the U.S. Department of Health and Human Services, currently is not included in the President's budget for FFY 2012.

The federal government has stated that the number of J-1 visa waiver physicians that will be allowed into the country will decrease in upcoming years.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Professions	Conrad J-1 Visa Waiver Physicians	30	30	Stable
Health Care	Entities Needing Assistance with or supporting Culturally and Linguistically Appropriate Services	50	100	Stable
Non-Profit Agency (Boards/Foundations),	Entities Needing Recruitment and Retention Assistance	250	500	Stable
Non-Profit Agency (Boards/Foundations),	Small Rural Hospitals Eligible for federal SHIP funds	23	23	Stable
Health Care	Small, Rural Hospitals Eligible for federal FLEX funds	7	7	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

The demand for physician and dental providers is currently in flux due to the uncertainties regarding the implementation of the Affordable Care Act (ACA). The anticipated increased demand for health care services and the changing demand patterns for physicians, dentists and mid level providers will need to be monitored to assure appropriate access to care.

Anticipated Changes to the Products and/or Services

The State Planning Grant ended on August 31, 2007.

Maintaining data on the uninsured will be done on a smaller scale with the loss of the State Planning Grant funding.

Listing of Products and / or Services

The Office of Minority Health and Health Equity serves as the State Office of Rural Health. In this capacity, the Office helps individual rural communities build health care delivery systems by collecting and disseminating information; providing technical assistance; helping to coordinate rural health interests state-wide; and by supporting efforts to improve recruitment and retention of health professionals. Rural Health products and activities are: Disseminate information regarding federal initiatives to improve access to care for rural residents, Provide technical assistance to rural community leaders, Co-sponsor Rural Health Conferences, and Engage in strategic planning efforts to leverage resources and engage stakeholders in order to improve access to quality care, support the development of models of care and address barriers related to rurality.

Virginia’s eligibility for federal funding to improve access to health care is increased by the Primary Care Office program. The Office of Minority Health and Health Equity submits applications to the federal Health Resources and Services Administration to designate areas and facilities as having a health professional shortage or for being a medically underserved population. General activities include: Submit applications to Federal HRSA for geographic areas and facilities to receive designation as medically underserved, Maps and Website information regarding Virginia’s designated areas, Provide technical assistance to community groups interested in submitting applications for federally qualified health center or rural health center, and Technical assistance to community groups for demonstration projects to increase access to health care.

In an effort to improve access to care by increasing the supply of practitioners working in medically underserved areas or health professional shortage areas the Recruitment and Retention program seeks to interest a range of different types of medical practitioners to come to or continue to work in Virginia. Products include but are not limited to: membership to a National Rural Recruitment and Retention recruitment website (3RNet) that lists available healthcare positions in Virginia, establishment of the Virginia Health Workforce Development Authority, Presentations at Virginia’s Medical Schools and Residency Programs, Marketing Tool Development, Participate on the Virginia Recruitment and Retention Collaborative Team the creation of a new recruitment website (ChooseVirginia!), development of a student health professions registry and annual statewide professional student and resident recruitment conference (Choose Virginia Conference).

An additional programmatic effort to improve access to care by increasing the supply of practitioners working in underserved areas is the Conrad J-1 visa waiver program. International medical graduates who would otherwise have to return to their country of origin upon completion of their residency training as a condition of their J-1 visa may serve in an underserved area of the state as an alternative way to meet this federal requirement. Activities include: Utilize 3RNet recruitment website to access information on available positions, Advertise availability of J-1s, Process J-1 Application to U.S. Department of State, Administer verification of employment, and Process National Interest Waiver.

The Rural Hospital Medical Flexibility (FLEX) program that authorizes the Critical Access Hospital (CAH) Program allows small, rural hospitals to receive Medicare cost-based reimbursement and includes activities that promote the regionalization of rural health services, the creation of rural health networks, and the improvement of emergency medical services. CAH activities include: Coordinate CAH and SHIP hospital (CASH-IN) activities to leverage state and federal resources for the benefit of small rural hospitals, Provide funding for equipment, Provide funds for hospital administrators to attend national health conferences, Coordinate financial analysis and community assessment activities for small, rural hospitals interested in CAH conversion, Promulgate regulations to benefit small, rural hospitals; develop, update and oversee implementation of recommendations from Virginia's State Rural Health Plan in partnership with the Virginia Rural Health Association. The FLEX-veterans grant is collaboration with the Department of Veterans Services to increase access to quality and culturally competent health care among veterans in rural Virginia.

The Culturally and Linguistically Appropriate Services Program seeks to improve access to culturally and linguistically appropriate health care services for Virginia’s Limited English Proficient residents. Recent activities include: Translation of health forms, Technical assistance regarding Title VI, Development and disbursement of resources targeted to assist Virginia's limited English proficient populations, Coordination of community-wide grant application efforts for medical interpretation services. Partial funding of coordinator to assist with community education activities.

The Office of Minority Health and Health Equity promotes the elimination of racial/ethnic health inequities and improves access to care by building capacity in community health systems to provide integrated, efficient, and effective health services. These efforts also improve minority health status and promote health equity. Activities have included: Staff Commissioner’s Minority Health and Health Equity Advisory Committee and data, legislative, and community engagement subcommittees, Develop Healthy People 2020 training modules to promote health (equity) in all policies.

Other data analysis and research conducted by the Office focuses on identifying high priority target areas characterized by inequities in health status, adverse social determinants of health, and inadequate access to health care.

The Small Rural Hospital Improvement Program (SHIP) provides funding to small rural hospitals to pay for costs related to quality improvement and investments towards meaningful use of health information technology. Hospitals must utilize the funds to 1) pay for costs related to maintaining accurate PPS billing and coding such as updating chargemasters or providing training in billing and coding, 2) pay for the costs related to delivery system changes as outlined in the ACA such as value-based purchasing (VBP), accountable care organizations (ACO) and payment bundling.

The State Health Access Program (SHAP) grant is HRSA funded. The grant is being used to accomplish several goals: 1) to develop a pilot project to assess the impact of a health and wellness passport on enrollment in an insurance product and utilization of preventive services; 2) to conduct a survey of small businesses to determine features that would be most beneficial in health insurance exchange; and 3) to fund the start up of the Virginia Center for Healthy Small Business to serve as a clearinghouse and resource for small business to promote health among their employees.

The Health Workforce Implementation Grant is a 2-year, $1.9 million grant to fund the Virginia Health Workforce Development Authority, which will serve as the coordinating body within Virginia to develop a health workforce pipeline and facilitate the placement of healthcare providers in underserved areas.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	758,926	2,020,994	758,926	2,020,994
Changes to Base	5,694	8,637	5,694	8,637

Total	764,620	2,029,631	764,620	2,029,631

Objectives for this Service Area

Objectives for this Service Area

Objective

Increase access to primary health care services in medically underserved areas of the Commonwealth.

Description

All Office of Minority Health and Health Equity programs seek to eliminate health inequities within the Commonwealth. To fulfill this mission, Office of Minority Health and Health Equity looks at ways to identify and monitor inequities in health and health care and identify the social determinants that contribute to these inequities. Although Virginia has an overall favorable number of practitioners statewide and a practitioner to population ratio that mirrors the nation, a maldistribution of providers exists in many areas of the state resulting in underserved areas for access to primary health, oral health, and mental health care services. The scholarship and loan repayment programs seek to correct this maldistribution through contracting with students and practitioners to serve in these areas in exchange for funding for tuition or debt reduction of school loans.

Objective Strategies

- The Office has a number of recruitment tools that can assist providers. One such tool, 3RNet is a free online recruitment service to link providers with practice sites in medically underserved and rural areas.
- The Office of Minority Health and Health Equity will strengthen promotion efforts for its activities to increase access to care. The designation program will be marketed directly to providers and community leaders. The benefits of the program will be made better known. A rational service area plan that is under development will provide data that will identify areas eligible for designation yet not designated.
- The Office's telemedicine efforts will be promoted. Telemedicine offers small, rural hospitals access to the specialty care services that they otherwise could not support given their smaller population base.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Percentage of census tracts with more than 20% of population below poverty level that are designated as medically underserved areas or health professional shortage areas.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

The most current census tract data for poverty population is obtained through the Health Resources and Services Administration (HRSA) Data Warehouse.

40607: Regulation of Health Care Facilities

Description

This service area administers the Virginia medical facilities and services licensure laws and regulations in order to assure quality of care and to protect the public. This is accomplished through: Licensure of seven categories of medical care facilities or services: hospitals, outpatient surgical hospitals, nursing facilities, home care organizations, hospice programs, and managed care health insurance plans and private review agent; Regulatory development to establish minimum requirements to assure quality health care, while assuring efficient and effective program operation; Certification and registration programs for managed care health insurance plans and private review agents; Investigation of consumer complaints regarding the quality of health care services received in facilities; Providing training and technical assistance to medical facilities and practitioners; and Inspection and enforcement of medical care facility licensing laws and regulation. The Office of Licensure and Certification (OLC) is also the designated state survey agency and conducts the federal certification surveys for the Centers for Medicare and Medicaid Services (CMS).

Mission Alignment and Authority

This service area aligns with the Virginia Department of Health's (VDH) mission to protect and promote public health by establishing and enforcing minimum standards of quality and safety in the delivery of health care services. The regulatory process is supported by state licensure and regulations in addition to federal certification regulations.

Customers for this Service Area

Anticipated Changes to Customers Base

VDH expects the general public and business customer base to increase over the next few years. As Virginia's population ages, there is an increasing need for additional in-home services. Home care and hospice are the two fastest growing programs in the service area.

The need for long term care services continues to grow, which include new nursing homes and ICF/MR facilities. Increasingly, nursing facilities are providing services for consumers in need of post acute and rehabilitation care.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Federal Agency	Ambulatory surgery centers (federal)	51	51	Stable
Health Care	Clinical laboratories (CLIA)	4,945	4,945	Stable
Consumer	Complaints Investigated (all provider categories) If immediate jeopardy, investigation is within 10	1,000	1,000	Stable
Health Care	Comprehensive outpatient rehabilitation facilities	5	5	Stable
Health Care	Critical access hospitals	7	7	Stable
Health Care	End stage renal disease facilities	139	139	Stable
Health Care	Home care organizations (state)	336	336	Stable
Health Care	Home health services (federal)	240	240	Stable
Health Care	Hospice programs (state)	78	78	Stable
Health Care	Hospice providers (federal)	63	63	Stable
Health Care	Hospitals (federal)	100	100	Stable
Health Care	Inpatient hospitals (state)	97	97	Stable
Health Care	Intermediate care facilities for the mentally retarded (ICF/MRs)	36	36	Stable
Health Care	Managed care health insurance plans	101	101	Stable
Health Care	Nursing facilities (federal)	279	279	Stable
Health Care	Nursing facilities (state)	298	298	Stable
Health Care	Outpatient physical therapy services	110	110	Stable
Health Care	Outpatient surgery centers (state)	51	51	Stable
Health Care	Peer review programs	82	82	Stable
Health Care	Portable x-ray services	18	18	Stable
Health Care	Rehabilitation hospitals	9	9	Stable
Health Care	Rural health clinics	47	47	Stable

Partners for this Service Area

Partner	Description
Department of Behavioral Health and Disability Services	Coordinate surveys to avoid duplication of efforts.
Medical Service Providers	Work cooperatively to interpret changing regulations for improved compliance.

Products and Services

Factors Impacting the Products and/or Services

Complaint investigations are expected to increase as consumer knowledge and awareness of health care services increases; Expansion of web-based electronic government capability will increase the efficiency of VDH licensing and certification operations; Implementation of new requirements without sufficient funding from CMS strains department resources for inspections, complaint investigations, and training needs; Turnover of qualified staff to conduct inspections and investigations has resulted in delays in inspection processes; Complexities of the regulatory promulgation process have delayed efforts to comprehensively revise the mandated licensure regulations in a timely fashion resulting in outdated and ineffective regulations remaining in place; Any reductions in funding or workforce will adversely affect VDH's ability to effectively carry out the mandates of the law.

Anticipated Changes to the Products and/or Services

The demand for OLC licensing services are anticipated to increase, as non-institutional service providers face continuing business challenges; VDH anticipates losing inspection staff with needed nursing credentials. While the staff turnover rate has declined from a high of 20% in 2004 to the current rate of 5%, OLC still faces increasing difficulty competing for nursing staff with the private sector. The nursing workforce is experiencing a decline, as current licensed nurses retire and leave the profession. It is estimated that on a national basis, there will be a 30% shortfall in registered nurse availability by 2020.

Listing of Products and / or Services

Licensing: OLC conducts review of licensing applications and handle coordination with other agencies' regulatory requirements; Licensing assures service providers are acting within the law. The Office is in the process of updating state regulations for several programs.

Inspection and enforcement: Thorough and consistent inspection and enforcement of laws and regulations addressing health care quality is provided. Assessment of provider and individual responsibility is performed as appropriate. Investigation of complaints; Inspection and enforcement services assist consumers by maintaining safe and protective facilities and services in compliance with regulatory requirements; Medical facility inspectors, who conduct both state and federal regulatory inspections, are health care professionals such as nurses, dietitians, social workers, speech pathologists and laboratory medical technologists.

OLC is the state survey agency for the federal survey and certification program under agreement with CMS. Inspection activities satisfy both state licensure and federal certification requirements. The majority of service area activities regarding medical facilities, services or programs involve the federal certification process. Title XVIII and XIX of the Social Security Act establishes the federal certification program for medical care entities receiving federal reimbursement and mandates the minimum health and safety standards that must be met by providers and suppliers participating in Medicare and Medicaid. OLC is the state survey agency for the federal Clinical Laboratory Improvement Act (CLIA) mandating all laboratories that conduct tests on human specimens, including physician offices, meet applicable federal requirements and have a CLIA certificate in order to operate; The Clinical Laboratory Improvement Act of 1988 (Public law 100-578, section 353 of the Public Health Service Act (42 USC 263a)), Section 6141 of the Omnibus Reconciliation Act of 1989 (OBRA '89) (Public Law 101-239); VDH has interagency agreements with the: (i) Department of Medical Assistance Services (DMAS) to conduct the federal survey and certification requirements of CMS, (ii) State Fire Marshal's Office to conduct Life Safety Code inspections. To receive Medicare certification, medical facilities must comply with the Life Safety Code. Under the interagency agreement with VDH, the Fire Marshal's offices conducts life safety code surveys and certifies compliance/noncompliance to VDH; and, (iii) Department of Health Professions (DHP) to administer the nurse aide training and registration program required by CMS. Under the interagency agreement with VDH and DMAS, DHP is responsible for examining approximately 250 LTC nurse aide training and education programs for compliance with federal standards, and; maintains a registry of approximately 35,000 trained and certified nurse aides employed in federally certified LTC facilities; Confirmed cases of resident abuse and neglect are reported to the Adult Protective Services Unit of the Department of Social Services; VDH communicates with the Office of the State Ombudsman regarding individual client issues related to delivery and quality of services;

Regulatory development: Minimum operational requirements are established consistent with governing laws and nationally accepted standards of practice. OLC highly trained medical facility surveyors assure consumers that uniform quality assurance standards are being maintained; Invite consumer and provider input in development.

Customer assistance: OLC provides training, consultation and technical assistance, education, and cooperative projects in areas such as abuse/neglect/exploitation, disaster planning and recovery, pressure ulcer reduction, emergent care, evolving service delivery processes and inspection of facilities. Efforts are provided in collaboration with various industry groups and associated state agencies. Resident Assessment Instrument training: States are required by the CMS to use the Resident Assessment Instrument (RAI) in federally certified facilities to assess the clinical characteristics and care needs of residents. Currently, federally certified nursing homes and home health agencies are required to encode and transmit RAI records to a repository maintained by OLC. The primary goal of the federal RAI system is to target potential problem facilities by focusing onsite survey activities on the identified problem areas. The RAI system has grown each year as new federal provider categories are added. The RAI system is central to improving the state's ability to evaluate the cost-effectiveness and quality of care. The high degree of consistency and accuracy currently shown by providers in transmitting RAI data to OLC is attributable to the education and training programs that have been presented to federally certified providers, provider associations and consumer groups. Complaint services are responsive to ensure safe and protective environments in compliance with statutory and regulatory requirements. OLC receives approximately 1,000 consumer complaints annually. The Office conducts informal dispute resolution conferences for nursing facility providers disputing the results of a federal certification inspection; OLC responds to Freedom of Information requests, specifically in long term care. OLC continues to expand the information available to providers via the internet.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	1,661,352	7,068,190	1,661,352	7,068,190
Changes to Base	273,130	828,699	539,762	816,999
Total	1,934,482	7,896,889	2,201,114	7,885,189

Objectives for this Service Area

Objectives for this Service Area

Objective
Assure timely review and issue of approval or rejection notice to initial applicants applying for a Certificate of Quality Assurance.

Description

The MCHIP program requires a managed care health insurance plan (MCHIP) licensee to complete and submit an application for a Certificate of Quality Assurance with all policies and procedures provided, which demonstrate compliance by the MCHIP licensee with the requirements of the program regulations. Upon the application's receipt, an examiner is assigned to review all documents submitted for compliance and to request additional materials as required. The 45 day review schedule (after receipt of all relative materials) is to provide a review process that assures regulatory compliance for approval, or rejection for non-compliance, of a new MCHIP licensee's entry into Virginia's health insurance coverage environment, and provide greater competition and choice to Virginia businesses. This assists the business community with offering, as affordable health care insurance coverage as possible to their employees. Failure to timely review and approve an application, and issue a certificate of quality assurance may unexpectedly force a MCHIP licensee to miss a business cycle, and thereby, create a missed opportunity for a business to obtain the most cost effective health care coverage for its employees.

Objective Strategies

- The MCHIP unit will insure that the database of certificate of quality assurance recipients is (1) up to date, (2) includes all certificate recipients and (3) the status of each certificate.
- The MCHIP unit will notify applicants for a certificate of quality assurance within 10 business days of an application's rejection for non-compliance.
- The MCHIP Unit will record in the intake log: (1) the date of arrival of each application for a certificate of quality assurance, (2) the examiner assigned, (3) the date assigned to the examiner, (4) all notes with dates requiring the filing of additional documentation and, (5) the date the approval letter and certificate are issued.
- The MCHIP unit will release an e-mail broadcast each January to remind MCHIP licensees of their by-annual certificate renewal process and will include a renewal application as an attachment for ease of use in renewing a certificate of quality assurance.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Percent of fully completed Managed Care Health Insurance Plan applications that are processed within 45 days of receipt.

Measure Class	Other Agency	Measure Type	Output	Preferred Trend	Increase	Frequency	Annually

Data Source and Calculation

The data is stored in an internal database at the Virginia Department of Health. Calculation is determined by utilizing the arrival date calculated from intake logs and the completion data. When surveys are returned, the arrival date is subtracted from the completion date.

40608: Certificate of Public Need

Description

This service area implements the Virginia Medical Care Facilities Certificate of Public Need (COPN) laws and regulations. The COPN program requires that a provider of health care services must demonstrate that a public need exists for certain listed equipment and services before establishing the service or adding capacity. The program was established in Virginia in 1973. The statutory objectives of the program are: (i) promoting comprehensive health planning to meet the needs of the public; (ii) promoting the highest quality of care at the lowest possible cost; (iii) avoiding unnecessary duplication of medical care facilities; and (iv) providing an orderly procedure for resolving questions concerning the need to construct or modify medical care facilities. In essence, the program seeks to contain health care costs while ensuring financial and geographic access to quality health care for Virginia citizens.

Products and services include: Permitting of 11 categories of medical care facilities or services; Review, analysis and formulation of recommendations for COPN request based on eight criteria for determining need; Assist the State Health Commissioner in the administration of the COPN program; Regulatory development to provide an orderly procedure for resolving questions concerning the need to construct or modify medical care facilities; The State Medical Facilities Plan; Assessing and tracking of charity care obligations from COPN applicants; Participating in informal fact finding conferences; The Request for Applications (RFA) process; Release of monthly and annual reports on the status of COPN projects reviewed; Quadrennial nursing home utilization study.

Mission Alignment and Authority

This service area directly aligns with Virginia Department of Health's (VDH) mission of promoting and protecting the health of Virginians by promoting the development of new services when and where they are needed and limiting the unnecessary duplication of expensive technologies and services.

Customers for this Service Area

Anticipated Changes to Customers Base

More physicians are entering the marketplace with an entrepreneurial spirit and desire to maintain control of the technology on which they depend. This is expected to result in a continued increase in the annual number of COPN requests originating from physicians and physician practice groups.

More providers of diagnostic services are seeking to enter the marketplace.

Restrictions on the addition of nursing home beds via the Request of Applications process limits the number of nursing homes statewide that can apply. Proposed revisions to the regulations that will make it easier for the planning district to qualify for additional nursing home beds is expected to cause a transient spike in the number of nursing home COPN requests.

Annual growth in patient days resulting from population growth, improved availability and access, and new technology creates additional demand for capacity in COPN regulated services and technologies.

As hospitals constructed under the Hill-Burton program continue to age an increased need for renovation, addition and/or replacement exists, prompting more of the potential hospital applicants to pursue COPN projects.

Historically, COPN has been a controversial feature of government efforts to contain health care costs. However, there is growing legislative support for eliminating or modifying the COPN program.

Higher patient volume in a given service results in better clinical outcomes and survival rates for patients. Use of the COPN program to avoid an excess number of providers concentrates patients such that utilization of services is maximized with outcomes that should improve. This limits uncontrolled and duplicative growth in the customer base.

Advancement in medicine and technology have made diagnostic equipment, once too large and/or costly to operate outside a hospital environment, more lucrative for individuals or small partner medical offices. Size and affordability of the equipment will increase the number of potential applicants.

Interface with the Office of the Attorney General and the VDH Adjudication Officer regarding disputed COPN decisions assures due process for applicants, opponents and the public. Confidence in fairness of the program supports a growing number of applicants.

Collaboration with the Department of Medical Assistance Services establishes a need for additional nursing home beds that leads to the development of the nursing facility RFA. The RFA either limits or expands the number of applicants for nursing home beds, depending on the established need. The same may be said for the collaboration with the Department of Behavioral Health and Developmental Services regarding RFAs for psychiatric beds.

Interface with the Virginia Health Information regarding health care data reporting expands the information available to potential applicants and allows better decisions.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Employer/ Business Owner	Hospital applicants	47	103	Increase
Employer/ Business Owner	Intermediate care facilities for the mentally retarded applicants	0	29	Increase
Health Care	Nursing facilities applicants	8	279	Increase
Consumer	Patients (patient days) ****Potential is one year at 3% increase per year	3,878,230	3,994,577	Increase
Health Care	Physician applicants	5	30,000	Increase
Health Care	Psychiatric hospitals applicants	1	9	Increase
Health Care	Regional health planning agencies	1	1	Stable

Non-Profit Agency (Boards/Foundations),	Rehabilitation hospitals applicants	2	15	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Continued repeal of program categories through legislative action has slowly eroded the effectiveness and integrity of the program; Legislative circumvention of the RFA process by nursing facility providers negatively impacts efforts to control state Medicaid costs; Frequent legislative mandates requiring regulatory changes and the complexities of the regulatory promulgation process (the APA) negatively impact the efforts to keep COPN regulation and the SMFP current and effective; Growth in some COPN categories or services has remained static for a number of years, perhaps indicating no continued need for their inclusion in comprehensive health planning. Currently, there is a downturn in the number of COPN requests, most likely tied to the current economic situation.

Anticipated Changes to the Products and/or Services

Strengthened efforts to ensure compliance with agreed upon conditions, particularly charity care commitments, placed on granted COPN. Continuing improvement in the timelines of action on project registrations and extensions for certificates, as well as response time to significant change requests.

Listing of Products and / or Services

Reporting: Provide written recommendations addressing the merits of the approval or denial of COPN applications; Provide advisory reports on all completed applications that are not subsequently withdrawn; Prepare an annual report on the status of the COPN program addressing the activities of the program, reviewing the appropriateness of continued regulation of a least three specific project categories, and discussing the issues of access to care for the indigent and health care market reform; Provide advisory reports on all completed requests for significant changes to projects with COPN authorization; Web based report of COPN requests currently under review or that have recently received a decision.

Permitting: Application review and granting of a COPN to provide a facility or service; Tracking of compliance with conditioned obligations to ensure that applicants have met the intent of the conditions on granted COPNs; Issuance of the RFA targeting geographic areas for consideration of increased bed supply and establish competitive review cycles for submission of applications; Annual monitoring of authorized projects for consistency with the plan as authorized and for continuing progress.

Regulatory development: Establish minimum operational requirements consistent with governing laws and nationally accepted medical practices; Regulatory services provide a consistent framework for applicants and state agencies to examine and approve projects; Establish ‘batching cycles” for review of similar projects.

Customer assistance: Technical assistance and consultation to applicants; Expand information available to providers on the Internet. As information is more readily available in electronic form, additional customers will become aware of this resource, thus increasing VDH’s customer base; Provide responses to frequent FOIA requests for project documentation.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	1,236,366	0	1,236,366
Changes to Base	0	8,966	0	8,966
Total	0	1,245,332	0	1,245,332

Objectives for this Service Area

Objectives for this Service Area

Objective

Improve compliance with agreed upon conditions of approval for certificates of public need.

Description

Since 1991, Chapter 4 of Title 32.1 of the Code of Virginia has allowed the State Health Commissioner to condition the issuance of certificate of public need authorization on the applicant’s agreement to certain conditions. To date the State Health Commissioner has conditioned certificates of public need on the applicant’s commitment to provide care to the indigent and to facilitate the development and operation of primary care services for the underserved.

Objective Strategies

- DCOPN will include requests for delinquent reports as part of the completeness review for all COPN applications.
- DCOPN will include requests for positive action that results in compliance with conditions as part of the completeness review for all COPN applications.
- DCOPN will provide a negative review of Required Consideration number 2 (§ 32.1-102.3.B.2) in the review of COPN requests submitted by holders of conditioned COPNs that are non-compliant with existing conditions placed on any COPN held by the applicant. A negative review of Required Consideration may strengthen, or lead to, a recommendation for denial of the request.
- DCOPN will provide positive feedback to compliant certificate holders to acknowledge reporting and obligation compliance and to reinforce positive behavior.
- DCOPN will publish on the Department’s website a list of all conditioned certificates by certificate holder, noting whether or not the holder is compliant with condition reporting and the obligations incurred.
- DCOPN will refer holders of certificates that remain non-compliant and/or non-responsive with conditions 45 days after notification by DCOPN of such non-compliance or non-responsiveness to the Office of the Attorney General for possible prosecution/fining under § 32.1-27 and 12VAC5-220-270.A.
- DCOPN will refer licensed holders of certificates that remain non-compliant and/or non-responsive with conditions 45 days after notification by DCOPN of such non-compliance or non-responsiveness to the Acute Care Unit/Licensure Office of the Office of Licensure and Certification for possible revocation or withholding of the

license under § 32.1-102.2.C.

- DCOPN will send a letter notifying all certificate holders reporting that they have been non-compliant with a condition(s) of their obligation, their need to develop a plan of correction that brings them into compliance and assures compliance in future years within 15 to 45 days of a receipt of a report of non-compliance.
- DCOPN will send reminder notices to all non-reporting certificate holders 15 to 45 days after the date receipt of a report was expected.
- The VDH Division of Certificate of Public Need (DCOPN) will ensure that its database of conditioned certificates of public need includes all conditioned certificates and their current status.

Alignment to Agency Goals

- Prevent food borne disease outbreaks in public and private settings.

Measures

- The percent of Certificates of Public Need for which a report of compliance with agreed upon indigent and primary care conditions are met.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Outcome	Increase	Annually

Data Source and Calculation

Holders of conditioned certificates of public need are required to report compliance with the condition annually. The report form requires reporting of a) gross patient revenue derived from the conditioned service, b) the dollar value of the conditioned obligation based on the gross patient revenue, c) the dollar value (charges) of the care provided in compliance with the condition, d) the dollar value of the shortfall or excess of care provided and the conditioned obligation, and e) contributions made to facilitate the development or operation of primary care services for the underserved. The annual compliance rate is calculated as the number of reports received demonstrating full compliance compared to the number of reports expected based on the database list of indefinitely conditioned certificates of public need.

43002: Child and Adolescent Health Services

Description

This service area administers much of the child health services component of the federal Maternal Child Health Services Title V Block Grant, including the program for children with special health care needs. It provides surveillance through assessment, screening and other child-find activities; analyzes and develops policy related to child health; works to assure that children and their families are linked to needed health services; and provides training and technical assistance to partners promoting safe and healthy environments for children.
This service area implements the following programs and initiatives statewide or agency wide:
Children with Special Health Care Needs programs, including: Care Connection for Children, Child Development Services, Bleeding Disorders Program; Surveillance including Newborn Screening Services, Early Hearing Detection and Intervention Services, Virginia Congenital Anomalies Reporting and Education (VaCARES, the birth defects registry); Early Childhood Health - Virginia Early Childhood Comprehensive Systems Grant (VECCS); Healthy Child Care Virginia;; Promotion of Bright Futures anticipatory guidance, developmental screening, and medical homes; Training and technical assistance on clinical issues related to the early childhood (birth – age 5)and school age, populations in the preschool and school setting.

Mission Alignment and Authority

Programs and services offered by this service area directly align with VDH’s mission to promote and protect the health of all Virginians. Screening activities, anticipatory guidance, and promotion of medical homes are conducted or supported to address health promotion and disease prevention. Tools and technical assistance are provided to professionals in childcare and school settings on clinical interventions and health maintenance, emergency preparedness, and environmental safety and health.

Customers for this Service Area

Anticipated Changes to Customers Base

The 2010 U.S. Census indicates that 1,853,677 people under age 18 reside in Virginia, representing an increase of over 227,000 children and adolescents since the prior Census in 2000. It is estimated that the overall population of persons under age 18 will continue to increase. In 2007, Virginia experienced 108,417 resident births. Following this peak number of births since the beginning of the decade, the number of resident births has declined in the past two years to 104,979 in 2009. Newborn screening services are provided to all births that occur in Virginia regardless of state of residency. Following a high of 107,261 in 2007, these births have also decreased to 103,061 in 2009. While the economy has been cited for declining numbers of births in recent years by some demographers, the overall state population is still projected to increase over the next decade according to Virginia Employment Commission population estimates. Half of the growth experienced overall in the state between the decennial censuses has been due to natural increase, and the other half has been a result of an increase in net migration. These factors indicate that the child and adolescent population in Virginia will continue to experience overall growth.

In addition, it is anticipated that minority populations will continue to account for a larger proportion of the population. Hispanics now represent 11% of the population under age 18 according to the 2010 U.S. Census, which is nearly double the 5.9% proportion observed in 2000. Asians now represent 7.5% of those under age 18, which is an increase from 4.5% in 2000. Because the population is becoming increasingly diverse, services may need to be altered or enhanced to address different communication or cultural concerns,

Poverty rates among children in Virginia remain high. In 2009, 13.9% of Virginians under age 18 lived in poverty and 31% were considered low-income (below 200% of the federal poverty level). Among children under age 6, the low-income percentage is slightly higher at 34%. These statistics indicate that the number of children and families in need of assistance with health care access and financing is likely to continue to increase. Health insurance statistics confirm a shift from private to public coverage for children. Together, the Medicaid and State Child Health Insurance Program (SCHIP) programs now cover one in five children in Virginia.

Health Care Reform will affect the need for safety net services for children’s health, as well as assistance with obtaining and understanding insurance benefits and finding and using an effective medical home (a source of coordinated, ongoing, comprehensive, family-centered care from a health professional or team). In general, cultural and racial health disparities will continue to be a significant issue.

Less than half of Virginia’s children with special health care needs (CSHCN) aged birth through 17 have an effective medical home. As CSHCN live longer, more productive lives, the need for adult health care services appropriate to their medical conditions becomes more significant, and more complex; assisting with transition to adulthood for these youth becomes a higher priority.

As of December 2010, local school divisions provided special education services to over 163,500 children with various disabilities. In school year 2010-2011, school health personnel identified 271,048 students with chronic health conditions. The number of CSHCN in schools is expected to continue to increase, with greater expectations for clinically skilled responsiveness by teachers, administrators, and school nurses. In addition, the number of students receiving education in non-public school settings is expected to continue its upward trend. In school year 2010-2011, 24,682 students were schooled at home. Providing health information and resources to all school age children regardless of education setting is a growing need.

The number of children being cared for outside the home remains high; there are 312,524 spaces available in licensed and regulated child care programs. However, the younger the child, the less likely a space is available; only about 50% of licensed child care facilities accepted children under 2 years of age in 2007. These figures do not account for unregulated childcare, licensed family day homes, religious-exempt facilities or homes that are approved locally. Over 65% of children under aged 6 are in circumstances where all of their parents (biological, by remarriage) are working. The need for assuring healthy and safe environments for out-of-home care is, therefore, increasing, with more customers in childcare settings.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Chronically Ill	Children and adults with hemophilia and other related bleeding disorders	283	400	Stable
Chronically Ill	Children with special health care needs receiving care coordination services	7,171	208,476	Stable
Child	Newborns screened for inborn errors of body chemistry and hearing impairment	100,222	103,061	Increase
Child	Population aged birth to 5 years in regulated out-of-home care (child day centers, family day homes)	312,514	509,625	Increase

Student	School age population	1,244,005	1,456,371	Increase
Health Professions	School health personnel	2,053	2,053	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Rapidly evolving technological advances in studying the human genome may lead to new opportunities for testing individuals and stretch the capacity of the public health community to respond. Genetic testing is available or under development for more than 900 diseases or conditions in more than 550 laboratories nationwide. With the development of new predictive tests, issues regarding privacy and confidentiality, the scope of state newborn screening programs, timing of testing; treatment options, and insurance coverage will continue emerging. The U.S. Secretary of Health and Human Services has convened a special panel to make recommendations for adding conditions to newborn screening programs. Virginia will be challenged to assess and develop resources required to meet new national recommendations. Current laboratory capabilities, medical consultant expertise, follow-up requirements, treatment options, and payor requirements will be among the factors that may impact the ability and timing to adopt changes in genetic testing and newborn screening.

National health care reform will impact all populations, including children, adolescents, and CSHCN. It is uncertain at this time how this reform will change or alter the need for safety net services. It is likely that health insurance will pay for some currently non-covered services for CSHCN.

Emerging health information technologies, including data exchange, will impact the manner and timeliness in which health information is received by state programs, data systems development and management, and follow-up processes. There will be opportunities to build partnerships in order to provide more efficient and complete services and improve communications with health care provider partners.

With increased emphasis from both the mental health and CSHCN communities, there is a growing recognition of the need for enhanced systems of care locally and at the state level. The American Academy of Pediatrics policy recommending a developmental approach to well child care, including screening for appropriate development at periodic well child exams in the early childhood period, is taking hold. Increased awareness about the prevalence of autism spectrum disorders underscores the need for early and periodic developmental screening. More children will continue to be screened, identified, and found to be in need of services.
Parents continue to object to the established immunization schedule for young children in large numbers. Immunization rates have continued to decrease. Preventing or reducing the spread of communicable diseases commonly affecting children is a challenge for those working in institutional settings such as schools and child care.

Strengthening families through parent education continues to be a major focus of initiatives planned for early childhood, and school age populations.

Providers increasingly need flexible opportunities for training that allow them to maximize their time with patients.

Children spend almost one-third of their waking hours in school. Continued emphasis in the schools on standards of learning and performance testing limits the opportunity to direct attention to health issues.

Anticipated Changes to the Products and/or Services

Newborn hearing and blood-spot screening programs will assess and plan to modify testing panels in accordance with panel recommendations and available resources.

Services to child day care providers by local licensed health department staff and community-based consultants will continue to be in demand. This service area will respond to greater demands for technical assistance and consultation on regulated health and safety issues.

The service area will continue to explore ways to collaborate with partners providing mental health services and identify opportunities to promote new models of care coordination to address the integration of mental health and general medical health.

School age health will continue outreach started in the past two years to work with administrators, health personnel, and parents who are providing education in non-public school settings such as private, parochial, and home environments. Other health assessment and information needs for special groups, such as refugees, will be addressed through partnerships and collaborative efforts. Additional tools to assist public and private school nurses in meeting children’s health needs more efficiently will be promoted.

In collaboration with numerous partners, the service area will continue disseminating lessons learned from “learning collaboratives:" to improve early hearing detection and intervention services and to promote developmental screening within a medical home.

Program communications, required reporting by health care providers, and follow-up efforts will be improved through enhancements in data systems and linkages. In addition, the service area will be monitoring developments in the state health information exchange and electronic medical records used by health care providers in order to make plans to provide and receive more efficient health information as technologically feasible.

Mass communication efforts will increase use of social marketing avenues such as Twitter and Facebook.

Listing of Products and / or Services

Monitor trends in child health status indicators and identify emerging issues of statewide significance.

Develop or participate in the development of statewide strategic plans regarding child health.

Represent VDH on statewide interagency councils, task forces, and committees related to child health.

Propose and/or respond to state legislative and budgetary initiatives; track pertinent legislation.

Monitor federal legislation for potential impact at the state level.

Respond to requests for information from constituents, policy makers, media, and stakeholders.

Assure follow-up services are provided to newborns with screened abnormal test results for heritable disorders and genetic diseases, and hearing impairment.

Assure care coordination services are offered to children with special health care needs through identified centers of excellence.

Manage contracts that assure medical management and genetic services are available to newborns with diagnosed genetic and/or metabolic disorders.

Develop and manage contracts or agreements with local health departments, community based organizations, and provider systems to implement programs.

Develop and manage regulations and guidance documents in support of mandated programs.

Provide staff support to advisory committees (e.g., , Early Hearing Detection and Intervention Advisory Board, Genetics Advisory Committee, Virginia Interagency Coordinating Council; Early Childhood Advisory Committee.)Obtain and administer grants.

Review literature and identify and share best practices with partners and contractors.

Develop and deliver training and technical assistance to partners and stakeholders.

Develop and implement social marketing campaigns and materials related to child health promotion and disease prevention.

Provide public and professional education in support of program messages.

Assure sound fiscal management through budgeting and expense monitoring.

Conduct surveillance on birth defects, including heritable disorders and genetic diseases and hearing impairment and utilization of services by, and outcomes for, children with special health care needs.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	1,203,749	11,320,749	1,203,749	11,320,749
Changes to Base	-373,491	-1,640,592	-374,205	-1,640,592
Total	830,258	9,680,157	829,544	9,680,157

Objectives for this Service Area

Objectives for this Service Area

Objective
Link children, adolescents, and families to personal health services and community resources.

Description
Children with special health care needs-may have complex conditions that require coordinated intervention by a team of health and human services professionals. Families, particularly those with limited financial resources or support systems, are too often ill equipped to manage this coordination on their own. Health insurance plans, which may be adequate to support the needs of healthy children, may not provide coverage or financial support to meet the medical needs of children with chronic conditions.

Objective Strategies

- Administer the follow-up components of Virginia Early Hearing Detection and Intervention Program
- Administer the follow-up components of Virginia Newborn Screening Services
- Administer the statewide Care Connection for Children Network, Child Development Services Clinic Network, Sickle Cell Programs and the Virginia Bleeding Disorders Program that includes:
- Continue to explore linkages between VISITS and other child health data systems
- Enhance program impact by: leveraging existing partnerships with Department of Education, Department of Medical Assistance Services, Department of Behavioral Health and Developmental Services, and other state agencies; continue participation in interagency advisory boards and task forces; sustain advisory committees for each Care Connection for Children Center;
- Manage federal grant funding to support the programs
- Monitor and evaluate services provided by networks managed by the CSHCN Program to ensure program compliance and customer satisfaction
- Provide care coordination for all children, assistance with obtaining and maximizing insurance, assistance with locating a medical home, and, for eligible families, access to a Pool of Funds to help defray out of pocket health care expenses.

- Provide customers and partners with accurate and timely data, and current information, on child health topics
- Review and revise the CSHCN Pool of Funds Guidelines at a minimum of every 12 months
- Strengthen parent and family involvement in program guidance and implementation by collaborating with Parent-to-Parent, Partnership for People with Disabilities, Medical Home Plus, and Family to Family Health Information and Education Center.
- Support the maintenance of a competent workforce providing health and health-related services to children and their families
- Sustain the Hearing Aid Loaner Bank

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of Children with Special Health Care Needs (CSHCN) receiving care coordination services.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Outcome	Increase	Annually

Data Source and Calculation

The data captured will be aggregated across the networks managed by CSHCN Program. The data for Care Connection for Children will come from its database, Care Connection for Children-System Users Network; Virginia Bleeding Disorders Program from its database; and the Centers of Disease Control from each clinic’s annual report. The numerator is the total number of clients who have or obtain insurance within the fiscal year. The denominator is the total number of clients served during the same fiscal year.

43005: Women's and Infant's Health Services

Description

This service area seeks to improve the health of women and infants in the Commonwealth by assessing their needs, developing policies, building capacity and strengthening the infrastructure to meet these needs, and assuring that quality services are provided to this population. This is accomplished through resource development and allocation; program monitoring and evaluation; public and customer education; technical assistance, consultation and training; and provision of direct services.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health's mission by promoting and protecting the health of all women in Virginia across their lifespan.

Customers for this Service Area

Anticipated Changes to Customers Base

The Commonwealth's growth rate (13%) outpaced the nation (9.7%) and was only lower than the 14% growth rate of the prior decade. Virginia is the only state in which natural increase (more births than deaths) and net in-migration (in-migration less out-migration) contributed equal shares to population growth.

Virginia ranks in the top 10 states in the nation with the largest immigrant resident population as well as for intended residence of new arrivals; and Virginia has the fifth largest Hispanic and seventh largest Asian population in the country. Lack of interpreters and culturally competent providers will limit access to care and may reduce the quality of care. The demand for health care and family planning services is expected to increase among a growing number of noncitizen, working poor and those residents who cannot afford health care in the private health care system and do not qualify for Medicaid.

Although the number of pregnant women varies from year to year, the overall number is projected to decline long term but not in the next five years. Additionally, the overall birth rates remain relatively stable from 13.9 in 1996 to the rate of 13.3 in 2009. VDH expects an increase in birth rates as a result of the current financial constraints which may hinder a woman's ability to purchase contraceptives.

Eighty-three percent of women receive prenatal care in the first trimester. Minorities, who may or may not also be immigrants, have much lower rates of prenatal care utilization: e.g. 3 out of 10 Hispanic women enter prenatal care after the first trimester. Lower utilization often is due to lack of insurance coverage. It is expected there will be an increasing demand for prenatal care services by clients without any insurance or who are underinsured, placing more demands on nonprofit health care organizations.

At the same time the number of Medicaid-eligible pregnant women, women 60 days postpartum, and
infants from birth to 2 years of age who meet the definition of high-risk will increase due to the eligibility being expanded from 133% to 200% of poverty. Thus more very low income women will become insured.

From 1900 to 1982, maternal deaths from pregnancy related complications declined dramatically. Since then, there has been no significant reduction, yet studies indicate that as many as one-half of all the deaths from pregnancy complications could be prevented. Prior to the 1980s, the causes of maternal deaths were hemorrhage, infection and pulmonary embolism. The causes of maternal deaths are shifting away from specific medical conditions to cardiovascular disease associated with drug usage, including tobacco and obesity, domestic violence, and homicide.

In 2009, the infant mortality rate (death within the first year of life) was 7.0 deaths per 1,000 live births, which is a slight decrease from 7.1 in 2006. The leading causes of death were related to short gestation and low weight birth, congenital malformations, and Sudden Infant Death Syndrome. It is anticipated that the downward trend will continue, but due to mounting financial and social factors, this rate may not be able to be sustained and may increase.

While the white infant death rate has declined over the last 20 years, the black infant mortality rate (13.4 per 1,000 live births in 2009) is twice the white rate. Given the increasing number of minority births, this racial gap will continue to widen.

The perinatal mortality rate, which is a measure of natural fetal deaths beyond 28 weeks gestation in combination with infant deaths in the first seven days of life), was 11.7 per thousand live births in 1983, declining overall in 2009 to 5.9.

Contributing factors to the increase in the perinatal mortality rate are; increase in the number of uninsured women in Virginia; increase number of minority women especially noncitizen residents; increase number of women living in poverty; and increase number of women unmarried and as head of household.

Despite advancements in health care and medical technology, the low weight birth rate has continued to steadily increase and is now 8.4 per 1,000 live births. As the population ages, the age of first pregnancies is increasing and parity is decreasing. As the number of low weight births continues to rise, there will be more high-risk infants born needing more intense and costly medical care.

The 2008 Alan Guttmacher Institute data reveals that 375,500 women, including 129,200 sexually active teenagers, needed public-supported contraceptive services in Virginia. This is a 3% decrease from 2006; however, it continues to surpass the capacity of VDH clinics. The newer types of long-acting reversible effective contraceptives are more expensive and local health departments do not always have the funding to purchase these methods. In 2009, 35.8% of all live births in Virginia were nonmarital. Of these, 50.4% were to women 20 to 29 years of age. The current trend is that nonmarital births increased slightly in 2009. In 2009, of women 20 to 29 years of age, 67% of African American births were to unmarried women while 28.1% were to white women.

Over the 2004-2008 time periods, the mortality rate from cervical cancer was 2.1 deaths per 100,000 women in Virginia, which is a slight decrease. Given with the existence of human papillomavirus (HPV) vaccines and with early detection and treatment, no woman should have to die from cervical cancer. HPV, which is a sexually transmitted organism that is associated with the development of cervical cancer along with other forms of sexually transmitted diseases, is on the rise.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Care	Community providers including obstetricians, family practice physicians, pediatricians, nurses, etc	10,000	10,000	
Families	Family members of women and infants	289,769	289,769	

Female	Female population in the Commonwealth (10 – 64 years of age)	2,941,942	2,941,942	
Governor	Governor and General Assembly	2	2	
State Agency(s),	Local health departments	121	121	
Patient	Men and women seeking contraceptive services in local health departments	82,399	375,500	
Chronically Ill	Newborns and children with sickle cell disease and hemoglobinopathies	1,106	1,106	
Pregnant	Number of women receiving prenatal care through local health departments	15,157	137,920	
State Agency(s),	Offices within VDH that serve women and infants	13	13	
Health Care	Other private organizations dealing with women and infant clients (e.g., People, Inc., INOVA, ACS)	60	70	
Pregnant	Pregnant women in the Commonwealth (including teens)	137,920	137,920	
State Agency(s),	State agencies including academic medical centers who work with women and infants	10	20	
Health Care	Statewide provider and consumer organizations	70	150	

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

The lack of available mental health services has been identified as a growing need for young families. For example, the Virginia Pregnancy Risk Assessment Monitoring System (PRAMS) reports that 26% of mothers self-report symptoms of depression but many of them have not been diagnosed or treated. The integration of mental health services into primary care has been proposed as a way to better meet the needs of these women and their families. Improved awareness and screening for mental health services may influence the types of services provided through VDH's existing programs.

Several major grant programs supported by federal funds have received only level or reduced funding, have uncertain futures, and may continue to decrease or be eliminated; e.g., Maternal and Child Health Services Title V Block Grant and Title X Family Planning have been level funded since 2005 but were reduced 5.32% in 2011-2012.

Similarly, changes in the scope of services will also change the specific types of products and services provided.

Rising administrative costs coupled with level funding will mean fewer dollars allocated to direct services and fewer clients served.

Customer demands for certain products may affect what is offered and how resources are allocated.

An increase in the number of undocumented residents, working poor, and recently unemployed citizens who do not qualify for medical assistance programs or recently lost health insurance benefits will increase demand for services from VDH without the needed insurance reimbursement or increased funding.

Limited allowable medical procedures and low Medicaid/Medicare reimbursement rates may negatively impact provider participation in programs thereby decreasing access to affordable and convenient health care for at-risk women.

Several smaller hospitals and some health departments have either stopped or reduced prenatal care services. None of the free or rural clinics provide prenatal care and the Federally Qualified Health Centers provide very limited services in a few selected geographical areas. Some women are finding it difficult to obtain convenient and affordable care.

In 2007-2008, according to Virginia PRAMS, 41% of women who gave birth in Virginia had an unintended pregnancy. Among the teens, 81% had an unintended pregnancy. More than half of all mothers and their partners reported not using any method of contraception when they became pregnant with their baby.

Requirements by funding sources for interagency collaboration in order to provide comprehensive services to the family and the child will require increased planning time by providers at the state and local level.

The health care system continues to be structured to address illness; therefore, shifting emphasis to health promotion, early intervention services, and alternative and complementary approaches to prevention and treatment will require a reorganization of funding priorities.

Substance use during pregnancy is increasing as indicated by Fetal and Infant Mortality Reviews (FIMR), PRAMS, Vital Statistics and Maternal Mortality Review data. This is a major risk factor that may lead to poor pregnancy outcomes.

Anticipated Changes to the Products and/or Services

The adoption of evidence-based medical care should improve the quality of direct services to clients but may increase costs if standards of care are raised. Additionally, the use of strictly evidenced-based medicine has the potential to reduce costs if protocols and procedures are only ordered when needed, not based upon defensive medical care practices.

Core training of staff and quality improvement through evaluation of outcomes are steps identified by the Home Visiting Consortium that will increase efficiency and effectiveness of early childhood home visiting services. Integration of community health workers into the Virginia health care delivery system will enhance access by linking families to providers and improve effectiveness of care through patient education and follow-up in the community. The Maternal, Infant and Early Childhood Home Visiting (MIECHV) federal grant will support additional training for home visitors and supervisors. Baseline data collection on benchmarks in six domains will be completed in FY2012 and then used to measure progress in three years.

Rising immigrant populations will challenge the system to respond to those who speak different languages; speak little or no English; and have different cultural beliefs, values, and health practices.

Listing of Products and / or Services

Conduct surveillance and routine needs assessment activities including review and analysis of birth certificate data, hospital discharge data, PRAMS, maternal mortality review, and FIMR in order to monitor and describe the status of women's and infants' health in the Commonwealth.

Identify gaps in services for high-risk populations such as pregnant teens, women experiencing complications of pregnancy or postpartum, or women not receiving the recommended screening and treatment for cancer.

Coordinate with other state agencies to examine policies affecting women's health: including perinatal health, e.g., Virginia Department of Behavioral Health and Developmental Services, Virginia Department of Social Services, and Virginia Department of Medical Assistance Services.

Provide technical assistance to other agency staff, legislators and persons in other public and private organizations working to improve women's and infants' health.

Identify policy issues having an impact on women's and infants' health at community, state, regional, and national levels.

Provide leadership in developing appropriate policy to address women's and infants' issues in cooperation with internal and external partners.

Improve the access to care provided to women and infants who would otherwise not obtain needed health care through resource allocation and/or seeking external funding.

Increase the knowledge of health care professionals who provide direct care services to women and infants through providing technical assistance, education, standards of care and guidelines, and sharing findings from legislative or community needs assessments.

Provide targeted media campaigns regarding healthy behaviors in order to improve the health of women and their infants.

Provide resources and/or technical assistance to community-based groups to initiate services for women and infants in need.

Monitor all program activities to assure the goals, objectives and strategies are based upon data and are being implemented accordingly.

Develop and implement appropriate recommendations and evaluate program effectiveness using all available data sources.

Support local health departments in providing prenatal care by purchasing multi-vitamins, iron supplements, RhoGam and certain laboratory tests.

The Virginia Healthy Start initiative/Loving Steps Program (VHSI), a grant program in three communities with high rates of infant deaths, provides funding for nurse case management, nutrition therapy, lay home visiting, and health education for pregnant and parenting women with infants and toddlers with the goal to reduce infant mortality and morbidity. Local coalitions conduct FIMR and address local issues which are negatively impacting perinatal health.

The First Time Motherhood/New Parent Initiative grant was awarded to VDH from Health Resources and Services Administration; this grant provides funds to the state for the development, implementation, evaluation, and dissemination of social-marketing initiatives that will increase the awareness of preconception, interconception, prenatal care, and parenting services. Social marketing messages will improve providers' and patients' communication regarding parenting and pregnancy issues that are relevant for the current generation.

Family Planning Program provides comprehensive family planning services to assist low-income citizens to plan and space their pregnancies. This includes a birth control method of choice, cervical cancer screening, physical and gynecological examinations, sexually transmitted infection prevention, screening, and treatment and other laboratory testing, preconception counseling and health education and referral.

The Medicaid Plan First Insurance Program is an additional resource for low income, 200% of the federal poverty level scale, women and men to receive family planning and reproductive health service coverage. Enrollment in this insurance program has experienced a 6% growth in participants during the first six months in 2011. This growth trend is expected to increase. The Family Planning Program assists with enrolling Plan First eligible men and women by providing staff training and community education.

Resource Mothers Program provides intensive home visiting services for pregnant and parenting teens. Trained community health workers educate teens about prenatal care and parenting. The goals are to decrease infant mortality, decrease the rate of low weight births, encourage return to school or work, and prevent repeat pregnancy in the teen years.

The Pregnancy Assistance Fund grant will develop a media campaign to increase awareness of health, educational, and social services available to pregnant and parenting students. Major strategies include establishing offices of pregnant and parenting student services (OPPSS) at selected institutions of higher education (IHE) statewide and increasing the identification and referral of pregnant and parenting victims of sexual assault, domestic violence, and stalking for services.

The Virginia Home Visiting Consortium, part of Virginia's Plan for Smart Beginnings, is charged to improve efficiency and effectiveness of the state's early childhood home visiting services. The approach has been to build coalitions at the state and local level among existing home visiting programs, increasing collaboration, improving quality through training, and collecting common data elements. The Consortium membership consists of Project Link, BabyCare, Healthy Start, Healthy Families, CHIP of Virginia, Resource Mothers, Early Head Start / Head Start, Part C Early Intervention, Special Education Early Education, and Medicaid Managed Care. While some states have chosen to sponsor only one program model, Virginia has sought to build better linkages between the local communities' existing programs, creating a continuum from birth to aged 5, so that the diverse needs of families in the early years can be more appropriately addressed and matched with the appropriate program.

New Federal funding allows abstinence education programs to be established in health districts with high rates of Hispanic teen pregnancies.

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant supports increased evidenced-based home visiting program services in at-risk communities identified in the Virginia Updated State Home Visiting Plan. Coordinated by VDH, and reporting to the interagency Early Childhood Advisory Council, the grant will provide technical assistance and enhanced staff training to all communities, measure progress on benchmarks, will connect the home visiting data to the early childhood data system, and will increase efficiency at the state and local levels.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	351,212	4,357,006	351,212	4,357,006
Changes to Base	-60,000	10,494	-265,573	510,360
Total	291,212	4,367,500	85,639	4,867,366

Objectives for this Service Area

Objectives for this Service Area

Objective
Eliminate barriers to care and increase access to care for women, infants and their families by facilitating systemic changes, developing policies, improving practices, providing direct services and pursuing additional funding.

Description
Improved public health infrastructures, which reduce barriers to care and increase access to women, infants, and their families are necessary in order to improve overall health outcomes. Successful policy development, systemic change facilitation, provider education and training, and the pursuit of additional funding are activities that will greatly support the improvement of the public health.

Objective Strategies

- Administer grant that provides funding to local health departments to provide comprehensive family planning services.
- Administer the abstinence education grant, which provided funding to local health departments and their community partners to provide abstinence education and life skills training to Virginia's Latino youth.
- Assist with the enrollment of eligible women and men needing publicly funded family planning services into the Medicaid Plan First Insurance Program.
- Conduct policy analysis and planning to facilitate decision-making by policy makers, e.g., review all proposed legislation, analyze bills affecting the work of the division and make recommendations to agency management and the Governor on action to be taken.
- Enhance customer knowledge and use of health care services, especially those aimed at prevention and promotion of healthy behavior, e.g., good nutrition, exercise, avoidance of alcohol, drugs, tobacco, unintended pregnancy, and awareness of Bright Futures guidelines for healthcare, Office of Pregnant and Parenting Students in institutions of higher education, Healthy Baby Begins with You training, and text4baby.
- Identify gaps in services and barriers to care as well as identify and address opportunities for community linkages and new partnerships to improve women's and infants' health.
- Improve internal linkages and coordination in VDH, enhancing and expanding external relations with other government agencies and private entities to build capacity for systems changes that will improve women's health in Virginia and leverage funds for future initiatives.
- Maintain and develop successful partnerships with those delivering clinical, preventative and community-based services.
- Promote early identification and treatment of conditions that disproportionably affect women.
- Promote the inclusion of community health workers in health care delivery in order to reach diverse cultural ethnic groups. (RM, VHSI)
- Provide funding for contractors to encourage pregnant women to receive early and adequate prenatal care.
- Provide funding to contractors to offer case management to pregnant women and infants (birth to age 2 years) who are at high risk due to social, financial and medical risk factors for poor birth outcomes utilizing nurse and/or lay home visitors in the BabyCare, Loving Steps and Resource Mothers program.
- Provide resources and training to contractors to mentor pregnant teens and reduce morbidity in this population.
- Require all contractors to provide weight assessment and initial nutrition counseling for clients in their programs.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of infant deaths per 1000 live births

  Measure Class Agency Key   Measure Type Outcome   Preferred Trend Decrease   Frequency Annually

  Data Source and Calculation

  VDH Division of Health Statistics Resident Live Birth, Fetal Death and Induced Terminations of Pregnancy Certificates 1999-2011, compiled by the Division of Policy and Evaluation, Office of Family Health Services. Calculated by dividing the number of infant deaths in a given year by the number of live births in that same year, multiplied by 1,000. All births and deaths are registered through the birth and death certificate process. This methodology is consistent with the National Center of Health Statistics method.

- Ratio of Black, non-Hispanic Infant Mortality Rate to the White non-Hispanic Infant Mortality Rate

  Measure Class Other Agency   Measure Type Outcome   Preferred Trend Decrease   Frequency Annually

  Data Source and Calculation

  Data source--VDH Division of Health Statistics Resident Live Birth, Fetal Death and Induced Terminations of Pregnancy Certificates 1999-2011, compiled by the Division of Policy and Evaluation, Office of Family Health Services. All births and deaths are registered through the birth and death certificate process. The ratio is calculated by dividing the Black, non-Hispanic Infant Mortality Rate in a given year by the White, non-Hispanic Infant Mortality Rate.

The Black, non-Hispanic infant mortality rate is calculated by dividing the number of Black, non-Hispanic infant deaths in a given year by the number of Black, non-Hispanic live births in the same year, multiplied by 1000. The White, non-Hispanic infant mortality rate is calculated by dividing the number of White, non-Hispanic infant deaths in a given year by the number of White, non-Hispanic live births in the same year, multiplied by 1000. This methodology is consistent with the National Center for Health Statistics method.

- Ratio of Hispanic Infant Mortality Rate to the White non-Hispanic Infant Mortality Rate

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Decrease | Frequency: Annually

Data Source and Calculation

Data source--VDH Division of Health Statistics Resident Live Birth, Fetal Death and Induced Terminations of Pregnancy Certificates 1999-2011, compiled by the Division of Policy and Evaluation, Office of Family Health Services. All births and deaths are registered through the birth and death certificate process. The ratio is calculated by dividing the Hispanic Infant Mortality Rate in a given year by the White, non-Hispanic Infant Mortality Rate. The Hispanic infant mortality rate is calculated by dividing the number of Hispanic infant deaths in a given year by the number Hispanic live births in the same year, multiplied by 1000. The White, non-Hispanic infant mortality rate is calculated by dividing the number of White, non-Hispanic infant deaths in a given year by the number of White, non-Hispanic live births in the same year, multiplied by 1000. This methodology is consistent with the National Center for Health Statistics method.

43015: Chronic Disease Prevention, Health Promotion, and Oral Heath

Description

This service area implements programs that address chronic diseases that have serious long-term health and social consequences. Chronic diseases including cardiovascular disease (heart disease and stroke), cancer, diabetes and oral diseases are among the most prevalent, costly, and preventable of all health problems. In spite of improvements in prevention in oral health, dental caries (tooth decay) remains the most common chronic disease in Virginia's children.

This service area implements a number of strategies including: (1) gathering, analyzing and disseminating data and information to key stakeholders and the public to inform, prioritize, and monitor programs and population health, (2) implementing environmental approaches that promote health and support and reinforce healthful behaviors; (3) implementing health system interventions to improve the effective delivery and cause of clinical and other preventive services to prevent disease, detect disease early or reduce or eliminate disease risk factors; (4) implementing strategies to improve community-clinical linkages by ensuring people have access to programs that prevent chronic conditions or assist people in the management of their chronic condition; (5) working with partners to affect change in systems which influence the prevention or control of chronic diseases including access for persons with health disparities;(6) and collaborating across individual disease prevention project areas to achieve a state comprehensive chronic disease prevention approach

In Oral Heath, specific strategies include; Developing oral health educational materials and programs for parents and providers; Providing professional training including training to dental and non-dental providers to increase access to oral health services; implementing evidence-based oral health prevention programs including dental sealant projects targeted to school age children; Providing evidence-based prevention programs for maternal, early child, children with special needs and adult/older adult populations; Developing, conducting and evaluating oral health prevention programs utilizing topical and systemic fluorides to reduce the incidence of tooth decay; Partnering with private and public providers of dental care through the statewide oral health coalition to increase access to safety net care; and providing technical assistance to local health departments and communities regarding the practice of public health dentistry through on-site clinic reviews, tracking clinical services provided, and assisting in the recruitment, training, and orientation of local health department dentists.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health's (VDH) mission to promote and protect the health of Virginians by engaging in early detection of disease conditions, providing education, and addressing behaviors that promote good health and reduce the development of chronic disease including oral disease. The VDH mission is also supported through providing quality assurance of local health department clinical dental programs and developing population based oral health prevention programs.

Customers for this Service Area

Anticipated Changes to Customers Base

Most VDH chronic disease prevention activities exist due to grants received. As grants are received or discontinued, the actual number of customers served will change based on the availability of funding for outreach and programs.

Nationally, an increase in children ages 0-19 is anticipated in the next decade, and this growth is expected to be greatest in lower socioeconomic groups who are at highest risk for dental decay. As these populations grow and access to dental professionals continues to be an issue, the gap may increase for children with oral health disparities with a corresponding need for prevention services. Therefore, the Divisional Dental Health Program (DHP) has increased access to evidence-based prevention services including dental sealants for low income school children and fluoride varnish for high risk infants and preschool children.

In 2011, 18.4 percent of Head Start Children were found to need dental treatment. Although Virginia has a long history of prevention, most resources have been targeted primarily at the school population with limited resources devoted to the preschool population. Beginning with categorical grant funding in FY 2006, Virginia has trained health professionals and began programs working with Head Start and Women, Infants and Children Special Supplemental Nutrition (WIC) programs to apply fluoride varnish to the teeth of preschool children. Research continues to show that oral health status of the mother may impact the birth outcomes of the child. Therefore, DHP continues to work with high risk maternity patients to ensure a dental component and education for these customers.

The urbanization and changing demographics within rural communities has created a demand for small water systems to expand public health services including fluoridation. As water systems grow in response to increasing population, adding wells and pipelines, these systems will require new fluoridation equipment or upgrades of existing equipment.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Patient	BCCEDP Program Customers	7,903	79,687	Increase
Health Care	Coalitions and partnerships, including faith-based organizations	165	165	Stable
Health Professions	Department of Education school nurses	228	1,475	Increase
Local Government Employee	Early childhood staff (Early Head Start, Head Start, WIC)	126	3,742	Stable
Health Care	Health organizations: Cancer reporting facilities	250	250	Stable
State Government Employee	Health organizations: Health districts	35	35	Stable
Resident	Individuals receiving adjusted fluoride in their water system	6,087,836	6,359,034	Stable
Resident	Individuals with community water systems that upgrade fluoride equipment	175,805	3,863,955	Stable
State Government Employee	Local health department dental staff (dentists, hygienists, assistants)	65	65	Decrease

Low-Income	Low income adults	5,762	12,878	Increase
Low-Income	Low income children enrolled in Head Start/ Early Head Start programs	2,814	5,116	Increase
Low-Income	Low income school children	32,671	404,264	Decrease
Adult	Population at risk: Adults who smoke cigarettes	54,445	1,088,894	Decrease
Chronically Ill	Populations at risk: Adults with a chronic disease (diabetes, heart disease, hypertension, etc)	292,236	2,201,331	Decrease
Health Care	Private practice dentists (including Virginia Dental Association members)	2,722	5,116	Stable
Student	School children (grades 1-6) no access to community water fluoridation	10,496	12,000	Decrease
Higher Education Students	Students at School Dentistry/Dental Hygiene	104	168	Stable
State Agency(s),	VDH health districts with dental programs	20	35	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Changes in scopes of services from funding sources may change the specific types of chronic disease prevention products and services provided.
Any new budget reductions could affect the service area customer base; e.g., further restricting the ability of a woman to obtain access to breast and cervical screening services.
A survey by VDH of Virginia's community water systems adjusted with fluoride showed that many of the systems that began fluoridation between 1950 and 1970 require significant replacement of fluoridation equipment or entirely new fluoridation systems as they transition into new water facilities. This trend is expected to continue as VDH responds to the highest priority funding requests for fluoridation.

There have been efforts of anti-fluoridation groups to discontinue or inhibit fluoridation in community water systems. VDH has provided assistance in the form of scientific information and attendance at public hearings if requested by the community.

Multiple well sites, substandard infrastructures, and insufficient personnel to provide fluoridation at multiple sites make fluoridation not feasible for many small communities that would otherwise benefit.

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Anticipated Changes to the Products and/or Services

Implementation of the Affordable Care Act may have an impact on the types of chronic disease prevention products and services provided.

The Medicaid Dental Program changed to a single vendor system, which has resulted in increased provider participation. The need for education and case management may increase the utilization of services and demand by these patients.

With a renewed focus on early child programs and programs on adult oral health and chronic disease, it is anticipated that new partnerships will create an increased demand for these products and increased requests for training and education in these areas.

Listing of Products and / or Services

Major projects/programs include: Coordinated Chronic Disease Prevention Project (CDP), Breast and Cervical Cancer Early Detection Program (BCCEDP),Comprehensive Cancer Control Project (CCCP), Virginia Cancer Registry (VCR), Heart Disease and Stroke Prevention Project (HDSP), WISEWOMAN Project (WWP), Diabetes Prevention and Control Project (DPCP), Tobacco Use Control Project (TUCP), Chronic Disease Self-Management Program, Diabetes Self-Management Program, Oral Health Education, Community Water Fluoridation, School Fluoride Rinse Program, Oral Health Data Surveillance and Evaluation, School Based Dental Sealant Program, Dental Quality Assurance Program, Children with Special Needs Oral Health Program, and the Bright Smiles for Babies Fluoride Varnish Program. This service area also addresses issues such as physical activity, nutrition, cultural competency and diversity. Services include:

Monitor Health Status: - Periodically review available data sources for chronic disease information to determine: 1) the leading causes of death, illness, and disability due to chronic diseases in Virginia, 2) specific groups who are at higher risk, 3) the extent of risk factors that contribute to chronic diseases, , and 4) the economic impact of chronic diseases. - Develop surveillance data systems where none exist, if feasible. -Develop and disseminate publications, reports and fact sheets on the burden of chronic diseases in Virginia, including oral health. - Educate health professionals, legislators, institutions and the general public on the burden of chronic diseases in Virginia. - Monitor the oral health status of targeted populations (preschool, school age, adults, elders, and children with special needs) through collection, analysis and reporting of data. Evaluate existing prevention programs regarding impact and cost effectiveness, survey clients and citizens regarding oral health knowledge and practices, and identify those indicators that place segments of the population at highest risk for oral disease. Use data collected to plan or modify existing oral health programs.

Assure a Competent Workforce: - Collaborate with other state agencies, academic institutions, and organizations to provide professional education and resources to Virginia's health professionals. - - Provide technical assistance, consultation and guidance to local health districts and other community health professionals. - Ensure a competent oral health work force in public health dentistry through providing professional training and education to local health department dental staff that is certified by the Board of Dentistry for CEUs. - Provide professional expertise and resources for recruitment and retention of the public health dentist work force. - Provide training to professionals and service providers about oral health promotion, oral disease prevention, recognition and detection of oral health problems through screening. - Train and educate dental, dental hygiene and medical students at Virginia's professional schools regarding dental public health statewide and programs.

Link People to Health Services: - Assure that high-risk populations have access to chronic disease prevention and control information and programs through partnerships, leveraging resources, and grants to community-based organizations, health systems, local health departments, and faith-based organizations. - Develop, implement and monitor statewide population based prevention programs including community water fluoridation, school fluoride rinse, school based dental sealant programs, and fluoride varnish programs. - Provide consultation, technical assistance and on site review of clinical local health department dental programs using standardized guidelines. - Provide technical assistance and training to ensure oral health integration in WIC, Head Start and Early Child Care, school-based programs, nursing home services, and community-based services, etc. - Provide biopsy services for VDH dental patients statewide in order to improve early screening for oral cancer. -Monitor and continually update a directory of dentists serving very young children and children with special healthcare needs.

Mobilize Community Partnerships: - Convene and facilitate state coalitions and task forces to draw upon the full range of knowledge and resources available in Virginia to prevent and control chronic diseases. - Develop working relationships with communities for the support of community mobilization and action including the development of local grassroots coalitions. - Serve on coalitions, advisory boards, and public or private task forces or groups whose focus is to improve oral health in the state to provide expert consultation on oral health delivery and programs. - Provide technical assistance and oral health data to local consortia in developing, preparing, and submitting funding proposals related to access to oral health.

Develop Policies and Plans: - Lead state planning for chronic disease prevention and control and the development of state plans that contain priorities, partners and resources needed to prevent and control chronic diseases. - Monitor oral health related legislation and complete legislative studies or assignments. Promulgate regulations and adopt rules and regulations related to oral health. - Provide expertise to governmental bodies (at all levels) developing oral health related laws, policies, and regulations. - Interact with agencies, divisions, offices, societies, coalitions, task forces, commissions, boards and advisory councils to reduce barriers and improve availability of effective oral health services statewide. Assist these groups in the development of state oral health plans. - Provide leadership, expertise and participate actively in statutory, regulatory, legislative and standards development related to oral health care benefits, insurer/health plans, and public health standards.

Inform and Empower People: - Develop and conduct social marketing and health communication campaigns that educate Virginians about ways to prevent and control chronic diseases. - Provide expertise, resources, and technical assistance to educate and empower the public about current oral health problems and solutions. - Promote positive oral health attitudes and behaviors through population-based oral health education, training and promotion campaigns in various community settings. - Develop scientifically based and culturally appropriate oral health materials that are linguistically and age appropriate including materials in other languages. - Serve as a central resource for staff, education and prevention materials for dental public health staff, teachers, early childhood providers and community partners.

Evaluate Effectiveness, Accessibility and Quality: - Conduct ongoing evaluation of chronic disease programs and services to assess and improve program effectiveness and to provide information necessary for allocating resources and reshaping programs and services. - Collect and report dental clinical services and services of the local health department dental programs statewide. - Survey and maintain data regarding the fluoridation status of adjusted water systems to include population served, equipment age, sources of fluoride and local Office of Drinking Water Field Inspection Reports. - Monitor water systems for compliance. Export the data to the Centers for Disease Control and Prevention Water Fluoridation Reporting System. - Collect, maintain and refer from a resource directory on the availability of safety net dental services statewide. - Evaluate existing and newly implemented population-based oral health programs including the school-based dental sealant program, and fluoride varnish program.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	834,318	3,642,443	834,318	3,642,443
Changes to Base	535	48,625	535	48,625
Total	834,853	3,691,068	834,853	3,691,068

Objectives for this Service Area

Objectives for this Service Area

Objective
Improve health outcomes and quality of life by addressing risk factors and/or disease management practices contributing to chronic disease morbidity and mortality in Virginia.

Description
Chronic diseases are a major contributor to the premature death and disability of American adults. Not only do chronic diseases account for 70 percent of all deaths in the United States but more than 133 million Americans live with at least one chronic illness. An estimated 2.2 million Virginians live with a chronic disease. A strong chronic disease prevention program supports promoting healthy behaviors, expanding the use of early detection practices, providing health education in community and school settings, and working to develop healthy communities. Modifiable behaviors that contribute to the development and/or complications of major chronic diseases include: physical inactivity, healthy weight maintenance, and use of tobacco products. In addition, improper care of an existing health condition such as high blood pressure or diabetes can lead to co-morbidity of chronic diseases. Tooth decay remains the most common chronic disease among Virginia's children with approximately 50 percent of school children surveyed affected. Evidence-based programs using dental sealants and fluoride varnish include educational components to support oral health promotion and clinical preventive services to reduce the incidence of decay.

Objective Strategies

- VDH will aim to reduce heath disparities by partnering with grassroots groups, including faith-based organizations to target high-risk populations.
- VDH will collaborate with state and local organizations, local health departments, and faith-based organizations to increase self-management practices among persons with chronic diseases.
- VDH will conduct a school-based preventive services program that includes dental sealants fluoride varnish in targeted health districts to provide access to low income children. DHP will conduct an oral cancer awareness and screening program targeted to individuals at highest risk for the disease.
- VDH will conduct the “Bright Smiles for Babies” fluoride varnish program to provide training for dental and non-dental providers through various settings, private and public as well as provide direct services for low income children enrolled in the Women Infants and Children (WIC) program at local health departments.
- VDH will conduct training for family educators to provide improved access to oral care for special populations including children with special health care needs, pregnant women and children.

- VDH will conduct training for practicing general dentists to provide improved access to oral health care for children with special healthcare needs.
- VDH will conduct training for staff in nursing homes to provide improved access to oral health care for residents
- VDH will educate dental providers about the importance of conducting oral cancer examinations.
- VDH will educate medical and dental providers about the importance of age 1 visits.
- VDH will educate medical and dental providers about the importance of establishing a dental home for comprehensive dental care.
- VDH will inform, educate and empower Virginians (especially high risk populations and the organizations that serve them) about oral health and chronic disease prevention and control issues and best practices
- VDH will mobilize and sustain partnerships and programs with key stakeholders, coalitions, task groups and councils to develop and implement interventions and system changes that prevent and control chronic disease.
- VDH will provide technical assistance to citizens, engineers and waterworks operators regarding the oral health benefits of fluoridation through utilizing the DHP and CDC web sites.
- VDH will provide the benefits of optimal community water fluoridation to citizens in communities through grant funding to initiate or upgrade fluoride water system equipment.
- VDH will provide trainings for early child providers including head start and home visitor's staff.
- VDH will support evidence based clinical preventive services.
- VDH will work with the Office of Drinking Water to create a database and maintain a current census of water systems that fluoridate to be utilized to target areas for fluoridation funding and populations affected.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of citizens served by community water systems with optimally fluoridated water.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Output	Stable	Annually

Data Source and Calculation

Calculated from the State Safe Drinking Water Information System administered by the Office of Drinking Water. Data available for community water systems is imported into the Fluoride Monitoring System Database which reports populations of each system.

Objective

To prevent obesity and improve nutrition

Description

Objective Strategies

No Strategies for this Objective

Alignment to Agency Goals

No Agency Goals for this Objective

Measures

- Number of Initiatives Completed by the Interagency Obesity and Nutrition Task Force

Measure Class	Measure Type	Preferred Trend	Frequency
Agency Key	Output	Increase	Annually

Data Source and Calculation

Gathered from the internal records of the Interagency Obesity and Nutrition Task Force.

43016: Injury and Violence Prevention

Description

This service area implements strategies to prevent the public health toll of injury and violence across the lifespan. Products and services address leading mechanisms of unintentional injury (transportation, home and recreation), suicide and self-inflicted injury, and violence (sexual assault, domestic, youth) and include:
Research and assessment,
Policy and program development,
Training of providers,
Community-based projects,
Promotion and dissemination of safety devices, and
Information dissemination.

Mission Alignment and Authority

This service area directly aligns with VDH's mission of promoting and protecting the health of Virginians by addressing injury, which is the leading cause of death for Virginians ages 1-44.

Customers for this Service Area

Anticipated Changes to Customers Base

As there is greater recognition of mental health needs across the lifespan by school, medical and community service providers, it is anticipated that there will be greater demand for suicide and violence prevention services among these customers. As Virginia's population ages, it is also anticipated that the demand for injury and violence prevention services targeted towards elderly populations will compete with the continuing demand for services for children.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Care	Healthcare providers getting training on intimate partner violence screening, assessment & referral	1,437	1,513	Decrease
Adult	Individuals receiving sexual violence prevention education sessions	33,301	41,628	Decrease
Adult	Individuals receiving suicide prevention intervention skills training	4,697	5,400	Stable
Adult	Individuals receiving suicide prevention resources, training and education	469,515	500,000	Stable
Child	Medicaid eligible children under age 8 that received child restraint devices and education	15,000	16,000	Stable
Organization	Professionals trained on sexual violence prevention and sexual coercion	6,467	7,186	Decrease
Higher Education Institutions	Virginia colleges (4 year & community) receiving suicide prevention resources, training & education	61	66	Stable
Local or Regional Government Authorities	Virginia localities receiving child passenger safety installation resources and technical assistance	87	136	Increase
Health Care	Virginia maternity hospitals receiving child passenger safety resources, training and education	67	67	Stable
Local or Regional Government Authorities	Public middle & high schools with traumatic brain injury prevention resources training & education	620	620	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

The products and services offered by this service area expand with additional state or federal funding and are reduced when grant funding ends or is decreased. 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. The lack of available manpower expertise at the state and local level also limits the technical services that can be provided. As new strategies and resources for injury and violence prevention become available at the national level, this service area shifts focus to adopt the strategies deemed to have the widest impact or application in Virginia.

Anticipated Changes to the Products and/or Services

This service area's products and services fluctuate based on available state or federal funding and shifts in the public health priorities that drive funding. Local project funding, and therefore the scope of school and community projects , may decrease as federal funds decrease; however, this service area anticipates being able to continue to provide training and technical assistance to local providers.

Listing of Products and / or Services

Research and assessment: Analyzes death and hospital discharge data to provide an accurate picture of the scope, demographic distribution and cost of injuries in Virginia. Periodic surveys are conducted on risk and protective behaviors and the programmatic impact of prevention efforts is evaluated.

Policy and program development: Provides data, information, consultation and training to support injury, suicide and violence prevention policy and program development at the state and local level.

Training of providers: Provides training on injury prevention, youth violence, suicide, sexual violence and domestic violence to the diverse groups of health, education, law enforcement and social service providers that reach children, adolescents, women, men and the elderly.

Community projects: This service area offers grant funding, training and technical assistance to support community-based injury, suicide and violence prevention projects.

Promotion and dissemination of safety devices: Provides child safety seats and installation education and other safety devices (e.g smoke alarms and bicycle helmets) to high risk groups through a variety of community providers.

Information dissemination: Provides electronic information about national, state and local injury prevention programs, funding opportunities, available trainings, data, injury prevention news, and resources to the variety of public and private providers involved in injury, suicide and violence prevention in Virginia; public and provider awareness campaigns and educational workshops; and statewide information resource dissemination to and through medical, school and community provider groups, and a toll free hotline to answer questions about the child safety seat law and low income safety seat program.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	29,241	4,889,962	29,241	4,889,962
Changes to Base	0	413,757	0	413,757
Total	29,241	5,303,719	29,241	5,303,719

Objectives for this Service Area

Objectives for this Service Area

Objective
Prevent injuries and injury deaths in Virginia

Description
Injury is the leading cause of death of Virginians ages 1-34. Injuries include physical and psychological trauma that results from unintentional, self-inflicted and violent acts. Programs and policies that increase safe behaviors, eliminate unsafe products, enhance social and physical environments, and assure adoption of protective devices or technology can reduce or eliminate injury risk and severity. To reduce the impact of injury and violence, VDH analyzes Virginia's injury data, develops and promotes prevention programs and policies, and provides training and community education. This service area also promotes and disseminates safety devices to at-risk populations, conducts public information campaigns and funds local prevention projects. To achieve this objective, this service area works collaboratively with schools and daycares, health, social service and mental health providers, law enforcement, fire and EMS providers, and a variety of other community groups across the Commonwealth.

Objective Strategies

- Injury Data Analysis and Reporting: Injury death, hospital discharge, and behavioral data will continue to be analyzed, reported and made available for program planning and evaluation.
- Resources, partnerships and training are provided at the state and local level to improve awareness, enhance skills, and create policy and environmental changes that prevent unintentional, self inflicted and intentional injuries.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of distribution sites for the low income child restraint distribution and education program.

Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

This measure is calculated using information on existing health districts and tracking the number and location of child restraint distribution sites. Note - This is a new metric.

43017: Women, Infants, and Children (WIC) and Community Nutrition Services

Description

This service area administers the U. S. Department of Agriculture's (USDA) Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Child and Adult Care Food Program (CACFP) and Summer Food Service program (SFSP) to eligible residents of the Commonwealth. This service area is administered by the Virginia Department of Health's (VDH) Division Community Nutrition (Due to the reorganization of the Office of Family Health Services, programs focusing on physical activity and obesity are now in the Division of Prevention and Health Promotion). In addition, the service area supports public health community nutrition throughout the Commonwealth.

The Virginia WIC Program serves women who are breastfeeding, pregnant or have just given birth; infants less than one year-old and children less than five years-old. WIC participants must be Virginia residents and meet the financial and nutritional requirements set forth by regulations. Financial eligibility is defined as income below 185% of the federal poverty level while nutritional eligibility is defined by risk factors such as a medical conditions or an unhealthy diet. Mothers, fathers and legal guardians may apply for WIC benefits on behalf of the children in their care.

The purpose of the program is to assure healthy diets during pregnancy and breast-feeding, infancy and early childhood to age five for eligible families who might otherwise not be able to afford proper nutrition. The provision of education for mothers and/or primary care-givers about healthy eating is coupled with vouchers to purchase a defined package of high nutrient foods at community groceries. Increasing attention is being paid to educating families about ways to avoid the risks of childhood obesity while assuring proper nutrition. Breastfeeding is promoted while regular and specially prescribed formulas are provided for infants who are not breastfed.

The Virginia CACFP plays a vital role in improving the quality of day care and making it more affordable for many low income families by providing nutritious meals and snacks to eligible children and adults enrolled at participating child care centers, family day care homes and adult day care homes. This program also provides meals to children residing in emergency shelters and snacks and meals to youth participating in after school programs.

The SFSP was established to provide meals to low income children during the summer when the School Breakfast Program and National School Lunch Program are not available. Meals that meet Federal nutrition guidelines are provided free to children who attend approved SFSP meal sites; these sites are located in areas with significant concentrations of low income children. Virginia's SFSP operates in locations such as schools, public housing centers, playgrounds, camps, parks and churches.

Mission Alignment and Authority

This service area directly aligns with VDH's mission to promote and protect the health of Virginians by providing better nutrition and access to health care to Virginians participating in WIC, CACFP and SFSP. The service area further supports the agency mission through its leadership in the Commonwealth's effort to prevent obesity, provision of education materials relative to community nutrition areas and collaboration with public and private stakeholders in the state's health.

Customers for this Service Area

Anticipated Changes to Customers Base

WIC participant customer base is heavily impacted by state economic conditions that increase or decrease the number of families below the qualifying federal poverty levels as well as the birth rate within the state.

Funding of the WIC Program by the USDA is provided as a discretionary fund. It is anticipated that pregnant women will continue to be a prioritized customer base for WIC. Unrestricted service to greater numbers of potential eligibles of all categories may need to be limited if federal funding is decreased or significant rises in food costs.

Both WIC and MCH serve a very specific population of women and children. Loss of PHHS funds will limit nutrition services to any other groups.

The transition of the CACFP and SFSP to state level administration will strengthen partnerships and outreach opportunities which can have a positive impact on participation levels.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Post-Secondary Student	Dietetic Internship Students	8	8	
State Agency(s),	Local Health Districts	35	35	
Agriculture and Food	WIC Authorized Retail Stores	809	814	
Low-Income	WIC Participants	155,018	223,231	
Low-Income	WIC Participants - Children	78,357	132,862	
Low-Income	WIC Participants - Infants	38,231	36,532	
Low-Income	WIC Participants - Women	38,430	53,837	

Partners for this Service Area

Partner	Description
Department of Social Services	Partnership with WIC-vendor management to monitor compliance of Regulations.Crossroads will have direct interface to determine adjunctive eligibility.
Department of Medical Assistance	Partnership which pays for medically prescribed formula for Medicaid enrollees.
Department of Education	Free/Reduced lunch data

Products and Services

Factors Impacting the Products and/or Services

Changing demographics of the WIC customer base due to an increasing Hispanic and Asian populations require that services including outreach and translation be increased in order to maximize participation in NuPAFP programs.

The Virginia WIC Program began a comprehensive media campaign in FFY 2011 to reach potentially eligible participants by utilizing radio, television and online outlets as well as through the facilitation of focus groups and creation of outreach materials.

Virginia's participation in the CROSSROADS consortium for development of a common WIC information system in four states will have a significant impact on the operation of the Virginia WIC Program at the state and local levels. The CROSSROADS system will support all aspects of the WIC Program including local agency participant services, caseload management and appointment scheduling as well as state agency retailer, operations and financial management. In addition, the Crossroads system will support food benefit issuance via an electronic benefit card and paper food instruments will no longer be issued.

Limited funding resources will direct the population groups which can be served.

The Healthy, Hunger-Free Kids Act of 2010 re-authorized funding for federal school meal and child nutrition programs for five years. This Act has the goal of increasing access to healthy food for low-income children. This Act will result in a significant increase in the number of SFSP meal sites that a Private Non-Profit Organization will be allowed to operate, as the maximum limit was increased from 25 to 200.

The Healthy, Hunger-Free Kids Act of 2010 allows CACFP sponsors participating in the at-risk afterschool snack program to expand service to include a meal, traditionally a supper. This provision is increasing the number of at-risk afterschool sponsors participating in the Program and in effect expanding access to meals for children.

Anticipated Changes to the Products and/or Services

The WIC food package, will continue to be reviewed on a regular basis. The next review and update to the WIC food packages prescribed to participating women, infants and children is anticipated to occur early in 2014.

This service area greatly expanded by becoming the statewide administrator of the Child and Adult Care Food Program (CACFP) and the Summer Food Service Program (SFSP) as of October 1, 2010. Since this service area now administers these two programs as well as the WIC Program, communication and coordination among these programs will increase significantly.

Efforts to migrate WIC food benefit delivery from a paper-based system to an Electronic Benefits Transfer (EBT) system are continuing through e-WIC, which is being concurrently developed with the CROSSROADS system.

The Statewide Breastfeeding Advisory Committee will continue to provide value leadership for breastfeeding promotion activities in the Commonwealth. This service area has also developed with the University of Virginia a website that provides free CMU's/CEU's for medical providers to increase breastfeeding rates amoung their patients.

Special research projects that may have an impact on services are being conducted: 1) determine how to reach special populations, including foster families and grandparent-headed households, who would benefit from the WIC Program in an effort to reach marginalized populations and increase participation and 2) evaluate the effectiveness of all WIC nutrition education materials.

Health Bites, a computerized WIC nutrition education tool, is currently being redesigned with new modules and interactive training technology. This online resource, which will be launched in Fall 2011, will provide another available alternative to group nutrition education for WIC participants. Health Bites will ultimately be made available to the general public, in addition to WIC participants.

The Virginia WIC Program will be collaborating with the CACFP in FFY 12 to increase WIC participation among children enrolled in Head Start. By working with Head Start programs participating in CACFP, WIC will have the opportunity to reach eligible children and families who may not currently be enrolled in the program. Through program outreach, education and potentially service integration, the enrollment rates for children in the Virginia WIC Program could increase.

A partnership with the Virginia WIC Program and the Virginia Community Healthcare Association (VCHA), the state association for Federally Qualified Health Centers (FQHCs), will continue. The potential of offering WIC clinical services within FQHCs could result in an increase in WIC participation.

The CACFP Meal pattern is expected to be updated in 2012. The Institute of Medicine (IOM) conducted a review and assessment of the nutritional needs of populations served by CACFP and provided recommendations to revise the meal requirements for CACFP. The IOM recommendations include the implementation of new meal requirements that promote fruits and vegetables, whole grain-rich foods, and foods that are lower in fat, sugar, and salt.

Listing of Products and / or Services

WIC Program - WIC provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, to infants less than one year old and children less than five years old who are found to be at nutritional risk. WIC is operated through local health districts in Virginia. WIC provides high-quality nutritional care and food to eligible participants. In addition to access to healthy foods, WIC also provides nutrition education, healthy recipes, private and group sessions with a nutrition expert, free nutrition checkups, support and help with breastfeeding and referrals to other community services.

WIC Grant Administration - Federal funds are awarded to each state through a complex formula utilizing food package cost and past program participation. Maximizing the amount awarded to Virginia, as well as assuring the state pays no penalties, requires constant monitoring. Inflation in food costs can reduce the number of clients the grant will support during the year requiring administrative action. Likewise, Local Agency failure to provide services to the anticipated number of clients can cause the state to under-spend their food grant resulting in penalty. In order to reduce overall food costs, and as required by federal regulations, Virginia contracts for a single brand of infant formula. This relationship adds $25 million to the federal grant but requires significant administrative management, reporting and billing. USDA requires the state to obtain prior approval for many actions, and significant routine reporting as well. In order to assure maximum utilization of the grant by participants, the service area manages a comprehensive marketing effort throughout the state. To facilitate Local Agency client services as well as collect all needed data, a central automated system is developed and managed for the entire state.

WIC Nutrition Education - Nutrition education is a core service provided by the WIC Program. Local agencies must make nutrition education available to all participants at no cost. Nutrition education is designed to meet the two basic goals of teaching participants the relationship between proper nutrition and good health, and assisting participants in making positive changes in their food habits. Methods of nutrition education include individual and group counseling as well as web-based and multi-media educational opportunities. These services are also coordinated and integrated with other clinics and services. Virginia WIC local agencies are required to make obesity prevention a major goal for WIC services each year.

WIC Retail Store Management - The Division of Community Nutrition recruits, trains, authorizes and monitors more than 800 retail stores which provide food and formula benefits to eligible participants. Authorized stores consist of small, independent businesses, military commissaries, and multi-state grocery chain stores. Authorized stores are selected based upon objective factors such as store location, variety of foods sold and prices charged to the WIC Program. Individual store's level of program compliance is monitored using both overt, onsite visits, as well as "covert" undercover compliance investigations. All stores are required to carry a minimal stock of WIC approved foods and demonstrate cost control. Stores documented to be non-compliant with state and federal WIC Program requirements can face substantial financial penalties, e.g., up to $40,000 fine.

Local Agency Management Oversight - The Division Community Nutrition is responsible for the development, implementation, and management of an ongoing monitoring and evaluation system of local health departments and has developed the Local Agency Management Evaluations (LAME) automated process for this service. The LAME process provides a mechanism to monitor local agency operations, review financial and participation reports and require corrective action plans to resolve deficiencies as needed. Operations subject to evaluation include, but are not limited to, management, referrals, outreach, participation, eligibility, certification, time and effort reporting, civil rights compliance, accountability, financial management systems and food delivery systems. On-site evaluations of local agencies are performed every two years; the local agency performs a self-evaluation during the years in which an on-site evaluation is not conducted. The Division also works in conjunction with the USDA to complete State Technical Assistance Reviews (STAR). STAR reviews are conducted by the USDA and assist the Division in performing quality assurance tests. STAR reviews routinely consist of: Caseload and Food Funds Management; Certification and Eligibility; Civil Rights; Food Delivery Systems & Food Instrument Accountability; and Post Implementation and Monitoring - Audit. The State WIC Office enters into a Memorandum of Agreement (MOA) with each local agency upon receipt and approval of that local agency's WIC Services Plan (WSP). The WSP is another method by which the State WIC Office helps to ensure that the local agencies are in-line with both State and Federal goals.

Child and Adult Care Food Program – The CACFP provides nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, day care homes, after-school care programs, emergency shelters and adult day care centers. Independent centers and sponsoring organizations receive cash reimbursement for serving meals to enrolled children and adults that meet Federal nutritional guidelines. The CACFP meal pattern varies according to age and types of meal served. In addition to cash reimbursement, USDA makes donated agricultural commodities or cash-in-lieu of commodities available to institutions participating in CACFP.

Summer Food Service Program - The SFSP provides meals to low income children during the summer when the School Breakfast Program and National School Lunch Program are not available. Meals that meet Federal nutrition guidelines are provided free to children who attend approved SFSP meal sites; these sites are located in areas with significant concentrations of low income children where at least half of the children come from families with incomes at or below 185 percent of the Federal poverty level, making them eligible for free and reduced-price school meals. Camps may also participate in SFSP and receive payments only for the meals served to children who are eligible for free and reduced-price meals. Organizations, called SFSP sponsors, contract with the Commonwealth to provide these meals to children and then receive USDA reimbursement through the state administrator for the number of meals served. Reimbursement (meals X rate) is made at the SFSP rate published by the USDA for that particular year.

CACFP and SFSP Program Administration – This service area is responsible for the following: Training and Technical Assistance: Division staff provides training and technical assistance to CACFP and SFSP providers through telephone and written correspondence, and on-site visits. To meet federal requirements, the Division provides training and review for newly approved CACFP institutions as well as annual training for institutions currently participating in the program. SFSP training is also done on an annual basis through four regional sessions required for new sponsor organizations, new SFSP managers of returning sponsors, and any other sponsor who may be in need of remedial training. All areas of program administration and operations are covered during these training sessions including meal service; site management; program payments; recordkeeping; monitoring site operations; and marketing.

Program Monitoring: This service area performs the required monitoring of program sponsors and institutions to ensure compliance with program regulations. Division staff conducts the initial review, performs follow-up visits, and provides technical assistance and second reviews when necessary. Chapter 7 of the Code of Federal regulations requires reviews of all sponsors every 3 years and 10% of their sites receive a review as well. Approximately 160 reviews will be conducted for CACFP in FFY 2012. SFSP reviews in FFY 2012 will include 55 sponsors and 100 sites.

Claiming: The Division utilizes an online claims processing system (ROAP), which processes provider's claims though the VDH financial and accounting system, conducts required edits, and makes an electronic payment through the Virginia Department of Accounts. The online claims processing system generates the reports to compare with VDH financial and accounting system for completion of required federal reports. This system was transferred to VDH from USDA. The system is outdated and will need to be replaced in 2013.

Policy Development and Implementation: As the new state administrators of CACFP and SFSP, this service area is developing policies, procedures, and process plans for effective program administration.

Statistical Analysis/Data Management - This service area provides data-related support for all products and services, delivers participation and financial data to USDA and disseminates various program reports to the central office and local WIC agencies. Tabular reports, charts and maps are needed for the central office on an on-going basis to support outreach efforts, local agency and retailer monitoring and local agency performance measuring. Program data is collected and analyzed using a variety of established research methods, procedures, statistical formulas and techniques. Trends are identified and projections are developed for financial and participation data in order to report program expenditures and participation projections to USDA.

WIC Training Program - This service area provides a variety of both mandatory and voluntary training opportunities to Virginia WIC employees including: WIC Nutrition 101 – an introductory course regarding the purpose and goals of the WIC Program; Civil Rights Training – to train WIC Program staff with all applicable Civil Rights requirements and provide an understanding of pertinent, proper procedures; Racial/Ethnic Data Collection Training – to inform the user of the purpose for collecting racial and ethnic information of enrolled WIC participants, as well as the proper procedures for doing so; Vendor Training- to ensure retail vendors are aware of all WIC policies and regulations

Breastfeeding Promotion: This service area promotes breastfeeding as the preferred infant feeding method by creating a positive health care setting environment, providing information on the health benefits of breastfeeding and supporting breastfeeding women. The goals of this program are to improve infant and family health by making breastfeeding the cultural norm and to increase the rates of breastfeeding initiation and duration among the general public and WIC participants. In addition, breastfeeding has been shown to have an effect of preventing obesity for children who are breastfed. Goals are accomplished through efforts such as the Electric Breast Pump Loan Program and the Statewide Breastfeeding Advisory Committee of Virginia. The WIC Breastfeeding Peer Counselor Program also supports breastfeeding by providing counseling from peers to WIC participants. This project receives special funding from USDA through a separate grant.

Virginia /Maryland WIC Dietetic Internship Program: This program provides an educational opportunity for WIC nutritionists seeking the Registered Dietitian credential in Virginia and Maryland. The program provides a broad based, entry level supervised experience based on Commission for Accreditation for Dietetics Education core competencies with a community emphasis.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	1,515	87,591,780	1,515	87,591,780
Changes to Base	0	54,236,756	0	62,336,756
Total	1,515	141,828,536	1,515	149,928,536

Objectives for this Service Area

Objectives for this Service Area

Objective
Ensure cost effective administration and management of the WIC program.

Description
In order to remain fiscally responsible and ensure that the benefits of the WIC Program are reaching as many participants as possible, the service area will focus on optimizing the use of federal funding. A vital dimension of this objective means the Division will direct resources towards identifying a strategy to further reduce food package costs associated with the selection of WIC approved foods. Implementing more effective screening controls will position the service area to further reduce its food costs. Increasing the number of pregnant women who are enrolled in WIC is the second part of this objective, which also ensures that federal funding is being utilized to the fullest extent. By promoting the WIC program and the WIC informational telephone line, awareness of the program will increase, as will the number of certified participants.

Objective Strategies

- DCN will identify a strategy to reduce costs; different strategies, such as rebate programs and brand restrictions, will be investigated
- DCN will increase marketing efforts directed towards target population regarding the WIC program and the WIC informational telephone line
- DCN will perform research and analysis on the average food price versus reimbursement rates to determine proper compensation rates

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Average Number of Eligible Children Participating in the Summer Food Service Program

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Decrease | Frequency: Annually

Data Source and Calculation

The data is collected from statewide Summer Program sponsors. Calculation and is achived through comparing the total number of children served over the total eligible population, derived from data from the Division of Vital Statistics.

44002: Local Dental Services

Description

This service area provides a range of oral health services for the community including education, prevention, screening, diagnosis and treatment. The focus is primarily on the provision of quality services to the indigent population and other special population groups, especially children who, for various reasons, lack access to basic oral health care. In addition, the service area recruits volunteers or staff to administer the fluoride mouth rinse programs in schools where lack of fluoridated water places children at higher risk of dental caries. The service area also monitors the oral health status of the community using standard measures of need, including evaluation of demographic data, availability of fluoridated water supplies and supplemental fluoride programs, prevalence of dental disease both past and present, appropriate utilization of dental sealants, and availability and accessibility of dental education, prevention, screening, diagnostic and treatment services.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health mission to promote and protect the health of Virginians by educating the public about oral health and oral disease and improving oral health through population and individual dental services.

Customers for this Service Area

Anticipated Changes to Customers Base

Oral health education for all Virginians will continue to be a priority of local health districts. As the population ages, increased educational efforts targeting the elderly are anticipated, with a particular focus on oral cancer screening in people over age 50 years. Assessment of access to oral health services will continue to be a focus of this service area, the frequency or content of which may change (increase) to reflect changes in population and/or the number of providers and provider practice patterns.

Other population based interventions may be anticipated to change. It is expected that expansion of public water systems to more Virginians may decrease the need for fluoride mouth rinse programs and increase the need for monitoring of fluoridation of these new systems.

Demand for and growth in the provision of direct dental services to indigent children and adults is anticipated. Nationally, an increase of 300,000 children ages 0-19 is anticipated in the next decade, and this growth is expected to be greatest in lower socioeconomic groups at highest risk for dental decay. Growing numbers of adults who lack any health insurance, which is a strong predictor of access to dental care, portend an increase in demand for dental care, both emergency and non-emergency services, from public health dental providers. Although a single provider system for dental Virginia Medicaid has lead to increased participation in Medicaid by Virginia dentists, is expected that the Local Health District will continue to be needed as a community partner in providing direct services. The downward trend in the number of dentists graduated from Virginia’s only dental school over the past two decades may continue to contribute to difficulty accessing dental care that some experience, particularly the non-white population and low-income children, causing more to seek out public health dental services. The availability of dental clinics offering free or discounted dental services (with the amount of the discount generally tied to the federal poverty level) in an area will certainly affect the demand for public health dental services.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Patient	Dental Patients age 0 -18 (95% quality for Federal School lunch program)	14,714	466,754	Stable
Patient	Dental Patients age 18 + yrs (98% less than 200% Federal Poverty Level)	5,762	612,878	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Dental caries (tooth decay) is the most common chronic disease of childhood, occurring five to eight times as frequently as asthma, the second most common chronic disease in children. More than half of all children have caries by the second grade; and by the time students finish high school, about 80% have caries. Since the early 1970s, cases of dental caries in permanent teeth have declined among school-aged children, largely a result of various preventive regimens such as water fluoridation and increased personal use of fluoride containing paste and rinses. To continue this, increased use of dental sealants, tooth brushing with fluoridated toothpaste, community water fluoridation and improved dietary habits are needed to further reduce decay. Data from National Health and Nutrition Examination Survey indicated that 30 percent of all adults had untreated dental decay, with insufficient dental services disproportionately affecting the poorly educated, minority and socioeconomically disadvantaged. Oral and pharyngeal cancers are newly diagnosed in approximately 31,000 people per year, leading to 8100 deaths annually. Most are detected in later stages contributing to low five year survival rates. Only 13 percent of US adults aged 40 years or older reported having an oral cancer examination in the past year.

Factors affecting the provision of services include the reduced staffing levels particularly of dentists and dental hygienists in public health dentistry. In addition, the public health dentist workforce is aging. Approximately 33% of the 35 full time dentists currently employed by local health departments will be eligible for retirement within the next five years. Low salaries relative to alternatives for clinical dentists may negatively impact recruitment and retention. Young graduates with substantial educational debt and mid-career dentists with the lure of private practice incomes may be difficult to attract and retain. There has been an overall decline in the total number of public health dentists in the state due to these factors as well as the declining economic trend.

An action by the Board of Dentistry in 2005 allowed dental hygienists to practice under the general supervision of dentists (i.e., the dentist does not have to be on-site when services are provided). Working within the prescriptive guidelines of signed plans of care for patients has provided improved access to preventive dental care, particularly for fluoride varnish. A new protocol has been developed that is now effective until July 1, 2012 for VDH dental hygienists practicing in three local health districts to practice under remote supervision. This practice change is an opportunity to create a new model for preventive dental services provided through public health providers. However, these service delivery models rely on the availability of dental hygienists who are in short supply in some areas of the state.

Financial support for advanced, improved technology will be required to maintain public health dental practices that are in step with current standards of care and best practices (such as digital radiography, electronic billing, access to databases for verification of recipient eligibility, etc).

Dental clinic environments include state and locality owned buildings and locally owned mobile dental clinics (trailers). There are 38 clinical dental facility locations as of 2011. Typical dental clinics may be fixed or mobile two or three chair facilities with x-ray units and major support equipment including compressors, vacuums, film developers and autoclaves. Much of this equipment was replaced with dedicated General Funds for dental infrastructure needs over the last few years. In 2008, VDH also obtained three mobile vans that are being used in several health districts to provide preventive services and comprehensive care. These vans offer an opportunity to reach populations and areas that have previously not had dental services.

Anticipated Changes to the Products and/or Services

It is anticipated that updating delivery units will by design improve the productivity of the dental staff, reduce staff strain, facilitate infection control and reduce the potential for cross contamination. It will also affect the ability to attract and retain new dentists in the Virginia Department of Health positions, as many dentists are not prepared to work on older dental units if initially trained with modern equipment and technology. In order to utilize the technology new fiber optic drills will also be a portion of the expenditure when replacing a dental unit.

Listing of Products and / or Services

Dental education to inform parents and patients of recommended individual preventive oral health practices; to inform and educate other health professionals of recommended preventive dental practices, community resources, etc; to educate local government, community members about oral health status of community and the availability and access to population and individual dental preventive and restorative dental care; to function as a resource on oral health for schools, head start and other partners who serve children

Diagnostic dental services, including oral examinations, dental x rays, etc.

Preventive dental services, including sealants, fluoride application, prophy, etc.

Restorative dental services, including endodontic, periodontic, prosthodontic and oral surgery services

Fluoride mouth rinse programs administered to populations of children with no access to fluoridated water in targeted areas only

Dental emergency care, primarily for indigent adult population, including emergency evaluation for dental pain, and required treatment including extraction(s)

Adult oral cancer screening targeting patients over 50 years of age

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	2,677,132	5,880,985	2,677,132	5,880,985
Changes to Base	-338,052	-1,183,362	-338,052	-1,183,362
Total	2,339,080	4,697,623	2,339,080	4,697,623

Objectives for this Service Area

Objectives for this Service Area

Objective
Improve and maintain population based factors affecting oral health status

Description
Oral health is an essential and integral component of health throughout life. Cultural values influence oral health and well-being and can play an important role in care utilization practices and in perpetuating acceptable oral health norms. Cultural norms influence decisions and priority setting related to seeking professional dental care and establishing the routine of dental self-care behavior. The burden of oral diseases and conditions is disproportionately borne by individuals with low socioeconomic status and/or minority membership at all ages. Community water fluoridation, an effective, safe and ideal public health measure, benefits individuals of all ages and socioeconomic strata. Effective disease prevention and health promotion measures exist for use by individuals, practitioners, and communities. Virginia's local health department dental programs monitor the oral health status of their communities using standard measures of need, measuring progress toward improving or maintaining the status, identifying the immediate factors affecting such status and communicating this information to individuals, non-dental health providers, and the community. Factors monitored include fluoridation levels of public water systems, percentage of populations served by optimally fluoridated public water, participation in fluoride mouth rinse programs, oral cancer rates, access and availability of direct dental care, and utilization of preventive dental services.

Objective Strategies

- Maintain a current roster of all public water supplies and the number of people served. Monitor the fluoridation of all public water supplies in the health district and determine the percent of district population served by community water supplies with optimum fluoridation, annually. Monitor the number of schools and participants in the local health district participating in fluoride mouth rinse programs. Compile demographic data for the local health district to include the number of childre

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of low income children and adolescents receiving dental services (including sealants) in local health departments.

Measure Class	Other Agency	Measure Type	Outcome	Preferred Trend	Increase	Frequency	Annually

Data Source and Calculation

Local health districts that provide dental services primarily target children 1 – 4 years old with family income under 200% Federal Poverty Level or enrolled in Medicaid, and children 5 – 18 years old who are eligible for Federal free and reduced school lunch program or who are enrolled in Medicaid. Local health district dental programs provide monthly statistics to the VDH Division of Dental Health, reporting demographic and information on the clients served and the number and types of services provided. These data are compiled and reported semiannually, and annually. The number of visits is traced by age, gender, income and insurance status. Most health districts also enter dental data into the VDH data system Web VISION. In some instance, reports available from that source may also be useful in evaluating unduplicated patient counts by income or insurance status.

44004: Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services

Description

This service area assures that citizens of and visitors to the Commonwealth are protected from disease-causing factors in the environment. This mission is accomplished by maintaining surveillance of the environment, educating the public, responding to enquiries from health and environmental professionals, and enforcing regulations pertaining to food, hotels, summer camps, campgrounds, migrant labor camps, swimming pools, private wells, onsite sewage disposal, and other environmental health laws.

Products and services include providing technical assistance to the general public , to health and environmental professionals and to local governmental agencies; providing training to food handlers, responding to Freedom of Information Act (FOIA) requests and otherwise providing information to stakeholders, including the general public; and maintaining of records; permitting and inspecting restaurants, swimming pools, hotels, campgrounds, summer camps, milk plants, migrant labor camps, private wells and onsite sewage disposal systems; responding to complaints and inquiries about general environmental hazards; and responding to potential exposures of humans and domestic animals to rabies.

Mission Alignment and Authority

This service area directly aligns with VDH's mission of promoting and protecting the health of all Virginians by reducing environmental and communicable disease hazards.

Customers for this Service Area

Anticipated Changes to Customers Base

Food establishment owners:
The number of permitted food establishments continues to increase at a rate slightly greater than that of the general population, partly because people eat more meals prepared outside the home and partly because of the number of visitors to Virginia. The continued popularity of fairs and festivals means a continued rise in the number of temporary food vendors.
The trend towards greater ethnic diversity of food establishments increases the complexity of the restaurant program and requires additional training of local health department staff.

Owners of private wells and/or onsite sewage disposal systems:
Private wells and onsite sewage systems exist in virtually all jurisdictions in the Commonwealth.
As the number of households and the demand for more onsite sewage disposal systems increase, the availability of building sites capable of supporting traditional onsite sewage disposal will decrease. The use of alternative sewage disposal systems, that allow the development of land not suitable for traditional systems, will continue to increase. By law, alternative onsite sewage disposal systems require regular routine operation and maintenance visits by a licensed professional. The local health departments are tasked with ensuring that these visits occur as scheduled and that any required maintenance or repairs to alternative systems is made in a timely manner. This is presents a new set of customers for the local health departments and a significantly amount of work.

Conversely, there is also a continued trend toward private sector Onsite Soil Evaluators and Professional Engineers doing the site evaluation for and design of onsite sewage disposal systems, a role traditionally filled by local health department staff. This trend implies that VDH staff will do less of the initial, hands on work of system design and will be able to devote more time to the needed function of assuring that onsite sewage disposal systems are designed, installed, operated and maintained in a manner that protects the citizens and the environment of the Commonwealth.

Citizens exposed to a potentially rabid animal:
Rabies is endemic in Virginia and can be carried by a variety of animals, such as bats, raccoons, cats, dogs, skunks, and foxes. The types of animals involved in potential human exposures differ by region and by population density.
People can be infected with rabies through contact with infected secretions from a rabid animal. Since 1998, two Virginians have died from rabies.
Reports of potential exposures to rabid animals occur in every major jurisdiction and affect every age group.
The cost of vaccination in persons potentially exposed to rabies poses a significant financial burden on these citizens and significant distress on those affected and their families.

Other governmental agencies:
VDH provides and receives environmental health information to and from a wide variety of governmental agencies at the state, federal and local levels. It is anticipated that this interdepartmental coordination will increase to better meet the needs of Virginia's citizens.
VDH works with the Virginia Department of Agriculture and Consumer Services (VDACS) on milk plant issues, West Nile virus and other vector concerns, and food safety. The Virginia Department of Environmental Quality (DEQ) partners with the Health Department on environmental health issues that come under their jurisdiction, such as wastewater treatment, water quality, and groundwater protection.
VDH works with such federal agencies as the Food and Drug Administration (FDA), the Environmental Protection Agency (EPA), and the U.S. Department of Agriculture (USDA) on such issues as food protection, water contamination, and milk plants, respectively.
VDH also works with local governments throughout the Commonwealth to ensure that their citizens' food, well water, and pools are safe and clean.

Plants that distribute Grade A milk and milk products:
There are 11 permitted milk plants in Virginia and several additional milk plants are anticipated to be operable by the end of 2011. This growth appears to be the result of a trend toward small pasteurization plants that specialize in distributing their products locally. Regardless of size, each milk plant is required to meet the same strict public health standard, and even a small milk plant, represent a significant work load to the local health department.

Licensed well drillers, contractors, engineers, and soil evaluators:
The number of water well and onsite sewage disposal professionals grew significantly during the past cycle of growth in the real estate market, partly because of the increase in the use of alternative onsite sewage systems. The number of these professionals appears to be relatively stable currently, but is like to grow as Virginia's economy improves and the demand for new housing increases.

Hotels, summer camps, campgrounds swimming pools and migrant labor camps:
The number of hotels, motels, and bed & breakfasts has continued to slowly increase, even during the recent economic down-turn. This steady growth is expected to continue for at least the near term. The number of campgrounds has remained and is expected to remain fairly steady, although some campgrounds are expanding the

number campsites. Swimming pools are increasing in number and complexity. As more planned communities with integrated amenities are becoming increasingly popular, it is expected the number of public swimming pools requiring permits and inspection will also rise. Swimming parks with complicated water attractions are also on the rise due to their popularity with Virginians.

It is expected that the number of summer camps will increase slightly as more working parents find summer camps an excellent source of daycare for their children out of school during the summer.

The number of migrant labor camps has increased slightly in recent years and is expected to remain fairly steady. Some migrant labor camps are extending their operator season for a longer part of the year.

Public affected by food-borne illnesses, contaminated private wells, or failing septic systems and other environmental health hazards:

The number of persons potentially exposed to disease-causing entities in the environment increases as the population of residents and visitors to the Commonwealth grows. As the population grows, the need for well-trained public health environmental specialists will also grow.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Resident	Citizens exposed to a potentially rabid animal	14,500	15,000	Stable
Employer/ Business Owner	Food establishment owners	26,800	27,600	Stable
Employer/ Business Owner	Hotels, summer camps, campgrounds, swimming pools and migrant labor camps	6,200	6,500	Stable
Employer/ Business Owner	Licensed well drillers, contractors, engineers, and soil evaluators	2,360	2,500	Stable
Local or Regional Government Authorities	Other governmental agencies	200	250	Stable
Property Owner	Owners of private wells and/or onsite sewage disposal systems	1,000,000	1,200,000	Stable
Wholesale/Retail Trade	Plants that distribute Grade A milk and milk products	11	20	Stable
Consumer	Public affected by foodborne illnesses, contaminated private wells, or failing septic systems and ot	1,000	10,000	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Proficiency in providing environmental health services requires significant training and experience. Competition from the private sector and from other governmental entities, both within and outside Virginia, impact the ability of VDH to appropriately retain and recruit highly trained environmental health specialists. Increased staff turnover decreases efficiency and thereby increases the cost of services rendered.

Improvement and procurement of new and better technology can assist the staff with the increased demand for service by making routine tasks more efficient and less time consuming (e.g. automating online request for service forms and computer scheduling).

Emerging pathogens, complex water recreation attractions and increased attention to food and water security has necessitated a critical demand for continuing education for environmental health staff.

Funding levels for service areas impact the timeliness and quality of service as the demand for all environmental health services provided increases.

Increased complexity of onsite sewage disposal systems requires additional staff time to perform plan reviews, permitting and inspections.

Environmental health services require increasingly complex information technology systems to meet the increased demand for services.

Continued turnover of key positions due to retirement of long-term employees will challenge VDH's ability to maintain and improve the quality of service.

Anticipated Changes to the Products and/or Services

As VDH continues to expand and improve the data collected in the Virginia Environmental Information System, the local health departments will be able to improve their response to changes in the demand for services. In addition, the recent increase in the number of requests for information from the general public and from commercial sectors such as the real estate and development industries will increase.

The recently implemented requirements for operation and maintenance of alternative sewage disposal systems will require local health department to increase the surveillance of these systems, may increase the number of enforcement actions required to gain compliance with laws and regulations and will lead to a demand for better availability and distribution of information on individual systems. In the onsite sewage program, local health department staff will continue to increase the amount of time spent on assuring the quality of services provided by private sector professionals.

Implementation of the Chesapeake Bay TMDL is likely to lead to a demand for better and less expensive solutions for improving the quality effluent released from onsite sewage disposal systems into the environment.

Listing of Products and / or Services

Inspection and enforcement: Thorough and consistent inspection and enforcement of laws and regulations address structural design and operational practices for food facilities, swimming pools, milk plants, hotels, summer camps, campgrounds, migrant labor camps, private wells, and onsite sewage disposal systems. The goal of inspection and enforcement is to protect the public from injury and disease by significantly reducing the environmental risk that can arise from health hazards associated with permitted facilities.

Permitting: The permitting and plan review services ensure the facility meets all applicable health codes. Permit issuance is based on well-established health, safety, and environmental considerations intended to protect the public from health and safety hazards.

Rabies prevention: The goal of this service is to prevent any human death due to rabies. Although immunizations can be given to prevent the disease even after exposure to rabies, post-exposure immunization is costly, and treatment must begin relatively quickly once an exposure is recognized Therefore, VDH has an extensive program to investigate all cases in which persons are bitten by any animal in order to determine the need for post-exposure treatment. Local health departments also investigate incidents in which domestic animals are bitten by a wild animal, since this increases the risk of exposure to humans. Local health departments are also quite involved in working with veterinarians and local animal control officers to educate the public about how to prevent the disease and to encourage the routine vaccination of cats and dogs.

Respond to citizen complaints: This service involves responding to citizen complaints concerning environmental health issues in a timely and customer focused manner. Where a violation is confirmed to exist, this service involves initiating and carrying out the administrative processes established to bring about compliance with all health codes.

Provide customer service: Good customer service is implicit in all our relationships, whether information sharing, Freedom of Information Act requests, inspections or enforcement actions. Our goal is to be honest, professional courteous, responsive, open, timely, flexible, credible, and accurate. Providing outstanding customer service is one of the best ways we can fulfill our mission to protect human health.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	19,313,261	23,521,942	19,313,261	23,521,942
Changes to Base	-3,367,629	-4,964,710	-3,367,629	-4,964,710
Total	15,945,632	18,557,232	15,945,632	18,557,232

Objectives for this Service Area

Objectives for this Service Area

Objective

Ensure public establishments serving food are in compliance with all health and safety regulations.

Description

Protection of the public from the dangers of disease outbreaks is of critical importance to ensure the health of every person who eats at a Virginia food establishment. Hazards may be present due to improper storage, preparation or handling of food inadequate treatment of water or from unsafe camp, campground or hotel construction.

Objective Strategies

- VDH will collaborate with other agencies involving food establishments on issues of mutual concern, such as boil water notices and outbreaks of foodborne illnesses.
- VDH will continuously update and improve its inspection program as new guidance is developed by federal, state and other partners.
- VDH will investigate food, hotel, campground, migrant labor camp, pool and milk plant complaints on a timely basis.
- VDH will minimize duplication of efforts by promoting communication and interoperability of state, local and other databases.
- VDH will provide customer assistance and conduct thorough and standardized inspections to achieve compliance with food and milk plant safety laws and regulations.

Alignment to Agency Goals

- Prevent food borne disease outbreaks in public and private settings.
- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Percentage of Failing Onsite Sewage Systems Corrected Within 60 Days of Local Health Departments becoming Aware of the Issue

Measure Class: Agency Key | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

The number of confirmed onsite sewage system malfunctions permanently corrected within 60 days divided by the number of onsite sewage system malfunctions reported.

Objective
Ensure public establishments serving food are in compliance with all health and safety regulations.

Description
Protection of the public from the dangers of disease outbreaks is of critical importance to ensure the health of every person who eats at a Virginia food establishment. Hazards may be present due to improper storage, preparation or handling of food inadequate treatment of water or from unsafe camp, campground or hotel construction.

Objective Strategies

- VDH will collaborate with other agencies involving food establishments on issues of mutual concern, such as boil water notices and outbreaks of foodborne illnesses.
- VDH will continuously update and improve its inspection program as new guidance is developed by federal, state and other partners.
- VDH will investigate food, hotel, campground, migrant labor camp, pool and milk plant complaints on a timely basis.
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- VDH will provide customer assistance and conduct thorough and standardized inspections to achieve compliance with food and milk plant safety laws and regulations.

Alignment to Agency Goals

- Prevent food borne disease outbreaks in public and private settings.
- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Percent of risk factors discovered at inspection of restaurants that are corrected at the time of inspection

Measure Class	Agency Key	Measure Type	Outcome	Preferred Trend	Increase	Frequency	Annually

Data Source and Calculation

The report on the number of restaurant inspections and risk factors discovered and corrected at the time of inspection can obtained from the Virginia Environmental Information System (VENIS). Measure is calculated by dividing the number of risk factors discovered at inspection that are corrected at the time of inspection by the total number of risk factors discovered at inspection.

44005: Local Family Planning Services

Description

Local family planning services provide primary and secondary prevention, as well as health promotion, diagnosis and treatment. Family planning counseling is an example of primary prevention. The counseling involves specific intervention to protect against an unintended pregnancy or to plan for a future pregnancy. This voluntary program is offered to men and women in the Commonwealth, regardless of financial status, a means to exercise personal choice in determining the number and spacing of their children. Secondary prevention such as cervical cancer screening or chlamydia screening promotes early case finding for cervical cancer and infertility. Health promotion activities such as nutrition counseling, smoking cessation, and behavioral risk reduction counseling all focus on activities that increase a person's overall level of health and health awareness. Family planning services assist individuals in preventing sexually transmitted infections and play a major role in the early detection of breast and cervical cancer. Local family planning services also include:
Promotion of abstinence education and family involvement messages to minors seeking services,
Provision of acceptable and effective methods of contraception,
Pre-conceptional counseling,
Provision of multivitamins with folic acid to women of childbearing age, and
Improved access to family planning services through assistance in applying for Plan First, a Medicaid insurance program for coverage of contraceptive methods.

Mission Alignment and Authority

This service area is directly aligned with the mission of the Virginia Department of Health to promote and protect the health of Virginians by providing primary and secondary prevention, health promotion, diagnosis and treatment. Family planning allows sexually active persons the option of postponing children until they are financially, emotionally and physically able to bear the responsibilities of parenthood. Promoting abstinence is the only sure way of preventing unwanted pregnancies and sexually transmitted infections among those not married. Prevention of teen pregnancy helps teens to meet education and career goals prior to childbearing, increasing their potential to become independent contributing citizens of Virginia. The development of sexual responsibility encourages healthy attitudes towards marriage and family.

Customers for this Service Area

Anticipated Changes to Customers Base

External (economical, political, technological) pressures will influence changes in the customer base particularly in terms of the number of low-income women.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Low-Income	Low income <250% of Federal Poverty Level individuals served	77,327	375,500	Stable
Minority	Minority patients served	51,561	138,230	Stable
Patient	Total Individuals served	69,753	375,500	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Service capacity is affected by available funding.

Lack of access to care.

Immigration of foreign-born persons has caused and is likely to continue to require adaptations to language and cultural barriers.

Anticipated Changes to the Products and/or Services

Pap smear technology advances will improve capability to diagnose and treat.

Immunization against Human Papilloma Virus is now available. This sexually
transmitted virus is the most common cause for cervical cancer. The impact of the vaccine may not be seen in the near future.

Birth control technology will improve which is likely to attract more clients.

Higher health care costs, fewer employers offering affordable health care insurance and the long term impact of economic recovery in the Commonwealth will increase the number of women seeking publicly funded family planning services.

In January 2008, Medicaid revised its Family Planning Waiver, now called Plan First, to include men and women at 133 % of the federal poverty level. As long as they remain income eligible, basic family planning services are available indefinitely.

The Health Care Reform Act of 2010 increased coverage of preventive health care services for women, which may increase demand for service.

Listing of Products and / or Services

Service Evaluation Determine customer satisfaction through annual survey. Maintain contact with area professionals to communicate and receive feedback of effectiveness of services being provided. Monitor changes in demographics so the proper numbers of trained staff are available to serve customers. Recognize shifts in customers who do not speak English so bilingual staff or volunteers are available

Two kinds of prevention services are provided: primary, which includes health promotion, and secondary. Prevention products and services are provided primarily through education and screening. 1. Primary Prevention and Health Promotion includes the following: counseling involving specific intervention to protect against an unintended pregnancy, or to plan for a future pregnancy, and sexual risk reduction. Abstinence is promoted in teens and unmarried individuals. Current standard and acceptable contraception methods provided; barrier methods, male & female condoms, vaginal foam, hormonal based methods. Risk reduction counseling includes limiting the number of sexual partners and safer sex practices. Nutrition counseling, folic acid supplements, and fluoride supplements are provide if appropriate. In addition, clients are counseled, or referred for smoking cessation classes, drug / alcohol / addiction referrals to Mental Health. Patients are also referred for dental care and Immunizations. Pregnancy testing and management of early prenatal care with referral to Social Services for Medicaid eligibility (Plan First). Refer pregnant women for prenatal care and delivery with a health care provider, preconception counseling and testing, Infertility counseling and referrals. 2. Secondary Prevention-These screenings promote early case finding of blood pressure, breast & cervical cancer and infertility. This would include, but not be limited to, breast diseases including cancer, cervical cancer screening, Chlamydia and other sexual transmitted disease screening, blood pressure checks and referral.

Community Involvement Information dissemination on populations being served. Outreach efforts to at risk populations and the community at large Partnerships, collaborations, and coalition building with community agencies/providers/programs both internal and external.

Financial Overview

Budget Component	**2013 GF**	**2013 NGF**	**2014 GF**	**2014 NGF**
Base	8,486,317	10,899,682	8,486,317	10,899,682
Changes to Base	183,793	4,186,834	183,793	4,186,834
Total	8,670,110	15,086,516	8,670,110	15,086,516

Objectives for this Service Area

Objectives for this Service Area

Objective
Increase the number of individuals enrolled in Plan First

Description
Plan First is a Medicaid family planning program that provides screening, testing, counseling and contraceptives in an effort to reduce Medicaid expenditures for pregnancy and child birth by preventing unintended pregnancies. By increasing enrollment, local health districts and expand their capacity to serve more individuals in need of family planning services.

Objective Strategies

- Conduct focus groups for individuals eligible to participate as well as potential providers of Plan First
- Conduct outreach and education for individuals and providers on the benefits of Plan First
- Continuous analyses and reporting of the Plan First enrollment process at local health district offices
- Identify and implement best practices related to enrollment in Plan First
- Work in conjunction with DMAS and DSS to improve the Plan First enrollment system

Alignment to Agency Goals

- Improve the health and well-being of families by improving family planning, child spacing and decreasing unplanned pregnancy.

Measures

- Number of eligible individuals enrolled in Plan First.

Measure Class: Agency Key | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Quarterly

Data Source and Calculation

Number of enrollees is abstracted from Webvision Data and DMAS claims data. Eligibility estimates are based on population and income studies. *DMAS estimated eligibles based on 2006 Guttmacher Institute WIN data and 2008 Census Bureau percentage of women under 200%FPL who are uninsured and living in Virginia.

Objective
Increase multivitamin with folic acid use in women of child-bearing age seen in local health departments

Description
The B vitamin folic acid reduces the risk for spina bifida and anencephaly, the two most common neural tube birth defects, by as much as 70 percent. This objective directly aligns with the VDHs goal of promoting the health status of women and childen.

Objective Strategies

- Continued outreach and education of women of childbearing age
- Identification and education of best practices across local health departments

Alignment to Agency Goals

- Improve the health and well-being of families by improving family planning, child spacing and decreasing unplanned pregnancy.

Measures

- Number of women of childbearing age receiving multivitamin with folic acid education.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  Data is collected through encounter codes at the Local Health Departments as they are entered into the Web VISION system.

- Number of women of childbearing age receiving a 100-day supply of multivitamins with folic acid.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  Data is collected through encounter codes at the Local Health Departments as they are entered into the Web VISION system.

Objective

Maintain the number of individuals served who are in need of publicly funded family planning services.

Description

Local family planning services provide primary and secondary prevention, as well as health promotion, diagnosis and treatment. Family planning counseling is an example of primary prevention. The counseling involves specific intervention to protect against an unintended condition (pregnancy), or to plan for a future pregnancy. This is a voluntary program that offers all men and women in the Commonwealth, regardless of financial status, a means to exercise personal choice in determining the number and spacing of their children. Secondary prevention such as Cervical Cancer screening or Chlamydia screening promotes early case finding for cervical cancer and infertility. Health promotion activities such as nutrition counseling, smoking cessation, and behavioral risk reduction counseling all focus on activities that increase a person's overall level of health and health awareness. Family planning services assist individuals in preventing sexually transmitted infections and play a major role in the early detection of breast and cervical cancer. Local family planning services also include: Promotion of abstinence education and family involvement messages to minors seeking services, Provision of acceptable and effective methods of contraception, and Pre-conceptional counseling.

Objective Strategies

- Assure provision of family planning services which comply with state and federal Title X Family Planning Program requirements. Increase public awareness of local health department family planning services within the general community with a focus on hard to reach and high risk populations. Collaborate with community partners to provide access to health department family planning services for women in need. Provide a range of appropriate, affordable and safe contraceptive methods for

Alignment to Agency Goals

- Improve the health and well-being of families by improving family planning, child spacing and decreasing unplanned pregnancy.

Measures

- Teen Birth Rate Per 1000 Females Age 15-17

  Measure Class: Agency Key | Measure Type: Outcome | Preferred Trend: Decrease | Frequency: Annually

  Data Source and Calculation

  Data is abstracted and calculated through Vital Statistics records. Measure is calculated by (1) dividing the number of births from females age 15-17 by the total number of females age 15-17; and (2) multiplying the value in (1) by 1000.

- Number of individuals provided family planning services in local health department clinics.

  Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Stable | Frequency: Annually

  Data Source and Calculation

  Data is abstracted and calculated through the Virginia Department of Health Web VISION system.

44009: Support for Local Management, Business, and Facilities

Description

This service area provides leadership, programmatic direction, and management of human and financial resources for local health departments (LHDs). LHDs are organized into districts to achieve management efficiencies and comprise between one and ten political subdivisions. This service area includes business functions such as budgeting, accounting, procurement and human resources. Management personnel makes resource allocation decisions among political subdivisions based on need, available local matching funds, and estimates of earned revenue. Resources include local health department staff, funding, equipment, supplies, office space, buildings, and vehicles. Support encompasses ongoing assessment and evaluation to assure that services and programs of the local health department continue to match local community needs. Sound management and close oversight ensure that expenditures for essential local public health services remain as low as possible; and that programs are effective in attaining goals and comply with all applicable federal, state, and local laws, regulations, and policies.

Local health departments operate under two models. The vast majority of cities and counties contract with the Virginia Department of Health (VDH). Two local governments (Arlington and Fairfax counties) sought and obtained General Assembly approval to administer LHDs as a unit of local government. Locally administered health departments must comply with the same programmatic requirements, policies, regulations, and laws as other LHDs.

Mission Alignment and Authority

This service area aligns with the Virginia Department of Health’s mission to promote and protect the health of Virginians by providing local leadership, business support, and overall direction for local health departments.

Customers for this Service Area

Anticipated Changes to Customers Base

The customer base of this service area reflects changes in the local population. It is affected by changes in sectors of the population such as age, immigration, emigration, and the economy. For example, during a downturn in Virginia’s economy, increased numbers of Virginians meet income requirements for certain services such as Women, Infants, and Children nutritional support or for other health care services. In times of a robust economy, these demands for service may decrease while demands for services such as health department support for the opening of new restaurants and hotels or onsite sewage disposal permits may increase.

New mandates and initiatives may affect the number of customers who are eligible for local health department services.

The customer base is changing and growing, based on projected changes in the population both from the birthrate, movement from other States, and immigration from other countries. Changes in demographics (more people who speak English as a second language, aging of the population, globalization) challenge local health departments to stay flexible, to meet changing needs and to avoiding degradation of Virginia’s health status. For example, globalization, with its increase in the frequency of travel for business and recreational purposes, has brought to Virginians the increased risk of exposure to diseases previously rarely found in the state. As a result, local health departments need to enhance disease surveillance capability.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Local or Regional Government Authorities	City/County governments	132	132	Stable
Employer/ Business Owner	Hotels, summer camps, campgrounds, swimming pools, migrant labor camps	6,400	6,400	Stable
State Government Employee	Local health department employees	2,742	2,742	Stable
Agriculture and Food	Permits issued for food (including temporary permits, i.e. festivals, fairs, etc.), sewage disposal	47,420	47,420	Stable
Agriculture and Food	Permitted food establishments (restaurants, school cafeterias, etc.)	22,530	26,913	Stable
State Government Employee	VDH central office employees	953	953	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Products and services are dependent on the level of available funding, legal and policy requirements affecting their use, and community conditions that affect both service demand and resource supply.

Anticipated Changes to the Products and/or Services

New mandates or initiatives may require the leadership in LHDs to divert or augment current resources to respond.

The need to plan for and respond to all types of emergencies has required LHDs to work with a broad range of local, regional, and state partners to assure appropriate responses.

Global changes in the business world, with increasing communications and travel will continue to affect what services the local health department provides, its capacity to meet the local community’s needs, and how services are given.

The need for interpretation and translation services to support local health department work will continue to expand in the foreseeable future.

The use of computer and software technology will continue to increase the efficiency of business practices, bringing the local health departments increasingly in line with the private sector in such practices as the use of credit and debit cards and the provision of rapid, internet-based, customer-friendly services.

Demographic changes in the Virginia population will increase the need for workforce development of succession planning and management.

Senior management of the local health departments is disproportionately represented by the “baby boomers”. This will affect the demand for healthcare benefits. It also creates a need for management attention to mentoring and development of junior management staff.

Listing of Products and / or Services

Budgeting and planning for use of locally available fiscal and human resources.

Management of district revenue, funds, staff, supplies, procurement, equipment, facilities and properties.

Prioritization of the use of resources in such a manner as to enable the mandated provision of care to the indigent without charge.

Appropriate stewardship of funds and other resources allocated to local health departments.

Provision of service to customers that assures compliance with all applicable federal, state and local requirements.

Staff recruitment, training, and personnel management.

Community assessment.

Assure there are adequate facilities to deliver services that are accessible to all Virginians.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	27,031,109	21,132,611	27,031,109	21,132,611
Changes to Base	4,632,535	4,882,662	4,380,100	4,938,696
Total	31,663,644	26,015,273	31,411,209	26,071,307

Objectives for this Service Area

Objectives for this Service Area

Objective

Ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements.

Description

Promotes and measures fiscal and operational efficiency in the management of local health departments.

Objective Strategies

No Strategies for this Objective

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Percentage of medicaid billable services collected from medicaid.

Measure Class: Productivity | Preferred Trend: Increase | Frequency: Quarterly

Data Source and Calculation

Services rendered at local health departments are recorded in the Virginia Department of Health system WebVision. Patient identification numbers and names are matched against a monthly enrolment log provided by the Department for Medical Assistance Services to identify services that should have been billed.

Objective

Advance the quality and performance of local health departments through participation public health accreditation readiness activities.

Description

Public health accreditation activities at the local health department level, help ensures efficient and appropriate use of resources as well as promotes best practices. The goal of accreditation program is to improve and protect the health of the public by advancing the quality and performance of all health departments. Accreditation will drive the health departments to continuously improve the quality of the services they deliver to the community.

Objective Strategies

- Conduct initial assessments, conduct gap analyses and develop implementation plans for achieving accreditation.
- Develop public health assessment, strategic and health implementation plans

- Work collaboratively with other districts that have already achieved accreditation to identify best practices and appropriate resources

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- The number of districts participating in or conducting community health assessments, creating local strategic plans and developing community health improvement plans.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Stable | Frequency: Annually

Data Source and Calculation

Data obtained from local health departments will serve as the basis for calculating this measure. Measure is calculated by (1) dividing the number of districts participating in or conducting community health assessments, creating local strategic plans and developing community health improvement plans in the previous year by the total number of local health districts (2) dividing the number of districts participating in or conducting community health assessments, creating local strategic plans and developing community health improvement plans in the present year by the total number of local health districts; and (3) subtracting the value in (1) from the value in (2). Note - This is a new measure. The baseline and targets will be determined in June 2012 and updated accordingly.

Objective

Assure efficiencies and effectiveness in managing the financial resources of local health districts

Description

Efficient and effective management of fiscal resources requires continuous monitoring and oversight. Monitoring and evaluating current management of resources against established goals and administrative standards promotes identification of progress and provides the opportunity to enhance performance

Objective Strategies

- Central office will monitor and compare local health departments on an ongoing basis
- Identify high performers and share best practices
- Local health departments will be monitored on an ongoing basis for progress with this measure.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- The number of local health districts whose 3rd party payer accounts recievable is greater than 90 days after the date of service are less than 15% of total accounts recievable.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Database maintained by Office of Financial Management for 33 health districts (excluding locally administered health districts: Fairfax County and Arlington). Measure is calculated by (1) dividing the number of local health districts whose receipts from all payers, including Debt Set Off and private collection agencies, are greater than 50% of the total gross receivables for the district in the previous year by the total number of local health districts (2) dividing the number of local health districts whose receipts from all payers, including Debt Set Off and private collection agencies, are greater than 50% of the total gross receivables for the district in the present year by the total number of local health districts; and (3) subtracting the value in (1) from the value in (2).

- The number of local health districts whose receipts from all payers, including Debt Set Off and private collection agencies, are greater than 50% of the total gross receivable is for the district.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Database maintained by Office of Financial Management for 33 health districts (excluding locally administered health districts: Fairfax County and Arlington). Measure is calculated by (1) dividing the number of local health districts whose receipts from all payers, including Debt Set Off and private collection agencies, are greater than 50% of the total gross receivables for the district in the previous year by the total number of local health districts (2) dividing the number of local health districts whose receipts from all payers, including Debt Set Off and private collection agencies, are greater than 50% of the total gross receivables for the district in the present year by the total number of local health districts; and (3) subtracting the value in (1) from the value in (2).

44010: Local Maternal and Child Health Services

Description

Maternal and Child Health at the local level provides essential public health service functions which are necessary to protect and improve the health of pregnant women, infants, children and adolescents in a healthy environment, whether that is the family, an external setting such as daycare, or the broader community. Maternal and child health services include assuring provision of direct or facilitative care services, assuring provider and parent capabilities, and mobilizing community partnerships in identifying and achieving solutions. Services include:
Assure pregnancy identification, and prenatal care, follow up and referral services through postpartum care;
Provide case coordination and/or case management services in order to increase the ability of the client to meet prenatal care guidelines, understand and practice healthy behaviors prior to and during pregnancy, and achieve healthy pregnancy outcomes;
Mobilize groups, coalitions and systems within the community that promote and assure services (families, providers, voluntary, corporate or other organizations);
Facilitate health insurance enrollment for children and families;
Provide safety net ambulatory care for sick and well children in coordination with community health care resources;
Screen and identify early intervention for physical and developmental conditions that affect health and learning readiness, and health problems related to environmental factors, such as lead and asthma;
Provide infant and child case management services, developmental assessment, anticipatory guidance and injury prevention;
Promote provider education on public health principles, practices, and professional care standards as they affect health outcomes; and
Assure care of children with health needs in group settings such as day care, preschool and school, including identification of individual and group health and safety needs.

Mission Alignment and Authority

This service area aligns with the Virginia Department of Health mission to promote and protect the health of Virginians through strategies designed for reduction of risk factors, and increase in prevention, support and care contributing to the reduction of morbidity and mortality. The status of maternal and child health is affected by community behavioral norms, access to state of the art care, culture and language competencies, and access to family and community support systems. Service strategies at the local level are key for improvement of state health status indicators and outcomes.

Customers for this Service Area

Anticipated Changes to Customers Base

Families:
An increase in foreign born and minority populations is reflected in disparate health status indicators, and need for providers to be competent in full range of cultures and languages.
The high number of children being raised in single parent households (23.2%, 2005-07 Census estimates) correlates with the poverty experienced by Virginia's children according to the 2005-07 Census estimate, 13% of children 0-18 years live below the federal poverty level. The percent of non-marital births (live births: 35.3%, VDH 2007) also correlates with lower educational level, higher levels of depression, late entry into prenatal care, higher infant mortality rates and lower birth weights. The effect of increasing publicly funded insurance is a necessary but not sufficient factor, as need for support services is expected to increase.

Health care providers:
Obstetrician-gynecologists are increasingly limiting their practice to gynecology.
The use of nurse practitioners and nurse midwives has extended ambulatory obstetrics coverage, but because of lack of surgical skills, full coverage of practice is not available.
Local health departments have drawn from local providers, arrangements with universities, and nurse practitioners to provide care and service capacity has shifted as managed care networks evolved. Changes in referral networks and distance to care have changed in some areas, affecting access.

Health care plans:
Pockets of unemployment contribute to lack of health care coverage. With an overall state unemployment at 7.3 percent in 2009, the range was 5.5 to 12.8 percent depending on the region of the state.

Publicly funded insurance is not yet covering all eligibles. Timeliness of coverage during pregnancy is important.

Out of home care providers:
More out of home care is being sought as mothers continue or re-enter the workforce.
Many families are using unlicensed day care homes or family day care homes where attention to knowledge and skills are less monitored, and economic constraints of the providers preclude their attendance at learning opportunities on health and safety.

State agencies and jurisdictional entities:
Coordinated needs increase as the need for effectiveness of interventions at the local level increases . Departments of health, social services, community services boards, police, fire, emergency medical services, child care, preschools, schools, housing departments and authorities are increasingly involved in mutual issues of healthy pregnancies and families, healthy children, healthy child care, healthy (and safe, violence-free, drug-free) schools, healthy housing and healthy environments.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Child	Children affected by services of local health departments (ages 0 to 19-2010 Census)	2,083,685	2,083,685	Stable
Patient	Children receiving services through local health departments (excludes WIC)	21,247	93,000	Stable
Patient	Children with Special Health Care Needs Children served through the Virginia Department of Health C	1,294	49,300	Decrease
Health Care	Health care plans and physicians	38,500	38,500	Stable
Health Care	Hospitals	93	93	Stable

Local or Regional Government Authorities	Public school systems	135	135	Stable
State Agency(s),	State Agencies (MCH serving)	5	5	Stable
Patient	Women receiving prenatal care through health department	16,816	23,033	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Across the state, the terrain and density vary widely. Geographical features, transportation, lack of medical providers are barriers to care.

In 2007 it was reported that 5.9% of Virginia's children living in 200% poverty are uninsured. Barriers to enrollment include complex processes, language, and waiting times.

Mobility of families affects eligibility and enrollment in health care. Mobility may be geographic, family, and/or economically based. At each point of transition, the discontinuity may result in lapse of health care coverage, and increase the need for safety net services, including the military and civilian interface.

Increases in immigration and language diversity affects service provision, including need for real time professional translation and interpreter services. If interpretation is not culturally competent and accurate, health conditions may be affected.

Injury, unintentional and intentional with violence, is a leading cause of death for Virginia children. Child abuse and neglect, as part of domestic violence, increases morbidities and service needs which address developmental, emotional and physical needs.

Changes in eligibility, coverage of services, and reimbursement may affect availability of services and providers.

Changes in availability of workforce, including obstetricians, impacts services.

Changes in contractual arrangements for support services such as ultrasound or special laboratory testing have an impact on service availability.

Anticipated Changes to the Products and/or Services

Local health departments may increase assessment activities at the group and population based levels for determination of needs, including need for workforce skill building capabilities. There will be increased demand for use of evaluation data to develop community consensus on use of resources once needs are identified.

Local health departments will work to provide quality and accessible culturally competent, family centered, community based services. This is driven by the need to obtain accurate health histories and impart health messages that are understood. The resources necessary for support infrastructure (time, funding) are in competition with need for other resources, and could affect timeliness of services.

Efforts in training of health care providers, out of home care providers, administrators, policy makers, and parents will be affected by resource availability and policy initiatives. For instance, knowledge of lead prevalence will affect screening practices.

As individual and health system transitions occur, the assurance functions will be stretched so that children do no not fall between the cracks as they move from place to place, service site to service site. Care facilitation and case management services are likely to increase.

Integration of developmental, emotional and capacity building skills within primary care, family, and out of home settings may be driven by professional and pragmatic concerns on child health outcomes.

There is an increase in awareness of and planning for preparedness, response and recovery for children and families in disasters driven by required emergency planning under Centers for Disease Control and Prevention, Health Resources Services Administration, and other federal, state and local processes.

Listing of Products and / or Services

Local health departments vary in methods and capacity of service delivery, but all either provide these services or assure they are available.

Screenings for physical and developmental conditions that affect health and learning readiness, including the care of children with special health needs in the primary care settings.

Home visiting to provide parental education and technical assistance, including use of specific assessments of environment and child interaction to guide parents.

Comprehensive developmental assessments through six regional child development centers, working with children and families.

Assessment of Developmental Disability Waiver eligibility for Medicaid through Child Development Centers.

Home assessments and other assessments, including collaboration with environmental health, code enforcement, social services, community services boards, police and fire for unusual circumstances.

Community maternal and child health needs assessments of overall or specific service gaps; assessment of practice and referral patterns; assessment of community use of protocols, such as asthma management.

Providing linkage of need and service actions within the community to increase understanding of healthy behaviors, to monitor health status, and to mobilize groups, coalitions and systems within the community that promote and assure services (families, providers, voluntary, corporate or other organizations).

Providing public information concerning maternal and child health risks and responses, including general child growth and development, hand washing, sanitation, infection control, animal safety, substance avoidance, and signs of premature labor, to name a few.

Assuring or providing pregnancy identification and referral; prenatal and post partum care consistent with the Virginia Department of Health Prenatal Care Guidelines include prenatal care directly and/or through case coordination and/or case management services. Services such as family planning, immunization, and chronic disease prevention are addressed in separate service areas, although they share a continuum of care prior to and following pregnancy which will affect birth outcomes.

Assuring services which are integral to care, such as culture and language competencies and including interpretative services.

Assuring, identifying, and accessing health care, health care plan enrollment, as well as safety net functions of direct child health care, ambulatory care for sick, and provision of well-child care consistent with Early Periodic Screening Diagnosis and Treatment and Bright Futures, sick child care, reporting of child abuse and neglect, and providing childhood immunizations as part of care.

Care coordination and case management through field public health nursing, or named programs such as Healthy Start, Resource Mothers, Healthy Families, and Child Health Investment Program of Virginia.

Participating in provider education concerning the health of the child in group settings such as child care, preschool and school, including identification of individual and group health and safety needs.

Promoting fatherhood initiatives.

Provision of child health specialist consultation and education for out of home child care.

Assessment for eligibility for programs: financial and programmatic. Facilitation of enrollment in Family Access to Medical Insurance Security Plan and Family Access to Medical Insurance Security Plus.

Provision of, or coordination with, school health nursing: Assessment and assurance of health care status and development of healthcare plans for school aged children; skilled nursing care; care of minor injuries and major events prior to transport; review of safety, environmental health related issues; surveillance for communicable disease.

Provision of child safety motor vehicle restraint education and placement for low income infants and children.

Coordination with child nutrition education, including support for Women, Infant and Children and food safety.

Coordination with dental health education, services, and referral.

Addressing improvement to healthy community norms through awareness, education, and behavior changes in groups of interest. Presentation of assessments and district strategic health plans to groups, including jurisdictional policy groups. Participation on School Health Advisory Boards, Part C of the Individuals with Disabilities Education Act, Comprehensive Services Act teams, and community child health coalitions.

Surveillance for childhood health conditions such as blood lead screenings, screening for growth parameters, screening for nutrition and obesity, screening for vision, hearing, immunization status.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	18,777,927	27,113,332	18,777,927	27,113,332
Changes to Base	445,693	-4,036,986	-271,944	-4,036,986
Total	19,223,620	23,076,346	18,505,983	23,076,346

Objectives for this Service Area

Objectives for this Service Area

Objective
Improve pregnancy outcomes by assuring early entry into prenatal care.

Description
The goal of this service area is to reduce morbidity and mortality associated with pregnancies. With the advent of networked managed care for publicly funded prenatal patients, fewer local health departments directly provide prenatal care services. However, most local health districts actively provide care facilitation, referrals, and case management.

Objective Strategies

- Analyze existing data for service delivery systems and outcomes, develop plans to address gaps and report activities. Educate the community about the need to begin prenatal care early in the pregnancy. Coordinate with providers of pregnancy identification and preconceptual health education (folic acid, smoking cessation, alcohol and substance use elimination, nutrition counseling). Provide pregnancy testing that is easily accessible and available. Maintain linkages with primary care and pre

Alignment to Agency Goals

- Improve the health and well-being of families by improving family planning, child spacing and decreasing unplanned pregnancy.

Measures

- Number of pregnant women receiving direct and/or facilitative services through local health departments.

Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Patient and service numbers from the Virginia Department of Health patient care data systems (WebVISION and local data systems; VDH vital records)

Objective
Sustain the continuum of service to families with children in the community through linkages of high-risk families to community service providers.

Description
This objective is vital to preserving Virginia's health care safety net for children. Assuring the health of children is an essential component of public health.

Objective Strategies

- Facilitate and promote enrollment and maintenance of children in a medical home (Improve access to health services, medical home, and health insurance; safety net for transition, homeless, language; interagency coordination; data and information systems locally applicable), including expansion of WebVISION-Family Access to Medical Insurance Security Plan linkage. Early identification of risk conditions, developmental, medical, dental, and special needs (Improve identification of at risk popu

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of children seen in local health departments receiving home visiting services (Resource Mothers, Healthy Families, Healthy Start, Baby Care, case management for children, Part C).

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Outcome	Increase	Annually

Data Source and Calculation

Patient encounters are entered into the Web VISION system to combine annually.

44013: Local Immunization Services

Description

Local health departments have statutory responsibility to maintain and operate effective immunization programs which provide vaccines to the public with an emphasis on the vaccine-preventable diseases of childhood such as chicken pox, diphtheria, pertusses, tetanus, haemophilus influenza, hepatitis A and B, measles, mumps, rubella, polio, pneumonia, influenza and rotovirus. Additional targeted groups for the provision of influenza vaccine are the very young, those with certain environmental or medically high risk conditions, and the elderly who are also targeted for bacterial pneumonia vaccination. Local health departments maintain an inventory or assure access to rabies vaccine and biologicals for administration to those citizens exposed to wild or domestic animals when rabies disease is suspected or proven in the animal. Local health departments participate in and implement on an as-needed basis emergency preparedness measures such as the novel 2009 influenza vaccination program. All local health departments develop and maintain mass vaccination plans in accordance with state and federal emergency preparedness guidelines. Many local departments offer meningitis vaccinations for beginning students at higher education institutions. Many local health departments provide immunizations required or recommended for foreign travel.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health's mission of promoting and protecting the health of Virginians by preventing and controlling the spread or occurrence of vaccine-preventable disease in the community.

Customers for this Service Area

Anticipated Changes to Customers Base

New vaccine products potentially could expand the customer base.

Policy changes at the federal or state level either expanding or restricting the approved use of existing vaccines could increase or decrease the base. The same would apply to changes in third party coverage of vaccination services.

Future vaccine shortages could place more demand on local health department vaccine delivery.

New adverse findings on vaccine safety or efficacy could lessen the base.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Care	Birthing Hospitals	56	56	Stable
Health Care	Community Health Centers	135	135	Increase
Resident	Influenza and Pneumonia Vaccine Recipients	30,000	100,000	Stable
Health Care	Laboratories	1	110	Stable
Employer/ Business Owner	Licensed Child Care Centers	3,475	3,475	Stable
Local or Regional Government Authorities	Local Public School Systems	135	135	Stable
Health Care	Nursing Facilities and Assisted Living Facilities, in Influenza Outbreak Circumstances, or for Techn	605	605	Stable
Health Professions	Pediatricians and Family Physicians	2,000	2,000	Increase
Organization	Project Immunize Virginia Coalition	1	1	Stable
State Agency(s),	State Health Department Division of Immunization	1	1	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Poverty, unemployment and availability of providers willing to serve the indigent or Medicaid recipients can increase demand for local health department immunization services.

Vaccine supply and demand; insufficient vaccine supply or radically increased demand could cause delays in the on-time administration of vaccine causing more persons to be unimmunized or incompletely immunized.

Acts of bio-terrorism or pandemic disease; responding to acts of bio-terrorism or pandemic disease will reduce the number of staff available for the delivery of routine health department services. This could result in an increasing number of unimmunized or incompletely immunized children and adults.

Health insurance and access to care; failure of insurance companies to cover the cost of new vaccines or added doses of vaccine may cause some citizens delay or defer immunizations.

Immigration policies may cause an increase in demand for certain vaccines disproportionately needed by immigrants presenting to local health departments. Alternately, more restrictive immigration policy may lessen this demand.

Growing concern among a certain population segment over childhood vaccine safety may decrease vaccination demand in this group.

Legislative and policy changes at the federal and state levels may expand the rolls of those eligible for or entitled to vaccination, thereby increasing demand for services.

Continuous development of new vaccines increases the demand for their deployment in the general public or in targeted groups.

Resource shortfalls may prevent some local health departments from offering full service immunization programs.

Anticipated Changes to the Products and/or Services

Increased focus on emergency preparedness and pandemic response.

Greater need for services to be ethnical and linguistically diverse.

Addition of new vaccines (adolescent adult tetanus, diphtheria, and pertussis (Tdap) human papillomavirus (HPV) meningococcal conjugate vaccine (MCV4) pneumococcal conjugate (PCV13).

Increase usage of more costly combination vaccines.

Listing of Products and / or Services

Vaccine Supply; An inventory of viable vaccine is maintained and properly stored in each Local Health Department to meet current and future community needs.

Local Policy Implementation; Implement and interpret statewide policy on vaccine-preventable diseases in accordance with the joint recommendations of the Centers for Disease Control Advisory Committee on Immunization Practices, the American Academy of Pediatrics and Academy of Family Physicians.

Community Assessment; On a regular basis, Local Health Department communities are assessed for adequacy of vaccination coverage for both mandated and voluntary immunization and appropriate action plans are developed and implemented to address changes needed.

Vaccine Promotion; Promote the individual and community health benefits of vaccination through regular issuance of local press releases, radio and television public service announcements, and other assorted media contacts.

Clinic Logistics; Set hours of operation, numbers and locations of clinics, staffing patterns, patient flow to assure appropriate response to community need. Assess need for non-routine clinic hours at times or seasons of peak demand, conditions of shortage, or emergency requirements.

Grants Participation and Reporting; Locally manage grant resources received from state, federal, or other sources, including application, implementation, fiscal and operational reporting, local evaluation, and audit participation and response.

Quality Assurance; Participate and cooperate with state officials during annual quality assurance reviews conducted in all local health department sites to ensure compliance with State and Federal program guidelines, including the Vaccines for Children Program.

Adverse Event Reporting; Participate with the federal vaccine adverse event reporting system.

Immunization Registry; Implementation of the statewide immunization registry as authorized by the 2005 General Assembly.

Technical Assistance; Provide vaccine preventable disease related technical assistance to local private health care providers. Maintain the local Pandemic Influenza Emergency Response plan. With assistance from state Immunization program staff, investigate suspected cases of vaccine-preventable diseases. Provide follow-up of cases of perinatal hepatitis B.

Education and Training; Ensure local availability of Centers for Disease Control and Prevention and other vaccine preventable disease training courses to public and private health care providers. Distribute patient and provider educational material. Facilitate local computer-based assessment training for pertinent health department staff.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	2,896,375	6,371,041	2,896,375	6,371,041
Changes to Base	1,654,274	64,549	1,654,274	64,549
Total	4,550,649	6,435,590	4,550,649	6,435,590

Objectives for this Service Area

Objectives for this Service Area

Objective

Increase use of Vaccine Immunization Information System (VIIS) registry by all community immunization providers.

Description

The goal of VIIS is to support individuals, families and clinicians in making the best health decisions by providing a statewide, readily accessible and reliable Immunization Information System that contains comprehensive immunization records of all of Virginia's residents.

Objective Strategies

- Continued outreach and education to private providers and insurance companies.

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percent of adults (19 – 65) entered into VIIS as receiving vaccine.

  Measure Class: Other Agency | Measure Type: | Preferred Trend: | Frequency: Annually

  Data Source and Calculation

  Data reported from Vaccine Immunization Information System (VIIS). Measure is calculated by (1) dividing the number adults (19 – 65) entered into VIIS as receiving vaccine in the previous year by the total number adults (19 – 65) entered into VIIS in the previous year; (2) dividing the number of adults (19 – 65) entered into VIIS as receiving vaccine in the present year by the total number of adults (19 – 65) entered into VIIS in the present year; and (3) subtracting the value in (1) from the value in (2). Note - This is a new measure. The baseline and targets will be determined in June 2012 and updated accordingly.

Objective

Achieve and maintain maximum immunization coverage rates in Virginia's infants and children.

Description

The occurrence of most vaccine-preventable diseases in children is at or near record low levels. However, the organisms that cause these diseases have not disappeared. Rather, they have receded and will re-emerge if vaccination coverage rates drop. Continuing to improve immunization coverage and sustaining high coverage is critical to achieving on-going reductions in vaccine-preventable disease morbidity and mortality. Virginia's local health departments are in a unique position to positively influence childhood vaccination rates by implementing strong health promotion and education measures, by actively assisting with regular immunization status assessment tools, and by administering a significant proportion of vaccinations overall in local clinic settings. Local health departments administer 25-33% of all childhood vaccines. The rest of these are from the private sector or other non-profits.

Objective Strategies

- Improve the quality and quantity of vaccination delivery services. Maintain an adequate and viable vaccine supply to meet public demand. Maintain viable plan for special local vaccine distributions to private healthcare providers in times of shortage or other emergency conditions. Maintain up-to-date Vaccination Information Statements in all Local Health Departmentoffices and clinics. Regularly update Local Health District policies to reflect the most recent recommendations of the Centers f

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percent of children (11 – 17 years of age) adequately immunized with Tdap vaccine.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  Data reported from Vaccine Immunization Information System (VIIS). Measure is calculated by (1) dividing the number of children (11 – 17 years of age) adequately immunized with Tdap vaccine in the previous year by the total number of children (11 – 17 years of age) in the previous year; (2) dividing the number of children (11 – 17 years of age) adequately immunized with Tdap vaccine in the present year by the total number of children (11 – 17 years of age) in the present year; and (3) subtracting the value in (1) from the value in (2).

- Percent of children (5 – 18 years of age) who received flu vaccine in the current flu season.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  The "current season" refers to the months of October through May. Data reported from Vaccine Immunization Information System (VIIS). Measure is calculated by (1) dividing the number of children (5 – 18 years of age) who received flu vaccine in the current season of the previous year by the total number of children (5 – 18 years of age) in the previous year; (2) dividing the number of children (5 – 18 years of age) who received flu vaccine in the current season of the present year by the total number of children (5 – 18 years of age) in the present year; and (3) subtracting the value in (1) from the value in (2).

- Percent of children completely and adequately immunized with routine vaccine preventable childhood vaccines by 2 years of age

  Measure Class: Agency Key | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  Data are from the Centers for Disease Control and Prevention, National Immunization Survey. The National Immunization Survey is a list assisted random-digit dialing survey that began collection of data in 1994. The target population in the NIS is children between the ages of 19-35 months. Data from the National Immunization Survey produce timely estimates of vaccination coverage rates for each of six recommended vaccines for the nation, all 50 states and the District of Columbia. The official estimates of vaccination coverage rates from the National Immunization Survey are rates of being up-to-date with respect to the number of doses of all recommended vaccines. These vaccines and their recommended doses are: diphtheria and tetanus toxoids and pertussis vaccine (DTaP), 4 doses; poliovirus vaccine (polio), 3 doses; measles, mumps and rubella vaccine (MMR), 1 dose; Haemophilus influenzae type b vaccine (HIB), 3 doses; hepatitis B vaccine (Hep. B.), 3 doses; and varicella (chicken pox) vaccine, 1 dose. In addition to these vaccines, interest focuses on coverage rates for vaccine series, including the 4:3:1:3:3:1 series (4DTaP, 3 Polio, 1 MMR, 3 HIB, 3 HepB, and 1 varicella). The National Immunization Survey is conducted for the Centers for Disease Control by the National Opinion Research Center at the University of Chicago. The Healthy People 2010 goal for individual vaccines is 90%; for vaccine series coverage the goal is 80%. Measure is calculated by dividing the number of children completely and adequately immunized with routine vaccine preventable childhood vaccines by 2 years of age by the total number of children from 0-2 years of age.

44014: Local Communicable Disease Investigation, Treatment, and Control

Description

The local health department's Communicable Disease Prevention, Investigation, Treatment and Control services work with partners to prevent, detect, assess, respond, treat and control communicable diseases, emerging infections and terrorism related illnesses. These activities are performed in accordance with guidance, policies and procedures of Virginia Department of Health's Surveillance and Investigation, Immunization, Sexually Transmitted Disease, HIV/AIDS, Tuberculosis, and Newcomer Health programs.

Local Health Department Communicable Disease Services include:
Disease prevention services, Disease surveillance to detect the occurrence of disease as quickly as possible,
Consultation and technical assistance to health care providers, schools and institutions, Media relations, press releases and education material, Development of disease-specific emergency response plans,
Health screenings for refugees, Disease record management, Outbreaks and individual disease investigations,
Disease exposure notification and counseling services, Monitoring for and responding to emerging infections and terrorism-related illnesses, Clinical diagnoses and treatment of communicable diseases (including STD, HIV/AIDS and Tuberculosis), Medical treatment case management, and Assist providers in reporting vaccine adverse events.

Mission Alignment and Authority

These services directly align with the mission of the Virginia Department of Health to promote and protect the health of Virginians by preventing the spread of communicable diseases. By collaborating with community partners and coordinating services with the Virginia Department of Health, local health departments directly provide prevention marketing and disease intervention through appropriate use of therapeutic and regulatory strategies.

Customers for this Service Area

Anticipated Changes to Customers Base

External (economical, political, technological) pressures may decrease customer's access to care, increase cost of care, and cause a change in customer base.

Growing numbers of foreign borne residents will create more culturally diverse populations which may impede traditional methods of health care delivery and likely present communication challenges.

Displacement due to revitalizing urban areas and land development will result in shifts in geographic location of target populations that may result in barriers to outreach and health care access.

Access to health information via the internet will increase customer's knowledge.

Emerging infections, particularly infections from foreign countries, will change the characteristics of our traditional customer base.

Better disease surveillance techniques will increase the number of customers who will benefit from public health services.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
State Agency(s),	City/County Governments	132	132	Stable
Higher Education Students	College & University students	323,931	323,931	Stable
Child	Day Care Enrollees (average monthly census)	17,300	17,300	Stable
Health Care	Hospitals	94	94	Stable
Inmate	Incarcerated Population	55,436	55,436	Stable
Health Care	Laboratories	183	183	Stable
Health Professions	Licensed Veterinarians	3,500	3,500	Stable
State Agency(s),	Local Health Departments	119	119	Stable
Health Care	Nursing Facilities and Assisted Living Facilities	605	605	Stable
Health Professions	Physicians	21,000	21,000	Stable
Student	Schools (school age children)	1,204,808	1,204,808	Stable
General Assembly	State Legislators	140	140	Stable
Environmental Pollution and Control	Vector Control	17	17	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Assessments of community health needs are continuous. Services will adapt as gaps in health care are identified.
Decrease in or consistent level funding in service areas prevent service expansion or cessation of services.
Access to care is affected by increasing costs, transportation and limited services
Immigration of foreign-born persons will cause adaptations to language and cultural barriers
Enhanced diagnostic technologies identify more diseases and therefore increase demand of communicable disease services.
Enhanced data management products will permit health departments to monitor disease trends and to respond appropriately.
Ease of, and expanded global travel enhances opportunities for exposure to diseases from many foreign countries.

Anticipated Changes to the Products and/or Services

Assessments of community health needs are continuous. Services will adapt to gaps in health care and external pressures.
Immigration of foreign-born persons will require service areas to obtain multi-lingual capabilities.
Enhanced screening of female clinic patients for sexually transmitted diseases that contribute to infertility
Changes in technology will affect costs and availability.
Changes in priorities as disease trends change and new threats emerge.
Legislative mandates may alter funding source priorities.
Changes in environment and human behaviors that promote disease transmission.
Advanced technology permits early access to information of potential disease spread within the Commonwealth.
Sharing resources with public health partners as required to meet threatening situations.

Listing of Products and / or Services

Prevention Services Risk reduction counseling Education Health alerts Partner notification Surveillance: Receiving reports from physicians, hospitals, and laboratories about people diagnosed with a disease of public health importance; Monitoring the occurrence of disease in animals and environmental contamination that could potentially lead to illness in humans; Screening at-risk populations for disease Tracking trends in daily utilization of medical care by reviewing data from emergency departments, provider insurance claims, and pharmaceutical sales to detect unusual occurrences of illness; Compiling statistics to identify trends and patterns of disease in populations to detect outbreaks or other disease events. Confirm disease report meets case definition of diagnosis Consultation and technical assistance. Work closely with health care providers to effectively manage their patients. Advise local and state governments regarding policies and regulations that can interrupt the spread of disease. Recommend procedures and policies to hospitals and residential care facilities, including prisons and jails, to prevent the spread of communicable diseases. Conduct training for care providers on disease identification, treatment and management. Monitor and assist day care, schools and colleges with disease prevention and outbreak response. Assist employers in preventing communicable diseases from entering the workplace. Media relations, press releases and education material to inform the public about the diseases we track. Diagnosis and Treatment Diagnostic and laboratory support Disease treatment Prophylaxis of exposed contacts and treatment of infected individuals Treatment case management, including Directly Observed Therapy for Tuberculosis B patients Immunizations to exposed or at-risk persons Pharmaceutical services for treating communicable diseases in outbreak situations. Disease exposure notification services (patient counseling, interviewing, contact notification and partner referral) Disease-specific emergency response plans. Enhanced surveillance methods will help identify and respond to behavioral and co-morbidity indicators of disease transmission. Monitoring and issuing advisories for environmental exposures, such as marine beach waters. Informational notices to local health departments and other medical care partners about new diseases occurring that have the potential to affect the health of our citizens. (This has occurred with Sudden Acute Respiratory Syndrome, monkeypox, and anthrax, for example). Outbreak response teams. Collaborations with community-based organizations to educate populations, identify infected person and refer to appropriate care providers.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	8,406,380	11,445,865	8,406,380	11,445,865
Changes to Base	-1,629,092	-578,958	-1,629,092	-578,958
Total	6,777,288	10,866,907	6,777,288	10,866,907

Objectives for this Service Area

Objectives for this Service Area

Objective
Conduct timely reportable disease and outbreak investigations and recommend appropriate interventions in accordance with the guidelines in the VDH Disease Control Manual.

Description
Local health districts are responsible for conducting timely reportable disease and outbreak investigations and recommending appropriate interventions. These actions help control and prevent further spread of communicable disease.

Objective Strategies

- Continue to review submitted investigation reports and provide feedback and training as necessary to staff submitting reports

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percent of infectious disease outbreak investigation reports that contain all minimum data elements.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Data will be generated by outbreak report forms, field epidemiology reports and memoranda to the file and the Outbreak database compiled by the central office. Measure will be calculated by dividing the number of infectious disease outbreak investigation reports that contains all minimum data elements by the total number of infectious disease outbreak investigation reports.

Objective

Reduce the incidence of Sexually Transmitted Infections to prevent and control the spread of disease in the community.

Description

Interrupting the transmission of infectious disease (disease intervention) requires rapidly identifying and notifying people exposed to a disease. Upon notification, exposed individuals can take appropriate actions to prevent infection, avoid further transmission of disease or reduce complications. The indices collected by this objective will be used by managers to monitor quality input and outcome indicators.

Objective Strategies

- Local health departments will partner with medical providers to prevent the transmission of sexually transmitted infections by: Accurately diagnosing and treating STDs
- Locate and refer all contacts for appropriate medical care as rapidly as possible.
- Quickly locate and interview STD cases and identify all exposed contacts
- Rapidly reporting STD cases
- Submit timely and complete activity data to the State health department registry.

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percentage of clients with positive lab results indicating a sexually transmitted infection(s) receiving treatment.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Data will be abstracted from and calculated by the STD*MIS database managed by the Division of Disease Prevention which reports monthly on the number of new cases and treatment status. Measure will be calculated by dividing the number of clients with positive lab results indicating a sexually transmitted infection(s) receiving treatment by the total number of clients with positive lab results indicating a sexually transmitted infection(s). Note - This is a new measure. The baseline and targets will be determined in June 2012 and updated accordingly.

Objective

Increase the proportion of patients with Latent tuberculosis (LTBI) who complete an adequate and appropriate course of preventive treatment.

Description

Tuberculosis is an airborne disease that is transmitted from person to person. Transmission can occur when a patient with tuberculosis disease of the lungs coughs tuberculosis bacteria into the air. A person in close contact with the patient can breathe the tuberculosis bacteria into his lungs and become infected. That person may also develop active tuberculosis, and may transmit infection to others, or may develop latent infection – i.e., tuberculosis infection without acute symptoms and cannot be transmitted. The person with latent infection may develop (active, and potentially infectious) tuberculosis later in life. One of the best methods to decrease the incidence of new Tuberculosis cases is to provide prompt and complete treatment of persons with latent Tuberculosis infection so they do not develop active Tuberculosis later.

Objective Strategies

- The local health departments will increase the proportion of patients who complete adequate and appropriate LTBI cases by: Ensuring that the correct medications are prescribed in the correct doses Ensuring the patient knows how to obtain all medications as prescribed. Ensuring the patient is monitored and assessed at least monthly Directly Observed Preventive Therapy is administered to high risk close contacts (small children HIV infected) Timely and complete activity data to the State h

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percentage of infected contacts of infectious tuberculosis cases who start a course of preventive treatment for latent tuberculosis infection (LTBI) that complete the treatment regimen.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Stable | Frequency: Annually

Data Source and Calculation

Contacts are identified, evaluated, and started on treatment if appropriate. Clients who start treatment are followed until treatment is completed or stopped by client or health care providers. The number of those completing treatment is divided by the total number who started treatment. Data are collected from contact investigation forms that are maintained at the local health department level and are then aggregated into a state report according to a schedule determined by the Centers for Disease Control and Prevention. These reports are completed annually and are submitted for publication no later than August 15th. of each year. Two year lag in data submitted to allow sufficient time for all identified infected contacts to complete treatment.

44015: Local Personal Care Services

Description

This service area provides personal care and pre-admission screening for nursing home placement.

The legislation that established Medicare also established the Medicaid insurance program under Title XIX of the Social Security Act as a jointly funded federal and state program to provide medical assistance to low-income individuals. Federal Medicaid law allows states to craft Medicaid waiver programs to meet specific state needs. In 1984, Virginia established the Personal Care program to offer in-home care in lieu of nursing home placement to Medicaid-eligible individuals if the in-home care was less expensive than the cost of a nursing home. A number of local health departments in Virginia elected to contract with the Department of Medical Assistance Services as personal care providers. Over the next 20 years, however, nearly all local health departments closed their Personal Care programs when private sector personal care agencies became robust enough to meet the needs of the community. Western Tidewater Health District has maintained its Personal Care program. This district covers a large rural area where the private sector has been unable to meet the demand for services for numerous reasons and the public agencies continue to assure that all eligible residents are able to access the service.

Virginia has initiated other Medicaid waiver programs to improve health care access for specific low-income populations. Among others, they include an AIDS waiver, and Respite services for Personal Care recipients. The Western Tidewater Health District contracts with Department of Medical Assistance Services to provide Respite services as an adjunct to Personal Care.

The Medicaid program requires Nursing Home Pre-admission Screening to assure that extended care facility admission is appropriate. The Code of Virginia requires that local health department staff serve as members of the community-based screening teams. All local health departments in Virginia provide a physician and nurse as members of the local screening team.

Mission Alignment and Authority

This service area aligns with the Virginia Department of Health mission to promote and protect the health of Virginians by assuring that a continuum of care exists for individuals at-risk for nursing home placement and for individuals in need of personal care and other Medicaid waiver services.

Customers for this Service Area

Anticipated Changes to Customers Base

The Virginia Department of Health is mandated to provide community Nursing Home Pre-admission Screening. As the population ages it can be anticipated that the numbers of individuals needing Nursing Home Pre-admission Screening will increase. The majority of Nursing Home Pre-admission Screening services are used by individuals that are age 65 years and older. Virginia population that is age 65 years or older (US Census) is projected to increase from 977,000 in 2010 to 1,515,000 in 2025. It is estimated that the number of people needing Nursing Home Pre-admission Screening services will increase as the elderly population increases and will likely double over the next 20 years.

Over the past 20 years, a number of Medicaid waiver programs have been added to services offered in Virginia. Some of these programs have home care service components. It is likely that additional programs will be added that will require public providers when the private sector has insufficient resources to meet the demand for service.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Aged	Individuals requiring public Elder or Disabled Waiver (Personal Care) and Respite Care services as d	190	300	Increase
Resident	Residents of the Commonwealth who require community-based Nursing Home Pre-Admission Screening.	8,322	19,000	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Changes in Federal Medicare or Medicaid regulations may impact recipient eligibility, services authorized, or the reimbursement scale to personal care agencies.

Any change in the capacity of private sector providers (e.g., numbers of providers, financial constraints and organizational viability) will affect the need for local health departments to provide personal care services.

A decrease in private sector capacity will result in increasing the demand on public agencies to meet the need for services. Likewise, an increase in private sector capacity will cause public agencies to decrease or discontinue these services.

Anticipated Changes to the Products and/or Services

Medical technological advances will have an effect on the types of services that are appropriate to provide in the home environment.

Increased availability of telemedicine.

Listing of Products and / or Services

Home Health Aide Medicaid-reimbursed Personal Care and Respite Care services. Respite services for eligible self-paying or privately-subsidized individuals. Medicaid-reimbursed and non-Medicaid funded Personal Care services Non-Medicaid funded Personal Care services

Community-based Nursing Home Pre-admission Screening services

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	562,147	4,969,869	562,147	4,969,869
Changes to Base	1,377,432	-2,769,810	1,377,432	-2,769,810
Total	1,939,579	2,200,059	1,939,579	2,200,059

Objectives for this Service Area

Objectives for this Service Area

Objective
Provide community-based Nursing Home Pre-Admission Screening for Virginians who are at risk for nursing home placement.

Description
This objective assures that frail or functionally dependent Virginians who request long term care are assessed by a professional team which makes sure that the appropriate level of service is authorized.

Objective Strategies

- The Local Health Department will work collaboratively with the local Department of Social Services to assure that Nursing Home screenings are scheduled in a timely manner and are consumer-responsive. Nursing Home Pre-admission Screening responsibilities will be defined in the Employee Work Profile. The local health department will identify a physician and a public health nurse to serve as members of the local community-based Nursing Home Pre-admission Screening team.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of Community-based Nursing Home Pre-admission screens performed.

Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Data is collected through encounter codes at the Local Health Departments as they are entered into the Web VISION system.

44016: Local Chronic Disease and Prevention Control

Description

Chronic Disease Prevention and Control includes two broad areas of local health department services; 1) prevention of chronic diseases before they occur through health promotion and disease prevention activities and 2) provision of clinical services for indigent patients with chronic diseases (provided by some local health departments).

Health promotion and disease prevention services are activities directed to reducing mortality and morbidity or premature mortality and morbidity associated with chronic diseases such as heart disease, cancer, diabetes, and stroke. The main focus of these programs is to reduce controllable risk factors such as high blood pressure, cholesterol, smoking, physical activity and obesity. This includes a wide range of services to assist citizens such as blood pressure and cholesterol screening and counseling, social marketing programs focusing on improving physical activity, nutrition and smoking prevention/reduction, working with community partners to assess the community's health status and prioritize issues, implementing environmental and policy changes, and providing traditional health education classes. This includes services to groups and individuals that are clinic, community or home-based, and the local health departments' Breast and Cervical Cancer Screening Program that provides clinical breast exams and screening mammography to detect breast cancer in the presymptomatic stage. Pap smear testing is performed to detect precancerous changes in the cervix.

A few local health departments provide support to indigent adults needing medical care for chronic disease conditions such as diabetes and hypertension. This may include laboratory and pharmacologic support, follow-up, and referrals to private specialists for complex medical conditions.

Mission Alignment and Authority

This service area is directly aligned with the Virginia Department of Health mission to promote and protect the health of Virginians. The fundamental purpose of chronic disease prevention and control efforts is to promote and protect the health of all Virginians through various environmental and policy interventions intended to reduce the burden of chronic disease.

Customers for this Service Area

Anticipated Changes to Customers Base

Any new legislation related in some way to chronic disease could affect the service area customer base. For example, an increase in the state tobacco excise tax could reduce the number of new smokers and existing smokers.

Most of the chronic disease prevention activities exist due to grants received. As grants are received or discontinued, the actual customers served will change based on the availability of funding for chronic disease programming and outreach.

Needs and priorities are driven by changes in the aggregate risk behavior of individuals in communities such as the current trends in tobacco consumption, over consumption of calories leading to obesity, sedentary lifestyle, and promiscuous sexuality.

Increased longevity and growth in the elderly population, and growing demand for services for chronic disease management, could increase the customer base.

Increasing understanding of the value of prevention is increasing the demand for information and services.

Increasing demand for indigent care due to immigration of foreign-born persons, will require adaptations.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Aged	Adults (age 50+) in need of colorectal cancer screening	54,154	1,083,072	Increase
Adult	Adults who do not engage in physical activity	70,313	1,406,250	Stable
Adult	Adults who had a heart attack	11,166	223,310	Increase
Adult	Adults who had a Stroke	7,846	156,921	Increase
Adult	Adults who smoke cigarettes	55,828	1,116,550	Decrease
Chronically Ill	Adults with Arthritis	78,159	563,171	Increase
Chronically Ill	Adults with Asthma	25,349	506,974	Stable
Chronically Ill	Adults with Diabetes	26,254	525,080	Increase
Physically-Disabled	Adults with disabilities	59,147	1,182,940	Increase
Chronically Ill	Adults with High blood pressure	82,987	1,595,082	Increase
Adult	Adults with High cholesterol	110,750	2,214,995	Increase
Male	Men (age 50+) in need of prostate cancer screening	1,108	22,162	Increase
Patient	Patients – Clinical-based services	9,280	239,000	Stable
Child	School children	68,000	371,354	Increase

Health Professions	School nurses	184	1,373	Stable
Female	Women (age 40+) in need of breast cancer screening	21,186	423,729	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Lack of adequate funding for chronic disease prevention and control is the number one challenge to local health departments. Money influences both the availability of staff to develop and conduct programming and the publication of necessary materials to do so.

Changes in scopes of services from funding sources may change the specific types of chronic diseases addressed.

Access to care is impacted due to increasing costs, transportation and limited services.

Enhanced diagnostic technologies identify more diseases and therefore increase demand of chronic disease services.

Developing partnerships that are necessary for implementation, funding and sustainability.

School cafeterias offering poor nutritional choices.

School focus is on Standard Of Learning testing and school administration is hesitant to use instructional time to address chronic disease issues.

Reaching target populations with effective prevention messages. Few youth and adults are willing to give their free time to prevention activities.

Inadequate health information sharing among health care providers/collaborative entities. Care is inconsistent, often episodic and different care providers rarely have a complete picture of the patient resulting higher costs, poorer outcomes.

Health disparities persist in some regions of the state such as Appalachian Region, and among certain racial groups.

The need for parents to be educated or “actionated” that healthy kids make healthy adults.

Drug abuse and misuse especially around pain management with prescription drug leading to overdose deaths becoming a growing epidemic.

While there are many private weight loss programs and gyms for physical activity, there are few low cost programs. Many people cannot afford the fees associated with the private programs.

Programs need to be community based with the concept of coordination of all partners involved in the reduction of morbidity and mortality of chronic disease.

Access to care is a broader concept than merely having a payment source for health care or community health care centers. Access to care encompasses the individuals understanding of how to access care and navigate the bureaucratic systems. Many individuals need mentors to assist them in obtaining health care, advocate for the individual and assist them in understanding and complying with health care recommendations and healthy lifestyle behavior activities.

Pediatricians in general seem reluctant to treat children found as prehypertensive/hypertensive in many geographic areas. There appears to be a need for a system to refer pediatric clients for further evaluation and treatment.

No time or staff for involvement in chronic disease activities. Need of a health educator in all health districts.

Anticipated Changes to the Products and/or Services

Federal Preventive Health and Health Services Block Grant funding has become less stable during recent years. Changes to this funding source could cause the elimination or reduction of services or allow for expansion.

Assessments of community health needs are continuous. Services adapt to gaps in health care, citizen demand, local leadership interest and local resources available.

Research that identifies behavioral and co-morbidity indicators of chronic disease such as the relationship of obesity to diabetes.

Continued immigration of foreign-born persons will require adaptations to language and cultural differences.

Changes in disease priorities.

Changes in the environment and human behaviors that promote the development of chronic diseases.

Advanced technology permits early detection of chronic disease conditions such as cancer detection by us
of genetic markers, but will affect costs and availability.

Listing of Products and / or Services

Community Assessment Applying the science of epidemiology, using health outcome data and demographics in assessing the community's health.

Public Information, Education and Social Marketing Increasing knowledge, changing attitude and behaviors regarding chronic disease prevention and control through: Providing leadership to a community partnership to design and implement initiatives such as Heart Health month education and awareness events. Implementing media campaigns: Providing web based information through various links with the Centers for Disease Control, U.S. Department of Health and Human Services, U.S. Department of Agriculture, etc.

Chronic Disease Screening Services School-based health screening program for height/weight/BMI-for-age, education and individual counseling and case management for overweight public school children with parent permission. Blood pressure, cholesterol, and glucose screening, and health consumerism education. Marketing and conducting health screenings for hypertension, high cholesterol, elevated glucose levels and health risk appraisals at numerous work sites, health fairs and churches. Follow up with risk reduction education programs for participants. Lipid panel and Hemoglobin A1C screening in various venues. Every Woman's Life Program—an early breast and cervical cancer detection program for women 50-64 years of age in which health department staff provide screening for these two specific diseases and referral to other health care providers for diagnostic follow-up and treatment.

School Based Services and Education Several health departments work in partnership with local schools to implement programs that are directed to improve knowledge, change attitude and behavior regarding chronic disease prevention such as: Work with school districts in providing after school education programs in the area of chronic disease prevention; health department staff present programs on nutrition, exercise and smoking prevention including educational programs designed with identified Virginia Department of Education Standards of Leaning Sun/safety/skin cancer prevention initiative implemented in middle and high schools utilizing display board, brochures, sun safety practice survey and related incentives (sunscreen and Chapstick). Individual counseling and case management for students with chronic diseases (asthma, diabetes-Type I and Type II, cardiac, etc.). Implement Guidelines for Managing Asthma in Virginia Schools including instructing school personnel in proper use of nebulizers and educate physical education teachers to control environment for asthmatic children on high-pollen days.

Community Partnerships Many health departments participated in community partnerships are usually community driven initiatives targeting a specific chronic disease related issue such as: A community walking program in partnership with Parks and Recreation or other organizations providing pedometers and other incentives to continue health enhancing activity. Nutrition and physical activity education in child care centers. Child Care Health Consultants, who are Public Health Nurses, work with staff of child care centers on nutrition and physical activity issues. Educational classes targeting the prevention and control of a number of chronic diseases, risk factor reduction and safety with senior groups and retirement communities. Nutrition and physical activity programs implemented as an after-school program with the Young Men's Christian Association and Boys and Girls Clubs.

Community Based Programs and Services Several local health departments initiate chronic disease prevention programs using a variety of local, state and federal resources.

Access to Chronic Disease Medical Care Provide assistance with application to Family Access to Medical Insurance Security Plan, Family Access to Medical Insurance Security Plan Plus and Medicaid. Partnerships with local physicians, free clinics and community health centers to provide medical care, access to medications and referral to specialty care.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	3,684,034	8,992,260	3,684,034	8,992,260
Changes to Base	-157,057	-1,978,892	-390,520	-1,978,892
Total	3,526,977	7,013,368	3,293,514	7,013,368

Objectives for this Service Area

Objectives for this Service Area

Objective
Initiate or collaborate in a community-based activity such as a prevention/wellness program, focused on improving the health of the pre-Medicare eligible population (35 to 65 year olds) to help control chronic disease.

Description
Local health departments are frequently the unifying voice in their communities for chronic disease prevention and control, working through strong relationships with other governmental agencies and nongovernmental organizations in order to the development of public/private partnerships that facilitate improved prevention and control of chronic disease. These efforts lead to better coordination of existing knowledge being applied more effectively in the community. Many of these chronic disease prevention activities have either been at the work site, agency-based, school-based or community-based. However, more are becoming faith-based as well. These efforts range from educational to developing policies that promote healthy environments. This local health department leadership role is consistent with the Board of Health's focus on chronic disease prevention and with the Virginia Department of Health statutory mandates. Local health departments possess the expertise in these regards as most health departments have master's degree trained individuals in policy, planning and chronic disease prevention.

Objective Strategies

- Establishment of chronic disease prevention projects in each district, in collaboration with public, private and non-profit partners, which are responsive to community needs and local resources and leadership. Work with partner stakeholders on prevention activities such as outreach through early prevention and intervention with children. A focus could be placed on school health education and physical education activities by working with local school divisions or target worksites in order to reac

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Percent of local health departments initiating or collaborating with public and private health care providers to establish a community based activity (prevention/wellness program) for the pre-Medicare eligible population.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Outcome	Increase	Annually

Data Source and Calculation

Data reported by local health departments will serve as the basis for calculating this measure.

Objective

Engage policy makers, local government officials and community leaders regarding the health status of their community.

Description

The health status of communities is inextricably linked to public policy and the policy makers and government officials which help to both form and fund public health initiatives. Significant disparities exist in the health status of communities across the Commonwealth. To ensure each community has the potential to achieve the greatest possible outcomes in terms of the health and welfare of its people, health departments and the central office must play a leading role in ensuring that policy makers and local government officials are not only well informed, but actively engaged.

Objective Strategies

- Continued outreach to local policy makers, local government officials and community leaders to share and understand health data.

Alignment to Agency Goals

- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Number of policy-makers and/or local government officials and community leaders provided health data profile via letters, emails, or newsletters.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Outcome	Increase	Annually

Data Source and Calculation

Data reported by local health departments will serve as the basis for calculating this measure.

44018: Local Nutrition Services

Description

The purpose of the service area is to assure healthy diets for mothers during pregnancy and breast-feeding and for their children ages 0 to five who might otherwise not be able to afford to eat properly. The service is offered for families with income under 185% of the federal poverty level.

Virginia’s Special Supplemental Nutrition Program for Women, Infants and Children operates pursuant to United States Department of Agriculture regulations in response to increasing scientific evidence that children’s ability to learn and excel in school is directly related to the quality of nutrition received during the critical period of prenatal and early childhood brain development. Women, Infants and Children differs from the Food Stamp program by covering only these high risk population groups, providing only specified high nutrition food items and requiring nutritional assessment and education for the participants.

The provision of vouchers to purchase a package of specifically prescribed high nutrient foods at local groceries is coupled with education for the mothers and/or primary care-givers about healthy eating. Increasing attention is being paid to educating families about ways to avoid the risks of childhood obesity while assuring proper nutrition. Breastfeeding is promoted while regular and specially prescribed formulas are provided for infants who are not breastfed. Offering the services of this program though local health departments allows linkage and referrals to be made assuring that the low-income recipients obtain primary health care services and specific preventive services such as childhood immunizations and lead-screening.

Mission Alignment and Authority

This service area directly aligns to the mission of the Virginia Department of Health to protect and promote the health of Virginians. It accomplishes this by providing information and specific resources for lower income families to assure optimal nutrition during the times of greatest brain development and growth of Virginia’s future citizens.

Customers for this Service Area

Anticipated Changes to Customers Base

The current economic picture has increased WIC enrollment of persons who have never previously participated in government programs.

The perception by the families as well as by community informants such as physicians, friends, and relatives of the “trouble” to participate as compared to the perceived benefit of the “free food” will impact the number of actual eligible persons who will enroll and continue to participate.

Federal guidelines specifying the food package changed in the Fall of 2009. These changes led to an increase acceptance of the program for eligible populations, by increasing the appeal and acceptability to various cultural groups. The new food package added fresh fruits and vegetables, and whole grains.

An increase in the number of women of child-bearing age may increase the number of eligible pregnant
and breastfeeding women.

A decreasing birthrate may decrease the number of women eligible for Women, Infant and Children.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Low-Income	WIC Participants - Children	78,357	130,172	Increase
Low-Income	WIC Participants - Infants	38,231	36,017	Increase
Low-Income	WIC Participants - Women	38,430	53,018	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Changes in federal regulations may serve to add to or limit the kinds or extent of service provided, either by specific direction or by reducing the resources supporting those services.

Decreases in the availability of appropriately-credentialed employees may reduce the extent and/or
quality of the services provided.

Technological changes (e.g. automated telephone appointment reminders and computer-based health
education for clients, etc.) may enhance client participation and understanding of the importance of good nutrition, allow faster and easier communication between staff and customers, and streamline the record keeping process, among many other potential benefits. However, more technology may deter some clients from enrolling or participating as desired.

Anticipated Changes to the Products and/or Services

Increasing use of automated methods for delivering health education to clients in group and individual
sessions.

Increasing use of automated methods to record information and track program measurements.

Increased use of registered dieticians to counsel high-risk patients; use para-professional level personnel and algorithms to deliver routine, general nutrition information.

Listing of Products and / or Services

Information and support services for breastfeeding,

Weight and height measurement,

Testing for anemia,

Blood lead risk information and referral (testing may be provided with non-Women, Infant and Children resources),

Individual and group education about nutritional topics of interest to the participants,

Individual nutritional counseling for certain special health needs,

Infant formulas provided including many as a result of physician prescription,

Vouchers to purchase packages of specified high nutrition foods,

Referrals to other primary and preventive health services,

Immunization screening under age two and referral as indicated; immunizations often provided with other Health Department resources, and

Multi-vitamins and iron supplements provided with non-Women, Infant and Children funds to some participants under local medical protocols,

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	17,485,026	0	17,485,026
Changes to Base	41,314	6,091,000	41,314	6,091,000
Total	41,314	23,576,026	41,314	23,576,026

Objectives for this Service Area

Objectives for this Service Area

Objective
Assure healthy diets for mothers during pregnancy

Description
The right intake of nutrients by the pregnant woman and during early life has been repeatedly shown to be one of the most powerful ways to optimize the development of the young brain and place the child on the right road for development and learning in later years. Opportunities that are lost by inadequate nutrition during these critical periods cannot be recovered later in life.

Objective Strategies

- Local Health Departments will individually assess enrollees and provide them with nutrition education services as well as information about how to use the food and other requirements of the WIC program. These services will include offering related preventive health services and referrals. Local Health Departments will send reminders, make phone calls and take other steps to assure that enrollees continue to participate in the program by picking up and using food benefits and returning for requ

Alignment to Agency Goals

- Improve food security and nutrition for at risk Virginians through maximization of WIC, Child and Adult Care Food Program, and Summer Food Services.

Measures

- Percentage of potentially-eligible pregnant women enrolled in the WIC program

Measure Class: Agency Key | Measure Type: Output | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

The WIC-Net data system is the source of the persons enrolled. The number of persons estimated to be in each risk group was developed from state demographic and family income data by a contracted organization in 2003 and is updated as new birth and family income data is available. Measure is calculated by dividing the number of pregnant women enrolled in the WIC program by the estimated total number of pregnant women eligible for the WIC program.

49204: Payments to Human Services Organizations

Description

This service area provides payments of funds appropriated to the Virginia Department of Health (VDH) by the General Assembly for specifically identified organizations following the execution of a contract

Mission Alignment and Authority

This service area aligns with the agency's mission to promote and protect the health of Virginians by providing resources in support of the execution of those designated programs.

Customers for this Service Area

Anticipated Changes to Customers Base

The customer base is subject to increase or decrease dependent upon the actions of the Governor, General Assembly, or the contracted service agency.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Non-Profit Agency (Boards/Foundations),	AIDS Resource and Consultation Centers	1	1	
Non-Profit Agency (Boards/Foundations),	Alexandria Neighborhood Health Services, Inc.	1	1	
Adult	Arthur Ashe Health Center	1	1	
Adult	Chesapeake Adult General Medical Clinic	1	1	
Non-Profit Agency (Boards/Foundations),	Community based sickle cell grants	1	1	
Non-Profit Agency (Boards/Foundations),	Comprehensive Health Investment Project of Virginia (CHIP)	1	1	
Non-Profit Agency (Boards/Foundations),	Fan Free Clinic	1	1	
Non-Profit Agency (Boards/Foundations),	Jeannie Schmidt Free Clinic	1	1	
Non-Profit Agency (Boards/Foundations),	Louisa County Resource Council	1	1	
Non-Profit Agency (Boards/Foundations),	Mission of Mercy (MOM) Dental Project	1	1	
Non-Profit Agency (Boards/Foundations),	Old Towne Medical Center	1	1	
Non-Profit Agency (Boards/Foundations),	Poison Control Centers	1	1	
Non-Profit Agency (Boards/Foundations),	Rappahannock Regional Health Center	1	1	
Non-Profit Agency (Boards/Foundations),	Southwest Virginia Graduate Medical Education Consortium	1	1	
Non-Profit Agency (Boards/Foundations),	St. Mary's Health Wagon - Medical & Dental Care in Central Appalachia	1	1	
Non-Profit Agency (Boards/Foundations),	Virginia Association of Free Clinics - Pharmaceuticals (VAFC)	1	1	
Non-Profit Agency (Boards/Foundations),	Virginia Community Healthcare Association - Pharmaceuticals and Community Health Centers (VPCA)	1	1	
Non-Profit Agency (Boards/Foundations),	Virginia Health Care Foundation (VHCF)	1	1	
Non-Profit Agency (Boards/Foundations),	Virginia Health Information (VHI)	1	1	
Adult	Proton Beam Therapy	1	1	

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Factors Impacting the Products and/or Services

The factors that could impact these service area products and services are directly related to the overall economic condition and financial position of the state. Future funding of these service areas are dependent upon the availability of funds and the appropriations by the General Assembly.

Anticipated Changes to the Products and/or Services

There are no anticipated changes to the service area products and services at this time.

Listing of Products and / or Services

AIDS Resource and Consultation Center - This is an early intervention center that provides medical treatment and support services to HIV infected low income, under insured, and uninsured persons living in the Lynchburg area.

Alexandria Neighborhood Health Services, Inc. This is a one-stop health center providing accessible, culturally sensitive, preventive, prenatal, primary and minor pediatric illness care to medically indigent women and children in a predominantly Hispanic neighborhood in Alexandria.

Arthur Ashe Health Center - This center provides support for the AIDS early intervention and counseling programs in Richmond.

Chesapeake Adult General Medical Clinic - This clinic provides medical care for non-insured adults with chronic illness located in the South Norfolk area. Areas of care include diagnosis, treatment, medications and education.

Comprehensive Health Investment Project of Virginia (CHIP) - The Comprehensive Health Investment Project of Virginia focuses largely on making the connection between family and the provider to develop, expand, and operate a network of local public-private partnerships providing comprehensive care coordination, family support and preventive medical and dental services to low-income, at-risk children. A portion of these funds will go to CHIP of Roanoke to be used as matching funds for three public health nurse positions to expand services in the Roanoke Valley and Allegheny highlands.

Fan Free Clinic - This clinic is operated by the Richmond AIDS Ministry and provides areas of care that includes housing, nursing services, and education.

Louisa County Resource Council - This council implements initiatives to connect indigent individuals to medical and dental services. Services include locating appropriate care, transportation, and payment of medical services.

Old Towne Medical Center - This center provides general medical, pediatric, women’s health, immunizations, family planning, dental, and home visit health care services in Williamsburg.

Poison Control Centers - The mission of the poison control centers includes poison prevention, poison morbidity and mortality reduction, and health care cost reduction. In response to poison emergencies, the centers are instrumental in the surveillance of adverse effects of foods, drugs, marketed products and promotion of poison prevention. The centers collect detailed poison exposure data which is computerized in real time therefore plays an important role in bioterrorism surveillance. Case data is submitted to the American Association of Poison Control Centers’ (AAPCC) Toxic Exposure Surveillance Center (TESS). There are two poison control programs serving Virginia.

Southwest Virginia Graduate Medical Education Consortium (SWVA GMEC) - The SWVA GMEC was established as a 501 3C Non-Profit Consortium to create and support medical residency preceptor sites in rural and underserved communities in Southwest Virginia. The GMEC mission is to improve access to high quality care. A program was developed to attract and retain qualified primary care physician practices to impoverished regions of Southwest Virginia.

St. Mary's Health Wagon, Medical & Dental Care in Central Appalachia - This health wagon provides medical and dental services in the Central Appalachia area.

Virginia Association of Free Clinics – Pharmaceuticals (VAFC) - This clinic provides funding to purchase pharmaceuticals, medically necessary pharmacy supplies, and services to low-income uninsured patients of free clinics throughout Virginia.

Virginia Health Care Foundation (VHCF) - This foundation provides primary care for medically underserved families in the Commonwealth. The foundation is also directed to expand the Pharmacy Connection Software program to unserved or underserved regions of the Commonwealth, to improve access to free medications for low income Virginians through an Rx Partnership and to increase the capacity of the Commonwealth’s health safety net providers to expand services to unserved and underserved Virginians. Funds are matched with local public and private resources not appropriated by the state.

Virginia Health Information (VHI) - This non-profit health data organization develops and implements health data projects that provide useful information to consumers and purchasers of health care, to providers including health plans, to hospitals, nursing facilities, and physicians.

Virginia Community Healthcare Association – Pharmaceuticals and Community Health Centers (VPCA) - This association provides pharmacy services, pharmaceuticals, and pharmaceutical supplies to low-income uninsured patients of the Community and Migrant Health Centers throughout Virginia. A portion of these funds will be used to expand existing or develop new community health centers in medically underserved and economically disadvantaged areas of the Commonwealth and expand access to care provided through community health centers. Funding shall be used to match funding solicited by the Virginia Primary Care Association from local and federal sources, and other public or private organizations.

Community Based Sickle Cell Grants - VDH provides grants to community based programs that provide patient assistance, education, and family centered support for individuals suffering from sickle cell disease.

Jeannie Schmidt Free Clinic - This is a free clinic operating in Fairfax County.

Bedford House Hospice - VDH provides funds to the Bedford Hospice House in Bedford, VA.

Rappahannock Regional Health Center - VDH provides funds to the Community Health Center in the Rappahannock Region.

Mission of Mercy (MOM) - Funds are provided to the Virginia Dental Health Foundation to fund the MOM dental project.

Proton Beam Therapy – Funds are provided to Hampton University for Proton therapy, which is regarded as the most precise form of cancer treatment to date, targeting only the tumor while sparing surrounding healthy tissue.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	13,167,793	500,000	13,167,793	500,000
Changes to Base	2,307,272	-500,000	582,725	-100,000
Total	15,475,065	0	13,750,518	400,000

Objectives for this Service Area

Objectives for this Service Area

Objective
Process the payments to each non-state entity in compliance with the requirements of the Appropriation Act and the Code of Virginia

Description
Identify and ensure the accurate processing of payments to the organizations and entities included in the Appropriation Act as recipients of appropriated funds.

Objective Strategies

- VDH will coordinate the accurate processing of the payments to each organization and entity with the appropriate VDH offices.
- VDH will identify each organization and entity that is to receive appropriations each fiscal year.
- VDH will maintain payment history details for reporting purposes.
- VDH will provide payment data to the state auditors, General Assembly committee members, the Department of Planning and Budget (DPB), and others as requested.

Alignment to Agency Goals

- Improve the health of Virginians and decrease health care costs by preventing and controlling communicable diseases, and preventing vaccine preventable diseases through use of data, collaboration and private sector engagement.

Measures

- Percent of payments accurately processed and documented to each entity as appropriated each fiscal year.

Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Stable | Frequency: Annually

Data Source and Calculation

The Virginia Department of Health (VDH) will identify and execute all payments required by the Acts of the General Assembly. Measure is calculated by dividing the number of payments accurately processed and documented to each entity as appropriated each fiscal year by the total number of payments processed and documented to each entity as appropriated each fiscal year.

499: Administrative and Support Services

Description

This service area provides agency wide leadership and direction from the Commissioner's Office and Deputy Commissioners to include policy development, programmatic direction, management of human and financial resources, quality and business process improvements, standards of business practice, and information management. This service area includes core business functions and systems of auditing, budgeting, accounting, human resources, in house information technology, and procurement that meet the needs of the agency. Sound management and oversight are provided to ensure ethical stewardship of resources and compliance with all applicable federal, state, regulations, policies, and mandates.

Mission Alignment and Authority

This service area aligns with the Virginia Department of Health's (VDH) mission to promote and protect the health of Virginians by providing agency-wide leadership, direction, stewardship and management resources, and business support.

Customers for this Service Area

Anticipated Changes to Customers Base

No significant changes are anticipated.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
State Agency(s),	Board of Health	1	1	Stable
General Assembly	General Assembly	1	1	Stable
Applicants	General public employment applicants	35,000	35,000	Stable
Governor	Governor	1	1	Stable
Local or Regional Government Authorities	Local governments	119	119	Stable
State Agency(s),	Secretary of Health and Human Resources	1	1	Stable
State Agency(s),	State and federal government agencies	46	46	Stable
State Government Employee	VDH employees	4,462	4,713	Stable
Health Care	Vendors	9,698	9,698	Stable

Partners for this Service Area

Partner	Description
VITA	The Virginia Dept of Health receives its information technology infrastructure services via a partnership with the Virginia Information Technologies Agency.

Products and Services

Factors Impacting the Products and/or Services

General Management:

Declining revenues – As revenues in the Commonwealth continue to decline, there is less funding for public health services. Budget reductions have required prioritizing and focusing on maintaining core public health services.

New mandates and initiatives – As new unfunded mandates and initiatives are imposed, agency leadership responds, necessitating a shift in resources to meet requirements.

Health indicators/health status - The health status of citizens is a tool in determining agency priorities in promoting and protecting the health of Virginians. As priorities are established or changed, management and business functions are affected.

Emergency response - Responding to any unfolding situation has an immediate impact on agency priorities.
Change in administration – With a change in the Commonwealth's administration, changes in priorities and initiatives can also be expected.

Reduction in existing grant funding.

Technology Services:

Technology changes – As technology changes, information technology applications and infrastructure must be adjusted accordingly. Responding to these technological changes and advancements requires shifts in software and hardware platforms to support the customers.

Funding – Technology services are provided using existing resources. If funding is unavailable or reduced, there is a direct impact on the delivery of technology goods and services.

Agency requirements, mandates, VITA policy – The delivery of technology services calls for agility and flexibility in order to respond to new policies and mandates with existing resources. Changes driven by these requirements could potentially result in modifications, enhancements, or the development of new applications.

Customer requirements – Customers rely on technology to enhance their efficiency in meeting program objectives. New solutions and capabilities are needed in order to address changing business requirements. The needs and priorities of the customers directly impacts technology service deliverables.

Security – We strive to ensure the applications and infrastructure provided to our customers is secure and protects confidential information. This requires diligence regarding updating applications and infrastructure with the most current virus protections. New hacking attacks or the promulgation of viruses impacts the services provided to VDH customers. In addition, changing security requirements within programs often results in applications changes or upgrades. This is done with existing resources given funding is available.

Accounting and Budgeting Services:

Changes in services – As policies and procedures change, the Accounting and Budgeting Services must be able to improve and revise current internal financial systems. The ability to create and transmit current financial data is paramount to the continuity of financial operations.

New mandates, policies, directives – Accounting and Budgeting Services operates according to a prescribed set of mandates and directives from various sources, such as the Code of Virginia, IRS code, Commonwealth Accounting Policies and Procedures (CAPP) Manual, Department of Planning and Budget (DPB) guidance on strategic planning and budgeting requirements, agency and other state regulations, federal reporting requirements including Generally Accepted Accounting Principles (GAAP), and the Cash Management Improvement Act (CMIA). As new mandates are added, this service area must respond and comply with new requirements. This requires providing customers with accurate and timely financial information as well as guidance and technical assistance in the principles of financial management.

Resources - VDH's increasing reliance on volatile sources of funds.

Human Resources:

Labor market - Many public health positions require specialized expertise, as also required in public health operations throughout the region and the country. A limited number of trained specialists who are in demand throughout the public health community create challenges for both attracting and retaining in the agency. As the business of public health changes to meet emerging community and national problems, availability issues in certain professions will persist.

Change in mission, services - As public health programs and mandates change, HR must not only keep systems responsive but also effectively forecast business needs and manage the impact on HR operations and policy. Activities such as workforce planning facilitate the integration of business need and necessary staffing.
New mandates, policies, directives - As new HR and agency mandates are imposed, HR must respond with adequate resources, including the capacity to do research and development, implementation and practice audit.

Staffing level and funding - All work is conducted within existing funds and Full Time Equivalents (FTEs). A lack of either, in response to business needs, will negatively impact Human Resource's ability to provide deliverables.

Procurement and General Services:

Change in program services – As customers' priorities and program services change, Procurement and General Services must be responsive to meeting procurement and contracting requirements of these programs.
New mandates, policies, directives - Procurement and General Services operates according to defined mandates and directives from various sources, such as the Code of Virginia, Virginia Public Procurement Act (VPPA), Agency Procurement and Surplus Property Manual (APSPM) published under the authority delegated to the Department of General Services, Division of Purchases and Supply. As changes and new mandates are added, this service area must comply and respond with adequate resources for implementation, training, consultation and compliance audits.

Risk Management and Internal Controls:

The Risk Management and Internal Controls Section is responsible for an annual assessment of agency internal control systems that is required to provide reasonable assurance of the integrity of all fiscal processes related to the submission of transaction to the Commonwealth's general ledger, submission of financial statement directive materials, compliance with laws and regulations, and stewardship over the Commonwealth's assets.

Anticipated Changes to the Products and/or Services

General Management

Increased emphasis on planning and preparedness for public health threats whether natural, unintentional or intentional.

Declining revenues in the Commonwealth result in decreased public health services.

Technology Services

Development, maintenance, and support are expected to increase.
Health Reform has created great shifts in health information technology. This will greatly impact resources and support needed.

Accounting and Budgeting Services

Requirements of the Federal Funding Accountability and Transparency Act (FFATA) is expected to increase federal financial reporting requirements related to increased transparency and accountability.
Increased emphasis on grants management reporting, maximizing funds, and compliance as well seeking additional opportunity for grant funds.

Agency financial system enhancements for reporting of financial and accounting information within statewide program offices and the local health departments.

Increased internal control assessment of high risk financial activities.

Eventual replacement of the Commonwealth's financial and payroll accounting systems.

Human Resources

Comprehensive background investigations program will continue to expand.

Mandated training for supervisors will create additional needs for program administration.

Efficiencies through increased and expanded use of automation of HR processes and state and agency system interface will continue to be pursued by HR.

Web based services and resources will continue to be expanded to resource employees and managers statewide.

Workplace safety programs and injury prevention intervention to reduce accidents, injury, illnesses as well as workers' compensation activity will remain a focus.

Emergency Preparedness and Response programs will continue to provide new and unique challenges to the agency HR system, as expectations of workers change in response to emergency preparations and response.

Emphasis on funding sources, budgetary coding, and collaboration with the Office of Financial Management will continue to increase.

Emphasis on the support and use of telecommuting and alternate work schedules will continue to increase..

Procurement and General Services

Agency internal Financial & Administrative system enhancements for reporting will improve communication and coordination of purchasing and financial information.

Eventual interface of eVA with the Commonwealth's financial system will eliminate duplication of payment information and provide a more comprehensive and efficient system.

Continued implementation of Executive Order 33 (SWAM Enhancing Opportunities for Small, Women &
Minority Owner Businesses) and its components to increase the utilization of small, women, and minority owned businesses for agency procurements.

Continued implementation of Executive Order 75 (Managing the Commonwealth's Real Estate Holdings) and the components for all real estate lease transactions.

Implementation of Executive Order 19 (Conservation and Efficiency in the Operation of State Government) requiring all state agencies to implement environmental management systems and policies.

Implementation of the contractual requirements to meet Executive Order 85 (Use of Virginia Workforce Network for Jobs Resulting from the ARRA of 2009 and Those Being Recruited by Virginia State Agencies) requiring the use of the Virginia Workforce Network for jobs created with ARRA funding.

Listing of Products and / or Services

ACCOUNTING AND BUDGETING SERVICES: Financial and Analytical Support: conducts special evaluation and management analysis on a wide range of complex resource issues; provides consultation and analytical support to agency Senior Management, Department of Planning and Budget, Secretary of Health and Human Resources, Office of the Governor, and the General Assembly, and management throughout the agency.

ACCOUNTING AND BUDGETING SERVICES: Forecasting Agency Expenditures and Revenues: forecasts agency nongeneral fund revenue and forecasts agency expenditures by fund source and management areas.

ACCOUNTING AND BUDGETING SERVICES: Financial Reporting, Evaluation, and Analysis: tracks agency appropriation by management areas and cost centers; generates routine and ad hoc reports and track local government matching fund requirements.

ACCOUNTING AND BUDGETING SERVICES: Legislative Fiscal Impact Analysis and Reporting: coordinates, reviews and develops financial impact statements.

ACCOUNTING AND BUDGETING SERVICES: Risk Management and Internal Control: conducts annual assessment of agency internal control systems and identifies weaknesses, opportunities for improvements, and best practices.

HUMAN RESOURCES: Human Resource (HR) Policy, Compensation, Tools and HR Processes/Procedures: develops agency human resource policy, including companion policy to central control agency policy and other mandates; develops associated procedures, forms, and automated records and reporting systems as infrastructure to the statewide HR system.

HUMAN RESOURCES: Workforce Planning, Organizational Change and Business Process Improvement: assesses continually occupational and labor market trends; develops strategies to assure the workforce is aligned to meet current and future agency business needs, and assists management in creating optimal organizational structures and business processes that are efficient and effective.

HUMAN RESOURCES: Competitive Hiring in Local, Statewide, Regional and National Markets: devises and implements effective strategies, based on organizational needs and resources, to attract public health (PH) professionals and support staff in evolving and competitive local, statewide, regional and national markets.

HUMAN RESOURCES: Performance Management, Training and Workforce Development: serves as statewide consultants on every aspect of performance management, including Employee Work Profiles (EWPs) and expectations, rewards and recognition, progressive discipline and separations; implements HR system wide training via a variety of media, including web based coursework and resources, consultation, distance learning strategies, videoconferencing and meetings; manages mandated training systems and metrics; participates in occupational development strategies and training and development programs for all employees.

HUMAN RESOURCES: Employee Benefits Administration; Records and Reporting: manages all employee benefits programs, personnel transactions, agency level data porting, records management issues, central personnel files and integrity of remote records.

HUMAN RESOURCES: Employee Relations Management, EEO, Complaint Investigation and Dispute Resolution: provides agency wide consultation to management regarding behavioral issues, investigation of complaints filed internally and externally, early intervention in disputes, mediation, coaching and facilitation for improved workplace outcomes.

HUMAN RESOURCES: Personnel Security, Safety and Background Investigations: participates in assessment of workplace security risks and safety risks and development of remediation strategies; conduct background investigations for agency personnel, including partnering with law enforcement agencies.

HUMAN RESOURCES: Quality Control, Compliance and HR Practice Audit: monitors HR programs statewide for compliance with mandates through data collection, report generation and analysis; recommends best practices to improve outcomes; develops and implements HR audit programs for practice areas.

PROCUREMENT AND GENERAL SERVICES: Purchasing, Contracting, Contract Administration, Small Purchase Charge Card: satisfies the continuous need for the procurement of supplies, equipment, materials and facilities, at a reasonable cost, to assure compliance with state laws, policies and procedures, and to make available the materials and services essential to the successful delivery of agency services; provides training, direction, leadership regarding procurement policies, laws, new initiatives; develops procedures and guidelines; interprets policy; serves as consultants to customers; manages and promotes the agency Small Purchase Charge Card Program (332 cards), eVA system (360 users), Small, Women-Owned and Minority Businesses (SWAM); conducts procurement management reviews; complies with reporting requirements; purchases complex goods and services over $5,000; provides direction and guidance on contract interpretation, performance analysis, problem resolution, systems and processes, bids, proposals, and agreements; ensures the rights of the Commonwealth are protected and manages the agency surplus property disposal process.

PROCUREMENT AND GENERAL SERVICES: Central Services Warehouse and Mail Services: manages the agency central warehouse, fills and distributes orders statewide, generates internal billings; provides mail service for distribution in the Madison Building; manages special deliveries and chain of custody deliveries and works collaboratively with State Mail Services regarding mail distribution in the Richmond area.

PROCUREMENT AND GENERAL SERVICES: Facility Management and Real Property Leases: manages agency capitol area facilities which includes James Madison Building (687 employees), James Monroe Building (7 employees); provides a safe work environment; manages building security and access, parking, evacuation plans, office space standards; serves as liaison to the Department of General Services (D'S) and provides leadership, guidance, and coordination for over 200 agency leases.

PROCUREMENT AND GENERAL SERVICES: Telecommunications: coordinates and places orders for agency telecommunication services and serves as liaison with Virginia Information Technology Agency (VITA) and other telecommunication providers, includes voice and data services and support.

PROCUREMENT AND GENERAL SERVICES: Fleet Management: manages the agency centralized fleet of approximately 439 vehicles which provides safe, efficient and reliable vehicular transportation for business use by agency employees; administers, monitors, and enforces all rules and regulations regarding the assignment, utilization, maintenance, repair and replacement of fleet vehicles and processes accident reports.

GENERAL MANAGEMENT: Office of the Commissioner: provides leadership and direction to public health programs, administration, community health services, and emergency preparedness and response by the Commissioner, four deputy commissioners (Chief Deputy for Public Health, Deputy for Administration, Deputy for Community Health Services, and Deputy for Public Health and Emergency Preparedness), and other key office staff; leads public health program management which provides support and technical assistance to health districts and the public in environmental health, water programs, family health, epidemiology, emergency medical services, vital records and health statistics, as well as information technology, medical examiner’s office, and other health care services and consumer protection; leads administration, financial (including financial internal control/risk management), human resource, procurement, general services management; leads community health services management for 35 health districts; monitors Virginians’ health status; identifies existing and emerging health problems and develops plans to address them; establishes partnerships to improve community health; provides uniform application of regulatory authority; provides timely and complete legislative studies; monitors and analyzes legislation and develops effective partnerships/cooperation with other state agencies in shared or complementary missions. Except for the Deputy for Public Health and Emergency Preparedness, the Commissioner and deputies are funded by this service area.

GENERAL MANAGEMENT: Board of Health: provides administrative and programmatic support to the Board of Health.

GENERAL MANAGEMENT: Internal Audit: provides agency management with an independent and objective assessment of each departmental operation; reviews the propriety and completeness of financial and managerial information and compliance with federal, state and agency regulations; performs fraud and complaint investigations and serves as primary contact with the Auditor of Public Accounts.

TECHNOLOGY SERVICES: Application development and maintenance: Applications are built following the full systems development life cycle and project management methodology. An extensive testing process is used to ensure the application meets the business requirements. The process for developing an application is extensive and involves comprehensive requirements gathering, user group participation, quality assurance and security testing, documentation (both technical and user manuals), auditing and security reviews. Once placed in production, the application moves into maintenance mode, meaning all updates are made to the application as required to ensure compliance with federal and state regulations and security policies.

TECHNOLOGY SERVICES: Training: Create training materials and documentation and provide formal training to customers as new applications or changes to existing applications are implemented.

TECHNOLOGY SERVICES: Applications Support: provides an agency wide Help Desk to support customers with applications problems or issues. The goal is to troubleshoot the issue at first call and escalate as necessary.

TECHNOLOGY SERVICES: Data Warehouse: develops reports based on unique customer requests; provides training on data warehousing tools that can be used by staff to generate standard reports to meet individual and program data reporting requirements.

ACCOUNTING AND BUDGETING SERVICES: Accounts Receivable and Revenue Processing: receives and deposits revenue for central office programs and services; coordinates the collection of agency wide past due receivables to include state’s Debt/Vendor Set-Off program with the Virginia Department of Taxation; establishes and maintains central office accounts and receivable records; prepares agency quarterly accounts receivable reports and coordinates receivables collection distribution.

ACCOUNTING AND BUDGETING SERVICES: Accounts Payable and Travel Management: processes payments for goods and services and provides leadership in prompt pay compliance; reviews for compliance and reimburses employees for travel expenditures through checks and Electronic Data Interchange (EDI) processing and prepares and distributes 1099 statements as required by the Internal Revenue Service (IRS).

ACCOUNTING AND BUDGETING SERVICES: Leases and Fixed Asset Accounting: reviews and records leases and capital fixed assets; coordinates the annual fiscal inventory and provides guidance to agency offices/districts and reconciles and submits required reports to the Department of Accounts (DOA)

ACCOUNTING AND BUDGETING SERVICES: Financial Reporting: prepares internal management reports, Auditor of Public Accounts (APA) Reports, and State Comptroller Reports.

ACCOUNTING AND BUDGETING SERVICES: Reconciliation: processes and resolves service area reconciliation discrepancies; reconciles the internal accounting system to Commonwealth Accounting and Reporting System (CARS) and prepares general ledger reconciliations.

ACCOUNTING AND BUDGETING SERVICES: Petty Cash: maintains the agency’s petty cash account; issues checks, processes reimbursements from service areas and reconciles account records.

ACCOUNTING AND BUDGETING SERVICES: Payroll: prepares agency payroll that timely and accurately compensates all agency employees within the guidelines of federal and state law; reconciles payroll expenditures and submits quarterly reports to DOA and prepares and distributes W-2’s as required by the IRS.

ACCOUNTING AND BUDGETING SERVICES: Grants Cash Management and Accounting: projects cash flow needs for agency grants; and draws down funds for deposit in accordance with federal and state regulations and policies; maintains systems necessary for federal grant reporting requirements; reconciles grant records; prepares agency internal and external federal grant reports.

ACCOUNTING AND BUDGETING SERVICES: Automated Systems Administration: maintains agency chart of accounts and accounting code tables; maintains security tables and financial system automation planning.

ACCOUNTING AND BUDGETING SERVICES: Financial Policy and Procedure Development, Technical Assistance, and Training: develops and updates agency's budgeting and accounting policies and procedures and guidance consistent with those promulgated by DPB,DOA, APA, the Code of Virginia, Department of Treasury, and the federal government; provides system, policy, and procedural training to agency districts/offices.

ACCOUNTING AND BUDGETING SERVICES: Budget Formulation, Monitoring, and Execution: formulates, monitors and executes biennial and operating budget to include cooperative, program, and grant funding; develops cost center budget development guidance; develops and implements financial management tools and systems and provides guidance and technical assistance.

PROCUREMENT AND GENERAL SERVICES: Risk Management: assists agency and coordinate with Department of Treasury from financial loss caused by legal liability, loss of property, and other hazards; investigate with agency staff and reports possible claims and risk issues as required and advise staff on medical malpractice insurance coverage for health care providers, property and automobile coverage.

TECHNOLOGY SERVICES: Security: Provide security consultation services including analyzing potential new applications for security compliance, ensuring applications are implemented according to security policies and procedures, adhere to Commonwealth Security Policy SEC501 and VDH's IT Security Policies, provide information and analysis to managers, as required, on computer/internet usage.

TECHNOLOGY SERVICES: VITA: Act as the liaison between the VDH and all VITA/NG activities, including providing consultation services regarding new services, cost and implementation.

TECHNOLOGY SERVICES: Health IT: partner with a non-profit to create and implement the STATEWIDE Health Information Exchange.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	9,683,189	7,885,692	9,683,189	7,885,692
Changes to Base	3,423,075	14,888	3,477,763	14,888
Total	13,106,264	7,900,580	13,160,952	7,900,580

Objectives for this Service Area

Objectives for this Service Area

Objective
To ensure that resources are used efficiently and programs are managed effectively, and in a manner consistent with applicable state and federal requirements.

Description
Promotes and measures existing and emerging standards of management operations in the areas of human resources, government procurement, finance, performance, and technology.

Objective Strategies

- Conduct an agency wide assessment of all current manual forms and processes
- Identify areas where automation will improve administrative efficiency and realize fiscal savings
- Utilize federal grant funds to hire contractors to assist with automation efforts
- Work in conjunction with OIM to automate forms and processes

Alignment to Agency Goals

- Maintain a positive and productive work environment for VDH employees.
- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

50801: Drinking Water Regulation

Description

This service area implements the federal Safe Drinking Water Act, Virginia's Public Water Supply Law and Virginia's Waterworks Regulations to protect public health by regulating Virginia's public waterworks. Virginia Department of Health (VDH) is designated as the "primacy" agency with primary enforcement responsibility for implementing and enforcing the federal drinking water standards in Virginia.

Products and services include:
Inspections and investigations of waterworks,
Evaluations of engineering reports, plans and specifications,
Training for waterworks owners and operators,
Technical assistance to waterworks owners and operators,
Establishment and implementation of a drinking water quality monitoring program,
Emergency assistance provided to waterworks owners and operators (droughts, floods, etc.),
Database development and maintenance to include an inventory of all of Virginia's public waterworks and compliance information on those waterworks,
Enforcement/compliance actions to ensure compliance with regulations, and
Serve as a resource to other state and federal agencies.

This service area is administered by the VDH Office of Drinking Water (ODW).

Mission Alignment and Authority

This service area directly aligns with VDH's mission of promoting and protecting the health of Virginians by assuring an adequate quality and quantity of safe drinking water to consumers.

Customers for this Service Area

Anticipated Changes to Customers Base

Waterworks owners/operators:
The number of waterworks owners is expected to remain relatively stable (3,000) with a slight downward trend due to an increase in the number, complexity of drinking water regulations, and a trend toward regionalization. Regulations under the SWDA are becoming more complex, requiring continued technical assistance to address the aging infrastructure.

Public served:
The number of Virginia's citizens served by public waterworks will increase as Virginia's population increases.
Waterworks are expanding their service areas to include homes previously served by individual wells, springs or cisterns with drinking water health concerns.

Affiliated interests:
VDH expects to see an increase in the number of affiliated interests as increasing regulations are implemented and waterworks owners maintain, update, or expand their infrastructure facilities to cope with the mandated changes and the normal growth.
A measurable increase in VDH technical assistance provided to consulting engineers is anticipated due to new and revised drinking water regulations.
Virginia Rural Water Association, Southeast Rural Community Assistance Project, and other organizations expect increased partnerships for training activities from VDH.

Other governmental agencies:
VDH involvement with numerous agencies at local, state, and federal levels to either provide technical assistance or coordinate functions to better serve Virginia citizens will increase.
Changing focuses, envisioned needs, security concerns and/or regulatory mandates will demand VDH's continued involvement with others.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Employer/ Business Owner	Affiliated interests (engineers, attorneys, general contractors, product manufacturers, etc.)	100	500	Increase
Local or Regional Government Authorities	Other governmental agencies (local, state, and federal)	200	300	Increase
Natural Resources and Earth Science	Waterworks operators	2,150	2,250	Increase
Natural Resources and Earth Science	Waterworks owners	1,945	1,945	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

The number and complexity of federal drinking water regulations is expected to increase the amount of technical assistance provided to waterworks owners and operators in an effort to maintain compliance with the regulations.

New technologies will alter the methods of treating drinking water. The technical and engineering staff is required to maintain a working knowledge of these methods and the regulations associated with drinking water quality.

The public expects the provision of high quality drinking water that meets or exceeds regulatory standards, at a reasonable cost.

The public's knowledge of drinking water issues has increased.

The modernization of aging drinking water infrastructure facilities by waterworks will increase the VDH workload to provide oversight of evaluating engineering reports, plans and specifications.

The availability of information on the internet will increase the public's expectations concerning their right to know.

Level general and nongeneral funding has resulted in a depletion of the fund balance in the waterworks operation fees account.

Increases in the complexity and number of drinking water regulations that must be monitored and enforced will significantly increase the workload. Additional general funds will be needed to adequately support staffing levels for protecting the public health.

VDH will need to replace a significant proportion of its engineering workforce in the near future due to retirement, etc. This will eliminate a significant amount of the institutional knowledge that helps VDH understand and plan for increased public health protection. VDH will be faced with increasing difficulty in finding high quality engineers at state salary rates as the state's pay has not maintained pace with the private sector.

Anticipated Changes to the Products and/or Services

On-site inspections of waterworks are expected to increase as the public demands greater oversight to protect public health.

Technical and training assistance to owners/operators is expected to increase due to the complexity of drinking water regulations.

Increased resources are anticipated to be needed to evaluate engineering reports, plans and specifications as a result of increased regulation and upgrades of aging infrastructure.

The drinking water quality monitoring activities are expected to increase due to new federal drinking water regulations.

Database activities will continue to increase as federal drinking water regulations require reporting and near real time access.

Listing of Products and / or Services

Inspections and Investigation of Waterworks: Scheduled on-site inspections are conducted within the prescribed EPA timeframe to evaluate the capability of waterworks to consistently and reliably deliver an adequate quality and quantity of safe drinking water to consumers and to comply with state and federal drinking water standards. Special on-site investigations are conducted to provide requested technical assistance, evaluate new or upgrading public waterworks, and meet special enforcement needs. Complaint investigations are conducted as necessary to follow-up on consumer complaints.

Evaluation of Engineering Reports, Plans and Specifications: Evaluate engineering reports, plans and specifications of new and modified public water supply facilities to ensure that design and construction of those facilities will be capable of complying with the drinking water regulations as well as addressing the priority problems that exist. Issue permits to construct or modify waterworks upon approval of plans and specifications. Issue operation permits after construction is completed. Conduct in depth review of new water treatment technologies.

Training Assistance to Waterworks Owners and Operators: Hold or participate in seminars and workshops concerning the implementation of new drinking water rules or regulations, emerging technologies, techniques and professional development for waterworks managers and operators, etc. Conduct operator training for operators of very small systems on need-to-know subjects, such as disinfection, pumps, chemical feeders, and well operations.

Technical Assistance to Waterworks Owners and Operators: Assist waterworks in implementing new and revised drinking water regulations. Assist in problem identification to solve operational problems or to prioritize construction needs. Identify events that point to the development of drought conditions and alert waterworks to review their water conservation measures and attend meetings as necessary. Monitor the source water assessment program. Encourage waterworks to assess the areas serving as their sources of drinking water in an effort to identify potential threats and initiate protection efforts. Provide necessary assistance to waterworks conducting vulnerability assessments on an "as-requested" basis. Vulnerability assessments aid waterworks in evaluating their susceptibility to potential threats and identify corrective actions to reduce or negate the risk of serious consequences from vandalism, insider sabotage, or terrorist attack. Implement the capacity development program in an effort to help waterworks improve their technical, managerial, and financial capabilities so that they can provide safe drinking water consistently, reliably and cost effectively. Periodically assess the technical, managerial and financial capacity of waterworks and offer assistance in making improvements. Assist all waterworks owners in the preparation and distribution of their annual Consumer Confidence Reports (CCR). A CCR is a water quality report to all consumers that summarizes information regarding safety, source, detected contaminants, and compliance for the waterworks. Review and respond to Bacteriological Siting Reports, Lead and Copper Rule Reports, Cross Connection Control Programs, and Comprehensive Business Plans that are required of waterworks by state and federal regulations.

Establishment and Implementation of a Water Quality Monitoring Program: Work with the Division of Consolidated Laboratory Services (DCLS), certified commercial laboratories, and waterworks to assure that drinking water quality analyses are performed in a timely manner. Periodically coordinate with DCLS to assure that its staff is aware of potential biological and chemical weapons that could be employed against waterworks and is moving towards having a rapid response capability if an incident occurs or may have occurred. Evaluate the results of drinking water tests to ensure the public is being provided safe drinking water.

Emergency Assistance: Maintain an emergency pollution response system which would quickly notify any potentially affected waterworks of any reported pollution event (e.g., accidental or intentional chemical spill, raw sewage discharge, terrorist attack, etc.) Continuously maintain coordination with the State Epidemiologist and Bioterrorism Program Coordinator on security issues related to potential weapons of mass destruction attacks and incidents of tampering with waterworks. Assist in developing any waterworks actions deemed necessary as a result of any terrorist threat or increased security activities. Recommend appropriate emergency preparedness responses for waterworks owners and operators and other involved parties. Provide waterworks owners counter measure guidance on strengthening critical assets and other facilities. Securing and protecting drinking water is critical to ensuring the availability of a safe supply. Provide security audits on an "as-requested" basis.

Data Base Development and Maintenance: Maintain State Safe Drinking Water Information System (SDWIS/State) to ensure a complete and accurate inventory of all of Virginia's waterworks. Coordinate and maintain the electronic data interchange of drinking water quality analysis data from DCLS and private laboratories. Maintain the automated billing system to assist and expedite the receipt of funds from the annual waterworks operation fee. Ensure continuing coordination with the Virginia Information

Technologies Agency (VITA).

Enforcement and Compliance with Regulations: Implement all drinking water regulations within prescribed timeframe. Alert all affected Virginia waterworks owners of their responsibilities under any new federal drinking water regulations as soon as the new rule summary is available. Ensure that affected waterworks owners provide the required Consumer Confidence Report to consumers on an annual basis. Take timely, appropriate, fair, consistent, and effective enforcement actions using a variety of enforcement tools to bring waterworks into compliance. Such enforcement tools include informal telephone calls, letters, meetings, conferences, informal fact finding proceedings, administrative orders, consent orders, formal hearings, civil suits, and criminal actions. Prepare enforcement cases for referral to the Office of the Attorney General to initiate civil action. Issue emergency orders in any case where there is an imminent danger to the public health resulting from the operation of any waterworks or the source of a water supply.

Resource to Other State and Federal Agencies: Serve on the Virginia Drought Monitoring Task Force. Serve as liaison to the Department of Professional and Occupational Regulation (DPOR) to assure that: (1) waterworks operator license testing is appropriate and that the licensure rule is being applied fairly, and (2) changes to DPOR regulations are in compliance with the Safe Drinking Water Act.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	2,015,366	7,153,005	2,015,366	7,153,005
Changes to Base	-818,593	-56,188	-818,593	-56,188
Total	1,196,773	7,096,817	1,196,773	7,096,817

Objectives for this Service Area

Objectives for this Service Area

Objective
Conduct routine inspections of waterworks

Description
Provide routine inspections of waterworks to ensure safe drinking water to Virginia's citizens. The Office of Drinking Water (ODW) staff will perform routine inspections of waterworks to evaluate the capability of waterworks to consistently and reliably deliver an adequate quality and quantity of safe drinking water to consumers and to comply with state and federal drinking water standards.

Objective Strategies

- Maintain an adequate and trained field staff to support the technical and regulatory requirements under the primary program.
- Monitor field staff tasks to ensure adequate time for inspections. Inspections are completed on a timely schedule and provide technical oversight of the water treatment processes at the waterworks.
- Monitor status of measure quarterly.
- Provide an annual reallocation of field staff to match numbers of waterworks to ensure sufficient resources to complete required tasks.

Alignment to Agency Goals

- Assure the provision of clean, safe drinking water and protect the public from waterborne disease and water pollution.

Measures

- Number of routine waterworks inspections conducted in accordance with the Office of Drinking Water schedule.

Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

The number of routine waterwork inspections completed is tracked in the Office of Drinking Water's tracking database as they are completed.

50802: Drinking Water Construction Financing

Description

This service area implements the federal Drinking Water State Revolving Fund Program (DWSRF) and the Virginia Water Supply Assistance Grant Program (WSAG). The purpose of this service area is to help public waterworks make infrastructure improvements necessary to ensure continued provision of safe drinking water and to help protect public health.

Mission Alignment and Authority

This service area directly aligns with Virginia Department of Health's (VDH's) mission of promoting and protecting the health of Virginians by assuring an adequate quality and quantity of safe and affordable drinking water to consumers.

Customers for this Service Area

Anticipated Changes to Customers Base

Waterworks owners:
•The number of Community and nontransient non-community (NTNC) waterworks owners is expected to remain relatively stable with a slight downward trend due to the number and complexity of drinking water regulations and a trend toward regionalization.

Public served:
VDH foresees more citizens utilizing public waterworks as the existing owners are improving and expanding their existing waterworks due to population growth.
Existing waterworks are extending their service areas to include homes currently served by individual wells, springs or cisterns with health concerns related to drinking water.

Affiliated interests:
VDH expects to see an increase in the number of affiliated interests such as consulting engineers, attorneys, product manufacturers and general construction contractors as new regulations are implemented and waterworks owners maintain, update, or expand their infrastructure to cope with mandated changes and normal growth.

Other governmental agencies:
VDH will increase involvement with numerous agencies at local, state, and federal levels by either providing technical assistance or by coordinating functions to better serve mutual clients as they relate to providing safe affordable drinking water.
Changing focuses, envisioned needs, security concerns and/or regulatory mandates will demand VDH's continued involvement with other agencies at all levels.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Employer/ Business Owner	Affiliated interests (engineers, contractors, attorneys, product manufacturers)	200	500	Increase
Local or Regional Government Authorities	Other governmental agencies (local, state, and federal)	300	300	Increase
Natural Resources and Earth Science	Waterworks owners	1,945	1,945	Stable

Partners for this Service Area

Partner	Description
Housing and Urban Development	Provides funding assistance on eligible projects
United States Department of Agriculture Rural Development	Provides funding assistance on eligible projects

Products and Services

Factors Impacting the Products and/or Services

The federal DWSRF appropriation is distributed to each state based on that state's proportional share of the total eligible needs reported for the most recent Drinking Water Infrastructure Needs Survey. The survey results were released March 26, 2009 and will be used to calculate state grant allotments for DWSRF appropriations made in fiscal years 2010 through 2013. For FY 2010 and FY 2011 Virginia was appropriated $23.0 and $15.7 million, respectively, in response to the critical needs identified by the Needs Survey. The FY 2010 and FY 2011 allocations represent significant increases over the previous allocations of FY 2008 and FY 2009 which were $8.7 million for both years. All DWSF awards are contingent upon Virginia providing a required twenty percent (20%) state match to receive the federal dollars. Any decrease in DWSRF funding will result in less funds being available for waterworks to improve, upgrade, or expand their drinking water infrastructure and less funding to administer the construction program and support the regulatory program.

The Appropriations Act provides general funds totaling $3.1 million for the WSAG and DWSRF programs. Reduction in these funds will reduce the amount of DWSRF funds awarded to Virginia if the Commonwealth cannot meet the required twenty percent (20%) state match of $5 million.

Upcoming federal regulations will place additional emphasis on waterworks improvements that are needed in order to maintain compliance with regulations. This will increase the demand for drinking water infrastructure funding.

A reduction in grant funds from co-funding partners will increase demand on this program and impact our ability to make projects affordable.

Anticipated Changes to the Products and/or Services

An increased demand is anticipated from our customers for construction projects to address challenges associated with aging critical infrastructure and declining source water quality.

Reduced funding will limit the program’s ability to support local water utilities to address water quality and quantity needs in the future.

Listing of Products and / or Services

Financial assistance: Provide below market interest to zero interest loans for a term not to exceed 30 years to community and non-profit non-community waterworks for eligible drinking water infrastructure projects. Provide grants to community and non-profit non-community waterworks to fund from 10% to 100% of eligible drinking water infrastructure projects costs. Affordable financing helps to ensure delivery of safe and affordable drinking water to citizens of the Commonwealth.

Planning and design grants: 100% grant funds awarded to small community waterworks for eligible planning and design costs. Assist waterworks owners in recognizing problems and producing needed planning and design documents that identify optimum solutions. Assist waterworks owners to qualify for various construction funding.

Technical oversight: Provide oversight of funded projects to ensure that waterworks fully understand and follow all state, federal and program requirements. Determination that funded projects have undergone an environmental review in accordance with VDH’s approved process. Determination that funded projects have properly followed federal and state procurement regulations including Minority Business Enterprise/Women Business Enterprise. Determination that funded projects have complied with federal cross-cutting authorities. Determination that funded projects have undergone the proper public notices.

Construction inspection: Onsite inspections to determine if construction progress is consistent with funds disbursed. Offer assistance to keep project on track.

Manage Special US EPA Appropriation Projects: Oversee special federal budget line item drinking water infrastructure projects in Virginia to ensure compliance with program requirement. Assist localities and waterworks owners in complying with federal requirements included in their grant agreement with US EPA.

Customer service: Provide various services to a variety of customers including waterworks owners, consulting engineers, contractors, non-profit organizations, other state and federal funding partners, and universities. Provide training through six regional funding workshops held annually.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	3,859,516	15,992,124	3,859,516	15,992,124
Changes to Base	-717,316	-2,987,612	-717,316	-2,987,612
Total	3,142,200	13,004,512	3,142,200	13,004,512

Objectives for this Service Area

Objectives for this Service Area

Objective
Increase Virginia's citizens access to safe and affordable drinking water

Description

This service area provides technical and financial resources to localities and waterworks to improve existing waterworks or extend service to areas without public waterworks; thereby delivering safe and affordable drinking water. State and federal laws mandate drinking water requirements to protect the public health and welfare . Citizen access to safe and affordable drinking water is critical to their overall quality of life, and is a key component of the VDH mission.

Objective Strategies

- Assist in identifying projects that promote access to safe drinking water.
- Collaborate with co-funding partners to assemble the most appropriate financial package for the funding recipients.
- Conduct annual workshops in six locations across the state to provide specific training on funding applications preparation and funding requirements.
- Monitor available financial resources of the type needed (grants and low interest loans) and make budget recommendations to VDH’s senior management.
- Monitor funding recipients’ progress on tasks needed to complete the project on time and if a recipient does not have sufficient progress staff will encourage timely completion thereby ensuring that citizens benefit as quickly as possible.
- Provide technical assistance to localities, waterworks owners, and others in using the program.
- Provide timely and complete review of funding applications.
- Refine web-based information and add more information if needed.

Alignment to Agency Goals

- Assure the provision of clean, safe drinking water and protect the public from waterborne disease and water pollution.

Measures

- The number of additional Virginia citizens who will gain access to safe and affordable drinking water will increase.

Measure Class: Other Agency   Measure Type: Outcome   Preferred Trend: Increase   Frequency: Quarterly

Data Source and Calculation

This measure is a cumulative number of citizens provided adequate quality and quantity of drinking water as a result of loans and/or grants from the Drinking Water State Revolving Fund and the Water Supply Assistance Grant programs. Progress is calculated using information from the Office of Drinking Water's internal database that tracks the number of people who benefit from improved water quality as a result of the financial assistance for construction projects. This benefit may be as a result of improved water quality for those currently connected to the system or through the extension of service to citizens with failing private systems. The measure target is cumulative; the quarterly number is based on completed projects during that quarter and is added to the previous sum. Information provided by the funding recipient is validated by onsite inspections and program reporting requirements.

50805: Public Health Toxicology

Description

This service area implements the Virginia Toxic Substances Information Act by assessing, advising, and communicating health hazards of chemical and certain biological agents which pose a threat to human health and the environment. Products and services include:

Advise the Governor, General Assembly, other state agencies, and local governing bodies on matters pertaining to chemical exposures posing a threat to public health or the environment;

Evaluate information regarding toxicity of chemicals and certain biological agents and determine the risk to human health and the environment;

Disseminate information concerning toxic substances to other state agencies, political subdivisions of the Commonwealth, health professionals, the media, and the public by communicating the risk of chemical exposure through documents, technical reports, information sheets, advisories, health alerts, and press releases;
Investigate potential human health effects associated with exposure to chemical and biological agents in the environment.

Conduct surveillance of diseases related to chemical exposure;

Develop health risk assessments for specific chemical exposures via air, water, and food; and

Make recommendations to prevent exposure of citizens to chemical substances including fish consumption advisories.

Mission Alignment and Authority

This service area directly aligns with VDH's mission of promoting and protecting the health of Virginians by assessing, advising, and communicating health hazards of chemical and certain biological agents which pose a threat to human health and the environment.

Customers for this Service Area

Anticipated Changes to Customers Base

The number of requests for public health assessments will increase as Virginia's population increases.

Security concerns and potential for acts of chemical, biological, and radiological terrorism will increase demand for VDH's involvement and collaboration with other environmental and law enforcement agencies.

The increased demand for migrant laborers in farming and related agricultural industries will increase the number of workers exposed to agricultural chemicals and biological agents.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Higher Education Institutions	Colleges/Universities	10	103	Stable
Agriculture and Food	Commercial Fishermen	2,900	3,000	Stable
Non-Profit Agency (Boards/Foundations),	Environmental Groups and Associations	5	106	Stable
Federal Agency	Federal Agencies	15	20	Stable
Health Professions	Health Professionals	550	21,000	Stable
Health Care	Hospitals	35	94	Stable
Employer/ Business Owner	Industry using or producing chemicals	3,000	8,635	Stable
Health Care	Laboratories	41	183	Stable
Communication	Legal Professionals	200	24,527	Stable
General Assembly	Legislators, federal	13	13	Stable
General Assembly	Legislators, state	140	140	Stable
State Agency(s),	Local Governments	135	135	Stable
State Agency(s),	Local Health Districts	35	35	Stable
Communication	Media	168	168	Stable
Health Professions	Occupational workers exposed to chemicals in their workplace	5,000	334,000	Stable
Recreationalist	Recreational Fishermen	587,000	600,000	Stable
Local or Regional Government Authorities	Schools	100	1,950	Stable

State Agency(s),	State Agencies	20	20	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Increase in industrial use and production of chemicals is expected to increase inquiries and concerns about toxic substances.

Increase in emission and discharge of chemicals from industry is expected to increase public awareness about toxic substances and would increase public health concerns.

Trend to greater use of safety gear in occupational environments.

Increase in education and training for occupational workers may reduce occupational exposure to toxic substances.

Increase in number of landfills and biosolid application will generate more complaints and requests for public health assessments.

An increase in accidental or intentional spills of chemicals may increase the number of responses to exposures.

Natural events such as hurricanes, floods, and storms.

Transportation accidents involving chemicals.

Fires or explosions involving chemicals may increase as the industrial activity increases.

Unusually dry weather conditions may cause an increase in forest fires and smoke.

Lengthy rainy season would increase the occurrence of molds in buildings.

Increase in the number of automobiles would result in air pollution (smog) and would increase the number of public inquiries regarding the health impact of pollutants.

Increase in level of education and public awareness of environmental issues and exposure to chemicals would increase public health concerns.

Extent of pesticide (insecticides, fungicides, herbicides) use.

Food importation practices.

International and interstate commerce.

Trend to greater use of alternative medicine and natural remedies.

Overuse and misuse of medicines.

New research and studies regarding health effects of chemicals.

Concerns and plans for acts of bioterrorism.

Acts of bioterrorism .

Need for coordination with law enforcement and homeland security officials.

Anticipated Changes to the Products and/or Services

Greater need for services to be ethnically and linguistically diverse.

Greater focus on public education and awareness regarding exposure to chemicals.

Greater emphasis on dissemination of information through media and internet.

Greater expectation of public health toxicology expertise, support, and investigation due to increased consumer awareness of toxicological health hazards.

Listing of Products and / or Services

Respond to all constituents of the Commonwealth who have concerns regarding public health hazards from exposure to chemicals and certain biological agents.

Produce fact sheets and information sheets concerning relative subjects, such as a local spill or identified environmental hazard, and disseminate to affected constituents.

Post information on the VDH Web site to improve its accessibility to Virginians.

Disseminate information to communities and work with local governing bodies to assess exposure, risk, and identify protective actions in relation to specific toxic substance occurrences.

Issue Health Alerts through all available media when a toxic substance exposure has occurred or is imminent.

Issue and monitor Fish Consumption Advisories throughout Virginia's waterways based on fish tissue sample analysis and degree of contamination.

Monitor reports by physicians, hospitals, and labs to detect trends that suggest an increase in exposure to toxic substances.

Maintain and analyze Childhood Elevated Blood Lead Level Database to collect incidence data for children with elevated blood lead levels.

Conduct and disseminate statistical analyses of surveillance data pertaining to childhood elevated blood lead levels in order to better prevent or intervene as soon as a baby is born.

Produce biennial report to the Governor and General Assembly on toxic substances in the Commonwealth.

Produce the annual statewide childhood lead surveillance report.

Provide technical assistance and guidance to other state agencies in the development of regulatory standards and guidelines governing chemicals.

Conduct training for healthcare and environmental health professionals regarding potential health effects of exposure to toxic substances.

Provide press releases and publications concerning health hazards and possible exposures within a community.

Attend public meetings and forums throughout the state to answer citizens' questions and provide information related to health hazards.

Review and evaluate hazardous waste permit applications and environmental impact statements for the Department of Environmental Quality.

Review and evaluate emergency pesticide use applications for the Department of Agriculture and Consumer Services.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	150,660	0	150,660	0
Changes to Base	4,136	251,912	4,136	251,912
Total	154,796	251,912	154,796	251,912

Objectives for this Service Area

Objectives for this Service Area

Objective
Assess health hazards of chemical, toxic, and certain biological agents which pose a threat to human health and the environment; provide information and recommendations as appropriate to abate or reduce potential health effects.

Description
Protection of the citizens from the dangers of toxic and hazardous substances includes evaluating human health risks from exposure to toxic and hazardous substances, ascertaining the relationship between exposure and disease, making recommendations to prevent exposure of citizens to toxic substances, and developing information for people who may be affected by the exposure. Protection of the public and workers from the dangers of exposure to chemicals, radiation, and biological agents is of critical importance to ensure the safety of Virginians. Exposure to hazardous and toxic substances can occur when high levels of these substances are ingested or breathed via contaminated food, drinking water, fish, and polluted air. Accidental or intentional spills of chemicals, transportation accidents, and fires at facilities using or manufacturing chemicals can cause situations where the public and workers are exposed to toxic and hazardous substances. Natural disasters such as heavy rains, floods, and hurricanes often contaminate residences and workplaces with mold and other biological agents. Dangers may be present due to improper conditions and use, or improper actions by workers handling toxic and hazardous substances.

Objective Strategies

- Address community concerns regarding toxic substances in public meetings.
- Assist and collaborate with local, state, and federal agencies in responding to chemical and biological emergencies, including incidents of terrorism.
- Collaborate with the Virginia Department of Labor and Industry in investigating occupational exposure and its relationship with disease.
- Determine the relationship between exposure to toxic substances and disease.
- Develop and disseminate information sheets, press releases, alerts, and public health assessments regarding the human health effects of chemicals.
- Develop guidelines identifying the criteria and levels of concern for certain toxic substances that will be used in issuing a fish consumption advisory.
- Evaluate fish monitoring data for chemicals, identify potential risks to human health from consumption of contaminated fish, and issue fish consumption advisories.
- Evaluate health risks from exposure to toxic substances, biological agents, and radiation.
- Monitor the prevalence of selected diseases or conditions within targeted populations of the Commonwealth caused by exposure to toxic substances.
- Provide a biennial report to the Governor and General Assembly on Toxic Substances in the Commonwealth.
- Provide effective and timely information and consultation to citizens' inquiries and concerns regarding toxic substances, biological agents, and radiation.
- Provide information about risks of exposure to toxic substances to the public, legislators, government agencies, healthcare professionals, and media.
- Provide recommendations to prevent or minimize risk from exposure to toxic substances, biological agents, and radiation.
- Provide relevant information to healthcare professionals to recognize, diagnose, and treat exposure related illness in their communities.
- Provide technical assistance to other state and local agencies in developing standards and guidelines for toxic substances exposure.

Alignment to Agency Goals

- Protect the health of Virginians by preventing exposure to toxic substances and eliminating unnecessary exposure to ionizing radiation.

Measures

- Percent of requests for public health assessments of exposure to chemicals and biological agents responded to within 48 hours of receipt.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Stable | Frequency: Annually

  Data Source and Calculation

  Requests and data for public health assessments are received by telephone, letters, email, and fax. Sources of exposure are identified and the status of at-risk population is determined. Exposure data are evaluated by conducting literature searches and utilizing reference books. Public health actions and recommendations are determined based on exposure data and other environmental factors. Responses are provided by telephone, letters, email, or fax. A log will be kept noting the date and time of each request received and the date and time of the response provided. Measure will be calculated by dividing the number of requests for public health assessments of exposure to chemicals and biological agents responded to within 48 hours of receipt by the total number of requests for public health assessments of exposure to chemicals and biological agents received.

56501: State Office of Environmental Health Services

Description

This area provides leadership by directing the operation of the environmental health programs (for example, food and shellfish safety, tourism safety, childhood lead poisoning prevention, safe drinking water from private wells, and safe wastewater treatment and disposal); developing policy; analyzing local, state and federal legislation; evaluating public health programs; providing liaison assistance; providing scientific and technical expertise; representing the agency in formal administrative proceedings involving the environmental health programs; and providing expertise in drafting, amending, administering and enforcing state environmental health regulations.

Mission Alignment and Authority

This service area directly aligns with VDH's mission to promote and protect the health of Virginians. Environmental health services are intended to minimize and mitigate risks associated with diseases caused by contamination of food, water and the general environment.

Customers for this Service Area

Anticipated Changes to Customers Base

Onsite Wastewater Program:

Beginning in June 1995 and continuing in various forms through the present, VDH began regulating the use of alternative systems incorporating secondary and advanced secondary treatment. These alternative wastewater systems allowed residential development to occur on sites that heretofore could not be used with any onsite system. This relatively simple and natural expansion has changed VDH's role in the permitting process and created several new roles in the realms of regulatory oversight as design work has increasingly shifted to the private sector. In 2007, Va. Code § 32.1-164 was amended to require the Board of Health to establish a program for the operation and maintenance of alternative systems. Legislation in 2008 required the Board of Health to establish performance requirements and horizontal setbacks for alternative systems that are necessary to protect public health and the environment. Consistent with these statutory amendments, the Board of Health promulgated the Alternative Onsite Sewage System Regulations which took effect on December 7, 2011. Now that the Commonwealth has comprehensive regulatory standards for alternative systems, the customer base will continue to see an increase in private sector Onsite Soil Evaluators and Professional Engineers as well as system and component manufacturers seeking regulatory approval of their products.

The Alternative Onsite Sewage System Regulations effectively created a new VDH program overseeing the operation and maintenance of alternative systems. Without operation and maintenance, these systems will pond creating odors, breeding habitats for flies, and potentially allow partially treated wastewater to surface. These new oversight responsibilities has compelled VDH to reach out to and educate alternative system owners on the new regulatory requirements, how to comply with the new requirements and the public health rationale for the regulatory requirements. In addition, the program has expanded VDH's customer base to include licensed operators of alternative systems.

Most treatment systems are either proprietary or require the services of a professional engineer to design. While VDH traditionally designed non-proprietary septic systems, VDH determined from the initial alternative system approval that VDH should not design proprietary systems. The Department's role shifted from designer to reviewer. Applicants increasing rely on the professional private consultants for designing a system to meet their needs. VDH will have to develop more general consumer information to assist the public on the various approved systems.

This shift immediately expanded the need for private sector designers to consult with property owners on system selection and design. While VDH once maintained the primary role for training the private sector designers, the transfer of the Authorized Onsite Soil Evaluator program from VDH to the Department of Professions and Occupational Regulation in 2007 relieved VDH of this responsibility. However, VDH does continue to provide training to private sector (Onsite Soil Evaluators and Professional Engineers) who seek it and VDH continues to provide training to its own staff, VDH has expanded its training opportunities and modified its training modules to incorporate regulatory and technological changes brought on by the Alternative Onsite Sewage System Regulations.

The role change from designer to reviewer also changed VDH's customer base from citizens (those VDH used to design for) to Onsite Soil Evaluators and Professional Engineers (whose work VDH now reviews). Historically, VDH has alone evaluated, designed, & permitted onsite sewage systems; increasingly Authorized Onsite Soil Evaluators and Professional Engineers are providing evaluations and designs services in lieu of the VDH providing this service to meet the private demand and the VDH role has shifted to regulating the work of the private sector. The customer base will continue to see an increase in Onsite Soil Evaluators and Professional Engineers.

Food Establishments:

The number of permitted food establishments continues to increase and in some areas of the state the growth is significant. The top three areas for restaurant growth in the state include the population epicenters in northern, central, and tidewater Virginia, but also surprisingly includes the Shenandoah valley where past restaurant numbers were fairly level. As Virginia's population has topped 8 million, more people are increasingly eating meals outside the home and it is expected that the growth in restaurants will continue. Growth in the restaurant sector also has a positive impact on the state's economic picture by employing an estimated 342,200 jobs that account for 9% of the state's employment workforce.

The increase in the ethnic diversification of food establishments is expected to continue. Particularly in urban areas there has been an increase in the number of food establishments serving ethnic foods. The unfamiliarity of some of these cuisines will increase the burden on the food program as we educate our staff on these various cuisines.

The number of chain restaurants is also increasing. More chains are coming to Virginia and the number of franchises of established chains is also increasing. The potential for a wide spread outbreak increases as many of these chains use the same suppliers.

Temporary Food Establishments:

Every year more festivals or special events are held across the state. These events attract an increasing number of vendors selling food. These present a special challenge to the food program as vendors are attempting to prepare and serve more diverse and complex foods in less than ideal conditions. These diverse and more complex foods increase the burden on the food program to keep pace with requirements for temporary events.

Hotels:

In some areas the new hotels are being built as tourism increases. This will increase the demand for local health department inspections. There is also an increase in bed and breakfast facilities, which are classified as both a hotel and a food establishment.

Campgrounds:

The campground industry is likely to remain fairly constant across the state. Few new campgrounds are being constructed but some campgrounds are expanding to increase the number of camping sites available to the traveling public. More campgrounds are converting to Recreational Vehicle campsites only and are limiting or eliminating tent camping altogether.

Summer Camps:

Summer camps are expected to increase somewhat in numbers as more parents utilize them as a source of daycare for their children during the summer school vacations.

Migrant Labor Camps:

Over the past couple of years there has been a slight increase in the numbers of migrant labor camps across the state. The demand for migrant laborers in Virginia is increasing as farms and other related agricultural industries find it difficult to acquire a dependable local work force. On the Eastern Shore, where vine-ripened tomato production puts Virginia as the 3rd largest producer in the United States, the migrant labor season has expanded to almost a year round industry.

Swimming Pools:

Along with the increase in hotels and the anticipated level number of campgrounds, it is expected that the number of public swimming pools under the jurisdiction of the Department of Health (i.e., those pools at hotels, campgrounds and summer camps) being constructed will increase slightly. From a local health department perspective, a larger rate of increase in the number of public pools for recreation centers, country clubs and planned communities will significantly impact those localities with local pool ordinances.

Dairy Plants:

The number of dairy plants is expected to remain constant or slightly increase in the next year. Any increase can be attributed to the explosion of the ‘buy-local, eat local’ movement. Small on-farm producer-processors have tapped into this niche due to new technology which has dramatically lowered the cost of entry into the market . The continued increase is anticipated to be in these small facilities.

Childhood Lead Prevention:

The number and location of children at risk for lead poisoning is being more clearly defined with technologies such as Geographic Information System mapping.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Annual # of visits to inspection website	680,156	700,000	Stable
Construction	Appellants to the Sewage Appeal Review Board	20	22	Stable
Construction	Applicants for Permits, Certification Letters, (Developers, Realtors, Home Builders, Local Governme	50,000	51,500	Stable
Environmental Pollution and Control	Authorized Onsite Soil Evaluators	130	169	Stable
Employer/ Business Owner	Campgrounds	316	325	Stable
Construction	Case Decision Appellants	500	510	Stable
Child	Children under age 72 months screened for lead poisoning	98,000	638,237	Increase
Consumer	Citizen Complaints	40	48	Stable
Consumer	Claimants under the Indemnification Fund	24	29	Stable
Construction	Contractors (Installers)	500	510	Stable
Local or Regional Government Authorities	Educational Pumpout Program – Contacts	2,539	2,539	Stable
Agriculture and Food	Food Establishments	26,788	27,591	Increase
Wholesale/Retail Trade	Generators (Approved Sources)	25	26	Stable
Employer/ Business Owner	Hotels/motels	2,037	2,130	Stable
Local or Regional Government Authorities	Local Governments with Decentralized Wastewater Systems	4	24	Stable
Recreationalist	Marinas & other places boats are moored	800	808	Stable
Farm/Forest Owner	Migrant Labor Camps	480	487	Decrease
Manufacturing	Milk Plants	13	20	Increase
Consumer	Onsite Sewage and Private Well Using Customers	1,001,000	1,020,000	Increase
Property Owner	Owners with Failing Systems	5,000	5,500	Stable
Employer/ Business Owner	Professional Engineers	100	101	Stable
Resident	Public Meetings	15	15	Increase

Recreationalist	Summer Camps	102	110	Stable
Recreationalist	Swimming Pools	2,734	3,000	Increase
Manufacturing	System Manufacturers & System Components Manufacturers	100	115	Stable
Agriculture and Food	Temporary Food Establishments	7,336	9,000	Stable
Employee	Trainees in Onsite Wastewater Design & Regulation	50	190	Decrease
Construction	Water Well Contractors	200	202	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Proficiency in providing environmental health services requires significant training and experience. It is essential that staff maintain a high level of expertise. Competition from other government agencies and from the private sector impact VDH's ability to attract and retain highly trained environmental health professionals. In the onsite sewage program, most of the new Onsite Soil Evaluators entering the private sector were first hired as Environmental Health Specialists by the local health departments, where they were trained and gained experience. This has created continuous turnover problems in some high growth districts. It has also strained the Department's ability to continuously provide basic training for its new employees and reduces the resources available for continuing education.

Improvement and procurement of new and better technology can assist staff with the increased demand for service by making routine tasks more efficient and less time consuming. In May 2003, the Department placed on its website its restaurant inspections conducted. This reduced the Freedom of Information Act requests for information and has enabled the public to see what we observe when we conduct inspections. This has motivated both restaurants and environmental health specialists to do a better job. In the future, providing an automated online request for services and applications can help reduce staff time required to conduct these activities.

Emerging pathogens and increased awareness of possible intentional acts against the U.S. food supply necessitates a critical demand for continuing education for environmental health staff.

Available funding for central office environmental health staff to attend training sessions limits the ability to maintain a high degree of professionalism. Some advanced training in the food and dairy programs is available from the United States Food and Drug Administration.

The federal funding partners working with lead-safe environments (Centers for Disease Control and Prevention, Environmental Protection Agency, and Housing and Urban Development) are increasing emphasis on primary prevention, i.e., lead-free environments, and are encouraging data sharing among locally funded partners for purposes of identifying hazardous housing, especially repeat-offenders. These grantors are also targeting refugee child populations who may be entering the country with a degree of lead poisoning, rather than acquiring it here, to prevent erroneous identification of lead hazard housing. At the same time, federal budgets for this program area are shrinking. The CDC ended funding for Childhood Lead Poisoning Prevention Program effective June 30, 2011.

Anticipated Changes to the Products and/or Services

Incorporation of the Virginia Environmental Information System (VENIS) into all environmental health service areas for a centralized database. Part of this incorporation will include creation of a central temporary food vendor database that will be streamlined so that data can be easily shared among districts. This will also include possible automation of an application process for temporary vendors.

Continued turnover of environmental health specialists in the local health departments will continue to strain central office staff's ability to train field staff. Also impacted will be the local health departments' ability to maintain at least one food standardization officer in each district. This will require additional time from central office food staff to standardize new officers. The Department has entered into a Memorandum of Agreement with the Southside Virginia Community College to address the need for continuing education in the onsite sewage program as well as the food and milk safety programs.

Due to increased customer base, customer assistance requests will continue to increase.

The Lead-Safe Virginia program continues to adjust its goals, objectives, and strategies to the changing needs of grantors. This represents a substantial shift in focus away from providing outreach for screening children to primary environmental prevention.

Listing of Products and / or Services

Inspection and enforcement: Thorough and consistent inspection and enforcement of laws and regulations addressing structural design and operational practices for food establishments, hotels, campgrounds, marinas, migrant labor camps, summer camps, swimming pools, and dairy plants. Inspection has long been a staple of public health. The goal of inspection and enforcement is to protect the public from injury and disease by educating the operators of these facilities in their safe and sanitary operation. If the education aspect of inspections fail, then enforcement is necessary to abate the risk to the public's health and safety.

Permitting: The Department's plan review and permitting services ensure the facility meets all construction requirements and that problems are not built into the facility. The issuing of permits is based on well-established health, safety, and environmental considerations intended to protect the public from health and safety hazards and also to assist the operator in maintaining his establishment.

Respond to Citizen Complaints: Citizens frequently file complaints concerning environmental and public health conditions they observe in any of the permitted facilities. When staff respond to these complaints it provides an opportunity to learn of problems that may have developed since their last inspection. Also, such complaints may help prevent an outbreak before it occurs. Follow-up with the complainant is important to provide feedback on how the response, what was found, what actions were taken and why.

Provide Customer Service: The citizens of the Commonwealth expect a high degree of professionalism from this service area. Responding to public concerns, providing helpful information, speaking at functions, and responding to Freedom of Information Act requests in a professional, courteous, and timely manner is essential. Through such customer service we can increase our "eyes and ears" in the community we serve.

Promulgation of Regulations: Promulgate regulations on behalf of the Board of Health. Regulation development is a labor intensive process, involving various stakeholders with differing agendas. The process attempts to achieve some degree of consensus and it often takes years to amend or adopt regulations.

Indemnification Fund Claims: Process claims resulting from the failure of onsite sewage systems that were constructed within the past three years and the Department's negligence contributed to the failure.

Appeals Board: Represent the Department before the Appeals Review Board where the appellant has been denied a permit or certification letter by the local health department or where the appellant's Indemnification Fund claim has been denied.

Enforcement: Represent the Department in cases where the local health department has been unable to obtain compliance through its own efforts.

Grants in Marina Program: The Marina Program administers two federal grants, the Clean Vessel Act and the Boating Infrastructure grants. Each grant is directed to improving marina facilities. The Clean Vessel Act ($3 million to date) is a grant program that gives money to Virginia for the installation of sewage holding tank pump-out stations and dump stations for use by recreational boaters and funds education campaigns that encourage recreational boaters to dispose of vessel sewage properly. The Boating Infrastructure Grant ($4.6 million to date) funds projects to construct, renovate, or maintain facilities for transient non-trailerable recreational vessels. Eligible projects, designed to accommodate boats 26 feet or greater in length, include buoys, day docks, restrooms, dockside utilities and similar structures.

Childhood Lead Prevention: Monitor trends in child health status indicators and identify emerging issues of statewide significance. Develop or participate in the development of statewide strategic plans regarding child lead exposure. Represent VDH on statewide interagency councils, task forces, and committees related to child lead exposure. Propose and/or respond to state legislative and budgetary initiatives; track pertinent legislation. Monitor federal legislation for potential impact at the state level. Respond to requests for data and information from constituents, policy makers, media, and stakeholders. Coordinate follow-up services for children under 6 years of age with lead exposure. Obtain and administer grants. Review literature and identify and share best practices with partners and contractors. Coordinate training and technical assistance to partners and stakeholders. Develop and implement social marketing campaigns and materials related to childhood lead poisoning prevention. Develop and/or purchase educational materials and distribute in support of programs. Assure sound fiscal management through budgeting and expense monitoring. Conduct surveillance on childhood lead poisoning. Conduct analysis of childhood data and produce and disseminate reports. Evaluate programs for effectiveness.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	2,466,293	2,037,700	2,466,293	2,037,700
Changes to Base	12,542	-778,298	12,542	-778,298
Total	2,478,835	1,259,402	2,478,835	1,259,402

Objectives for this Service Area

Objectives for this Service Area

Objective
Prevent or mitigate food safety hazards through continued surveillance of restaurants and providing guidance and enforcement of regulations

Description
Numerous diseases are capable of being transmitted through the consumption of contaminated food. Adherence to established safeguards concerning the storage, preparation and serving of food products is essential to protecting the public from disease.

Objective Strategies

- Increasing Division of Food and Environmental Services contacts with local health departments to address this issue.
- Reemphasizing and revising enforcement policies to focus on enforcement activities when critical violations are left uncorrected. Enhancing the Virginia Environmental Information System reporting to track enforcement actions. Working to meet the U.S. Food and Drug Administration's voluntary food program standards. Updating inspection procedures to increase focus on the U.S. Centers for Disease Control and Prevention identified top five risk factors associated with most foodborne outbrea
- Scheduling standardizations of district standardization officers.
- VDH will collaborate with local health districts to establish or maintain standardization officer.
- VDH will develop and provide training on Environmental Health Law to increase the enforcement activities appropriate for continuing or uncorrected critical violations by evaluating training needs and scheduling training sessions in enforcement and environmental health law.
- VDH will regularly monitor on time inspection frequency and report results to districts. Reporting monthly on each local health district's performance. Evaluating staffing needs in local health departments to assess manpower needs.

Alignment to Agency Goals

- Prevent food borne disease outbreaks in public and private settings.
- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures

- Percentage of food service establishments inspected at least once annually.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  Data is abstracted from district databases listing restaurants that were not inspected at least once during the specified 12-13 month time frame. Measure is calculated by dividing the number of food service establishments inspected at least once annually by the total number of food services establishments.

- Percentage of food service establishments in public schools, Dept of Juvenile Justice facilities and residential care facilities inspected at least twice during the school year.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Reports generated from the Virginia Environmental Information System (VENIS). Measure will be calculated by dividing the number of public schools, Department of Juvenile Justice facilities and residential child care facilities that were inspected at least twice in a school year by the total number of public schools, Dept. of Juvenile Justice facilities and residential child care facilities that were inspected in the same school year.

Objective

Improve the performance of decentralized wastewater treatment systems by promoting the concept of continuous management and facilitating upgraded professional standards of practice.

Description

Properly managed decentralized wastewater treatment systems perform effectively, protect human health and the environment, and are a key component of Virginia's wastewater infrastructure. Decentralized wastewater systems, often called “septic” or “onsite” systems, derive their name from their location—they treat wastewater close to the source, typically providing treatment on the property of individual homes or businesses. Decentralized systems also include systems serving clusters of individual homes, large capacity septic systems, and small collection and treatment systems (including “package plants”). These systems similarly treat wastewater close to the source, typically using small pipes for collecting small volumes of domestic wastewater, unlike centralized urban wastewater treatment systems that pipe large amounts of wastewater many miles through sewers prior to reaching the sewerage treatment plant.

Objective Strategies

- Conduct staff training on the Virginia Environmental Information System.
- Consider regulatory amendments that would require additional system management after installation.
- Issuing regulatory interpretations to clarify differing views of regulatory requirements
- Offering continuing education on onsite sewage technology with hands on application at Blackstone Training Center.
- Processing Indentification Fund claims and reporting corrective measures for liable parties.
- Promote the concept of continuous management by collaborating with local governments and local health departments in solving septic system failures with a locally management solution.
- Report information to local governments for use in their land use decisions as well as Geographic Information System applications
- Representing VDH before the Appeal Review Board and incorporate lessons learned into quality assurance plan.
- Require local health departments to develop and implement a plan to catalog in the Virginia Environmental Information System legacy onsite systems and wells.
- Requiring local health departments to implement a quality assurance plan of their Environmental Health Specialist performance and the performance of Onsite Soil Evaluators working in their area.
- Review the Virginia Environmental Information System to assure efficient data entry of legacy onsite sewage systems
- Revising regulations to incorporate new technology and processing requirements.
- Standardizing permit designs by updating regulations and policies as recommended by Advisory Committees.
- Training newly employed Environmental Health Specialists and persons qualified to be trained as an Onsite Soil Evaluator.

Alignment to Agency Goals

- Assure the provision of clean, safe drinking water and protect the public from waterborne disease and water pollution.

Measures

- Percent of applications for onsite sewage systems and wells processed (issued or denied) within required timeframes.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

Data Source and Calculation

Data is available in the Virginia Environmental Information System (VENIS) database. Calculation is derived through the percent processed within the required time = ((Number of onsite construction applications processed in less than or equal to15 business days)+(Number of certification letters processed in less than or equal to 20 business days)+(Number of §163.6 applications processed in less than or equal to 21 calendar days)+(Number of well applications processed in less than or equal to 60 calendar days)/((Number of onsite construction applications)+(Number of certification letter applications)+(Number of §163.6 applications)+(Number of well applications).

56502: Shellfish Sanitation

Description

This service area implements the National Shellfish Sanitation Program.
Services include:
Classification of shellfish growing areas throughout Tidewater Virginia,
Inspection and certification of shellfish and crab meat facilities, and
Customer service to concerned citizenry about shellfish growing areas and to production facility owners about processing techniques.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health's (VDH) mission to protect and promote public health by helping to prevent food-borne disease.

Customers for this Service Area

Anticipated Changes to Customers Base

Homeowners with waterfront property enjoy recreationally harvesting oysters and clams from along their riparian shoreline. While the economic impact is minimal, it is quite important to them to be able to safely continue this practice, which is contingent upon the capability to properly classify shellfish growing areas. The number of these people is expected to continue growing.

The number of shellfish consumers in Virginia continues to grow. The amount of oysters processed in Virginia has begun to increase due to successful near-shore aquaculture at the commercial scale. Commercial processing out-of-state oysters continues at the rate that it has for the past several years.

The number of shellfish leaseholders is not expected to grow appreciably since most available bottom land is leased from the Commonwealth. However, the use of these leases for the production of aquacultured clams and oysters in Virginia continues to grow at a tremendous rate, and is expected to continue in the foreseeable future. Based on 2010 data, Virginia leads the nation in aquacultured clams with 162 million sold at a dockside value of 25 million. Approximately 19.9 million aquacultured Virginia oysters were sold in 2010 at an estimated value of 5 million.

The number of oyster gardeners, i.e., persons that grow oysters in near shore containers, is expected to grow rapidly. Successful new aquaculture techniques involving cages and larval oysters shells has resulted in a renewed interest in culturing oysters. Both small scale oyster gardeners and large scale commercial oyster growers are anticipated to grow these oysters in an aquaculture process, as opposed to the historical offshore wild harvest areas. Since these aquacultured oysters will be grown in near-shore environments that are subject to pollution from small scale events, it is imperative that the Department increase its monitoring of these near shore areas.

The total number of certified shellfish and crab meat processors has remained fairly stable over the past five years. While many of the largest facilities have gone out of business, their numbers are replaced by smaller facilities that still require inspections. The number of certified shellfish facilities is quite likely to increase in the future with the recent increase in the size of the crab population, the number of crab facilities should increase or remain the same.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Agriculture and Food	Certified crab meat processors	27	100	Stable
Agriculture and Food	Certified shellfish processors	186	290	Decrease
Agriculture and Food	Licensed shellfish harvesters	1,669	2,000	Stable
Agriculture and Food	Oyster gardeners	3,000	5,000	Stable
Consumer	Shellfish consumers	1,344,288	1,500,000	Increase
Agriculture and Food	Shellfish growing area leases	5,225	7,000	Increase
Agriculture and Food	Tidewater riparian landowners along shellfish waters	250,000	400,000	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Due to the increased virulence of diseases to oysters, the oyster industry is changing from a predominantly offshore, semi-wild harvested industry to a near-shore, aquacultured product. The noncommercial growth of oysters in floating cages under docks is also becoming a favorite hobby of retirees on the waterfront. Furthermore, the aquacultured clam industry has become a highly lucrative, large business in Virginia, and they grow their clams under nets in near shore environments. Since shallow, near shore waters are easily contaminated by relatively small amounts of pollution, the public health concern must be focused more intensely upon these environments.

With recent improvements in oyster aquaculture, both the commercial and private oyster growers will greatly increase in numbers and production. Two of the largest oyster-shucking facilities in Virginia built their own oyster hatchery. The Virginia Department of Health will have to inspect more facilities and will have to evaluate the shoreline on an increasingly more definitive basis, which will require increased work through all aspects of the shellfish program.

Anticipated Changes to the Products and/or Services

The Virginia Department of Health is in the process of adjusting its growing area classification efforts to more intensely monitor and use new techniques to monitor the near-shore environments of shellfish growing areas. The Virginia Department of Health has received grants to purchase real time PCR (polymerase chain reaction - genetic fingerprinting) equipment. The real time PCR equipment will be used to detect pathogenic strains of naturally occurring bacteria, i.e., those not related to sewage pollution events. These activities are workforce intensive, and will require scaling back on other activities, such as the extent of shoreline surveys and perhaps the frequency of processing facility inspections for those that achieve consistently good inspection results.

The program is constantly improving its information technology capability to make information concerning shellfish condemnations, shoreline surveys, etc. publicly available through its web site.

As the human population continues to increase along the shoreline of shellfish growing areas, so does the need for monitoring the attendant runoff pollution into shellfish waters increases. Additionally, as additional biological and chemical threats emerge the need for risk identification and assessment will increase in order to adequately design public health controls to manage risk.

Listing of Products and / or Services

Classification of shellfish growing areas:

Collect and conduct microbiological analysis of environmental water (seawater) samples for evidence of fecal contamination.

Collect environmental samples of shellfish for VDH analysis of naturally occurring pathogens using advanced laboratory techniques (DNA fingerprinting – real time Polymerase Chain Reaction (PCR)), and for DCLS analysis of heavy metals and toxic substances.

Collect seawater samples for toxic phytoplankton analysis by ODU.

Collect shellfish samples for analysis of phytoplankton biotoxins by the U.S. Food and Drug Administration.

Conduct upland, property-by-property inspections for potential sources of pollution to shellfish growing waters. Develop shoreline survey reports for state agencies' regulatory and advisory use.

Classify all potential shellfish growing waters in Virginia's portion of the Chesapeake Bay and Territorial Sea by using all available sources of information, including high resolution orthophotography in a GIS application.

Develop condemnation zones around marinas and waste water treatment facility discharges by using computer models and GIS technology.

Certification of processing facilities:

Conduct US Food and Drug Administration standardized inspections of all certified shellfish and crab meat facilities using the Food and Drug Administration's Hazard Analysis Critical Control Point regulation, the National Shellfish Sanitation Program requirements, and Virginia Department of Health regulations.

Collect shellfish and crab meat product samples, along with processing water samples for microbiological analysis by Virginia Department of Health laboratories. Conduct and microbiologically analyze swab tests of processing facility surfaces and analyze microbiologically.

Work closely with the US Food and Drug Administration and other states' agencies on suspected cases of shellfish-borne disease.

Enforcement:

Advise the public of the need to be certified for the production of shellfish and crab meat products for market. • Investigate and pursue prosecution of illegally produced and marketed products.

Regulatory development:

Develop regulations in concert with the regulated industry as needed.

Technical assistance to customers

Advise shellfish and crab meat processors of proper processing flow and techniques, new processing techniques, risk assessment, water supply problems, etc.

Develop schematics for new processing facility owners for their use in developing architectural plans to ensure proper product flow and adequate facilities.

Act as mediator between the US Food and Drug Administration and owners of processing facilities when appropriate.

Advise the general public of the safest places that they can grow shellfish for personal consumption.

Apply and interpret computer models to assess the size of closure areas needed around proposed wastewater discharges and marinas for developers. Similarly, advise other state agencies of these closure areas as part of their respective permit approval processes.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	1,978,663	17,324	1,978,663	17,324

Changes to Base	11,307	132,826	11,307	132,826
Total	1,989,970	150,150	1,989,970	150,150

Objectives for this Service Area

Objectives for this Service Area

Objective
Advance the elimination of shellfish-borne disease

Description
Protection of public health from pathogens and toxic substances in shellfish products is critically important to ensure the safety of consumers of Virginia's shellfish, and to ensure that Virginia can ship its shellfish into interstate commerce. Shellfish can become hazardous to eat from contamination in both their growing waters and in processing facilities. VDH assesses and classifies shellfish growing waters, inspects and certifies processing facilities, and provides laboratory analyses in support of both programs. The National Shellfish Sanitation Program mandates that states conduct these activities to be able to ship their products into interstate commerce, and it establishes minimal program requirements.

Objective Strategies
- VDH will actively suppress the illegal marketing of shellfish and crab meat products by initially advising uncertified processors of their requirements under VDH regulations, followed by undercover operations in concert with state and federal law enforcement agencies with the intent to prosecute in court.
- VDH will assess the need for new near shore seawater sampling stations and will reduce offshore stations where possible to minimize sampling yet maximize protection by: - Implementing fluorometric surveys of areas suspected of having failing septic tank drain lines that leach into shellfish growing waters. - Reducing the inland extent of property-by-property inspections of sanitary waste disposal facilities to free up work force to conduct fluorometric surveys. - Collecting and analyzing she
- VDH will continue its new work with VMRC to require oyster harvesters during warm weather months to minimize harvest time and the time to refrigeration. These requirements help minimize Vibrio bacteria growth.
- VDH will continue to refine its approach in classifying shellfish growing waters by focusing its classification efforts on the near shore environment, yet maintaining a sufficient effort in the more offshore waters. VDH will evaluate growing waters and shellfish for evidence of animal and human waste, toxic substances, naturally occurring pathogens and biotoxins. Furthermore, VDH will evaluate shoreline properties for potential sources of hazardous waste and substances. VDH will continue dy
- VDH will provide certification and related training programs and services to ensure shellfish and crab processing facilities are properly maintained and that facility personnel practice good sanitary practices by: - Standardizing all VDH inspectors to ensure uniform application of requirements during statewide inspections. - Providing technical assistance to processing facility owners to enhance product safety and quality. - Collecting processing meat and water samples as a check to ensure t

Alignment to Agency Goals
- Prevent food borne disease outbreaks in public and private settings.

Measures
- Annual number of confirmed outbreaks of food-borne disease due to shellfish harvested in Virginia.

Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Stable | Frequency: Annually

Data Source and Calculation

The Virginia Department of Health works cooperatively with the US Food and Drug Administration to track all cases of shellfish-borne disease both due to Virginia's product, and cases occurring in Virginia but due to other state's product that may or may not have been contaminated in Virginia. Outbreaks are reported on the "Epi 1" form.

56503: Bedding and Upholstery Inspection

Description

This service area implements the Regulations for Bedding and Upholstered Furniture Inspection Program. The purpose of this service area is to protect Virginia consumers from diseases and insect pests spread through contaminated bedding and upholstered furniture.
Products and services include:
Issuing permits to bedding and upholstered manufacturers, re-upholsterers, bedding renovators, sanitizers, importers, distributors and supply dealers.
Providing customer service to citizens making complaints regarding any of the regulated entities.
Inspecting bedding and upholstered furniture manufacturers, bedding renovators and re-upholsterers and sanitizers.

Mission Alignment and Authority

This service area directly aligns with VDH's mission to promote and protect public health by enforcing requirements that bedding and upholstered furniture are made from appropriate, clean materials and requirements that used items be cleaned and sanitized before being sold to another consumer.

Customers for this Service Area

Anticipated Changes to Customers Base

Since manufacturing of bedding and upholstered furniture has become a world-wide industry, the licensee base will only grow as more countries become active in this industry.

Manufacturing of bedding and furniture is decreasing in the United States. It is anticipated that foreign sources will continue to appear in order to meet consumers' needs.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Manufacturing	Licensed Bedding Manufacturers	2,211	2,500	Increase
Manufacturing	Licensed Bedding Renovators	12	15	Decrease
Wholesale/Retail Trade	Licensed Distributors	164	200	Stable
Manufacturing	Licensed Furniture Reupholsterers	330	350	Decrease
Wholesale/Retail Trade	Licensed Importers of Bedding & Upholstered Furniture	2,567	2,900	Increase
Wholesale/Retail Trade	Licensed Supply Dealers	72	90	Stable
Manufacturing	Licensed Upholstered Manufacturers	1,767	2,000	Increase
Employer/ Business Owner	Permitted Sanitizers	1,453	1,900	Increase

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

The bedding and upholstered furniture staff consists of one full-time and one part-time staff who administer the program and one full-time and three part-time staff who conduct inspections.

Pursuant to a 2003 amendment of § 32.1-224 of the Code of Virginia, staff is limited to conducting inspections of licensed or permitted facilities only upon receipt of a complaint. Prior to this statutory change, VDH was authorized to perform routine inspections.

The program is totally self supported by license fees and does not require any general revenue funds to operate.

Anticipated Changes to the Products and/or Services

No changes anticipated

Listing of Products and / or Services

Issuance of permits to bedding and upholstered furniture manufacturers, renovators, re-upholsterers, importers, distributors and supply dealers.

Inspection of bedding and upholstered furniture manufacturers, renovators, re-upholsterers, importers, distributors and supply dealers upon complaint from a citizen.

Enforcement of laws and regulations governing bedding and upholstered furniture.

Customer service to citizens filing complaints regarding any of the regulated entities.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	400,872	0	400,872
Changes to Base	0	2,423	0	2,423
Total	0	403,295	0	403,295

Objectives for this Service Area

Objectives for this Service Area

Objective
Protect public health through licensure and inspection of bedding and upholstered furniture establishments.

Description
Licensure and inspection activities are performed in order to protect and promote public health through prevention and elimination of bed bugs. Each such entity must be licensed to sell their products in Virginia. Their product must carry an acceptable Law Label with name and Uniform Registry number identification. The Law Label also must identify the contents, by percentage, of the concealed stuffing. Each manufacturing plant from which products are sent to Virginia must be individually licensed. VDH inspectors respond to complaints, and inspect retail stores and businesses to achieve compliance with the Commonwealth Bedding & Upholstered Furniture Law.

Objective Strategies
- Achieve licensure of all bedding and upholstered furniture manufacturers, mattress renovators, furniture re-upholsterers, supply dealers, importers and sanitizers in the Commonwealth.
- Contact to be made by inspector with complainant to determine validity of complaint. Contact by inspector with retailer concerning complaint. Inspector or office to seek resolution of complaint by licensing, or taking contaminated product off sale.
- Daily inspection of unlicensed secondhand dealers in bedding and upholstered furniture.
- Test used products to determine if treated properly.
- Training secondhand dealers in sanitizing procedures, purpose, and use of law labels.

Alignment to Agency Goals
- Promote systems, policies and practices that assure access and facilitate improved health for all Virginians.

Measures
- Percent of all consumer complaints that were responded to within three working days.

Measure Class: Other Agency Measure Type: Outcome Preferred Trend: Stable Frequency: Annually

Data Source and Calculation

From office records of complaints. Measure will be calculated by dividing the number of consumer complaints responded to within three working days of receipt by the total number of consumer complaint received.

56504: Radiological Health and Safety Regulation

Description

This service area implements and enforces radiation protection regulations and provides public education. Regulation of ionizing radiation sources assures that the public is protected from unnecessary and excessive radiation exposure. Products and services include:
Radioactive material licensure, inspection of licensees and enforcement of regulations;
X-ray machine registration, inspection and certification and enforcement of regulations;
Educational and technical assistance relating to indoor radon;
Training and response for radiological emergencies;
Environmental monitoring in the vicinity of nuclear facilities; and
Issuance of U.S. Department of Transportation exemptions for radioactive shipments of scrap metal and refuse.

Mission Alignment and Authority

This service area directly aligns with VDH's mission of promoting and protecting the health of Virginians by eliminating unnecessary exposure to ionizing radiation.

Customers for this Service Area

Anticipated Changes to Customers Base

Anticipated growth in the number of new facilities offering X-ray services is estimated to be between three and five percent.

Virginia entered into an agreement with the U.S. Nuclear Regulatory Commission (NRC) for the regulation of byproduct material, source material and special nuclear material. Currently there are 429 specific radioactive material licenses, approximately 71 reciprocity licensees and 2,500 general licensees.

Upon requests from the U.S. Naval Nuclear Propulsion Program, VDH participates in exercises conducted at the naval shipyards in Virginia.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Resident	Citizens	2,500	8,096,604	
Federal Agency	Federal agencies	10	12	Stable
State Agency(s),	Health districts	35	35	Stable
Environmental Pollution and Control	Landfills	330	350	Increase
Federal Agency	Legislators, federal	13	13	Stable
General Assembly	Legislators, state	140	140	Stable
Local or Regional Government Authorities	Local governments	135	135	Stable
State Agency(s),	Local health departments	119	119	Stable
Health Care	Medical and dental facilities	6,038	6,500	Increase
Natural Resources and Earth Science	Nuclear power plants	2	2	Stable
Natural Resources and Earth Science	Number of X-ray facilities	6,269	6,580	Increase
Employee	Occupational workers	13,200	13,500	Increase
Health Professions	Physicians	18,789	21,000	Increase
Natural Resources and Earth Science	Radioactive material licensees	429	429	Increase
Natural Resources and Earth Science	Radon inspectors and mitigators	487	600	Increase
State Agency(s),	State agencies	5	7	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Increased media coverage of radiation exposure would increase the number of inquiries from the citizens.

Change in number of private inspectors performing inspections of X-ray machines.

An increase in number of facilities using radioactive materials or X-ray machines would increase the workload of the staff.

An increase in number of health care professionals using X-ray machines would increase the registration, licensure, and certification activities.

An increase in the use of dental CT systems requires the procurement of specialized equipment for inspection of these systems.

Increase in education and training for occupational workers would reduce inquiries from workers regarding exposure to radiation.

Increase in international and interstate commerce would increase the number of potential transportation accidents and would require increased number of emergency responses.

As the concerns and response plans for acts of terrorism increase, the workload of the service area would increase.

Public concern over the nuclear reactor accidents in Japan has brought increased attention to the State's environmental monitoring and emergency response capabilities for commercial nuclear power reactors.

Anticipated Changes to the Products and/or Services

Requests from localities for maintenance and calibration of radiation monitors are expected to increase as more localities are acquiring these monitors.

Increase in use of portable and mobile X-ray devices to view contents of unknown packages by law enforcement officials and emergency responders.

Dominion Power has agreed to fund an expansion of the environmental monitoring activities near their two nuclear power stations, North Anna and Surry.

Listing of Products and / or Services

U.S. Department of Transportation Exemptions: Issue transportation exemptions for shipments of scrap metal or refuse received at facilities that detect radiation

Inspection and enforcement: Perform compliance inspections of radioactive material licensees and enforce license conditions and regulations for the safe use and handling of radioactive materials. Perform inspections on analytical and medical X-ray equipment. Conduct violation follow-ups verifying repairs on equipment and performance have been made. Perform investigations on equipment when citizens lodge complaints against facilities concerning equipment performance. Verify equipment performance and issue certification on equipment inspected by private inspectors. Review credentials of individuals and issue certificates to those who wish to be listed as private inspectors. Perform inspections at mammography facilities for the Food and Drug Administration (FDA). Provide report of mammography facilities inspections to FDA. Provide electronic copies of X-ray database to interested parties. Collect fees for the registration and inspection of X-ray equipment.

Radiological Emergency Preparedness and Response: Maintain and operate two mobile radiation laboratories to provide radiation monitoring support. Participate in drills and exercises at nuclear facilities. Develop plans, procedures and training activities to adequately respond to a nuclear incident. Maintain radiation-monitoring equipment for localities within 10 miles of the two nuclear power facilities.

Licensure, Registration and Certification: Issue licenses for radioactive material. Register and certify X-ray producing devices. Review periodic inspection reports of those devices to assure compliance with the Radiation Protection Regulations. Issue certification to those individuals qualified to be listed as private inspectors.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	452,627	1,488,815	452,627	1,488,815
Changes to Base	-44,385	55,966	-44,385	55,966
Total	408,242	1,544,781	408,242	1,544,781

Objectives for this Service Area

Objectives for this Service Area

Objective
Protect the public and occupational radiation workers by maintaining effective control over licensed radioactive materials to ensure their safe handling and disposal.

Description
Personal injury may occur due to improper actions by radiation workers. Misplaced or improperly secured radioactive materials may present a hazard to the public or may be used by a terrorist for making a radiological dispersal device, also known as a 'dirty bomb'.

Objective Strategies

- Collaborate with the Department of Emergency Management and State Police in reporting missing or stolen radioactive materials.
- Collaborate with the Department of Professional and Occupational Regulation (DPOR) with respect to lead in paint testers.
- Collaborate with the Nuclear Regulatory Commission (NRC) to provide consistent regulation of radioactive materials.
- Implement a bonding and surety requirement for radioactive materials licenses.
- Investigate licensee accidents, reportable events, over exposures and worker complaints.
- Maintain a database of licensees that can provide inspection due dates, renewal dates and other information required for maintenance of licenses.
- Perform at least one compliance inspection during the term of the license.
- Provide all forms, guidance documents and information for completing an application, or license amendment on the agency's website.
- Provide training to VDH staff for licensing and inspecting facilities in accordance with federal practices.
- Update the Radiation Protection Regulations.

Alignment to Agency Goals

- Protect the health of Virginians by preventing exposure to toxic substances and eliminating unnecessary exposure to ionizing radiation.

Measures

- Percent of violations corrected within 30 days of the date VDH sends the Notice of Violation.

Measure Class	Measure Type	Preferred Trend	Frequency
Other Agency	Output	Stable	Annually

Data Source and Calculation

Data are collected from reports of violations submitted by VDH inspectors throughout the year. The percent of violations where a licensee provides a response to VDH with a corrective action plan within the date is calculated as the total number of timely responses during the year divided by the number of violations issued and due for a response during the year multiplied by 100.

77504: Emergency Preparedness and Response

Description

The purpose of the Public Health Emergency Preparedness (PHEP) initiatives is to upgrade and integrate state, regional territorial and local public health jurisdictions' preparedness to respond to terrorism and other public health emergencies with Federal, State, local and tribal governments, and government agencies, the private sector, and non-governmental organizations (NGOs). In addition, PHEP initiatives support the ability of hospitals and health care systems to prepare for and respond to terrorism and other public health and healthcare emergencies. PHEP efforts are intended to support the National Response Plan and the National Incident Management System. In addition, the activities performed by the service area are designed to develop emergency-ready public health departments, hospitals and health care systems in alignment with the Pandemic and All-Hazards Preparedness Act (PAHPA), the National Health Security Strategy preparedness goals, Health and Human Services 10 Essential Public Health Services, and the Centers for Disease Control and Prevention Public Health Preparedness Capabilities.

Mission Alignment and Authority

This service area directly aligns with the Virginia Department of Health's mission and vision of promoting and protecting the health of Virginians respectively by effectively facilitating response to any emergency impacting public health through preparation, collaboration, education, rapid intervention, and recovery.

Customers for this Service Area

Anticipated Changes to Customers Base

Evolving grant initiatives, envisioned needs, security concerns and/or regulatory mandates, and the unpredictability of the occurrence of public health threats will demand VDH's continued involvement with a broad range of other agencies, groups and organizations and an increasing number of private sector customers, especially in the business community.

The number of Virginia citizens served by Emergency Preparedness and Response programs will increase as Virginia's population increases.

During various times throughout the year, the tourist population in Virginia increases significantly.

An increasing number of state agencies will be customers linked to the governor's mandate to train all state employees on emergency preparedness.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Federal Agency	Agency for Healthcare Research and Quality (AHRQ)	1	1	Stable
State Government Employee	Assistant Secretary for Preparedness and Response	1	1	Stable
Federal Agency	Association of State and Territorial Health Officials (ASTHO)	1	1	Stable
State Agency(s),	Border states: Maryland, District of Columbia, North Carolina, Kentucky, Tennessee, West Virginia	6	6	Stable
Federal Agency	Centers for Disease Control and Prevention Services (CDC)	1	1	Stable
Federal Agency	Department of Health and Human Services (DHHS)	1	1	Stable
Federal Agency	Department of Homeland Security (DHS)	1	1	Stable
Federal Agency	Department of Veterans Affairs (DVA)	1	1	Stable
Federal Agency	Federal Bureau of Investigation (FBI)	1	1	Stable
Federal Agency	Federal Emergency Management Agency (FEMA)	1	1	Stable
Federal Agency	Food and Drug Administration (FDA)	1	1	Stable
Local or Regional Government Authorities	Local Governments	123	176	Stable
State Agency(s),	Local health districts	35	35	Stable
Organization	Local medical societies	42	71	Stable
Organization	Medical Society of Virginia	1	1	Stable
Local or Regional Government Authorities	Metro Washington Council on Governments (COG)	1	1	Stable
Organization	Metropolitan Medical Response Systems (MMRS) - Northern, Eastern, Central	3	3	Stable
Federal Agency	Military Facilities	25	25	Stable
Federal Agency	National Association of County and City Health Officials (NACCHO)	1	1	Stable
State Agency(s),	Office of Commonwealth Preparedness	1	1	Stable
Health Professions	Other licensed health care providers	99,879	110,000	Increase
Higher Education Institutions	Private academic institutions	430	860	Stable
Employer/ Business Owner	Private business community	60	100	Increase

Health Care	Private hospitals	82	82	Stable
Health Care	Private labs	135	150	Increase
Health Care	Private long-term care facilities	290	290	Stable
Health Professions	Private physicians	18,716	20,000	Increase
Institute	State affiliated hospitals: Acute Care and Mental Health	15	15	Stable
Higher Education Institutions	State funded academic institutions	10	14	Stable
State Agency(s),	Virginia Department of Corrections	1	1	Stable
State Agency(s),	Virginia Department of Emergency Management	1	1	Stable
State Agency(s),	Virginia Department of Environmental Quality	1	1	Stable
State Agency(s),	Virginia Department of General Services, Division of Consolidated Laboratory Services	1	1	Stable
State Agency(s),	Virginia Department of Health Professions	1	1	Stable
State Agency(s),	Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services	1	1	Stable
State Agency(s),	Virginia Department of Public Safety	1	1	Stable
State Agency(s),	Virginia Department of Social Services	1	1	Stable
State Agency(s),	Virginia Department of Transportation	1	1	Stable
Non-Profit Agency (Boards/Foundations),	Virginia Healthcare Association	1	1	Stable
Non-Profit Agency (Boards/Foundations),	Virginia Hospital and Healthcare Association	1	1	Stable
State Agency(s),	Virginia Information Technology Agency	1	1	Stable
Federal Agency	Virginia National Guard	1	1	Stable
Organization	Virginia Nurses Association	1	1	Stable
Organization	Virginia Pharmacy Association	1	1	Stable
Organization	Virginia Primary Care Association	1	1	Stable
State Agency(s),	Virginia State Police	1	1	Stable

Partners for this Service Area

Partner	Description
No partners currently entered in plan	

Products and Services

Factors Impacting the Products and/or Services

Future funding amounts continue to decline or are earmarked for a specific activity (i.e. Risk-based assessment and Cities Readiness Initiative), The implementation of newly defined public health capabilities and announced future grant alignment include additional requirements, but funding has decreased.

A decrease in federal funding has significantly impacted Virginia Department of Health's staffing levels to plan and respond to emergencies. (140 positions were originally funded through Centers for Disease Control and Health Resources and Services Administration grants, current level is at 105.)

Willingness of partners to participate in planning and response preparedness activities varies.

Legal/liability issues continue to be a great concern to providers of service during emergencies. These issues continue to be addressed to legislation and regulation.

Continued increases in costs for service and maintenance of information technology equipment resulting from the statewide information technology enterprise system implementation conversely impacts the share of federal funds available to support direct preparedness and response activities.

The climate of global health issues including the emergence of novel diseases will result in change in focus and intensity of planning and preparedness initiatives.

Anticipated Changes to the Products and/or Services

Changes to products and services are funding dependent. Anticipated reductions would result in lessened ability to update and maintain infrastructure improvements attained to date. Communications systems, disease tracking systems, etc., need constant monitoring and upgrades to ensure dependable functionality. Reduced funding would result in these systems not being updated and maintained at optimal levels. Current year funding reductions have already resulted in required scale back of technical infrastructure improvements implemented in prior years.

Listing of Products and / or Services

Community Preparedness:

Assist and facilitate all hazards planning that guides communities to prepare for, withstand, and recover (in both the short and long terms) from public health incidents.

Engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness by supporting the development of public health, medical, and mental/behavioral health systems that support recovery.

Participating in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents.

Promoting awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs of at-risk individuals.

Engaging public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community. Identifying those populations that may be at higher risk for adverse health outcomes. Receiving and/or integrating the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities.

Community Recovery:

Collaborate with community partners to plan and advocate for the rebuilding of public health, medical and mental/behavioral health systems to at least a level functioning comparable to pre-incident levels, and improved levels where possible.

Emergency Operations Coordination:

Direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and the National Incident Management System.

Emergency Public Information and Warning:

Develop, coordinate and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Fatality Management:

Coordinate with other organizations to ensure the proper recovery, handling, identification, transportation, tacking, storage, and disposal of human remains and personal effects, certify cause of death, and facilitate access to mental/behavioral health services to the family members, responders and survivors of an incident.

Information Sharing:

Conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, territorial, and tribal levels of government, and the private sector.

Provide routine sharing of information as well as issuing public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Mass Care:

Coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. Coordinate ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves

Medical Countermeasure Dispensing:

Provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Medical Material Management and Distribution:

Acquire, maintain, transport, distribute, and track medical material during an incident and recover and account for unused medical material, as necessary, after an incident.

Medical Surge:

Assist local jurisdictions in planning for the provision of adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community.

Non-Pharmaceutical Interventions:

Plan and prepare for the ability to make recommendations to the applicable lead agency, and implement applicable strategies

Public Health Laboratory Response and Testing:

Biological and chemical agents causing potential exposure and disease will be identified rapidly, reported to multiple locations immediately, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health laboratory testing is coordinated with law enforcement and other appropriate agencies

Public Health Surveillance and Epidemiological Investigation:

Enhance threat recognition and detection through the collection, identification and transmission of locally generated public health threats and other terrorism-related information for appropriate action. Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, investigated promptly, and accurately confirmed to ensure appropriate prevention or curative countermeasures are implemented. Additionally, public health epidemiological investigation is coordinated with law enforcement and other appropriate local, state, and federal agencies. Ensure cases are investigated by public health to reasonably minimize morbidity and mortality rates, even when numbers of casualties exceed the limits of the normal medical infrastructure for an affected community.

Responder Health and Safety:

Develop plans for protecting public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel.

Volunteer Management:

Coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

Education and Training :

Promote prevention and awareness through coordination and delivery of training and education programs to public health staff and response partners in an effort to increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats. Develop curricula to facilitate delivery for public health staff and response partners in an effort to decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	34,758,274	0	34,758,274
Changes to Base	0	-2,438,701	0	-2,438,701
Total	0	32,319,573	0	32,319,573

Objectives for this Service Area

Objectives for this Service Area

Objective
Produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response and continuity planning operations.

Description
This type of information is essential to the appropriate and effective implementation of emergency response plans.

Objective Strategies
- Establish and maintain response communications network.

Alignment to Agency Goals
- Strengthen the culture of preparedness, and respond in a timely manner to any emergency affecting public health.

Measures
- Agency Preparedness Assessment Score

Measure Class Agency Key   Measure Type Outcome   Preferred Trend Increase   Frequency Annually

Data Source and Calculation

The Agency Preparedness Assessment is an all-hazards assessment tool that measures agencies' compliance with requirements and best practices. The assessment has components including Physical Security, Continuity of Operations, Information Security, Vital Records, Fire Safety, Human Resources, Risk Management and Internal Controls, and the National Incident Management System (for Virginia Emergency Response Team - VERT - agencies only).

- Number of community sectors engaged in emergency planning and response efforts at the state level.

Measure Class Other Agency   Measure Type Outcome   Preferred Trend Increase   Frequency Annually

Data Source and Calculation

Measure data will be derived from central office database.

Objective
Produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response and continuity planning operations.

Description
This type of information is essential to the appropriate and effective implementation of emergency response plans.

Objective Strategies
- Establish and maintain response communications network.

Alignment to Agency Goals

- Strengthen the culture of preparedness, and respond in a timely manner to any emergency affecting public health.

Measures

- Achieve the minimum required state composite score on the Medical Countermeasure Distribution and Dispensing Capability assessment.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Stable | Frequency: Annually

  Data Source and Calculation

  The MCMDD composite score will be derived from results of Technical Assistance Reviews, drill submissions, full-scale exercises, and compliance with programmatic standards. Note - Baseline and Targets will be driven by CDC and these have not been released yet. The baseline will be determined in June 2012 and updated accordingly.

- Time for pre-identified staff covering activated public health agency incident management lead roles to report for immediate duty.

  Measure Class: Other Agency | Measure Type: Output | Preferred Trend: Decrease | Frequency: Annually

  Data Source and Calculation

  Time elapsed between date and time of alert notification to date and time of all staff to report and fill all required ICS roles.

- Number of local health departments (LHD) that have obtained recognition by the National Association of County and City Health Officials (NACCHO) through the Project Public Health Ready (PPHR) program.

  Measure Class: Other Agency | Measure Type: Outcome | Preferred Trend: Increase | Frequency: Annually

  Data Source and Calculation

  NACCHO conducts formal site review and issues designation status to LHD following formal application process. Those LHDs receiving official full designation will be considered as achieving desired objective.