2016-18 Strategic Plan

Department of Health [601]

Mission

The Virginia Department of Health is dedicated to protecting the health and promoting the well-being of all people in Virginia.

Vision

Become the healthiest state in the nation.

Values

Our culture values service, equity and making data driven decisions.

Finance

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 (50 percent); general funds (24 percent); special funds (local government match portion of support for local health departments (9 percent); fees and charges for services (13 percent); dedicated special revenues (4 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 193 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, and Safe Drinking Water 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.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	170,050,763	529,096,894	169,852,346	529,147,839
Changes to Initial Appropriation	-1,243,148	0	672,800	3,580,752

(Changes to Initial Appropriation will be 0 when the plan is created. They will change when the plan is updated mid-biennium.)

Customers

Anticipated Changes to Customer Base

Current Customer List

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Health Care	Women and Children Served Daily Through WIC	147,888	150,000	Stable
Health Care	EMS agencies (nonprofit &municipal agencies eligible for funding support)	680	680	Stable
Health Care	EMS Providers	35,913	35,913	Stable
Health Care	Government Agencies and Private Institutions Using Vital Statistics	294	483	Increase
Health Care	Citizens Requesting Vital Records	360,488	500,000	Stable

Health Care	Virginians Receiving Immunizations at Local Health Departments	324,488	400,000	Stable
Health Care	Patients Screened for STDs at Public Health Clinics	77,057	120,000	Stable
Health Care	Hospitals, Governmental and Private Institutions Serviced By Disease Investigation and Control Services	28,382	32,220	Stable
Health Care	People Living with HIV Using Primary Medical Care and Support Services	5,228	6,117	Stable
Health Care	People Living with HIV Using the AIDS Drug Assistance Program	5,401	6,319	Stable
Health Care	Health Care Facilities Regulated By Office of Licensure and Certification	5,809	8,093	Stable
Health Care	Hospital and Nursing Facility Applicants for Certificate of Public Need	59	436	Stable
Health Care	Children and Adults With Hemophilia and Other Related Bleeding Disorders	283	400	Stable
Health Care	Children With Special Health Care Needs Receiving Care Coordination Services	7,171	208,476	Stable
Health Care	Newborns Screened For Inborn Errors of Body Chemistry and Hearing Impairment	101,412	103,061	Stable
Health Care	Men and Women Seeking Contraceptive Services In Local Health Departments	69,200	421,820	Stable
Health Care	Pregnant Women In The Commonwealth	102,812	102,812	Stable
Health Care	Individuals receiving suicide prevention resources, training and education	244,978	300,000	Stable
Health Care	Indigent Children and Adults Needing Dental Services	20,476	1,079,632	Stable
Health Care	Virginians Served Through Healthy Start, Resource Mothers and MIECHV	23,542	23,542	Stable
Health Care	Individuals and Domestic Animals Exposed to a Potentially Rabid Animal	18,000	18,000	Stable
Health Care	Food Establishment Owners Serviced by VDH	56,407	60,000	Stable
Health Care	Hotels, Summer Camps, Campgrounds, Swimming Pools and Migrant Labor Camps Monitored by VDH	6,200	6,200	Stable
Health Care	Virginians Receiving Services Through Local Health Districts (Unduplicated)	567,202	8,001,024	Stable
Health Care	Children Receiving Services Through Local Health Departments	21,247	93,000	Stable
Health Care	Owners of Private Well And/Or Onsite Sewage Disposal Systems Monitored by VDH	1,000,000	1,000,000	Increase
Health Care	Women Receiving Pre-Natal Care Through Health Department	16,816	23,033	Stable
Health Care	Virginians Seeking Treatment for Communicable Disease Treatment and Control at Local Health Departments	170,431	8,001,024	Stable
Health Care	Residents of the Commonwealth Who Require Community-Based Nursing Home Pre-Admission Screening	12,412	24,000	Increase
Health Care	Adults (age 50+) In Need of Colorectal Cancer Screening	54,154	1,083,072	Increase
Health Care	Adults Who Do Not Engage In Physical Actvity	70,313	1,406,250	Increase
Health Care	Virginians Receiving Clean Water Through Waterworks	6,930,750	8,001,024	Increase
Health Care	Residents Of The Commonwealth Affected By Exposure To Chemicals, Biological and RadiologicalAgents	44,000	8,001,024	Stable
Health Care	Children Under Age 72 Months Screened for Lead Poisoning	98,000	638,237	Stable
Health Care	Crab and Shellfish Processors, Harvesters and Oyster Gardners	4,937	8,450	Stable
Health Care	Agencies, Governments and Institutions Collaborating With Emergency Preparedness and Response	1,287	1,858	Stable

Partners

Name	Description
Medical Service Providers	
Housing and Urban Development	
Department of Behavioral Health and Disability Services	
Department of Education	
Department of Medical Assistance	
Department of Social Services	
United States Department of Agriculture Rural Development	Provides funding assistance on eligible projects
VITA	The Virginia Dept of Health receives its information technology infrastructure services via a partnership with the Virginia Information Technologies Agency.
Department of General Services	The Consolidated Laboratory provides testing services and DRES supports district offices.
Virginia Department of Agriculture and Consumer Services	
Virginia's Public Universities	
Local government	
Community service organizations	

Agency Goals

- **Maintain a competent and valued workforce**

Summary and Alignment

Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

Objectives

» **Recruit and retain the best employees.**

Description

[Nothing Entered]

Objective Strategies

• Offer competitive compensation to VDH employees.

• Take a proactive approach to recruiting. Brand VDH as the employer of choice for those career seekers from the candidate pool. Build a career pipeline through career planning and mapping.

• Establish career paths and introduce training and development programs that support advancement.

• Determine the root causes of turnover and retention, then recommend proper corrective action then follow through with long-term tracking and implementation of whether the changes worked.

Measures

♦ Employee Retention Rate

» **Ensure that VDH staff are properly developed and coached.**

Description

[Nothing Entered]

Objective Strategies

• Conduct an assessment of training requirements and make funding those requirements an agency priority.

• Encourage and expect staff to collaborate across organizational boundaries.

• Provide and support training for agency staff that helps develop the skills they need for the future of public health.

• Establish ongoing training on data analysis and informatics.

• Design and implement new supervisor and manger training on leading teams, managing change, and fostering a culture of inclusion and valuing diversity.

Measures

» **Plan for knowledge transfer and future succession.**

Description

[Nothing Entered]

Objective Strategies

• Create formal knowledge transfer processes.

• Focus knowledge transfer efforts on at-risk positions.

Measures

» **Demonstrate that VDH employees are valued.**

Description

[Nothing Entered]

Objective Strategies

• Conduct employee engagement survey; analyze what employees need to feel valued at VDH.

• Study how VDH administers employee recognition implement necessary and appropriate changes to increase effectiveness.

• Help employees understand how important their work is to reaching the VDH goals and vision.

Measures

- **Foster healthy, connected, and resilient communities**

Summary and Alignment

Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

Objectives

» **Implement population health strategies in Virginia.**

Description

[Nothing Entered]

Objective Strategies

• Increase understanding of population health from key stakeholders (state leaders to VDH staff to individual citizens.)

• All local health districts will complete the community health assessment and community health improvement process by engaging and partnering with community stakeholders

• Share, replicate, and standardize effective community health improvement activities across health districts in Virginia

• Implement public health informatics through vision and strategy, workforce development, and information systems

• The VDH Leadership will engage state agency partners on Virginia's Plan for Well-Being to promote integration, ownership and monitoring of strategies

Measures

» **Foster community collaboration.**

Description

[Nothing Entered]

Objective Strategies

• Continue to engage with long-term health care community, hospitals, dialysis centers, and home health agencies on emergency preparedness

• Connect existing emergency preparedness regional coalitions with local community health improvement leadership teams for cross-agency coordination and collaboration

• Ensure all community health efforts consider the needs of diverse (racial, ethnic, social, economic, disabilities, geographical) subpopulations

Measures

- Number of local health departments that have obtained recognition by the National Association of County and City Health Officials through the Project Public Health Ready program.
- Percentage of program expenditures for drinking water construction financing spent in expected time frames.
- Percentage of waterworks inspections completed within established time frames

» **Share timely, reliable, actionable, sub-county level data.**

Description

[Nothing Entered]

Objective Strategies

• Maintain and enhance the Data Portal for Community Health

• Improve data sharing and integration across VDH

• Complete the update to the State Health Assessment

Measures

- **Be a trusted source of public health information and services**

Summary and Alignment

Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

Associated Societal Indicator

Immunization

Objectives

» **Deliver public health information accurately and timely in the format and delivery method in which it is most effective.**

Description

[Nothing Entered]

Objective Strategies

• Create ongoing quality assurance process for agency communications. (Create ongoing quality assurance process for agency and district websites.)

• Communicate clearly with internal and external stakeholders about which services VDH currently offers and ensure the communication is updated regularly

Measures

» **Create systems, policies, and practices that improve health for all people in Virginia.**

Description

[Nothing Entered]

Objective Strategies

• Prevent and control the transmission of communicable disease and other health hazards. Define and maintain the core infrastructure necessary for an effective public health system.

• Initiate and maintain prevention activities which promote health and well-being among Virginians. Focus on preventive actions determined by data analysis that indicate the most significant impact to the people of Virginia.

Measures

- Percentage of adolescents (age 13-17) receiving 3 doses of HPV vaccine
- Percentage of children receiving 4 doses of Dtap by age 2
- Percentage of reported disease cases in which control measures were initiated within Public Health Emergency Preparedness (PHEP) required timeframes
- Percentage of women reporting smoking during pregnancy

» **Make our services more clear and visible to the public user.**

Description

[Nothing Entered]

Objective Strategies

• Increase the online accessibility of information regarding public health services

• Make our processes easy to view and use online

• Create easy ways for the public to view clinic services / hours in all districts or by searching geographically

Measures

» **Reinforce the role and mission of public health to federal, state and to local communities.**

Description

[Nothing Entered]

Objective Strategies

• Educate federal, state and local leaders on population health and VDH's role as Chief Health Strategist

• Pursue grant funding that aligns with agency mission, vision, and goals and the Virginia Plan for Well Being

Measures

• **Assure the conditions that improve health opportunity**

Summary and Alignment

Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

Associated Societal Indicator

Life Expectancy

Objectives

» **Build partnerships at the state and local level to increase community capacity to focus on determinants of health.**

Description

[Nothing Entered]

Objective Strategies

• Adopt proactive, long term approaches to determinants of health

• By 2018 assess and address training needs of VDH staff, tribal and community leaders to collect, interpret, analyze and apply health equity data.

• By 2018 develop and publish a biennial plan that includes strategies and barriers.

• Promote examples of approaches and activities that are successfully improving health opportunity

Measures

- Number of small rural hospitals receiving technical assistance and funding

» **Enact 'health in all policy" approaches at the state and local level.**

Description

[Nothing Entered]

Objective Strategies

• Educate state and community leaders, government agencies, and residents what 'health in all policy' means and what the benefits are to the community of adopting such policies

• Train all central office and district staff on health equity and health in all policy

• Integrate these concepts into all VDH training

Measures

» **Strengthen organizational infrastructure to support health equity.**

Description

[Nothing Entered]

Objective Strategies

• Identify opportunities to advance health equity.

• Use multi-stream funding to implement strategies identified in biennial health equity report.

Measures

- **Provide internal systems that deliver consistent and responsive support**

Summary and Alignment

Associated State Goal

Government and Citizens: Be recognized as the best-managed state in the nation.

Associated Societal Indicator

Government Operations

Objectives

» **Create a culture of continuous quality and process improvement at VDH.**

Description

[Nothing Entered]

Objective Strategies

[Nothing Entered]

Measures

» **Establish an internal culture of customer service excellence.**

Description

[Nothing Entered]

Objective Strategies

• Develop and implement internal customer service standards and metrics.

Measures

- Percentage of Death Investigations completed within 90 days
- Percentage of Failing Onsite Sewage Systems Corrected Within 60 Days of Local Health Departments becoming Aware of the Issue
- Percentage of food service establishment inspections completed within required time frames

Major 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.

Performance Highlights

The Virginia Department of Health has developed and rolled out the "Plan for Well Being". This Plan represents a shift towards a population health approach to policy planning in Virginia and is an example of how to use data to define how Virginia can become the healthiest state in the nation. The Plan lays out thirteen priority goals that address issues significantly impacting the health and well-being of the people in Virginia. The Plan also identifies measures for those goals. The first results report from those measures was released in the spring of 20017.

Teen pregnancy rate is down (pregnancies per 1,000 females ages 15-19 years old). The 2013-13 baseline was 27.9, the goal for 2020 is 25.1 and the 2017 rate is 24.9

The percentage of VDH Health districts that have established an ongoing collaborative community health planning process is up. The 2013-14 baseline was 43%, the 2020 goal is 100% and the 2017 result is 82.8%,

The percentage of adults in Virginia who use tobacco continues to decline. The 2013-14 baseline was 21.9%, the 2020 goal is 12.0% and the 2017 result is 19.4%.

In addition to these efforts, VDH has applied for statewide accreditation by the Public Health Accreditation Board and expects to complete that process in FY2018.

Staffing

Authorized Maximum Employment Level (MEL)	3682
Salaried Employees	3300
Wage Employees	564
Contracted Employees	306

Key Risk Factors

Aging Public Health Workforce: Within five years, 27.2% of VDH's workforce will be eligible to retire with unreduced benefits. 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, 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.

Management Discussion

General Information About Ongoing Status of Agency

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 and 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, and 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 and sewer, seeking ways to assist owners financially in upgrading/repairing onsite sewage systems, and increasing VDH's collaboration with the private sector.

Emergency Preparedness & Response: Being prepared to prevent, respond, & rapidly recover from public health threats is critical. Utilizing the CDC Public Health Emergency Preparedness performance measures established in August 2011, VDH systematically evaluates and prioritizes a consistent set of public health preparedness capabilities.

Information Technology

Technology plays a key role in VDH's mission to promote and protect the health of all Virginians. Like most agencies, VDH continues to operate in an environment where resources are somewhat limited. This includes financial and human resources. Securing the skill sets needed to maintain and grow VDH's applications and technology infrastructure is often challenging. In order to help VDH implement its Plan for Wellbeing, VDH is striving to become more and more data informed. In order to do this, VDH is in the process of implementing a strong data governance program focused on creating data analytics environments that lend themselves to the utilization of multiple data sets. Bringing in social determinants of health and other key information pertaining to the wellbeing of Virginia's citizens is crucial for helping VDH understand public health needs in an equitable manner.

Additionally, in order to utilize additional data sets, VDH has become more focused on data sharing, whether with other HHR agencies or those agencies outside our Secretariat. A standard data sharing template has been created that allows VDH to be transparent regarding the security of data while at the same time facilitating a more timely data sharing transaction. A recent bill from the 2017 General Assembly (HB2457) allows all HHR agencies to share data as if they are one Agency. VDH sees this as an opportunity to further broaden not only the data we share but the data we receive from others.

VDH continues to make forward progress with several large technology programs implemented either inside VDH only or throughout Virginia. VDH is fully compliant and operational with the new Cardinal financial system, and we are moving toward implementing payroll functionality in 2018. Several new applications have been implemented for the Emergency Medical Services area within VDH in order to modernize their systems. This is resulting in faster and more reliable information for the thousands of EMS workers across Virginia. VDH is expanding its Vital Records automated capabilities to allow the issuance of records at DMV and all health districts in Virginia. We continue to work with our partners to administer Virginia's All Payer Claims Database and ConnectVirginia Health Information Exchange. VDH recently began planning for the Emergency Department Care Coordination Project which provides an automated alerting system to all emergency departments in Virginia. This project will be implemented by June 30, 2018.

Finally, VDH continues to play a key role in the Secretary of Health and Human Resources efforts to implement an enterprise Health and Human Resource eHHR program. A key project related to the eHHR program is being performed in partnership with DMAS. This project creates interfaces to key registries owned by VDH and allows a publish/subscribe model for accessing these registries. Access to birth, death, immunization and cancer registries will be available through these interfaces.

Estimate of Technology Funding Needs

Workforce Development

VDH must ensure that the agency has the requisite workforce numbers, skills, and competencies needed to accomplish the agency mission of promoting and protecting the health of all Virginians. As of April 2017, the agency turnover rate was 12.6% with a retirement rate of 4.00%. The percentage of employees that are currently eligible to retire with an unreduced benefit has risen to 13.1%; however, this number rises to 27.2% in the next 5 years.

To handle current priorities and prepare for future change, VDH has created and begun executing a 2-5-year Strategic Workforce Plan which stems from the agency's **Strategic Plan Goal 1**: *Maintain a competent and valued workforce*. This workforce plan is focused on five overarching objectives:

- Attract, recruit, hire, and retain an effective workforce to carry out the mission of public health—building a work environment that is diverse, engaging, and reflective of the needs of VDH's employees.
- Ensure that HR policies and procedures are developed, documented, communicated, and implemented in an efficient, consistent, and compliant manner.
- Improve HR-related business processes, the quality of organizational design and structure activities, and the mechanisms of position management.
- Develop a comprehensive and coherent workforce planning and development program that supports current and emerging goals and

reflects the diversity of learning needs throughout VDH.
- Establish, foster, and maintain a culture of continuous quality improvement and excellence in customer service.

Current key outcomes include comprehensive revisions to the agency's Salary Administration Plan; establishment of employee engagement as a key performance indicator; creation of workforce development programs (including leadership development and knowledge transfer) to reduce skill gaps; and alignment of all positions to a competency-based model.

Physical Plant

VDH works in partnership with 119 local jurisdictions in funding and maintaining local health departments (LHDs). In addition, there are numerous satellite offices statewide where client and patient services are offered. In the Capital area, VDH occupies state owned space in the James Madison and James Monroe buildings. In addition, other statewide facilities house the Shellfish Sanitation Program, Drinking Water Regional Offices, Public Health Preparedness, Medical Examiner District Offices, and Office of Licensure and Certification. In total, these offices and satellite locations represent no less than 175 facilities. VDH owns no facilities, but rather leases either local government (70%) or commercial sites (22%), with the remainder being Use Agreements.

Currently, VDH maintains leases at 20 facilities that are greater than 20 years old. VDH has concerns with these older, outdated facilities that challenges the agency to be ADA (Americans with Disabilities Act) and HIPAA (Health Insurance Portability and Accountability Act) compliant. In addition, these older facilities present potential safety hazards. Within the next five years, 23 facilities are projected to be in need of extensive renovations or require relocation.

Funding to address these facility needs will be significant over the next five years. Many leases with rental rates that were negotiated years ago with local jurisdictions will incur increases when these leases are renewed or when the LHD must relocate. In addition, renovations, facility improvements and telephone systems costs will add to the financial burden.

Supporting Documents

Title	File Type
Virginia's Plan for Well Being	Link

Scholarships [10810]

Description of this Program / Service Area

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,
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

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

Describe the Statutory Authority of this Service

§ 32.1-122.9 of the Code of Virginia authorizes the Dental Scholarship Program and provides conditional grants for dental students to encourage them upon graduation from Virginia Commonwealth University School of Dentistry to practice in these areas.

§ 32.1-122.9:1 of the Code of Virginia authorizes the Dentist Loan Repayment Program.

§§ 32.1-122.5:1 and 32.1-122.6 of the Code of Virginia authorizes the Virginia Medical Scholarship Program and provides conditional grants for certain medical students.

§ 32.1-122.6:1 of the Code of Virginia authorizes the Virginia Physician Loan Repayment Program.

Public Health Service Act, Title III, Section 338I, 42 U.S.C. 254q-1 provides authorization for the Virginia State Loan Repayment Program.

§§ 32.1-122.6:01, 54.1-3011.1-2, and 23.1-614 of the Code of Virginia provide for the Board of Health to award nursing scholarships and the nursing loan repayment program.

§ 32.1-122.6:02 of the Code of Virginia establishes the Nurse Practitioner/Nurse Midwife Scholarship Program.

Products and Services

Description of Major Products and 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 notforprofit entity. Participants may receive up to $140,000 for a 4year commitment in addition to the salary and benefit package offered by their employer. This program requires a state/community dollarfor-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.

Anticipated Changes

General funding for the VDH Dental Health Program will end in 2016.

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.

Factors Impacting

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.

Financial Overview

General appropriation was eliminated for the Dental Scholarship and Loan Repayment Programs in FY 2009. Federal funds from the HRSA Oral Health Workforce Grant will be utilized to fund the Dentist Loan Repayment program through state fiscal year 2015.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	150,000	474,000	150,000	474,000

Changes to Initial Appropriation	-150,000	0	150,000	0

Supporting Documents

Title	File Type

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

Description of this Program / Service Area

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

This service area directly aligns with the Virginia Department of Health's (VDH) mission of protecting and promoting the well-being of all people in Virginia. 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.

- *Describe the Statutory Authority of this Service*

The Office of EMS (OEMS) is mandated by Virginia Code § 32.1-111.3 to coordinate a Statewide emergency medical care system. This section of the Code identifies 18 specific objectives that must be addressed.

Section § 32.1-111.12 of the Code of Virginia establishes the Virginia Rescue Squad Assistance Fund. The majority of this service area consists of funding provided through this grant process. These funds assist and support eligible EMS agencies in securing training, equipment and supplies.

§ 32.1-111.12:01 establishes a committee, appointed by the State EMS Advisory Board, to review and make recommendations for funding.

§ 46.2-694 provides that the EMS system is to be funded through a $4.25 surcharge on motor vehicle registration fees that is earmarked for EMS, commonly referred to as "Four for Life". This section establishes a funding formula for the distribution of funds and specifies the purpose and use of funds. These funds also support VAVRS in providing training to member EMS agencies and personnel as well as other

Products and Services

Description of Major Products and 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.

Anticipated Changes

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 19 objectives identified in § 32.1-111.13 of the Code.

Factors Impacting

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 was 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 $6.25 per vehicle registration to support EMS. The additional funding “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.”

In FY 2010, a budget amendment approved a $2.00 increase in funding transfer from OEMSto:

- Treasury for the General Fund ($10,518,587)
- Virginia State Police ($2,052,723)

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.

Financial Overview

Section 46.2-694 of the Code of Virginia provides that the EMS system is to be funded through a $6.25 surcharge on motor vehicle registration fees that is earmarked for EMS, commonly referred to as “Four for Life”. This section establishes a funding formula for the distribution of funds and specifies the purpose and use of funds. The current funding distribution of $4.00 for this service area is:

32% Rescue Squad Assistance Fund grants
26% Return to Localities
2% Virginia Association of Volunteer Rescue Squads
10% Department of Health, EMS

The remaining 30% is allocated to the VDH Office of EMS for various purposes intended to develop and maintain a statewide coordinated EMS system.

$0.25 supports training, education and certification of EMS providers.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	35,159,839	0	35,159,839
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

State Office of Emergency Medical Services [40204]

Description of this Program / Service Area

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

This service area directly aligns with the VDH's mission to promote and protect the health of all Virginians. 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.

- *Describe the Statutory Authority of this Service*

The Board of Health is mandated by the Code of Virginia to develop a comprehensive, coordinated, EMS system in the Commonwealth and OEMS is responsible for achieving the following objectives:

Section 32.1-111.3 of the Code of Virginia requires a comprehensive, coordinated EMS system in the Commonwealth and identifies 19 specific objectives that must be addressed.

Section 32.1-111.4. of the Code of Virginia requires the Board of Health to establish requirements, procedures, capabilities and classifications for the provision of emergency medical services.

Section 32.1-111.5 of the Code of Virginia prescribes by regulation the qualifications for certification and recertification of EMS personnel, including testing, continuing education, an appeals process, and the requirements that any person on or after July 1, 2013 who applies to be a volunteer with or employee of an EMS agency must submit fingerprints and provide personal descriptive information for the purposes of obtaining his criminal history record information.

Section 32.1-111.6 of the Code of Virginia requires all EMS agencies must be licensed and all EMS vehicles must be permitted.

Section 32.1-111.7 of the Code of Virginia requires each EMS vehicle to be inspected and a record maintained by OEMS.

Section 32.1-111.4:1 of the Code of Virginia establishes a 28 member Board to advise the State Health Commissioner, Board of Health, and OEMS on all EMS matters for the development and coordination of a comprehensive and effective EMS system.

Section 32.1-111.4.2 of the Code of Virginia authorize the Board of Health to designate regional EMS councils. Each of the eleven EMS councils contract with OEMS in a performance based contract to provide specific programs and services identified in the scope of work.

Section 32.1-111.12 of the Code of Virginia establishes the Virginia Rescue Squad Assistance Fund. The majority of Service Area “Financial Assistance for Non Profit EMS Organizations and Localities (40203)” is provided through this funding and grant process. These funds assist and support in the provision of training to support the 19 Code objectives as well as assist EMS agencies, personnel and localities meet Code requirements of regulations, certification, licensing and permitting.

Section 32.1-116.1 of the Code of Virginia establishes the Emergency Medical Services Patient Care Information System (EMSPCIS) which shall include the EMS Registry and the Virginia Statewide Trauma Registry. The EMSPCIS is administered by OEMS for the purpose of collecting data on the incidence, severity and cause of trauma, and for the purpose of improving the delivery of prehospital and hospital emergency medical services.

Section 46.2-694 of the Code of Virginia authorizes an additional fee of $4.25 per year to be charged and collected at the time of registration of each pickup or panel truck and each motor vehicle. All funds collected pursuant to this subdivision shall be paid into the state treasury and shall be set aside as a special fund to be used only for emergency medical service purposes.

Section 18.2-270.01 of the Code of Virginia establishes within the state treasury a special non-reverting fund known as the Trauma Center Fund. The Fund shall consist of any moneys paid into it by virtue of operation of subsection A hereof and any moneys appropriated thereto by the General Assembly and designated for the fund. The fund is administered by OEMS and distributed to designated Trauma Centers.

Section 54.1-2987.1 of the Code of Virginia defines the requirements for OEMS to administer the Durable Do Not Resuscitate (DDNR) orders program.

In addition to the requirements in the Code of Virginia, the Board of Health is responsible for promulgating the Virginia EMS Regulations (12 VAC 5-31). The regulations cover a variety of areas, including EMS agency licensure and requirements, vehicle classifications and requirements, EMS personnel requirements, EMS education and certification, and EMS physician requirements, regulations governing regional EMS councils, and regulations governing financial assistance for EMS agencies.

Products and Services

Description of Major Products and Services

- EMS Education, Training and Medical Direction - Regulatory authority to establish certification and re-certification qualifications and standards for EMS personnel: EMT Basic Life Support educational standards and competency standards; Advanced Life Support educational standards and competency standards; EMS educator standards and competency standards; and certification examinations standards. 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. Requiring national accreditation for all paramedic programs and state accreditation for all other Advanced Life Support 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. State Stroke Triage Plan development and compliance monitoring. Emergency Medical Services Patient Care Information System data collection and analysis: Statewide Trauma Registry administration; and, participation in the Traffic Records Electronic Data System (TREDS). Crash Outcomes Data Evaluation System (CODES).
- Emergency Operations - OEMS is responsible for developing a comprehensive and coordinated response during a declared “state of emergency” and/or large scale emergency and non-emergency events. 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: Vehicle Rescue, HMERT Team Member; HMERT Team Leader; and Mass Casualty Incident Management - Modules I –II, and instructor trainer programs.
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- 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 an 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 critical care 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 CPR 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 (DDNR) 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: provide technical assistance to EMS personnel and agencies, in conjunction with Community Health and Technical Resources Division provide assistance to local governments and organizations; and verification of RSAF grant awards Establishment and ongoing processing for background checks utilizing the FBI fingerprinting process in accordance with § 32.1-111.5.
- Critical Incident Stress Management: - 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 support for emergency medical dispatch training, accreditation of Public Safety Answering Points and coordination of FCC 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 an MOU with NEMSIS in 2004 to use the NHTSA 2.2 datasets 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.

Anticipated Changes

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 utilizes Webinars and other technologies to provide administrative updates to EMS instructors and coordinators as well as offering on-line continuing education for EMS providers. EMS has developed and utilizes a process to identify high quality online continuing education through third party vendors. To address these changes, the office has developed methods to access and utilize online education and standardized EMS practice with the development of a Scope of Practice. In addition, program changes have been made to the process for obtaining EMS educator status, making access easier and demands less by making the program competency based. The training and certification component is 90% web based for ease of access for EMS providers and citizens. All certification processes now follow national guidelines for initial certification and recertification for all levels. The dissolution of national curricula has been replaced with the National EMS Education Standards which is utilized by all Virginia EMS programs.

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.

All EMS certification programs are based on the National educational core content, the National Scope of Practice and the National EMS 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 is conducted to ensure continued compliance with designation standards. In 2015 the Board of Health approved the addition of two new levels of designation for the state-Pediatric Level I Trauma and Burn Center. One hospital in Virginia has received both Pediatric and Burn designation and two others are in the process of applying for Pediatric designation. 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 specifications

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 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. 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 3.4 per 100,000 full-time workers. There is a need to review current ambulance design and injury prevention and safety programs.

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 access to appropriate care – all of which will require additional training in community health 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.

Factors Impacting

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 technical 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.

Funding of emergency medical services through taxation, fee for services donations and other fianancial support is an evolving issue challenging local government.

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.

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 services 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.

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. 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.

As the public's expectations for EMS services increases, 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.

Financial Overview

Section 46.2-694 of the Code of Virginia provides that the EMS system is to be funded through a $4.25 surcharge on motor vehicle registration fees that is earmarked for EMS, commonly referred to as "Four for Life". This section of the Code establishes a funding formula for the distribution of funds and specifies the purpose and use of funds. The funding distribution for this service area is 10% for OEMS and 30% for EMS systems development, training and the Regional EMS Councils. The remaining 60% is distributed to Financial Assistance for Non Profit Emergency Medical Services Organizations and Localities (Service Area Plan 40203).

The Virginia Acts of Assembly (Chapter 3) increased the $4.25 surcharge on motor vehicle registration fees by $2.00 to $6.25 (§ 3-6.02). In addition, Section 18.2-270.01 of the Code of Virginia, established the State Trauma Center Fund. Sources of revenue include a $40 charge from DMV for Reinstatement Fee for Drivers Licenses and a $50 fine from the Courts system for multiple offenders convicted of driving while intoxicated. These fees were increased in the 2010 General Assembly to $50 and $100, respectively. From these sources of funds ($2.00 and Fees), $9,055,000 is transferred to the General Fund with the remaining balance distributed to designated trauma centers.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	7,809,219	0	7,809,219
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Anatomical Services [40301]

Description of this Program / Service Area

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

The Mission of the Virginia Department of Health is to promote and protect the health of all Virginians. The Virginia State Anatomical Program assists in accomplishing this goal in a very unique manner by providing donors for the education of future physician's and healthcare providers.

Specialized methods of preservation allow for educators and researchers to study the human body in a natural state offering the opportunity to improve and expand upon traditional pedagogy. The ability to prepare those donors in this manner expands the ability to study, develop and discover new methods of treatment therefore helping maintain the quality of life of Virginians. The flexibility, range of motion and lack of distortion provides the ability to simulate methods of treatment and provide for a improved "hands-on" experiences.

Describe the Statutory Authority of this Service

The State Anatomical Gift Act, § 32.1, Chapter 8, Article 2 and Article 3 of the Code of Virginia, provides the authority by which the program is operated through the State Health Commissioner. The sale of body parts is prohibited in Virginia. The Code of Virginia states who is eligible to donate their bodies, how bodies should be distributed, the records to be kept, the cremation or burial criteria, the importation of anatomical material, and the penalty for trafficking in bodies.

Products and Services

Description of Major Products and Services

·Responding to inquiries and providing information regarding "Anatomical Donation"

·Provide information to healthcare partners and other death care related organizations

·Serving the needs of donors and donor families once death has occurred

·Determining suitability for donation in a timely manner

·Maintaining documentation related to the "Anatomical Donation" process and individual donors.

·Processing of required documents

·Transportation of Donors

·Processing of Donors for placement

·Coordination of placement of donors with programs

·Providing support for user programs

·Coordination of "Return of Cremated Remains" of donors once study is complete

·Program evaluation

·Preparation of budget

·Research and development of additional services to user programs as related to "Anatomical Donation"

·Maintaining transparency and trust with the public

Anticipated Changes

The continued increase in requests for donors by user programs, increases in requests for donors prepared via the "Soft-Cure" method and requests by research and surgical programs for providing disarticulated anatomical specimens will result in VSAP changing current practices and

business model.

Review of Importation of Anatomical Material requests supports the increase in demand and the need to investigate offering these services. A strategic plan and financial pro forma was done in 2017 resulting in a restructuring of the program.

To increase donations in response to an increase in requests by user programs VSAP will continue to develop relationships with Virginia Hospice organizations. The program is using traditional and nontraditional 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.

Recent reorganization of program procedures and processes will assist in ensuring optimal efficiency and quality of services provided. This reorganization will include hiring additional staff to handle the increase in call-volume and to address after-hours call in. The repositioning of key staff members and aligning with specific tasks will help to organize and increase work-flow.

Factors Impacting

As the number of donors accepted and placed increases the need for additional staff will require increasing fees. The additional chemical and operational costs associated with the increase in “Soft-Cure” donors will also necessitate an increase in fees. Additional services such as Imaging and providing specific anatomical specimens will require initial funding to develop and implement.

Financial Overview

The State Anatomical Program is funded 100 percent by Special Funds. Funding comes from the fees paid by the schools and research programs for each cadaver to cover the expense of staff, supplies, transport, embalming, and administrative costs. The current cost per cadaver is $1,500.00.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	549,313	0	549,313
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Medical Examiner Services [40302]

Description of this Program / Service Area

This service area provides medicolegal death investigation. In Virginia, the first line of death investigation is the medicolegal death investigator in the district office. 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. A medicolegal death investigator or local city/county Medical Examiners (ME) may conduct a scene 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 170 local medical examiners. In addition to attending death scenes, local Medical Examiners also conduct external examinations of the body and sign the certificate of death on medical examiner cases. In accordance with OCME professionally established guidelines, the medicolegal death investigator will refer certain types of cases for more intensive death investigation and medicolegal autopsy at a district office performed by a forensic pathologist.

Mission Alignment

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 residents, identifying emerging infectious deaths, bioterrorism deaths, and documenting injuries associated with violent deaths.

Describe the Statutory Authority of this Service

Pursuant to § 32.1-283 of the Code of Virginia, all of the following types of deaths are investigated by the OCME:

• any death from trauma, injury, violence, or poisoning attributable to accident, suicide or homicide;

• sudden deaths of persons in apparent good health or deaths unattended by a physician;

• deaths of persons in jail, prison, or another correctional institution, or in police custody (this includes any deaths

associated with legal intervention);

• deaths of individuals receiving services in a state hospital or training center operated by the Department of Behavioral Health and Developmental Services;

• the sudden death of any infant; and

• any other suspicious, unusual, or unnatural death.

Products and Services

Description of Major Products and Services

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

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.

Provide detail statistics on unnatural deaths in response to media and state government inquiries.

Compile an annual report that summarizes the deaths the OCME investigates as well as other activities of the office.

Anticipated Changes

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.

Factors Impacting

The OCME is required to continue 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 death investigators is not enough to cover all shifts to handle real time death reporting from law enforcement, hospitals, and funeral homes 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 investigator FTE positions 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. Though the investigator staff has increased statewide there are still gaps in coverage when investigators take time off. 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. People die 24 hours a day, seven days a week, so the cases do not stop on weekends and holidays. Therefore, additional death investigator positions will be needed to provide this real time coverage for law enforcement, hospitals, 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 2017 level of 171. 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. Additionally, we are now recruiting both Physician Assistants and Nurse Practitioners as local MEs.

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.

Between 2010 and 2015, the number of death investigations completed by the OCME has increased 55% from 7,637 to 11,811. Accidental drug overdoses, suicides, and falls have increased dramatically

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

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 fourth Forensic Pathology position was added to the Western District, a previous 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.

Financial Overview

General Funds comprise the majority (91%) of the service area's budget and support most of the code mandated, core mission activities of the OCME, which includes: personnel costs, body transport, local medical examiner fees, supplies, utilities, x-ray equipment, digital cameras for scene and morgue photography, computers, database, fingerprinting, archiving, transcription, biohazard waste, training, court travel, vehicles, maintenance, office supply, communications equipment and other needs. Non-general funds comprise the remaining nine percent of the service area's budget. The fatality review teams, surveillance teams, forensic pathology fellows, and one staff forensic pathologist are supported by federal grants. These grant positions support mandated core functions.

Personnel costs account for 68 percent of the service area's budget.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	9,783,065	997,180	9,783,065	997,180
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Health Statistics [40401]

Description of this Program / Service Area

This service area is responsible for the dissemination of health (vital events) statistics information. This information is processed and made available to the various offices and divisions of the 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 (ITOPs), marriages and divorces. These statistical insights are presented in the form of annual reports, special reports, electronic data exchange, public requests, and consultation. This service area is administered by the Data Management team of the Office of Information Management (OIM).

Mission Alignment

This service area supports the core VDH mission to promote and protect the health of all Virginians by providing one source of health status measurements to gauge the success of the mission.

Authority:

32.1-276.1 mandates that the Board of Health provide a Center for Health Statistics to perform data program development, reporting, systems operations, analysis and consultation, for the Department of Health, for county and city departments of health and other public agencies having health-related duties. It further mandates the establishment of a Director of the Center for Health Statistics, who under the supervision of the Commissioner, shall:

1. Supervise the Center for Health Statistics.

2. Collect other health-related records and reports and prepare, tabulate, analyze, and publish vital events statistics and other health statistical data of this Commonwealth and such other reports as may be required by the Commissioner or the Board.

32.1-272 the federal agency responsible for national vital statistics may be furnished copies or other data from the system of vital records as it may require for national statistics if such federal agency shares in the cost of collecting, processing and transmitting such data. Such data may be used for research and medical investigations of public health importance. Other federal, state and local, public or private agencies or persons in the conduct of their official duties may, upon request and payment of a reasonable fee, be furnished copies or other data from the system of vital records for statistical or administrative purposes upon such terms or conditions as may be prescribed by the Board.

31.1-14 the Board of Health shall submit an annual report to the Governor and General Assembly. Such report shall contain information on the Commonwealth's vital records and health statistics and an analysis and summary of health care issues affecting the citizens of Virginia, including but not limited to, health status indicators, the effectiveness of delivery of health care, progress toward meeting standards and goals, the financial and geographic accessibility of health care, and the distribution of health care resources, with particular attention to health care access for those Virginia citizens in rural areas, inner cities, and with greatest economic need. Such report shall also contain statistics and analysis regarding the health status and conditions of minority populations in the Commonwealth by age, gender, and locality.

32.1-46.01 the Board of Health has established the Virginia Immunization Information System (VIIS), a statewide immunization registry that consolidates patient immunization histories from birth to death into a complete, accurate, and definitive record that may be made available to participating health care providers throughout Virginia. One of the regulations addresses implementing procedures for the use of vital events statistics data, including, but not necessarily limited to, the linking of birth certificates and death certificates.

32.1-2 The General Assembly finds that the protection, improvement and preservation of the public health and of the environment are essential to the general welfare of the citizens of the Commonwealth. For this reason, the State Board of Health and the State Health Commissioner, assisted by the State Department of Health, shall administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, develop and implement health resource plans, collect and preserve vital records and health statistics, assist in research, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life in the Commonwealth.

22.1-261 Mandates the provision of assistance to the attendance officials of each public school system concerning vital events statistics and health statistics data.

Products and Services

Description of Major Products and 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. These requests come in via the phone, written media and via email.

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. DHS has established an onboarding methodology for requests for sensitive data from the general public. This methodology expands the rules and security measures for exchanging sensitive data.

Data Cleansing/Nosology Activities: DHS works closely with the Division of Vital Records to do ongoing editing and file maintenance on incoming vital event data ensuring the data collected are of high quality and completeness. The nosology coders were reassigned to Vital Records in 2014. Health Statistics continues to assist the nosology team in proper completion of the cause of death on death certificates and the sending of data to NCHS. The division's clerical staff also works closely with the Medical Examiner's Offices which supply causes of death to complete pending deaths and certificates with incomplete information.

Anticipated Changes

The Data Management team continues to make data and datasets available to the internal stakeholders who publish content on the VDH data portals for agency wide and public consumption. Historical and statistical datasets based on vital events information will act as a consolidated source of truth for multiple programs and overall data needs.

The data management team is also working to interface with the new web based data sharing hub developed by NCHS in conjunction with The National Association of Public Health Statistics and Information Systems (NAPHSIS). This secure hub is called STEVE 2.0 (**S**tate and **T**erritorial **E**xchange of **V**ital **E**vents). The hub is designed to facilitate much quicker exchanges of vital statistics data between the states and between each state and NCHS. This interface is crucial in maintaining information about vital events that occur for residents of a particular state in another state.

The team continues to be active in serving on health related groups, study panels, and advisory boards. It currently serves on: Cancer Plan Advisory Board (CPAC), and the National Violent Death Reporting System (NVDRS). The staff also serves on the Opioid Addiction work group with the State Health Commissioner.

Factors Impacting

The Division of Health Statistics implemented a revised birth database in June 2012. This includes all the changes in question as suggested by The National Center for Health Statistics (NCHS). This includes allowance for multiple responses to the race and ethnicity question Race based reports will have to be modified to reflect this change, Work continues on the new electronic death and fetal death registration systems. 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's migration of its databases to the VDH Data Warehouse has fostered better real time sharing of data through the warehouse's dashboard program. Health districts now get their data and reports directly from the data warehouse HD portal. Further expansion is planned.

Financial Overview

Services are funded with non-general funds. Seventy-three percent of the funding is derived from performance based contracts with the federal government. Twenty-six percent comes from supplemental funds mandated to be provided by the Division of Vital Statistics. The remainder of

the funding comes from the sale of health statistics and services.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	1,357,169	0	1,357,169
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Vital Records [40402]

Description of this Program / Service Area

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

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 and other stakeholders to generate annual reports and special reports that address health related issues.

Describe the Statutory Authority of this Service

Chapter 7 (§§ 32.1-249 et seq.) establishes the administration of the system of vital records. This chapter includes the duties of the State Regist rar, filing birth, death, spontaneous fetal death, induced termination of pregnancy, marriage and divorce certificates, amending vital records, issuing certified copies of a vital record and automating the vital records system.

Products and Services

Description of Major Products and Services

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 eligible applicant has submitted a written request, identification and payment. Certified vital records can be obtained from the Division of Vital Records, Local Health Departments and the Department of Motor Vehicles.

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.

Virginia Vital Events and Screening Tracking System (VVESTS) – Is an online web-based suite of applications primarily used by the Division of Vital Records and stakeholders for the electronic filing of vital events; births, deaths, fetal deaths and the induced terminations of pregnancy. The Electronic Birth Certificate (EBC), Electronic Death Registration System (EDRS), Spontaneous Fetal Death and Induced Termination of Pregnancy are modules in VVESTS.

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, a 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.

Division of Vital Records Website This website contains information on items such as how to apply for a vital record, DVR’s hours of operation, frequently asked questions, Code and Regulations Governing Vital Records, and genealogy information.

Vital Records Index – In accordance with SB660 the Division of Vital Records has an online index of all vital records. The index contains the registrant’s name, date of event and place of event.

Electronic Verification of Vital Events (EVVE) – This is an application developed by the National Association for Public Health and Information Systems (NAPHSIS). NAPHSIS is the national nonprofit organization representing the 57 vital records jurisdictions in the United States. EVVE provides customers (state and federal agencies) with the ability, reliably, and securely verify and certify birth and death information. VVESTS is integrated with EVVE.

Anticipated Changes

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 online tutorial for the local health department deputy registrars that will assist them in filing home births, reviewing and accepting death certificates.

Develop an on-line tutorial for birth registrar in collecting quality data.

Increase participation in the use of the Electronic Death Registration System.

DVR is currently working with local health departments to implement the issuance of certified birth marriage and divorce certificates. Currently, only issue certified death certificates are issued at the local health department.

Factors Impacting

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.

Financial Overview

VDH is authorized by § 32.1-274 of the Code of Virginia to charge a fee for a certified copy of vital records or for a search of the files or records when no copy is made. When a vital record is amended or a delayed birth certificate if filed an administrative fee (12VAC5-550-520) is charged. Fees collected under this section provide 100% of the service area's budget.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	6,416,078	0	6,416,078
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Immunization Program [40502]

Description of this Program / Service Area

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, 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

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 to private physicians participating in the Vaccines for Children (VFC) program. This is essential to protecting the public from the spread of communicable disease.

Describe the Statutory Authority of this Service

Section 32.1-46 authorizes the State Board of Health, the State Health Commissioner and the VDH to administer this service area.

Section 32.1-46 also provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and for the implementation of a statewide immunization registry.

Section 23.1-800 requires full-time students enrolling in public baccalaureate institutions to be immunized against certain diseases.

Products and Services

Description of Major Products and 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 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 and sixth students to determine immunization coverage, medical and religious exemptions and school regulatory compliance. Conduct annual assessment of child 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.

Immunization Registry: Implement and manage the statewide immunization registry. Actively recruit additional providers and enhance system functionality. Support private physicians and hospitals in documenting the “Meaningful Use” of their electronic health records (EHR).

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 followup of cases of perinatal hepatitis B.

Education and Training: Ensure availability of CDC and other vaccine preventable disease training courses to public and private health care providers. Ensure that both patient and provider educational materials are available electronically. Provide computer based assessment training for health department staff. Support offsite, job related training for program staff. Use multiple training modalities to train health department staff and private providers on registry utilization.

Anticipated Changes

Increased focus on emergency preparedness and pandemic response Greater need for services to be ethnically and linguistically diverse.

Increased focus on vaccine hesitancy concerns.

Increase billing of insured individuals receiving immunizations at local health departments.

Increased focus on adolescent and adult immunizations resulting in increased usage of adolescent and adult vaccines.

Increased demand from private physicians and hospitals for documentation of the “Meaningful Use” of the electronic health records (EHR).

Factors Impacting

Affordable Care Act: Implementation of the Affordable Care Act may result in more citizens having insurance that covers immunizations enabling them to stay with their primary health care provider for this service. This may result in fewer citizens seeking services from local health departments.
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 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: Increased insurance coverage following implementation of the Affordable Care Act should increase access to immunization services and enable citizens to seek immunization services in their medical home.

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: Recent changes in federal vaccine use policy prohibit the administration of federally supported vaccine to fully insured patients. Local health departments will need to enhance their financial screening and billing procedures which may increase individual client registration time and reduce the number of citizens served in the clinic.

Financial Overview

The total budget for the service area has two funding streams consisting of general and non-general funds. Non-general funds are received in a federal, categorical, cooperative agreement from the Centers for Disease Control and Prevention.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	869,167	4,735,347	869,167	4,735,347
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Tuberculosis Prevention and Control [40503]

Description of this Program / Service Area

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

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

Describe the Statutory Authority of this Service

Section 32.1-46 authorizes the State Board of Health, the State Health Commissioner and the VDH to administer this service area.

Products and Services

Description of Major Products and 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; and implementation of statutory and regulatory requirements by development and publication of policies, procedures, and guidelines

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 sector; development and dissemination of educational materials for patients and the public (including pamphlets, fact sheets, web site, media presentations in English and other languages); 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; serve as subject matter experts 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; and 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

Anticipated Changes

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.

Factors Impacting

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 they 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 have 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.

Financial Overview

Tuberculosis Prevention and Control is supported by both general funds and federal funds. The federal funds come through a categorical cooperative agreement from the Centers for Disease Control and Prevention and are intended to supplement (not replace or supplant) state and local resources.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	709,356	1,253,086	709,356	1,253,086
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Sexually Transmitted Disease Prevention and Control [40504]

Description of this Program / Service Area

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 safety net providers for clinical prevention services. 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 clinical testing;

Partner services (patient/partner risk reduction counseling, interviewing and referral for early detection and treatment services);

Technical assistance and consultation;

Targeted outreach to high-risk individuals;

Field screening;

Support to safety net service providers to increase availability of STD screening, diagnosis and treatment;

Supplemental staffing for outbreak situations;

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

Program evaluation and quality assurance assessments; and

Health care provider training and education.

Mission Alignment

This service area directly aligns with the Virginia Department of Health (VDH) mission by reducing STD transmission and health impact through prevention initiatives, referral and treatment services, and surveillance activities.

Describe the Statutory Authority of this Service

Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.

§ 32.1-35 and 12-VAC-5 90-80 and 12-VAC-90-90 of the Board of Health Regulations for Disease Reporting and

Control specify which STDs are to be reported and the method by which they are to be reported.

§ 32.1-36 requires physicians to report persons with STDs to the local health department.

§ 32.1-39 provides for STD surveillance, investigation of reports, and conducting counseling and partner notification.

§ 32.1-57 through 32.1-60 requires STD examination, testing, and treatment.

§ 32.1-64 requires treatment for ophthalmia neonatorum.

Products and Services

Description of Major Products and 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 are managed and maintained. Allocation of personnel resources to local health departments is handled through Memoranda of Agreement.

Program Evaluation:

- Assessments of local health department STD programs are conducted upon request and/or on an ad hoc basis as a means of assessing

reporting requirements (timeliness and completeness), disease intervention specialist performance management, morbidity trends, and review of internal processes. Findings and recommendations are reviewed and subsequently disseminated as a report to the applicable local health directors. Best practices are shared with other LHDs.

- Programmatic evaluation of internal STD/hepatitis operations will be conducted as a means of assessing programmatic requirements. An annual survey will be developed and disseminated to LHDs and community partners in order to assess existing program operations, identify and correct problems and enhance internal capacity.

Surveillance, Field Operations, and Data Administration: Surveillance and Field Operations staff work with LHD disease intervention specialists regarding patient and partner interviews and follow-up procedures. Surveillance staff conducts data management activities, including forms, data collection and entry, epidemiologic analyses and quality assurance. Time-scaled reports are provided to relevant VDH personnel and the public via internal 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. The DDP has a collaborative partnership with the Region III HIV/STD Prevention Training Center to provide STD clinical training to providers. Training that addresses hepatitis 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 the provision of additional clinical prevention services 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: Field Operations staff work with local health department disease intervention specialists 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.

Outbreak Response Plan: The DDP is in the final stage of developing a new Outbreak Response Plan to replace the existing plan. This new plan will provide for more comprehensive assessment of outbreak situations, internal procedures for staff engagement/deployment, ongoing assessment and communications. Areas of Special Interest: 1) Targeted clinical and field screening for gonorrhea and chlamydia, targeting specific high-risk populations, including MSM and young adults; 2) Development of improved surveillance data system capacity; 3) Incorporation of sentinel surveillance activities throughout the state; 4) Improved policy, planning and communications strategies; 5) Improved program evaluation capacity; 6) Enhanced capacity to assess gonococcal resistance; 7) Provision of Hepatitis screening and/or vaccines in some health departments, as funds are available; 8) Incorporation of effective program science approaches to enhance STD prevention outcomes.

Anticipated Changes

Emerging program needs will revolve around ongoing program science and clinical research findings:

Vaccine administration for human papillomavirus (HPV) now occurs routinely through health departments and the private sector.

DDP anticipates expansion of sentinel surveillance (STD clinic and population level surveillance) activities over the next several years to include additional localities throughout the state. These surveillance initiatives allow for the collection of additional risk and behavioral data that will assist with future program planning. The DDP anticipates incorporation of insurance billing services through local health departments for STD-related services. This will replace the federal and state funding mechanisms historically used for gonorrhea and chlamydia laboratory services. The federal funding will be partially used to expand clinical prevention services within safety net providers, as all grantees are required to allocate a minimum of 13.5% of their total federal award for this purpose. In addition, the DDP is developing an analytic model for targeted STD screening initiatives in order to support limited screening within the top 10 most at-risk communities in Virginia. The DDP will be making plans to support extragenital testing (rectal and pharyngeal) to ensure appropriate testing among high risk populations, including men who have sex with other men (MSM).

As antibiotic resistance has increased, treatment options for gonorrhea are now extremely limited. The recommended treatment regimen now requires administration by intramuscular injection. Capacity building will occur over the next several years to enable improved monitoring for gonoccocal resistance.

Collaboration with the Virginia Commonwealth University (VCU) Department Family Medicine and Population Health – Division of Epidemiology will continue a means of population surveillance interviewing, student advising/mentoring, and public health learning opportunities. In addition to VCU, the DDP now works with other colleges and universities throughout Virginia to create mutually beneficial opportunities through volunteering, internships, capstone projects and dissertations

The DDP is in the process of systems implementation for a new STD surveillance database. The new system, known as MAVEN, will replace the existing Sexually Transmitted Disease Management Information System and provide for the importation of electronic laboratory records. MAVEN will also serve as an interoperability system for DDP, allowing for incorporation of data from HIV surveillance, HIV care, TB and hepatitis.

The desire for improved data dissemination strategies and techniques is a dynamic programmatic need. The development of an STD epidemiology profile will occur over the next several years as a means of improved data interpretation and reporting. The need for analytical software expertise, such as SAS, ArcGIS, Server Query Language (SQL) has also increased dramatically in recent years and will continue to become a more important skill sets for epidemiologists and data managers.

Factors Impacting

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

Hepatitis C federal funding supports limited testing, a hepatitis prevention coordinator and hepatitis B vaccine administration through a collaborative effort with the Division of Immunization. Federal HIV Prevention funds are also used to support additional testing in local health departments and community based organizations.

Cultural and shifting demographic changes highly impact service needs. Examples include internet use for meeting partners, recreational drug use and history of incarceration.
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.

All local health departments (LHD) in Virginia have a collaborative relationship with the Division of Disease Prevention (DDP) for the provision of STD services. The level of collaboration is affected by funding formula attributes, including morbidity, population and geography.

Private health care providers of STD services and diagnoses receive STD-related information from the DDP. These practitioners are primarily from disciplines such as Obstetrics/Gynecology, Infectious Disease, and primary care physicians.

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.

Financial Overview

The chief source of funding for Sexually Transmitted Disease Prevention and Control is federal funds from the Centers for Disease Control and Prevention. Federal funds are intended to supplement (not replace or supplant) state and local resources but matching of these funds is not required. The service area also receives some general funds.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	215,609	1,968,160	215,609	1,968,160
Changes to Initial Appropriation	0	0	594,883	0

Supporting Documents

Title	File Type

Disease Investigation and Control Services [40505]

Description of this Program / Service Area

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

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.

Describe the Statutory Authority of this Service

Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.

Section 32.1-35 requires the Board of Health to establish a list of diseases that must be reported to the health department. Sections 32.1-36 and 32.1-37 require physicians, laboratories, and persons in charge of medical care facilities, school, or summer camps to report diseases to the health department. Section 32.1-39 requires the Department to provide for surveillance and investigation of preventable diseases and epidemics, including outbreak investigations.

Articles 3, 3.01, and 3.1 of Chapter 2 address disease control measures that may be implemented, including quarantine, isolation of persons with communicable diseases, and control of rabies.

Products and Services

Description of Major Products and 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.

Anticipated Changes

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.

Factors Impacting

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 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.

Financial Overview

This service area receives state general fund dollars for general epidemiologic services and for terrorism preparedness. In addition, federal funds are awarded from the Centers for Disease Control and Prevention's Epidemiology and Laboratory Capacity Program and Expanding Existing Surveillance to include Pfiesteria, Other Harmful Algal Blooms, and Marine Toxins. The Environmental Protection Agency also supplies federal funds from the Beach Monitoring and Notification program.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	1,251,942	1,540,360	1,251,942	1,540,360
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

HIV/AIDS Prevention and Treatment Services [40506]

Description of this Program / Service Area

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, directly or via health insurance, to low income, uninsured persons for the treatment of HIV infection through the AIDS Drug Assistance Program (ADAP).

Mission Alignment

This service area directly aligns with the agency mission by improving the health of individuals and reducing the risk of transmission. 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.

Describe the Statutory Authority of this Service

Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.

§ 32.1-36 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control mandate reporting of specific diseases, including AIDS and HIV infection.

§§ 32.1-36.1, 32.1-37.2, and 32.1-55.1 of the Code of Virginia respectively establish mandatory confidentiality of testing, conditions for HIV testing, and the establishment of additional anonymous testing sites.

§ 32.1-11.2 established the AIDS Services and Education Grants program which provides outreach, education and support services to high-risk populations.

§ 32.1-36 allows for the voluntary reporting of additional information at the request of the Virginia Department of Health for special surveillance or epidemiological studies.

§ 32.1-37.2 requires that partner notification services (partner counseling and referral services) be offered to individuals who test positive for HIV.

§ 32.1-11.2 established pilot treatment centers and regional AIDS resource and consultation centers.

Chapter 24, §54.1-2403.01, requires practitioners to advise pregnant women in their care about the value of HIV testing and to request that they consent to testing.

Products and Services

Description of Major Products and 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 multiple competitive grant programs to provide high impact prevention, HIV testing and related services.

The Disease Prevention Hotline provides information, crisis counseling and referral to over 4,000 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 200,000 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 federally mandated plan submissions.

Training to improve the scientific base of prevention programs is conducted for health educators, outreach workers and other service providers. 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 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. 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.

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.

Training on HIV testing technology, 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.

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 via health insurance cost assistance or direct distribution drugs. The formulary includes medications for the treatment of HIV infection and the prevention and treatment of HIV related co-morbidities. The program currently is able to serve all eligible individuals and submits an annual report to the General Assembly describing its capacity to meet projected demands. The State Pharmaceutical Assistance Program (SPAP) was established in 2006 to provide ADAP eligible clients enrolled in Medicare with Part D cost sharing assistance. 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. Ryan White Part B Minority AIDS Initiative funds 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 agreement with the Virginia HIV/AIDS Resource and Consultation Centers. 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 and service providers. 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 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, sites are funded to develop a patient navigation and mental health network under their grant.

HIV Prevention Services participates in The Care and Prevention in the United States (CAPUS) Demonstration Project. This is a 3-year cross-agency demonstration project led by the Centers for Disease Control and Prevention (CDC). The purpose of the project is to reduce HIV and AIDS-related morbidity and mortality among racial and ethnic minorities living in the United States.

Anticipated Changes

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.

With the implementation of the Affordable Care Act, more people living with HIV have access to health insurance.

Factors Impacting

Rapid test technology offers many benefits for increasing the number of people who agree to be tested and receive their test results. Improvements in test technology facilitate diagnosis of HIV earlier in the course of infection.

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.

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

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.
The 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 HIV recency testing (tests that determine new infections within previous 6 months). This testing 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 with HIV infection. Data collected from this project is used to provide a nationally representative estimate of clinical and behavioral outcomes among persons in care living with HIV infection.

The Molecular HIV Surveillance Program collects data to monitor the prevalence of drug resistant strains of HIV, mutations associated with resistance to antiretroviral therapy (ART) and the distribution of disease types among persons diagnosed with HIV. This pilot program began in 2013 and will provide important data on drug resistance and transmission pathways among those living with HIV.

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.

Financial Overview

HIV prevention, including HIV counseling, testing, and partner services, is supported through state and federal funds. The U.S. Centers for Disease Control and Prevention provides the majority of these funds with approximately $$ 7,177,126 annually..

HIV treatment services receive both federal and state funding. The largest portion of funding for these services, approximately $27.4million annually, is provided by Part B of the Ryan White Treatment and Modernization Act, which is administered federally by the Health Resources and Services Administration.

The HIV Surveillance program receives approximately $1.8 million federal dollars annually from the U.S. Centers for Disease Control and Prevention to support the program activities of Core, Incidence, Capacity Building, and Medical Monitoring; these multi-faceted programs are essential to monitoring the epidemic, planning, and evaluating HIV prevention and care services.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	6,538,784	58,969,865	6,538,784	58,969,865
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Pharmacy Services [40507]

Description of this Program / Service Area

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 individuals 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

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.

Describe the Statutory Authority of this Service

Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.

The Chapter defines the authority for this particular Service Area and includes reporting of disease, investigation of disease, disease control measures, quarantine, isolation of persons with communicable diseases, and control of rabies.

§ 32.1-36 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control mandate reporting of specific diseases.

§ 32.1-37.2 requires that partner notification services (partner counseling and referral services) be offered to individuals who test positive for HIV.

§ 32.1-39 provides for Sexually Transmitted Disease surveillance, investigation of reports, and conducting counseling and contact tracing (partner notification).

§ 32.1-46 provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and the implementation of a statewide immunization registry.

Title 23, Chapter 1, § 23-7.5 requires full time students enrolling in public institutions to be immunized against certain diseases in accordance with the recommendations of the American College Health Association.

§ 32.1-57 through 32.1-60 requires Sexually Transmitted Disease examination, testing, and treatment.

Products and Services

Description of Major Products and 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 specialty packaging products for TB patients receiving Direct Observed Therapy

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

Continued development and management of the agency's 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.

Anticipated Changes

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.

Factors Impacting

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.

A reduction in the number of uninsured citizens as a result of either increased participation by citizens in the Affordable Care Act or by the expansion of the Medicaid program could result in lower demand for certain pharmacy services.

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

Compliance with guidance provided by the Office of Pharmacy Affairs regarding the use of pharmaceuticals by eligible entities procured under the 340B program will require increased staff time for both central pharmacy and nursing staff in procurement, tracking and dispensing of these medications.

Financial Overview

With the elimination of local laboratories and pharmacies in the health districts in FY 2010 as part of a budget reduction, the overall importance of the central pharmacy has increased significantly. The remaining pharmacy service was transferred to the Department of Epidemiology and a new service area was created beginning in FY13. The revenue source of funding is fees charged for pharmacy services.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	574,263	0	574,263
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Health Research, Planning and Coordination [40603]

Description of this Program / Service Area

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

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.

Describe the Statutory Authority of this Service

Section 32.1-2 of the Code of Virginia directs the State Health Commissioner, in part, to "develop and implement health resource plans" and to "assist in research", as part of a comprehensive program of preventive, curative, restorative, and environmental health services.

Section 32.1-122.07 of the Code of Virginia requires the Commissioner to develop a rural health plan for the Commonwealth.

Section 32.1-122.21 of the Code of Virginia requires the Commissioner to establish a Health Workforce Advisory Committee to advise him on all aspects of the Department's health workforce duties and responsibilities.

Section 1820(g)(3) of the Social Security Act provides funds to states to help small rural hospitals to (1) pay for costs related to the implementation of the Prospective Payment System; (2) comply with provisions of the Health Insurance Portability and Accountability Act; and (3) reduce medical errors and support quality improvement.

Section 32.1- 122.5 of the Code of Virginia requires the Board of Health to establish criteria to identify medically underserved areas within the Commonwealth.

Products and Services

Description of Major Products and 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 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 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.

Anticipated Changes

The Health Workforce Implementation Grant is scheduled to end over the next year.

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

Factors Impacting

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.

Financial Overview

The funding for Health Research, Planning, and Coordination comes from federal funds (67%) and general fund dollars (33%). Federal funds are from the following grants: State Office of Rural Health Grant, Rural Hospital Flexibility Grant (Critical Access Hospitals), and the Primary Care Office Grant. All grants are funded through the U. S. Department of Health and Human Services, Health Resources and Services Administration.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	1,147,972	2,066,150	1,147,972	2,066,150
Changes to Initial Appropriation	0	0	-96,000	0

Supporting Documents

Title **File Type**

Regulation of Health Care Facilities [40607]

Description of this Program / Service Area

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 eight categories of medical care facilities or services: hospitals, abortion facilities, outpatient surgical hospitals, nursing facilities, home care organizations, hospice programs, and managed care health insurance plans and private review agents; 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

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.

Describe the Statutory Authority of this Service

Chapter 5 of Title 32.1 of the Code of Virginia establishes the state licensure program and directs implementation of regulations to ensure providers are meeting the minimum standards for operating nursing facilities, hospitals, outpatient surgical hospitals, home care organizations, hospice programs, as well as the managed care health insurance plan certification program, and peer review agency registration.

Products and Services

Description of Major Products and 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 and meet applicable federal requirements and have a CLIA certificate in order to operate. 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.

Anticipated Changes

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.]

The Office of Licensure and Certification has been tasked in providing plan management functions of the federal health benefit exchange under Virginia Code sections § 32.1-16 and § 38.2-326. .

Factors Impacting

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.

Financial Overview

The Medicare and Medicaid certification programs are funded by the Centers for Medicare and Medicaid Services (CMS) from separate federal fund sources. Title XIX of the Social Security Act provides for federal grant mechanisms to pay the State agencies a percentage of the cost certification activities each quarter. There is a 75% federal/25% state matching requirement for all state Medicaid survey and certification program costs.

The Clinical Laboratory Improvement Act program is funded entirely by the collection of inspection fees by CMS. The State Licensing Programs covers the cost of licensing general and outpatient hospitals, nursing homes, home care and hospice. Funding is also available from Managed Care Health Insurance Provider (MCHIP) Funding, which is a percentage of the total amount of the premiums paid by the respective program's enrollees in Virginia, up to a maximum of $10,000.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	2,427,638	10,258,819	2,427,638	10,258,819
Changes to Initial Appropriation	0	-15,707	0	-15,707

Supporting Documents

Title	File Type

Certificate of Public Need [40608]

Description of this Program / Service Area

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

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.

Describe the Statutory Authority of this Service

Article 1.1 (Section 32.1-102.1 et seq.) of Chapter 4 of Title 32.1 of the Code of Virginia establishes the medical care facilities COPN program and directs implementation of a regulatory framework to assist applicants and reviewing agencies with examining the need for these projects.

Products and Services

Description of Major Products and 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; 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.

Anticipated Changes

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.

Factors Impacting

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.

Financial Overview

The COPN program is supported entirely with application fees.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	1,290,328	0	1,290,328
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Child and Adolescent Health Services [43002]

Description of this Program / Service Area

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 of child and adolescent health as well as assessment, screening, referral; and follow up as necessary; analyzes and develops policy related to child and adolescent 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 (and Youth) 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); Zika Pregnancy registry; Early Childhood Health Consultation; promotion of Bright Futures as the best practice in pediatric care, anticipatory guidance, developmental screening, and medical homes; transition from adolescent to adult health care; and training and technical assistance on clinical issues related to the early childhood (birth – age 5)and school age, populations in the preschool and school settings K-12 grade.

Mission Alignment

Programs and services offered by this service area directly align with VDH's mission to promote and protect the health of all Virginians. Screening, referral and follow up activities, anticipatory guidance, and promotion of medical homes and transition of care 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.

Describe the Statutory Authority of this Service

United States Code § 701-709, subchapter V of the Social Security Act provides for primary and preventive care for children, and services for children with special health care needs.

Section 32.1-77 of Code of Virginia authorizes preparation, amendment and submission to the Secretary of the U.S. Department of Health and Human Services state plans for services to children with special health care needs.

Sections 32.1-64.1 through 32.1-64.2 of Code of Virginia provide for the establishment and maintenance of a system for the screening of newborns for hearing loss and monitoring those who are at risk to assure that such infants receive appropriate early intervention

Section 32.1-65 through 32.1-67 of Code of Virginia provides for a system for screening newborns for certain heritable disorders and genetic diseases through dried blood-spot screening.

Sections 32.1-69.1 through 32.1-69.2 of Code of Virginia requires the establishment and maintenance of a Virginia Congenital Anomalies Reporting and Education System, including collection of data to evaluate the possible causes of birth defects, improve the diagnosis and treatment of birth defects and establish a mechanism for informing the parents of children identified as having birth defects and their physicians about the health resources available to aid such children.

Section 32.1-89 of Code of Virginia provides for the establishment of a program for caring for and treating persons with hemophilia and other related bleeding disorders who are unable to pay for the entire costs of such treatment.

Section 22.1-275.1 of Code of Virginia requires school health advisory boards to assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services and to annually report on the status of needs of student health in the school division to VDH, and the Virginia Department of Education.

Section 22.1-270 of Code of Virginia requires documentation of a comprehensive pre school entry physical examination of a scope prescribed by the Commissioner of Health.

Products and Services

Description of Major Products and 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 Committee, 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.

Anticipated Changes

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 behavioral health services and identify opportunities to promote new models of care coordination to address the integration of behavioral health and general physical 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 media avenues such as Twitter and Facebook.

Factors Impacting

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.

Financial Overview

The chief source of funding for the service area is the Maternal and Child Health (Title V) Block Grant from the Health Resources and Services Administration. This requires a state match ($3 state to $4 federal). Approximately half of the federal funds is derived from categorical federal grants that do not require a state match.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	1,598,194	9,945,223	1,598,194	9,945,223
Changes to Initial Appropriation	-30,000	0	-30,000	0

Supporting Documents

Title **File Type**

Women's and Infant's Health Services [43005]

Description of this Program / Service Area

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

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.

Describe the Statutory Authority of this Service

§ 32.1-2 of the Code of Virginia charges the State Board of Health, the State Health Commissioner and the Virginia Department of Health to provide a comprehensive program of preventive, curative, restorative and environmental health services including education of the citizenry and developing and implementing health resource plans.

§ 32.1-40 of the Code of Virginia requires every practitioner of the healing arts and every person in charge of any medical care facility to permit disclosure of medical records to the State Health Commissioner or his designee. Under the provisions of the Code the local health officer may obtain access to medical records for the purpose of public health investigation of fetal and infant deaths, or to investigate an illness for the purpose of disease surveillance.

§ 32.1-67 of the Code of Virginia requires the Board of Health to recommend procedures for the treatment of sickle cell diseases and provide such treatment for infants.

§ 32.1-68 of the Code of Virginia requires the Commissioner of Health to establish a voluntary program for the screening of individuals for the disease of sickle cell anemia, sickle cell trait, and other genetically related diseases and genetic traits.

Title V of the Social Security Act, Section 501 (42 USC 701) requires that the state agency administering the state's program will fulfill agreements to ensure coordination of care and services available under Title V and Title XIX. Title V grantees will also provide, directly and through providers and institutional contractors, services to identify pregnant women and infants who are eligible for medical assistance and once identified, to assist them in applying for such assistance.

Title V of the Social Security Act (42 USC 701-709) also provides assurance that mothers and children, in particular those with low income or with limited availability of health services, have access to quality maternal and child health services including, but not limited, to efforts to reduce infant mortality and morbidity and the incidence of preventable diseases. It promotes the health of mothers and infants by providing prenatal, delivery and postpartum care.

Title X of the Public Health Services Act (42 U.S.C. 300, et seq.) provides funding for family planning agencies and is an outgrowth of the Family Planning Services and Population Research Act of 1970, P.L. 91-572. This law was amended in 1975 and 1978 to require Title X projects to provide access to natural family planning, infertility, and adolescent services. These amendments require that economic status not be a deterrent to receiving family planning services.

Products and Services

Description of Major Products and Services

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

Identify gaps in services for highrisk 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 physical and mental health: including reproductive health and 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 communitybased 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 as needed within underserved communities in providing prenatal care by purchasing multivitamins, 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.

Family Planning Program provides comprehensive family planning services to assist lowincome 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. VDH will continue to assure family planning services through the development of partnerships with community providers or, if necessary, provision of direct services in underserved communities.

Resource Mothers Program provides education and support 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.

Early Impact Virginia (formerly The Virginia Home Visiting Consortium), collaborates with Smart Beginnings Coalitions across the state and 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.

Continued Federal funding allows abstinence education programs (AEP) to be continue in health districts with high need and capacity to conduct the program.

The Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant supports increased evidencedbased 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.

Anticipated Changes

Central Office Leadership and Staff provide staff training and development for the districts and our partner agencies co-conducting our programs.

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.

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. Leadership and staff are dedicated to meeting this need through technical assistance, training and education regarding cultural sensitivity, competence and engagement of community members/families in the ongoing evaluations of our programs.

Factors Impacting

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 selfreport 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 had been level funded since 2005 but was reduced 5.32% in 20112012. The Title X Family Planning Grant was reduced by nearly 51% in 2017-2018.

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 atrisk 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.

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 primary prevention, education and 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. Virginia has responded to this crisis through inter-agency collaborations and commitment to developing appropriate screening and treatment services as well as care plans for both mother and infant. In addition family sipports and treatment s are being developed by state and local community providers. , This is a major risk factor that may lead to poor pregnancy outcomes.

Financial Overview

The majority of funding in this service area is from federal grants including Title X Family Planning, Loving Steps, and Title V Maternal and Child Health Block Grant (Title V MCH). The Title V MCH combined with state funds supports other activities such as the Resource Mothers Program, The Resource Mothers Program also includes funding from Medicaid. Seventy-five percent of the administrative budget comes from the Title V MCH Block Grant with the remaining funds from the state. The administrative funds support salaries for the leadership, policy activities, and two program managers not funded through grants or contracts, and administrative support for the service area. Besides personnel costs, the administrative funds support a variety of activities including general office support, periodic special projects, data collection and analysis, day to day operations, laboratory services for maternity clients in local health departments, state supported abortion services, and staff travel and training.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	1,061,714	7,129,351	1,061,714	7,129,351
Changes to Initial Appropriation	0	0	124,470	82,980

Supporting Documents

Title **File Type**

Chronic Disease Prevention, Health Promotion, and Oral Heath [43015]

Description of this Program / Service Area

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; and (6) collaborating across individual disease prevention project areas to achieve a state comprehensive chronic disease prevention approach.

In oral health, 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

This service area directly aligns with the Virginia Department of Health's (VDH) mission to promote the health and protect the wellbeing of all people in Virginia by promoting the 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.

Describe the Statutory Authority of this Service

§ 32.1-2 of the Code of Virginia states that the Virginia Department of Health (VDH) shall administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health preservation of the public health" and collect and preserve health statistics.

§ 32.1-11.3 of the Code of Virginia establishes the authority for the development of community health education services including health promotion and disease prevention efforts.

§ 32.1-23 of the Code of Virginia provides for the publication and distribution of disease prevention information.

§§ 32.1-70 and 32.1-71 of the Code of Virginia require the Virginia Department of Health (VDH) to maintain a population-based central cancer registry based on reports from hospitals, clinics, pathology laboratories, and physicians.

The Virginia Waterworks Regulations § 12VAC 5-590 et seq., effective date November 15, 1995 govern the design, maintenance and operation of waterworks in the Commonwealth and serve to implement the Safe Drinking Water Act 1996 (42 U.S. C. 300f et seq.) and the National Primary Drinking Water Regulations (40 C. F. R. Part 141.) §§ 32.1-12 and 32.1-170 Code of Virginia and corresponding sections of Virginia Waterworks Regulations describe fluoridation of water systems.

Federal EPA Regulations Title 40-Protection of Environment Chapter I - Environmental Protection Agency Part 141-National Primary Drinking Water Regulations (7-1-2002 edition) §§ 141.24-141.25, 141.31 and 141.203-208 provide regulations regarding organic contaminates specific to fluoride, including mandatory templates for exceeding primary Maximum Contaminant Level And Secondary Maximum Contaminant Level.

Products and Services

Description of Major Products and 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, Diabetes, Nutrition, Physical Activity and Obesity and School Health Project (DP-1305) Tobacco Use Control Project (TUCP), Diabetes Self-Management Education Program, Diabetes

Prevention Program (DPP), Adult and Older Adult Oral Health Program, Oral Health Education, Community Water Fluoridation, , Oral Health Data Surveillance and Evaluation, School Based Preventive Services 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.

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 and oral health 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 chronic disease prevention and oral health in the state by providing expert consultation on chronic disease prevention and oral health delivery and programs. - Provide technical assistance and chronic disease and oral health data to local consortia in developing, preparing, and submitting funding proposals related to access to chronic disease prevention programs and 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 chronic disease prevention and oral health related legislation and complete legislative studies or assignments. Promulgate regulations and adopt rules and regulations related to chronic diseases and oral health. - Provide expertise to governmental bodies (at all levels) developing chronic disease prevention and 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 chronic disease and oral health services statewide. Assist these groups in the development of state chronic disease and oral health plans. - Provide leadership, expertise and participate actively in statutory, regulatory, legislative and standards development related to chronic disease and 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 chronic disease and oral health problems and solutions. - Promote positive health attitudes and behaviors through population-based health education, training and promotion campaigns in various community settings. - Develop scientifically based and culturally appropriate chronic disease and oral health materials that are linguistically and age appropriate including materials in other languages. - Serve as a central resource for teachers, early childhood providers and community partners, and education and prevention materials for chronic disease and oral health.

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.

Anticipated Changes

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.

Factors Impacting

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.

Financial Overview

The Chronic Disease Prevention and Control Program receives multiple CDC categorical grants for services including: comprehensive cancer control ($229,383), cancer registry program ($595,000), breast and cervical cancer early detection program ($2,474,054), heart disease and stroke, diabetes, nutrition, physical activity, and obesity, and school health ($1,912,645) and tobacco use control ($1,625,358). Approximately $755,097 of state general funds are received and used as federal grant matches for categorical grants.

A categorical HRSA Oral Health Workforce grant currently provides funding through FFY15 for increased clinical and population based preventive services and safety net programs including the Mission of Mercy. The DPHP has been awarded a CDC infrastructure grant through FFY18 which provides funding to establish, strengthen, and enhance the infrastructure and capacity of states to plan, implement, and evaluate population-based oral disease prevention and promotion programs.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	1,344,778	9,051,460	1,344,778	9,051,460
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Injury and Violence Prevention [43016]

Description of this Program / Service Area

This service area implements programs toreduce the burden of injury and violence across the lifespan. Injury is the leading cause of death of Virginians ages 144. Injuries include physical and psychological trauma that results from unintentional, selfinflicted 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. Programs address leading mechanisms of unintentional injury (transportation, home and recreation), suicide and selfinflicted injury, and violence (sexual assault, domestic, youth).

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) working with partners to affect change in systems and policies which influence the prevention of injury and violence, 3) enhancing workforce capacity through professional training, 4) promotion and dissemination of safety devices and 5) implementing community-based injury and violence prevention projects.

Mission Alignment

This service area directly aligns with VDH's mission to promote and protect the health of all Virginians by promoting the primary prevention and early intervention of injuries, providing education and addressing behaviors that promote health.

Describe the Statutory Authority of this Service

Code of Virginia § 32.1-2 requires VDH to assist in providing a comprehensive program of preventive, curative, restorative and environmental health services, health education, and emergency and other health hazard abatement.

Code of Virginia § 32.1-73.7 assigns the lead responsibility for youth suicide prevention to the health department.

Code of Virginia § 32.1-77 authorizes the Commissioner of Health to administer state plans for maternal and child health services and children's specialty services pursuant to Title V of the United States Social Security Act and to receive and expend federal funds for the administration thereof in accordance with applicable federal and state laws and regulations (note: this section is relevant to public health initiatives to address injury and violence which are included as Title V performance measures).

Code of Virginia § 46.2-1097 requires VDH to operate a child restraint promotion and distribution program for low income families.

Code of Virginia § 46.2-749.2:1 requires VDH to use funds from the Children's Programs Support Fund acquired through the sale of special license plates to support injury prevention work coordinated by the Safe Kids Coalition.

Products and Services

Description of Major Products and Services

Major programs/projects include: Child Safety Seat Check Station, Low Income Safety Seat Distribution and Education Program, Rape Prevention Education Program, Suicide Prevention Program, Youth Bullying Prevention Program, Prescription Drug Prevention Project and Injury Prevention Program

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, 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.

Anticipated Changes

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.

Implementation of the Affordable Care Act may have an impact on the types of injury and violence prevention products and services provided.

Factors Impacting

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.

Financial Overview

The majority of funding for this service area comes from federal grants, including those from:
- Substance Abuse and Mental Health Services Administration (categorical funding)
- Centers for Disease Control and Prevention (categorical funding)
- Federal Highway Safety (categorical funding)
- Preventive Health and Human Services block grant
- Maternal and Child Health block grant

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	220,983	4,216,143	205,983	4,216,143
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Women, Infants, and Children (WIC) and Community Nutrition Services [43017]

Description of this Program / Service Area

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. 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 benefits 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 families by providing nutritious meals and snacks to eligible children and adults enrolled at participating child care centers, family day care homes, at-risk afterschool centers, adult day care homes, and emergency shelters.

The SFSP was established to provide meals and snacks to children during the summer when the School Breakfast Program and National School Lunch Program are not available. Meals and snacks 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 poverty. Virginia's SFSP operates in locations such as schools, public housing centers, playgrounds, camps, parks and churches.

Mission Alignment

This service area directly aligns with VDH's mission to promote and protect the health of all Virginians by providing better nutrition and access to health care to Virginians participating in WIC, the CACFP and the SFSP. The service area further supports the agency mission through its leadership in the Commonwealth's effort to prevent obesity and childhood hunger through the provision of educational materials relative to community nutrition and collaboration with public and private stakeholders.

Describe the Statutory Authority of this Service

The Special Supplemental Nutrition Program for Women, Infants and children (WIC) was authorized as part of the Child Nutrition Act of 1966, Section 17 [42 U.S.C. 1786] to provide supplemental foods and nutrition education to pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income.

WIC Regulations are published in the Code of Federal Regulations, 7 C.F.R. Part 246 – Special Supplemental Nutrition Program for Women, Infants and Children and the Virginia Administrative Code, 12 VAC 5-195.

Code of Virginia § 32.1-351.2 establishes the Children's Health Insurance Program Advisory Committee. WIC eligibility is incorporated into the Committee's work, as the Department of Medical Assistance Services is required to enter into agreements with the Department of Education and VDH to identify children who are eligible for free or reduced school lunches or WIC in order to expedite the eligibility for FAMIS.

Code of Virginia § 32.1-77 authorizes the development and submission of state plans for maternal and child health and children with special health care needs to the federal government and authorizes the state health commissioner to administer and expend federal Title V funds. The Title V Grant is listed in Title 42 of United States Code §§ 701-710, subchapter V, chapter 7.

The Preventive Health and Health Services Block Grant (PHHSBG) is listed in Chapter 42 of the United States Code, Chapter 6A, Sections 1901-1907 and 1910A.

Products and Services

Description of Major Products and 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 of 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 the CACFP.

Summer Food Service Program - The SFSP provides meals and snacks to eligible sponsoring organizations to feed children during the summer when the School Breakfast Program and National School Lunch Program are not available. Meals and snacks 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 povertywhere 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 the 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 six 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 150 reviews will be conducted for CACFP in FFY 2015. SFSP reviews in FFY 2015 will include approximately 80 sponsors

and 120 sites.

Claiming: The Division utilizes an online claims processing system, 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 .The RFP for the new payment system is in the final review stage and will be put out for bid by the end of 2014

Policy Development and Implementation: As the State administrators of the CACFP and the SFSP, this service area is developing policies, procedures, and process plans for effective program administration. The USDA released Program Handbooks in 2013 for State agencies and sponsors to be used as guidance when operating the Programs.

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.

Anticipated Changes

The WIC food package has been finalized. A statewide task force was assembled to discuss the required changes to the VA WIC Food Packages and the state options presented. Prior to the Final Rule, the VA WIC Program instituted many of the required changes.

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 among their patients.

Health Bites, a computerized WIC nutrition education tool, is currently being redesigned with new modules and interactive training technology. This online resource, which was launched in Fall 2011, will provide another available alternative to group nutrition education for WIC participants. Health Bites is available to the general public, in addition to WIC participants.

The Virginia WIC Program began 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.

The CACFP Meal pattern was updated in 2014. 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.

Factors Impacting

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.

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 supports 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 supports 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 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 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.

Financial Overview

The primary source of funding for the Division of WIC and Community Nutrition Services is provided by Federal grants from the United States Department of Agriculture. The Division works closely with the USDA throughout the year, providing the agency with monthly financial reports, mid-year and year-end reports.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	142,634,915	0	142,634,915
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Local Dental Services [44002]

Description of this Program / Service Area

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

This service area directly aligns with the Virginia Department of Health mission to promote and protect the health of all Virginians by educating the public about oral health and oral disease and improving oral health through population and individual dental services.

Describe the Statutory Authority of this Service

Section 32.1-2 of the Code of Virginia requires the Virginia Department of Health to administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, develop and implement health resource plans, collect and preserve vital records and health statistics, assist in research, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life in the Commonwealth.

Section 32.1-11 of the Code of Virginia authorizes the Virginia Department of Health to formulate a program of environmental health services, laboratory services and preventive, curative and restorative medical care services, including home and clinic health services described in Titles V, XVIII and XIX of the United States Social Security Act and amendments thereto, to be provided by the Department on a regional, district or local basis.

Products and Services

Description of Major Products and Services

Preventive dental services, including sealants, fluoride application, prophy, etc.in selected localities.

Fluoride mouth rinse programs administered to populations of children with no access to fluoridated water in targeted areas only

Anticipated Changes

All state-funded clinical dental programs were eliminated by July of 2015. In some locations, other safety-net providers continue to provide clinical dental services in health department clinics.

Factors Impacting

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 8,100 deaths annually. Most are detected in later stages contributing to low five year survival rates.

Financial Overview

Funding for local dental services is shared by the state and local governments based on an ability-to-pay measure. Local government matching

contributions range from a low of 20% to a maximum of 45%.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	356,097	4,320,690	356,097	4,320,690
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Restaurant and Food Safety, Well and Septic Permitting and Other Environmental Health Services [44004]

Description of this Program / Service Area

This service area assures that residents 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

This service area directly aligns with VDH's mission of protecting the health and promoting the wellbeing of all Virginians by reducing environmental and communicable disease hazards.

Describe the Statutory Authority of this Service

Va Code § 3.2-5200 *et seq*. establishes the State Health Commissioner's authority to implement and enforce regulations adopted by the Board of Agriculture and Consumer Services pertaining to inspections and permitting of plants that process and distribute Grade A market milk and Grade A market milk products.

Va Code § 3.2-6522 establishes requirements for notifying VDH of any animal suspected to have rabies or that may have exposed a person to rabies and for the Health

Department to approve of confinement facilities, to confine suspected animals and to test suspected animals for rabies.

Title 32.1, Chapter 6 establishes requirements for inspections and permitting of private wells, onsite sewage systems (septic systems), alternative onsite sewage systems, alternative discharging sewage systems, migrant labor camps, and marinas and for regulations pertaining to the posting of swimming pool water quality. This chapter also authorizes the Health Department to administer the Onsite Sewage Indemnification Fund, the Onsite Operation and Maintenance Fund, and the Environmental Health Education and Training Fund.

Va Code §32.1-11.7 requires VDH to develop guidelines for cleanup of methamphetamine laboratories and procedures for certifying cleanup

Title 35.1 of the Code of Virginia establishes requirements for inspections and permitting of food establishments (restaurants), hotels, bed and breakfast establishments, summer camps, campgrounds, tourist establishment pools, and state institutions.

Products and Services

Description of Major Products and 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. The issuing of permits 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 potentially exposed to rabies by a wild animal, since this increases the risk of exposure to humans. Local health departments also working with veterinarians and local animal control officers to educate the public about how to rabies prevention and to encourage the routine vaccination of cats and dogs.

Respond to individual complaints. This service involves responding to individual 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.

Anticipated Changes

As VDH continues to mature in its ability to analyze and disseminate 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. Increased use of the internet, social media, and electronic communication in all forms is increasing the public demand for actionable data- examples include food establishment inspection results, lists of food establishments and other permitted entities, onsite sewage system information for real estate transfer, and mapping of permitted facilities to improve emergency response capacity. VDH must continue to improve in its ability to make this information available to the public easily in order to reduce costs associated with information requests.

Improved surveillance of illnesses, including foodborne illnesses and Elevated Blood Lead Levels, results in increased public awareness (e.g. Flint Michigan water crisis) and increasing demands for services in environmental health at a time when general fund resources for public programs are shrinking. The requirements for operation and maintenance of alternative sewage disposal systems 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 of effluent released from onsite sewage disposal systems into the environment.

Factors Impacting

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, expansion in the number and size of multi-day outdoor festivals, and increased attention to food and water security has necessitated a critical demand for continuing education for environmental health staff. Environmental health staff at the local and state levels is increasingly called to participate in emergency response planning, training, and exercises.

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 while the move to transition onsite sewage evaluation and design services to the private sector adds stress and change to the VDH workplace.

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 longterm employees will challenge VDH's ability to maintain and improve the quality of service.

Financial Overview

The chief source of funding for Environmental Health Services is from the General Fund, local matching funds, and revenue from environmental health permitting fees. Some districts receive funds from various federal nongeneral funds, state and local grant programs.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	16,756,462	20,471,088	16,756,462	20,471,088
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Local Family Planning Services [44005]

Description of this Program / Service Area

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-conception 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

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.

Describe the Statutory Authority of this Service

Code of Virginia § 32.1-2 requires the Virginia Department of Health to administer a comprehensive program of preventive, curative, restorative and environmental health services, including prevention and education activities focused on women's health.

Code of Virginia Section 32.1-11 authorizes the Board of Health to formulate a program of environmental health services, laboratory services and preventive, curative and restorative medical care service, including home and clinic health services.

Title X of the Public Health Service Act, 42 U.S.C. 300, et, seq Public Law 91-572, Section 1001.

Title X (42 CFR Part 59, Subpart A) – Regulations governing Title X set out the requirements of the Secretary of Health and Human Services, for the provision of family planning services funded under Title X and implement the statute as authorized under Section 1001 of the Public Health service Act.

Federal Title X funding for family planning agencies originates from the Family Planning Services and Population Research Act of 1970, P.L. 91-572. This law was amended in 1975 and 1978 to require Title X projects to provide access to natural family planning, infertility, and adolescent services. These amendments require that economic status not be a deterrent to receiving family planning services.

Products and Services

Description of Major Products and 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. 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 provided 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. 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.

Anticipated Changes

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 Health Care Reform Act of 2010 increased coverage of preventive health care services for women, which may increase demand for service.

Factors Impacting

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.

Financial Overview

Local health department family planning services are funded by a variety of sources. The major source of funding is through the Cooperative Budget including both state and local matching funds. The service area receives state funds for the purchase of contraceptives and cervical cancer screening services. The service area also receives federal Title X funds to supplement family planning services in the local health departments.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	9,716,824	16,955,619	9,716,824	16,955,619
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Support for Local Management, Business, and Facilities [44009]

Description of this Program / Service Area

This service area provides leadership, programmatic direction, and management of all resources for local health departments (LHDs) operations. LHDs are organized into districts to achieve management efficiencies and comprise between one and ten political subdivisions. This service area includes the strategic business functions such as budgeting, accounting, procurement, human resources and internal business function controls. Management personnel determines resource allocation decisions among political subdivisions based on community need, available local matching funds, and estimates of earned revenue. Resources include local health department staff, community partners, funding, equipment, supplies, office and service specific location space, and vehicles. Support encompasses ongoing assessment and evaluation to assure that services and programs of local health departments continue to match local community needs. Sound management and close oversight ensure that expenditures for essential local public health services remain at the lowest efficient cost level possible; and that programs are effective in attaining required 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) for the services provided. Two local governments (Arlington and Fairfax counties) sought and obtained legislative 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

This service area aligns with the Virginia Department of Health's mission to promote and protect the health of Virginians by providing a strong foundation of local leadership, business support, and overall management for local health departments.

Describe the Statutory Authority of this Service

Code of Virginia § 32.1-30 requires every city and county to establish and maintain a local health department in each county and city.

Code of Virginia § 32.1-11 (B) provides that persons deemed to be medically indigent shall receive the medical care services of the Department without charge.

Code of Virginia § 32.1-31 establishes operation of local health departments

In addition to these specific citations, LHDs must comply with all federal and state human resource, procurement and general services -specific statutes and Executive Orders issued by the Governor.

Products and Services

Description of Major Products and 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.

Anticipated Changes

New mandates or initiatives and public health urgencies 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.

Changes in the our community health assessment outcomes along with increasing communication of need will continue to affect what services the local health department provides and its capacity to meet the local community's needs, and how services are delivered.

The need for interpretation and translation services to support local health department work will continue to expand in the foreseeable future. The ability to hire bilingual staff is necessary to provide quality health care to those persons for whom English is a second language.

The use of automation and technology will continue to increase the efficiency of business practices, bringing the local health departments increasingly in line with the private sector by providing internet based customer interactions and 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 will be affected by increased staff retirement rates based on recent data and reviews. This will require the agency to enhance staff development and retention goals to meet and attract staffing in support of succession planning. The focus needs to be in the area of development and mentoring of junior level management staff.

Factors Impacting

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.

Financial Overview

Funding for local health departments is shared by the State and local governments based on an ability-to-pay measure developed by JLARC and last updated in 1988. Local government matching contributions range from a low of 20% to a maximum of 45%. The 'cooperative health department budget' arrangement was established by the General Assembly in 1954. Revenue earned by local health departments for patient care, permits, and issuance of death certificates also supports the operation of LHDs. Finally, this service area is responsible for managing federal grant funds that may be allocated to LHDs by statewide program offices through memoranda of understanding.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	33,998,240	28,968,775	33,998,240	28,968,775
Changes to Initial Appropriation	0	0	303,236	167,772

Supporting Documents

Title	File Type

Local Maternal and Child Health Services [44010]

Description of this Program / Service Area

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

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.

Describe the Statutory Authority of this Service

Sections 32.1-30, 32.1-31, and 32.1-32 of the Code of Virginia require each county and city to establish and maintain a local department of health.

Section 32.1-77 provides for Virginia's Title V plan for maternal and child health services and services for children with special health care needs.

Section 32.1-11 provides that persons deemed to be medically indigent shall receive the medical care services of the department without charge; the Board of Health may prescribe charges to be paid by persons who are not indigent and a scale of charges based on ability to pay.

Section 22.1-270 provides for preschool physical examinations for medically indigent children without charge.

Section 22.1-274 authorizes local health departments to provide personnel for health services for the local school division.

Section 32.1-78 requires a report to the Superintendent of Public Instruction or appropriate school division the identity of and pertinent information about children with health problems or handicapping conditions.

Sections 32.1-46.1 and 46.2 establishes a protocol for the identification of children at risk for elevated blood lead levels.

Cooperative agreement with Department of Medical Assistance Services for Developmental Disability Waiver Eligibility Determinations.

Sections 46.2-1095 and 46.2-1097 provide requirements for child motor vehicle restraints; VDH is required to operate a program to promote, purchase and distribute child restraint devices to applicants who need a child restraint device but are unable to acquire one because of financial inability.

Section 2.2-5204 provides for health department participation in the local teams under the Comprehensive Services Act.

Section 2.2-5305 provides for health department participation on Part C of Individuals with Disabilities

Products and Services

Description of Major Products and 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.

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.

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.

Anticipated Changes

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.

Factors Impacting

Across the state, the terrain and density vary widely. Geographical features, transportation, lack of medical providers are barriers to care.

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.

Financial Overview

The general fund increase of $1,332,385 and nongeneral fund increase of $1,559,882 in “change to base” is part of a technical amendment. The amendment transferred appropriation among Community Health Services’ service areas to reflect spending patterns and to facilitate the elimination of the Local Laboratory and Pharmacy Services’ service area. The elimination of the service area was prompted by the transfer of the primary functions to the central pharmacy during the 2010 Session of the General Assembly. While this amount is reflected as an increase of $4,286,133 in the department’s general fund and $3,777,659 nongeneral fund “change to base”, it is actually a net-sum-zero fund transfer - Technical Amendment.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	19,782,739	23,919,616	19,782,739	23,919,616
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Local Immunization Services [44013]

Description of this Program / Service Area

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 individuals 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

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.

Describe the Statutory Authority of this Service

Section 32.1-2 authorizes the State Board of Health, the State Health Commissioner and the State Department of Health to administer a program of preventive, curative, restorative, and environmental health services.

Section 32.1-46 provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and the implementation of a statewide immunization registry.

Section 23-7.5 requires full time students enrolling in public institutions of higher education to be immunized against certain diseases in accordance with the recommendations of the American College.

Products and Services

Description of Major Products and 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 required by state law.

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.

Anticipated Changes

Increased focus on emergency preparedness and pandemic response.

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.

Factors Impacting

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 individuals to 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.

Financial Overview

The Local Immunization Services area is supported by federal, state and local government funds. Federal funds are received through a categorical, cooperative agreement from the Centers of Disease Control and Prevention (CDC). Federal funds are intended to supplement rather than supplant state and local dollars.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	5,416,815	8,550,878	5,416,815	8,550,878
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Local Communicable Disease Investigation, Treatment, and Control [44014]

Description of this Program / Service Area

The local health departments' 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

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.

Describe the Statutory Authority of this Service

Chapter 2 of Title 32.1 of the Code of Virginia pertains to the reporting and control of diseases.

Articles 1 through 3.1 of that Chapter define the authority for this particular Service Area and include reporting of disease, investigation of disease, disease control measures, isolation of persons with communicable diseases, and control of rabies.

§ 32.1-36 of the Code of Virginia and 12 VAC 5-90-80 and 12 VAC 5-90-90 of the Board of Health Regulations for Disease Reporting and Control mandate reporting of specific diseases.

§ 32.1-37.2 requires that partner notification services (partner counseling and referral services) be offered to individuals who test positive for HIV.

§ 32.1-39 provides for STD surveillance, investigation of reports, and conducting counseling and contact tracing (partner notification).

§ 32.1-46 provides for the immunization of children against certain diseases in accordance with regulations established by the Board of Health and the implementation of a statewide immunization registry.

Title 23, Chapter 1, §23-7.5 requires full time students enrolling in public institutions to be immunized against certain diseases in accordance with the recommendations of the American College Health Association.

§ 32.1-57 through 32.1-60 requires Sexually Transmitted Disease examination, testing, and treatment.

Products and Services

Description of Major Products and 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 residents. (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.

Anticipated Changes

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.

Factors Impacting

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.

Financial Overview

The primary sources of funding for Local Communicable Disease Prevention, Investigation, Treatment and Control are general fund appropriations for local health departments and nongeneral fund local budget matching requirements, patient and revenue. Local government cooperative budget match payments are based on a percentage of the general fund contribution provide to each local health department. Nongeneral funding also includes some federal funding and grant funding obtained by health departments from outside sources.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	7,800,221	11,494,639	7,800,221	11,494,639
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Local Personal Care Services [44015]

Description of this Program / Service Area

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.

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 Medicaid program requires Nursing Home Pre-admission Screening (PAS) 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

This service area aligns with the Virginia Department of Health mission to promote and protect the health of all 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.

Describe the Statutory Authority of this Service

Code of Virginia, Section 32.1-330 requires preadmission screening for all individuals who are eligible for Medicaid at the time of admission to a certified nursing facility or who will become eligible within six months.

Section 32.1-2 authorizes the State Department of Health to provide a comprehensive program of preventive, curative and restorative services.

Section 32.1-11authorizes the State Board of Health to formulate a program of preventive, curative, and restorative medical care services, including home health.

Products and Services

Description of Major Products and Services

Personal Care 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.

Community-based Nursing Home Pre-admission Screening services

Anticipated Changes

Medical technological advances will have an effect on the types of services that are appropriate to provide in the home environment, e.g. home monitoring programs.

There should an increased availability of telemedicine.

DMAS is seeking private sector entities to perform PAS when the local teams made up of local personnel in health departments and social services cannot perform the screening within 30 days of receiving the referral. It is anticipated that DMAS will implement this program during fiscal year 2015.

Factors Impacting

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.

Financial Overview

The Virginia Department of Health (VDH) is reimbursed for Nursing Home Pre-admission screenings by D M AS. A cost settlement is conducted and submitted to DMAS for reimbursement of the difference between the cost of conducting PAS and the reimbursement rate that is a set reimbursement rate determined by DMAS. This is according to VDH's Cost Allocation Plan, which is still in the process of being approved by DMAS and CMS (July 2014).

The Personal Care programs are funded through charges for services provided.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	2,077,376	2,287,625	2,077,376	2,287,625
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Local Chronic Disease and Prevention Control [44016]

Description of this Program / Service Area

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 individuals 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

This service area is directly aligned with the Virginia Department of Health mission to promote and protect the health of all 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.

Describe the Statutory Authority of this Service

The Code of Virginia §32.1-11 provides that the Board of Health may formulate a program of preventive, curative and restorative medical care services to be provided at the district or local level. Clinical preventive services are focused on the indigent, and the Code provides that the Virginia Department of Health shall define the income limitations within which a person shall be deemed to be medically indigent.

In addition, the Code of Virginia § 32.1-11.3 provides that VDH shall formulate a program of patient and community health education services to be provided by the Department on a district or local basis. The Code notes that the program shall include services addressing health promotion and disease prevention and shall encourage the coordination of local and private sector health education services.

Products and Services

Description of Major Products and 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 and Prevention, 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 40-64 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 participate in community partnerships that 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, that 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 Mens 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 ACA Health Exchanges, 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.

Anticipated Changes

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 use of genetic markers, but will affect costs and availability.

Factors Impacting

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.

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 in higher costs and poorer outcomes.

Health disparities persist in some regions of the state such as the 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.

Financial Overview

Most of the nongeneral funds are federal grants allocated to local health departments, with additional funds coming from local governments as either match funds for general funds allocated to local health departments, or 100 percent local funds. Other nongeneral funds are service related fee revenues from a variety of sources including Medicaid, Medicare, other insurance and patient self-pay, and from other grant/foundation resources received by local health departments for chronic disease prevention.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	3,585,143	8,121,475	3,585,143	8,121,475
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Local Nutrition Services [44018]

Description of this Program / Service Area

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 electronic benefits 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

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.

Describe the Statutory Authority of this Service

The Federal Child Nutrition Act of 1966, Section 17 [42 U.S.C. 1786] established the Special Supplemental Nutrition Program for Women, Infants and children to provide supplemental foods and nutrition. Women, Infants and Children Regulations are found in the Code of Federal Regulations, 7 C.F.R. Part 246.

Public Law 102-314 established the Women, Infants and children Farmers' Market Nutrition Program (Code of Federal Regulations, 7 C.F.R. Part 248).

• Code of Virginia Section 32.1-351.2 established the Children's Health Insurance Program Family Access to Medical Insurance Security Plan). VDH helps expedite Family Access to Medical Insurance Security (FAMIS) enrollment for WIC eligible children.

Products and Services

Description of Major Products and 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,

Electronic benefits to purchase packages of specified high nutrition foods,

Referrals to other primary and preventive health services,

Immunization screening for children 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.

Anticipated Changes

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.

Factors Impacting

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.

Financial Overview

Federal funds from the United States Department of Agriculture fully support a grant to Virginia to operate the Women, Infant and Children program. This service area includes the funds from the state grant that the state Women, Infant and Children office allocates to support local operation of the Women, Infant and Children program. No state or local matching funds are imposed by Virginia's acceptance of this grant.

These funds represent more than 80 percent of the funds United States Department of Agriculture allocates to Virginia to administer the Women, Infant and Children program. Local health departments' funding levels are determined by a formula primarily based on client caseload. Funds received by local health departments are split among four areas: 4% administration, 20% nutrition education, 4% breastfeeding, and 72% client services.

Local health departments use these funds almost exclusively for salaries and benefits for the nutritionists and other staff who enroll client in the program and provide services to those eligible individuals who participate in the Women, Infant and Children program. To varying degrees, most local health departments provide in-kind contributions such as office space and telephones for the Women, Infant and Children staff. As needed, many local health departments must also use staff paid by the cooperative budget in order to comply with United States Department of Agriculture program and record keeping requirements and to maintain current services. This staff time is indeterminate and varies considerably depending on such factors as the number of delivery sites, staff turnover, and increasing salaries. The cooperative budget staff time spent delivering Women, Infant and Children services is not usually reimbursed by the grant. Virginia has received increased WIC funding in the last few years.

Virginia's Women, Infant and Children grant funds that support the purchase of food packages and infant formula as well as state office services and administration of the program are reflected in the Women, Infant and Children and Community Nutrition Service Area.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	45,202	28,202,864	45,202	28,202,864
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Payments to Human Services Organizations [49204]

Description of this Program / Service Area

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

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.

Authority

The specific organizations and the amounts they receive are detailed in Item 296 of the current Appropriation Act.

Products and Services

Description of Major Products and Services

Regional AIDS Resource and Consultation Centers There are three regional early intervention centers and one local consultation center that provide medical treatment and support services to HIV infected low income, underinsured, and uninsured persons.

Alexandria Neighborhood Health Services, Inc. This is a onestop 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.

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 publicprivate partnerships providing comprehensive care coordination, family support and preventive medical and dental services to lowincome, atrisk 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 provides areas of care that include financial assistance and support groups as well educational services.

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 three poison control programs serving Virginia. They are located at the University of Virginia in Charlottesville, Virginia Commonwealth University in Richmond, and the National Capital Poison Center in Washington, D.C.

Southwest Virginia Graduate Medical Education Consortium (SWVA GMEC) The SWVA GMEC was established as a 501 3C NonProfit Consortium to create and support medical residency preceptor sites in rural and underserved communities in Southwest Virginia. The GMEC program is a part of the University of Virginia at Wise and 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 lowincome 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 nonprofit 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 lowincome 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.

HealthWorks of Herndon This is a free clinic operating in Fairfax County.

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 Mission of Mercy (MOM) dental project.

Hampton Roads Proton Beam Therapy Institute at Hampton University – The Institute supports efforts for proton therapy in the treatment of cancerous tumors with fewer side effects.

Anticipated Changes

There are no anticipated changes to the service area products and services at this time.

Factors Impacting

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.

Financial Overview

The funding for this service area is a combination of general and federal funds appropriated each year to designated entities. Payments are processed based on the terms in the executed contract.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	18,342,833	2,461,928	18,142,833	2,461,928
Changes to Initial Appropriation	-542,955	0	-28,250	0

Supporting Documents

Title	File Type

Administrative and Support Services [499]

Description of this Program / Service Area

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 and state regulations, policies, and mandates.

Mission Alignment

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.

Authority: §§ 3.2-5206 through 3.2-5216, 32.1-11.3 through 32.1-16 through 32.1-23, 35.1-1 through 35.1-7, and 35.1-9 through 35.1-28, Code of Virginia.

Products and Services

Description of Major Products and Services

Leadership, direction, policy development. Organizational management.

Anticipated Changes

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.

Specific anticiapted changes for the administrtaive areas of human resources, procurement, IT and general management are listed in the subsections listed below.

Factors Impacting

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.

Additional factors impacting the services rendered in human resources, procurement, IT and general management are discussed in their respective subsections listed below.

Financial Overview

The chief source of funding for Administrative and Support Services is general funds (62%). From the general funds, 21% are allocated for General Management; 45% for Computer Services; 17% for Accounting and Budgeting Services; 12% for Human Resources; and 5% for Procurement and General Services.

The second source of funding for this service area is special funds (38%). From the special funds, 5% is generated from fees Accounting Services receives for outstanding accounts collected through the Debt Set Off process; Procurement and General Services collects 7% as cost recoveries from users to support the operation of the Central Services Stockroom Operation. General Management receives 20% of the special funds as well as 64% for Computer Services and 3% for Human Resources.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	14,674,118	4,995,149	14,690,701	5,046,094
Changes to Initial Appropriation	-245,000	15,707	72,000	3,345,707

Supporting Documents

Title	File Type

General Management and Direction [49901]

Description of this Program / Service Area

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.

Mission Alignment

This service area aligns with the departments mission to promote and protect the health of all Virginians through sound management and administration of the agency.

Products and Services

Description of Major Products and Services

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.

Anticipated Changes

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.

Factors Impacting

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 to existing grant funding

Financial Overview

The chief source of funding for Administrative and Support Services is general funds (55%). From the general funds, 28% are allocated for General Management; 27% for Computer Services; 22% for Accounting and Budgeting Services; 16% for Human Resources; and 7% for Procurement and General Services.

The second source of funding for this service area is special funds (45%). From the special funds, 5% is generated from fees Accounting Services receives for outstanding accounts collected through the Debt Set Off process; Procurement and General Services collects 7% as cost recoveries from users to support the operation of the Central Services Stockroom Operation. General Management receives 20% of the special funds as well as 64% for Computer Services and 3% for Human Resources.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	4,150,979	2,690,032	4,167,562	2,740,977
Changes to Initial Appropriation	-245,000	15,707	-150,000	15,707

Supporting Documents

Title **File Type**

Information Technology Services [49902]

Description of this Program / Service Area

Technology plays a key role in VDH's mission to promote and protect the health of Virginians. Like most agencies, VDH continues to operate in an environment where resources are somewhat limited. This includes financial and human resources. Securing the skill sets needed to maintain and grow VDH's applications and technology infrastructure is often challenging. In particular, the skill sets involving secure messaging (HL7 Messaging and Rhapsody) are often difficult to obtain.

Mission Alignment

This service area aligns to the mission of promoting and protecting the health through all Virginians through continuing to provide the services necessary to support the agency's technology needs.

Products and Services

Description of Major Products and Services

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.

Anticipated Changes

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.

Factors Impacting

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.

Financial Overview

The chief source of funding for Administrative and Support Services is general funds (55%). From the general funds, 27% are allocated for

Computer Services.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	5,319,869	1,033,020	5,319,869	1,033,020
Changes to Initial Appropriation	0	0	222,000	3,330,000

Supporting Documents

Title **File Type**

Accounting and Budgeting Services [49903]

Description of this Program / Service Area

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 (50 percent); general funds (24 percent); special funds (local government match portion of support for local health departments (9 percent); fees and charges for services (13 percent); dedicated special revenues (4 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 193 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, and Safe Drinking Water grants. ts.

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.

Mission Alignment

This service area aligns with the agency mission to promote and protect the health of all Virginians through ensuring sound fiscal stewardship of the agencies programs.

Products and Services

Description of Major Products and Services

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 within 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.

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

Anticipated Changes

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.

Factors Impacting

Financial Overview

The chief source of funding for Administrative and Support Services is general funds (55%) and of this funding, 22% is allocated for Accounting and Budgeting Services.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	2,606,548	448,158	2,606,548	448,158
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type

Drinking Water Regulation [50801]

Description of this Program / Service Area

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

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.

Describe the Statutory Authority of this Service

Sections 32.1-167 through 32.1-176 of the Code of Virginia establish VDH's authority to regulate construction and operation of waterworks in Virginia.

The Federal Safe Drinking Water Act of 1974 (SDWA), as amended in 1986 and 1996, was enacted to protect the quality of drinking water in the United States.

40 Code of Federal Regulations Part 142, Subpart B governs the primary enforcement responsibility for federal drinking water standards.

Products and Services

Description of Major Products and 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.

Anticipated Changes

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.

Expansion of permitting activities to include more non-community waterworks such as restaurants and consecutive systems that may be created by the addition of treatment of the selling of water that they receive from a permitted waterworks.

Factors Impacting

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 workload. Additional general funds will be needed to adequately support staffing levels for protecting 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 compensation has not maintained pace with the private sector.

Financial Overview

This service area is funded by general and non-general fund revenues. Non-general fund revenues consist of waterworks operation fees and the Public Water System Supervision federal grant. The waterworks operation fees are fees that are assessed annually on Virginia's waterworks based on the number of connections or the classification of the waterworks.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	1,439,290	8,217,133	1,439,290	8,217,133
Changes to Initial Appropriation	-75,193	0	-192,646	0

Supporting Documents

Title	File Type

Drinking Water Construction Financing [50802]

Description of this Program / Service Area

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

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.

Describe the Statutory Authority of this Service

Code of Virginia Title 32.1 Chapter 6 Sections 32.1-167 through 32.1-176 establishes authority to regulate construction and operation of waterworks in Virginia.

Code of Virginia Title 32.1 Chapter 6 Sections 32.1-171.2 establishes the Virginia Water Supply Assistance Fund Program in Virginia.

Federal Safe Drinking Water Act, 1974, as amended in 1986 and 1996 establishes the DWSRF Program in Section 1452, “State Revolving Loan Funds,” of the Act.

Virginia’s Appropriation Act establishes that VDH will control and manage monies appropriated for safe drinking water.

Code of Virginia Title 2.2 Chapter 6 Section 2.2-611 authorizes state agencies to accept grants from agencies and departments of the United States.

Products and Services

Description of Major Products and Services

Financial assistance: Provide zero to below market interest rate loans for a term not to exceed 30 years to community and nonprofit non-community waterworks for eligible drinking water infrastructure projects. Provide grants to community and nonprofit noncommunity waterworks to fund eligible drinking water infrastructure projects costs. Affordable financing helps to ensure delivery of safe and affordable drinking water to residents of the Commonwealth.

Planning and design awards: 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 optimal 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 crosscutting authorities. Determination that funded projects have undergone the proper public notices.

Construction progress review: Onsite project evaluations to ensure construction scope and progress are consistent with approved project and funds disbursed. Offer assistance to keep project on track and progressing towards completion.

Customer service: Provide various services to a variety of customers including waterworks owners, consulting engineers, contractors, nonprofit organizations, other state and federal funding partners, and universities. Provide training through regional funding workshops held annually.

Anticipated Changes

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 federal funding will limit the program’s ability to support local water utilities to address water quality and quantity needs in the future.

Waterworks owners have limited ability to raise water user rates to fund additional debt due to poor economy, low median household income (MHI), decreasing populations, and significant customer numbers on fixed income or unemployed. Due to the financial restrictions and uncertainty small waterworks are very limited in their ability to assume any new debt/loans as required by the program. Thus there is a real debt aversion and increasing need for PF loans (grants) the amount of which is limited by EPA in the grant award.

Factors Impacting

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. All DWSF awards are contingent upon Virginia providing a required 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.

EPA Funds restricted to activities allowed under the Safe Drinking Water Act (SDWA); limits funding to waterworks for construction, technical assistance, capacity development, or the administration or implementation of these activities.

Funds for construction grants are limited by EPA to a maximum of 30% of the annual capitalization grant amount.

Financial Overview

This service area's funding comes from the federal Drinking Water State Revolving Fund, required state match, repayment funds, general funds, and miscellaneous sources such as interest earnings and enforcement penalties.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	3,142,200	13,179,660	3,142,200	13,179,660
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Public Health Toxicology [50805]

Description of this Program / Service Area

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;
•Conduct public health assessments or health consultations to assess community health risks associated with exposure to harmful levels of chemicals ; and
• Make recommendations to prevent exposure of residents to chemical substances including fish consumption advisories.

Mission Alignment

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.

Describe the Statutory Authority of this Service

Chapter 6, Article 9 of Title 32.1 of the Code of Virginia provides the authority and defines the activities of this Service Area. Secton 32.1-240 designates VDH as the state toxic substances information agency. The activities listed under the service area description are mandated by Sections 32.1-241 and 32.1-248.01. Section 32.1-245 requires VDH to submit a biennial report to the Governor and General Assembly on all matters relating to toxic substances in the Commonwealth.

Products and Services

Description of Major Products and Services

Respond to all residents of the Commonwealth who have concerns regarding public health hazards from exposure to chemicals and certain biological agents.

Conduct public health assessments or health consultations to assess community health risks associated with exposure to harmful levels of chemicals

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.

Provide recommendations 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.

Provide technical assistance and guidance to other state agencies in the development of regulatory standards and guidelines governing chemicals.

Provide information 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 help address residents' questions and provide information related to health hazards.

Review and evaluate hazardous waste permit applications for the Department of Environmental Quality upon request.

Anticipated Changes

Greater need for services to be ethnically and linguistically diverse.

Greater focus on community awareness regarding exposure to chemicals at hazardous waste sites.

Greater emphasis on dissemination of information through social media.

Greater expectation of public health toxicology expertise, support, and investigation due to increased consumer awareness of toxicological health hazards.

Factors Impacting

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 may reduce burden of toxic substance related illness.

Increase in education and training for occupational workers may reduce occupational exposure to toxic substances.

Increase in number of landfills, hazardous waste sites and biosolid applications may generate more complaints and requests for public health assessments.

An increase in accidental or intentional spills of chemicals may increase the demand for public health assessments or consultations. .

Natural events such as hurricanes, floods, and storms as well as transportation accidents involving chemicals may increase demand for public health toxicology services.

Increase in the number of automobiles would result in air pollution (smog) and may 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 may increase public health concerns.

Increase in international and interstate commerce, greater use of natural remedies, and misuse of medicines may increase toxic substance exposures.

New research and studies regarding health effects of chemicals may require service area to update public information and related materials. .

Acts of bioterrorism and concerns related to bioterrorism may increase demand for public health toxicology services.

New contaminants of concern identified impacting private wells

New research demonstrating chemicals impact on health

Financial Overview

The source of funding for Public Health Toxicology is general fund and competitive cooperative agreement funding from the Agency for Toxic Substances and Disease Registry. The general base budget is the prior year's legislative appropriation.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	177,147	257,112	177,147	257,112
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

State Office of Environmental Health Services [56501]

Description of this Program / Service Area

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

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.

Describe the Statutory Authority of this Service

Va Code § 3.2-5200 *et seq*. establishes the State Health Commissioner's authority to implement and enforce regulations adopted by the Board of Agriculture and Consumer Services pertaining to inspections and permitting of plants that process and distribute Grade A market milk and Grade A market milk products.

Va Code § 3.2-6522 establishes requirements for notifying VDH of any animal suspected to have rabies or that may have exposed a person to rabies and for the Health Department to approve of confinement facilities, to confine suspected animals and to test suspected animals for rabies.

Title 32.1, Chapter 6 establishes requirements for inspections and permitting of private wells, onsite sewage systems (septic systems), alternative onsite sewage systems, alternative discharging sewage systems, migrant labor camps, and marinas and for regulations pertaining to the posting of swimming pool water quality. This chapter also authorizes the Health Department to administer the Onsite Sewage Indemnification Fund, the Onsite Operation and Maintenance Fund, and the Environmental Health Education and Training Fund.

Va Code §32.1-11.7 requires VDH to develop guidelines for cleanup of methamphetamine laboratories and procedures for certifying cleanup

Title 35.1 of the Code of Virginia establishes requirements for inspections and permitting of food establishments (restaurants), hotels, bed and breakfast establishments, summer camps, campgrounds, tourist establishment pools, and state institutions.

Products and Services

Description of Major Products and 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.

Anticipated Changes

As VDH continues to mature in its ability to analyze and disseminate 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. Increased use of the internet, social media, and electronic communication in all forms is increasing the public demand for actionable data- examples include food establishment inspection results, lists of food establishments and other permitted entities, onsite sewage system information for real estate transfer, and mapping of permitted facilities to improve emergency response capacity. VDH must continue to improve in its ability to make this information available to the public easily in order to reduce costs associated with information requests.

Improved surveillance of illnesses, including foodborne illnesses and Elevated Blood Lead Levels, results in increased public awareness (e.g. Flint Michigan water crisis) and increasing demands for services in environmental health at a time when general fund resources for public programs are shrinking. The requirements for operation and maintenance of alternative sewage disposal systems 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 of effluent released from onsite sewage disposal systems into the environment.

Factors Impacting

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, expansion in the number and size of multi-day outdoor festivals, and increased attention to food and water security has necessitated a critical demand for continuing education for environmental health staff. Environmental health staff at the local and state levels is increasingly called to participate in emergency response planning, training, and exercises.

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 while the move to transition onsite sewage evaluation and design services to the private sector adds stress and change to the VDH workplace.

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 longterm employees will challenge VDH's ability to maintain and improve the quality of service.

Financial Overview

This service area is funded primarily by general funds, which support nearly 66 percent of the total budget. The remaining budget is funded by

various federal and state grants and special funds.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	2,918,448	1,319,047	2,918,448	1,319,047
Changes to Initial Appropriation	-200,000	0	-224,893	0

Supporting Documents

Title **File Type**

Shellfish Sanitation [56502]

Description of this Program / Service Area

This service area implements seafood regulatory and water quality assessment programs intended to minimize risks of foodborne illness from shellfish and crab meat consumption. A significant portion of the work effort is dedicated to the implementation of the National Shellfish Sanitation Program, the national food safety program for oversight of bivalve molluscan shellfish. Services include:

l Conducting water quality assessments and classification of shellfish growing areas throughout Tidewater Virginia,

l Conducting risk assessments for naturally occurring pathogenic *Vibrio* species, and establishment of harvesting and processing controls to minimize illness risks.

l Conducting monitoring for harmful algal species, and establishing regulatory harvest controls as necessary to prevent illness.

l Conducting impaired area assessments to investigate potential sources of contamination, and to characterize spatial and temporal pollution patterns. In cases where pollutant patterns are predictably associated with events such as rainfall, tides, seasons, etc.; establishes conditional management plans for regulatory harvest controls during times when pollution risks are present.

l Emergency response: Preparing for, and responding to, events that may cause the contamination of shellfish or shellfish growing areas such as floods and spills of sewage, fuels, or other toxic substances.

l Inspection and certification of shellfish and crab meat processing and shipping facilities, and

l Customer service to concerned citizenry about shellfish growing areas and to production facility owners about processing techniques.

Mission Alignment

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.

Describe the Statutory Authority of this Service

Title 28.2, Chapter 8, §§28.2-800 through 28.2-826.

§28.2-801 provides the State Health Commissioner with the authority to promulgate regulations

§28.2-802 provides the State Health Commissioner with the authority to enter establishments where shellfish are processed or stored and to conduct enforcement activities where violations occur.

§28.2-803 provides the State Health Commissioner with the authority to conduct examination and analyses of harvest areas and adjacent lands for evidence of pollution; and authority to conduct inspections of seafood processing facilities.

§28.2-804 provides the State Health Commissioner with the authority to assess the suitability of harvest areas or processing facilities as sources of seafood.

§28.2-805 provides the State Health Commissioner with the authority to halt marketing of seafood from areas or establishments determined to be unsuitable.

§28.2-806 provides the State Health Commissioner the authority to establish standards.

§28.2-807 provides the State Health Commissioner with the authority to close growing areas determined to be unsuitable for harvest based on an examination of the area.

§28.2-809 provides the State Health Commissioner with the authority to temporarily close growing areas without an examination provided that substantial evidence exists that the area is polluted or likely to be polluted.

§ 32.1-2 defines the findings and purpose of the VDH's efforts to protect public health.

§ 2.2-4002, B.16 provides that the State Health Commissioner may issue orders concerning the closure of shellfish growing waters to be effective immediately

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Products and Services

Description of Major Products and 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 analysis of heavy metals and toxic substances in other qualified laboratories (DCLS, VIMS, FDA, NOAA, etc). Collect seawater samples for toxic phytoplankton analysis by VDH, ODU and VIMS. Collect shellfish samples for analysis of phytoplankton biotoxins by the VDH, ODU, VIMS, the U.S. Food and Drug Administration, and qualified private laboratories. Conduct inspections and evaluation of actual and potential pollution sources in and adjacent to shellfish growing areas, and prepare reports of findings. Classify all potential shellfish growing waters in Virginia's portion of the Chesapeake Bay and Territorial Sea utilizing multiple data sources including seawater, sediment, and shellfish samples; pollution source assessment data; and high resolution orthophotography, integrated for spatial analysis in a Geographic Information System (GIS) application.

Develop condemnation zones around marinas and waste water treatment facility discharges by using pollutant dilution, dieoff and dispersion models and GIS technology.

Conducts advanced assessments of impaired waters to investigate potential contamination sources. Works collaboratively with localities, water/sewer utilities, and advocacy organizations for remediation of identified sources.

Conducts field investigation and data analyses to characterize spatial and temporal pollution patterns. Where predictable patterns exist, develops conditional management plans for implementation of growing area closures during times when pollution risks exist.

Emergency response: Prepare action plans for response to various threats to the safety of Virginia's seafood. Respond to events such as floods and discharges/spills of sewage, fuel, or other toxic substances. Conduct environmental monitoring and assessments to determine the extents of impacted areas. Establishes growing area closures and product recalls as needed.

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 shellfishborne disease.

Enforcement: Advise the public of the regulatory requirement to be certified for the production of shellfish and crab meat products for market. Investigate and conduct enforcement actions for regulatory violations.

Regulatory development: Develop regulations in concert with the regulated industry and interested parties 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. Provide technical assistance to processors to promote safe processing and handling practices and to assist in compliance with state and federal requirements. Advise the general public of the safest places that they can grow shellfish for personal consumption. Apply and interpret pollutant dilution and transport models to assess the size of closure areas needed around existing and proposed wastewater discharges and marinas. Provide comments to state and federal agencies regarding environmental permit applications to provide notification of potential impacts to shellfish areas.

Anticipated Changes

The Virginia Department of Health continues to adjust its growing area classification efforts to more intensely monitor and use new techniques to monitor the nearshore environments of shellfish growing areas. The Virginia Department of Health has recently expanded laboratory capacity for real time PCR (polymerase chain reaction genetic fingerprinting) analyses. The real time PCR equipment has been utilized for several years to detect pathogenic strains of naturally occurring bacteria, i.e., those not related to sewage pollution events. The recent expansion incorporates the use of PCR-based techniques for *microbial source tracking*. The new analytical method provides the capability to determine if certain fecal indicator bacteria present in environmental samples were from human or other animal sources.

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, 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.

Factors Impacting

Due to the diseases impacting wild oysters, the growth in the oyster industry continues to transition from the traditional predominantly offshore, semi wild harvested industry to a nearshore, aquacultured product. The noncommercial growth of oysters in floating cages under docks is also a steadily growing hobby for retirees on the waterfront. Furthermore, the aquacultured clam industry is the largest in the country, and is a highly lucrative, business in Virginia, particularly on the Eastern Shore.Aquacultured clams are grown under nets in near shore environments and can be easily contaminated by relatively small amounts of pollution due to the limited tidal flushing and dilution potential, As such, the public health concern must be focused more intensely upon these environments.

Improvements in oyster aquaculture have allowed both the commercial and private oyster growers to continue significant increases in numbers and production. The Virginia Department of Health will continue to 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.

Virginia's coastal waters have experienced increases in the number and extents of potentially harmful algal blooms over the past few years. Although there has not been a confirmed case of illness associated with the consumption of shellfish that have been contaminated with marine biotoxins during this time, toxin producing species as well as lowlevel toxin production have been identified. The demand for increased monitoring and response by VDH in the near future is likely in order to prevent shellfish related illness associated with marine biotoxins.

Along with increases in production of shellfish during the warm weather, the exposure of consumers to risks associated with naturally occurring vibrios also increases. VDH efforts for monitoring, response, and education of shellfish handlers and consumers will also need to increase in order to mitigate these increases in the exposure to risk.

Financial Overview

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	2,454,588	150,183	2,454,588	150,183
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Bedding and Upholstery Inspection [56503]

Description of this Program / Service Area

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:

1. Issuing permits and licenses to bedding and upholstered manufacturers, re-upholsterers, bedding renovators, sanitizers, importers, distributors and supply dealers.
2. Providing customer service to individuals filing complaints regarding the regulated entities.
3. Inspecting bedding and upholstered furniture manufacturers, bedding renovators, re-upholsterers and sanitizers.

Mission Alignment

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.

§ 32.1-215. Disposal restricted.

No person engaged in commerce shall rent, offer or expose for sale, barter, give away, or dispose of in any other commercial manner any article of bedding or upholstered furniture made, remade, reupholstered, or renovated in violation of § 32.1-213 or 32.1-214 or any secondhand article of bedding or upholstered furniture unless since last used such secondhand article has been sanitized by a reasonable process approved by the Commissioner. However, a retailer may sell, give away, or rent used upholstered furniture when the used upholstered furniture has been purchased by the retailer as new furniture and has been used in the course of business. Such used furniture shall be (i) conspicuously identified as used furniture and (ii) reduced in price, sold at auction, donated to charity, or made available for a rental fee, and so tagged.

§ 32.1-217. License and registration number; renewal; licenses not transferable; responsibility of branch factories.

A. Every importer and every person manufacturing, renovating or reupholstering any bedding or upholstered furniture or processing or selling any filling material to be used in articles of bedding or upholstered furniture shall first obtain a license from the Commissioner for each place of business, subsidiary or branch operated by him for such purpose. Such license shall be numbered, shall expire one year from the date of issue, shall be renewable annually unless sooner revoked and shall not be transferable. Each branch, branch factory and subsidiary shall be responsible for the contents and for the tagging, as provided in this article, of items of bedding and upholstered furniture made, remade, renovated, reupholstered or imported by it and offered for sale or use in the Commonwealth.

Products and Services

Description of Major Products and 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 receipt of complaint from an individual.

Enforcement of laws and regulations governing bedding and upholstered furniture.

Customer service to individuals filing complaints regarding any of the regulated entities.

Anticipated Changes

The Bedding and Upholstered Furniture Program began pilot testing of a new database in April 2017. Changes include further development of this new database to allow the regulated community to apply and pay for licenses and permits online.

Factors Impacting

The bedding and upholstered furniture staff consists of two full-time staff who administer the program and one fulltime and three parttime staff who conduct inspections.

The program is entirely self-supported by license fees and does not require any general revenue funds to operate.

Financial Overview

The annual appropriation for the Bedding and Upholstered Furniture Inspection Program is completely comprised of Non-General funds. License and permit fees are collected from bedding manufacturers, upholstered furniture manufacturers, bedding renovators, furniture re-upholsterers, importers of bedding and upholstered furniture, distributors, sanitizers and supply dealers. The majority of these fees are paid by out of state or out of country entities.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	811,178	0	811,178
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Radiological Health and Safety Regulation [56504]

Description of this Program / Service Area

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

This service area directly aligns with VDH's mission of promoting and protecting the health of Virginians by eliminating unnecessary exposure to ionizing radiation.

- *Describe the Statutory Authority of this Service*

Chapter 6, Article 8 of Title 32.1 of the Code of Virginia provides the authority and requirement for promulgation and enforcement of radiation protection regulations, licensure of radioactive materials, and registration, certification and inspection of X-ray machines. Section 32.1-229 authorizes the Board of Health to adopt regulations providing for (i) licenses to use, manufacture, produce, transfer, receive, acquire, own or possess quantities of, or devices or equipment utilizing, by-product, source, special nuclear materials, or other radioactive material occurring naturally or produced artificially, (ii) registration of the possession of a source of radiation and of information with respect thereto, and (iii) regulation of by-product, source and special nuclear material. Section 32.1-229.1 requires registration, inspection and certification for all diagnostic and therapeutic X-ray machines used in the healing arts. Section 32.1-228.1.B.5 requires the state radiation control agency to develop programs for responding adequately to radiation emergencies. Section 32.1-228.1.B.6 requires that a list of persons who have been certified as proficient to offer screening, testing, or mitigation for radon be made available to the public; and, Section 32.1-229.01 requires persons who conduct or offer to conduct any radon screening, testing or mitigation meet proficiency, testing and mitigation standards.

Products and Services

Description of Major Products and 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 individuals 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.

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. Respond to actual incidents involving radioactive material.

Licensure, Registration and Certification: Issue licenses for radioactive material and devices. Register and certify X-ray producing devices. Review periodic inspection reports to assure compliance with the Radiation Protection Regulations. Issue certification to those individuals qualified to be listed as private inspectors.

Make available to the public a list of certified radon professionals, investigate consumer complaints and allegations regarding radon testing and mitigation, and provide public education and awareness about indoor radon health hazards.

Anticipated Changes

Inquiries from localities about 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.

Expanded environmental monitoring activities as well as training and exercise participation due to incidents, e.g., transportation accidents, scrap

yard detection on discarded waste, natural events (earthquakes, Fukushima Daiichi), nefarious threats, etc.

Increased staff time devoted to inquiries about radon.

Factors Impacting

Increased media coverage of radiation incidents increases the number of inquiries from individuals.

Changes in number of private inspectors performing inspections of X-ray machines.

An increase in number of facilities using radioactive materials or X-ray machines increases the workload of the staff.

An increase in number of health care professionals using X-ray machines 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 international and interstate commerce increases the number of potential transportation accidents and agency response efforts, and requires increased training and exercise.

As concerns about acts of terrorism increase, the workload of the service area increases, particularly with regard to inter-agency preparedness and response planning, drills and exercises.

Public concern over the nuclear reactor accidents in Japan as well as recent earthquakes in Virginia has brought increased attention to the State's environmental monitoring and emergency response capabilities for commercial nuclear power reactors.

Home buyers and some lending institutions are requiring radon tests as a condition of real estate transactions, which increases the staff's resource commitment to radon-related inquiries.

Financial Overview

The chief source of funding for Radiological Health is non-general funds. Special funds from licensing and registration fees (12VAC5-490) are used to fully support the radioactive materials and X-ray programs. Special funds from the FDA are used to support the inspection of mammography facilities. . Special funds from Dominion Power through the Virginia Department of Emergency Management support VDH's Emergency Preparedness and Environmental Monitoring Program related to the nuclear power stations. Other non-general funds are from a contract with the US Food and Drug Administration and an Environmental Protection Agency State Indoor Radon Grant (SIRG). General Funds are used to support other general program activities.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	47,818	2,927,735	47,818	2,927,735
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title **File Type**

Emergency Preparedness and Response [77504]

Description of this Program / Service Area

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, Hospital Preparedness Program (HPP) 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 and HPP 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 and Hospital Preparedness Capabilities.

Mission Alignment

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.

To follow up on the emergency bioterrorism legislation in FY2002 through the Public Health and Social Services Emergency Fund, Congress authorized a continuing response to bioterrorism and other public health emergencies in 2002. The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 (Public Law 107-188) amended § 319C-1 of the Public Health Services Act, 42 U.S.C. 247d-3, which supports activities related to countering potential terrorist threats to civilian populations. Funding is provided under the Consolidated Appropriations Act (Public Law 108-447).

The state statutory authority that supports Emergency Preparedness and Response programs comes from § 32.1-2 of the Code of Virginia that calls for the Virginia Department of Health to administer and provide a comprehensive program of preventive, curative, restorative and environmental health services, educate the citizenry in health and environmental matters, develop and implement health resource plans, collect and preserve vital records and health statistics, assist in research, and abate hazards and nuisances to the health and to the environment, both emergency and otherwise, thereby improving the quality of life in the Commonwealth. Emergency Preparedness and Response programs encompass assessment and planning, training and education, recovery and improvement and communications activities, all of which support this overarching directive.

Surveillance and investigation activities are addressed in § 32.1-39 of the Code of Virginia requiring that the Virginia Department of Health provide for the surveillance of and investigation into all preventable diseases and epidemics in this Commonwealth and into the means for the prevention of such diseases and epidemics, whether naturally occurring or the result of exposure to an agent or substance used as a weapon.

§ 32.1-42 provides for emergency rules, regulations and orders that may be promulgated by the Virginia Department of Health to meet any emergency or to prevent a potential emergency caused by a disease dangerous to public health that is determined to be caused by an agent or substance used as a weapon or any communicable disease of public health threat. Emergency Preparedness and Response programs encompassing assessment, planning, and risk communications activities are supported by this section of the Code.

§ 32.1-42.1 authorizes the State Health Commissioner to authorize special persons to administer and dispense necessary drugs and devices during a declared disaster or state of emergency. This section of the Code supports the response and control component of Emergency Preparedness and Response programs.

Products and Services

Description of Major Products and Services

Community Preparedness – Assist and facilitate all hazards planning that guide 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, stat, 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 Materiel Management and Distribution – Acquire, maintain, transport, distribute, and track medical material during an incident and recover and account for unused medical materiel, 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.

Anticipated Changes

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.

Factors Impacting

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.

Financial Overview

Public Health Emergency Preparedness initiatives activities are 100% funded through two federal grants. These funds are awarded by the United States Department of Health and Human Services through two separate but interrelated cooperative agreements, one through the Centers for Disease Control and Prevention (CDC) and the other through the Assistant Secretary for Preparedness and Response (ASPR).

The CDC grant is to be used for building public health preparedness and the HRSA grant is to be used to support hospital and health system preparedness.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	0	33,088,232	0	33,088,232
Changes to Initial Appropriation	0	0	0	0

Supporting Documents

Title	File Type