

# Department of Health and Senior Services

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The Department of Health and Senior Services was created by the passage of House Bill 603 in May 2001. The bill transferred the roles and responsibilities of the Division of Aging in the Department of Social Services to the Department of Health creating the Department of Health and Senior Services. This change has resulted in better integration, closer coordination and communication regarding health, public health, regulation and senior services for all Missourians.

## State Board of Health

The State Board of Health serves as an advisory body for activities of the department. It consists of seven members appointed by the governor and confirmed by the Senate. Members serve four-year terms. Missouri law (RSMo 191.400) specifies that three members shall be licensed physicians; one member shall be a licensed dentist; one member shall be a licensed chiropractic physician; and the other two members shall be persons other than those licensed by the State Board of Registration for the Healing Arts, the Missouri Dental Board or the Missouri State Board of Chiropractic Examiners and shall be representative of those persons, professions and businesses which are regulated and supervised by the Department of Health and Senior Services and the State Board of Health.

The State Board of Health advises the director of the department in planning for and operating the department; and acts in an advisory capacity regarding rules promulgated by the department.

## State Board of Health

**Fisher, Ollie, D.M.D.**, (R), chair, St. Louis, Oct. 13, 2003;

**Bengsch, Harold**, (D), Springfield, Oct. 13, 2002;



OLLIE C. FISHER, D.M.D.  
Chair  
State Board of Health



JAMES M. CACCAMO, Ph.D.  
Chair  
State Board of Senior Services

**Buchholz, Rebecca, R.N.**, (R), Jefferson City, Oct. 13, 2004;

**Jantsch, Deborah, M.D.**, (R), Kansas City, Oct. 13, 2001;

**Maddonell, Thomas, M.D.**, (D), Marshfield, Oct. 13, 2004;

**Mannello, Donna, D.C.**, (D), St. Louis, Oct. 13, 2007;

**Sylvara, Karen, D.O.**, (R), Kirksville, Oct. 13, 2002.

## State Board of Senior Services

The State Board of Senior Services serves as an advisory body for activities of the department. It consists of seven members appointed by the governor and confirmed by the Senate. Members serve four-year terms. House Bill 603 specifies that board members shall currently be working in the fields of gerontology, geriatrics, mental health issues, nutrition and rehabilitation services of persons with disabilities. Four of the seven members appointed shall be members of the Governor's Advisory Council on Aging.

The State Board of Senior Services advises the director in planning for and operating the department and acts in an advisory capacity regarding rules promulgated by the department.

## State Board of Senior Services

**Caccamo, James, Ph.D.**, (D), Kansas City, August 30, 2003;

**Kerr, Jeffery, D.O.**, (R), Rolla, August 30, 2003

**Uppdyke, Mary, R.D.**, (R), Kirksville, August 30, 2006;

**Metzger, C. Lillian**, (D), Troy, August 30, 2004;

**Taylor, Valerie**, (D), St. Louis, August 30, 2002;

**Clark, Melinda, M.P.A.**, (R), St. Louis, August 30, 2005.

## Office of the Director

The governor, with the advice and consent of the Senate, appoints the director of the Department of Health and Senior Services. Under the director of health and senior services, the



RICHARD C. DUNN  
Director



DEBORAH MEBRUER  
Executive Assistant to Director



RONALD W. CATES  
Chief Operating Officer



SHARON CRAWFORD  
Executive Assistant to  
Chief Operating Officer



TRICIA SCHLICHTE  
Deputy Director  
Health and Public Health



LES HANCOCK  
Principal Assistant



MICHELLE ZEILMAN  
Department Operations  
Coordinator



BARBARA WOOD, J.D.  
General Counsel



NANCI GONDER  
Public Information



MARY M. HOSKINS, M.P.A.  
Personnel



LOIS HELDENBRAND  
Strategic Planning

department is functionally organized into seven divisions: Administration; Chronic Disease Prevention and Health Promotion; Environmental Health and Communicable Disease Prevention; Health Standards and Licensure; Maternal, Child and Family Health; Nutritional Health and Services; and Senior Services.

The director is the chief liaison officer of the Department of Health and Senior Services for joint efforts with other governmental agencies and with private organizations that conduct or sponsor programs that relate to health and senior services in Missouri. The director is assisted by a Chief Oper-

ating Officer and two Deputy Directors responsible for the management of the department and administration of its programs and services.

The director's office also oversees the Center for Local Public Health Services, Center for Health Information Management and Evaluation, Center for Health Improvement and the Center for Emergency Response and Terrorism, the offices of public information; minority health; personnel; training and professional development; governmental policy and legislation; women's health, general counsel, epidemiology, as well as district and regional offices.

The **Office of Minority Health and Senior Services** was established by statute to monitor the programs in the department for their impact on eliminating disparities that exist among black, Hispanic, Native and Asian Americans. The office also works collaboratively with community based organizations and leaders to identify specialized needs of minority populations and older individuals.

The **Office of Epidemiology** provides epidemiological consultation to all divisions, centers and offices to develop and implement research projects that assist in needs assessment, policy development, planning and implementation of programs. The office also provides consultation to local agencies in response to threats to their population and participates in training courses and presentations regarding various aspects of epidemiology. The office publishes prevention research in peer-reviewed journals and departmental publications.

The **Missouri Board of Nursing Home Administrators** was established in 1970. The board is responsible for adopting, amending and repealing rules necessary to carry out the provisions of Chapter 344, RSMo; establishing minimum standards for licensing nursing home administrators; providing testing opportunities for qualified applicants; approving and monitoring continuing education programs designed for nursing home administrators; auditing license renewal applications and renewing the licenses of qualified licensees; and conducting hearings affording due process of law, upon charges calling for discipline of a licensee.

The board, appointed by the director of the department, consists of 10 members who serve three-year staggered terms. Membership of the board consists of one licensed physician, two licensed health professionals, one person from the field of health care education, four people who have been in general administrative charge of a licensed nursing home for at least five years immediately preceding their appointment and two public members.

The **Center for Emergency Response and Terrorism** is responsible for coordinating regional and state planning for public health emergencies and disasters, including biological, chemical and nuclear terrorism. Through partnerships with hospitals and other health care organizations, local entities including government and law enforcement agencies, and other partners, the center works to assure systems are in place to protect the health of Missourians during a public health emergency.

The Department Situation Room (DSR) serves as the coordination point for all Department of Health and Senior Services' responses to emer-



JOY WILLIAMS  
Minority Health



BRUCE NETHINGTON  
Chair, Missouri Health Facilities Review Committee



NANCIE MCNAUGH  
Governmental Policy and Legislation



PAMELA RICE WALKER, M.P.A.  
Director, Center for Emergency Response and Terrorism



NOVELLA PERRIN  
President, Board of Nursing Home Administrators

gencies, both natural and deliberate. It operates at a non-threat level 24 hours a day, 7 days a week and can be staffed and function as a command and control center in the event of an emergency. The DSR monitors the day-to-day emergency preparedness of the public health system and allied systems. The DSR also serves as part of the Health Alert Network to rapidly receive and disperse communications among public health and healthcare partners at the local, regional, state and federal levels, and assign and track follow-up activities. The DSR hotline is the contact point for the general pub-

lic and public health partners. The number is 1-800-392-0272.

Missouri is taking steps at the state and local level to increase preparedness for and response to bioterrorism, outbreaks of infectious disease, and public health threats and emergencies. These efforts focus on: assessment and planning; education and training; disease reporting; hospital and laboratory surveillance; laboratory capacity; communications technology; public information and media relations; and Geographic Information Systems or GIS.

Local public health agencies and regional response planners are working to develop integrated emergency regional response/terrorism plans that will coordinate with the state's emergency response plan. The center is working closely with hospitals to assess their needs and complete preparedness planning on the regional level.

The **Center for Health Information Management and Evaluation** oversees the statistical and information systems activities of the Department of Health and Senior Services. Based on the analysis of statistics, this center advises the director regarding the general status of Missourians. Other statistical responsibilities include monitoring the supply of selected professionals in the state and monitoring the supply, staffing and utilization of hospitals and other facilities.

The **Bureau of Vital Records** serves as the state archives for vital records. All births and deaths in Missouri are registered with the bureau that, in turn, issues copies of birth and death certificates to eligible persons. In 2002, the bureau issued nearly 90,000 copies of vital records on file. Other records on file are for marriages and marriage dissolutions in Missouri. Approximately 222,000 records of births, deaths, fetal deaths, marriages, divorces, and abortions were filed with the Bureau of Vital Records in 2002. Missouri's files for resident births and deaths date from 1910 and the files for marriage dissolutions date from 1948.

Statistical services of the Department of Health and Senior Services are assigned to the **Section of Health Statistics**. The units of this section collect, analyze and distribute information which promotes better understanding of problems and needs in Missouri, as well as spotlighting progress achieved in the general health status of Missourians. Data generated by the section aid and guide the planning, development and evaluation of programs and services of the department as well as the related activities of other agencies, institutions and organizations.

While the data collected by the section are primarily valuable to help solve Missouri problems, much of the activity is coordinated with the National Center for Health Statistics. This allows comparable data to be collected at the state level



GARLAND LAND, M.P.H.  
Director, Center for Health  
Information Management and  
Evaluation

that can be added with data from other states to form a picture of the health status of the nation.

The **Bureau of Health Data Analysis** analyzes and reports data related to births, deaths, marriages, marriage dissolutions, abortions, and other health statistics. These vital statistics are published in a monthly news bulletin, and annual report and periodic special reports. The bureau also prepares annual population estimates. Births and death data and special surveys are used to evaluate the effectiveness of maternal and child health programs in Missouri.

The **Bureau of Health Resources Statistics** develops statistics regarding Missouri resources in the areas of health manpower and health facilities. These statistics are compiled from the information received on annual surveys to the individual practitioners and facilities.

Effective January 1, 1993, hospitals are required to report financial data. These data are used to prepare consumer reports on charges and quality of care. This bureau also coordinates the development and publication of data on the department's web site.

This bureau manages the department's website and the development of the Missouri Information for Community Assessment (MICA) system.

The **Bureau of Health Services Statistics** supports the Office of Injury Control by analyzing data related to injuries in Missouri. These data sets include ambulance trip ticket data, Head and Spinal Cord Injury Registry data, mortality data, hospital inpatient and outpatient data, motor vehicle crash data and data related to the sexual abuse of children. The bureau also assists other bureaus in designing, conducting and analyzing surveys.

The **Bureau of Health Care Performance Monitoring** collects and analyzes patient abstract data filed by hospitals and ambulatory surgical centers. The bureau also publishes two types of consumer's guides. The Outpatient Procedures Guide reports facility charges associated with

selected outpatient procedures. The Managed Care Consumer's Guides contain information obtained from commercial, Medicare, and MC+ managed care plans on the quality of care and access to care of Missouri's HMO and POS products and their members' reports of satisfaction.

**Office of Information Systems** supports the mission of the department by supplying the information services and technology infrastructure required to address public needs of the department and Missouri citizens. This is provided through applications development and maintenance, wide area and local area network administration, server administration, help desk services, client installations, and training.

The **Center for Health Improvement** has as its mission to enable communities to enhance the quality of life and health of their residents by building local capacity to develop, implement, and maintain effective community health initiatives, programs, and systems around primary, preventive and oral health. The capacities communities require include those to assess needs; identify resources; plan, implement, and evaluate interventions; develop community standards; and promote collaborative agreements. Through training, technical assistance and financial resources, the center is able to help communities build those capacities. The center also provides additional training, technical assistance and financial resources to communities with identified capacity to develop, coordinate and integrate community-based health care delivery systems, especially in those rural and underserved communities in the state.

The **Rural Health and Primary Care** program assists communities, health facilities and individuals in their efforts to develop and improve access to essential health care services. The unit serves as a liaison with the federal government in the administration of the Public Health Service, community health center, rural and urban health initiatives, critical access hospitals and the health professional incentive programs. The unit develops needs assessments to determine health professional shortage areas and assists in site development, recruitment and placement of National Health Service Corps supported health professionals in those areas. The unit administers the Primary Care Resource Initiative for Missouri (PRIMO), which is designed to improve access to primary, dental and mental health care services through a continuum of investments in communities, organizations and individual health care professionals. The unit administers the health professional incentive programs for students and resident physicians pursuing careers in primary care medicine, primary care advanced practice nursing, dentistry, dental hygiene and all levels of nursing. Additional



CONNIE MIHALEVICH  
Director  
Center for Health Improvement

incentives are available for health professionals with educational debt through the state's loan repayment program.

The **Oral Health Program** carries out a broad range of core public health activities including, but not limited to, oral health surveillance, assuring access to care, oral health education, fluorides, promotion of dental sealants, community water fluoridation, and serving as a resource on oral health issues for state and federal agencies, the dental profession, and the public. The oral health surveillance includes data on untreated dental decay and the percent of children with one or more dental sealants in the second, third, and sixth grades. A statewide survey is conducted every five years. The result of this survey is available at [www.dhss.state.mo.us](http://www.dhss.state.mo.us). Oral Health Program works with the Primary Care Office and the Missouri Primary Care Association, to increase access to dental care through Community Health Centers. OHP also works to assure primary oral health services for children with special health care needs and the mentally retarded and developmentally delayed children through a cooperative agreement with the Elks Benevolent Trust, and the Department of Hospital Dentistry at Truman Medical Center East, utilizing mobile dental vans that cover the state. Community water fluoridation is a statewide initiative reaching 80% of the state's population through 156 community water systems. OHP provides consultation of the equipment needed for new installations, and provides technical assistance as needed. The Fluoride Mouthrinse program is made available to participating schools across the state at no cost to the student. This program is strongly promoted in areas of the state where the community water system is not fluoridated or a large percentage of the population is on private wells. Placement of dental sealants for students in the second, third, and sixth grades is an intervention to prevent dental decay. OHP provides technical assistance and consultation to local entities to increase the number of students receiving these dental

sealants. Oral Health Program works with professional associations and other state agencies. These include: Missouri Dental Association, Missouri Dental Hygienist Association, Missouri Coalition for Oral Health Access, Missouri Department of Elementary and Secondary Education, Missouri Department of Social Services, and Missouri Local Public Health Agencies.

The **Community Health Assistance Resource Team (CHART)**, developed in 1994, is a framework for community health improvement that provides technical assistance and workshops for communities striving to build skills in areas such as: assess health status of community; determine local priorities and needs; identify local resources and intervention models; develop community-based plans, and sustain initiatives leading to improved health outcomes. Workshop topics include coalition building, community health assessment, data analysis, prioritization, grant writing basics, creating a funding team, and outcome measurement. The statewide CHART process is built upon four tenets—community involvement, commitment, control and accountability—and facilitates improved health through increased empowerment and identification of community resources. CHART staff members, including district community support consultants, collaborate with other DHSS units, other state agencies, local public health agencies, and community individuals and groups to improve the health of Missourians. Through the assessment of local need, garnering of local and other resources and the design and development of specific, sustainable interventions, communities are active participants in the health improvement process.

The **Caring Communities** initiative is designed to challenge state agencies to reexamine the way they do business and challenges communities to organize their structures to accept sustained responsibility for the well being of children and families. State agencies and local communities collaborate to design strategies to improve the well being of children and families. Communities use state and local resources to implement the strategies. Six core results guide the state agencies and the communities as they strive to achieve better results for children and families. There are currently twenty-one Community Partnerships and eight state agencies, the departments of Health and Senior Services, Mental Health, Social Services, Elementary & Secondary Education, Labor & Industrial Relations, Economic Development, Corrections and Public Safety, involved in Caring Communities.

The **State Public Health Laboratory** building houses the department's laboratory. Each year, over a half million samples are received by the central laboratory, at branch laboratories in Springfield and Poplar Bluff, and at the State

Tuberculosis Laboratory in Mt. Vernon. The laboratory provides testing services in the fields of chemistry, environmental bacteriology, microbiology, serology and virology. The laboratory also approves breath alcohol testing equipment used in Missouri; issues permits to persons qualified to supervise and operate these devices and periodically inspects breath testing instruments used in the state.

In addition to programs of the department, the laboratory performs tests in support of activities of the state departments of Corrections, Mental Health, Natural Resources, Agriculture and law enforcement agencies.

The chemistry unit conducts chemical analyses of water and other environmental samples to determine the presence of toxic chemicals or substances.

The environmental bacteriology unit tests public and private water supplies for the presence of coliform bacteria, and milk for the bacterial counts and food suspected of causing disease outbreaks (food poisoning).

The metabolic disease unit examines blood samples from newborn babies to find those who need treatment for metabolic diseases such as phenylketonuria (PKU), hypothyroidism, galactosemia and sickle cell disease.

The microbiology unit examines blood, feces and food samples for the presence of the causative agent for typhoid fever and for organisms which cause other intestinal diseases. It prepares throat cultures for the detection of pertussis (whooping cough); identifies blood, intestinal and tissue parasites; and conducts testing for gonorrhea and chlamydia.

The serology unit performs tests to help diagnose syphilis and AIDS; performs blood tests for measles, rubella and hepatitis.

The virology unit examines clinical specimens to detect influenza and West Nile virus, and examines animals for rabies.

The State Tuberculosis Laboratory conducts diagnostic tests on clinical specimens for the presence of the causative agent of tuberculosis in support of the state's TB prevention program. It also serves as a reference center for the state and region for identifying other mycobacterial infections.

Working in conjunction with the scientific units of the laboratory are two support units - administrative services and central services. The administrative services unit compiles statistical work loads, records and mails laboratory reports and collects fees paid for laboratory services. The central services unit prepares glassware, culture media and reagents for use in the various scientific units.

The **Division of Administration** assists and supports the department's programs in the accomplishment of their goals by providing administrative and technical services. Business support services include budget administration, grants and contract administration, accounting and procurement, general office services and internal auditing.

The **Center for Local Public Health Services** strengthens the public health system by supporting the continued development of a population-based approach to health issues in Missouri communities. The center promotes a strong local public health system by defining and supporting the implementation of core public health functions throughout the state. The center facilitates development of professional standards and continuous learning opportunities for the local public health workforce. It provides leadership and technical assistance to local public health agencies and their community partners to improve their services through strategic planning, continuous quality improvement and other initiatives. The center works closely with multiple partners and stakeholders to develop and communicate a common vision and direction for public health in Missouri. The center works with policymakers and the public to improve understanding of the importance of public health and the responsibility of government to assure that a strong public health system is in place.

The **Division of Chronic Disease Prevention and Health Promotion** provides leadership and coordination in efforts to combat the major causes of illness, disability and premature death in Missouri such as heart disease, cancer, stroke, diabetes, osteoporosis and arthritis. This division includes three bureaus: Chronic Disease Control, Cancer Control, and Health Promotion. In addition, the Office of Surveillance, Research and Evaluation provides support to all programs within the division and the department.

The **Bureau of Chronic Disease Control** administers programs targeting Missourians at high risk for chronic disease, disability and premature death. Minorities and the economically disadvantaged have been identified as groups at high risk for cardiovascular disease, diabetes, arthritis, osteoporosis, kidney disease, and pulmonary diseases. Major disparities exist in the health status, and disease and death rates experienced by minorities and low socioeconomic groups when compared with all other Missourians.

Primary and secondary prevention programs are conducted to prevent or detect chronic diseases, including asthma, cardiovascular disease, stroke, diabetes, arthritis, osteoporosis and lupus. Educational programs promote healthy lifestyles among youth and adults. Urban and rural follow-up programs monitor persons iden-



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Director  
Administration



MAHREE SKALA  
Director, Center for Local  
Public Health Services



BERNARD MALONE, M.P.A.  
Director, Chronic Disease  
Prevention and Health  
Promotion

tified as high risk. Professional education programs provide current and accurate scientific information to health care providers and promote coordination of health services to meet the special needs of high-risk populations.

The **Missouri Arthritis and Osteoporosis Program** promotes optimal health and quality of life for all Missourians affected by arthritis, rheumatic disease, and musculoskeletal conditions. There are more than 100 different diseases and syndromes under the "arthritis" umbrella including juvenile arthritis, rheumatoid arthritis, osteoporosis, lupus, fibromyalgia, gout, carpal tunnel, etc. The program's focus is on prevention, early intervention, education, service, and collaboration. The program collaborates with a variety of local, state and federal partners to address and support key issues related to arthritis and osteoporosis—planning, developing, and implementing statewide education and outreach activities. The program supports a network of seven Regional Arthritis Centers.

The **Missouri Heart Disease and Stroke Program** focuses on primary and secondary prevention of the risk factors for cardiovascular disease and diabetes. Interventions include community, worksite, school, and health care policy and

environmental change programs to improve physical activity and heart healthy eating. It partners with a variety of state, local and national organizations to implement these programs and provide training and resources to health professionals at all levels to form the Cardiovascular Disease Collaborative.

The **Missouri Diabetes Prevention and Control Program** provides and promotes programs, policies and education to health professionals and community-based organizations in order to reduce the impact of diabetes. This is accomplished through partnerships with a variety of state, local, and national organizations to implement quality improvement, awareness and educational programs and provide training and resources to health professionals at all levels.

The **Missouri Asthma Prevention and Control Program** works to improve the capacity of Missouri's public health system to define and reduce the burden of asthma through effective linkages and comprehensive surveillance and evaluation. Another purpose of the program is to raise asthma awareness within schools, worksites, communities, and health care providers statewide. The program's advisory board plays a key role in areas including the development of a statewide focus on asthma surveillance, prevention and control; providing advice regarding asthma-related issues; assisting in the development of a state plan and serves as an outside partner to gain support for the program and its services.

The **Bureau of Cancer Control** coordinates department activities to reduce cancer morbidity and mortality throughout Missouri. Bureau staff maintain information on cancer control resources and information available in Missouri and nationwide. Staff promote primary cancer control education and awareness, and the bureau funds comprehensive cancer control activities through eight regional cancer control coalitions. Staff also work with the Missouri Cancer Consortium in the development of a statewide comprehensive cancer control plan.

Through a grant from the Centers for Disease Control and Prevention, the Missouri **Breast and Cervical Cancer Control Program** issues participation agreements with over 90 providers statewide to provide breast and cervical cancer screenings and some diagnostic tests to older women at higher risk for these conditions who qualify by age and income guidelines for the program. Staff are also responsible for breast and cervical cancer professional and public education, coalition support, quality assurance, and surveillance.

In addition, the bureau manages the Missouri Organ Donor Program created by state legislation in 1996. The statute mandates a statewide,

confidential registry of potential organ and tissue donors, a statewide donation awareness program for education of the general public, and secondary school organ and tissue donation programs.

The **Bureau of Health Promotion** coordinates health promotion and education programs and approaches designed to increase healthy lifelong practices to reduce the risk of chronic diseases among Missourians. Bureau programs focus on efforts to increase policy and environmental approaches to reduce three primary risk factors for chronic diseases—tobacco use, inadequate physical activity and unhealthy eating.

The **Missouri Tobacco Use Prevention** managed by the bureau supports local programs and community coalitions to implement evidence-based strategies to reduce tobacco use among young people, increase quitting among tobacco users, and decrease nonsmokers exposure to secondhand smoke. Program staff coordinates training and technical support for local programs, and prepares and disseminates information and materials to assist with community education. Coalitions conduct community education about the dangers of tobacco use and secondhand smoke, and work to increase the number of public places that prohibit smoking. Materials may be obtained on the program website at [www.dhss.state.mo.us/SmokingAndTobacco](http://www.dhss.state.mo.us/SmokingAndTobacco).

The bureau also manages contracts with selected local public health agencies throughout the state to implement programs for primary prevention of chronic diseases. These local public health agencies plan and facilitate efforts to increase physical activity and healthy eating through community-wide campaigns, school-based programs, and environmental approaches such as increasing access to safe places to be physically active. These agencies also provide leadership and support for local coalitions working to decrease initiation of tobacco use among young people, and exposure to secondhand smoke among nonsmokers.

The bureau serves as the primary contact for the department to coordinate physical activity program planning and technical support for community programs. The bureau oversees the department's Worksite Health Promotion Program that sponsors on-site exercise classes, educational seminars and an annual employee physical activity challenge, *MOve For Your Health*. Program materials are available for any individual wanting to plan a personal physical activity program, or for organizations and agencies to offer a physical activity challenge for employees or the community. The *MOve For Your Health* Journal and Coordinator Guide may be obtained from the bureau by calling 1-866-726-9926 (toll-free).



The **Office of Surveillance, Research and Evaluation** conducts ongoing surveillance of risk factors for chronic diseases among Missourians as well as special projects ranging from insurance coverage to natural disasters to determine the impact on the public's health. The office also includes the Missouri Cancer Registry that collects, reviews and analyzes information on cancer cases. More than 125 public and private hospitals report cancer cases to the registry. Under a recently enacted expanded reporting statute, reporting by non-hospital facilities is being initiated. Currently, 310 long-term care facilities including nursing homes are either currently, or will be soon reporting to the registry. Department staff use the registry and other databases to conduct epidemiological research. This research includes descriptive studies that monitor cancer incidence and mortality and analytic studies that identify risk factors for various types of cancers and other chronic diseases. OSRE also provides a cancer cluster investigation program, which follows a systematic, scientific based protocol for responding to public concerns about cancer clusters.

Communicable diseases and diseases caused by environmental hazards are major public health concerns in Missouri. The **Division of Environmental Health and Communicable Disease Prevention** is the principal unit involved in the surveillance and investigation of the cause, origin, and method of transmission of these diseases and conditions.

The interrelated services of this division focus on disease surveillance, prevention and control. Included are specific responsibilities related to communicable diseases, immunizations, tuberculosis, zoonoses, sexually transmitted diseases, AIDS, community sanitation, environmentally related health hazards, and hazardous substance control.

The division is integral to the Department of Health and Senior Services' emergency response to public health emergencies and natural disasters, including biological, chemical and nuclear terrorism. The division assures rapid detection through a comprehensive surveillance system operated by public health staff, deployed strategically, and prepared through expertise and training to detect diseases/conditions that may indicate an emergency/bioterrorism event.

The **Office of Operations and Fiscal Services** provides leadership and oversight of fiscal management systems for the division. The office provides leadership in the development of the division's budget and assures that fiscal resources contribute positively to the achievement of the division's strategic goals. The office also coordinates the development of administrative rules and public information for the division.



BRYANT McNALLY, J.D., M.P.H.  
Director, Environmental Health  
and Communicable Disease  
Prevention

The **Section for Environmental Public Health** is involved in the investigation and prevention of diseases related to the environment and administration of environmental sanitation programs in accordance with Missouri statutes. The section's efforts focus on diseases associated with exposure to chemical, bacteriological, and physical agents in our environment and in the food and water we consume.

Services include: conducting epidemiological studies of environment-related outbreaks of disease; performing health assessments of uncontrolled or abandoned hazardous waste sites; providing technical advice related to pesticides and other hazardous substances; maintaining a register of persons potentially exposed to dioxin; providing professional and public information on dioxin exposure; implementing the state lead program and administers lead grants from the Centers for Disease Control and Prevention, and the Environmental Protection Agency; providing health physics consultation to those involved with radiation-producing devices and materials; reviewing and evaluates plans for radiation facilities; keeping a register that includes all owners and possessors of radiation machines and radioactive materials used in a nonmedical setting; evaluating radiological health risks associated with various work environments; responding to all radiological emergencies; providing professional and public information on radon; assuring inspection of food establishments for compliance with sanitation codes and standards; reviewing plans for new food facilities; providing food sanitation training for personnel of food establishments and public education; administering food protection licensure programs as required by statute; certifying food sources located in Missouri for interstate and international transport; collecting food, beverage, drug and cosmetic samples at random for laboratory analysis for purposes of public health safety; administering salvage operations for reclaiming distressed foods; conducting sanita-

tion ratings of all grade A milk supplies and certifies them for sale in accordance with the Interstate Milk Shippers Agreement; working in partnership with the U.S. Food and Drug Administration to assure food products are manufactured, stored and distributed in a safe, wholesome manner; providing technical assistance for general sanitation; providing consultation, technical assistance and inspection services related to private water supplies; assuring sanitation and safety inspections for licensure of hotels and motels; assuring all new and repaired on-site sewage treatment facilities are constructed/repared in compliance with state standards through a permit and inspection program and the evaluation of program conducted by local health units.

The **Section for Communicable Disease Prevention** is dedicated to the prevention and control of communicable diseases. The section includes the following bureaus: Bureau of Disease Investigation; Bureau of Veterinary Public Health; Bureau of Prevention and Care Programs; as well as a Fiscal and Operations office.

Services include: establishing rules and policies pertaining to the control and prevention of communicable diseases; consulting with local health officers, practicing physicians, and others regarding diagnosis and control measures for specific communicable diseases; consulting with local public health agencies on coordination of disease outbreak investigations, disease investigation control activities, and analysis of data; collecting and analyzing disease case reports and providing feedback reports; working with physicians and laboratories to encourage complete reporting of communicable diseases; assuring rapid response to public health emergencies and natural disasters, including bioterrorism events; coordinating comprehensive services to individuals with HIV/AIDS through a statewide system of community-based organizations, local, district, and state health departments; administering the Missouri Medicaid AIDS Waiver service to eligible individuals in lieu of inpatient nursing or hospital facilities; providing consultation, education, and guidelines/recommendations on zoonotic disease outbreak investigations, human prophylaxis, and management of animals with diseases capable of transmission to humans; collaborating with community groups to affect action plans for preventing and controlling diseases of high prevalence within the community; providing, without charge, prescribed drugs for the treatment of TB disease or infection; providing tuberculin skin testing materials for use in contact testing programs; maintaining a registry of known tuberculosis cases and tuberculosis infection in Missouri. This registry serves as a guide for case follow-up and supervision. It also provides infor-

mation for planning and evaluating tuberculosis control efforts; providing assistance to local health officials in the screening and treatment of public health conditions in newly arriving refugees; disseminating guidelines for TB control in Missouri; coordinating case management for TB on a statewide basis; administering the Vaccines for Children program, which provides immunizations for Medicaid, uninsured, underinsured, Native American, Alaskan Native, and Pacific Islander children; managing and promoting MOHSAIC, an electronic registry database designed to hold immunization records for all Missouri children; coordinating the perinatal hepatitis B program, in which pregnant women carrying hepatitis B are followed through delivery so newborns are treated to prevent transmission of the disease to them; providing education and information to the public, as well as to private and public health care providers, about appropriate administration, storage, and handling of vaccines for children, adolescents, and adults; conducting surveys with all school and daycare providers to assure compliance with state immunization requirements.

The **Office of Surveillance** tracks and documents occurrence and distribution of communicable, vaccine preventable, sexually transmitted, and environmentally induced diseases in Missouri—as well as potential intentional introduction of disease by terrorist agents—through development and improvement of the statewide surveillance system.

Services include: performing epidemiological analyses upon request from programs or other customers to answer inquiries and help target disease intervention activities; analyzing surveillance data at regular intervals to track trends; providing consultation to programs regarding application of surveillance data to program policy/practice development; developing and coordinates ongoing quality assurance processes; providing GIS services in support of programs throughout the department to improve disease detection and response; implementing the Missouri Emergency Response GIS (MERGIS) system to provide maps and data for decision makers and first responders during emergency events.

The mission of the **Division of Maternal, Child and Family Health** is to promote optimal health by providing leadership to both the public and private sectors in assessing health care needs of families and communities and in assuring that the health system responds appropriately. This division is accountable for the development and support of a comprehensive maternal, child and family health system capable of responding appropriately to identified community needs. The assurance of the system is possi-

ble through a network comprised of public and private participants. The division is also responsible for developing policy; planning systems of care; and designing, implementing and evaluating programs to meet the health care needs of families in the state of Missouri.

The division has the administrative and programmatic responsibility for a combination of state, federal and private funding to support programs that: prevent injuries, disabilities, and the avoidable negative consequences of inadequate prenatal care; assure that children, children with special health care needs and disadvantaged adults receive high quality, basic health and support services; and provide payment for care for uninsured and underinsured citizens who require specialized health care services.

The **Office of Planning, Evaluation and Injury Prevention** directs and coordinates a range of functions aimed at facilitating the integration of selected maternal and child health programs and support functions into community based maternal and child health delivery systems. This office also supports departmental and interagency planning to better achieve healthy outcomes for women, infants, children, adolescents and children with special health care needs.

The **Bureau of Family Health** designs and administers programs and interventions relating to prenatal care; Medicaid prenatal case management quality assurance; adolescent health education; school age children's health service; sexual assault prevention services; medical examinations for rape victims; coordination of statewide network of providers trained to perform safe child exams; and well-child outreach.

Contracts are provided to public schools, public school districts, and local public health agencies to establish or expand health services for all children of school age in defined geographic areas. Technical assistance and consultation are available as a collaborative effort among the principle departments of state government to help contractors plan for and establish services.

The **Adolescent Health Program** provides consultation and education for health care providers, parents, adolescents, and communities to promote healthy development of adolescents. Through a contract for adolescent health consultation, a board-certified adolescent medicine specialist provides specialized training, and more than 6,000 health providers receive the "Adolescent Shorts" newsletter on best practices in adolescent health care. The program, with the assistance of the Council for Adolescent and School Health (CASH), facilitates collaboration among state agencies, school and community organizations and national organizations in the



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development of state and local efforts to address health needs of Missouri's adolescents. Adolescent health priorities include injury prevention, tobacco use prevention, physical activity and nutrition, mental health, healthy youth development and teen pregnancy prevention. The division also administers the federally funded abstinence education program that supports school and community-based contracts for abstinence only education for young adolescents and parent-adolescent sexuality education programs.

A sexual assault prevention program and services to victims are provided on a contract basis through a number of community-based crisis centers. Major foci of this program are community education; professional education for police, prosecuting attorneys and medical personnel; short-term and group counseling for victims; hotlines, and prevention programs for school age children. A resource library is maintained and available to the public.

The **Sexual Assault Forensic Evaluation-Child Abuse Resource and Education (SAFE-CARE) Network** is a statewide program that provides comprehensive, state-of-the-art medical evaluations to the alleged victims of child sexual assault, physical abuse or neglect. The network is comprised of physicians and nurse practition-

ers who are trained by the network and required to attend yearly update training sessions. The program was developed to respond to the need for a coordinated, effective response to child sexual assault and utilizes electronic linkages between SAFE-CARE Network providers to improve medical consultation in rural and underserved areas.

Funds are available to reimburse hospitals and physicians for the costs of a medical examination for victims of rape or child sexual assault when no other source of funding is available.

Funds are also available to pay for autopsy and transportation of infants who are suspected of having died from SIDS. Qualified pathologists perform autopsies to determine the cause of death.

Home visiting services are provided to qualifying pregnant women and families of newborns in various sites throughout the state. The Building Blocks of Missouri program targets low income, first time, mothers who enter the program prior to the 28th week of pregnancy. Registered nurses with experience in home visiting and maternal-child health work with the women and their families in their homes during pregnancy and the first two years of the child's life. The program, which is evidence-based, has been shown to improve pregnancy outcomes, improve child health and development, and to improve the family's economic self-sufficiency. The **Missouri Community-Based Home Visiting Program** provides an interdisciplinary team intervention which combines the expertise of registered nurses, social workers, and lay family support workers to provide family support. Home visiting services include: a post-partum and newborn assessment by a registered nurse, assessment for risk factors associated with child abuse and neglect, education on child health and development, education on parenting and problem solving skills, nutrition education, and enhancement of the family support system through referrals for services to other community agencies. The goals of the program are to increase pregnancies that result in healthy babies, decrease infant mortality, decrease the pregnancy rate for females under age 18, and to decrease family violence.

The Bureau of Family Health operates **1-800-TEL-LINK**, the state's toll-free number for information and referral to maternal and child health services across the state.

The **Perinatal Substance Abuse Program** is responsible to provide education on alcohol, the effect of tobacco, and other drugs for healthcare professionals responsible for early identification and referral of pregnant women and children affected by drugs of abuse, support of multi-

disciplinary resource teams in areas where a high prevalence of perinatal substance abuse exists (currently Kansas City and St. Louis), and periodic prevalence studies to determine the extent of substance abuse among pregnant women.

The **Well Child Outreach Program** promotes the importance of preventive health screenings for children. It is operated through a collaborative agreement between the department and the Division of Medical Services (DMS) with a special focus on children who are eligible for MC+. Funds are utilized to purchase and distribute health education materials educating parents about the importance of regular checkups for children. Materials are exhibited at health fairs, public events and professional conferences.

The **Healthy Babies Initiative** promotes the importance of early and regular prenatal care, breastfeeding, folic acid intake, placement of sleeping infants on their backs, birth spacing, and avoidance of alcohol, tobacco and drugs during pregnancy. Keepsake books for pregnant women and child development newsletters for new parents are available, as well as a Baby Your Baby website. Culturally diverse health education print materials are also available.

The bureau is responsible for a **Prenatal Case Management Program** in collaboration with the Department of Social Services, Division of Medical Services, for fee-for-service MC+ (Medicaid) enrollees. This program includes orientation to case management, quality assurance and data management for the specific population. The department also provides technical assistance to local public health agencies and federally qualified health centers who provide prenatal case management.

Intimate partner violence is a pattern of assaultive and coercive behaviors that adults or adolescents use against their current or former intimate partners. The Bureau of Family Health works to enhance the capacity of health and human service providers to develop safe and effective prevention, screening, intervention and follow-up strategies related to domestic violence.

Funds are provided through contracts to local public health agencies focusing upon building and enhancing local public health systems to address targeted health indicators.

The **Bureau of Special Health Care Needs'** mission is to develop, promote, and support community-based systems that enable the best possible health and highest level of functioning for Missourians with special health care needs. To that end, this program provides services for children and adults with disabilities, chronic ill-

ness, and birth defects. Services include assessment, treatment and service coordination.

The activities of the program are focused around the six goals included in the President's New Freedom Initiative. Those goals are: Families of special health care needs individuals will partner in decision making at all levels, and will be satisfied with the services they receive. All children with special health care needs will receive coordinated ongoing comprehensive care within a medical home. All families of children with special health care needs will have adequate private and/or public health insurance to pay for the services they need. All children will be screened early and continuously for special health care needs. Services for children with special health care needs and their families will be organized in ways that families can use them easily. All youth with special health care needs will receive the services necessary to make appropriate transitions to adult health care, work, and independence.

The Bureau's programmatic functions are organized into four life-stage programs. Programs organized according to the major life-span periods can better address the unique biological, cognitive, and social processes for each period of development for individuals with special health care needs. The life-stage programs are Infants and Toddlers (ages birth to 3), Children (ages 3 to 13), Adolescents and Youth (ages 13 to 21), and Adult Transition (ages 21 to 65).

Each life-stage program is supported by a cluster of categorical funded services that include:

The **Hope Service** provides assistance for children under the age of 21 who meet financial and medical eligibility guidelines. This service focuses on early identification of children with special needs; funding for preventive, diagnostic and treatment services; and provision of service coordination activities for families. Service coordination is provided through 13 regional contracts with local public health agencies and Federally Qualified Health Centers, supported by bureau staff located in eight area offices throughout the state.

**Healthy Children and Youth-Administrative Case Management** provides preventive health services to children under the age of 21 who are enrolled in Medicaid. The objectives of this program are improved access to health services; increased frequency of health screenings; improved provider participation in Medicaid; and expansion of diagnostic and treatment services.

The **Physical Disabilities Waiver** provides home and community-based services to individuals with serious and complex medical needs

who have reached the age of 21 and are no longer eligible for home care services available under Early Periodic Screening, Diagnosis and Treatment, known as Healthy Children and Youth in Missouri. This waiver is designed to provide a cost-effective alternative to placement in an Intermediate Care Facility for the Mentally Retarded/Developmentally Delayed.

The **Adult Head Injury Service** provides assistance in locating, coordinating, and purchasing rehabilitation and psychological services for individuals who are 21 years of age and older who have survived a traumatic brain injury (TBI). TBI is defined as "a sudden insult or damage to the brain or its coverings, not of a degenerative nature." Service coordination is available free of charge, regardless of financial status of the individual with TBI. Rehabilitation funding is available statewide to survivors of TBI whose income is 185% of poverty or lower.

**Service Coordination** is a collaborative process that assists an individual/family to assess their needs and resources and develop a plan to address those needs, including assessment for home-based services. Service Coordination facilitates, implements, coordinates, monitors, and evaluates services and outcomes, and encourages an individual/family to develop the skills needed to function at their maximum level of independence. Individuals' Service Coordinators will continue to monitor and evaluate services as long as individuals remain in the program.

The **Bureau of Genetics and Disabilities Prevention's** mission is to reduce the morbidity and mortality of genetic conditions by assuring all Missourians have access to quality screening, education and family-centered comprehensive health care. The bureau conducts public and professional education; advocacy; surveillance; needs assessment; resource identification and/or development; and collaboration and coordination with other public and private entities.

The **genetic disease program** supports an infrastructure necessary to identify, treat and counsel individuals with genetic disorders. Information is provided to the public and healthcare professionals regarding genetic disorders and the availability of genetic services in Missouri. A referral network is maintained for individuals in need of diagnostic, counseling and other genetic-related services.

The **sickle cell anemia program** provides information to the public and healthcare professionals about sickle cell anemia and sickle cell trait, and promotes and provides screening, testing, referral, counseling and follow-up services for Missouri citizens at risk for sickle cell disease.

The **newborn screening**, tracking and follow-up program provides confirmation of diagnosis and tracking of newborns with an initial result outside the expected range for phenylketonuria (PKU), galactosemia, hypothyroidism, hemoglobinopathies and congenital adrenal Hyperplasia (CAH). This program assures infants receive confirmatory testing and enter a system of health care as appropriate.

The **newborn hearing screening program** provides a system of follow-up, referral, tracking and case management to assure each baby born in Missouri receives a hearing screening by 3 months of age and is referred for early intervention services by 6 months of age.

The **adult genetics program** provides limited assistance with health care costs for Missouri adults (21 years of age and older) with cystic fibrosis, hemophilia and sickle cell disease. This program provides applicants meeting financial and medical eligibility guidelines with limited financial assistance for inpatient and outpatient services, medication and blood factor products, emergency care and home equipment. Service coordination is provided for those meeting the medical eligibility.

The **metabolic formula distribution program** provides limited assistance with formula costs for Missourians with phenylketonuria (PKU) and maple syrup urine disease. This program provides applicants meeting financial and medical eligibility guidelines with financial assistance in obtaining an annual physical examination and prescription formula needed to sustain life and prevent mental impairment.

In addition to preventing disabilities through undetected or untreated genetic disorders, the disabilities prevention component also focuses on coordinating the Blindness, Education, Screening and Treatment Fund. This fund, created through donations obtained by the Missouri Department of Revenue at the time of vehicle and driver's license attainment/renewal, is designed to provide blindness prevention and education activities for Missourians.

The mission of the **Division of Nutritional Health and Services** is to decrease nutrition-related morbidity and mortality throughout the life cycle. The Division of Nutritional Health and Services is responsible for coordinating all nutrition-related activities within the department, conducting nutrition-related epidemiological and surveillance activities, and providing technical guidance as needed. The Division of Nutritional Health and Services is also responsible for facilitating appropriate linkages between department programs and programs in other state agencies that have nutrition components.



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Nutritional Health and Services

The **Office of the Division Director** is responsible for the administrative and fiscal management of all division functions. The Office of the Division Director provides division-wide leadership in the areas of nutritional epidemiology, strategic planning, marketing and outreach.

The **Office of Surveillance, Evaluation and Planning** conducts population-based surveillance activities to determine the nutritional status of all Missourians, provides technical assistance to the division in the area of data management, and designs and conducts evaluations of division programs to determine their effectiveness. The office also oversees the strategic planning functions of the division by preparing the strategic plan, evaluating the progress of the objectives, and by assuring that operational plans are in place. Currently, the office administers two surveillance systems: the Pregnancy Nutrition Surveillance System and the Pediatric Nutrition Surveillance System. These surveillance systems monitor the prevalence of nutrition-related risk factors that can be linked to infant mortality and low birth-weight in high-risk prenatal populations, and the prevalence of specific health indicators in at-risk infants and school-age children. These data are used by program planners and policy makers at the federal, state and local levels to aid them in establishing health priorities and policies.

The **Office of Technical Compliance** directs and performs statewide contract monitoring for programs administered by the Division of Nutritional Health and Services. The office assures standardization of contract monitoring and accuracy as well as consistency throughout documents and processes directed by the division.

The **Bureau of Community Food and Nutrition Assistance** administers the Child and Adult Care Food Program, the Summer Food Service Program, the Commodity Supplemental Food Program, and other programs that promote and support the health, safety, nutrition and education of children and at-risk adults in various

locations, including day care, child care, schools and other community-based settings. Specific programs within the bureau are described below:

The **Child and Adult Care Food Program** (CACFP) provides reimbursement for nutritious meals and snacks served to eligible participants in child care centers, family day care homes, homeless shelters, outside-school-hours programs, and adult day care centers. CACFP's goal is to see that well-balanced meals are served and good eating habits are taught in child and adult care settings. CACFP serves children under the age of 13, children of migrant workers age 15 and under, physically and mentally handicapped persons receiving care in a center where most children are 18 years and under, and adults who are functionally impaired or over 60 years old. CACFP provides training and technical assistance on nutrition, food-service operations, program management and record keeping.

The **Summer Food Service Program** (SFSP) helps assure that eligible populations have access to nutritious meals during the summer months by providing reimbursement to community agencies that can offer the required continuum of meals. Eligible participants include children 0-18 years of age whose family incomes are less than or equal to 185 percent of the federal poverty guidelines. Income-eligible adults over 18 years of age who have been determined by a state educational agency to have a disability and who participate in a school-based program for the disabled during the school year also are able to participate in the SFSP. SFSP has contracts with schools and other community-based organizations to sponsor the local programs and provide the meals that must meet established guidelines. SFSP increases the nutrient intake of program participants, thereby reducing their risk for health problems and enhancing their learning capacities. SFSP also improves the quality of the summer programs offered in areas of economic need.

The **Commodity Supplemental Food Program** (CSFP) works to improve the health of low-income pregnant and breastfeeding women, other new mothers up to one year postpartum, infants, children up to their sixth birthday, and older persons at least 60 years of age by supplementing their diets with nutritious U.S. Department of Agriculture commodity foods. The CSFP also provides health referral services and nutrition education. Eligible women, infants, and children must meet income eligibility requirements (currently 185 percent of the federal poverty guidelines), while older persons must have income at or below 130 percent of the federal poverty guidelines. Women, infants, children, and the elderly

must reside in the state of Missouri and cannot be eligible for the WIC Program.

The **Bureau of Nutrition Policy and Education** provides leadership in the science and practice of dietetics and public health nutrition. The bureau monitors research and scientific advancements, assesses the needs for policy solutions by various stakeholders, and transfers that knowledge into information and programs that can be used effectively by those stakeholders. The bureau also administers critical programs and activities, including:

The **Missouri Nutrition Training Institute** (NTI) improves the effectiveness of all professionals who have responsibilities for providing nutrition education and counseling services to Missouri residents, including schoolteachers, physicians, nutritionists and others. The NTI currently consists of the Program for Dietetics Interns, the Breastfeeding Curriculum Development Initiative, the School Nutrition Education Program, and a course in Evidence-Based Decision-Making for Nutrition Professionals. New programs are added as professional training needs are identified.

The **Missouri Nutrition Network** (MNN) advises the Division of Nutritional Health and Services on methods by which consistent and relevant nutrition messages can be communicated to Missourians who are eligible for the food stamp program. Statewide organizations that influence the health behaviors of the food stamp population are members of the MNN. MNN advice helps assure that initiatives and materials developed have the greatest potential for success. Initiatives undertaken with the advice of the MNN include the Healthy Community Nutrition Education Initiative, the **Eat for Health** Campaign, and the Nutrition Training Institute.

The **Healthy Community Nutrition Education Initiative** (HCNEI) is designed to increase healthful eating behaviors practiced by low-income families with children. HCNEI supports local community efforts to create healthy school nutrition environments and to provide effective nutrition education.

The **Bureau of Nutrition Services and WIC** administers the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and the Farmers' Market Nutrition Programs for seniors and WIC participants.

The **WIC Program** prescribes and pays for nutritious foods to supplement the diets of pregnant women, new mothers, infants and children up to five years of age who qualify as "nutritionally at-risk" based on a medical and nutrition assessment and who meet state income guidelines (185 percent of federal poverty guidelines or eligible for Medicaid in Missouri). Program

participants are reassessed periodically to determine eligibility status. These services are provided at the local level through contracts with county and city health departments, community health centers, community action agencies and hospitals. WIC has contracts with retail grocers and pharmacies to provide the prescribed supplemental foods. The WIC Program provides nutrition education to program participants, with a goal of changing eating patterns in a positive way to improve participants' health status. The WIC Program provides breastfeeding counseling and support to pregnant women and new mothers on the program, conducts immunization screenings and referrals to assure children are age-appropriately immunized, and provides medical referrals to health care providers to address the WIC participant's need.

The **WIC Farmers' Market Nutrition Program** (WFMNP) provides access to fresh fruits and vegetables for WIC participants. The WFMNP contracts with the WIC local agencies to provide nutrition education to WIC participants on ways to incorporate fresh fruits and vegetables in their family meals, and to issue checks for purchasing fresh fruits and vegetables from local farmers. The WFMNP also contracts with farmers to redeem the checks issued to WIC participants for locally grown fresh fruits and vegetables. The program provides income for local farmers, contributing to the economy.

The **Seniors Farmers' Market Nutrition Program** (SFMNP) provides access to fresh fruits and vegetables from farmers to low-income elderly persons (age 60 and over with an income less than or equal to 185 percent of the federal poverty level guidelines). The SFMNP distributes applications to a network of providers who have contact with the elderly. Eligibility is determined by the Bureau of Nutrition Services and WIC, and checks, nutrition education information, and materials needed for check redemption are mailed to qualifying seniors. The SFMNP uses the same network of contract farmers as the WIC Farmers' Market Nutrition Program.

The **Division of Health Standards and Licensure** oversees the health care regulatory programs of the department. Supervision is provided for hospital licensure and certification activities, hospice and home health licensure and certification activities, nursing home licensure and certification activities, emergency medical services, registration of handlers of controlled substances, child day care providers licensure activities, inspection of license-exempt child day care providers, lead inspectors licensing and accreditation of lead inspectors training programs. The division also maintains the Family Care Safety Registry.



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The **Office of Lead Licensing and Accreditation** licenses lead abatement professionals and accredits training providers as mandated by *Missouri Revised Statutes* 701.300-338. The purpose of the office is to ensure that lead abatement professionals are properly trained and have the appropriate work experience to do lead abatement work and lead-based paint detection in order to prevent childhood lead poisoning.

The Office of Lead Licensing and Accreditation staff reviews applications, checks references, administers state licensing examinations, issues licenses and photo identification badges, reviews training curriculum, audits training programs, and conducts enforcement and compliance activities.

This office is responsible for conducting random inspections of lead abatement professionals at lead abatement worksites to ensure that they are licensed and in compliance with state statutes and regulations. It is also responsible for randomly auditing training classes given by accredited training programs to ensure that they are in compliance with state statutes and regulations.

The **Bureau of Health Facility Regulation** is responsible for the regulation and licensing of Missouri's hospitals, ambulatory surgical centers and abortion facilities that are required to renew their licenses annually in accordance with current statutes. License renewals are based upon compliance with state regulations in the areas of fire safety, environment, organization and administration, and all aspects of patient care.

The bureau also contracts with the National Health Care Financing Administration to survey and recommend certification of providers and suppliers of services as participants under Title XVIII (Medicare) of the Social Security Act. Providers include hospitals, independent laboratories, outpatient rehabilitation facilities (physical, occupational and speech therapy), end-stage renal disease facilities, independent physical therapists, occupational therapists, portable



x-ray providers, ambulatory surgical centers, rural health clinics, comprehensive outpatient rehabilitation facilities and long-term care units in hospitals.

The bureau also registers medical sources of ionizing radiation throughout the state, including x-ray machines and those radioactive naturals which are not subject to federal control and inspects those resources for compliance with state regulation. The bureau provides health physics consultation to those medical facilities involved with radiation producing devices and radioactive materials. The bureau contracts with the Federal Drug Administration to perform surveys of screening mammography providers.

The **Bureau of Home Care and Rehabilitative Standards** is responsible for the regulation and licensing of Missouri's home health agencies, hospices and outpatient rehabilitation facilities. The home health agencies and hospices are required to renew their state licenses annually and in accordance with current statutes.

Additionally, through contracts with the National Health Care Financing Administration (HCFA), surveys are conducted for certifying home health agencies, hospice organizations and outpatient rehabilitation facilities as providers under the Title XVIII (Medicare) of the Social Security Act. Consultation is provided regarding home health and hospice licensing requirements and compliance with Medicare standards.

The **Bureau of Emergency Medical Services** administers the laws relating to emergency medical technician-basics, emergency medical technician-paramedics, air ambulance services, ground ambulance services, emergency medical response agencies, emergency medical service training entities, and trauma centers.

Currently, Missouri's ground ambulance services, air ambulance services and fixed-wing air ambulance services make approximately 650,000 runs per year. These ambulance services are inspected for licensure every five years. At least one paramedic, nurse or physician with the capability of providing an advanced level of care to the patient staffs ninety percent of the emergency ambulance transports of a patient to a hospital. This is one of the highest rates in the nation.

The trauma program was formally established by state law in 1987 and revised in 1998. Regulations that specify the criteria for trauma center designation went into effect in January 1990 and September 1998. A network of trauma centers designated according to capability serves Missouri. Missouri's trauma center hospitals see over 10,000 severely injured patients per year.

This bureau administers the ambulance reporting system, head and spinal cord injury registry, and trauma registry. These are among the most comprehensive reporting systems of their type in the United States.

The governor-appointed State Advisory Council on EMS provides advice to the department on EMS regulatory issues.

The **Bureau of Narcotics and Dangerous Drugs** (BNDD) is responsible for ensuring the proper management and distribution of controlled substances for legitimate medical and manufacturing purposes. Controlled substances include medications and chemicals used in the manufacture of these medications which have been determined to be abusable or addictive.

All individuals and firms who manufacture, distribute, prescribe, dispense or handle controlled substances in the state of Missouri must register with the BNDD every two years. Those required to register with the BNDD include physicians, hospitals, pharmacies, dentists, ambulance services, veterinarians, optometrists, podiatrists, manufacturers, distributors, labs and importers and exporters who desire authority to possess or perform functions with controlled substances.

The BNDD is active in the education of health professionals who handle controlled substances. The records of all registrants are subject to inspections, audits, or investigations (if needed). Violations of controlled substance laws can lead to administrative sanctions. Criminal violations are referred to appropriate law enforcement agencies.

The bureau's surveillance helps prevent the diversion of drugs or chemicals from their proper channels of distribution. This helps protect against the misuse or abuse of their substances.

The **Bureau of Child Care Safety and Licensure** is responsible for the regulation and licensing of child care facilities. The bureau is also responsible for the annual safety, health and sanitation inspections of child care facilities operated by religious organizations.

Child care staff provide on-site inspection services to the child care facilities as well as giving technical and consultative assistance. The bureau's mission is to ensure that all facilities provide a healthy, safe and developmentally-appropriate environment for Missouri's children.

The goal for the bureau is to have a positive impact on the overall health, safety and well-being of children in child care programs. The bureau works to meet this goal through health promotion and education, facilitating immunizations, improved meals and nutrition education, communicable disease prevention,

improved cleanliness and sanitation, injury reduction, prevention of child abuse and neglect, and serving children with special needs. The bureau also coordinates resource and referral activities for parents seeking child care. Training for child care providers is partially provided through training grants administered by the bureau. Consultation and technical assistance for child care providers are provided by local community health nurses through a contracted program.

With the passage of House Bill 490 in 1999, the department established an automated data system called the **Family Care Safety Registry**. This registry is designed to provide individuals and employers with information regarding persons they are considering for hire to work with children or the elderly. With one phone call, the caller can find out if a perspective employee is listed on

- The Employee Disqualification List maintained by the department
- Child-care facility licensing records maintained by the department
- Foster parent licensing records maintained by the Division of Family Services
- State criminal background checks conducted by the Missouri Highway Patrol
- Child abuse/neglect records maintained by Division of Family Services
- Residential living facility and nursing home licensing records maintained by the department

Further, with permission of the perspective employee, the employer can request more detail information regarding the individual's history. Individuals wanting to be hired as a child care or elder care worker must register with the Family Care Safety Registry. There is a one-time cost of \$5. The toll free number is (866) 422-6872.

### Section of Long Term Care Regulation

Some older Missourians will eventually live in a long-term care facility. In accordance with the Omnibus Nursing Home Act, the **Section of Long Term Care Regulation** is responsible for assuring the safety, health, welfare and rights of persons residing in institutional facilities. The division has the legal authority to intervene in cases where abuse, neglect or exploitation is apparent among institutionalized elderly or disabled persons. The division seeks to:

- Inspect and license adult day care centers, adult residential care, intermediate care and skilled nursing facilities;
- Investigate complaints of abuse or neglect at long-term care facilities;
- Establish eligibility for Medicaid and cash



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grant assistance for residents in long-term care facilities;

- Review and approve plans for proposed long-term care facilities;
- Develop and implement appropriate rules and regulations in accordance with the Omnibus Nursing Home Act;
- With the U.S. Department of Health and Human Services, determine Medicaid/Medicare certification of intermediate care and skilled facilities; and
- Provide data for certificate of need determinations.

The **Division of Senior Services** is the central state agency charged with coordinating matters relating to the lives of Missouri's elderly and adults with disabilities living in the home or community. Through the administration of state and federal community-based programs, the division seeks to ensure that residents remain independent, safe, and healthy in their homes and communities. Most older adults who are ill or have a disability can remain in the community and avoid or delay institutionalization with the help of support services. The Division of Senior Services administers a coordinated, integrated home and community service delivery system to assure that the long term care needs of Missouri's adults are met. The primary funding sources for services and programs operated within the Division of Senior Services are General Revenue, Medicaid, Social Services Block Grants, and the Older Americans Act. Through these programs, over 100,000 elderly and persons with disabilities receive help each year.

In 1980, the Missouri General Assembly passed legislation which requires the division to investigate reports of abuse, neglect or exploitation of persons 60 years of age or older and provide **protective services**. This legislation is designed to assist adults who are unable or unwilling to obtain services necessary to meet their essential human needs. The division also

has the authority to investigate or refer reports of abuse, neglect or exploitation of disabled adults.

To assist in the identification of elderly or disabled persons who may need protective services, the division operates a 24-hour toll-free hotline telephone service (1-800-392-0210). When a call is received at the hotline, a division social service worker will conduct a prompt and thorough investigation of the report, attempt to resolve the crisis and arrange for necessary and appropriate services.

The division maintains a network of social service workers who serve each of Missouri's 114 counties and St. Louis City. A sophisticated **case management** system secures and coordinates services that most adequately address the needs of the client. This is accomplished through assessment, service plan development, service authorization and follow-up. Services are available to persons 60 years of age or older and persons with disabilities between 18 and 59. In-Home Services include personal and advanced personal care, homemaker/chore, counseling, respite, nurse visits, home-delivered meals and adult day health care.

Many of Missouri's senior citizens are choosing to remain in their own home with the assistance of various support services. The **Missouri Care Options** program, designed to avoid unnecessary institutionalization, is a comprehensive and coordinated approach to support people in their homes and communities.

In response to a legislative initiative, the Missouri Care Options program was implemented in August 1992. This program promotes a working relationship between hospital discharge planners, nursing home social workers and the division to identify individuals for whom home- or community-based care is a viable option.

Pre-long-term care screening equalizes access to long-term care services for those requiring less intensive care and supervision than provided by a nursing facility. The screening offers information on the array of available services and assists adults with information about how to access appropriate care.

Authority for the creation of the **Governor's Advisory Council on Aging** was derived from the Older Americans Act of 1965. The council consists of 27 persons appointed by the governor with the advice and consent of the Senate. The term of membership for each person is three years. The council is required to meet a minimum of four times each year.

The primary responsibility of the council is to advise the governor and the department on ways to improve programs and services for older persons in Missouri. The council maintains continuous review of programs for seniors and the avail-



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ability, responsiveness and adequacy of all services provided to older persons. The council is responsible for representing the interests of older persons before legislative bodies and promoting public awareness activities to enhance the independence and dignity of older Missourians. The council also sponsors Older Worker Week, the Century Club and other activities to celebrate the value of older adults.

The **Older Volunteer Service Bank** program is a project designed to supplement the need for respite care. Caregivers assuming around-the-clock responsibility for frail elderly may need relief from the physical and emotional toll of such care. In a collaborative effort between the division and local agencies, volunteers are recruited, trained and matched with families needing respite care. Volunteers benefit by remaining active while storing "credit" for future services. Credits must be earned by or given to persons over age 60.

Through the **Older Americans Act** of 1965, as amended, the division is able to make services available to older Missourians. The division does not provide direct services with these funds; instead, services are provided by local organizations working with the 10 area agencies on aging who contract with the division.

The Older Americans Act funds a variety of services including, but not limited to, in-home services, transportation, information and assistance, case management, outreach, legal services, health promotion and disease prevention programs, programs for Alzheimer's victims, Family Caregivers Support Program, ombudsman programs, congregate and home-delivered meal programs and employment and training programs. All persons 60 years of age or older are eligible to receive these services and offered the opportunity to voluntarily contribute toward the cost of the service. Services are directed toward those persons in the greatest social and economic need with emphasis on low-income and minority seniors.

The act also provides for the Office of the State Long-Term Care Ombudsman, which is the focal point of advocacy for long-term care residents through volunteer ombudsmen.

### Certificate of Need Program

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Jefferson City 65102  
Telephone: (573) 751-6403 / FAX: (573) 751-7894

The primary cost containment agency for Missouri is the Certificate of Need Program (CONP). CONP, designated in 1976 as a statewide health planning agency, has been an administrative unit of the department since 1981.

CONP functions in three categories: planning, review and support activities. The agency conducts some of the health planning activities of the state and determines the needs of Missouri for substantial health capital expenditures and major medical equipment. It prepares, reviews and revises health models for Missouri for use in the CONP.

The Missouri Health Facilities Review Committee carries out its function as the administrator of the Missouri CON law with the support of CONP staff.

The agency assists with program planning, development and analysis of health data, policy planning, identification of program needs, graphics development, strategic assessments and other special projects in cooperation with the director of the department and other state departments.

### Missouri SenioRx Program

Jefferson Bldg., Room 1310  
205 Jefferson St.  
Jefferson City 65101  
Telephone: (573) 522-3070 / FAX: (573) 522-3073  
Toll Free: 1-866-256-3937

During the 2001 Special Legislative Session, the Missouri General Assembly passed House Bill 3 and Senate Bill 4, which created the Missouri SenioRx Program to help defray the cost of prescription drugs for seniors. The program is designed to aid those individual seniors with incomes less than \$17,000 and married couples with income less than \$23,000. In addition to the income requirements of the program, a senior must meet the following eligibility criteria to qualify: be 65 years of age; be a resident of the state of Missouri for 12 months; not be a recipient of Veterans Administration pharmacy benefits or Medicaid; and not have adequate prescription drug coverage.

Applications for enrollment will be accepted during the **annual enrollment period of January 1 through February 28** with **benefits beginning July 1**. Applications may be obtained from the program's website ([www.missouriseniorx.com](http://www.missouriseniorx.com)), or by contacting Missouri SenioRx Customer Service toll-free at **1-866-556-9316** (available 24 hours a day, 7 days a week).

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