



# 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, 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 of Health and Senior Services. It consists of seven members appointed by the governor with advice and consent of the Senate. Members serve four-year terms and may serve a maximum of two terms. Missouri law (Section 191.400, RSMo) 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.

## Members of the State Board of Health

**Mannello, Donna, D.C.**, (D), chair, St. Louis;  
**Berry, James E.**, (R), vice chair, Forsyth;  
**Forand, Joseph M.**, M.D., (R), St. Louis;  
**Petersen, Anne E.**, M.D., (R), Jefferson City;  
**Slack, Annette, RN, J.D.**, (D), Florissant;



JANE DRUMMOND  
Director



DEBORAH MEBRUE  
Executive Assistant to Director



NANCIE McANAUGH  
Deputy Director



KATHY BRANSON  
Executive Assistant to Deputy  
Director

**Tungesvik, Nathalie L.**, D.M.D., (R), Jefferson City;  
**Weaver, Michael L.**, M.D., (D), Kansas City.

## State Board of Senior Services

The State Board of Senior Services serves as an advisory body for activities of the Department of Health and Senior Services. It consists of seven members appointed by the governor with the advice and consent of the Senate. Members serve four-year terms and may serve a maximum of two terms. Missouri law (Section 660.062, RSMo) 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 must belong to 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.

## Members of the State Board of Senior Services

**Updyke, Mary, R.D.**, (R), chair, Kirksville;  
**Conrad, Lisa G.**, (D), vice chair, Clarence;  
**Bannes, Anne**, (D), Belton;  
**Cochran, Debra**, (R), Chesterfield;



MARY M. HOSKINS, M.P.A.  
Human Resources



ANDREW WANKUM  
Governmental Policy and  
Legislation



ARVIDS PETERSONS  
General Counsel



NANCI GONDER  
Public Information

**Eunice, Lillian D., (D), Normandy;**  
**Kerr, Jeffery A., D.O., (R), Rolla;**  
**Vacancy (1)**

### 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 department is functionally organized into four divisions: Administration; Community and Public Health; Senior and Disability Services; and Regulation and Licensure.

The director is the chief liaison with other governmental agencies and private organizations that conduct or sponsor programs that relate to health and senior services in Missouri. A deputy director assists the director and is responsible for management of the department and administration of its programs and services.

The director's office also oversees the offices of public information, human resources, general counsel, and governmental policy and legislation.

The **Division of Administration** provides a wide array of critical support services that assist the programmatic divisions in achieving their goals. In addition to the division director's office, the division is composed of three bureaus—budget services and analysis, financial services and general services. These units carry out the following responsibilities.

### Director's Office, Division of Administration

- Oversees division operations.
- Works collaboratively with other divisions concerning budgetary, fiscal and general support service matters.
- Develops and submits the department's indirect cost plan.

- Evaluates administrative, management and fiscal controls of all levels of departmental operations.
- Reviews and approves all contracts, participation agreements, memorandums of understanding and grant applications issued by the department.
- Provides technical assistance to programs concerning contract monitoring and granting requirements.
- Reviews and evaluates contractors' financial management systems and audit reports for financial and administrative compliance.
- Examines annual financial reports of local health departments.
- Serves as department liaison to the State Auditor's Office.

### Budget Services Bureau

- Prepares and tracks the department's annual operating and leasing budget requests.
- Serves as department liaison to executive and legislative budget staff.
- Administers the budget, including revisions to the governor's three percent reserve, adjustments to allotments and flexibility requests.
- Monitors department expenditures to ensure financial accountability.
- Coordinates the department's fiscal note process.

### Financial Services Bureau

- Coordinates department-wide financial activities.
- Oversees the receipt of all funds and ensures timely deposit with the Department of Revenue.
- Reviews all department expenditures to ensure the appropriate disbursement of



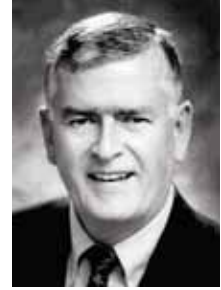
MIKE ROTH  
President, Board of Nursing  
Home Administrators



GLENDA MILLER  
Community and Public Health



BRET FISCHER  
Administration



H. BRUCE NETHINGTON  
Chair, Missouri Health Facilities  
Review Committee



BRENDA CAMPBELL  
Senior and Disability Services



DAVID DURBIN  
Regulation and Licensure

funds, including vendor payments and employee expense accounts.

- Develops, reviews and approves all departmental contracts to ensure that services and commodities are economically obtained.
- Oversees procurement of all supplies, materials, equipment and services.
- Provides technical assistance and support in the development of grant applications.
- Maintains and prepares financial reports on all federal grants.
- Develops financial and procurement policies for the department.
- Develops training materials, informational reports and databases used to develop and monitor financial activities and contracts.
- Administers the fixed assets accounting system for the department.

**General Services Bureau**

- Supports telecommunications equipment and service needs.
- Manages building security access.
- Provides forms management.

- Provides central office mail service.
- Manages leased property.
- Oversees office moves and space reconfigurations.
- Manages the department's vehicle fleet.
- Provides warehouse services.
- Distributes health-related audio/visual materials and literature upon request.
- Handles surplus equipment.
- Oversees department-wide safety program.

The **Division of Community and Public Health** coordinates public health resources to protect and promote the public's health and to prevent diseases in Missouri. The programs in this division provide services to all of the state's population, including all income levels and across the life span, from infants to the elderly. In addition, the division provides support to the programs through centers and offices that focus on specific issues and populations, including women's health, minority health, epidemiology, local public health systems, access to care and public health emergency response.

The **State Public Health Laboratory (SPHL)** each year receives approximately a half million

samples through the central laboratory, its branch laboratory in Poplar Bluff, and the State Tuberculosis Laboratory in Mt. Vernon and provides over three million analyses in those three facilities. The laboratory provides testing services in the fields of chemistry, environmental bacteriology, microbiology, immunology, newborn screening, tuberculosis and virology.

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

The chemistry unit conducts chemical analyses of water and other environmental samples to determine the presence of toxic chemicals or substances. It also performs blood lead testing and provides analyses to support investigations of suspected acts of terrorism where poisons or other toxic substances may have been used.

The environmental bacteriology unit tests public and private water supplies for the presence of *E. coli* and coliform bacteria, and food suspected of causing disease outbreaks (food poisoning) that are accidental or intentional in nature.

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

The microbiology unit provides reference services for the identification of bacteria and parasitic organisms, especially those which pose a threat to public health, i.e., toxigenic *E. coli*, salmonella and shigella, the causative agents of whooping cough, tularemia, plague, anthrax, and dysentery. This unit provides laboratory support to law enforcement and public health in the investigation of suspected acts of bioterrorism.

The immunology unit performs tests to help diagnose syphilis and HIV, and conducts testing for gonorrhea and chlamydia.

The virology unit examines clinical specimens to detect influenza, West Nile virus and SARS, and performs blood tests for measles, rubella, hepatitis and other viral diseases that threaten public health, and examines animals for rabies. This unit, along with the microbiology and environmental bacteriology units, also provides the laboratory support for the investigation of suspected acts of bioterrorism.

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 supports the fiscal management and budget preparation for the SPHL, collects fees paid for laboratory services, completes the administrative part of the procurement process and performs the administrative activities related to personnel management. The central services unit prepares glassware, culture media and reagents for use in the various scientific units, oversees the statewide courier contracts, and performs all shipping and receiving functions for the laboratory including the mailing of reports.

The SPHL also has an office for Emergency Response, Outreach and Training that is responsible for coordinating a statewide laboratory response to emergencies, including acts of bioterrorism, and assuring that the SPHL's response is coordinated with the state and national response to those acts. This office also provides valuable training for hospital and private laboratories to ensure that infectious and other hazardous material is transported according to federal guidelines, as well as courses in laboratory safety and bacterial identification.

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, 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 emergencies, both natural and deliberate. It operates at a non-threat level 24 hours a day, seven 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, 1-800-392-0272, is the contact point for the general public and public health partners. Missouri is taking steps at the state and local level to increase preparedness for and respond 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 and 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 Local Public Health Services** supports efforts that protect and improve the health of Missouri citizens and communities by promoting population-based state policies, developing resources and programs, seeking health equity and supporting effective local public health practice and systems. 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.

Additionally, the center coordinates the **Maternal and Child Health Coordinated Systems** that distribute federal block grant funds to local public health agencies to maintain and improve the health status of maternal and child populations in Missouri. This is done by establishing and maintaining an integrated service coordination system capable of addressing targeted maternal and child health issues. Each contractor has a contractual obligation to utilize evidence-based interventions to address identified maternal and child health priority indicators within its jurisdiction.

The **Office of Community and Public Health Emergency Coordination** assures a prompt, efficient and health-protective response to disasters and emergencies impacting the citizens of the state. The office demonstrates direction and control pertaining to policy development, planning, response and program implementation. The office coordinates emergency and disaster pre-

vention, protection, response and recovery activities across a broad spectrum of programs and essential services, assuring the best utilization of staff and resources to maintain public health across the state. The office specifically focuses on radiological and chemical threats, communicable disease, surveillance (event detection and analysis), and environmental public health (food, water, sanitation, mass sheltering, etc.). Office staff collaborates with local, state and federal partners to accomplish these objectives.

The **Office of Epidemiology** provides epidemiologic leadership and expertise for the Division of Community and Public Health, the Department of Health and Senior Services, local public health agencies, as well as other stakeholders and partners, to enhance the health and safety of the citizens of Missouri. The office also coordinates a range of functions to assist the Division of Community and Public Health in achieving better health outcomes through community health initiatives. The office strives to achieve this mission by:

- using science to guide public health practices.
- monitoring health status and risk behaviors through effective use of public health surveillance.
- planning and evaluating public health programs.
- promoting evidence-based public health interventions.
- conducting epidemiologic teaching and training.

The **Office of Minority Health**, established by statute, seeks to eliminate minority health disparities through monitoring departmental policies and programs, providing technical assistance and developing culturally sensitive health education initiatives. The office also works collaboratively with community-based organizations and leaders to identify and implement specialized strategies that address the unique health needs of African-American, Native American, Hispanic/Latino, and Asian-American populations in Missouri.

The **Office of Primary Care and Rural Health** works to ensure access to and availability of primary health care services for all of Missouri's populations, especially its rural citizens. Part of this effort is to reduce the shortage of medical, dental and nursing health professionals throughout Missouri. The office also administers Missouri's oral health program, which provides a broad range of core public health activities for oral health. The office oversees the following:

The **Primary Care Systems Program** works through public/private partnerships to ensure access to and availability of primary health care services for all of Missouri's populations. Efforts

to increase access to care include: evaluating availability and accessibility of medical, psychiatric and dental health professionals; developing resources to enhance and expand community-based health care delivery systems; working with state and federal partners in the recruitment and retention of health care professionals in health professional shortage areas; and assessing the impact individuals' lack of insurance has on health care and communities in Missouri. The initiatives under this program include:

- **Health Professional Placement Services** provide delivery and an Internet-based program to assist health care professionals in finding employment opportunities in areas of need throughout Missouri. Services provided include maintaining a database of current healthcare opportunities in Missouri and working with a professional recruitment and retention manager to match individuals to communities. There are no fees associated with this program.
- **The Primary Care Office** identifies and requests designations for Health Professional Shortage Areas. The office also serves as the state contactor for the National Health Service Corps and oversees development of the federally funded community health centers and a population-based workforce model for primary medical, dental and mental health services.
- **The Primary Care Resource Initiative for Missouri (PRIMO)** provides funds to communities in underserved areas to develop community-based health care delivery systems, develops clinical training sites in rural and underserved area clinics, and develops recruitment programs for primary care physicians, dentists and nurse practitioners.

The **Rural Health Systems Program**, through private/public partnerships, assures the availability of and access to essential health care services for all rural Missouri residents. Efforts include: support for the health care delivery system infrastructure in rural areas (particularly small rural hospitals) through resources for initiatives to reduce medical errors, supporting quality improvement, complying with new regulations and implementing technology enhancements in order to improve services and health outcomes. The initiatives under this program include:

- The **Office of Rural Health** serves rural communities by collecting and disseminating information, providing technical assistance, coordinating rural health interests and activities statewide and supporting efforts to improve recruitment and retention of health professionals in rural areas.
- The **Medicare Rural Hospital Flexibility Program** provides support to critical access hos-

pitals to implement or expand quality improvement programs and develop rural health networks with their community/health system partners. The program also coordinates activities with the Missouri Hospital Association and the Missouri Quality Improvement Office to evaluate quality improvement programs in critical access hospitals and develops a model program for all. Other program activities are under development to expand training opportunities in order to integrate local Emergency Medical Service systems into the health care network to improve health outcomes in rural Missouri.

- The **Rural Access to Emergency Devices Program** provides training on use and standards of care for automatic external defibrillators (AED) in order to improve outcomes from out-of-hospital cardiac arrests for residents of rural Missouri. Training is targeted to first responders and schools in selected rural areas of Missouri.
- The **Small Rural Hospital Improvement Program** provides financial and technical assistance to small rural hospitals to implement the Prospective Payment System, become compliant with provisions of the Health Insurance Portability and Accountability Act, reduce medical errors and support quality improvement.

The **Oral Health Program** provides a broad range of core public health activities for oral health. Activities include access to oral health care, oral health surveillance, oral health education, technical assistance on the fluoride mouth rinse program and community water fluoridation, portable dental equipment for community outreach, promotion of dental sealants, and other preventive measures including fluoride varnish and oral health research. It also serves as a resource on oral health issues for other states and federal agencies, the dental profession and the public. The initiatives under this program include:

- The **Elks Mobile Dental Program** provides mobile dental units in a public/private partnership with the Elks' Benevolent Trust of Missouri to provide oral health care for children with special health care needs, as well as children who are mentally handicapped or developmentally disabled.
- The **Oral Health Preventive Services Program** provides oral health surveillance, education and preventive services to children under the age of 18 through a community-based system of care that includes representation of all aspects of the community and the health care delivery system. Core components include a community governance coalition, dental referral system, standardized screening/surveillance methodology



- and provisions to participating communities that include fluoride varnish, screening forms and supplies, data analysis and oral health education materials.
- The **Fluoride Mouth Rinse Program** provides supplies and technical assistance to public schools in Missouri to conduct a school-based, fluoride mouth rinse program.
  - The **Oral Health Screening and Surveillance Program** establishes a state-based oral health surveillance system, which evaluates the oral health of Missouri populations, beginning with pre-school age children. In addition, it evaluates access to dental services for those children and provides technical assistance to schools conducting dental screens.
  - The **Water Fluoridation Program** provides technical assistance on best practices, health outcomes and state and national resources to assist communities in the fluoridation of the public water supply. Community water fluoridation programs are encouraged within the state and educational information is provided to assist communities.
  - **Portable Dental Equipment** helps communities and organizations promote public oral health activities. The loan of portable dental equipment is offered to hygienists and/or dentists who wish to provide outreach in their communities. The equipment consists of a patient chair, dentist stool, light, air compressor and dental unit. This equipment is available at 11 sites statewide.
  - **Missouri Donated Dental Services Program** assists the elderly with physical, medical or mental disabilities by linking them with volunteer dentists and dental laboratories.
  - **Oral Health Coalitions:** The Missouri Coalition for Oral Health conducts annual summits, bringing together oral health care professionals, Head Start agencies, community clinics, oral health associations, and departmental oral health policymakers in order to facilitate a comprehensive statewide oral health prevention and education system and ensure access to dental care for all Missourians.

The **Health Care Workforce Development Program** works to reduce the shortage of health care professionals and to increase access to health care for Missouri citizens. The state issues health professional student loans to medical, dental, dental hygienist and nursing students. Student loans are “forgiven” when the recipient graduates and works in a Health Professional Shortage Area in Missouri. This program also provides assistance in the recruitment of foreign medical graduates into underserved areas to assure staffing for local health care delivery systems. The initiatives include:

- The **Health Professional Loan Repayment Program** provides financial incentives for licensed primary care physicians (family or general practice, pediatrics or general internal medicine), general practice dentists and primary care nurse practitioners. Participants agree to accept Medicare and Medicaid patients, as well as provide a discounted fee schedule based on family size and income, for all uninsured individuals.
- **J-1 Visa/State 30 Waiver Program and National Interest Waiver Program** allows foreign medical graduates to remain in Missouri after completion of their advanced medical training in exchange for service in underserved communities. Practitioners are recruited and sponsored by Missouri health care facilities or organizations to serve the specific needs of a community. The National Interest Waiver Program allows participants an opportunity to pursue U.S. citizenship.
- **PRIMO Health Professional Recruitment and Loan Programs** promote development and implementation of early recruitment (high school) programs for health professional students, emphasizing recruitment of individuals from rural, inner city and underserved communities in Missouri. In addition, educational loans are provided to health professional students in exchange for an obligation to provide primary health care services in underserved areas upon completion of training. Disciplines include primary care, medical, dental and dental hygiene.
- The **Professional and Practical Nursing Student Loan and Loan Repayment Program** provides support for nursing students and nursing professionals in exchange for service in Missouri’s underserved communities. Student loans are provided for up to 70 nursing students annually in return for an obligation to provide service in public and non-profit health care agencies in underserved Missouri communities. Professional nurses are provided loan repayments in exchange for service in hospitals, public and non-profit health care agencies in underserved Missouri communities. The number of loans provided is based upon availability of funds.

The **Office on Women’s Health**, established by statute, is committed to the development of effective, comprehensive public policy that promotes improved physical and mental health and lessens the burden of preventable disease and injury among Missouri women. The office collaborates with internal and external partners to enhance the programs and services affecting women, promotes communication and works for improved coordination of all programs and services affecting women’s health. It serves as a

resource for communities, the department, local public health agencies, other state agencies and public and private entities serving Missouri women.

## Section for Healthy Families and Youth

The Section for Healthy Families and Youth promotes optimal health by providing leadership to both the public and private sectors in assessing health care needs of families and communities and assuring that the health system responds appropriately. This section 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. The primary units are the Bureau of Genetics and Healthy Childhood and the Bureau of Special Health Care Needs.

The **Bureau of Genetics and Healthy Childhood** promotes and protects the health and safety of individuals and families based on their unique conditions, needs and situations, utilizing multiple programs within the bureau. The bureau achieves this by implementing prevention and intervention strategies to optimize an individual's health and environment from pre-pregnancy through adulthood. Related activities of the bureau encompass public and professional education, screening and follow-up services, surveillance, needs assessment and resource identification and/or development. The bureau accomplishes its mission in collaboration with families, health care providers and other community, state and national partners.

The **Genetics Services Program** expands existing programs and develops new ones, where needed, to reduce the morbidity and mortality associated with genetic disorders. Information is provided to the public and medical professionals regarding genetic disorders and the availability of genetic services in Missouri. A referral network is maintained for individuals in need of diagnostic services, treatment, counseling and other genetic-related services.

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. The program provides applicants meeting financial and medical 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 prescribed dietary formula to individuals with covered metabolic disorders such as phenylketonuria (PKU) or maple syrup

urine disease. Use of the dietary formula combined with a medically supervised diet eliminates or reduces the adverse consequences of the disorders.

The **Sickle Cell Anemia Program** provides information to the public and health professionals about sickle cell disease and sickle cell trait, and promotes and provides screening, testing, referral, education, counseling and follow-up services for Missouri citizens at risk for sickle cell disease.

The **Newborn Health Program** promotes healthy birth outcomes and healthy infants by increasing awareness of recommended "best" practices through educational activities and materials. Messages and activities promote the importance of preconception care; early entry into prenatal care; use of folic acid to prevent birth defects; avoidance of smoking, alcohol and other drugs; breastfeeding; placing babies on their backs to sleep; and other healthy behaviors. The program targets all women of childbearing age, infants and children.

The **Newborn Blood Spot Screening Program** provides early identification and follow-up of phenylketonuria (PKU), galactosemia, congenital hypothyroidism, congenital adrenal hyperplasia, hemoglobinopathies, organic acid disorders, fatty acid oxidation disorders, amino acid disorders and cystic fibrosis that suggest the presence of disease in affected but asymptomatic infants. In addition, infants found to be positive are referred to a system of health care.

The **Newborn Hearing Screening Program** seeks to screen all babies before three months of age, and, for those with hearing loss, refer them to the First Steps Program for appropriate services by six months of age. Since 2002, Missouri state law requires all babies born in Missouri to have their hearing tested before discharge from the hospital.

The **Folic Acid Program** endeavors to increase the number of Missourians who are aware of the importance of folic acid intake in helping to prevent certain birth defects, diseases and health conditions.

The **Injury Prevention Program** collaborates with other agencies addressing injury causes, and supports the collection and analysis of injury data. It also contracts with each of the Local Safe Kids Coalitions located throughout the state to conduct primary injury prevention interventions in communities. The injury prevention program also contracts to conduct the Think First Missouri Educational Program that provides primary prevention activities addressing the prevention of head and spinal cord injury.

The **SAFE-CARE Network** is composed of physicians and nurse practitioners who are trained to provide comprehensive, state-of-the-art medical



evaluations to alleged victims of child sexual assault. The program responds 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.

**Sexual Assault Victim Services (SAV)** assists victims of sexual assault and sexual abuse in recovering from the trauma of sexual assault. SAV also seeks to prevent secondary victimization by providing direct services to victims of sexual assault and sexual abuse. Specific services provided are individual counseling, support groups, face-to-face interaction and advocacy.

The **Rape Prevention and Services to Victims Program** contracts with local agencies to provide services for preventing sexual assault and sexual abuse. Specialized programs provide sexual assault prevention education for children and adults, and professional training for those working in the field.

The **Medical Examination for Victims of Rape Program** provides reimbursement for medical examinations for victims of rape when performed for the purpose of gathering evidence for prosecution and when the cost is not covered by other sources (insurance, Medicaid or Medicare) with the following conditions:

- Victim consents in writing to the examination.
- Report is made on a form approved by the attorney general.
- Report is filed with the prosecuting attorney in the county where the rape occurred.

The **Fetal and Infant Mortality Review** analyzes infant and fetal death records to develop recommendations for community change, if appropriate, to reduce fetal and infant mortality. The communities then determine and implement interventions based upon recommendations received that may improve outcomes for future families.

The **Pregnancy Associated Mortality Review** monitors death certificates, relevant birth or fetal death certifications and medical records for data abstraction to determine if the deaths were preventable. Data is analyzed for association of variables and trends.

The **Alcohol, Tobacco, and Other Drug Prevention and Awareness (ATOD P&A) Program** targets the prevention and/or reduction of the incidence of alcohol, tobacco and other drugs in the preconceptional and prenatal periods. To assure clinician implementation of a comprehensive tobacco cessation program with women of reproductive age, particularly pregnant women, the Missouri Model for Brief Smoking Cessation training for health care providers is being offered at various statewide locations.

The **Missouri Fetal Alcohol Syndrome Rural Awareness and Prevention Project** is a collaborative effort between state government, academic researchers, service providers and medical professionals that are working together to reduce the number of pregnancies exposed to alcohol and ultimately reduce the number of children diagnosed with Fetal Alcohol Syndrome.

The **Adolescent Health Program** addresses various adolescent, teen and young adult issues of Missourians age 10 to 24 years old. The program provides consultation, education, technical assistance and resources for health professionals, school personnel, parents, adolescents, state and community organizations to improve the health of adolescents. The Council for Adolescent and School Health (CASH) assists the department in facilitation collaboration to promote a coordinated family, community and school approach to achieve healthy adolescent development. In addition, federal abstinence grant funding supports contracts with local school, community and faith-based organizations to implement abstinence education and youth development programs for adolescents and educational programs for parents and family members.

The **Building Blocks Program** is an evidence-based prenatal and early childhood nurse home visiting program based on the David Olds' Model (Nurse Family Partnership). Participants in the program are low income, first-time mothers who enter the program prior to the 28th week of pregnancy. Nurse home visitors work with the women and their families in their homes during pregnancy and the first two years of the child's life to improve pregnancy outcomes, child health and development, and family economic self-sufficiency.

The **Missouri Community-Based Home Visiting Program** utilizes the Families at Risk model developed by the University of Missouri's Sinclair School of Nursing in collaboration with the Department of Health and Senior Services. The model utilizes nurses and paraprofessionals and provides intensive sustained visits and community services over a long period (two to three years), with a small number of families. The goals of this program are to increase healthy pregnancies and positive birth outcomes and decrease child abuse and neglect through home-based services.

The **School Health Program** provides contracts to public school districts and local public health agencies to establish or expand population-based health services for school-age children in defined geographic areas. The program focus is on increasing access to primary and preventive health care. An effort is made to assure an adequate nurse to student ratio. Technical assistance and consultation are available. The program is a collaborative effort of Missouri's Departments of

Health and Senior Services, Elementary and Secondary Education and Social Services.

The **Bureau of Special Health Care Needs** utilizes a combination of state and federal funds to provide services for children and adults with disabilities, chronic illnesses and birth defects. Services include assessment, treatment and service coordination.

The activities of the bureau are focused around national performance measures and the six key systems outcomes of the Division of Services for Children with Special Health Needs (DSCSHN), Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), and the U.S. Department of Health and Human Services (DHHS). Focus areas include:

- families of individuals with special health care needs will partner in decision making at all levels and will be satisfied with the services they receive.
- individuals with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home.
- families of individuals with special health care needs will have adequate private and/or public insurance to pay for the services they need.
- individuals will be screened early and continuously for special health care needs.
- community-based systems will be organized so families can use them easily.
- youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including health care, education and independence.

The **Children with Special Health Care Needs/Hope Program**, referred in Missouri State Statute as "Crippled Children's Service (CCS)," focuses on early identification of children with special needs, funding for preventive, diagnostic and treatment services, and provision of service coordination activities for families. The program provides assistance for children under the age of 21 and has two components: service coordination and paid medical services. Service coordination is provided statewide, through regional contracts, and is available free of charge regardless of financial status. Service coordination is a collaborative process that assists an individual to assess their needs and resources, and develop a plan to address those needs. Paid medical services are available to those who meet medical guidelines, whose income is 185 percent of Federal Poverty Guidelines or lower, and when there are no other payers for these services.

**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. Public health nurses, located throughout the state, provide service coordination and authorization for medically necessary services. Service coordination includes assessment through home visits and links to services and resources that enable participants to remain safely in their homes with their families. Approved services may include in-home personal care, in-home nursing care, case management and skilled nursing visits.

The **Physical Disabilities Waiver Program** 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 through the Healthy Children and Youth Program in Missouri. This waiver is designed to provide a cost-effective alternative to placement in an intermediate care facility for the mentally handicapped/developmentally delayed. Public health nurses, located throughout the state, provide service coordination and authorization for medically necessary services. Service coordination includes assessment through home visits, and links to services and resources that enable participants to remain safely in their homes with their families. Approved services may include in-home personal care, in-home nursing care and medical supplies.

The **Adult Head Injury Program** provides assistance in locating, coordinating and purchasing rehabilitation and psychological services for individuals 21 years of age and older who have survived a traumatic brain injury, which 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. Service coordination is a collaborative process that assists an individual to assess their needs and resources, and develop a plan to address those needs. Rehabilitation services are available statewide to survivors whose income is 185 percent of poverty or lower, and when there are no other payers for these services. The Head Injury Advisory Council provides information, advice and expertise to the department on head injuries and rehabilitation of people affected by traumatic head injuries. The council also studies current prevention, treatment and rehabilitation technologies; advises the department on appropriate distribution of resources to provide specialized services to people with traumatic head injuries; and recommends methods to improve the state's delivery of service.

## Section for Chronic Disease Prevention and Nutrition Services

The **Section for Chronic Disease Prevention and Nutrition Services** provides leadership to both the public and private sectors in assessing the health care needs of families and communities and in assuring that the health system responds appropriately. The section also develops policy, plans systems of care and designs, implements and evaluates programs to meet the health care needs of families in Missouri.

The section focuses on primary prevention strategies to address optimum health across the lifespan. Paralleling these primary prevention strategies are services and programs to assist individuals who have already developed a disease or disability, as well as promotion of screenings and early intervention strategies to lessen the impact of disease and disability. The section provides leadership and coordination for efforts to combat the major causes of illness, disability and premature death in Missouri.

The **Chronic Disease Primary Prevention Program (CDPP)** supports local public health agencies to implement evidence-based approaches and best practices to reduce the primary risk factors that cause chronic diseases – tobacco use and exposure to secondhand smoke, inactivity and unhealthy eating. Emphasis is placed on making environmental, policy and system changes to support healthy behaviors at schools, worksites and communities by collaborating with key partners. The **Nutrition and Physical Activity Programs** include:

- **State Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases**, which is implementing the Missouri Nutritional and Physical Activity Plan.
- **Team Nutrition** focuses on improving children's lifelong habits by creating healthy eating habits and physical activity in schools and childcare facilities.
- **Fruits and Veggies—More Matters** works to increase the daily intake of fruits and vegetables.
- **Worksite Health Promotion Committee** sponsors employee challenges and educational seminars on various health topics.

The goals of the **Comprehensive Tobacco Use Prevention and Cessation Program** are to: 1) prevent initiation of tobacco use among young people; 2) promote quitting among young people and adults; and 3) eliminate exposure to secondhand tobacco smoke. The program currently includes the **Community** program and the **Cessation** program. The community program consists of evidence-based environmental and policy interventions implemented by contractors in

St. Louis, Kansas City, Springfield and Joplin, and by program staff in the rural regions of the state. The cessation program currently consists of a contract that provides proactive telephone cessation counseling statewide.

The **Comprehensive Cancer Control Program** provides professional training in the area of cancer control as well as promoting and assisting providers in the implementation of cancer control. It also maintains and disseminates information on cancer prevention and control resources in Missouri and develops and assists regional cancer control coalitions.

The **Show Me Healthy Missourians (SMHM) Program** is composed of three programs funded by the Centers for Disease Control and Prevention (CDC) that provides funding and program resources for direct health services for low-income Missourians who are uninsured or underinsured.

The **Show Me Healthy Women** program combines two programs to serve Missouri women:

- The **National Breast and Cervical Cancer Early Detection Program (NBCCEDP)** provides for screening and diagnostic services for breast and cervical cancer for eligible women 35 years of age and older. Program Goal: Reduce the mortality rate of breast and cervical cancer for Missouri women.
- The **WISEWOMAN** program provides for health screenings and lifestyle education to reduce risk of heart disease and stroke for eligible women 40 years of age and over. Program Goal: Reduce the mortality rate of cardiovascular disease for Missouri women.

The **Missouri Screen for Life** colorectal cancer screening program provides for colorectal cancer screenings and diagnostic testing for both men and women 50 years of age and older. This demonstration project is currently available only in the St. Louis metropolitan area. Program Goal: Reduce mortality due to colorectal cancer for Missouri adults.

The **Cancer Inquiry Program** responds to public and professional inquiries about cancer, as well as public concerns about cancer and the environment.

The **Missouri Arthritis and Osteoporosis Program** promotes optimal health and quality of life for all Missourians affected by arthritis, rheumatic disease and musculoskeletal conditions including osteoporosis, lupus, fibromyalgia and gout. 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 and works with a network of seven regional arthritis centers located throughout the state.

The **Missouri Heart Disease and Stroke Program** seeks to decrease the risks that contribute to heart disease and stroke by promoting policy and environmental change programs to improve heart disease and stroke prevention in the community, schools and worksites. The program also plans activities and promotions advocating smoking cessation, physical activity and good nutrition.

The **Missouri Diabetes Prevention and Control Program** creates awareness of risk factors for diabetes and control of diabetes to reduce and prevent complications of the disease. The program works to improve the lives of people with diabetes through community awareness and interventions, the National Diabetes Education Program, improvement of health care systems through continuing education for health care professionals, screening and management guidelines and professional education, including a resource guide for school personnel. This is accomplished through partnerships with a variety of state, local and national organizations.

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 for people with the disease through effective linkages and comprehensive surveillance and evaluation. The program works to raise asthma awareness within schools, worksites and communities and among 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 serving as an outside partner to gain support for the program and its services.

The **Organ Donor Program** maintains a statewide confidential registry of potential donors and collaborates with partners to provide education. The program is funded by donations of one dollar received by the driver's license offices throughout the state at the time an individual makes application for a driver's license or identification card or when they apply for a motorized vehicle plate. In addition, funds from special license plate contributions help support the program and registry. An advisory committee assists with educational efforts, recommends priorities, and reports annually to the governor and General Assembly. Visit [www.dhss.mo.gov/organdonor](http://www.dhss.mo.gov/organdonor) and register at [www.organdonor.com](http://www.organdonor.com).

The **Section for Chronic Disease Prevention and Nutrition Services** administers several programs that provide supplemental nutrition assistance to vulnerable populations to improve health status and contribute to optimum growth and development. The assistance includes meal subsidies to eligible organizations that feed

infants, children and youth and food packages for low-income elderly persons, women, infants and children.

The **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)** prescribes and pays for nutritious foods to supplement the diets of pregnant women, new mothers, infants and children up to their fifth birthday, 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, TANF or Food Stamps in Missouri). Program participants are reassessed periodically to determine eligibility status. The WIC program provides nutrition education to program participants to change eating patterns in a positive way to improve their health status; breastfeeding counseling and support to pregnant women and new mothers; conducts immunization screenings and referrals to assure children are age-appropriately immunized; and provides appropriate referrals to address the WIC participant's need. 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 contracts with retail grocers and pharmacies where participants redeem WIC checks for the prescribed supplemental foods.

The **WIC Farmers' Market Nutrition Program (FMNP)** provides WIC participants with six \$3 WIC checks to purchase fresh, unprepared, locally grown fruits and vegetables. The program operates from May 1 through October 31 in three counties in Missouri (Oregon, Washington and Jackson) with farmers authorized to accept WIC checks. The participants receive their checks from the local WIC agency where they receive WIC services and use them at the local farmers' market.

The **Program for Dietetic Interns (PDI)** provides training in skills required in dietetics for public health nutritionists and dietetic graduates through planned experiences and education opportunities that emphasize community and public health nutrition. The Commission on Accreditation accredits the program for Dietetics Education of the American Dietetics Association. The PDI is a 38-week dietetic internship program beginning in September and ending in May. Graduates are eligible to take the examination to become a registered dietitian.

The **Pediatric Nutrition Surveillance System** analyzes the growth, anemia and breastfeeding status and trends of children in federally funded child health and nutrition programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to monitor progress toward national health objectives and

to evaluate interventions to improve the nutritional health of children.

The **Pregnancy Nutrition Surveillance System** analyzes behavioral and nutritional risk factors among pregnant and postpartum women in the state enrolled in public health programs to monitor progress toward national health objectives and to evaluate interventions designed to improve the nutritional health of the women of childbearing age.

The **Child and Adult Care Food Program** is an entitlement program with the goal to improve the nutrient intake of participants in licensed childcare centers, licensed family child care homes, licensed adult day care centers, emergency homeless shelters, and after-school programs in order to improve health.

The **Summer Food Service Program** exists to improve the nutrient intakes of low-income children when school is not in session, thereby reducing their risk for health problems so that they may enjoy a long, healthy life. The program also enhances children's learning capabilities to help them succeed in school. The SFSP improves the quality of the summer programs offered in low-income areas and provides summer employment opportunities in local communities.

The **Commodity Supplemental Food Program** works to improve the nutrient intake of low-income pregnant and postpartum women, breastfeeding women, infants, children and elderly adults by providing commodity food packages specially formulated to provide additional sources of iron, calcium, protein and vitamins A and C.

## Public Health Practice and Administrative Support Section

The Public Health Practice and Administrative Support Section promotes the better understanding of health problems and needs in Missouri and assists the division in many functions, including initiation and maintenance of surveillance systems, data management and reporting, collection of birth and death information and fiscal services. The section also issues certified copies of Missouri birth and death records. These support services are available through the Office of Community Health Information, Bureau of Vital Records and Bureau of Health Informatics.

The **Office of Community Health Information** (CHI) is responsible for promoting health information for the division. The staff serves as an integral part of preventive health care programs, such as the smoking cessation campaign, cancer detection programs, treatment and management of obesity programs, genetics and healthy childhood, and child nutrition assistance and educa-

tion services. Avenues of health communication include news releases, website development, marketing campaigns, brochures/publications, conference exhibits and broadcast programs. In addition, CHI staff provides public information support for emergency response and terrorism.

**TEL-LINK**, the Department of Health and Senior Services' toll-free telephone line for maternal and child health services (800-835-5465), provides information and referrals to Missouri residents about a wide range of health services. All callers are given referral telephone numbers and then are transferred immediately to the appropriate agency or treatment center. TEL-LINK can connect callers to agencies and centers such as: local public health agencies, social service agencies, child support enforcement agencies, child care resource and referral agencies, WIC agencies, prenatal clinics, area offices for children with special health care needs, hospitals, non-emergency medical transportation services (Medicaid-eligible only), community health centers, mental health centers, sexual assault centers, domestic violence shelters and alcohol and drug abuse treatment centers. Calls are confidential and are answered 8 a.m. to 5 p.m., Monday through Friday. Recorded messages are taken after 5 p.m. on weekdays and throughout the day and night on weekends and holidays.

The section also works to improve health outcomes in Missouri through statistical and information systems activities and surveillance and epidemiology research related to maternal, infant, child and general adult health status; chronic disease risk factors and behaviors; environmental influences; and access and utilization of public health and health services. Surveillance activities include tracking selected indicators, disseminating data reports, and analyzing and interpreting the health data to develop interventions to improve the health of all Missourians.

The **Bureau of Vital Records** serves as the state archives for vital records. All births and deaths in Missouri are registered with the bureau, which issues copies of birth and death certificates to eligible persons. Missouri's files for resident births and deaths date from 1910. Other records on file include marriages and dissolutions of marriage dating back to 1948. In 2006, the bureau issued nearly 87,000 copies of vital records. Approximately 224,000 records of births, deaths, fetal deaths, marriages, divorces and abortions were filed with the Bureau of Vital Records in 2006.

The **Bureau of Health Informatics** collects, analyzes and distributes health-related information that promotes the better understanding of health problems and needs in Missouri, as well as spotlighting improvements and progress achieved in the general health status of Missourians. Data generated by the bureau aid and guide the plan-



ning, development and evaluation of programs and services of the department as well as the health-related activities of other agencies, institutions and organizations. General services of the bureau include: maintaining the needed vital statistics infrastructure and data to analyze and disseminate the health status of Missourians, providing specific statistical publications and preparing, editing and publishing other data reports for the department and disseminating health data via the web and other media. Surveillance activities conducted by the bureau include tracking selected indicators, disseminating data reports, analyzing and interpreting the health data, and providing guidance as to how the data products are intended to be used. Sub-units within the Bureau of Health Informatics include the following:

- The **Vital Statistics Analysis Team** conducts quality control of the statistical information on vital events (i.e., births, deaths, fetal deaths, marriages, dissolution of marriages, and induced abortions) and ensures compliance with the National Center for Health Statistics, Vital Statistics Cooperative Agreement (NCHS). The team also analyzes and reports data related to vital events and other health statistics. These vital statistics are published in monthly and annual reports as well as periodic special reports on the department web site. The team is responsible for the development of annual population estimates and the development and updating of various linked data systems. Vital events data, surveys and special data linkages are used to evaluate the effectiveness of various public health programs in Missouri.
- The **Healthcare Data Analysis Team** collects and analyzes Patient Abstract System (PAS) data from hospitals, emergency rooms and ambulatory surgical centers. It also collects and reports on nosocomial infection data submitted by hospitals and ambulatory surgical centers. The team publishes consumer guides on managed care which contain information obtained from commercial, Medicare and MC+ managed care plans on access to care, quality of care, and member satisfaction reports. This team has responsibility for analyzing data related to injuries in Missouri. Data sets that provide injury information include the PAS data, death certificate data and motor vehicle crash records that are linked to the PAS data.
- The **Surveillance and Research Team** manages nutritional surveillance systems for maternal and child populations in Missouri to analyze indicators that affect children's health and infant mortality and morbidity. The team also provides various types of statistical, epidemiological, analytic and report-

ing expertise relating to chronic diseases, obesity interventions, youth and adult tobacco use, and the number of uninsured. Additional responsibilities include economic forecasting to evaluate the health care costs of target populations served, relative to tobacco use, traumatic brain injury and other health conditions and diseases in Missouri.

- The **Health Informatics Resources Team** coordinates the preparation and publication of health data and statistics on the department's website. This includes the web-based data and statistical resources found in the Community Data Profiles and the data query application, Missouri Information for Community Assessment (MICA). These data tools are used by local public health agencies, health programs and other health-related organizations to assess health needs, monitor the health status of Missouri residents and guide decisions on health improvement strategies. The team also has responsibility for publishing statistics on hospital revenues, compiled from the information collected in annual surveys submitted by Missouri hospitals.

## Section for Disease Control and Environmental Epidemiology

The **Section for Disease Control and Environmental Epidemiology** is the principal unit involved in the investigation of the cause, origin and method of transmission of communicable diseases and diseases caused by environmental hazards. These diseases and conditions are major public health concerns in Missouri. The interrelated services of this section 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 section is integral to the Department of Health and Senior Services' emergency response to public health emergencies and natural disasters, including biological, chemical and radiological terrorism. The section assures rapid detection and response through a comprehensive surveillance system operated by public health staff prepared through expertise and training to detect diseases/ conditions that may indicate an emergency/ bioterrorism event.

The **Bureau of Environmental Regulations and Licensure (BERL)** is involved in the administration of environmental sanitation programs in accordance with Missouri statutes. BERL is responsible for overseeing the many environmental programs that affect the lives of Missourians everyday. Included in BERL are the Lead Licensing and Abatement Program, the Environmental Childcare



Program, the Food Protection Program, the Lodging Program and the Onsite Sewage Program.

**Lead Licensing and Abatement Program** services include:

- Reviewing applications and qualifications to determine compliance with lead licensing rules, and issuing licenses and photo identification badges. There are currently six categories of lead licenses: lead abatement workers, lead abatement supervisors, lead inspectors, risk assessors, project designers and lead abatement contractors (firms).
- Administering examinations for the licensure of lead abatement supervisors, lead inspectors and risk assessors.
- Conducting inspections of lead abatement worksites to determine compliance with licensure regulations and work practice standards/regulations.
- Reviewing lead training provider applications and curricula to determine compliance with accreditation regulations, and granting accreditation of lead training providers.
- Conducting audits of lead training providers to determine compliance with accreditation regulations.
- Receiving and investigating complaints on unlicensed individuals and contractors conducting lead abatement and/or lead-based paint detection activities, lead abatement and/or lead-based paint detection of activities improperly conducted, and complaints on lead training providers.
- Providing lists of licensed individuals to the public.
- Providing information on lead abatement methods.

**Technical Assistance** for Local Public Health Agencies provides information on a variety of environmental public health issues, including general sanitation, recreational water supplies including swimming pools, and information to industry and the public via the Internet.

**Environmental Child Care Program** services include:

- Conducting initial licensing inspections of proposed childcare providers.
- Reviewing blue prints to determine compliance of sanitation guidelines.
- Providing technical assistance to local public health agency Environmental Public Health Specialists (EPHS) on environmental childcare issues.
- Providing training to local public health agency EPHSs and licensed childcare providers.

- Providing environmental response to any emergencies affecting licensed childcare facilities.
- Contracting with local public health agencies to perform sanitation inspections for licensed childcare facilities.
- Receiving and investigating sanitation complaints on licensed childcare facilities.
- Providing lead risk assessments for licensed and proposed childcare facilities.

**Retail Food Safety and Food Processing Programs** services include:

- Assuring the safety and protection of food to minimize the potential risk of food-borne illnesses by 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.
- Assuring inspection of food establishments for compliance with sanitation codes and standards.
- Reviewing plans for new food facilities, assuring that salvage operations do not allow food products potentially harmful to human health to enter commerce.
- Certifying food sources located in Missouri for interstate and international transport.

**Emergency Response** services include:

- Providing guidelines/recommendations, training and technical assistance/consultation to local public health agencies on coordination of disease outbreak investigations, disease investigation control activities, food sanitation and analysis of data.
- Providing public health response to any emergencies affecting food, lodging safety and private water, including rapid response to public health emergencies and natural disasters, such as bioterrorism events.

**Lodging Program** services include:

- Reviewing applications and inspections to determine compliance of the new lodging rule, assuring sanitation and safety of commercial lodging establishments.
- Issuing licenses to those commercial lodging establishments that comply.
- Providing training to local public health agencies and industry on lodging regulations.

**Onsite Wastewater Treatment System Program** services include:

- Permitting and inspecting new construction and repairs of onsite wastewater treatment system (OWTS) facilities in compliance with state standards in 11 counties.

- Contracting with local public health agencies for permitting new construction and repairs of OWTS facilities in compliance with state standards in 43 counties.
- Providing technical assistance to county and municipal agencies that permit new construction and repairs of OWTS facilities under local onsite sewage ordinances.
- Reviewing applications and qualifications for OWTS professionals to determine compliance with rules, and issue registration and licenses. There are currently five categories of OWTS registration and licenses: OWTS installers, advanced OWTS installers, onsite soil evaluators, percolation testers, and private OWTS inspectors/evaluators (real estate related).
- Reviewing OWTS professional training provider applications and curricula to determine compliance with certification requirements, and certify OWTS training providers.
- Providing training courses for OWTS installers, advanced installers, inspectors/evaluators and local regulatory agency staff.
- Administering examinations for the onsite soil evaluators.
- Providing lists of registered and licensed individuals to the public.
- Monitoring OWTS training providers to determine compliance with certification requirements.
- Receiving and investigating complaints on unregistered or unlicensed individuals conducting OWTS installations, onsite soil evaluations, percolation tests and inspections/evaluations and on registered or licensed OWTS professionals improperly conducting OWTS activities.
- Reviewing new/innovative OWTS technology for compliance with standards and for effectiveness in protecting health and the environment.
- Responding to all radiological emergencies.

The **Bureau of Immunization Assessment and Assurance** ensures that Missouri children are appropriately immunized against vaccine-preventable diseases according to the recommendations of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). The bureau provides free vaccines to uninsured, Medicaid and underinsured children through the federal entitlement Vaccines for Children (VFC) Program; provides education and immunization record assessments for health care providers to increase coverage rates; develops and maintains a central immunization registry; tracks immunizations mandatorily

for school and day care; forecasts need and manages centralized vaccine inventory, purchasing, and shipping; and gives technical assistance to providers and the general public regarding recommendations, vaccine safety, schedules, and other general vaccine information.

The **Bureau of Communicable Disease Control and Prevention** conducts communicable disease surveillance, investigation and control of over 80 reportable diseases and conditions. Services and activities include:

- Monitoring communicable diseases through data collection, analysis and communication.
- Investigating communicable diseases and individual emerging disease cases (e.g., TB, pandemic influenza, monkeypox, SARS) to implement controls to prevent additional cases.
- Assuring rapid response to public health emergencies, disease outbreaks, and natural disasters including bioterrorism events.
- Providing consultation, assistance and recommendations to local health agencies, physicians, laboratories and others regarding changes to communicable disease reporting requirements and control measures for communicable diseases of public health importance.
- Providing health education and training on communicable diseases for public health professionals.
- Providing information on infectious diseases to local health jurisdictions, the medical community, and to the general public through press releases, interviews with the news media, pamphlets, reports, the Health Alert Network, the Department of Health and Senior Services (DHSS) web site and the bureau's ListServe.

#### **HIV Counseling, Testing and Referral Program**

This program focuses on increasing the early detection of HIV infection by providing an opportunity for free testing in every county in Missouri. Health care settings with a higher prevalence of HIV not only offer the traditional blood test, but may also have available oral testing, rapid testing and anonymous testing. The department contracts with local public health agencies and community based organizations to provide testing within their clinics and perform outreach activities. Client centered prevention counseling is provided to identify and reduce the risk of acquiring HIV infection.

#### **HIV/STD Community Planning**

The Community Planning program focuses on prevention of HIV and other sexually transmitted diseases (STDs) at the state and local level through a shared planning process between the

health department administering HIV/STD prevention funds and representatives of the communities for whom the services are intended. This includes one central HIV/STD prevention community planning body and six regional planning advisory groups (RPAGs). These groups work closely with the department, local public health agencies, and community based organizations to develop and implement culturally competent and scientifically based regional prevention plans. Regional funds for prevention programming are allocated based on the priority populations and priority needs identified in the regional plans.

#### **Health Education/Risk Reduction (HE/RR)**

The focus of the HE/RR program is to reduce the spread of STDs, especially HIV, by providing health education services which are client centered, skill based and focused on modification of high risk behavior. Funds are contracted to local health departments with HE/RR services provided through local staff or subcontracted with community-based organizations.

#### **STD/HIV Partner Counseling and Referral Services**

Disease Intervention Specialists (DIS) are responsible for assuring appropriate reporting and treatment for individuals diagnosed with HIV, syphilis, gonorrhea and chlamydia. Individuals diagnosed with syphilis and HIV are contacted and counseled, which includes education, follow-up testing, referral to medical care/case management (when appropriate), and partner services. Included in partner services is partner elicitation and notification, where DIS elicit the names and locating information for the infected person's sex partners (and needle-sharing partners for HIV) and confidentially notify the exposed individuals of the exposure. DIS are equipped to collect specimens for testing or to refer individuals to area clinics for free and confidential testing and treatment. Additionally, DIS serve as a resource for health care providers and the general public in the assigned jurisdiction. These responsibilities are varied and include testing/treatment consultation, disease education, educational presentations and outreach screening activities.

#### **Syphilis Elimination Program**

With expanded surveillance and outbreak response plan activities, rapid screening and treatment efforts in cooperation with community and agency partnerships, the program's goal is to enhance health promotion about syphilis throughout the state. The program works very closely with local community-based organizations, local public health agencies and disease intervention specialists throughout the state to perform screening and various outreach activities to increase knowledge of the disease within high-risk communities.

#### **Missouri Infertility Prevention Program**

The Missouri Infertility Prevention Program is a project utilizing CDC recommendations to screen at-risk women for chlamydia. Many women are asymptomatic; if left untreated, chlamydia can cause infertility. The program works closely with high prevalence health care settings to conduct screening, treatment and partner management.

#### **Disease Surveillance**

The HIV, STD and Hepatitis Surveillance Unit tracks and documents occurrence and distribution of syphilis, gonorrhea, chlamydia, HIV/AIDS, hepatitis B, and hepatitis C in Missouri. Services include working with hospitals, physicians, laboratories and other providers to report diseases, maintaining data systems to capture the information obtained from these sources, analyzing and interpreting data to track trends and producing reports from this analysis.

#### **National HIV Behavioral Surveillance**

The National HIV Behavioral Surveillance (NHBS) project focuses on the collection of data related to behaviors that place people at risk for HIV infection. NHBS activities are being implemented in multiple cycles. Each cycle is referred to by the group of interest: men who have sex with men (MSM), injecting drug users (IDU), and heterosexuals at risk for HIV infection (HET). Findings from NHBS will be used to enhance understanding of risk and testing behaviors, and to develop and evaluate HIV prevention programs that provide services to groups at highest risk for HIV infection.

#### **HIV Case Management**

The Ryan White HIV case management program assists HIV+ Missourians with gaining and maintaining access to medical care, including primary care, mental health care, substance abuse treatment, dental and vision care, along with providing assistance in the development of self-management skills in order to live fuller lives with this chronic disease. Referrals are also made for additional supportive services including:

- **AIDS Drugs Assistance Program (ADAP):** allows uninsured and underinsured HIV+ clients to gain access to treatment and life-saving medications.
- **Housing Opportunities for Persons With AIDS (HOPWA):** provides supportive housing services to HIV+ clients under 100% of the federal poverty income level in order to prevent homelessness in coordination with improved access to medical care.
- **Medicaid Waiver:** provides home health services to Medicaid eligible HIV+ clients to allow them to avoid nursing home placement and remain in their homes.

### Perinatal Disease Prevention Program

The Perinatal Disease Prevention Program works to reduce mother-to-child transmission of HIV, Hepatitis B and syphilis infection in Missouri infants. This is done through technical assistance, training and education to health care providers, birthing hospitals and local public health agencies, keeping them apprised of standards of care related to maternal prenatal screening (testing) and preventative interventions for infants born at risk of HIV, hepatitis B and congenital syphilis. Birthing hospital record and policy reviews are conducted to determine current prenatal testing and treatment practices in order to provide targeted prevention education to help eliminate mother-to-child transmission of these diseases. The program follows infants born to Hepatitis B infected women in case management to help ensure completion of the Hepatitis B vaccination series and post-vaccination anti-HBs testing to determine immunity.

The **Bureau of Environmental Epidemiology** is involved in the investigation and prevention of diseases related to the environment. The bureau's efforts focus on diseases associated with exposure to chemical and physical agents in our environment. Services include:

- conducting epidemiological studies of environmentally-related outbreaks of disease.
- performing health assessments and quantitative risk assessments of hazardous waste sites.
- providing public health consultation and toxicological consultation for emergencies involving chemicals.
- providing technical advice related to pesticides and other hazardous substances.
- implementing the state Childhood Lead Poisoning Prevention Program and administering lead grants from the Centers for Disease Control and Prevention and the Environmental Protection Agency.
- responding to emergencies affecting private water supplies.
- providing professional and public information on radon.
- providing technical advice related to indoor air quality issues.
- providing technical assistance to local public health agencies on environmental public health issues.
- providing consultation, technical assistance and inspection services related to hazardous substances affecting private water supplies.

The **Division of Regulation and Licensure** oversees the health care regulatory programs of the department and assures the safety, health,

welfare and rights of persons residing in long term care facilities.

The **Family Care Safety Registry** serves as a resource for background screening information maintained by various state agencies. Those wishing to hire a child-care, elder-care or personal-care worker may contact the registry using a toll-free access line and obtain background information about a caregiver. The registry became operational January 1, 2001, and utilizes a computer interface to streamline the process to obtain background information from various state agencies.

Information accessed by the registry includes: criminal history, sex offender registry, substantiated claims of child abuse/neglect, the DHSS employee disqualification list, the Department of Mental Health employee disqualification registry, child care license revocations and foster parent license denials, revocations and suspensions. In addition to the needs of families selecting an individual for a private employment arrangement, many employers of child-care, elder-care and personal-care workers are required to obtain background screening information for staff in order to obtain or maintain licensure or to be in compliance with state regulations. Employers, such as child-care centers and nursing homes, often have difficulty in recruiting and maintaining skilled staff. The delays they currently experience in obtaining background screening results can impact their ability to hire and retain staff. These employers are required to contact several state agencies in order to comply with statutes or regulations for background screening. The registry offers these employers an alternative to their current method of obtaining background screening information.

The registry maintains a toll-free access line (866-422-6872) to respond to requested information and allows the requestor to receive an immediate response as often as they like at no cost. The access line is staffed from 7:00 a.m. to 6:00 p.m., Monday through Friday, and a website ([www.dhss.mo.gov/FCSR](http://www.dhss.mo.gov/FCSR)) is also maintained for easy access.

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 ten 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 **Section for Health Standards and Licensure** oversees the health care and child care regulatory programs of the department. Supervision is provided for hospital licensure and certification activities, hospice and home health licensure and certification activities, emergency medical services, registration of handlers of controlled substances, child care provider licensure activities, and inspection of license-exempt child care providers.

The **Bureau of Healthcare Oversight** is responsible for health facility licensing and certification services, home health agencies, hospices, outpatient physical therapy/speech rehabilitation agencies and comprehensive outpatient rehabilitation facilities licensing and certification services, emergency medical services and trauma services and related programs administered by the Department of Health and Senior Services. The bureau consists of three units: Health Facility Regulation, Home Care and Rehabilitative Standards, and Emergency Medical Services.

The **Unit 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 unit also contracts with the Center for Medicare/Medicaid Services 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, end-stage renal disease facilities, portable x-ray providers, ambulatory surgical centers, rural health clinics and long-term care units in hospitals.

The unit also registers medical sources of ionizing radiation throughout the state, including x-ray machines. The unit contracts with the Federal Drug Administration to perform surveys of mammography screening providers.

The **Bureau of Home Care and Rehabilitative Standards** is responsible for regulating and licensing Missouri's home health agencies and hospices. Home health agencies and hospices

are required to renew their state licenses annually, in accordance with current statutes.

Additionally, through contracts with the Centers for Medicare/Medicaid Services, surveys are conducted for certifying home health agencies, hospice organizations, outpatient rehabilitation facilities, and comprehensive outpatient rehabilitation facilities as providers under Title XVIII (Medicare) of the Social Security Act. Consultation is provided regarding licensing requirements and compliance with Medicare Conditions and Participation.

The **Unit of Emergency Medical Services** administers the laws relating to emergency medical technicians-basic, emergency medical technicians-paramedic, 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 700,000 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 12,000 severely injured patients per year.

This unit 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 that 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 physi-



cians, 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 these substances.

The **Bureau of Child Care** 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 conduct on-site inspections of child care facilities as well as provide 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. Training for child care providers is partially provided through contracts with training organizations. Consultation and technical assistance for child care providers is provided by local community health nurses through a contracted program. In addition, referral services, consultation and technical services are provided to families of special needs children and the providers who serve those families.

The **Section for Long Term Care Regulation**, in accordance with the Omnibus Nursing Home Act, is responsible for assuring the safety, health, welfare and rights of persons residing in nursing homes (long term care facilities). The section has the legal authority to intervene in cases of abuse, neglect or exploitation among elderly or disabled persons who reside in nursing homes. The section:

- inspects and licenses adult day care centers, adult residential care, intermediate care and skilled nursing facilities.

- investigates complaints of abuse or neglect at long-term care facilities.
- reviews and approves plans for proposed long-term care facilities.
- investigates complaints for any allegation of failure to comply with all rules and regulations.
- investigates complaints of misuse of resident funds in long-term care facilities.
- reviews applications for licenses to operate a long-term care facility.
- inspects, conducts utilization reviews, and determines client eligibility for intermediate care facilities for persons with mental retardation (ICF/MR).
- implements appropriate rules and regulations in accordance with the Omnibus Nursing Home Act; and with the U.S. Department of Health and Human Services, determines Medicaid/Medicare certification of intermediate care and skilled facilities.

The **Division of Senior and Disability Services** serves as the state agency charged with protecting seniors and adults with disabilities from abuse, neglect and financial exploitation. Additionally, the division serves as the State Unit on Aging carrying out the mandates for the state of Missouri regarding programs and services for seniors. The division is responsible for oversight and implementation of programs designed to maximize independence and safety for adults who choose to remain independent in the community by administering state and federally-funded home and community-based programs.

The **Office of the State Long-Term Care Ombudsman for Facility Residents** is authorized under the federal Older Americans Act and Chapter 660.600 RSMo, to advocate on behalf of the residents of long-term care facilities. The ten Missouri Area Agencies on Aging either run their local programs directly or contract them out to a local not-for-profit organization. The Long-Term Care Ombudsman Program advocates for the rights of residents by investigating complaints/concerns, and providing information to residents/family members and the community on such topics as choosing a facility, loss and theft and best practices for care. The program recruits, trains and supervises volunteers who visit facility residents on a weekly basis.

The Elder Abuse and Neglect Hotline, or **Central Registry Unit (CRU)**, was established in 1980 and responds to reports of alleged abuse, neglect or financial exploitation of persons 60 years of age or older and other eligible adults between 18 and 59. Calls are received at the centralized registry, registered into the system, and a report is sent to the appropriate investigative authority.



Trained staff respond based on the severity of the circumstances and the degree of risk to the eligible adult. All information obtained during investigations is confidential and protected under state law.

The hotline **(1-800-392-0210)** operates 24 hours per day, 365 days per year.

The **Bureau of Program Integrity** is responsible for the interpretation, development, implementation and maintenance of Missouri adult protective services and case management policies. Staff interpret and promulgate state regulations, coordinate and develop protocols through standard operating procedures intended to maximize efficiency and effectiveness in the provision of adult protective and home and community based services.

The bureau provides oversight, support and program evaluation in the administration of State Plan Personal Care and Adult Day Health Care Services, administers the Aged and Disabled Medicaid Waiver, and the Independent Living Waiver, in coordination with the Department of Social Services/Division of Medical Services. The bureau also oversees training for field staff, development and improvement of the information systems used for tracking statistical information, and authorization and reimbursement for care as prior-authorized by staff. Policies are developed in compliance with applicable *Code of State Regulations*, state and federal statutes, guidelines and rules.

The **Bureau of Quality Assurance (BQA)** is charged with the contract oversight and program compliance of in-home service providers, consumer directed vendors and counseling providers that deliver prior-authorized services to clients/consumers of the Division of Senior and Disability Services. Monitoring activities include on-site surveys, complaint investigations, technical assistance, pre-contract site visits, annual review of contract requirements, and on-site surveys and revisits to ensure providers/vendors are operating in compliance with the contract and applicable state and federal laws.

The **Bureau of Home and Community Services** is responsible for services and programs directly administered by the division for eligible persons 60 years of age or older and adults with disabilities between the ages of 18 and 59. Generally, to be eligible for services, adults must meet specific guidelines pertaining to protective, economic, social and care needs. Through a comprehensive investigation or assessment process, the bureau determines the intervention and/or services necessary to meet the needs of each eligible adult. Professionally trained staff carry out state mandates for direct services to adults in Missouri. Field staff are responsible for:

- investigating reports of elder abuse, neglect and exploitation of adults living in the community.
- intervening on behalf of eligible adults believed to be at risk of injury or harm, which includes preparing cases for litigation based on investigative findings.
- screening individuals considering long term care to ensure they have the ability to make an informed decision about care and care settings.
- providing case management services to individuals requiring assistance to remain in their homes, including intake and screening, assessment, service planning and authorization, care monitoring, eligibility reassessment, adjustments to care plans and discharge.
- authorizing in-home services in the home or community under the Missouri Care Options (MCO) program through state and federal funding to include basic and advanced personal care, homemaker, chore, nursing services, counseling, basic and advanced respite, and adult day health care.
- overseeing care plans developed in conjunction with seniors and persons with disabilities in community based settings who are screened and determined to be medically eligible for nursing facility care and Medicaid eligible (or potentially Medicaid eligible).
- coordinating with other organizations involved in care planning to include state and Medicaid funded in-home and consumer-directed services, home health, and local community resource providers on behalf of clients to strengthen the support system necessary to maintain independence and ensure the highest quality of service delivery available.

The **Bureau of Senior Programs** is responsible for activities on behalf of the division and ensures the effective and efficient management of state and local activities associated with the Older Americans Act. As a result of the 1973 amendments to the Older Americans Act, states must designate planning and service areas to develop and implement programs and services for older persons at the local level. Missouri has ten Area Agencies on Aging (AAAs), each responsible for providing services and overseeing programs within specifically defined geographic boundaries. Within the mandates of the Act, priority is given to serving older adults in the greatest social and economic need with a focus on serving low-income and minority elderly. Staff primarily:

- conducts periodic monitoring reviews of the local programs to verify compliance with state and federal guidelines and to validate program and service effectiveness.

- develops and implements programs related to legal issues for seniors.
- provides training and technical assistance to AAA staff members and their boards as requested, keeping them apprised of new developments in the aging field, and federal and state policies and procedures.

Each AAA is allowed flexibility in providing the services most needed within its planning and service area. Each AAA:

- is required to submit an area plan for review and approval in order to receive funding to carry out various provisions of the Older Americans Act at the local level.
- administers the nutrition program – both congregate and home-delivered meals, including nutrition education activities.
- provides funding for access services, legal services and in-home services. Access services include transportation and information and assistance, and general outreach and advocacy activities. (In-home services include homemaker chore, personal care and respite.)
- provides disease prevention and health promotion activities or services to encourage the employment of older workers, services to support family caregivers, ombudsman services, and information about the prevention of abuse, neglect and exploitation of seniors.
- AAAs may also provide one or more of the following services: minor home modification, counseling, adult day care, telephone reassurance, friendly visiting, case management and volunteer recruitment.

## Certificate of Need Program

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*Jefferson City 65102*

*Telephone: (573) 751-6403 / FAX: (573) 751-7894*

*www.dhss.mo.gov/CON/ / E-mail: mocon@mchsi.com*

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 has 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.