Mississippi State Department of Health

Fiscal Years 2012 - 2016

Strategic Plan

Prepared in Accordance with the
Mississippi Performance Budget
and Strategic Planning Act of 1994

Office of Health Administration
August 2011

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Mississippi State Department of Health

Mission Statement

The Mississippi State Department of Health mission is to promote and protect the health of the citizens of Mississippi.

Vision Statement

The MSDH strives for excellence in government, cultural competence in carrying out its mission, and local solutions to local problems.

Value Statement

The MSDH identifies its values as applied scientific knowledge, teamwork, and customer service.

Strategic Directions

The MSDH has identified the following areas to guide development of program objectives and strategies:

I. Strategic Planning and Policy Development
- A. Strategic and operational planning
- B. Community assessment
- C. Information systems
- D. Data analysis and quality review
- E. Local and state health department performance and capacity assessment
- F. Evaluation of services and policies based on 2020 health objectives

II. Healthy People in Healthy Communities
- A. Epidemiological model utilization
- B. Interventions based on causes of morbidity and mortality
- C. Environmental health
- D. Community health promotion

III. Quality Improvement and Performance Measurement
- A. Human resource development
- B. Cultural sensitivity and awareness
- C. Team approach to fulfilling mission
- D. Customer focus
- E. Program and system performance monitoring
- F. Linkages with academic centers

IV. Public Health Emergency Preparedness
- A. Statewide planning
- B. Partnership development for planning and implementation
- C. Increased surveillance
- D. Enhanced technology for training and communication
- E. Enhanced system of early detection, reporting, and response

External Environmental Analysis

Numerous external factors may influence the agency's ability to reach its goals and objectives. MSDH is strongly affected by changes in federal and state laws, regulations, and funding. In addition, the agency must respond to changes in the health care system, an arena that remains volatile. The following represent a summary of major external factors that the Department must consider in its planning:

Demographic

- High poverty and unemployment rates, creating greater demands for public services
- Very rural population, creating transportation and service delivery problems
- Low education levels in the general population
- Poor local tax base; diminishing state dollars
- Increasing Spanish-speaking population

Health Status

- High mortality and morbidity rates
- High rates of behavioral risk factors
- High teen birth rates

Service Delivery System

- Increased attention to bioterrorism and other public health threats and emergencies
- Maldistribution of health care providers, especially physicians
- Shortages of nurses and other health care providers
- Lack of Community Health Centers statewide
- Uncertain third party and federal reimbursement levels
- Continuing excessive cost increases in the medical care arena: staff, equipment, and contractual items
- Changes in standard medical practice and malpractice insurance concerns
- Changes in program operations and practices mandated by state and federal legislation

Internal Management System

The MSDH has established a process to monitor program and service delivery activities carried out by local health departments within the centralized organizational structure. The activities are composites of all dimensions of the agency – counties, districts, programs, disciplines, and related or support units. The desired result is a continuous improvement in the quality of services delivered to the state's citizens.

Internal Audit

Internal Audit is independent of the Department of Health; the Internal Audit director is hired by and reports directly to the State Board of Health. Internal Audit staff conduct financial, compliance, electronic data processing, and operational and efficiency audits of the agency. Internal Audit staff also evaluate internal controls over accounting systems, administrative systems, electronic data processing systems, and all other major systems to ensure accountability.

Audits consist of all nine public health districts and each office unit in the Central Office. The Internal Audit Director reviews all audits, and the director of each office or district receives a copy of the report for response and corrective action. When appropriate, copies of supporting documentation, such as memos or inventory forms, accompany the response. The reports, along with the response and corrective action, are issued to the State Health Officer and the Board of Health each quarter in accordance with the Mississippi Internal Audit Act.

Areas of major dispute, such as policy interpretation or disagreement, severe and immediate patient care problems, or serious discrepancies in fiscal accountability, are handled individually by the State Health Officer or the Board of Health and the appropriate parties. Any item of a serious nature noted during the course of the audit and requiring immediate action is brought to the attention of the Board of Health and/ or the State Health Officer at the time it is noted.

Related Reviews

The Quality Management Branch of the Division of Home Health conducts quality assurance reviews in the home health regions, focusing on compliance with program guidelines and patient care. Copies of the written reports from these reviews are handled in the same manner as the fiscal audits. Other offices in the agency may also receive copies as appropriate based on the content of the review.

Other agency reviews include those coordinated by specific programs with federal rules and regulations requiring an ongoing compliance review process, and quality and performance reviews conducted by county and district staff. These reviews are significant to the operations of selected programs and are an important part of the agency's total quality management program.

State audit and federal program reviews are also a significant part of the agency's operations. Any responses to these reports are reviewed for consistency with other review responses, agency policies, and follow-up requirements.

Complaint Investigation

Complaints from the public or from staff are relayed to Field Services for follow-up. Coordination with other offices, such as compliance or program offices, is planned as required by the nature of the complaint. All complaints receive investigation and written reports are filed.

Program Plans

Health Services

The MSDH Office of Health Services includes Maternal and Child Health Programs, Oral Health, and Preventive Health. The mission of Maternal and Child Health programs is to reduce maternal and infant mortality, morbidity, and low birth weight through prenatal and postnatal care; to reduce the incidence of unplanned pregnancies; to provide assistance to children with special health care needs; and to minimize the effects of genetic disorders through early detection and timely medical evaluation, diagnosis, and treatment. Oral Health Services promotes oral health among children, adolescents, and their families through screening, counseling, and the use of proven preventive strategies such as providing start-up funds for fluoridation of community water systems, providing dental sealants and fluoride varnish to school children, and providing oral health education and screening. The Office of Preventive Health promotes healthy lifestyles, environments, and policies through community-based initiatives, worksites, and schools, and includes programs aimed specifically at diabetes prevention and control, heart disease and stroke prevention, injury prevention, community health, and comprehensive cancer control.

FY 2012 Funding:	$ 6,863,356	General
	2,629,663	State Support Special Funds
	112,528,978	Federal
	36,939,839	Other
	$158,961,836	Total
FY 2013 Funding:	$ 9,444,789	General
	1,451,940	State Support Special Funds
	114,006,499	Federal
	38,307,935	Other
	$163,211,163	Total
FY 2014 Funding:	$ 8,798,537	General
	2,190,140	State Support Special Funds
	115,539,219	Federal
	39,203,866	Other
	$165,731,762	Total
FY 2015 Funding:	$ 8,927,928	General
	2,190,140	State Support Special Funds
	117,159,874	Federal
	39,862,735	Other
	$168,140,677	Total
FY 2016 Funding:	$ 9,057,318	General
	2,190,140	State Support Special Funds
	118,780,529	Federal
	40,521,603	Other
	$170,549,590	Total

Maternity/Perinatal Services

Need: Much of Mississippi is rural, and many areas have a population income below the federal poverty level. This population does not always have access to quality health care and needs a "safety net" provider to assure appropriate care for pregnant women, particularly those in high-risk categories.

In addition, Mississippi's infant mortality rate remains higher than the national average. Many factors contribute to this problem, including late or inadequate prenatal care; unhealthy maternal lifestyles, such as improper prenatal nutrition, smoking, or substance abuse; low socio-economic status and/or low educational attainment of families; and medical disorders, low birthweight, or congenital disorders of infants. The Institute of Medicine reports that comprehensive, appropriate, and continuous prenatal and infant care, especially for high-risk groups, reduces the incidence of low birthweight and infant mortality, thereby reducing the high costs associated with these problems.

Areas of great concern for the MSDH include the need to reduce the number of low birthweight births and infant deaths and to increase the number of women who receive comprehensive and continuous prenatal care beginning in the first trimester of pregnancy. Low birthweight infants are more likely to die during the first year of life and are at increased risk of mental retardation, congenital anomalies, growth and developmental problems, visual and hearing defects, and abuse/neglect.

Program Description: The MSDH provides maternity services through county health departments, targeting pregnant women whose income is at or below 185 percent of the federal poverty level. The Maternity Program strives to provide accessible and continuous quality maternity services based on risk status, with referral to appropriate physicians and hospitals as indicated. A multidisciplinary team including physicians, nurse practitioners, nurses, nutritionists, and social workers provides ambulatory care throughout pregnancy and the postpartum period, and emphasizes entry into family planning services for the mother and well-child care for the infant following delivery. Close follow-up for both is a high priority for 12 months after delivery.

The ***Perinatal High Risk Management/Infant Services System (PHRM)*** uses nurses, social workers, and nutritionists to provide multidisciplinary services to high-risk mothers and infants. Targeted case management can better treat the whole patient, improve access to available resources, provide early detection of risk factors, allow coordinated care, and decrease low birthweight and preterm delivery. This team of professionals provides risk screening assessments, counseling, health education, home visiting, and monthly case management.

The ***Maternal and Infant Mortality Surveillance System*** collects information on infant and maternal deaths to identify and examine factors associated with the death of a woman who had been pregnant or with the death of an infant. The information is compiled from a variety of sources, such as medical and public health records and family interviews, and reviewed to determine if or how the death could have been prevented. These reviews are used to improve services, resources, and community support for pregnant women, infants, and their families.

Perinatal Regionalization is a system of care that involves obstetric and pediatric providers, hospitals, and public health and includes outreach education, consultation, transport services, and back-transport from the Neonatal Intensive Care Unit. Regionalization of perinatal services is an effective strategy for decreasing neonatal and infant mortality and morbidity, with pronounced effects on mortality among Very Low Birthweight infants (<1,500 grams). The success of such a system depends on identification and appropriate

referral of women with high-risk pregnancies, maternal transport when indicated, and stabilization and transport of sick infants to hospitals with higher level services when needed. Implemented through voluntary cooperation, Mississippi's system is not completely developed.

The MSDH Women's Health Program is also responsible for an ***Osteoporosis Screening and Awareness Program.*** Osteoporosis is a silent disease frequently discovered when an unexpected fracture of a bone occurs. Recognizing the seriousness of this disease, the Mississippi Legislature authorized the MSDH to establish, maintain, and promote a prevention and treatment education program.

Program Goal: The goal of the Maternity/Perinatal Services Program is to reduce maternal and infant mortality and morbidity and ensure access to comprehensive health services that affect positive outcomes for women through risk-appropriate prenatal care.

FY 2011 Program Outputs

Number of maternity patients served	6,584
Number of Maternity Visits (nurse, physician, nurse practitioner, social worker, nutritionist, field nursing visits)	30,859
Number of PHRM/ISS patients served	28,073
PHRM/ISS encounters	
Initial case management (maternity only)	3,579
Monthly case management	36,469

CY 2009 Outcome Measures[1]

State infant mortality rate (per 1,000 live births)	10.0[2]
State neonatal mortality rate (per 1,000 live births)	6.1
State postneonatal mortality rate (per 1,000 live births)	3.8
State fetal death rate (per 1,000 live births)	9.3
Percentage of women who received prenatal care in first trimester	82.8
Incidence of low-birthweight births	12.3

[1] *Outcome measures are based on Vital Statistics data, which are published each fall for the previous year. CY 2009 is currently the most recent data available; CY 2010 data will be available in the fall of 2011. Therefore, objectives are presented by calendar year and begin with 2011.*

[2] *The state's infant mortality rate is affected by many factors and entities other than MSDH activities.*

CY 2011 Objectives:

- Maintain the state's infant mortality rate at no more than 10.1 per 1,000 live births.
- Reduce the fetal death rate to no more than 9.2 per 1,000 live births plus fetal deaths.
- Increase the percentage of women receiving prenatal care during the first trimester to 82.4%.
- Increase the number of PHRM/ISS patients served to 29,200 (FY 2012).

Funding: Included with Health Services totals

CY 2012 Objectives:

- Reduce the state's infant mortality rate below that of CY 2011.
- Reduce the fetal death rate below that of CY 2011.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester above that of CY 2011.
- Increase the number of PHRM patients served to 29,250 (FY 2013).

Funding: Included with Health Services totals

CY 2013 Objectives:

- Reduce the state's infant mortality rate below that of CY 2012.
- Reduce the fetal death rate below that of CY 2012.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester above that of CY 2012.
- Maintain the number of PHRM patients served at 29,250 (FY 2014).

Funding: Included with Health Services totals

CY 2014 Objectives:

- Reduce the state's infant mortality rate below that of CY 2013.
- Reduce the fetal death rate below that of CY 2013.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester above that of CY 2013.
- Maintain the number of PHRM patients served at 29,250 (FY 2015).

Funding: Included with Health Services totals

CY 2015 Objectives:

- Reduce the state's infant mortality rate below that of CY 2014.
- Reduce the fetal death rate below that of CY 2014.
- Increase the percentage of pregnant women receiving prenatal care during the first trimester above that of CY 2014.
- Maintain the number of PHRM patients served at 29,250 (FY 2015).

Funding: Included with Health Services totals

Family Planning

Need: Mississippi has one of the nation's highest percentages of births to teens ─ in 2009, 16.5% of all births in the state were to teenagers. Mississippi's rate of births to teenagers age 15-19 was 64.1 per 1,000 births, compared to a national rate of 42 per 1,000 births (2008; most recent national data available; Mississippi 2008 rate was 65.6). Teen mothers are more likely to drop out of school, require long-term financial support, and be involved in child abuse.

Almost 55.2% of the total births in 2009 were to unmarried mothers. In addition, a majority of the births among women with family incomes below the poverty level are unplanned. The Alan Guttmacher Institute estimates that every dollar spent on publicly funded family planning clinics saves taxpayers an average of $3.74 on expenditures such as medical services, welfare, and nutritional services.

Moreover, the Family Planning Program often serves as an entry point into the health care system for people seeking care. The program provides access to annual physicals, screening for cancer and sexually transmitted diseases, and other services that many clients would not otherwise receive. Through encouraging individuals to make choices regarding the spacing and number of their children and to increase the interval between births, family planning plays an integral role in efforts to improve the health of women and children in Mississippi. Prevention of unintended pregnancy has a significant positive impact on the physical, emotional, financial, and social well-being of parents and their children.

Program Description: The MSDH Family Planning Program provides comprehensive reproductive health care for low-income women, men, and adolescents. The program provides services through a statewide network of more than 102 health care facilities including local health departments, community health centers, and certain contracted agencies that provide contraceptives without other services. Family Planning targets sexually active teenagers (age 19 and younger) at or below 100% of the federal poverty level and women 20-44 years of age with incomes at or below 150% of the federal poverty level. A multidisciplinary team provides services that include medical examinations involving pap smears and pelvic exams, confidential counseling, nutrition education, social services, and contraceptive supplies. Voluntary surgical sterilizations are available for men and women at risk who choose a permanent method of contraception, and infertility services are available for persons desiring pregnancy.

Program Goal: The goal of the Family Planning Program is to improve maternal and infant health, prevent unintended pregnancies, and reduce the incidence of teenage pregnancy.

FY 2011 Program Outputs

Number of unduplicated users	65,562
Number of users 19 years of age or younger	18,032
Number of male users	351
Number of family planning waiver clients served	6,516

FY 2011 Outcome Measures

Estimated total number of unplanned pregnancies prevented	10,687
Estimated number of unplanned pregnancies prevented to women 19 years of age and younger	2,939
Percentage of adolescents served receiving enhanced counseling	100%
Percent of teen mothers pregnant with their second child[1]	21.1%
Percent of births to girls less than 15 years of age[1]	2.0%
Pregnancy rate among non-white girls aged 15-19 (per 1,000 population)[1]	90.3

[1] *Based on CY 2009 live birth data (most recent available*)

FY 2012 Objectives:

- Provide services to approximately 65,000 users through county health departments and subcontractors, including 18,186 users aged 19 and younger.
- Serve at least 7,000 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services by 2.8%.
- Reduce the percent of teen mothers pregnant with their second child to 21.0%.
- Reduce the percent of births to girls less than 15 years of age to 1.9%.

Funding: Included with Health Services totals

FY 2013 Objectives:

- Provide services to approximately 65,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 7,000 clients through the Medicaid family planning waiver program.
- Maintain the number of males receiving family planning services at 361.
- Maintain the percent of teen mothers pregnant with their second child at 21.
- Maintain the percent of births to girls less than 15 years of age at 1.9.

Funding: Included with Health Services totals

FY 2014 Objectives:

- Provide services to approximately 65,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 7,000 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services above that of 2013.
- Reduce the percent of teen mothers pregnant with their second child below that of 2013.
- Reduce the percent of births to girls less than 15 years of age below that of 2013.

Funding: Included with Health Services totals

FY 2015 Objectives:

- Provide services to approximately 65,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 7,000 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services above that of FY 2014.
- Reduce the percent of teen mothers pregnant with their second child below that of FY 2014.
- Reduce the percent of births to girls less than 15 years of age below that of FY 2014.

Funding: Included with Health Services totals

FY 2016 Objectives:

- Provide services to approximately 65,000 users through county health departments and subcontractors, including 18,600 users aged 19 and younger.
- Serve at least 7,000 clients through the Medicaid family planning waiver program.
- Increase the number of males receiving family planning services above that of FY 2015.
- Reduce the percent of teen mothers pregnant with their second child below that of FY 2015.
- Reduce the percent of births to girls less than 15 years of age below that of FY 2015.

Funding: Included with Health Services totals

Breast and Cervical Cancer

Need: The American Cancer Society estimates that 2,170 new cases of breast cancer and 150 new cases of cervical cancer will be diagnosed in Mississippi in 2011, and that approximately 400 Mississippians will die of breast cancer during the year. Breast cancer is the second leading cause of cancer deaths among women age 45 to 65. Early detection and treatment is essential in reducing mortality from these diseases; the survival rate for non-invasive breast cancer approaches 100%, and the survival rate for cervical cancer is 80-90%.

Program Description: The MSDH Breast and Cervical Cancer Program focuses on two major areas: 1) targeted screening for breast and cervical cancer, and 2) referral, follow-up, and reimbursement for outpatient diagnostic services. The program works with the MSDH Maternal/Child Health and Family Planning programs in screening for cervical cancer in women of reproductive age and provides reimbursement for diagnostic services for breast and cervical screening (colposcopy directed biopsy) and mammograms. Currently, the program has 47 contracts for breast and cervical cancer screening and 42 contracts for mammography.

The program also offers educational programs and provides educational materials for all providers to help educate patients in breast and cervical cancer prevention and early detection. In addition, a limited amount of medication is available through the MSDH Pharmacy for treatment of breast cancer. Treatment funds are available via the Division of Medicaid for women detected with breast or cervical cancer and enrolled in the Breast and Cervical Cancer Program.

Program Goal: The goal of the Breast and Cervical Cancer Program is to prevent premature death and undue illness through early detection and treatment of breast and cervical cancer. Strategies employed to accomplish this goal include public education, Pap exams, pelvic exams, clinical breast exams, and mammograms.

FY 2011 Program Outputs

Number of colposcopies (preliminary; reports are not complete)	306
Number of cervical biopsies (preliminary; reports are not complete)	2,538
Number of breast biopsies (preliminary; reports are not complete)	310
Number of women referred to Medicaid for treatment	135
Number screened in Breast & Cervical Cancer Program (preliminary; reports are not complete)	6,023
Number of prevention education programs conducted	85

FY 2011 Outcome Measures

MS Rate of cervical cancer deaths per 100,000 population (age-adjusted) (CY 2009, *Vital Statistics, Mississippi*)	3.0
MS Rate of female breast cancer deaths per 100,000 population (age-adjusted) (CY 2009, *Vital Statistics, Mississippi*)	24.0
Percentage of women aged 50-59 who have received a mammogram within the last 24 months (2010 BRFSS)	69.4%
Percentage of women aged 55-64 who have received a Pap test within the last 36 months (2010 BRFSS)	73.4%
Percentage of women with a diagnosis of breast cancer who receive treatment within 60 days [1]	89.3%
Percentage of women with a diagnosis of cervical cancer who receive treatment within 90 days [1]	100%
Percentage of women with abnormal breast findings who receive complete follow-up services within 60 days [1]	93.6%
Percentage of women with abnormal cervical findings who receive complete follow-up services within 90 days [1]	87.8%

[1] *From CDC Minimum Data Elements report for period 1/1/09-12/31/09*

FY 2012 Objectives:

- Conduct at least 80 breast and cervical cancer education presentations.
- Facilitate screening of 6,700 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 90 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 90 days.

Funding: Included with Health Services totals

FY 2013 Objectives:

- Conduct at least 80 breast and cervical cancer education presentations.
- Facilitate screening of 7,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.

- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 90 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 90 days.

Funding: Included with Health Services totals

FY 2014 Objectives:

- Conduct at least 80 breast and cervical cancer education presentations.
- Facilitate screening of 4,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 90 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 90 days.

Funding: Included with Health Services totals

FY 2015 Objectives:

- Conduct at least 80 breast and cervical cancer education presentations.
- Facilitate screening of 4,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 90 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 90 days.

Funding: Included with Health Services totals

FY 2016 Objectives:

- Conduct at least 80 breast and cervical cancer education presentations.
- Facilitate screening of 4,000 women for breast and cervical cancer through contracts with county health departments, community health centers, and private providers.
- Ensure that 100% of women with abnormal breast findings receive complete follow-up services within 60 days.
- Ensure that 100% of women with a diagnosis of breast cancer receive treatment within 60 days.
- Ensure that 100% of women with abnormal cervical findings receive complete follow-up services within 90 days.
- Ensure that 100% of women with a diagnosis of cervical cancer receive treatment within 90 days.

Funding: Included with Health Services totals

Domestic and Sexual Violence Prevention and Education

Need: Violence against women is a public health problem of epidemic proportions: an estimated eight to twelve million women in the United States are at risk of being abused by their current or former intimate partners. Violence happens in families regardless of religion, race, economic status, sexual orientation, or age. According to the National Violence Against Women Survey in 2000, approximately 1.3 million women and 835,000 men are physically assaulted by an intimate partner annually in the United States.

Fifteen to 25% of pregnant women become victims of a violent crime. The physical battering of a pregnant woman may result in harm to both the woman and her unborn baby and may be a factor in preterm labor and low birthweight. Available evidence from shelters and treatment programs indicates that 50% to 60% of the observers of domestic violence have been physically abused themselves. Thus, in violent homes, chances are about one in two that if child abuse is present, spouse abuse is also likely to be occurring, and vice versa (source: U.S. Department of Justice).

Program Description: The MSDH provides specific resources for the prevention of family violence, rape prevention, and crisis intervention through contracts with 13 domestic violence shelters and nine sexual assault/rape crisis centers. Each domestic violence shelter provides direct services to victims and their children. A public education and awareness campaign is an ongoing effort statewide. Special target populations include colleges, senior citizen groups, the disabled, and professionals who have contact with victims of assault, adult survivors, and children. A Sexual Assault Nursing Examiners (SANE) program provides education and training to hospital emergency departments statewide. Communities are also trained on how to access nurse examiners.

A ***Family Violence Prevention Project***, funded through the Office of Community Services, Administration for Children and Families, supports public awareness and community education to reduce the incidence of family violence. The project uses a variety of outreach approaches, emphasizing services to children, and is implemented through the domestic violence shelters. The shelters provide group and individual counseling to children and activities that encourage positive problem solving and nonviolent alternatives to conflict.

Two statewide coalitions, the ***Mississippi Coalition Against Domestic Violence (MCADV)*** and the ***Mississippi Coalition Against Sexual Assault (MCASA)***, meet at least quarterly and link domestic violence shelter programs and rape crisis intervention programs with each other and with professional service providers and funding sources. Recommendations are developed and initiated to improve the efficiency and effectiveness of services to victims and for legislation to aid victims of domestic violence and sexual assault. Members of MCASA provide ongoing training opportunities for law enforcement officers concerning sexual assault and rape prevention and the protection of victims. This training is also provided for new recruits going through the law enforcement training academy. The coalitions promote special activities during April and October to heighten public awareness and provide prevention information and education.

Program Goal: The goal of the Domestic Violence Program is to reduce the incidence of domestic violence through prevention education and direct intervention with victims. The goal of the Sexual Violence Prevention and Education Program is to reduce the incidence of sexual assault through primary prevention and education.

FY 2011 Program Outputs[1]

Number served in Domestic Violence shelters:	
Women	978
Children	1,116
Number served but not housed in Domestic Violence shelters:	
Women	1,022
Children	482
Number served in Sexual Assault Crisis Centers:	
Women	297
Children	269
Number of domestic violence Crisis Line calls (not including information/referrals)	16,282
Number of educational programs regarding prevention of domestic violence	1,816
Number of shelter staff and volunteers trained to assist victims in conjunction with MCADV and MCASA:	
Domestic Violence	961
Sexual Assault	1,067
Number of nurse examiners receiving SANE training	84
Number of victims of sexual assault provided crisis intervention	2,228
Number of victims of sexual assault and their families provided counseling services	1,505
Number of educational program participants in primary prevention of sexual assault	47,141

[1] *Data from May 1, 2010, to April 30, 2011 (most recent complete year data available)*

FY 2011 Outcome Measures[1]

Percentage of domestic violence shelters in full compliance with MSDH monitoring/site visit criteria	80%
Percentage of counties covered by domestic violence shelters	100%
Percentage of sexual assault/rape crisis centers in full compliance with MSDH monitoring/site visit criteria	80%
Number of domestic violence cases reported in Mississippi	2,094
Number of sexual assault cases reported in Mississippi	845

[1] *Data from May 1, 2010, to April 30, 2011 (most recent complete year data available)*

FY 2012 Objectives:

- Provide direct and preventive services to 6,589 victims of domestic or sexual violence statewide through 13 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,600 shelter staff and volunteers in conjunction with the Mississippi Coalition Against Domestic Violence (MCADV) and the Mississippi Coalition Against Sexual Assault (MCASA).
- Provide Sexual Assault Nurse Examiner (SANE) training to 50 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the Mississippi Coalition Against Domestic Violence and the Mississippi Coalition Against Sexual Assault.

Funding: Included with Health Services totals

FY 2013 Objectives:

- Provide direct and preventive services to 5,972 victims of domestic or sexual violence statewide through 13 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,600 shelter staff and volunteers in conjunction with the MCADV and the MCASA.
- Provide Sexual Assault Nurse Examiner (SANE) training to 50 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the MCADV and the MCASA.

Funding: Included with Health Services totals

FY 2014 Objectives:

- Provide direct and preventive services to 5,000 victims of domestic or sexual violence statewide through 13 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,600 shelter staff and volunteers in conjunction with the MCADV and the MCASA.
- Provide Sexual Assault Nurse Examiner (SANE) training to 48 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the MCADV and the MCASA.

Funding: Included with Health Services totals

FY 2015 Objectives:

- Provide direct and preventive services to 5,000 victims of domestic or sexual violence statewide through 13 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,600 shelter staff and volunteers in conjunction with the MCADV and the MCASA.
- Provide Sexual Assault Nurse Examiner (SANE) training to 48 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the MCADV and the MCASA.

Funding: Included with Health Services totals

FY 2016 Objectives:

- Provide direct and preventive services to 5,000 victims of domestic or sexual violence statewide through 13 shelters and nine sexual assault/rape crisis centers.
- Provide education on primary prevention of sexual assault to 46,500 participants through nine sexual assault/rape crisis centers.
- Provide training for approximately 1,600 shelter staff and volunteers in conjunction with the MCADV and the MCASA.
- Provide Sexual Assault Nurse Examiner (SANE) training to 48 nurse examiners through three adult and one pediatric clinical workshop statewide.
- Evaluate 100% of domestic violence and rape crisis centers through at least one site visit each 12 months in conjunction with the MCADV and the MCASA.

Funding: Included with Health Services totals

Supplemental Food Program for Women, Infants, and Children (WIC)

Need: The nutritional status of the Maternal and Child Health populations directly affects their overall health and the problems that other agency programs are attempting to address. Inappropriate weight gain in prenatal periods, poor growth patterns in infants and children, and improper dietary patterns are all risk conditions common to the populations served. Anemia and obesity are the most common problems in all three populations. Myriad studies have clearly demonstrated that the WIC Program improves the outcome of pregnancy and the cognitive performance of children. Studies also prove that WIC helps to reduce infant mortality and the incidence of low birthweight babies. In addition, WIC serves as an incentive that brings women, infants, and children into health department clinics for integrated health services.

Program Description: The WIC program provides nutrition education and supplemental food packages to pregnant, breastfeeding, and postpartum women, infants, and children up to age five whose family income is at or below 185% of the federal poverty level and who have nutrition-related risk conditions. Income eligibility is automatic for all members of a family where any member is certified eligible for Temporary Assistance for Needy Families or Supplemental Nutrition Assistance (formerly the Food Stamp program) or for categorically eligible members of the family where a pregnant woman or infant is certified eligible for Medicaid. Participants receive monthly food packages through food distribution centers located in every county. The program operates a total of 95 food centers; 50% have converted to the WIC Mart concept of self-service choice, and additional WIC Marts will be implemented as needed. Each participant receives nutrition education upon initial certification, with follow-up counseling scheduled at least every three months. Counseling provides information on the use of foods in the WIC package and general nutrition for the whole family over the life cycle.

Federal legislation has given the WIC program responsibility for such issues as breastfeeding promotion, nutrition education, and the need for extended clinic and food distribution hours to serve the working poor. The program supports lactation counseling staff to encourage and support women in breastfeeding, and breastfeeding funds provide equipment, promotional literature, and workshops. Health departments and food distribution centers in various parts of the state offer extended hours on certain days each week in an effort to be more accessible to working participants.

Program Goal: The goal of the WIC Program is to improve the physical and mental health of pregnant, postpartum, and breastfeeding women; infants; and children from families with inadequate income by providing supplemental foods and nutrition education.

FY 2011 Program Outputs

Average number of clients served per month (includes certification, nutrition education, review of immunization records, and referral to other services as needed)	101,382
Number of MSDH and Community Health Center staff trained and tested in WIC policies and procedures	1,010
Number of monitoring visits	32

FY 2011 Outcome Measures

Percent of potentially eligible population served	77.3%
Participation rate (percentage of those enrolled who actually pick up food packages)	96%
Overall satisfaction with WIC Program (based on responses to participant surveys)	94%
Breastfeeding rate for infants in the WIC program	19.3%

FY 2012 Objectives:

- Increase the potentially eligible population served to at least 78%.
- Increase the participation rate to 96.5%.
- Maintain food costs at no more than $53 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 20.5%.
- Achieve a participant satisfaction rate of at least 95.5%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and Community Health Center clerical staff, medical aides, nurses, nutritionists, and breastfeeding staff to ensure that all certifying professionals are current in policies and procedures related to the WIC certification process.

Funding: Included with Health Services totals

FY 2013 Objectives:

- Increase the potentially eligible population served to at least 78.5%.
- Increase the participation rate to 97%.
- Maintain food costs at no more than $55 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 21%.
- Achieve a participant satisfaction rate of at least 96%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and Community Health Center nurses, nutritionists, and breastfeeding staff to ensure that all certifying professionals are current in policies and procedures related to the WIC certification process.

Funding: Included with Health Services totals

FY 2014 Objectives:

- Increase the potentially eligible population served to at least 80%.
- Increase the participation rate to 97%.
- Maintain food costs at no more than $57 per participant.
- Increase the breastfeeding rates for infants in the WIC program to 21.5%.

- Achieve a participant satisfaction rate of at least 97.5%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and Community Health Center (CHC) staff to ensure that all certifying professionals are current in policies and procedures related to the WIC certification process.

Funding: Included with Health Services totals

FY 2015 Objectives:

- Increase the potentially eligible population served to at least 80.5%.
- Increase the participation rate to 98%.
- Maintain food costs at no more than $59 per participant.
- Increase the breast-feeding rates for infants in the WIC program to 22%.
- Achieve a participant satisfaction rate of at least 98%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and CHC staff to ensure that all certifying professionals are current in policies and procedures related to WIC certification.

Funding: Included with Health Services totals

FY 2016 Objectives:

- Increase the potentially eligible population served to at least 81%.
- Increase the participation rate to 98.5%.
- Maintain food costs at no more than $61 per participant.
- Increase the breast-feeding rates for infants in the WIC program to 22.5%.
- Achieve a participant satisfaction rate of at least 98.5%.
- Conduct at least 32 monitoring visits to county health departments and community health centers to ensure compliance with federal regulations.
- Conduct training sessions and competency testing for MSDH and CHC staff to ensure that all certifying professionals are current in policies and procedures for WIC certification.

Funding: Included with Health Services totals

Child/Adolescent Health

Need: Periodic preventive health screenings of children and adolescents are critical for early identification of health conditions and problems, which allows linkage to resources for effective management of those problems and promotion of optimal health and well-being. Mississippi has a large population of uninsured and under-insured families. Without insurance coverage, many families delay seeking health care, which significantly impacts health outcomes.

Program Description: The MSDH provides childhood immunizations, well child assessments, limited sick child care, and tracking of high-risk children, especially for families with incomes at or below 185% of the federal poverty level. Many county health departments provide services through a multidisciplinary team including physicians, nurse practitioners, nurses, nutritionists, and social workers. Child Health programs discussed in other sections of this Plan include Genetics (newborn screening), Early Intervention, WIC (Supplemental Food Program for Women, Infants, and Children), and the Children's Medical Program (services for children with special health care needs). In addition, the MSDH provides preventive health screenings for children through the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) and the Early Hearing Detection and Intervention Program. EPSDT is a Medicaid-funded program for eligible children birth to age 21. It includes physical examination; immunizations; hearing, vision, and developmental screening; nutritional assessment and counseling; lab work; health education; and referral to other providers as needed. All of these programs provide early identification of serious conditions in children and help link families to resources for effective treatment and management.

Sudden Infant Death Syndrome (SIDS) is a major cause of death in infants from one month to one year of age. County health department staff contact families who have experienced a death due to SIDS (by mail, telephone, or visit) to offer support, counseling, and referral to appropriate services. Parents, caretakers, and pregnant women receive literature and counseling regarding activities to reduce the risk of SIDS.

Adolescents are in a transition period between childhood and adulthood, and therefore experience problems associated with both life stages. MSDH staff partner with other state agencies, non-profit organizations, and community/faith-based organizations to address adolescent health issues, promote youth development, and build service capacity.

Program Goal: The goal of the Office of Child/Adolescent Health is to reduce mortality, morbidity, and disability rates for infants, children, and adolescents to ensure optimal growth and development.

FY 2011 Program Outputs

Number of well child encounters (nursing, physician, and nurse practitioner)	50,312
Number of sick child encounters (nursing, physician, and nurse practitioner)	3,189
Number of EPSDT screens	38,942
Number of adolescents receiving health education and information through community initiatives	51,896
Number of SIDS families contacted for follow-up counseling and referral services	22

FY 2011 Outcome Measures

Percentage change in EPSDT screens	-2.14%
Percentage of families experiencing a SIDS death who were offered counseling and referral services	100%

FY 2013 Objectives:

- Provide health service encounters to 54,036 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 30,000 adolescents through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with Health Services totals

FY 2014 Objectives:

- Provide health service encounters to 54,577 infants, children, and adolescents.
- Increase EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) screening provided to Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 30,000 adolescents through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with Health Services totals

FY 2015 Objectives:

- Provide health service encounters to 55,122 infants, children, and adolescents.
- Increase EPSDT screening for Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 30,000 adolescents through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with Health Services totals

FY 2015 Objectives:

- Provide health service encounters to 55,673 infants, children, and adolescents.
- Increase EPSDT screening for Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 30,000 adolescents through community initiatives.

- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with Health Services totals

FY 2016 Objectives:

- Provide health service encounters to 56,230 infants, children, and adolescents.
- Increase EPSDT screening for Medicaid-eligible children in county health departments by 1%.
- Provide adolescent health education and awareness information to approximately 30,000 adolescents through community initiatives.
- Offer counseling and referral services to 99% of families who have experienced a death due to SIDS, as identified from death certificates.

Funding: Included with Health Services totals

External Factors Affecting Program: Inadequate Department of Health staffing, in all disciplines, remains a barrier in addressing the comprehensive needs of patients. Many areas are seeing more diverse populations which require more time to serve due to language and cultural barriers. The additional time required per patient decreases the number of patients that staff can see in a given time period. Adding additional screenings and testing to MSDH services also requires more time with each patient, and in turn impacts the number of patients seen. In addition, more providers accept Medicaid and CHIP (Children's Health Insurance Program) than in previous years. As provider selections increase, some families choose to receive their preventive health services, such as EPSDT, and acute care from private providers.

Genetics (Newborn Screening)

Need: Each year approximately 100,000 to 150,000 babies in the United States are born with major birth defects; 6,000 of these babies die during their first 28 days of life, and another 2,000 die before their first birthday. Children with birth defects account for 25 to 30% of pediatric hospital admissions; total annual costs for the care of these children exceed $1 billion.

Program Description: The Genetics Program provides screening, diagnosis, counseling, and follow-up services for a range of genetic disorders. Priorities include preventive measures to minimize the effects of disorders through early detection and timely medical evaluation, diagnosis, and treatment. The program also collects data from medical providers for a statewide Birth Defects Registry. Staff provide professional and patient education to ensure that information is readily available to the population at risk and to hospitals, physicians, and other health care providers. Newborn screening includes 40 genetic disorders. Identifying these problems early allows immediate intervention and can prevent irreversible physical conditions, development disabilities, or death. Upon diagnosis, the patient receives referral to other health department programs such as Early Intervention or Children's Medical Program and to community resources.

Program Goal: The goal of Newborn Screening is to reduce morbidity and mortality of Mississippi newborns with genetic disorders through early detection and treatment accompanied by genetic counseling and appropriate referrals. The objective of the Birth Defects Registry is to increase reporting of birth defects from medical providers to ensure follow-up, connect families with resources, and ensure that children are placed in a system of care.

FY 2011 Program Outputs

Number of newborns screened	38,835
Number of screens with positive or inconclusive results	663
Number of screens repeated due to inadequate specimen collection or laboratory rejection of specimen (1.79%)	718

FY 2011 Outcome Measures

Percent of newborns screened	100%
Percent of newborns with positive or inconclusive screens that received recommended follow-up	100%
Number of newborns diagnosed with a genetic disorder	114[1]
Percent of newborns diagnosed with a genetic disorder who received medical care/treatment and case management services	100%
Percent (number) of hospitals reporting to State Birth Defects Registry	96% (50)

[1] *Provisional data as of June 30, 2011*

FY 2012 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Maintain the number of hospitals reporting to the state birth defects registry at 50 (96% of birthing hospitals).

Funding: Included with Health Services totals

FY 2013 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Increase the number of hospitals reporting to the state birth defects registry to 52 (100% of birthing hospitals).

Funding: Included with Health Services totals

FY 2014 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Maintain 100% of birthing hospitals in the state reporting to the birth defects registry (52 hospitals).

Funding: Included with Health Services totals

FY 2015 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Maintain 100% of birthing hospitals in the state reporting to the birth defects registry (52 hospitals).

Funding: Included with Health Services totals

FY 2016 Objectives:

- Screen 100% of newborns in Mississippi for genetic disorders.
- Provide adequate follow-up and referral for 100% of newborns with inconclusive or presumptive positive screen results.
- Maintain the rate of repeat screens due to inadequate or rejected specimens at less than 5%.
- Assure that at least 99% of children diagnosed with genetic disorders receive medical care/treatment and case management services.
- Maintain 100% of birthing hospitals in the state reporting to the birth defects registry (52 hospitals).

Funding: Included with Health Services totals

First Steps: Early Intervention Program

Need: Approximately 42,000 children are born in Mississippi each year. Some of these children will have developmental, physical, or social/adaptive problems that require early intervention to prevent or minimize disability, and they need coordinated comprehensive services to meet all their developmental needs and the related needs of their families. Developmental disabilities that go unidentified create tremendous economic and human cost.

Program Description: The MSDH is lead agency for implementing Part C of Public Law 108-446, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), which supports states in the development of an interagency comprehensive system of early intervention services for children with disabilities from birth to three years of age and their families. "First Steps" is the name for the statewide, interagency early intervention system. MSDH is responsible for providing the infrastructure for the system of interagency services and providing technical assistance for planning and implementation of the system. Medicaid pays for the majority of early intervention services; insurance pays for some services, and federal grant funds are used to pay for services for which there is no other funding source. Services are offered at no cost to families.

State statute authorizes First Steps to administer the Early Hearing Detection and Intervention Program, which coordinates the early identification and appropriate referral to services for infants and toddlers with identified hearing impairments. Newborn screening is performed in Mississippi hospitals with 100 or more deliveries per year. Non-screening hospitals arrange for referral for hearing screens. A tracking and follow-up system monitors referrals, missed screens, and out-of-hospital births to ensure that hearing screening is completed.

A variety of agencies and programs provide early intervention services, including the Department of Mental Health, Mississippi Schools for the Deaf and Blind, local education agencies, home health agencies, private therapists, university programs, and other small programs. The MSDH has placed First Steps Early Intervention Program service coordinators in each public health district to help families identify and receive needed services. These coordinators support the families of all eligible children through the early intervention system process, completing intake, referring for evaluation, facilitating development of an individualized family service plan, and coordinating service delivery until transition into other service systems at age three. Central office staff support district staff in implementing local plans and interagency agreements as part of the statewide system. The Mississippi Interagency Coordinating Council provides advice and assistance in implementing the statewide interagency system.

Program Goal: The goal of the Early Intervention Program is to assure that all eligible infants and toddlers with developmental disabilities receive necessary and appropriate early intervention services through a fully implemented, comprehensive, and coordinated interagency system of services throughout the state.

CY 2010 Program Outputs[1]

Number of children referred to the Early Intervention Program	4,141
Number of children served according to an Individualized Family Service Plan	4,122

CY 2010 Outcome Measures[1]

Percentage of early intervention services being delivered in the natural environment	84%
Percentage of children receiving services who entered the system prior to their first birthday	45%
Percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:	
Know their rights	83%
Effectively communicate their children's need	86%
Help their children develop and learn	88%
Percentage of children exiting the Early Intervention System who have transition steps and services on their Individualized Family Service Plan	94%

[1] *Early Intervention measures are collected by calendar year rather than fiscal year; therefore, objectives are presented by calendar year.*

CY 2011 Objectives:

- Increase by 3% the number of children referred to the Early Intervention Program.
- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 80% of IFSPs are written within 45 days of the initial referral.
- Ensure that 70% of justifications for missing 45-day timeline for IFSP are child-based.
- Ensure that 75% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Ensure that at least 87% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Increase by 3% the percentage of children receiving services who entered the system prior to their first birthday.
- Achieve the following percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to[1]:
  Know their rights: 80%
  Effectively communicate their children's need: 80%
  Help their children develop and learn: 80%
- Ensure that 96% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with Health Services totals

[1] Reduction from CY 2010 is due to a revised parent survey, which is more detailed and is likely to produce lower percentage scores.

CY 2012 Objectives:

- Increase by 2% the number of children referred to the Early Intervention Program.

- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 85% of IFSPs are written within 45 days of the initial referral.
- Ensure that 75% of justifications for missing 45-day timeline for IFSP are child-based.
- Ensure that 80% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Ensure that at least 90% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Increase by 3% the percentage of children receiving services who entered the system prior to their first birthday.
- Increase the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 83%
  Effectively communicate their children's need: 83%
  Help their children develop and learn: 83%
- Ensure that 98% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with Health Services totals

CY 2013 Objectives:

- Increase by 1% the number of children referred to the Early Intervention Program.
- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 90% of IFSPs are written within 45 days of the initial referral.
- Ensure that 80% of justifications for missing 45-day timeline for IFSP are child-based.
- Ensure that 85% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Ensure that at least 90% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Increase by 2% the percentage of children receiving services who entered the system prior to their first birthday.
- Maintain the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 83%
  Effectively communicate their children's need: 83%
  Help their children develop and learn: 93%
- Ensure that 98% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with Health Services totals

CY 2014 Objectives:

- Increase by 1% the number of children referred to the Early Intervention Program.
- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).

- Ensure that 90% of IFSPs are written within 45 days of the initial referral.
- Ensure that 80% of justifications for missing 45-day timeline for IFSP are child-based.
- Ensure that 85% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Ensure that at least 90% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Increase by 2% the percentage of children receiving services who entered the system prior to their first birthday.
- Increase the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 83%
  Effectively communicate their children's need: 83%
  Help their children develop and learn: 83%
- Ensure that 98% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

CY 2015 Objectives:

- Increase by 1% the number of children referred to the Early Intervention Program.
- Increase by 3% the number of children who are being served according to an Individualized Family Service Plan (IFSP).
- Ensure that 90% of IFSPs are written within 45 days of the initial referral.
- Ensure that 80% of justifications for missing 45-day timeline for IFSP are child-based.
- Ensure that 85% of services outlined on the IFSP are provided within 30 days of the implementation date.
- Ensure that at least 90% of children receive early intervention services primarily in their natural environment as defined by IDEA Part C.
- Increase by 2% the percentage of children receiving services who entered the system prior to their first birthday.
- Maintain the percentage of families participating in the Early Intervention System who report that early intervention services have helped the family to:
  Know their rights: 83%
  Effectively communicate their children's need: 83%
  Help their children develop and learn: 83%
- Ensure that 98% of the children exiting the Early Intervention System have transition steps and services in their ISFP to support transition to preschool and other appropriate community services.

Funding: Included with Health Services totals

External Factors Affecting Program: MSDH contracts with professionals in various disciplines to provide direct services to enrolled infants and toddlers with disabilities. Specialized skills are needed to work with the infant/toddler population. In many areas of the state, there is a lack of qualified providers to deliver services designed to meet the unique needs of these children. In addition, federal regulations require the program to provide services in natural settings where children without disabilities spend time, including daycare settings, Early Head Start Centers, and homes. Many providers see clinic-based services as more cost-effective for their companies, safer for their employees, and more convenient than meeting families in community settings. The major problem for this program is an inadequate number of trained and qualified professionals willing to provide services in the child's natural environment.

Children's Medical Program

Need: Children with special health care needs should have consistent access to a range of community-based integrated and coordinated health services. These children need a medical home in their community where providers and families work as partners to meet the needs of the child and family. The medical home assists in the early identification of special needs, provides ongoing primary care, and coordinates with a broad range of other specialty and related services. It is critical for families of children with special health care needs to have insurance coverage to care for their children; but even with insurance, many such families find themselves under-insured and require assistance to meet their special needs. According to the latest available data from the National Survey of Children with Special Health Care Needs (2005), the prevalence of children for special health care needs in Mississippi was 15%.

Program Description: The Children's Medical Program (CMP) is Mississippi's Title V program for Children With Special Health Care Needs, defined as "those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by children generally." This definition includes children with a broad range of conditions or chronic illnesses such as cerebral palsy, cystic fibrosis, sickle cell anemia, metabolic disorders, mental and emotional disorders, or asthma, as well as children who develop significant medical problems expected to last at least 12 months.

The CMP offers clinic services, corrective surgery, consultation for physical and speech therapy, and case management. The program provides specialized assistance to hemophilia, cystic fibrosis, and sickle cell patients, and limited services for dental corrections. In addition, the program offers counseling for problems relating to social services and nutritional needs and attempts to make appropriate referrals for services the program does not offer. Children receive transition services through all developmental stages based on needs and available resources, and staff attempt to transition patients from pediatric/adolescent providers to adult specialists and other adult-centered resources.

The CMP operates field clinics in 14 locations throughout the state, staffed by health department personnel and contract physicians in various specialties. Field clinics provide a variety of services including orthopedics, neurology, cardiology, genetics, and specialty clinics for cleft lip/cleft palate patients. As a result of the specialty services in these satellite clinics, patients may receive surgery or other inpatient services in the local community. In certain complex cases where multi-disciplinary care is required, the program may refer patients to Jackson, Memphis, or other major tertiary care centers for surgery or related care.

Program Goal: The goal of the CMP is to provide medical services, surgical care, and assistance to middle and low income families of children with special health care needs to help these children reach their optimal potential.

FY 2011 Program Outputs

Number of children:	
Enrolled in CMP	2,762
With an identified medical home	2,592
With an identified dental home	1,576

Number of patients receiving medical assistance or services:	
With sickle cell disease	484
With cystic fibrosis	142
With hemophilia	42
Number of patients receiving dental assistance	219
Number of patients served in Blake Clinic and satellite clinics	1,407
Number of applications received:	
New	616
Renewal	2,188

FY 2011 Outcome Measures

Percentage of children enrolled in CMP who have an identified medical home	94%
Percentage of children enrolled in CMP who have an identified dental home	57%
Patient/family satisfaction rate (Blake Clinic patients)	92%

FY 2012 Objectives:

- Assure that 94% of the children enrolled in the program have an identified medical home for ongoing, comprehensive care.
- Assure that 58% of the children enrolled in the program have an identified dental home.
- Achieve a patient/family satisfaction rate of 94% (Blake Clinic patients).

Funding: Included with Health Services totals

FY 2013 Objectives:

- Assure that 95% of the children enrolled in the program have an identified medical home for ongoing, comprehensive care.
- Assure that 59% of the children enrolled in the program have an identified dental home.
- Achieve a patient/family satisfaction rate of 95% (Blake Clinic patients).

Funding: Included with Health Services totals

FY 2014 Objectives:

- Assure that 96% of the children enrolled in the program have an identified medical home for ongoing, comprehensive care.
- Assure that 60% of the children enrolled in the program have an identified dental home.
- Achieve a patient/family satisfaction rate of 96% (Blake Clinic patients).

Funding: Included with Health Services totals

FY 2015 Objectives:

- Assure that 96% of the children enrolled in the program have an identified medical home for ongoing, comprehensive care.
- Assure that 60% of the children enrolled in the program have an identified dental home.
- Achieve a patient/family satisfaction rate of 97% (Blake Clinic patients).

Funding: Included with Health Services totals

FY 2016 Objectives:

- Assure that 96% of the children enrolled in the program have an identified medical home for ongoing, comprehensive care.
- Assure that 60% of the children enrolled in the program have an identified dental home.
- Achieve a patient/family satisfaction rate of 98% (Blake Clinic patients).

Funding: Included with Health Services totals

External Factors Affecting Program: The number of patients seen in CMP specialty clinics throughout the state is impacted by a lack of medical providers available to staff these clinics. Pediatric specialty providers associated with the University of Mississippi Medical Center have traditionally served many CMP clinics. However, UMMC has experienced staff shortages and other unforeseen events in recent years, which affect the availability of service providers at CMP's primary site, Blake Clinic in Jackson, as well as at satellite sites.

Oral Health Services

Need: Substantial disparities in access to oral health services exist throughout Mississippi. A majority of Mississippians live in rural areas and face tremendous shortages, particularly in dentists who specialize in pediatric dentistry and periodontics. As of August 2011, 77 of the state's 82 counties were designated as dental health professional shortage areas. Disparities in access to care are even greater for Medicaid-eligible children. Mississippi Head Start children have more decay experience and untreated decay than Head Start children in other states.

A survey of children's oral health conducted during the 2009-2010 school year at 45 randomly selected public elementary schools showed that:

- 62.8% of the children assessed had experience with dental decay (down from 69% in last five-year survey conducted in 2004-2005);
- 30.6% had untreated dental decay or "cavities" (down from 39% in 2004-2005);
- 4.8% attended school with infection or pain from dental disease (down from 10% in 2004-2005); and
- only 23.5% of third grade children have dental sealants, even though sealants are a proven method for preventing decay (down from 26% in 2004-2005).

Planning for the state oral health program is based on the conviction that improvements in the oral health of under-served racial and ethnic minorities, low-income groups, and persons with special needs requires a coalition of professionals to build partnerships, develop systems of accountability, and emphasize evidence-based interventions.

Program Description: The MSDH Oral Health Program is targeted toward improving the health of Mississippi's children and families. The program encompasses fluoridation of community water systems, provision of preventive dental sealants to school children, and oral health education and prevention services. The program also assists with access to dental care for indigent children in Head Start programs and children with special health care needs through the Children's Medical Program.

Special Strategies:

Public Water Fluoridation adjusts the fluoride content that occurs naturally in a community's water to the best level for preventing tooth decay. Hundreds of studies during the past 60 years show that community water fluoridation is a safe and effective way to help prevent tooth decay. Less than 51% of Mississippi's population received public water fluoridation, compared to 69% nationally, in 2006. A public-private partnership with the Bower Foundation has resulted in 75 new water systems approved for fluoridation, increasing the proportion of population that receives fluoridated water to 55%.

Dental Sealants are a simple, safe, and effective technique to retard or prevent tooth decay. The Oral Health Program contracts with federally-qualified community health centers to provide preventive dental sealants using school-based health centers.

A ***Fluoride Varnish Program*** in Head Start and day care centers targets eligible children with a high risk for tooth decay or limited access to dental care. The Cochrane Collaborative published an evidence-based study in 2009 showing that fluoride varnish prevents 33% of decay in the primary teeth when used a minimum of two times per year.

Regional Oral Health Consultants provide dental health education, perform oral health screening, collect clinical survey data, and promote the benefits of community water fluoridation through the nine public health districts.

Program Goal: The goal of the Oral Health Program is to promote oral health among children, adolescents, and their families through screening, counseling, and the use of proven preventive strategies.

FY 2011 Program Outputs

Number of low-income school-age children in targeted communities receiving dental sealants	428
Number of public water systems that implemented a new water fluoridation program	2
Number of pre-school children receiving fluoride varnish	18,159[1]
Number of oral health training sessions conducted	1,366
Number of oral health screenings conducted through community-based outreach	4,008
Number of public water systems that perform fluoride testing in accordance with MSDH recommendations	141

[1] *Total number of varnish applications, not an unduplicated number of children*.

FY 2011 Outcome Measures

Retention rate of dental sealants after one year	64%
Percentage of population receiving optimally fluoridated water	55%
Percentage of fluoridated water systems that submit monthly fluoride content reports	40%

FY 2012 Objectives:

- Increase by 4% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 800 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.
- Provide fluoride varnish to at least 6,000 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 4,000 people through community-based outreach.
- Provide at least 1,375 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with Health Services totals

FY 2013 Objectives:

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 1,100 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.

- Provide fluoride varnish to at least 6,500 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 4,000 people through community-based outreach.
- Provide at least 1,400 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with Health Services totals

FY 2014 Objectives:

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 1,400 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.
- Provide fluoride varnish to at least 7,000 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 4,500 people through community-based outreach.
- Provide at least 1,400 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with Health Services totals

FY 2015 Objectives:

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 1,700 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.
- Provide fluoride varnish to at least 7,000 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 5,000 people through community-based outreach.
- Provide at least 1,400 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with Health Services totals

FY 2016 Objectives:

- Increase by 2% the proportion of Mississippi's population served by public water systems with optimally fluoridated water.
- Provide dental sealants on molar teeth to at least 2,000 low-income second-grade children living in targeted communities identified as moderate to high risk for tooth decay.
- Provide fluoride varnish to at least 7,000 preschool children in targeted communities identified as moderate to high risk for tooth decay.
- Provide oral health screening to at least 5,000 people through community-based outreach.
- Provide at least 1,400 oral health training sessions in community-based settings through oral health consultants.

Funding: Included with Health Services totals

Preventive Health

Need: Most of Mississippi's current major health problems are caused by behaviors and environmental factors rather than by infectious diseases. The leading causes of premature death, injury, and disability are related to six risk factors: tobacco use, poor diet, sedentary lifestyle, intentional and unintentional injury, drug and alcohol abuse, and sexual activity. The MSDH Office of Preventive Health coordinates the agency's programs in areas that address these risks, emphasizing health promotion, health education, and prevention of chronic disease.

Program Description: Preventive Health addresses population-based intervention in five areas: diabetes prevention and control, cardiovascular health, injury prevention, community health, and comprehensive cancer control. Program staff collaborate with other agencies and organizations on a variety of health promotion and education efforts. Examples include public awareness campaigns, educational presentations, conferences and training sessions, health screening events, and local community-based initiatives. The office assists in risk factor analysis and utilization of the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), and the Youth Tobacco Survey (YTS). Public health districts and county offices support and assist with implementation of various health promotion programs.

Program Goal: The goal of Preventive Health is to promote healthy communities and improve quality of life by fostering healthy lifestyles, environments, policies, attitudes, and behavior. Specific program goals are as follows:

Diabetes: The goal of Diabetes Prevention and Control is to reduce the incidence, complications, and burden of diabetes. Program activities focus on prevention, early detection, and management. The program provides services to improve diabetic care through professional education for health care providers; reduce disparities in diabetic screening and care; and raise public awareness of diabetes risk factors, complications, and the need for early diagnosis and treatment.

Heart Disease and Stroke Prevention: The goal of the Heart Disease and Stroke Prevention Program is to prevent and control heart disease, stroke, and related complications such as hypertension and diabetes. This goal is accomplished through partnerships, collaboration, health communication, professional education, and community based training.

Injury Prevention: The goal of the Injury Prevention Program is to reduce injury-related morbidity and mortality. The program collaborates with public and private entities on various initiatives and coordinates development and evaluation of specific targeted programs to promote injury prevention and safety.

Community Health: The goal of Community Health is to foster healthy lifestyles, environments, policies, attitudes, and behavior through population-based intervention strategies in health care settings, worksites, communities, and schools. The program also gives programmatic direction to the Health Educators located in the nine public health districts.

Cancer: The goal of the Comprehensive Cancer Control Program is to reduce the incidence of cancer and decrease cancer mortality rates through prevention, education, and collaboration. The program works with a statewide comprehensive coalition to assess the burden of cancer, determine priorities for cancer prevention and control, provide educational awareness, and implement a State Cancer Plan.

FY 2011 Program Outputs

Number of healthcare providers receiving Lower Extremity Amputation Prevention (LEAP) training	15
Number of foot screens conducted by LEAP program providers	300
Number of healthcare providers receiving continuing education regarding the American Diabetes Association's standards of care for persons with diabetes mellitus	280
Number of churches and community-based organizations provided mini-grants on diabetes prevention and management	9
Number of paramedics and emergency medical technicians (EMTs) and nurses provided training in acute treatment of stroke	270
Number of training sessions provided for paramedics and EMTs in acute treatment of stroke	3
Number of child safety car seats distributed and installed	1,625
Number of residential smoke detector alarms installed	2,400
Number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi	40
Number of households receiving fire safety education	2,500
Number of Mississippi Partnership for Comprehensive Cancer Control Coalition activities conducted	24
Number of educational sessions and events conducted regarding cancer prevention and early detection and treatment	14
Number of collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality	14

FY 2011 Outcome Measures

Percentage of persons with diabetes who receive A1c testing (2010 BRFSS Report)	82.5%
Percentage of persons with diabetes who receive dilated eye exams at least annually (2010 BRFSS Report)	64.5%
Percentage of persons with diabetes who receive annual foot exams (2010 BRFSS Report)	67.5%
Number of hospitals certified as primary stroke centers (total in state)	2 (5)

Percentage of Mississippians with high blood pressure who currently take blood pressure medication (2009 BRFSS Report) [1]	83.8%
Percentage of adult Mississippians who have had cholesterol checked within the last five years (2009 BRFSS Report) [1]	74.8%
Child safety restraint usage (CY 2010)	77.2% [2]
Percentage of households in compliance with fire safety program guidelines after one year (working smoke alarm and fire escape plan)	98%
Cancer mortality rate per 100,000 population (Source: MSDH Public Health Statistics; CY 2009; age-adjusted	197.6

[1] *Most recent available; these questions are asked in odd years only.*

[2] *Non-scientific observational survey conducted by Mississippi State University Social Science Research Center for the Office of Highway Safety, Mississippi Department of Public Safety.*

FY 2012 Objectives:

Diabetes Prevention and Control

- Provide Lower Extremity Amputation Prevention (LEAP) training to 25 health care providers in an effort to increase the number of foot examinations and decrease amputations as a result of diabetes.
- Provide at least 500 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 280 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention

- Train 270 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention

- Distribute 3,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 77.5%.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi by three.

Comprehensive Cancer Control

- Coordinate 26 Mississippi Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment, Coalition meetings, and statewide cancer control conference.
- Conduct 15 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.

- Conduct 15 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Health Services totals

FY 2013 Objectives:

Diabetes Prevention and Control

- Provide Lower Extremity Amputation Prevention (LEAP) training to 25 health care providers in an effort to increase the number of foot examinations and decrease amputations as a result of diabetes.
- Provide at least 500 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 280 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 10 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention

- Train 270 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention

- Distribute 3,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 77.8%.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi by two.

Comprehensive Cancer Control

- Coordinate at least 26 Mississippi Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment events, Coalition meetings, and statewide annual Comprehensive Cancer Control Conference.
- Conduct 15 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 15 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Health Services totals

FY 2014 Objectives:

Diabetes Prevention and Control

- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 25 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Provide at least 350 diabetic foot screens through trained LEAP providers.

- Provide continuing education to at least 290 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 12 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention
- Train 270 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention
- Distribute 4,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 78%.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi.

Comprehensive Cancer Control
- Coordinate at least 27 Mississippi Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment events, Coalition meetings, and statewide annual Comprehensive Cancer Control Conference.
- Conduct 16 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 16 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Health Services totals

FY 2015 Objectives:

Diabetes Prevention and Control
- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 25 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Provide at least 350 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 290 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 12 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention
- Train 270 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention
- Distribute 4,000 child safety car seats through county health departments and community partners.

- Achieve a child safety restraint use rate of 78.1%.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi.

Comprehensive Cancer Control
- Coordinate at least 27 MS Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment events, Coalition meetings, and statewide annual conference.
- Conduct 16 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 16 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Health Services totals

FY 2016 Objectives:

Diabetes Prevention and Control
- Provide Lower Extremity Amputation Prevention (LEAP) training to at least 25 health care providers in an effort to increase the number of routine diabetic foot examinations and decrease amputations as a result of diabetes.
- Provide at least 350 diabetic foot screens through trained LEAP providers.
- Provide continuing education to at least 290 healthcare providers to increase utilization of the American Diabetes Association's standards of care for persons with diabetes mellitus.
- Provide mini-grants to 12 churches and community-based organizations that focus on diabetes prevention and management.

Heart Disease and Stroke Prevention
- Train 270 paramedics, emergency medical technicians, and nurses in the acute treatment of stroke.
- Increase by one the number of hospitals certified as primary stroke centers to improve the stroke system of care within the state.

Injury Prevention
- Distribute 4,000 child safety car seats through county health departments and community partners.
- Achieve a child safety restraint use rate of 78.2%.
- Increase the number of partnerships with city, county, and volunteer fire departments to promote fire safety throughout Mississippi.

Comprehensive Cancer Control
- Coordinate at least 27 MS Partnership for Comprehensive Cancer Control Coalition activities, including membership recruitment events, Coalition meetings, and statewide annual conference.
- Conduct 16 collaborative projects with other agencies and organizations interested in reducing cancer incidence, morbidity, and mortality.
- Conduct 16 educational sessions and events to increase public awareness of the importance of cancer prevention and early detection and treatment.

Funding: Included with Health Services totals

Tobacco Control

The 2007 session of the Mississippi Legislature created a special Tobacco Control Fund and appropriated a portion of those funds to the MSDH, to be used solely for tobacco prevention and control efforts. The mission of the Tobacco Control Program is to develop and implement a statewide comprehensive tobacco education, prevention, and cessation program.

FY 2012 Funding:	$ 62,978	General
	28,556,875	State Support Special Funds
	593,860	Federal
	21,955,998	Other
	$51,169,711	Total
FY 2013 Funding:	$ 89,141	General
	25,551,842	State Support Special Funds
	597,580	Federal
	24,970,483	Other
	$51,209,046	Total
FY 2014 Funding:	$ 80,735	General
	23,783,870	State Support Special Funds
	609,746	Federal
	23,301,672	Other
	$47,776,023	Total
FY 2015 Funding:	$ 81,922	General
	23,783,870	State Support Special Funds
	618,299	Federal
	23,693,285	Other
	$48,177,376	Total
FY 2016 Funding:	$ 83,110	General
	23,783,870	State Support Special Funds
	626,852	Federal
	24,084,898	Other
	$48,578,730	Total

Tobacco Control

Need: Tobacco is the chief preventable cause of death and disease in the United States. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined; thousands more die from other tobacco-related causes, such as smokeless tobacco and fires caused by smoking. Each year approximately 4,700 Mississippi adults die from smoking, and approximately 500 adults die from secondhand smoke. Health care costs in Mississippi directly related to smoking total nearly $719 million annually; smoking-related productivity losses in Mississippi amount to approximately $1.49 billion.

Program Description: The MSDH is working to address tobacco use through the programs of the Office of Tobacco Control. Established in July 2007 by Section 41-113-3 of the *Mississippi Code 1972*, as amended, the Office is charged with developing and implementing a statewide comprehensive tobacco education, prevention, and cessation program based on the CDC's *Best Practices for Comprehensive Tobacco Control Programs*. The legislation also created a 13-member Advisory Council, appointed by state and university officials, which maintains an active role in the development and implementation of programs. The legislation appropriated funds to MSDH to be used solely for tobacco prevention and control efforts. In addition, the program receives funds through a cooperative agreement with the CDC.

The program supports state and local networking opportunities through its administrative role in the Mississippi Tobacco Control Network and has provided funding for developing and implementing the following program components: community coalitions and targeted interventions, a statewide youth tobacco use prevention program, statewide tobacco cessation services, a mass media campaign addressing youth tobacco use and promotion of tobacco cessation services, and surveillance and evaluation.

Of the $20 million appropriated from the Tobacco Trust Fund, approximately one-half is available to the OTC for efforts to reduce use of tobacco products, including cessation interventions, community interventions, health communications interventions, and a surveillance and evaluation system. The remainder is distributed to the University of Mississippi Medical Center (UMMC) Cancer Institute, the Mary Kirkpatrick Haskell-Mary Sprayberry Public School Nurse Program, the Attorney General's Office of Alcohol and Drug Enforcement, the UMMC A Comprehensive Tobacco (ACT) Center, and the Division of Medicaid Safe Heart Health Initiative.

Program Goal: The goal of the Office of Tobacco Control is to reduce the prevalence of tobacco use among youth and adults in Mississippi.

FY 2011 Program Outputs

Number of unduplicated individuals who have completed the intake process for the MS Tobacco Quitline (Source: Information and Quality Healthcare [IQH])	4,970
Number of unduplicated individuals who completed OTC-funded tobacco cessation treatment from the MS Tobacco Quitline (Source: IQH)	685
Number of counties with Tobacco-Free Coalitions implementing evidence-based programs consistent with CDC best practice guidelines	82

Percentage of youth who recall seeing or hearing advertisements or commercials that tell young people not to smoke or use tobacco (Source: Southern Research Group, May 2011)	85.3%
Percentage of adults who recall seeing or hearing advertisements or commercials that tell people not to smoke or use tobacco (Source: Southern Research Group, May 2011)	51.4%

FY 2011 Outcome Measures

Percentage of individuals who completed treatment from Mississippi Tobacco Quitline and remained abstinent from tobacco at the end of the seven-month program (Source: IQH)	20.8%
Percentage of current smokers among public middle school students (2010 Mississippi Youth Tobacco Survey)	5.7%
Percentage of current smokers among public high school students (2010 Mississippi Youth Tobacco Survey)	19.7%
Percentage of current smokers among adults 18 years and older (2010 BRFSS)	22.9%

FY 2012 Objectives:

- Increase the total number of individuals who have completed the intake process for OTC-funded tobacco cessation intervention at the Mississippi Tobacco Quitline by 5%.
- Maintain and evaluate Mississippi Tobacco Free Coalitions in all 82 counties.
- Increase the percentage of youth and adults who recall seeing or hearing advertisements or commercials that tell people not to smoke or use tobacco.

Funding: Presented with Tobacco Control mission

FY 2013 Objectives:

- Increase the total number of individuals who have completed the intake process for OTC-funded tobacco cessation intervention at the Mississippi Tobacco Quitline by 5%.
- Maintain and evaluate Mississippi Tobacco Free Coalitions in all 82 counties.
- Increase the percentage of youth and adults who recall seeing or hearing advertisements or commercials that tell people not to smoke or use tobacco.

Funding: Presented with Tobacco Control mission

FY 2014 Objectives:

- Increase the total number of individuals who have completed the intake process for OTC-funded tobacco cessation intervention at the Mississippi Tobacco Quitline by 5%.
- Maintain and evaluate Mississippi Tobacco Free Coalitions in all 82 counties.
- Increase the percentage of youth and adults who recall seeing or hearing advertisements or commercials that tell people not to smoke or use tobacco.

Funding: Presented with Tobacco Control mission

FY 2015 Objectives:

- Increase the total number of individuals who have completed the intake process for OTC-funded tobacco cessation intervention at the Mississippi Tobacco Quitline by 5%.
- Maintain and evaluate Mississippi Tobacco Free Coalitions in all 82 counties.
- Increase the percentage of youth and adults who recall seeing or hearing advertisements or commercials that tell people not to smoke or use tobacco.

Funding: Presented with Tobacco Control mission

FY 2016 Objectives:

- Increase the total number of individuals who have completed the intake process for OTC-funded tobacco cessation interventions at the Mississippi Tobacco Quitline by 5%.
- Maintain and evaluate Mississippi Tobacco Free Coalitions in all 82 counties.
- Increase the percentage of youth and adults who recall seeing or hearing advertisements or commercials that tell people not to smoke or use tobacco.

Funding: Presented with Tobacco Control mission

Health Protection

Health Protection includes Environmental Health programs, Licensure programs, and Public Health Emergency Preparedness. The mission of Environmental Health programs is to prevent adverse health effects from environmental hazards that can spread disease. This mission is accomplished through regulation of food service and processing establishments, milk and dairy products and distribution systems, the public water supply, onsite wastewater disposal systems, boiler and pressure vessel safety, and radiological health hazards.

The mission of Licensure programs is to assure that designated health care facilities, child care facilities, and certain types of practitioners meet minimum standards and comply with state and federal laws and regulations.

The mission of Emergency Preparedness and Response is to ensure readiness for any public health threat or emergency at the state and local/regional levels. The program establishes, maintains, and tests plans and procedures to protect Mississippians in the event of natural or human-caused disasters. This program is presented in the following section as a separate program area.

FY 2012 Funding:	$ 7,048,619	General
	154,555	State Support Special Funds
	21,957,046	Federal
	29,346,464	Other
	$58,506,684	Total
FY 2013 Funding:	$ 7,924,988	General
	154,555	State Support Special Funds
	22,115,733	Federal
	29,381,485	Other
	$59,576,761	Total
FY 2014 Funding:	$ 9,036,037	General
	128,723	State Support Special Funds
	22,544,415	Federal
	31,145,096	Other
	$62,854,271	Total
FY 2015 Funding:	$ 9,168,920	General
	128,723	State Support Special Funds
	22,860,642	Federal
	31,668,527	Other
	$63,826,812	Total
FY 2016 Funding:	$ 9,301,803	General
	128,723	State Support Special Funds
	23,176,870	Federal
	32,191,959	Other
	$64,799,355	Total

Onsite Wastewater

Need: Environmental sanitation is the backbone of public health; the first departments of health were formed to prevent the spread of disease by controlling environmental factors. Potential contamination of ground and surface waters is both an environmental and a public health concern. As the population shifts to suburban and rural areas, proper disposal of wastewater from individual homes grows in importance.

Program Description: The Onsite Wastewater Program develops policies/regulations regarding the proper disposal of wastewater outside municipality-approved systems and provides technical assistance and training to county and district environmentalists and to certified individual onsite wastewater system professionals. Staff engineers and program specialists review plans and evaluate property for subdivisions, commercial developments, manufactured homes, multi-family dwellings, RV campgrounds, and engineer-designed individual onsite wastewater disposal systems. They inspect and register manufacturers of septic tanks and other system components, perform quality tests of tanks, and evaluate and improve computer modeling programs to aid in the design of onsite wastewater disposal systems. Specialists also conduct bi-monthly seminars for certification of new wastewater system installers, pumpers, and evaluators, and biannual seminars for continuing education. MSDH district and county environmentalists evaluate each proposed building lot for soil/site conditions and provide the property owner with a list of systems suitable for installation on the site. They also approve and collect samples from private wells, and investigate general environmental complaints.

Program Goal: The goal of the Onsite Wastewater Program is to reduce the potential for the spread of disease through improper disposal of human waste.

FY 2011 Program Outputs

Total number of plans reviewed for individual onsite wastewater disposal systems	163
Number of professional engineering plans reviewed for individual onsite wastewater disposal systems	59
Number of individual onsite wastewater disposal system inspections conducted:	
Soil and Site evaluations	8,832
Final approvals[1]	4,416
Number of private water well systems sampled/resampled	639
Number of continuing education seminars provided for certified onsite wastewater disposal system professionals	29
Total number of certifications issued (installers, pumpers, manufacturers, evaluators)	780
Number of technical assistance and consultation site visits conducted	127
Number of wastewater complaints investigated	2,333

[1] *Property owners with two or more acres are not required to obtain final approval for their wastewater disposal systems, effective April 26, 2011, as a result of legislation enacted in the 2011 Session.*

FY 2011 Efficiency and Outcome Measures

Response time for referred soil and site evaluations	3 days
Response time for review of engineering plans for onsite wastewater disposal systems	10 days
Response time to wastewater complaints	4 days
Percentage of certified wastewater system professionals receiving continuing education	85%
Percentage of resolved complaints:	
Resolved	65%
Remanded to courts	20%
Unsubstantiated	15%

Note: *Onsite Wastewater is a preventive health program, and there is no way to measure the amount of disease prevented by regulating the proper disposal of human waste. However, it is recognized that proper disposal of onsite wastewater reduces the incidence of fecal-oral transmitted diseases such as typhoid, salmonellosis, shigellosis, E coli, and many others.*

FY 2012 Objectives:

- Provide 28 continuing education seminars for certified individual onsite wastewater disposal system professionals as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Provide 28 continuing education seminars for certified individual onsite wastewater disposal system professionals as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Health Protection totals

FY 2014 Objectives:

- Provide 28 continuing education seminars for certified individual onsite wastewater disposal system professionals as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Provide 28 continuing education seminars for certified individual onsite wastewater disposal system professionals as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Provide 28 continuing education seminars for certified individual onsite wastewater disposal system professionals as a licensure requirement.
- Provide a response to referred soil and site evaluation requests within four days.
- Initiate investigation of wastewater complaints within four days of receipt.

Funding: Included with Health Protection totals

Food Protection

Need: Inspection of food establishments is vital in today's society to reduce the factors that cause food-borne illness. This goal is best accomplished by achieving active managerial control of the risk factors in each establishment. For that reason, manager certification of all food service facilities and continuing education of managers is essential. The major risk factors are improper holding temperatures, inadequate cooking, contaminated equipment, food from unsafe sources, and poor personal hygiene.

Program Description: The MSDH Food Protection Program inspects food establishments (other than those regulated by another agency) to ensure that the establishments comply with state and federal laws, rules, and regulations. Mississippi ranks in the top 10% of states in meeting the federal Food and Drug Administration's Retail Food Program Standards.

Public Health environmentalists at the district and county level inspect food service establishments at frequencies based on risk factor assessments and issue annual permits for the facilities to operate. Central office staff conduct program assessments, develop policies and regulations, and give technical assistance and guidance to county, regional, and district environmentalists in their efforts to reduce the risk factors that contribute to foodborne illnesses. Numerous specialized training programs are available to food industry personnel, and inservice technical training is provided to county health department staff to promote uniformity.

The Food Protection Program also inspects processing facilities such as food manufacturers, soft drink bottling plants, bakeries, bottled water plants, ice plants, and warehouses, and investigates foodborne illness outbreaks in cooperation with the Epidemiology staff.

Program Goal: The goal of the Food Protection Program is to reduce the potential for the spread of food-borne illness through regulation of food establishments and industry/consumer education.

FY 2011 Program Outputs

Number of food establishments permitted (food service facilities and processors)	13,411
Number of inspections of food establishments	39,736
Number of complaints investigated	512
Number of foodborne outbreaks reported/investigated	48
Number of training sessions provided to district and county staff	14

FY 2011 Outcome Measures

Percent of district and county environmentalists certified (standardized) according to FDA Food Program requirements	67%
Percent of district and county environmentalists meeting FDA continuing education requirements	83%
Percent of food facilities inspected at frequency required by risk assessment category	96%
Percent of critical violations corrected at time of inspection	88%
Percent of critical violations corrected within 10 days (as required by FDA Food Code)	84%
Number of FDA Food Program standards achieved (national goal: 1 by 2010)	5

FY 2012 Objectives:

- Provide at least 16 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 96% of food facilities at frequency required by risk category.
- Ensure that 86% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of foodborne illness complaints within 24 hours.
- Achieve six of the nine FDA Food Program standards (FDA national goal is two).

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Provide at least 18 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 96% of food facilities at frequency required by risk category.
- Ensure that 88% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of foodborne illness complaints within 24 hours.
- Achieve six of the nine FDA Food Program standards (FDA national goal is two).

Funding: Included with Health Protection totals

FY 2014 Objectives:

- Provide at least 20 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 98% of food facilities at frequency required by risk category.
- Ensure that 90% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of foodborne illness complaints within 24 hours.

- Achieve six of the nine FDA Retail Food Program standards (FDA national goal is two).

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Provide at least 22 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 98% of food facilities at frequency required by risk category.
- Ensure that 90% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of foodborne illness complaints within 24 hours.
- Achieve seven of the nine FDA Retail Food Program standards (FDA national goal is two).

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Provide at least 22 training sessions for public health environmentalists and other district and county staff to assure compliance with FDA Food Program standards.
- Inspect 98% of food facilities at frequency required by risk category.
- Ensure that 90% of critical violations are corrected within 10 days.
- Respond to 98% of consumer complaints within three days.
- Respond to 100% of foodborne illness complaints within 24 hours.
- Achieve seven of the nine FDA Retail Food Program standards (FDA national goal is two).

Funding: Included with Health Protection totals

Milk and Bottled Water Protection

Need: Inspection and sampling of milk from dairy farms, bulk milk haulers, transfer stations, receiving stations, and pasteurization plants is necessary to ensure that milk producers are in compliance with all state and federal laws, rules, and regulations regarding the production, storage, and transporting of milk and milk products. Ensuring the safety of the milk supply allows Mississippi's dairy industry to participate in interstate and intrastate commerce.

Program Description: The Milk and Bottled Water Program regulates milk production, the milk industry, and distribution of milk and milk products in Mississippi. The program also conducts Milk Sanitation Compliance and Enforcement Ratings of milk supplies within the state and regulates frozen dessert plants. Milk environmentalists inspect dairy farms and plants before issuing a permit to sell milk, and take milk samples for laboratory analysis to ensure high sanitary quality. Uniformity in regulation results in reciprocity with other states and ensures availability and safety of milk products. The program ensures that public health requirements are applied to new products and manufacturing processes within the industry. The state rating score measures compliance with the FDA Pasteurized Milk Ordinance, and it must be at least 90% for milk producers to participate in interstate commerce.

Program Goal: The goals of the Milk and Bottled Water Program are to: (1) reduce the potential for the spread of disease through milk and milk products by inspection, sampling, and regulation, and (2) ensure that Mississippi's producer marketing organizations and milk industry have the option to participate in interstate commerce by ensuring that every producer marketing group and milk plant maintains a satisfactory score on state and federal ratings.

FY 2011 Program Outputs

Number of dairy farms permitted	122
Number of dairy farm inspections	610
Number of raw milk samples collected (includes farm and plant)	1,748
Number of milk plants permitted	79
Number of processed milk samples collected	600
Number of frozen dessert plants permitted	38

FY 2011 Outcome Measures

State Milk Rating score	95%
Percentage of milk plants inspected at frequency required by Pasteurized Milk Ordinance	100%

Percentage of dairy farms inspected at frequency required by Pasteurized Milk Ordinance	100%
Percentage of bulk tank units scoring 90 or above on FDA compliance rating	100%
Percentage of milk plants scoring 90 or above on FDA compliance rating.	100%
Percentage of milk from tankers positive for antibiotics removed from milk supply	100%
Corrective actions taken as a result of inspection and sampling of milk plants and dairy farms:	
Warning	78
Suspension of permit	19
Removing bulk tank unit from interstate sales	0

FY 2012 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Health Protection totals

FY 2014 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.

- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Achieve an overall average state rating score of at least 95% for all milk producers and tankers.
- Inspect 100% of dairy farms at least twice in accordance with the FDA Pasteurized Milk Ordinance.
- Inspect 100% of milk processing plants at least four times in accordance with the FDA Pasteurized Milk Ordinance.
- Ensure that 100% of milk from tankers testing positive for antibiotics is removed from milk supplies.
- Assure that all raw and finished milk samples are collected as required by the FDA Pasteurized Milk Ordinance.
- Assure that all corrective actions are taken in accordance with the FDA Pasteurized Milk Ordinance.

Funding: Included with Health Protection totals

Public Water Supply

Need: Community public water systems provide drinking water to 2.8 million Mississippians (97% of the state's population). Many of these 1,261 systems utilize groundwater, which is susceptible to contamination. Strict enforcement of the federal and state Safe Drinking Water Acts (SDWAs) is critical to ensure safety of the state's drinking water supplies.

Program Description: The MSDH Public Water Supply Program includes five programmatic areas: (1) microbiological, chemical, and radiological monitoring of drinking water quality; (2) negotiation with consulting engineers on the final design of engineering plans and specifications for all new or substantially modified public water supplies; (3) annual surveys (inspections) of each community public water supply to eliminate operational and maintenance problems that may potentially affect drinking water quality; (4) enforcement to ensure that the standards of federal and state SDWAs are followed; and (5) licensure of waterworks operators and training of water supply officials, consulting engineers, and MSDH environmental staff in the proper methods of designing, constructing, and operating public water systems.

Program Goal: The goal of the MSDH Public Water Supply Program is to assure that public water supplies routinely provide safe drinking water to the citizens of Mississippi.

FY 2011 Program Outputs

Number of public water systems surveyed/inspected annually:	
Community systems	1,107
Non-transient non-community	81
Transient non-community	73
Number of water quality samples analyzed for compliance with SDWAs:	
Microbiological/public	61,602
Radiological	642
Chemical	14,179
Number of "Boil Water Notices" issued on Public Water Systems to protect public health:	
State issued	36
Self imposed	563
State assisted	127
Number of reviews of engineering plans and specifications for new water supply projects	582

FY 2011 Outcome Measures

Percentage of public water supplies surveyed/inspected	100%
Percentage of community public water systems receiving a capacity assessment/rating	100%
Percentage of public water supplies with water quality violations to SDWA	5%
Percentage of community public water supplies with MSDH certified operator	99%
Percentage of public water systems that have implemented effective cross connection control programs	90%
Percentage of acute water quality violations corrected within five days	100%
Percentage of non-acute water quality violations corrected within 90 days	98%

FY 2012 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey on 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 99% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Follow up and resolve 100% of Safe Drinking Water Act (SDWA) water quality violations within time frames required by statute.
- Assure that affected citizens are immediately notified, i.e., radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey on 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 99% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.

- Assure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding: Included with Health Protection totals

FY 2014 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey of 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 99% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.
- Assure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey of 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 99% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.
- Assure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Review and comment on 100% of engineering plans and specifications for new public water supply construction projects within 10 working days of receipt.
- Complete a sanitary survey of 100% of public water supplies.
- Complete a Capacity Assessment/Rating on 100% of the state's community public water systems.
- Assure that 99% of community public water supplies utilize a waterworks operator licensed by MSDH.
- Follow up and resolve 100% of SDWA water quality violations within time frames required by statute.

- Assure that affected citizens are immediately notified, i.e. radio and/or television, of potential acute drinking water contamination incidents so that consumptive use can be discontinued until the source of contamination is located and eliminated.

Funding: Included with Health Protection totals

Boiler and Pressure Vessel Safety

Need: Inspection of boiler and pressure vessels and assuring the correction of any hazardous conditions found through the inspections greatly reduces the risk of deaths, injuries, and property damage due to boiler and pressure vessel explosions. There are currently 31,197 objects certified under the Boiler and Pressure Vessel Safety Program.

Program Description: The MSDH Boiler and Pressure Vessel Safety Program enforces state laws, rules, and regulations and certifies the use of all vessels covered by the law. MSDH staff inspect the boiler and pressure vessels that are uninsured (25-35% of the total), and approximately 100 reciprocally-commissioned insurance company representatives inspect the vessels that are insured (65-75% of the total). Some vessels receive biennial inspection, while larger, more dangerous (high pressure) ones are inspected twice each year. All funding for this program is generated from inspection and certificate fees.

Program Goal: The goal of the Boiler and Pressure Vessel Safety Program is to reduce, through physical inspections, the incidence and severity of accidents related to boiler or pressure vessel explosions.

FY 2011 Program Outputs

Number of boiler and pressure vessels inspected	5,462
Number of violations detected:	
Dangerous violations	37
Non-dangerous violations	171

FY 2011 Outcome Measures

Percentage of dangerous violations corrected within 30 days	91%

2012 Objectives:

- Inspect at least 5,000 boilers and pressure vessels.
- Assure that all dangerous or hazardous conditions are corrected within 30 days.
- Conduct 80% of state inspections within 90 days of certificate expiration date.

Funding: Included with Health Protection totals

2013 Objectives:

- Inspect at least 5,000 boilers and pressure vessels.
- Assure that all dangerous or hazardous conditions are corrected within 30 days.
- Conduct 80% of state inspections within 90 days of certificate expiration date.

Funding: Included with Health Protection totals

2014 Objectives:

- Inspect at least 5,000 boilers and pressure vessels.
- Assure that all dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Inspect at least 5,000 boilers and pressure vessels.
- Assure that all dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Inspect at least 5,000 boilers and pressure vessels.
- Assure that all of dangerous or hazardous conditions are corrected within 30 days.
- Conduct 100% of state inspections within 90 days of certificate expiration date.

Funding: Included with Health Protection totals

Radiological Health

Need: Medical and industrial uses of radioactive materials and radiation devices are commonplace and widespread in today's society, and educational institutions use nuclear materials in instruction and research. This proliferation of radiation sources has involved more personnel in their handling and operation, which increases the risk of radiation exposure for workers, students, and the public. Many sources result in various levels of radioactivity in the environment, such as nuclear reactor operations (Grand Gulf Nuclear Station); radionuclides used in medicine, agriculture, and industry; nuclear activities associated with the Salmon Test Site in Lamar County; and radioactive fallout from atmospheric nuclear detonations.

Although there are many benefits from the use of radiation, the scientific consensus is that there is no level of radiation below which one can be absolutely certain that harmful effects will not occur. Therefore, it is readily apparent that the uncontrolled release of radiation-producing materials and devices could create a significant threat to public health. The Radiological Health Program is concerned with promoting the beneficial use of sources of radiation while ensuring that exposure from natural and manmade sources of radiation are As Low As Is Reasonably Achievable (ALARA) with presently available technology.

Program Description: The MSDH Radiological Health Program is designed to identify sources of radiation exposure, understand the biological effects of radiation, investigate and evaluate exposures, and formulate and apply regulations for the control and reduction of exposure. Through comprehensive monitoring and surveillance, the program determines levels of radioactivity present in the environment. Staff annually collect and analyze approximately 2,300 samples, including water, soil, meat, air, and vegetation, as well as direct measurements to record radiation levels in the environment. Each person licensed to possess and use radioactive materials or registered to operate x-ray devices is evaluated to ensure the protection of citizens and the environment through compliance with regulations and specific license or registration conditions.

Radiological Health Program staff participate in national studies, including the Nationwide Evaluation of X-Ray Trends sponsored by the Food and Drug Administration's Center for Devices and Radiological Health, to characterize the radiation doses patients receive during x-ray diagnostic examinations. The program maintains and enforces regulatory standards to ensure that the exposure of Mississippians to biologically-harmful radiation is maintained at low levels.

In addition, the Radiological Health Program maintains emergency response capabilities in the event of an incident or accident at the Grand Gulf Nuclear Station, a transportation accident, or a terrorist act involving radioactive materials. The professional staff are trained and on 24-hour call to respond to radiological emergencies. The division participates in quarterly exercises with Grand Gulf Nuclear Station and with other state agencies during bi-annual Federal Emergency Management Agency exercises.

The Mississippi Legislature also designated the MSDH Radiological Health Program to review and comment on technical information regarding radioactive waste issues. Accordingly, the staff actively participated in the implementation of the Southeast Interstate Low-Level Radioactive Waste Management Compact.

Program Goal: The goal of the Radiological Health Program is to protect the public from unnecessary radiation exposure and radiological hazards.

FY 2011 Program Outputs

Number of inspections:	
Healing arts X-ray tubes	2,433
Non-healing arts X-ray registrants	15
Specific radioactive material licensees	111
General radioactive material licensees	2
Mammography Units	112
Specific radioactive material licenses issued:	
Total	331
New	8
Amendments	299
Terminations	9
General radioactive material licenses issued:	
Total	77
New	6
Amendments	6
Terminations	1
Tanning facilities:	
Number of facility inspections	157
Number of registrations	290
Number of tanning beds	1,313
Non-healing arts X-ray tube registrations:	
Total	161
New	11
Amendments	77
Tubes registered	239
Terminations	5
Healing arts X-ray tube registrations:	
Total	5,951
New	86
Environmental samples analyzed for radioactivity around Salmon Test Site	109
Environmental samples analyzed for radioactivity around Grand Gulf Nuclear Station	467

FY 2011 Outcome Measures

Percentage of required environmental monitoring for radioactivity completed at Salmon Test Site in accordance with DOE requirements	100%
Non-compliance rate with regulations:	
Major Health/Safety Violations:	
Non-healing arts X-ray registrants	0%
Healing arts X-ray registrants	0.43%
Specific radioactive material licensees	0%
General radioactive material licensees	0%
Minor Health/Safety Violations:	
Non-healing arts X-ray registrants	0%
Healing arts X-ray registrants	3.5%
Specific radioactive material licensees	26%
General radioactive material licensees	0%
Percentage of mammographic units inspected	100%

FY 2012 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 500 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five days of receipt.

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 500 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).

- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five days of receipt.

Funding: Included with Health Protection totals

FY 2014 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 500 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five working days of receipt.

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 500 environmental samples for radioactivity around Grand Gulf Nuclear Station.
- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five days of receipt.

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Maintain the rate of noncompliant x-ray registrants at 10% or less for minor regulatory violations and 5% for major health and safety violations.
- Maintain the rate of noncompliant radioactive material licensees at 50% or less for minor regulatory violations and 5% for major health and safety violations.
- Inspect 100% of the mammographic x-ray units for compliance with the federal Mammography Quality Standards Act of 1992 in accordance with FDA/MSDH contract.
- Collect and analyze approximately 500 environmental samples for radioactivity around Grand Gulf Nuclear Station.

- Collect and analyze 100% of required samples to monitor for radioactivity at the Salmon Test Site in accordance with Department of Energy requirements (approximately 200 samples).
- Initiate investigation on 100% of complaints and allegations of misuse of ionizing radiation within five days of receipt.

Funding: Included with Health Protection totals

Emergency Medical Services (EMS)

Need: In case of accident or sudden serious illness, individuals often need appropriate medical care to provide life-saving measures during transport to a hospital. A comprehensive pre-hospital system must include an adequate number of transportation providers with emergency vehicles that meet prescribed standards, along with properly trained and certified emergency personnel. In addition, Mississippi's rural nature emphasizes the need for an organized, inclusive statewide trauma system to ensure that emergency patients are transported in the least amount of time to a hospital with the necessary capabilities to care for that patient's injuries. Mississippi law charges the MSDH with ensuring an effective system of emergency medical care through licensure and inspection of emergency medical vehicles and certification of emergency medical personnel. In addition, the MSDH is lead agency to develop and manage a statewide Trauma Care System for Mississippi.

Program Description: The Bureau of Emergency Medical Services (EMS) licenses all ambulance services in Mississippi; inspects and permits ambulances; certifies EMS drivers; tests and certifies medical first responders and emergency medical technicians, including testing EMTs on the basic and paramedic levels; authorizes advanced life support and other training programs; manages a statewide EMS information system; and administers the EMS Operating Fund.

The Bureau of EMS administers the Mississippi Trauma Care System, including design of the system, inspection of trauma care centers, programmatic audits, collection and management of data for a statewide Trauma Registry, and monitoring of system performance such as hospital transfer times. The Trauma System is designed to ensure that each trauma patient in Mississippi arrives at the most appropriate hospital for his injury as quickly as possible.

Trauma center designation is based on a combination of selected criteria published by the American College of Surgeons Committee on Trauma and criteria established by the Mississippi Trauma Advisory Committee. Designation levels set specific standards that guide hospital and emergency personnel in determining the level of care a trauma victim needs and whether that hospital can care for the patient or transfer to a Trauma Center that can administer more definitive care. Through contracts with the seven designated trauma care regions, the Bureau of EMS disperses funds from the Trauma Care Trust Fund for documented indigent care rendered to qualifying trauma patients.

In 2008 the Mississippi Legislature amended the Emergency Medical Services Act to require the MSDH to develop regulations making the Trauma System a requirement of licensed acute care hospitals rather than a voluntary system. Additionally, the Board of Health approved regulations changing the Trauma Care Trust Fund from reimbursement for uncompensated care to a block grant model including funding for EMS providers.

The Bureau of EMS also administers a federal Emergency Medical Services for Children program that focuses on improving emergency care and injury control for children. Program staff conduct safety and injury prevention programs statewide aimed at behavior modification and decreasing morbidity and injury to children. The program serves as a clearinghouse for information to pediatricians, schools, hospitals, parents, and others interested in reducing injury to children.

In addition, the bureau is responsible for a Weapons of Mass Destruction Emergency Preparedness program. The goal of this program is to develop and implement plans and protocols for EMS services during an act of

terrorism or other hazard emergency. The bureau has developed a comprehensive training plan to provide staff with the resources to support any disaster event within the state.

Program Goal: The goal of the EMS Program is to ensure a quality, effective system of emergency medical care through a comprehensive emergency medical services system. The goal encompasses assuring maximum availability of well-equipped and trained pre-hospital providers to Mississippians who need emergency care.

FY 2011 Program Outputs

Licensure:	
Ambulance services licensed	181
Ambulances permitted	620
Certifications/recertifications issued:	
EMT - Paramedics	1,180
EMT - Basics	1,612
EMS – Drivers	1,513
Number of Emergency Medical Services for Children educational safety programs	71

FY 2011 Outcome Measures

Percentage of ambulances inspected twice per year	95%
Transfer time of Level IV trauma centers to appropriate facilities for treatment	146.74 minutes

FY 2012 Objectives:

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians, including the basic and paramedic levels.
- Conclude thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Address technical assistance requests from trauma regions and trauma care centers for system and program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within ten working days of inspection.
- Collect trauma registry data monthly from the trauma care regions for 95% of participating trauma care centers.
- Ensure data submission into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15th day of each month for patient encounters of the previous month from all licensed ambulance services to assure effective evaluation of the state EMS system.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.

- Decrease transfer times to a system average of 130 minutes from complete designated Level IV trauma centers to complete designated trauma centers most appropriate for the patient's injuries.

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians, including the basic and paramedic levels.
- Conclude thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Address technical assistance requests from trauma regions and trauma care centers for system and program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within ten working days of inspection.
- Collect trauma registry data monthly from the trauma care regions for 95% of participating trauma care centers.
- Ensure data submission into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15th day of each month for patient encounters of the previous month from all licensed ambulance services to assure effective evaluation of the state EMS system.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Achieve a system average transfer time of 130 minutes from designated Level IV trauma centers to designated trauma centers most appropriate for the patient's injuries.

Funding: Included with Health Protection totals

FY 2014 Objectives:

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians, including the basic and paramedic levels.
- Conclude thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Address technical assistance requests from trauma regions and trauma care centers for system and program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within ten working days of inspection.
- Collect trauma registry data monthly from the trauma care regions for 100% of participating trauma care centers.
- Ensure data submission into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15th day of each month for patient encounters of the previous month from all licensed ambulance services to assure effective evaluation of the state EMS system.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Achieve a system average transfer time of 130 minutes from designated Level IV trauma centers to designated trauma centers most appropriate for the patient's injuries.

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians, including the basic and paramedic levels.
- Conclude thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Address technical assistance requests from trauma regions and trauma care centers for system and program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within ten working days of inspection.
- Collect trauma registry data monthly from the trauma care regions for 100% of participating trauma care centers.
- Ensure data submission into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15th day of each month for patient encounters of the previous month from all licensed ambulance services to assure effective evaluation of the state EMS system.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Achieve a system average transfer time of 120 minutes from designated Level IV trauma centers to designated trauma centers most appropriate for the patient's injuries.

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Issue at least 700 certifications or recertifications for EMS drivers and 1,250 certifications or recertifications for Emergency Medical Technicians, including the basic and paramedic levels.
- Conclude thorough and professional investigations on all complaints regarding EMS personnel and providers within 60 days of receipt.
- Address technical assistance requests from trauma regions and trauma care centers for system and program development within three working days of receipt.
- Finalize inspection reports and provide plan of correction to trauma centers within ten working days of inspection.
- Collect trauma registry data monthly from the trauma care regions for 100% of participating trauma care centers.
- Ensure data submission into MEMSIS (Mississippi Emergency Medical Services Information System) by the 15th day of each month for patient encounters of the previous month from all licensed ambulance services to assure effective evaluation of the state EMS system.
- Inspect 100% of permitted ambulances twice each year to ensure minimum specified equipment, staffing, and insurance.
- Achieve a system average transfer time of 120 minutes from designated Level IV trauma centers to designated trauma centers most appropriate for the patient's injuries.

Funding: Included with Health Protection totals

Health Facilities Licensure and Certification

Need: Licensure and certification of health care facilities is necessary to assure that certain standards are maintained in the facilities and that patients receive appropriate, high-quality care. Inspection is also necessary to allow facilities to participate in the Medicare and Medicaid programs.

Program Description: The MSDH Bureau of Health Facilities Licensure and Certification (HFLC) is responsible for initial state licensure, issuance of annual licenses, and periodic inspections of health care facilities. The bureau is under contracts with the federal Centers for Medicare and Medicaid Services (CMS) and the state Medicaid agency to perform initial licensure or certification surveys (inspections) and periodic recertification inspections of all certified nursing homes, home health agencies, hospitals, rural health clinics, end stage renal disease facilities, outpatient physical therapy services, comprehensive outpatient rehabilitation facilities, hospices, portable x-ray suppliers, ambulatory surgical facilities, intermediate care facilities for the mentally retarded, and psychiatric residential treatment facilities. Trained nurses, health facility surveyors, social workers, safety consultants, laboratory technologists, dietitians, and registered record administrators conduct onsite inspections or surveys at intervals dictated by state and federal standards. When health facilities are found out of compliance with licensure and certification regulations, the bureau's management personnel coordinate prescribed enforcement remedies with CMS and the state Medicaid agency, as applicable.

The bureau also investigates complaints or alleged violations of federal requirements or state licensure regulations in health care facilities. The bureau maintains a toll-free 24-hour telephone line to receive complaints. Staff triage complaints into various categories of risk to patients and initiate investigations according to timeframes mandated by CMS.

Under an additional contract with CMS, Bureau of HFLC staff inspect any facility or clinic that performs clinical laboratory testing, regardless of source of reimbursement for the testing, to ensure compliance with the Clinical Laboratory Improvement Amendment of 1988 (CLIA). The bureau also approves nurse aide training programs and maintains a registry of certified nurse aides, including a registry of nurse aides found guilty of abuse, neglect, or exploitation. Due process is granted to those aides through an administrative hearing.

HFLC houses the state Minimum Data Set (MDS) system. All certified nursing homes in Mississippi encode and transmit MDS records after completing an assessment on a nursing home resident. The bureau provides assessment training for providers and technical assistance to facilities and software vendors. The bureau maintains an additional database regarding home health patients through the OASIS project, which is similar to the MDS project but is specific for home health agencies. To date, all providers are actively and routinely sending data to the system.

Program Goal: The goal of the Bureau of Health Facilities Licensure and Certification is to promote and protect the health and safety of consumers through fair and impartial regulation of licensed and certified health care facilities.

FY 2011 Program Outputs

Number of licensed personal care homes surveyed (inspected)[1]	162
Number of licensed hospices surveyed/inspected[1]	155
Number of nurse aide training programs inspected[1]	80
Number of biennial clinical laboratory on-site inspections performed in accordance with CMS requirements (includes Certificate of Waiver laboratories)[1]	Waiver 25 CLIA 238[2]
Number of certified nursing homes surveyed (inspected)[1]	189
Number of intermediate care facilities for the mentally retarded (ICFMR) recertified[1]	14
Number of home health agencies recertified[1]	24
Number of validation surveys conducted on hospitals selected by CMS as part of the required 1% sample[1]	1

[1] *Federal funding provides for surveys, inspections, or recertifications of various health care facilities as follows: ICF/MRs every year; nursing homes within 15 months of previous survey; hospitals 1% each year; nurse aide training programs and clinical labs every two years; and home health agencies every three years. State funding provides for surveys and inspections of licensed personal care homes and licensed hospices every year, including satellite/branch locations.*

[2] *Includes initial survey inspections, resurveys, validations, and/or complaints.*

FY 2011 Outcome Measures

Number of deficiencies cited and corrected at personal care homes	1,702
Number of deficiencies cited and corrected in hospices	339
Number of nurse aide training program withdrawn due to non-compliance with state and federal Nurse Aide Training Program requirements	6
Number of deficiencies cited and corrected at clinical laboratories[1]	721
Number of deficiencies cited and corrected at nursing homes[1]	1,929
Number of deficiencies cited and corrected at intermediate care facilities for the mentally retarded[1]	110
Number of deficiencies cited and corrected at home health agencies[1]	35
Number of deficiencies cited and corrected at hospitals[1]	219
Number of deficiencies cited and corrected at other non-long term care facilities[1, 2]	216

Percentage of complaint and standard surveys of long-term care facilities (certified nursing homes) resulting in citations at Severity Level:[1]	
Level I (least severe)	4.5%
Level II	89%
Level III	3.5%
Level IV (most severe)	3%

[1] *The data for these performance measures are based on the state fiscal year; previous reports were based on the federal fiscal year, October 1 through September 30, and presented only nine months of data. Therefore, these measures are not comparable to those presented in previous budget requests.*

[2] *Other non-long term care facilities includes: rural health clinics, end stage renal disease facilities, ambulatory surgical clinics, outpatient physical therapy/speech pathology facilities, and comprehensive outpatient rehabilitation facilities.*

FY 2012 Objectives:

- Survey (inspect) 100% of licensed personal care homes.
- Survey (inspect) 100% of licensed hospices.
- Inspect 100% of certified nurse aide training programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Survey (inspect) 100% of certified nursing homes within 15 months of the previous survey in accordance with CMS requirements.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of required home health agency surveys (approximately one-third of total) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required sample (approximately 1%).
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Survey (inspect) 100% of licensed personal care homes.
- Survey (inspect) 100% of licensed hospices.
- Inspect 100% of certified nurse aide training programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Survey (inspect) 100% of certified nursing homes within 15 months of the previous survey in accordance with CMS requirements.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of required home health agency surveys (approximately one-third of total) in accordance with CMS requirements.

- Perform 100% of hospital validation surveys selected by CMS as part of required sample approximately 1%).
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

Funding: Included with Health Protection totals

FY 2014 Objectives:

- Survey (inspect) 100% of licensed personal care homes.
- Survey (inspect) 100% of licensed hospices.
- Inspect 100% of certified nurse aide training programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Survey (inspect) 100% of certified nursing homes within 15 months of the previous survey in accordance with CMS requirements.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of required home health agency surveys (approximately one-third of total) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required sample (approximately 1%).
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Survey (inspect) 100% of licensed personal care homes.
- Survey (inspect) 100% of licensed hospices.
- Inspect 100% of certified nurse aide training programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
- Survey (inspect) 100% of certified nursing homes within 15 months of the previous survey in accordance with CMS requirements.
- Recertify 100% of intermediate care facilities for the mentally retarded before the expiration date of the existing 12-month agreement.
- Perform 100% of required home health agency surveys (approximately one-third of total) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required sample (approximately 1%).
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Survey (inspect) 100% of licensed personal care homes.
- Survey (inspect) 100% of licensed hospices.
- Inspect 100% of certified nurse aide training programs due for biennial review.
- Perform 100% of biennial clinical laboratory on-site inspections in accordance with the Centers for Medicare and Medicaid Services (CMS) requirements.
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- Perform 100% of required home health agency surveys (approximately one-third of total) in accordance with CMS requirements.
- Perform 100% of hospital validation surveys selected by CMS as part of required sample (approximately 1%).
- Initiate investigation of 100% of complaints or incidents triaged as Immediate Jeopardy or Non-Immediate Jeopardy-High within the timeframes required by CMS.

Funding: Included with Health Protection totals

Professional Licensure

Need: Professional licensure programs help to protect the public by ensuring that certain minimum standards are maintained in professional practice. Mississippi law designates the MSDH as the regulatory agency for certain health-related professions; independent boards of licensure regulate other professions.

Program Description: The Professional Licensure Program licenses speech-language pathologists, audiologists, dietitians, hearing aid specialists, occupational therapists and assistants, respiratory care practitioners, art therapists, and athletic trainers; certifies eye enucleators; and registers audiology aides, apprentice athletic trainers, speech-language pathology aides, medical radiation technologists, body piercers, tattoo artists, tattoo parlors, and hair braiders.

Staff also investigate all complaints related to the disciplines regulated; revoke or deny licenses when necessary; and provide public information seminars regarding various licensure requirements at community colleges, state and private universities, and professional organizations. Licensing personnel receive training in Level I and Level II investigative procedures and report writing through the National Certified Investigator's Training program.

Program Goal: The goal of the Professional Licensure Program is to protect the public from unethical and unqualified practitioners.

FY 2011 Program Outputs

Number of licenses issued/renewed:	
Art Therapists[1]	0
Athletic Trainers[2]	304
Audiologists[1]	29
Dietitians[1]	682
Hearing Aid Specialists[1]	59
Occupational Therapists[1]	96
OT Assistants[1]	116
Respiratory Care Practitioners[1]	177
Speech-Language Pathologists[1]	205
Number of professional certifications issued:	
Eye Enucleators[1]	0
Registration:	
Radiation Technologists[1]	3,196
Speech-Language Pathologists/Audiology Aides[1]	13
Tattoo Artists[2]	373
Body Piercers[2]	128
Hair Braiders[3]	241
Number of licensure process orientation presentations	21
Number of complaints received and investigated	36

[1] *Two year renewal cycle*
[2] *One year renewal cycle*
[3] *One-time registration*

FY 2011 Outcome Measures

Number of administrative hearings	2
Number of agreed orders	3
Number of denials of license, certification, or registration	2
Number of revocations of license, certification, or registration	1
Number of suspensions of license, certification, or registration	2
Number of complaint investigations resulting in:	
Required disciplinary action	10
No required disciplinary action	26

FY 2012 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within four days of receipt.
- Triage and begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 20 license application orientation presentations for potential licensees at universities, colleges, and professional organizations.
- Issue 100% of licenses, certifications, and registrations within 30 days after receipt of all required documentation.

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within four days of receipt.
- Begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 20 license application orientation presentations for potential licensees at universities, colleges, and professional organizations.
- Issue 100% of licenses, certifications, and registrations within 30 days after receipt of all required documentation.

Funding: Included with Health Protection totals

FY 2014 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within four days of receipt.
- Triage and begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 20 license application orientation presentations for potential licensees at universities, colleges, and professional organizations.

- Issue 100% of all licenses, certifications, and registrations within 30 days after receipt of all required documentation.

Funding: Included with Health Protection totals

FY 2015 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within working days of receipt.
- Triage and begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 20 license application orientation presentations for potential licensees at universities, colleges, and professional organizations.
- Issue 100% of all licenses, certifications, and registrations within 30 days after receipt of all required documentation.

Funding: Included with Health Protection totals

FY 2016 Objectives:

- Triage and begin investigation of 100% of complaints involving non-injury within four days of receipt.
- Triage and begin investigation of 100% of complaints involving injury within two days of receipt.
- Conduct 20 license application orientation presentations for potential licensees at universities, colleges, and professional organizations.
- Issue 100% of licenses, certifications, and registrations within 30 days after receipt of all required documentation.

Funding: Included with Health Protection totals

Child Care Facility Licensure

Need: Licensing, periodic inspection, and monitoring of child care facilities is necessary to assure that these facilities maintain prescribed health and safety standards. Child Care Facility Licensure staff visit each facility to conduct initial licensure inspections, follow-up and renewal inspections, program reviews, and to investigate complaints regarding the facility.

Program Description: The MSDH Child Care Facility Licensure Program licenses child care facilities, nonexempt kindergarten programs, school age extended day care programs, hourly child care programs, summer day camps, and youth camps. The program also registers child residential homes governed by the Child Residential Home Notification Act and monitors voluntarily registered child day care homes. In addition, program staff investigate complaints and work with the Mississippi Department of Human Services and local law enforcement agencies on child abuse or neglect investigations in licensed facilities.

Program Goal: The goal of the Child Care Facility Licensure Program is to protect the health and safety of children by licensing, evaluating, and monitoring all child care facilities not exempted by law that provide care and shelter for children under 13 years of age.

FY 2011 Program Outputs

Number of child care facility licenses issued/renewed	1,796
Number of child residential homes registered	13
Number of youth camp licenses issued	43
Total staff development hours conducted	1,248
Number of completed site visits for: General/Renewal Inspections Site visits for new licenses Follow-up inspections (all types)	 3,126 263 500
Number of youth camp inspections	89
Number of child residential home inspections	14
Number of child care facility complaints investigated	611
Number of youth camp complaints investigated	0
Number of child residential home complaints investigated	1
Number of Quarterly Information Memoranda published for licensed providers, pending applicants, and other interested parties (approximately 2,000 recipients)	6
Number of technical assistance consultations provided	29,564

FY 2011 Outcome Measures

Number of child care facilities closed for violations	0
Number of child residential homes closed for violations	0
Number of youth camps closed for violations	0
Number of complaint investigations resulting in:	
Required disciplinary action	95
No required disciplinary action	516

FY 2012 Objectives:

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Triage and begin investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three days of receipt.
- Provide a quarterly information memorandum to licensed providers, pending applicants, and interested parties (approximately 2,000 recipients).
- Conduct 100% of child care facility renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

Funding: Included with Health Protection totals

FY 2013 Objectives:

- Triage and begin investigation on 100% of complaints involving minor regulatory violations within 30 days of receipt.
- Triage and begin investigation on 100% of complaints involving alleged abuse, neglect, injury to a child, or other serious occurrence within three days of receipt.
- Provide a quarterly information memorandum to licensed providers, pending applicants, and interested parties (approximately 2,000 recipients).
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Funding: Included with Health Protection totals

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Funding: Included with Health Protection totals

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Funding: Included with Health Protection totals

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- Conduct 100% of child care facility renewal inspections prior to license expiration.
- Conduct 100% of youth camp renewal inspections prior to opening for camping season.
- Conduct 100% of child residential home inspections prior to registration expiration.

Funding: Included with Health Protection totals

Emergency Preparedness and Response

Since 2001, Congress has provided funds to each state to combat bioterrorism and to prepare for any mass casualty event. The mission of Emergency Preparedness and Response is to ensure readiness for any public health threat or emergency at the state and local/regional levels.

FY 2012 Funding:	$ 254	General
	0	State Support Special Funds
	8,157,232	Federal
	4,733,821	Other
	$12,891,307	Total
FY 2013 Funding:	$ 1,855	General
	0	State Support Special Funds
	8,287,908	Federal
	4,736,536	Other
	$13,026,299	Total
FY 2014 Funding:	$ 326	General
	0	State Support Special Funds
	8,375,445	Federal
	5,023,955	Other
	$13,399,726	Total
FY 2015 Funding:	$ 330	General
	0	State Support Special Funds
	8,492,926	Federal
	5,108,389	Other
	$13,601,645	Total
FY 2016 Funding:	$ 335	General
	0	State Support Special Funds
	8,610,407	Federal
	5,192,822	Other
	$13,803,564	Total

Public Health Emergency Preparedness and Response

Need: After the events of September 11, 2001, and the subsequent anthrax incidents, Congress approved an unprecedented increase in funding to state health departments to combat bioterrorism and to improve the nation's basic public health infrastructure. The MSDH has used those funds to expand and upgrade its capacity to respond to all public health threats, including terrorism-related and mass casualty events. Current needs involve integration of state and local emergency preparedness and response efforts with federal, state, local, and tribal governments; the private sector; and non-governmental organizations. Activities are based on and will support the National Response Plan, the National Incident Management System, and the Homeland Security Exercise and Evaluation Program. Use of these systems ensures that all entities required to respond to a mass casualty event are equipped and prepared to do so.

Program Description: The MSDH Public Health Emergency Preparedness and Response Program has oversight for emergency response related to terrorism or mass casualty events. Programmatic goals are carried out through placement of trained emergency response professionals statewide and support of prepared personnel representing all facets of public health. The program provides technical assistance, training, and exercises to ensure the response capabilities for regional, district, and local response teams as well as the Governor's State Emergency Response Team.

In accordance with CDC performance measures, public health emergency preparedness and response goals are designed to:

Prevent:
(1) Increase the use and development of interventions known to prevent human illness from any kind of mass casualty threat.
(2) Decrease the time needed to classify health events as terrorism or naturally occurring, in partnership with other agencies.

Detect/Report:
(3) Decrease the time needed to detect and report any agent in tissue, food, or environmental samples that threatens the public's health.
(4) Improve the timeliness and accuracy of information regarding threats to the public's health.

Investigate:
(5) Decrease the time needed to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

Control:
(6) Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

Recover:
(7) Decrease the time needed to restore health services and environmental safety to pre-event levels.
(8) Increase the long-term follow-up provided to those affected by threats to the public's health.

Improve:
(9) Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

The program's focus has now expanded to include the Cities Readiness Initiative (CRI) and Pandemic Influenza. The CRI applies the Strategic National Stockpile program to metropolitan statistical areas nationwide to assure prompt distribution of vaccines or medication in the event of a public health emergency. As lead agency for statewide Pandemic Influenza (Pan Flu) response, the MSDH Emergency Preparedness program has provided education and training to agency staff, other state agency partners, and external stakeholders. The next phase consists of completing and exercising a statewide comprehensive Pan Flu plan and facilitating the development of individual plans at the county and local level.

Program Goal: The goal of the Public Health Emergency Preparedness and Response Program is to establish, maintain, and test plans and procedures to protect Mississippians in the event of natural or human-caused disasters.

FY 2011 Program Outputs

Number of people (MSDH employees and other) trained in National Incident Management System	93[1]
Number of statewide National Incident Management System and Homeland Security Exercise and Evaluation Program preparedness exercises conducted (full scale, table top, or functional)	5
Number of hospitals participating in Bioterrorism Hospital Preparedness Program	120
Number of emergency preparedness and Strategic National Stockpile training sessions (number of people trained)	23 (638)
Number of Cities Readiness Initiative training sessions (number of people trained)	9 (111)

[1] *Due to reduction in grant funds, training now includes only new MSDH employees or required additional training for existing employees.*

FY 2011 Outcome Measures

Score on CDC's review of Mississippi's Strategic National Stockpile Plan (out of possible 100)	100[1]
Designated regional centers of excellence for emergency response statewide	22
Percentage at which key stakeholders can electronically send and receive health alerts 24/7	95%

[1] *CDC has implemented a new type of scoring system beginning in FY 2012, in which a full-scale exercise will be conducted only once every five years rather than every year as in the past. In years prior to conducting a full-scale exercise, 70 will be the maximum possible score and 43 will be the standard that CDC requires.*

FY 2012 Objectives:

- Conduct a minimum of three functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 95% of key laboratory stakeholders can electronically send and receive health alerts 24/7.
- Assure that Mississippi hospitals are prepared to respond to terrorism or mass casualty events through participation in the Hospital Preparedness Program.
- Maintain a score above the required standard of 43 on CDC's review of Mississippi's Strategic National Stockpile Plan and Cities Readiness Initiative.

Funding: Presented with Emergency Preparedness and Response mission

FY 2013 Objectives:

- Conduct a minimum of three functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 95% of key laboratory stakeholders can electronically send and receive health alerts 24/7.
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- Conduct a minimum of three functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.
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- Maintain a score above the required standard of 43 on CDC's review of Mississippi's Strategic National Stockpile Plan and Cities Readiness Initiative.

Funding: Presented with Emergency Preparedness and Response mission

FY 2015 Objectives:

- Conduct a minimum of three functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.

- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
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Funding: Presented with Emergency Preparedness and Response mission

FY 2016 Objectives:

- Conduct a minimum of three functional and/or full-scale National Incident Management System and Homeland Security Exercise and Evaluation Program exercises.
- Coordinate with Mississippi Hospital Association to designate regional centers of excellence for emergency preparedness.
- Ensure that 95% of key laboratory stakeholders can electronically send and receive health alerts 24/7.
- Assure that Mississippi hospitals are prepared to respond to terrorism or mass casualty events through participation in the Hospital Preparedness Program.
- Maintain a score above the required standard of 43 on CDC's review of Mississippi's Strategic National Stockpile Plan and Cities Readiness Initiative.

Funding: Presented with Emergency Preparedness and Response mission

Communicable Disease

The mission of Communicable Disease programs is to reduce the rate of premature death and improve the quality of life for Mississippians in a variety of areas. The Office of Epidemiology strives to identify disease outbreaks through case investigation and surveillance, and implement appropriate disease interventions to prevent further spread of secondary cases. HIV Disease/Sexually Transmitted Disease Prevention and Control and Tuberculosis Control seek to reduce the incidence of HIV disease, sexually transmitted diseases, and tuberculosis through screening, diagnosis, surveillance, intervention, and treatment. The Immunization Program strives to eliminate morbidity and mortality due to childhood vaccine-preventable diseases and to increase adult immunizations for influenza and pneumonia.

FY 2012 Funding:	$ 7,359,841	General
	1,267,445	State Support Special Funds
	26,745,509	Federal
	10,312,187	Other
	$45,684,982	Total
FY 2013 Funding:	$ 7,768,053	General
	0	State Support Special Funds
	27,066,202	Federal
	11,600,816	Other
	$46,435,071	Total
FY 2014 Funding:	$ 9,435,011	General
	1,055,604	State Support Special Funds
	27,460,973	Federal
	10,944,217	Other
	$48,895,805	Total
FY 2015 Funding:	$ 9,573,761	General
	1,055,604	State Support Special Funds
	27,846,165	Federal
	11,128,147	Other
	$49,603,677	Total
FY 2016 Funding:	$ 9,712,511	General
	1,055,604	State Support Special Funds
	28,231,357	Federal
	11,312,078	Other
	$50,311,550	Total

Epidemiology

Need: State law requires reporting of certain diseases to the Department of Health so that the agency can initiate appropriate intervention and preventive measures. A statewide surveillance program is essential to control these diseases that can cause permanent disability or death.

Program Description: The Office of Epidemiology monitors the occurrence and trends of reportable diseases and conditions throughout the state. Staff provide consultation to the medical community and to other agencies on matters of epidemiological concern 24 hours a day, 365 days a year, and investigate outbreaks or clusters of disease or illness in coordination with MSDH public health districts. The purpose of investigation is to determine etiology and implement or recommend control and preventive measures. Direct disease intervention in specific illnesses is carried out through providing appropriate prophylaxis.

Epidemiology staff periodically mail information to physicians regarding selected diseases of seasonal interest and provide education and training to the medical and lay communities as an ongoing effort. Staff offer individual consultation to health care providers and the public on communicable disease control and prevention, environmental epidemiology, vaccine preventable disease, international travel requirements and recommendations, tuberculosis, sexually transmitted diseases, and HIV disease.

Program Goal: The goals of Epidemiology are to carry out disease surveillance, implement control measures around reportable diseases and conditions, and provide information back to the health care community and the public.

FY 2011 Program Outputs

Number of outbreaks investigated	18
Number of Class I reportable diseases investigated	468[1]
Number of educational programs, presentations, and trainings conducted	551
Number of H. Flu cases investigated	17
Number of after-hours epidemiological calls handled	279
Number of weekly reports from private providers reviewed in CDC influenza-like-illness surveillance system	10,475

[1] *Excludes TB, HIV, and syphilis cases investigated; these diseases are reported in the respective program areas.*

FY 2011 Outcome Measures

Secondary cases of H. Flu Disease	0
Secondary cases of Meningococcal Disease	0

Second outbreaks from source already investigated	2
MS case rate for Hepatitis A per 100,000 population	0.13
Number of cases of West Nile Virus Number in southeastern region (CY 2010)	8 83

FY 2012 Objectives:

- Initiate investigation of 100% of identified disease outbreaks within 24 hours and provide appropriate intervention.
- Offer prophylaxis to all appropriate contacts of a Hepatitis A case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a meningococcal disease case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a *Haemophilus influenzae* case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a Pertussis case that are identified within the two-week post-exposure treatment window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Communicable Disease totals

FY 2013 Objectives:

- Initiate investigation of 100% of identified disease outbreaks within 24 hours and provide appropriate intervention.
- Offer prophylaxis to all appropriate contacts of a Hepatitis A case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a meningococcal disease case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a *Haemophilus influenzae* case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a Pertussis case that are identified within the two-week post-exposure treatment window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Communicable Disease totals

FY 2014 Objectives:

- Initiate investigation of 100% of identified disease outbreaks within 24 hours and provide appropriate intervention.
- Offer prophylaxis to all appropriate contacts of a Hepatitis A case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a meningococcal disease case that are identified within the two-week post-exposure treatment window.

- Offer prophylaxis to all appropriate contacts of a *Haemophilus influenzae* case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a Pertussis case that are identified within the two-week post-exposure treatment window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Communicable Disease totals

FY 2015 Objectives:

- Initiate investigation of 100% of identified disease outbreaks within 24 hours and provide appropriate intervention.
- Offer prophylaxis to all appropriate contacts of a Hepatitis A case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a meningococcal disease case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a *Haemophilus influenzae* case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a Pertussis case that are identified within the two-week post-exposure treatment window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Communicable Disease totals

FY 2016 Objectives:

- Initiate investigation of 100% of identified disease outbreaks within 24 hours and provide appropriate intervention.
- Offer prophylaxis to all appropriate contacts of a Hepatitis A case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a meningococcal disease case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a *Haemophilus influenzae* case that are identified within the two-week post-exposure treatment window.
- Offer prophylaxis to all appropriate contacts of a Pertussis case that are identified within the two-week post-exposure treatment window.
- Investigate 100% of reported cases of West Nile virus and other arboviral diseases.

Funding: Included with Communicable Disease totals

Tuberculosis (TB)

Need: Tuberculosis is an air-borne disease which is one of the world's leading killers among infectious diseases. The latest year for which national data are available is calendar year 2010, when Mississippi's rate was 3.9 per 100,000 population and the national rate was 3.6 per 100,000. The rate for black Mississippians in 2010 was 6.6 per 100,000, compared to a national rate of 7.0.

Challenges to eliminating tuberculosis continue to grow, including homelessness; HIV; immigration, adoption, and travel from tuberculosis-endemic areas; high-risk populations in the United States; substance abuse; increasing disease-resistance to TB medications; and decreasing funding for public health infrastructure. The goal of elimination can only be achieved through a systematic method of identifying, testing, and treating persons for TB across the state, particularly in the high-risk, minority, and hard-to-reach populations.

Program Description: The Tuberculosis Program provides early and rapid detection of persons with or at risk of developing TB; appropriate treatment and follow-up of diagnosed cases; latent tuberculosis infection therapy to persons at risk of developing TB disease; and technical assistance to public and private agencies and institutions. There is a particular focus on high-risk health care settings and institutional settings, such as hospitals, nursing homes, mental institutions, and penal institutions. One example of this focus is the assignment of public health nurses to Mississippi Department of Corrections prisons to facilitate the administration of twice weekly directly observed therapy to infected inmates. The program also works with the public and private medical sectors to assist in promoting the latest modalities and methodologies of TB treatment and follow-up.

Persons diagnosed with TB are classified as either a TB case or a person with latent tuberculosis infection (LTBI). A TB case is someone with active TB disease; this person can be infectious and requires multi-drug antibiotic therapy for at least six months. An LTBI patient is someone with TB infection, who is not infectious; this person needs preventive, single-drug antibiotic therapy over a nine to 12 month period to prevent progression to active TB.

A six-month treatment regimen using Directly Observed Therapy (DOT) is standard in Mississippi for active TB. The regimen involves daily administration of at least three drugs for two to eight weeks, followed by two drugs twice weekly for the remainder of the six-month period or longer if necessary. All patients enrolled in the TB program are entered into an electronic patient management system (ERS) and monitored until follow-up is complete. The county health departments update patient information in the ERS monthly until the patient record is closed.

Program Goal: The goal of the TB Program is to reduce the incidence of TB in Mississippi.

FY 2011 Program Outputs

Number of evaluated TB: (CY 2010)	
Cases	116
Suspects	646
Contacts to verified cases	1,857
Number of latent tuberculosis infection (LTBI) patients started on therapy	2,054
Number of medical and nursing diagnostic visits	7,156
Number of medical and nursing case management clinic visits	19,555
Number of case management field visits	10,477
Number of MD/RN case conferences	1,314
Number of tuberculin testings	25,283

FY 2011 Efficiency and Outcome Measures

Completion rate of therapy for patients with active TB within 12 months (CY 2009 data; most recent available)	97%
Completion rate of latent tuberculosis infection (LTBI) therapy (CY 2009 data; most recent available)	76%
Sputum conversion rate within two months (CY 2010 data)	56%
Percentage of TB cases on directly observed therapy (DOT) (CY 2010 data)	99%
Percentage of LTBI patients incarcerated in Parchman, Central MS, and South MS Correctional Institutions on DOT (CY 2010 data)	100%
Percent of LTBI patients under age 15 on DOT (CY 2010 data)	100%
Percent of HIV+/LTBI patients on DOT (CY 2010 data)	97%
TB case rate per 100,000 (CY 2010 data)	3.9
Number of TB cases (CY 2010 data)	116
Black TB case rate per 100,000 (CY 2010 data)	6.6
Number of cases in black Mississippians (CY 2010 data)	72

FY 2012 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place at least 98% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 98% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Communicable Disease totals

FY 2013 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 98% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 98% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Communicable Disease totals

FY 2014 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in South Mississippi Correctional Institution, Central Mississippi Correctional Facility, and Parchman Penitentiary on Directly Observed Therapy.
- Place 100% of LTBI patients under age 15 on Directly Observed Therapy.
- Place 100% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Communicable Disease totals

FY 2015 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in state correctional facilities on Directly Observed Therapy.
- Place 100% of LTBI patients under age 15 on Directly Observed Therapy.
- Place at least 100% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Communicable Disease totals

FY 2016 Objectives:

- Reduce the number of TB cases in Mississippi by 4%.
- Reduce the number of TB cases among black Mississippians by 5%.
- Place 99% of active tuberculosis cases on Directly Observed Therapy.
- Place at least 90% of latent tuberculosis infection (LTBI) patients incarcerated in state correctional facilities on Directly Observed Therapy.
- Place 100% of LTBI patients under age 15 on Directly Observed Therapy.
- Place 100% of HIV-positive LTBI patients on Directly Observed Therapy.

Funding: Included with Communicable Disease totals

External Factors Affecting the Program: TB in high-risk populations is the greatest challenge confronting prevention and control efforts. Significant factors which may affect the projected levels of performance and impact efforts to prevent continued transmission of TB include:

- Increasing HIV infection rates lead to increased co-infection with TB. An HIV positive person is 800 times more likely to develop TB than someone not HIV-positive.
- The increasing incidence of alcohol and drug abuse in high-risk population groups means that cases are more complicated and need more social service intervention to successfully complete therapy.
- The increasing number of homeless patients requires more staff, social, and financial resources to successfully complete therapy.
- Increasing populations of foreign-born residents, international students, and illegal aliens present multi-drug resistant potential and tracking and control difficulties.
- Cases with primary resistance to one or more TB drugs place a high demand on staff time and program resources.
- Many types of institutions have inherent problems with TB control and have inadequate staffing for solid screening programs – correctional facilities and eldercare facilities hold populations in close environments; hospital infection control programs often have inadequate response to suspicious TB; and federal facilities/authorities not subject to state policies fail to notify the state regarding treatment and follow-up of communicable diseases.

HIV and Sexually Transmitted Disease Prevention and Control

Need: HIV Disease results from infection with the Human Immunodeficiency Virus (HIV) and occurs as a continuum of illness experienced as the disease progresses through a range from mild to moderate to severe. HIV Disease can now be controlled as a chronic condition with the availability of advanced medications and compliance of patients to their health care provider's instructions. In Mississippi HIV is transmitted primarily through unprotected sexual activity.

The CDC estimates that there may be as many as one million people living with HIV Disease in the United States, and 21%, or one in five cases, do not know their status. Recent behavioral data affirm that people who know their status alter their sexual behavior to reduce the spread of infection. In addition, patients diagnosed and engaged in care early are more likely to reduce their infectivity, due to a decrease in the viral organisms. Therefore, the need for routine universal screening for sexually active adults and adolescents is important. One study estimates that the average length of time from diagnosis to death due to HIV Disease is 23 years ─ at a cost of nearly $650,000. There is clearly a need to prevent HIV transmission and to diagnose and treat as many patients as early as possible.

Sexually Transmitted Diseases (STDs) are caused by infections spread by transfer of organisms from one person to another through sexual contact. More than 50 organisms and syndromes are now recognized. The Centers for Disease Control and Prevention (CDC) estimates that 19 million new infections occur each year, almost half of them among young people aged 15 to 24. Minorities, women, and children bear a disproportionate share of the STD burden from sterility, ectopic pregnancy, fetal and infant deaths, birth defects, and mental retardation. STDs cannot be controlled by traditional public health methods ─ only one immunization (for human papillomavirus) is available; there is no vector that can be eliminated; and isolation of patients is neither practical nor desirable. Due to growing resistance of certain microorganisms, medical science is continually challenged to find effective treatments. The failure of high-risk individuals to alter their behaviors despite ample information further complicates the problem.

Program Description: The HIV Disease/STD Prevention and Control Office conducts prevention and surveillance activities that are funded through cooperative agreements with the CDC and administers funds for care and services to people living with HIV Disease.

HIV Disease Prevention: Activities include counseling, testing, partner counseling, and referral services offered through local health departments at no charge to the public. The program contracts with community-based organizations to implement culturally-competent health education and risk reduction strategies in populations at risk for transmission of HIV and collaborates with federal, state, and private organizations on strategies to modify risk-associated behaviors.

HIV Disease Surveillance: Staff members monitor laboratory testing, solicit and receive health care provider reports, and conduct treatment facility medical record reviews. The program also participates in a number of additional surveillance projects with the CDC.

Care and Services: The Health Resources and Services Administration provides funding under the Ryan White CARE Act for the AIDS Drug Assistance Program and the Home-Based Program. The Drug Program provides selected medications purchased at a discount by the MSDH Pharmacy and shipped via courier to the health department sites chosen by eligible clients; the Home-Based Program functions as a

payor of last resort for authorized services provided to eligible clients in their homes. These services afford physicians the option of allowing eligible clients to avoid expensive hospital stays while receiving life-sustaining therapies.

HIV Housing Services: A formula grant from the Department of Housing and Urban Development provides support for Housing for People Living with AIDS (HOPWA), based on a diagnosis of HIV infection or AIDS-defining illness and a financial needs assessment. Services include rent assistance for 21 weeks per year. Some long-term housing assistance is available for patients who are hospice-eligible.

The ***STD Control Program*** strives to reduce disease incidence (number of cases) and duration and thereby reduce disease complications and their attendant costs. The STD program interrupts the natural course of STDs in individuals and communities by: (a) detecting and preventing new infections through comprehensive epidemiology; (b) interviewing and counseling; (c) screening the high risk population for asymptomatic STD infections and ensuring that all with a positive laboratory test are followed and adequately treated; (d) implementing educational programs directed toward people at risk for STDs; and (e) ensuring that uniform standards of health care are available to all persons in both the public and private medical communities.

Because of the large number of different STDs, the program concentrates its limited resources toward the traditional bacterial STDs, syphilis and congenital syphilis. The program also screens for Chlamydia and gonorrehea in all MSDH maternity, family planning, and STD clinics. Other sexually transmitted diseases (Chancroid, Genital Herpes, Human Papilloma virus) are diagnosed, and treatment is facilitated based on need and sporadic increases in reported cases.

Program Goals: The goal of the STD Control Program is to reduce the prevalence and incidence of sexually transmitted disease among Mississippians. The goals of the HIV Disease Prevention program are to reduce the incidence of HIV Disease in Mississippi and to assist in the provision of care and services to people living with HIV Disease.

CY 2010 Program Outputs[1]

Number of HIV antibody screening tests conducted by MSDH	98,816
Number of MSDH HIV antibody screening tests confirmed positive by Western-Blot	833
Number of persons served by AIDS Drug Program	1,471
Number of persons served by home-based program	23
Number of MSDH patients screened for gonorrhea and chlamydia using DNA technology	89,728
Number of STD diagnostic, treatment, and follow-up services (nursing encounters; FY 2011)	66,177

[1] *STD and HIV measures are compiled on a calendar year basis with the exception of STD diagnostic, treatment, and follow-up services.*

CY 2010 Efficiency and Outcome Measures[1]

HIV Disease contact index (number of contacts named divided by number of original patients)	2.0
Primary and secondary syphilis treatment index (number of contacts treated divided by number of original cases)	1.5
Primary and secondary disease intervention index (number of cases found and treated divided by number interviewed)	0.7
Primary and secondary syphilis contact index (number of contacts named divided by number of original patients)	2.3
Number of newly reported HIV disease cases	550
Primary and Secondary Syphilis:	
Number of cases	229
Case rate per 100,000	7.8
Congenital Syphilis:	
Number of cases	9
Case rate per 100,000	21.0
Gonorrhea:	
Number of cases	6,196
Case rate per 100,000	209.9
Chlamydia	
Number of cases	21,422
Case rate per 100,000	725.7

[1] *STD and HIV measures are compiled on a calendar year basis with the exception of STD diagnostic, treatment, and follow-up services. Therefore objectives are presented on a calendar basis as well and begin with 2010.*

CY 2011 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 99,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 900 positive HIV antibody screening tests.
- Serve 1,550 persons in the AIDS drug program.
- Serve 30 persons in the home-based program.
- Increase partner notification reports completed and returned within 14 days to 70%.
- Achieve a contact index of 2.0 as a result of partner services.

STD Control

- Screen 90,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Interview at least 60% of new primary and secondary syphilis contacts within seven days.
- Interview at least 90% of primary and secondary syphilis cases within seven days.
- Achieve a treatment index of .75 per primary and secondary syphilis case interviewed.
- Achieve a disease intervention index of .75 for cases of primary and secondary syphilis examined.
- Achieve a contact index of 2.5 contacts per primary and secondary syphilis case interviewed.

Funding: Included with Communicable Disease totals

CY 2012 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 99,500 HIV antibody screening tests.
- Disclose and confirm by Western Blot 950 positive HIV antibody screening tests.
- Serve 1,630 persons in the AIDS drug program.
- Serve 30 persons in the home-based program.
- Increase partner notification reports completed and returned within 14 days to 75%.
- Achieve a contact index of 2.0 as a result of partner services.

STD Control

- Screen 90,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Interview at least 60% of new primary and secondary syphilis contacts within seven days.
- Interview at least 90% of primary and secondary syphilis cases within seven days.
- Maintain a treatment index of .75 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .75 for cases of primary and secondary syphilis examined.
- Maintain a contact index of 2.5 contacts per primary and secondary syphilis case interviewed.

Funding: Included with Communicable Disease totals

CY 2013 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 100,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 1,000 positive HIV antibody screening tests.
- Serve 1,700 persons in the AIDS drug program.
- Serve 25 persons in the home-based program.
- Increase partner notification reports completed and returned within 14 days to 80%.
- Maintain a contact index of 2.0 as a result of partner services.

STD Control

- Screen 90,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Interview at least 60% of new primary and secondary syphilis contacts within seven days.
- Interview at least 90% of primary and secondary syphilis cases within seven days.
- Maintain a treatment index of .75 per primary and secondary syphilis case interviewed.

- Maintain a disease intervention index of .75 for cases of primary and secondary syphilis examined.
- Maintain the contact index at 2.5 contacts per primary and secondary syphilis case interviewed.

Funding: Included with Communicable Disease totals

CY 2014 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 100,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 1,000 positive HIV antibody screening tests.
- Serve 1,700 persons in the AIDS drug program.
- Serve 25 persons in the home-based program.
- Maintain the percentage of partner notification reports completed and returned within 14 days at 80%.
- Maintain a contact index of 2.0 as a result of partner services.

STD Control

- Screen 90,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain new primary and secondary syphilis contacts interviewed within seven days at 60%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 90%.
- Maintain the treatment index at .75 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .75 for cases of primary and secondary syphilis examined.
- Maintain the contact index at 2.5 contacts per primary and secondary syphilis case interviewed.

Funding: Included with Communicable Disease totals

CY 2015 Objectives:

HIV/AIDS Prevention, Care, and Surveillance

- Conduct 100,000 HIV antibody screening tests.
- Disclose and confirm by Western Blot 1,000 positive HIV antibody screening tests.
- Serve 1,700 persons in the AIDS drug program.
- Serve 25 persons in the home-based program.
- Maintain the percentage of partner notification reports completed and returned within 14 days at 80%.
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STD Control

- Screen 90,000 patients for gonorrhea and chlamydia utilizing DNA technology.
- Maintain new primary and secondary syphilis contacts interviewed within seven days at 60%.
- Maintain percent of primary and secondary syphilis cases interviewed within seven days at 90%.
- Maintain the treatment index at .75 per primary and secondary syphilis case interviewed.
- Maintain a disease intervention index of .75 for cases of primary and secondary syphilis interviewed.
- Maintain the contact index at 2.5 contacts per primary and secondary syphilis case interviewed.

Funding: Included with Communicable Disease totals

Immunization

Need: Vaccines are a safe and effective measure for preventing infectious and communicable diseases. The MSDH Immunization Program provides and supports services that are designed to eliminate morbidity and mortality due to vaccine-preventable diseases, such as diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, rotavirus, Human Papillonovirus, Haemophilus influenza-type b, hepatitis A and B, and chickenpox. The program also provides services to prevent morbidity and mortality related to influenza and pneumonia.

Program Description: Immunization Program services include vaccine administration, monitoring of immunization levels, disease surveillance and outbreak control, information and education, and enforcement of immunization laws. The program assures that adequate supplies of vaccine are available for MSDH clinics and other public and private providers participating in the Vaccines for Children program. MSDH administers approximately 40% of childhood immunizations; private providers administer the other 60%. The program conducts an annual survey to determine the immunization status of children at 24 and 27 months of age and carries out various activities throughout the year to increase immunization rates. Program staff develop immunization educational materials and provide training to immunization providers in the public and private sector and assist in management of the statewide Immunization Registry.

State law requires immunizations for all preschool and kindergarten through 12th grade students prior to school admission. Immunization Program staff annually monitor both public and private schools and licensed child care facilities to ensure compliance with immunization laws and regulations. The program also strives to increase the number of senior adults receiving influenza and pneumonia immunizations each year. Surveys, special clinics, provider educational seminars conducted by the Immunization medical consultant, and public awareness campaigns are integral parts of the Immunization Program's plan to increase vaccination coverage across the life span.

Partnership and collaboration with other public agencies and private providers is extremely important to maintaining and increasing immunization rates for children, adolescents, and adults. Provider education is an integral part of ensuring age-appropriate immunizations. Therefore, a key strategy of the program is distribution of educational materials and providing training to immunization providers in both the public and private sector. Additionally, staff conduct vaccine-preventable disease surveillance and establish disease outbreak control measures as necessary.

Program Goal: The goal of the Immunization Program is to eliminate morbidity and mortality due to vaccine-preventable diseases in children, adolescents, and adults.

FY 2011 Program Outputs

Doses of vaccine administered (includes all vaccines recommended by the national Advisory Committee on Immunization Practices – ACIP)	378,229[1]
Number of providers enrolled in Vaccines for Children Program	436
Number of doses of flu vaccine administered through MSDH to adults age 65 and older	16,476
Number of doses of pneumonia vaccine administered through MSDH to adults age 65 and older	1,538

[1] *Does not include vaccine administered by Vaccine for Children private providers and considers Comvax and Trihibit combination vaccine as one dose.*

FY 2011 Efficiency and Outcome Measures

Percentage of vaccine unaccounted for or wasted (includes all vaccines recommended by ACIP; does not reflect wastage from Vaccine for Children private providers)	11[1]%
Children fully immunized by two years of age (all vaccines recommended by the ACIP)	75.6%
Immunization levels of children 24-27 months of age in licensed child care facilities	89.8%
Immunization levels in Grades K through 12	99.8%
Incidence rate per 100,000 population: Measles Pertussis	 0 2.8
Percentage of adults age 65 and older who are immunized against influenza (BRFSS, 2009)	67.1%
Percentage of adults age 65 and older who are immunized against pneumonia (BRFSS, 2009)	67.8%

[1] *Wastage counts may be inflated for FY 2011 due to implementation of a new vaccine inventory system in November 2010.*

FY 2012 Objectives:

- Fully immunize 83% of the state's children by two years of age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Ensure that all children 24-27 months of age enrolled in licensed child care facilities are fully immunized.
- Maintain a zero incidence rate of measles.
- Achieve a pertussis incidence rate of 2.0 or less.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Communicable Disease totals

FY 2013 Objectives:

- Fully immunize 83% of the state's children by two years of age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Ensure that all children 24-27 months of age enrolled in licensed child care facilities are fully immunized.
- Maintain a zero incidence rate of measles.
- Maintain incidence rate of pertussis at 2.0 or less.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Communicable Disease totals

FY 2014 Objectives:

- Fully immunize 84% of the state's children by two years age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Ensure that all children 24-27 months of age enrolled in licensed child care facilities are fully immunized.
- Maintain a zero incidence rate of measles.
- Achieve a pertussis incidence rate of 1.0 or less.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Communicable Disease totals

FY 2015 Objectives:

- Fully immunize 84.5% of the state's children by two years age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Ensure that all children 24-27 months of age enrolled in licensed child care facilities are fully immunized.
- Maintain a zero incidence rate of measles.
- Maintain incidence rate of pertussis at 1.0 or less.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Communicable Disease totals

FY 2016 Objectives:

- Fully immunize 85% of the state's children by two years age with all vaccines recommended by the national Advisory Committee on Immunization Practices.
- Ensure that all children 24-27 months of age enrolled in licensed child care facilities are fully immunized.
- Maintain a zero incidence rate of measles.
- Maintain incidence rate of pertussis at 1.0 or less.
- Ensure that unaccounted for and wasted doses of project-purchased vaccine do not exceed 4%.
- Use school-based clinics to ensure that all students in grades K-12 are age-appropriately immunized.

Funding: Included with Communicable Disease totals

Administrative and Support Services

Administrative and Support Services provide essential functions for the agency, such as finance, personnel, and property management. This budget area also includes Public Health Statistics, Health Care Planning and System Development programs, and the Public Health Laboratory and Pharmacy. The mission of Administrative and Support Services is to give managerial, operational, and technical support in the areas of accounting and budgeting, human resources, facilities maintenance and operation, purchasing, organizational quality, communications, internal audit, and information technology.

The mission of Health Care Planning and System Development is to assure that proposals for health facilities and services requiring a Certificate of Need meet prescribed criteria and standards, help assure the availability and quality of rural health care systems, including small rural hospitals, and help assure access to primary care services for underserved areas of the state and for uninsured and medically indigent Mississippians.

The Public Health Laboratory offers a wide range of testing capabilities to support MSDH program objectives, comply with federal regulatory agencies, and allow rapid response to outbreaks of infectious diseases and events involving chemical and biological agents.

FY 2012 Funding:	$ 5,186,872	General
	0	State Support Special Funds
	3,603,031	Federal
	36,875,621	Other
	$45,665,524	Total
FY 2013 Funding:	$ 5,406,618	General
	0	State Support Special Funds
	3,655,290	Federal
	37,257,263	Other
	$46,319,171	Total
FY 2014 Funding:	$ 6,649,354	General
	0	State Support Special Funds
	3,699,415	Federal
	39,135,712	Other
	$49,484,481	Total
FY 2015 Funding:	$ 6,747,139	General
	0	State Support Special Funds
	3,751,306	Federal
	39,793,435	Other
	$50,291,880	Total
FY 2016 Funding:	$ 6,844,924	General
	0	State Support Special Funds
	3,803,197	Federal
	40,451,158	Other
	$51,099,279	Total

Health Planning & Certificate of Need

Need: Health facilities, services, and personnel in Mississippi are inadequate to meet the needs of all people at all times. Furthermore, an uneven distribution relative to the population makes access to facilities and services difficult in some areas of the state. The cost of health care and the inability of some citizens to pay essentially render health care inaccessible for these people. Additionally, there is a need to ensure quality of care through review and approval of proposed new health services and facilities.

Program Description: State law authorizes the MSDH as the sole agency to administer and supervise all state health planning and development responsibilities. The law requires Certificate of Need (CON) approval for the establishment, relocation, or expansion of certain health care facilities; for the acquisition or control of major medical equipment; and for the change of ownership of defined health care facilities unless the facilities meet specific requirements. No person may undertake any of the activities outlined in state statute nor make final arrangement or commitment for financing any such activity without first obtaining a Certificate of Need from the Department of Health. Only those which the MSDH determines to be needed may receive a CON, and no CON is issued unless the proposal substantially complies with the applicable criteria and standards outlined in the *State Health Plan* and the projection of need reported in the *State Health Plan*.

Program activities include development of general and service-specific criteria and standards for health-related facilities and services requiring CON review, annual development of a State Health Plan defining these criteria and standards, reviewing proposals for health care facilities to determine applicability of Certificate of Need, and developing a complete analysis and recommendation on all projects requiring a CON.

Program Goal: The goal of the Health Planning Program is to assure that proposals for health facilities and services requiring a Certificate of Need meet prescribed criteria and standards.

FY 2011 Program Outputs

Number of declaratory rulings for CON review	122
Number of Health Planning & CON weekly reports published	52
Number of CON applications reviewed	20
Number of State Health Plans distributed	50

FY 2011 Efficiency and Outcome Measures

Percentage of declaratory rulings issued within 10 days	90%
Percentage of staff analyses published within 45 days after receipt of complete application information	95%
Percentage of CON Final Orders issued within 10 days of decision	99%
Amount of approved capital investment in health care facilities and equipment	$297,458,972

FY 2012 Objectives:

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2013 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analyses within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities by Wednesday of each week.
- Issue 100% of CON final orders within 10 days of decision.

Funding: Included with Administrative and Support Services totals

FY 2013 Objectives:

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2014 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
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Funding: Included with Administrative and Support Services totals

FY 2014 Objectives:

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2015 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
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Funding: Included with Administrative and Support Services totals

FY 2015 Objectives:

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2016 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analyses within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities by Wednesday of each week.
- Issue 100% of CON final orders within 10 days of decision.

Funding: Included with Administrative and Support Services totals

FY 2016 Objectives:

- Collect statistical and programmatic information on health care facilities, services, and needs in Mississippi to develop and publish the *FY 2017 State Health Plan*.
- Conduct Certificate of Need (CON) review of applications for health care services, facilities, and equipment as authorized by Section 41-7-191 of the *Mississippi Code*.
- Issue 90% of CON declaratory rulings within 10 days of receipt of complete information.
- Publish CON staff analyses within 45 days after receipt of complete application information.
- Publish, by electronic means, a weekly report detailing CON activities by Wednesday of each week.
- Issue 100% of CON final orders within 10 days of decision.

Funding: Included with Administrative and Support Services totals

Primary Care Development

Need: Availability and accessibility of primary health care services is essential to meet the needs of the state's population. Mississippi is a medically underserved state, including sparsely populated rural areas that are extremely underserved. In many areas, substantial portions of the population are poor, with large minority and elderly segments. In 2011, 76 of Mississippi's 82 counties are designated as health professional shortage areas, in whole or in part, for primary health care services. In addition, 77 counties are designated as dental shortage areas, in whole or in part, and 13 of 15 catchment areas are designated as shortage areas for mental health services.

Program Description: The MSDH operates an Office of Primary Care Development (Primary Care) under a cooperative agreement with the Health Resources and Services Administration (HRSA), Bureau of Health Professions. The office is responsible for the following activities: (a) assess the need for primary care services, resources, and professionals in each locality of the state; (b) recruit health care professionals to areas of need and develop retention programs; (c) coordinate National Health Service Corps and foreign-trained (J-1 Visa Waiver and National Interest Waiver) health care providers; (d) prepare information for Health Professional Shortage Area designation; (e) assist in developing strategies for reducing health care disparities; and (f) administer the Mississippi Qualified Health Center grant program.

Primary Care staff work with community-based primary care centers, county health departments, and other primary care entities to identify resources, minimize barriers, and strengthen clinical components within the community-based centers. The office seeks to ensure compliance with the President’s Management for Growth initiative for community health centers and participates in joint planning and sharing of best practices with the Mississippi Primary Health Care Association and other HRSA-sponsored programs.

The office administers the Mississippi J-1 Visa Waiver Program to improve access to primary health care and specialty care in physician shortage areas by sponsoring foreign-trained physicians holding J-1 Visas. If approved, J-1 Visa holders may waive their two-year foreign residency requirement in exchange for providing primary or specialty medical care in designated health professional shortage areas. The office is also responsible for recommendations for National Interest Waiver (NIW) requests for foreign physicians seeking a green card. The NIW waives the labor certification requirement of the immigration process for these physicians.

The Office of Primary Care also administers the Mississippi Qualified Health Center (MQHC) grant program, established by the Mississippi Legislature in 1999 to provide increased access to preventive and primary care services for uninsured or medically indigent patients. An MQHC is a nonprofit community health center providing comprehensive primary care services and meeting other qualifications defined in the legislation. Grant funds must be used to: (1) increase the number of uninsured or medically indigent patients served by the MQHC; or (2) create new services or augment existing services provided to uninsured or medically indigent patients. Mississippi has 21 MQHCs, and the legislation stipulates an annual maximum of $200,000 per center. The program is funded through Mississippi’s tobacco settlement trust fund.

Program Goal: The goal of the Primary Care Development Program is to assure access to primary care services and resources through assessment and recruitment of health care professionals, development of programs, and reduction of health disparities.

FY 2011 Program Outputs

Number of National Health Service Corps site applications processed	77
Number of J-1 Visa Waiver applications processed	3
Number of National Interest Waiver applications processed	2
Participation by program staff at professional career fairs/events	7
Number of requests for information processed	349
Number of Health Professional Shortage Area designation ratio reviews conducted:	
Primary Care	84[1]
Dental	84[1]
Mental Health (by catchment area)	15
Number of Community Health Centers assisted through the Mississippi Qualified Health Center (MQHC) program	21

[1] *Two counties were reviewed twice in FY 2011.*

FY 2011 Outcome Measures

Foreign-trained physician placements in areas of need	5
Number of medically indigent and uninsured patients served through MQHC program	72,168[1]
Health Professional Shortage Area designations:	
Primary Care	137
Dental	129
Mental Health	184

[1] *State FY 2010; MQHC grants end June 30 each year and reports are due to the program August 15. Therefore information reported by state fiscal year is one year behind.*

FY 2012 Objectives:

- Conduct county primary health care needs assessments within 90 days of request.
- Conduct health professional shortage area designation ratio reviews for all 82 counties.
- Conduct application reviews for potential J-1 Visa Waiver and National Interest Waiver physicians in at least 30 sites (25 J-1 and five NIW).
- Participate in at least five health professional career fairs/residency programs to recruit primary care providers.
- Assist 21 Community Health Centers in serving medically indigent and uninsured patients through the Mississippi Qualified Health Center (MQHC) grant program.

Funding: Included with Administrative and Support Services totals

FY 2013 Objectives:

- Conduct county primary health care needs assessments within 90 days of request.
- Conduct health professional shortage area designation ratio reviews for all 82 counties.
- Conduct application reviews for potential J-1 Visa Waiver and National Interest Waiver physicians in at least 30 sites (25 J-1 and five NIW).
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- Participate in at least five health professional career fairs/residency programs to recruit primary care providers.
- Assist 21 Community Health Centers in serving medically indigent and uninsured patients through the Mississippi Qualified Health Center (MQHC) grant program.

Funding: Included with Administrative and Support Services totals

FY 2015 Objectives:

- Conduct county primary health care needs assessments within 90 days of request.
- Conduct health professional shortage area designation ratio reviews for all 82 counties.
- Conduct application reviews for potential J-1 Visa Waiver and National Interest Waiver (NIW) physicians in at least 30 sites.
- Participate in at least five health professional career fairs/residency programs to recruit primary care providers.
- Assist 21 Community Health Centers in serving medically indigent and uninsured patients through the Mississippi Qualified Health Center (MQHC) grant program.

Funding: Included with Administrative and Support Services totals

FY 2016 Objectives:

- Conduct county primary health care needs assessments within 90 days of request.
- Conduct health professional shortage area designation ratio reviews for all 82 counties.
- Conduct application reviews for potential J-1 Visa Waiver and NIW physicians in at least 30 sites.
- Participate in at least five health professional career fairs/residency programs to recruit primary care providers.
- Assist 21 Community Health Centers in serving medically indigent and uninsured patients through the Mississippi Qualified Health Center (MQHC) grant program.

Funding: Included with Administrative and Support Services totals

Rural Health Care Development

Need: Mississippi includes many rural areas that have an insufficient supply of health care facilities and personnel. This fact makes access to health care services difficult for many residents, especially the poor and elderly who may not have transportation to more populated areas with a larger supply of services. The Mississippi Legislature created the MSDH Office of Rural Health to engage in the following activities: (a) collect and evaluate data on rural health conditions and needs; (b) engage in rural health policy analysis and development; (c) provide technical assistance to rural community health systems; (d) assist in professional recruitment and retention of medical and health care professionals; and (e) establish a rural health care information clearinghouse.

Program Description: The Office of Rural Health disseminates information on rural health issues to providers and others concerned with rural health, supports the Rural Health Association, maintains the Rural Health Care Plan, and assists small rural hospitals through the federal SHIP and FLEX programs.

The SHIP (Small Hospital Improvement Program) provides federal funds to help small hospitals purchase computer hardware and software, educate and train hospital staff on computer information systems, and offset costs related to implementation of prospective payment systems. Currently, 48 hospitals are eligible to participate in this program.

The FLEX (Rural Hospital Flexibility) program is aimed at development of Critical Access Hospitals in the state. These hospitals operate no more than 25 beds and keep inpatients a maximum average of 96 hours, provide emergency room services, and have transfer agreements with larger hospitals for patients who need a longer stay or more intensive care. Mississippi has 31 small rural hospitals meeting the federal criteria for assistance through the FLEX program. FLEX program efforts include a contract with the Mississippi Hospital Association to help Critical Access Hospitals with quality improvement activities, such as electronic Pharmacy Management Programs, and financial performance, such as assistance with proper billing and coding procedures. As an additional component of the FLEX program, the Office of Rural Health works to strengthen emergency medical services (EMS) in rural areas by funding EMS training and other activities.

The program assists at least one community each year with comprehensive health care needs assessments and planning efforts. These community engagement projects help identify and highlight current health care resources, as well as needs that are unmet or not sufficiently met. The process includes: (1) an economic impact analysis of the local health care industry; (2) a survey of area residents to obtain insight into their perception of the quality of health care available; (3) a survey of area health care providers; (4) development of a health resource directory to promote health services; (5) a report summarizing the survey findings; (6) community forums; and in some cases (7) a strategic planning retreat to develop an action plan to address health concerns.

Program Goal: The goal of the MSDH Rural Health Program is to promote development of a health care system that assures the availability and accessibility of quality health care services to meet the needs of rural Mississippians.

FY 2011 Program Outputs

Number of communities assisted with local health care system needs assessments and planning efforts	4
Number of requests for information responded to	270
Number of communities/facilities provided technical assistance	6
Number of Critical Access Hospitals assisted through Rural Hospital Flexibility Program	31
Number of quarterly rural health newsletter recipients	650
Number of hospitals assisted through the Small Rural Hospital Improvement Program	46
Number of conferences sponsored to provide education and training on rural health issues and programs	7
Number of presentations to stakeholder groups	5
Number of stakeholder meetings	12

FY 2011 Outcome Measures

Percentage of eligible small rural hospitals helped to implement activities related to prospective payment systems, value-based purchasing, accountable care organizations, or payment bundling	98%
Percentage of Small Rural Hospital Improvement Program (SHIP) hospitals utilizing health information technology to improve the quality of patient care	80%
Percent of decrease in medication error rate in Critical Access Hospitals participating in Pharmacy Management Program	1%

FY 2012 Objectives:

- Produce four newsletters to disseminate information on rural health care issues and needs for distribution to approximately 650 individuals and organizations concerned with rural health.
- Assist one community with local health care planning efforts.
- Assist 48 (100%) eligible small rural hospitals through the Small Rural Hospital Improvement Program to implement activities related to prospective payment systems, value-based purchasing, accountable care organizations, or payment bundling.
- Respond to 95% of requests for technical assistance and information within three days of receipt.
- Assist 32 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, health information technology, and other quality improvement efforts.

Funding: Included with Health Care Planning, Systems Development, and Licensure totals

FY 2013 Objectives:

- Produce four newsletters to disseminate information on rural health care issues and needs for distribution to approximately 650 individuals and organizations concerned with rural health.
- Assist one community with local health care planning efforts.
- Assist 48 (100%) eligible small rural hospitals through the Small Rural Hospital Improvement Program to implement activities related to prospective payment systems, value-based purchasing, accountable care organizations, or payment bundling.
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Funding: Included with Administrative and Support Services totals

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Funding: Included with Administrative and Support Services totals

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Funding: Included with Administrative and Support Services totals

FY 2016 Objectives:

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- Assist 32 Critical Access Hospitals (100%) through the Rural Hospital Flexibility Program with such initiatives as reviews to ensure proper billing and coding procedures, pharmacy management programs, health information technology, and other quality improvement efforts.

Funding: Included with Administrative and Support Services totals

Public Health Statistics

Need: Federal and state laws require the registration of vital events occurring within Mississippi, such as births, deaths, marriages, and divorces. Certification of certain events is required to prevent fraud and to serve as proof of citizenship and family relationships. Laws also require that statistical data be tabulated from vital and related events and that the published data and analysis be made available as needed.

Program Description: The MSDH Bureau of Public Health Statistics develops rules and regulations governing the registration of events in concert with appropriate laws and other related entities, such as the State Medical Examiner's Office and the U.S. Department of Homeland Security. Confidentiality and security of the records is a major emphasis in the certification process. The Vital Records unit of Public Health Statistics helps the public with problems associated with records and the filing of delayed records, provides training to individuals throughout the state who are responsible for completing records, and ensures the legal integrity of the records to the greatest extent possible. Upon request, the unit also issues certified copies of vital records to members of the public who have a direct and tangible interest in specific records.

The Bureau of Public Health Statistics is also designated as the State Center for Health Statistics. The bureau collects vital and health statistics for use at the local, district, state, and federal levels, including statistics related to birth, fetal death, induced termination, infant death, death, marriage, divorce, occupational related deaths, health facilities, and related data. The bureau provides direct services related to vital records for the general public and provides statistical survey methods, evaluation, and statistical computer systems expertise to MSDH staff at the district, support, and programmatic levels.

Program Goal: The overall goals of Public Health Statistics are to (1) collect and maintain accurate and timely vital and health statistics and to provide prompt and accurate services to organizations and individuals interested in accessing these data; and (2) register and certify vital events in a timely and legal manner.

CY 2010 Program Outputs

Certified copies of vital records issued	420,968
Number of births registered	39,177
Number of deaths registered	28,301
Number of marriages registered	14,615
Number of divorces registered	12,703
Volume of incoming calls for information	106,748

CY 2010 Program Efficiency and Outcome Measures

Average processing time for vital records requests	1.4 days
Average response time to requests for statistical data	< 1 day
Average time for submission of identifying information for enumeration at birth to Social Security Administration	11 days
Percentage of customers satisfied with service provided by Vital Records unit	97%
Vital statistics information published and available for public use for previous calendar year	100%

***Note**: Public Health Statistics are collected by calendar year rather than fiscal year; therefore, objectives are presented by calendar year and begin with CY 2011.*

CY 2011 Objectives:

- Process vital records requests within 1.5 days.
- Process statistical data requests within one day.
- Publish vital statistics data within nine months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 10 days of birth registration.
- Achieve a customer service satisfaction rating of 97%.

Funding: Included with Administrative and Support Services totals

CY 2012 Objectives:

- Process vital records requests within 1.5 days.
- Process statistical data requests within one day.
- Publish vital statistics data within eight months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 10 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Administrative and Support Services totals

CY 2013 Objectives:

- Process vital records requests within 1.5 days.
- Process statistical data requests within one day.
- Publish vital statistics data within seven months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 10 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Administrative and Support Services totals

CY 2014 Objectives:

- Process vital records requests within 1.5 days.
- Process statistical data requests within one day.
- Publish vital statistics data within six months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 10 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Administrative and Support Services totals

CY 2015 Objectives:

- Process vital records requests within 1.5 days.
- Process statistical data requests within one day.
- Publish vital statistics data within six months of the end of the calendar year.
- Submit information for enumeration at birth to the Social Security Administration within 10 days of birth registration.
- Achieve a customer service satisfaction rating of 98%.

Funding: Included with Administrative and Support Services totals

Public Health Laboratory

Need: Many MSDH programs require rapid and accurate testing of various types of samples to help prevent the spread of disease. In many cases, no other laboratory in the state can perform the necessary tests and comply with essential time requirements and federal regulations. The state's hospitals and all 81 county health departments rely on the Public Health Laboratory for identification of many infectious diseases in a timely manner. In addition, monitoring of drinking water supplies is essential to protect the public's health. Laboratory testing is also critical in events involving chemical or biological threat agents.

Program Description: The MSDH Public Health Laboratory offers a wide range of testing capabilities to support the MSDH program objectives, comply with federal regulatory agencies, and allow rapid response to outbreaks of infectious diseases and events involving chemical and biological threat agents. The laboratory is essential to the public health function of screening and monitoring the prevalence of disease, as well as having particular environmental health functions and helping to assure the safety of the state's drinking water. The laboratory is organized into the following testing divisions:

Mycobacteriology accepts clinical and reference specimens from various hospitals and county health departments in pursuit of TB elimination. The majority of tests performed are unique to the public health laboratory and include specimen concentration, isolation, microscopic examination, MTB Amplified Direct Probe Test, identification tests, and susceptibility tests.

Immunology provides HIV confirmation testing and Hepatitis A, B, and C testing for the county health departments and prisons and also performs all Arbovirus surveillance testing, such as West Nile and St. Louis encephalitis.

Molecular Diagnostics performs the rapid identification testing of various infectious diseases for hospitals and the county health departments. This division is the state's only influenza surveillance laboratory and is the primary site for pandemic influenza strain identification. This division also participates in enteric outbreaks monitoring for *Salmonella* species, *Shigella* species, and shiga-toxin producing *E.coli* strains.

Special Microbiology is the state's only rabies testing laboratory and, in conjunction with the CDC, assists all hospitals and county health departments with the identification of unknown bacterial agents.

Clinical Chemistry assists the state's infectious disease specialist by monitoring TB and HIV patients' blood for cell abnormalities, and assists the newborn screening and maternity programs by performing hemoglobinopathies on all children or adults with unusual hemoglobin variants.

Sexually Transmitted Disease is the state's primary site for syphilis, gonorrhea, and chlamydia infection screening.

Environmental Chemistry analyzes drinking water samples for EPA-regulated parameters such as cyanide, mercury, pesticides, herbicides, disinfection by-products, and volatile organics.

Environmental Microbiology tests drinking water samples, raw milk, and milk products for bacteriological contamination to comply with EPA and FDA regulations.

Biochemistry maintains CDC's chemical terrorism program, which involves checking biological fluids for analytes, and performs blood lead screening on Medicaid-eligible children.

Radiochemistry analyzes drinking water for radioactive parameters.

Program Goal: The goal of the Public Health Laboratory is to provide science-based information that MSDH programs can use to prevent disease and help protect the health of Mississippi's citizens and environment.

FY 2011 Program Outputs

Total number of clinical samples tested	429,829
Number of tests performed on these samples (excluding syphilis serology)	628,062
Number of tests performed for syphilis serology	128,905
Number of drinking water samples tested	83,463
Total number of bacteriological tests performed on these samples	61,995
Number of other tests performed on these samples	102,629
Number of bioterrorism samples tested	23
Total number of tests performed on these samples	63
Number of animal rabies tests performed	298

FY 2011 Program Efficiency Measures

Percentage of tests for syphilis serology performed within five working days of sample receipt (included with clinical sample outputs)	99%
Percentage of bacteriological tests on drinking water samples performed within 30 hours of sample receipt	98%
Percentage of bioterrorism event tests initiated within 24 hours of sample receipt	100%
Percentage of animal rabies testing performed within two working days of sample receipt	96%

Note: *The Public Health Laboratory serves as support for many MSDH programs. Results of lab testing are used by these programs to achieve program objectives and are not specifically measurable by the lab; therefore, no specific outcome measures are attributable to the lab. The quality of lab testing is monitored by various federal regulatory agencies.*

FY 2012 Objectives:

- Conduct 90% of tests for syphilis serology within five working days of sample receipt.
- Conduct 90% of bacteriological tests on drinking water samples within 30 hours of receipt.
- Conduct 100% of bioterrorism event tests within 24 hours of sample receipt.

- Conduct 95% of animal rabies tests within two working days of sample receipt.

Funding: Included with Administrative and Support Services totals

FY 2013 Objectives:
- Conduct 90% of tests for syphilis serology within five working days of sample receipt.
- Conduct 90% of bacteriological tests on drinking water samples within 30 hours of receipt.
- Conduct 100% of bioterrorism event tests within 24 hours of sample receipt.
- Conduct 95% of animal rabies tests within two working days of sample receipt.

Funding: Included with Administrative and Support Services totals

FY 2014 Objectives:
- Conduct 90% of tests for syphilis serology within five working days of sample receipt.
- Conduct 90% of bacteriological tests on drinking water samples within 30 hours of receipt.
- Conduct 100% of bioterrorism event tests within 24 hours of sample receipt.
- Conduct 95% of animal rabies tests within two working days of sample receipt.

Funding: Included with Administrative and Support Services totals

FY 2015 Objectives:
- Conduct 90% of tests for syphilis serology within five working days of sample receipt.
- Conduct 90% of bacteriological tests on drinking water samples within 30 hours of receipt.
- Conduct 100% of bioterrorism event tests within 24 hours of sample receipt.
- Conduct 95% of animal rabies tests within two working days of sample receipt.

Funding: Included with Administrative and Support Services totals

FY 2016 Objectives:
- Conduct 90% of tests for syphilis serology within five working days of sample receipt.
- Conduct 90% of bacteriological tests on drinking water samples within 30 hours of receipt.
- Conduct 100% of bioterrorism event tests within 24 hours of sample receipt.
- Conduct 95% of animal rabies tests within two working days of sample receipt.

Funding: Included with Administrative and Support Services total