



SOUTH DAKOTA
DEPARTMENT OF HEALTH

FY2016 BUDGET RECOMMENDATION AND OVERVIEW MATERIALS
Presented to Joint Appropriations Committee
February 17, 2015



South Dakota Department of Health 2020

Promote, protect, and improve the health and well-being of all South Dakotans

Improve Birth Outcomes and Health of Infants, Children and Adolescents in South Dakota

- ❖ Increase awareness of the importance of healthy lifestyle choices among women of childbearing age
- ❖ Promote awareness and implementation of infant safe sleep practices
- ❖ Improve South Dakota's age-appropriate immunization rate
- ❖ Reduce risky behaviors among children and adolescents

Key Performance Measures

- Reduce infant mortality rate from 8.6 per 1,000 births in 2012 to 6.0 by 2020
- Increase proportion of pregnant women who receive prenatal care in the first trimester from 70.5% in 2012 to 80% by 2020
- Increase percent of two-year olds who are age-appropriately immunized from 77% in 2012 to 90% by 2020
- Increase percent of adolescents ages 13-17 who have received at least 1 dose of Tdap from 67% in 2012 to 80% by 2020
- Reverse trend and reduce the percent of school-age children & adolescents who are obese from 16% in the 2012-13 school year to 14% by 2020
- Reduce percentage of youth in grades 9-12 who currently smoke from 16.5% in 2013 to 15% by 2020

Strengthen the Health Care Delivery System in South Dakota

- ❖ Provide effective oversight and assistance to assure quality health facilities, professionals, and services
- ❖ Sustain essential healthcare services in rural and underserved areas
- ❖ Provide effective coordination of health information technology (HIT) and health information exchange (HIE) efforts among public and private stakeholders

Key Performance Measures

- Increase number of Scrubs health career camp attendees from 975 in the 2012-13 school year to 1,500 by 2020
- Increase percent of South Dakota nursing facilities that participate in resident-directed or person-centered care from 69% in 2009 to 80% by 2020
- Maintain a closure rate of zero for rural hospitals determined to be "access critical"
- Increase percentage of healthcare providers/facilities that are meaningful users of certified electronic health record technology from 50% in 2013 to 90% by 2020
- Increase the percentage of healthcare providers/facilities participating in South Dakota Health Link Direct and Point of Care Exchange services from 25% in 2013 to 70% by 2020

Guiding Principles Reduce Health Disparities Maximize Use of Technology Emphasize Customer Service Work in Partnership

Improve the Health Behaviors of South Dakotans to Reduce Chronic Disease (i.e., heart disease, cancer, stroke, diabetes)

- ❖ Work with partners to implement statewide plans to reduce the burden of chronic disease
- ❖ Help South Dakotans across the lifespan to be physically active, eat healthy, and be tobacco free
- ❖ Increase the number of people screened for chronic disease (i.e., mammograms, Pap smears, colorectal cancer, diabetes, cholesterol, hypertension, etc.)

Key Performance Measures

- Reverse the trend and reduce the percent of adults who are obese from 28.1% in 2012 to 23% by 2020
- Increase the percent of adults who meet the current guidelines of 150 minutes of physical activity per week from 46.1% in 2011 to 55% by 2020
- Reverse the trend and increase the percent of adults who eat 3 or more vegetables a day from 9.4% in 2011 to 18% in 2020
- Reduce the percent of adults who smoke cigarettes from 22% in 2012 to 19% in 2020
- Increase the number of adults over age 50 who have had colorectal screening from 64% in 2012 to 80% by 2020

Strengthen South Dakota's Response to Current and Emerging Public Health Threats

- ❖ Maintain and improve the identification, assessment, and response to current and emerging public health threats
- ❖ Enhance the state's capacity to effectively coordinate the response to current and emerging public health threats
- ❖ Establish a dedicated environmental health program within the Department of Health to respond to environmental health issues

Key Performance Measures

- Increase the rate of disease reporting electronically from 64% of reports in 2013 to 90% by 2015
- Double the number of healthcare volunteers registered in SERV-SD from 911 in 2013 to 1,280 by 2020
- Increase the expertise of DOH environmental health staff by achieving 100% of staff meeting the qualifications of being a Registered Environmental Health Specialist according to the National Environmental Health Association by 2020 (50% in 2013)

Improve Birth Outcomes and Health of Infants, Children and Adolescents in South Dakota

- ❖ Increase awareness of the importance of healthy lifestyle choices to women of child bearing age (*Peggy Seurer*)
 - Promote the importance of prenatal care for South Dakota mothers
 - Maintain collaboration between public programs serving pregnant women and primary care providers to improve birth outcomes
 - Enhance activities and increase public awareness regarding the dangers of tobacco use by pregnant women and exposure to secondhand smoke
- ❖ Promote awareness and implementation of infant safe sleep practices (*Peggy Seurer*)
 - Develop crib distribution program for families in need of safe sleep environment for their infant
 - Develop comprehensive safe sleep education program to reduce the risk of injury and death of infants due to unsafe sleep practices
 - Work in partnership to distribute safe sleep information throughout communities
- ❖ Improve South Dakota's age-appropriate immunization rate (*Bonnie Jameson*)
 - Educate providers and the public about the importance of immunizations
 - Create interface between electronic health records and the immunization registry
 - Utilize non-traditional avenues for providing childhood immunizations
- ❖ Reduce risky behaviors among children and adolescents (*Darlene Bergeleen*)
 - Enhance activities to reduce the incidence of childhood obesity and the use of tobacco among children and adolescents
 - Enhance activities designed to reduce rates of pregnancy and sexually transmitted diseases among adolescents
 - Enhance partnerships/collaboration with other state agencies to address risky behaviors

Improve the Health Behaviors of South Dakotans to Reduce Chronic Disease (i.e., heart disease, cancer, stroke, diabetes)

- ❖ Work with partners to implement statewide plans to reduce the burden of chronic disease (*Linda Ahrendt*)
 - Develop and implement policies and environmental changes to support healthy behaviors and manage chronic disease
 - Engage additional partners (i.e., health providers, communities, service organizations, etc.) to expand the reach and impact of state chronic disease plans
- ❖ Help South Dakotans across the lifespan to be physically active, eat healthy, and be tobacco-free (*Derrick Haskins*)
 - Utilize current communication methods and technology to market and promote programs to help South Dakotans live healthier lives
 - Enhance efforts to provide technical assistance and resources for individuals, families, communities, schools, employers, and health care providers to promote healthy behaviors and prevent chronic disease
- ❖ Increase the number of people screened for chronic diseases (i.e., mammograms, Pap smears, colorectal screening, diabetes, cholesterol, hypertension, etc.) (*Karen Cudmore*)
 - Increase public awareness of the importance of chronic disease screenings
 - Work with partners to assure accessibility to chronic disease screening for all South Dakotans

Strengthen the Healthcare Delivery System in South Dakota

- ❖ Provide effective oversight and assistance to assure quality health facilities, professionals and services (*Chris Qualm*)
 - Assure healthcare facilities meet minimum standards for quality
 - Enhance technical assistance, training, and resources for healthcare facilities and providers to meet identified needs
 - Assure information regarding healthcare facilities, providers, and services is available to the public in a coordinated, understandable, and easily accessible manner
 - Increase coordination with health professional licensing boards to address quality of care and access to care issues
- ❖ Sustain essential healthcare services in rural and underserved areas (*Halley Lee*)
 - Build and sustain South Dakota's healthcare workforce
 - Develop and promote systems of care to assure high quality, readily accessible, and well-coordinated healthcare services statewide
 - Develop and promote innovative primary care delivery models in rural areas
 - Develop and implement quality improvement programming and services
 - Assist healthcare organizations identify resources for operation, maintenance, and replacement of healthcare facilities
- ❖ Provide effective coordination of HIT/HIE efforts among public and private stakeholders (*Kevin DeWald*)
 - Encourage adoption and meaningful use of electronic health records through use of federal incentive programs
 - Promote participation in/use of SD Health Link Direct and Point of Care Exchange
 - Link hospitals and providers with educational and technical assistance resources for implementation of certified HER technology available through HealthPOINT and other resources

Strengthen South Dakota's Response to Current and Emerging Public Health Threats

- ❖ Maintain and improve the identification, assessment, and response to current and emerging public health threats (*Lon Kightlinger*)
 - Improve timeliness and effectiveness of prevention and controls of public health threats
 - Develop and maintain State Public Health Laboratory proficiency in all applicable Laboratory Response Network procedures
 - Increase electronic disease reporting and maintain continuing functional electronic laboratory reporting competency within the Department of Health
- ❖ Enhance the state's capacity to effectively coordinate the response to current and emerging public health threats (*Bill Chalcraft*)
 - Improve the Department of Health's ability to electronically monitor and track response efforts and interventions
 - Enhance the Department of Health's ability to communicate with partners about emerging public health threats
 - Identify, coordinate, and train the state, local, private, and volunteer public health workforce
- ❖ Establish a dedicated environmental health program within the Department of Health to respond to environmental health issues (*Mike Smith*)
 - Develop key capacity to respond to current and emerging environmental health issues (i.e., lead, mold, indoor air, nuisance investigations, etc.)
 - Identify, train, and maintain staff proficient in dealing with environmental health issues

SOUTH DAKOTA DEPARTMENT OF HEALTH

SECRETARY
Kim Malsam-Rysdon

STATE EPIDEMIOLOGIST
Dr. Lon Kightlinger

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Joan Adam

**FINANCIAL
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Kari Williams

**DATA, STATISTICS,
AND VITAL RECORDS**

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**CORRECTIONAL
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**DIVISION OF
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SERVICES**
Colleen Winter

DISEASE PREVENTION

**FAMILY AND
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**CHRONIC DISEASE
PREVENTION &
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Tom Martinec

**LICENSURE AND
CERTIFICATION**

RURAL HEALTH

HEALTH PROTECTION

**PUBLIC HEALTH
PREPAREDNESS AND
RESPONSE**

**PROFESSIONAL AND
OCCUPATIONAL
BOARDS**

CHIROPRACTIC EXAMINERS

DENTISTRY

HEARING AID DISPENSERS

FUNERAL SERVICES

MASSAGE THERAPY

MEDICAL & OSTEOPATHIC

NURSING

NURSING FACILITY ADMIN.

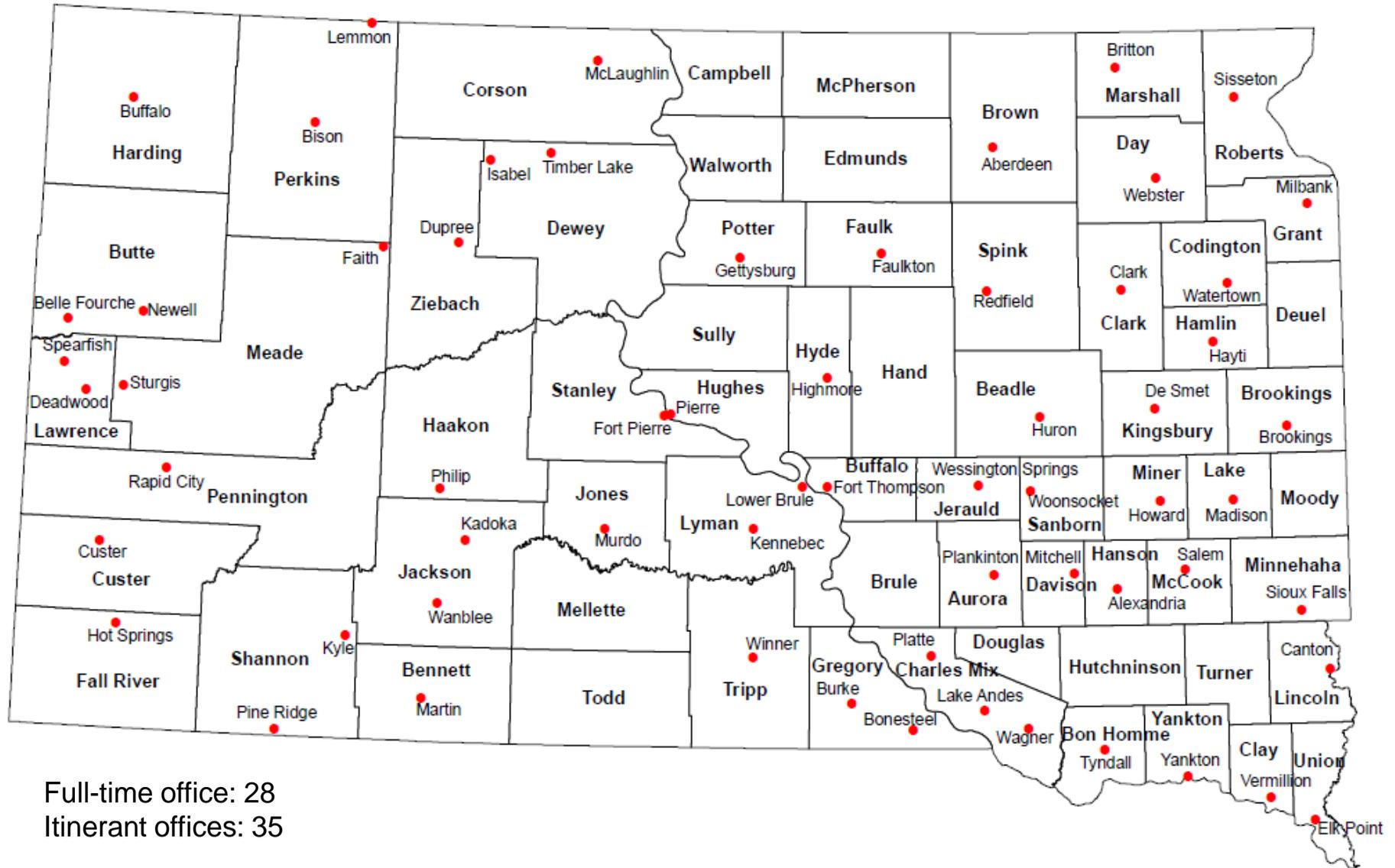
OPTOMETRY

PHARMACY

PODIATRY EXAMINERS

SPEECH/LANG. PATHOLOGY

Department of Health Office Locations



FY15 Budget

	<u>FTE</u>	<u>General</u>	<u>Federal</u>	<u>Other</u>	<u>Total</u>
Administration	32.0	\$1,225,953	\$1,803,500	\$1,805,155	\$4,834,608
Health Systems Development & Regulation	62.5	\$2,696,315	\$9,898,990	\$3,147,746	\$15,743,051
Health & Medical Services	187.5	\$4,003,250	\$27,061,257	\$10,430,788	\$41,495,295
Health Lab	28.0		\$3,270,082	\$3,282,203	\$6,552,285
Correctional Health	87.0			\$18,730,869	\$18,730,869
Boards	22.2		\$202,311	\$3,770,728	\$3,973,039
Total	419.2	\$7,925,518	\$42,236,140	\$41,167,489	\$91,329,147

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SPEECH/LANG. PATHOLOGY

Division of Administration

- Administrative Services
 - Public Information
 - Financial Management
 - Health Information Technology

<u>Admin</u>	<u>FY15 Budget</u>
FTE	32.0
General	\$1,225,953
Federal	\$1,803,500
Other	\$1,805,155
Total	\$4,834,608

- Data, Statistics, and Vital Records

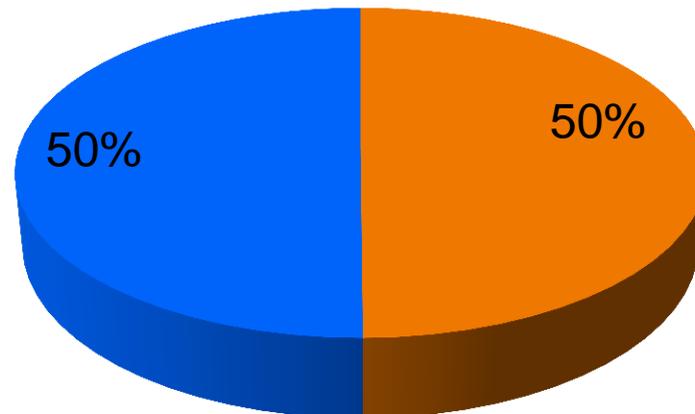
Division of Administration Data, Statistics, and Vital Records

- Maintain the state's vital records including the registration and issuance of approximately 46,000 records:
 - Birth: 23,182
 - Death: 9,121
 - Marriage: 3,644
 - Divorce records: 6,137
 - Amendments and other requested changes: 3,494
- Compile and release health statistics
 - <https://doh.sd.gov/statistics/>

Division of Administration Public Health Laboratory

- Environmental Health
 - 60,000 tests annually
- Forensic chemistry
 - 20,000 tests annually
- Medical microbiology
 - 55,000 tests annually
- Complies with federal Clinical Laboratory Improvement Amendments, Environmental Protection Agency and the Select Agent Program

<u>Health Lab</u>	<u>FY15 Budget</u>
FTE	28.0
Federal	\$3,270,082
Other	\$3,282,203
Total	\$6,552,285



■ Federal ■ Other

Division of Administration

Correctional Health

- The Correctional Health program is other funds in DOH and general funds in DOC

<u>CHC</u>	<u>FY15 Budget</u>
FTE	87.0
Other	\$18,730,869
Total	\$18,730,869

- Locations:
 - SDSP Hill
 - Jameson Annex
 - MDSP Springfield
 - Yankton Trusty Unit
 - Rapid City Trusty Unit
 - Pierre Women’s Prison
- Types of staff:
 - physicians
 - physician assistants
 - registered nurses
 - licensed practical nurses
 - dentists
 - dental hygienists
 - optometrists

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Health Systems Development & Regulation

<u>HSDR</u>	<u>FY15 Budget</u>
FTE	62.5
General	\$2,696,315
Federal	\$9,898,990
Other	\$3,147,746
Total	\$15,743,051

Health Systems Development & Regulation

Licensure & Certification

- DOH ensures state and federal health and safety standards pertaining to health care facilities are met through:
 - licensure/certification
 - Inspection
 - regulation of health care facilities
 - x-ray equipment
 - Laboratories
- Licenses/certifies and regulate approximately 1,500 health care facilities
- Inspects health care facilities for compliance with state and federal regulations
- Registers controlled substance practitioners
- Registers and oversees Certified Nurse Assistants (CNAs) in long term care facilities

Health Systems Development & Regulation

Rural Health

- DOH maintains and augments access to quality health care in rural and medically underserved communities through:
 - health care professional recruitment and retention
 - health care workforce initiatives
 - technical assistance to rural health care facilities
- Administers the statewide Trauma System
- Governors' reorganization order will move emergency medical services to DOH this spring

Health Systems Development & Regulation

Health Protection

- DOH ensures state health and safety standards:
 - food service
 - lodging
 - campgrounds
- Annual licensure of over 5,000 food service, lodging, and campground establishments
 - Inspections are conducted through a contract with Department of Public Safety
- Plan review and approval for new construction and renovations
- Food safety training and technical assistance by DOH staff

Health Systems Development & Regulation

Public Health Preparedness & Response

- Responsible for developing and maintaining planning and infrastructure to effectively respond to:
 - Bioterrorism events
 - infectious disease outbreaks
 - other public health threats/emergencies
- Statewide hospital preparedness planning
- Public health and medical stockpiles of critical supplies, materials, and pharmaceuticals
- Coordination of public health and medical response to disasters

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Health & Medical Services

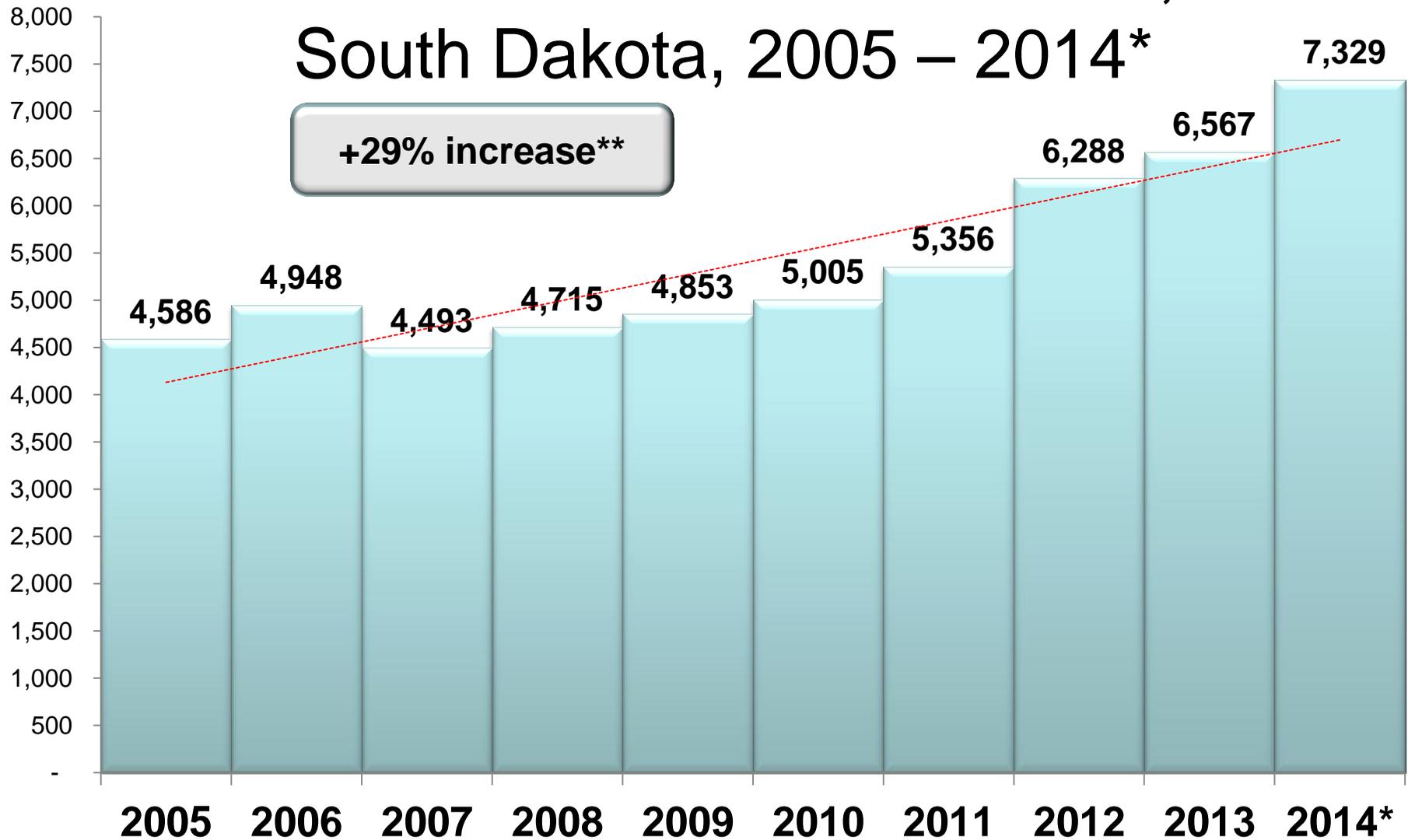
<u>HMS</u>	<u>FY15 Budget</u>
FTE	187.5
General	\$ 4,003,250
Federal	\$27,061,257
Other	\$10,430,788
Total	\$41,495,295

Health & Medical Services

Disease Prevention

- Infectious disease prevention & control programs
- Conduct investigation of reported disease, i.e.
 - Influenza
 - TB
 - STD
 - HIV
- Investigation activities include:
 - Specimen collection
 - Interview patients and contacts
 - Follow-up with healthcare providers
 - Administer medications/directly observed med therapy
 - Conduct patient education and provider training
 - Provide training, education, and technical assistance for providers around infectious disease control, anti-microbial stewardship, vaccine management, etc.
 - Vaccinations/vaccine preventable diseases

Infectious disease cases§, South Dakota, 2005 – 2014*

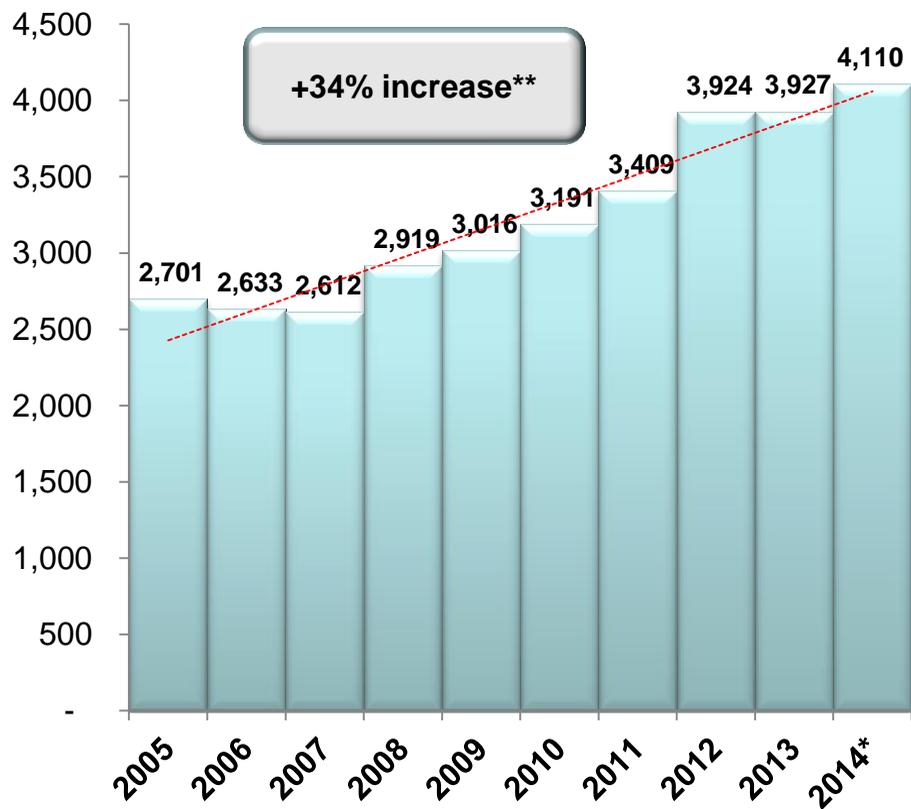


*2014 data provisional

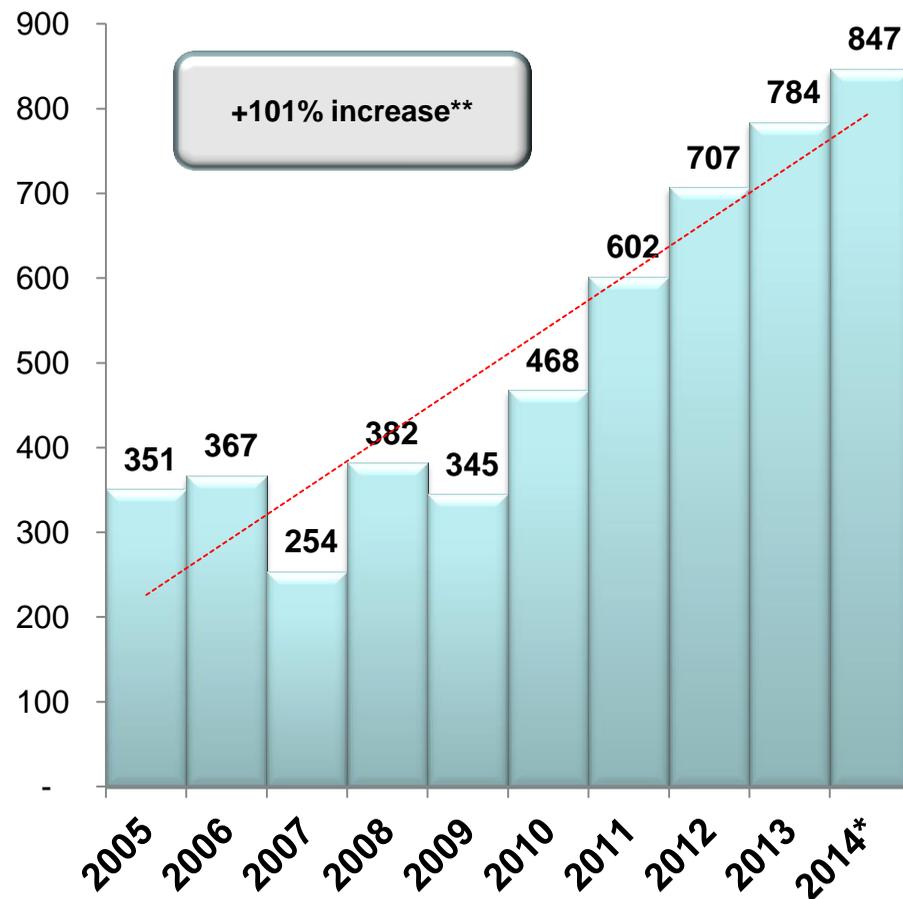
**percent change in cases reported from first 5 years (2005-2009) to last 5 years (2010-2014).

§ Campylobacter, Chlamydia, Cryptosporidiosis, E. coli (shiga toxin-producing), Giardia, Gonorrhea, Hantavirus, Hepatitis A, Hepatitis C, HIV/AIDS, Legionellosis, Meningococcal disease, MRSA, Mumps, Pertussis, Q Fever, Rabies (animal), Salmonella, Shigellosis, Syphilis, Tuberculosis, Tularemia, West Nile.

Chlamydia cases, South Dakota, 2005 – 2014*



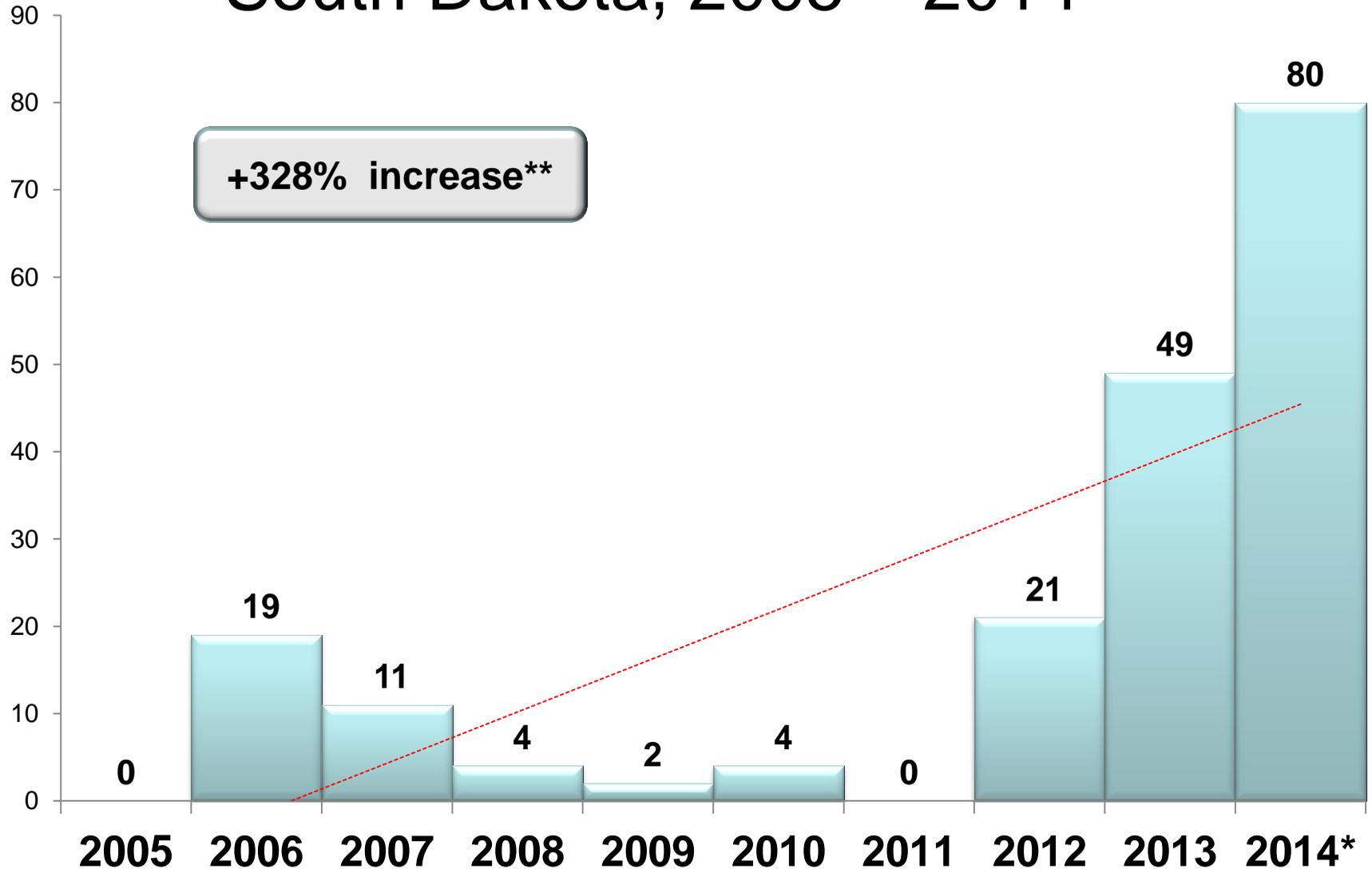
Gonorrhea cases, South Dakota, 2005 – 2014*



*2014 data provisional

**percent change in cases reported from first 5 years (2005-2009) to last 5 years (2010-2014).

Syphilis cases (early and congenital), South Dakota, 2005 – 2014*



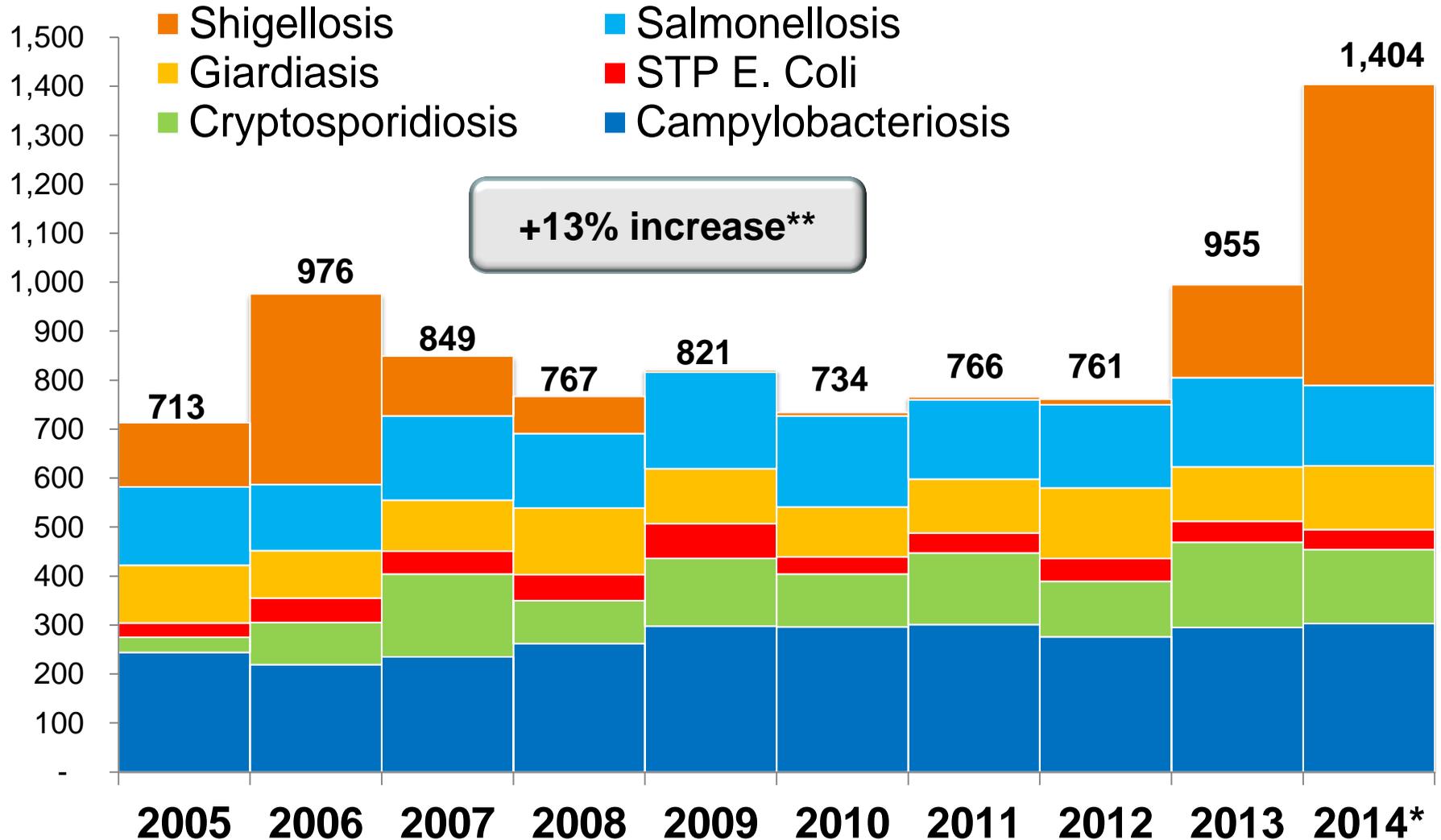
+328% increase**

*2014 data provisional

**percent change in cases reported from first 5 years (2005-2009) to last 5 years (2010-2014).

Enteric cases (Salmonella, E. coli, Shigella, Campylobacter, Cryptosporidium,

Giardia,) **South Dakota, 2005 – 2014***

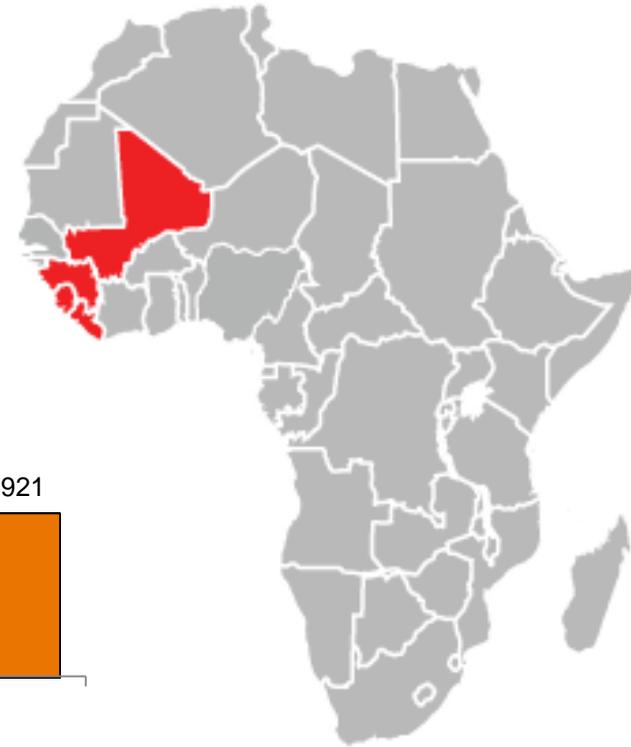
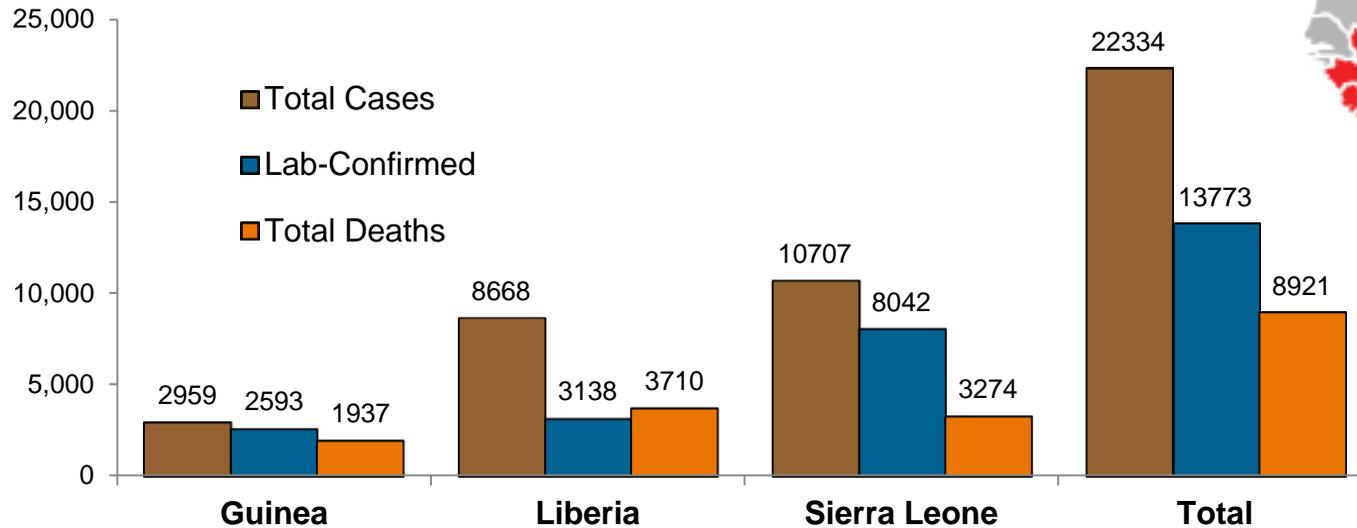


*2014 data provisional

**percent change in cases reported from first 5 years (2005-2009) to last 5 years (2010-2014).

Ebola situation update: 2 February 2015

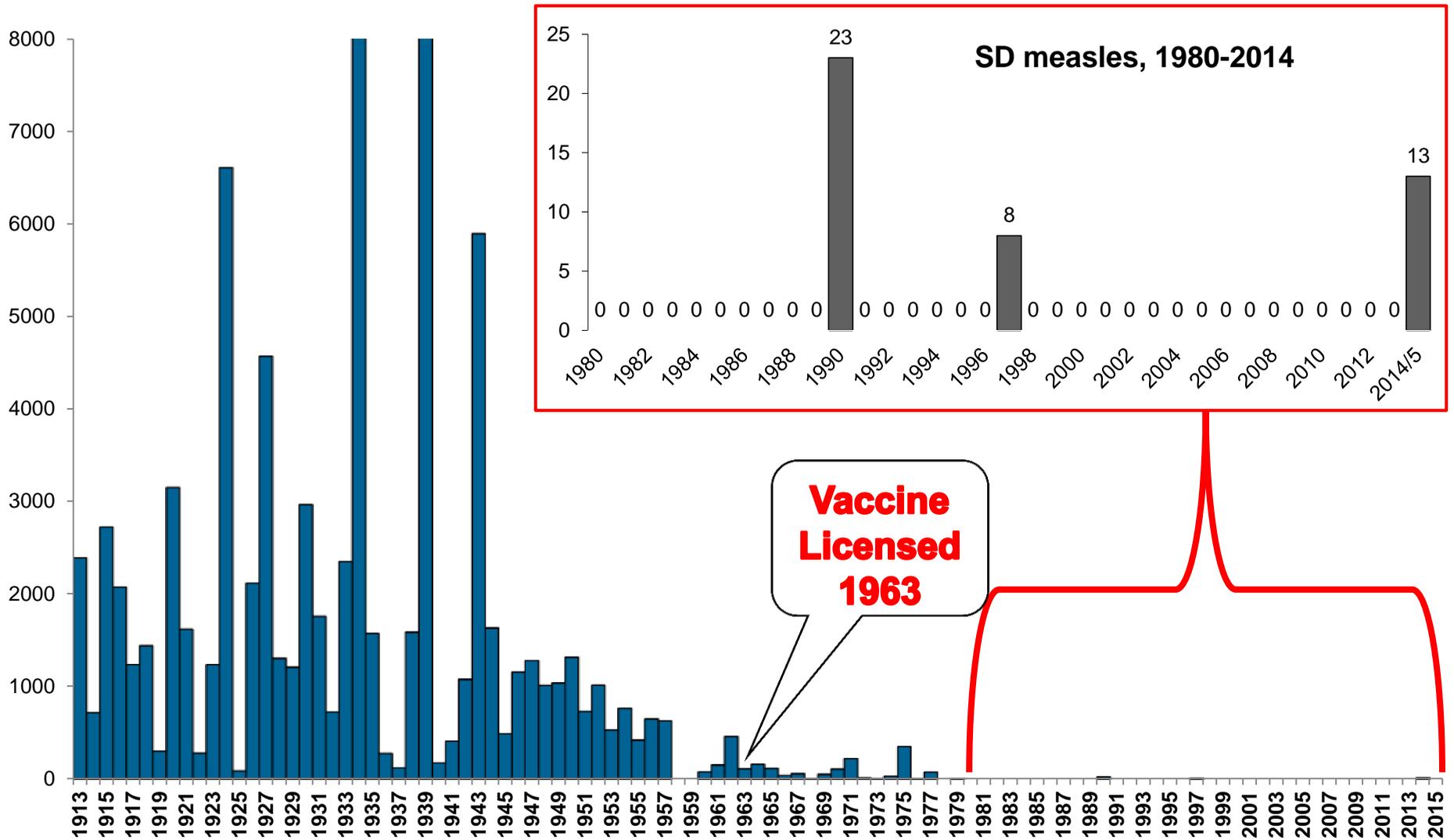
Countries with active Ebola transmission:
Guinea, Liberia, Sierra Leone



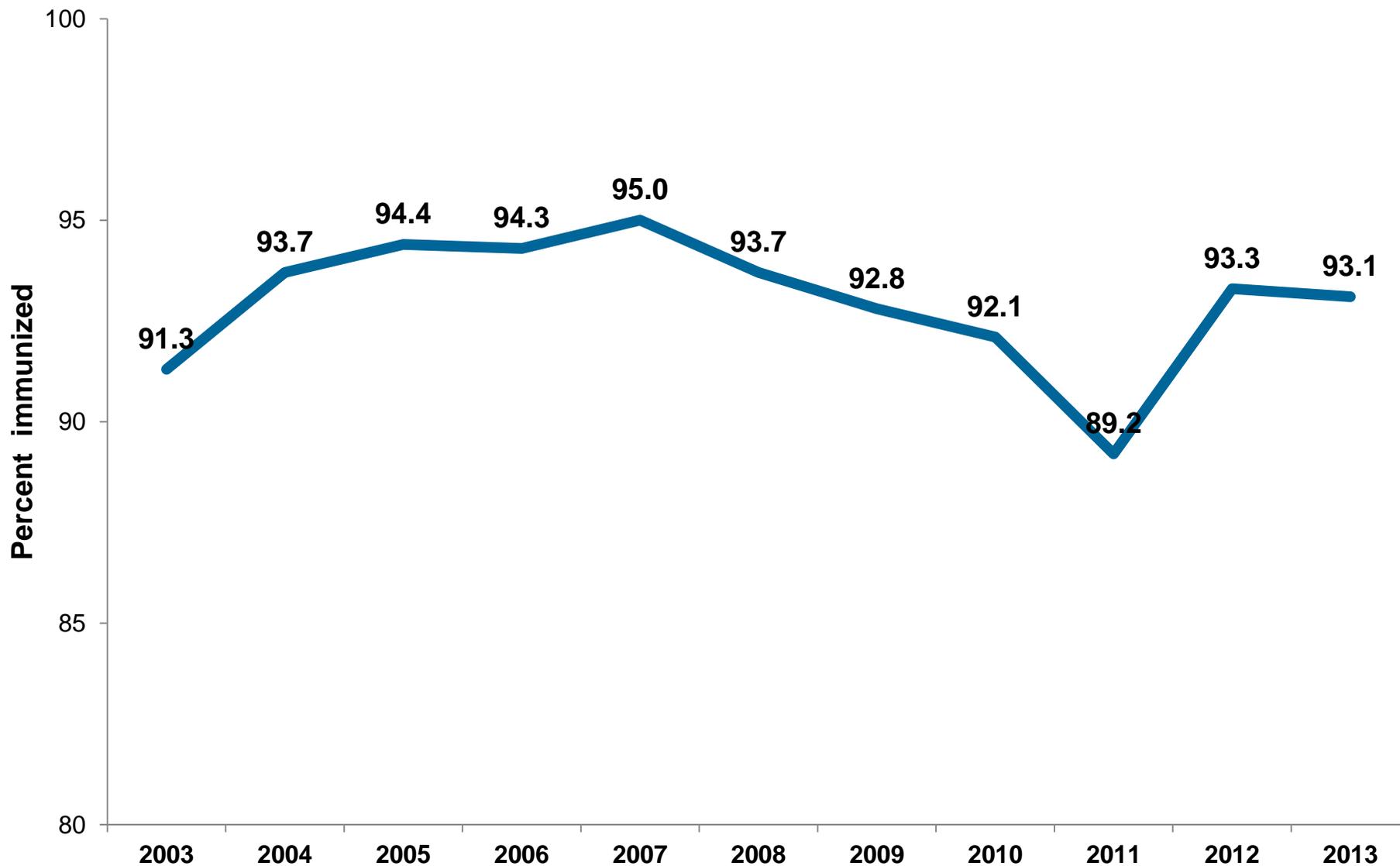
South Dakota Travelers (as of 9 February 2015)

- Traveler #1: low risk, cooperative, healthy, finished monitoring.
- Traveler #2: low risk, cooperative, healthy, finished monitoring.
- Traveler #3: low risk, cooperative, healthy, finished monitoring.
- Traveler #4 & #5: low risk, cooperative, healthy, finished monitoring.
- Traveler #6: low risk, cooperative, healthy, finished monitoring.
- Traveler #7: low risk, cooperative, healthy, finished monitoring.
- Traveler #8: low risk, cooperative, healthy, finished monitoring.
- Traveler #9: low risk, cooperative, healthy.

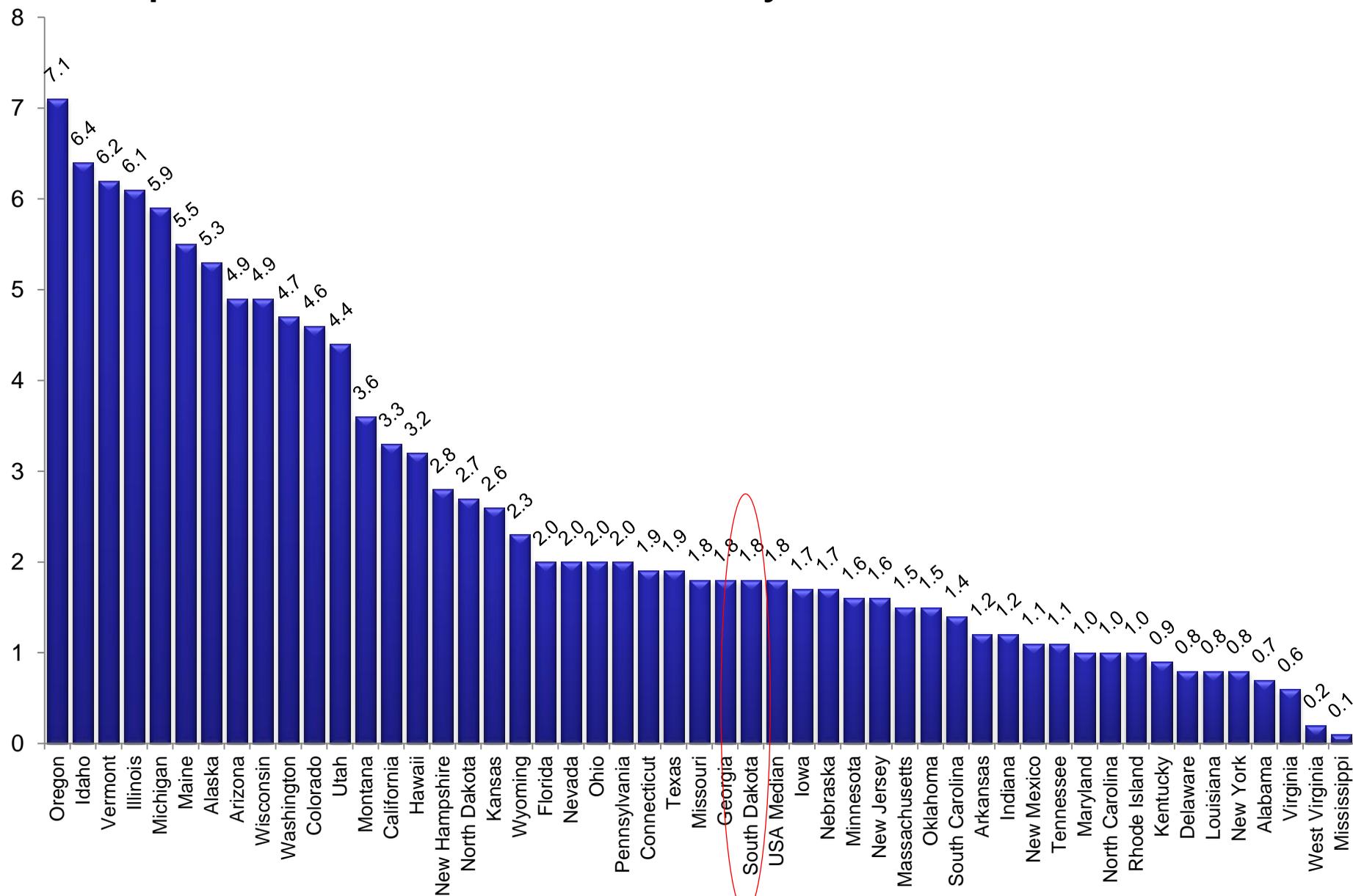
Measles Cases Reported, South Dakota, 1913-2015



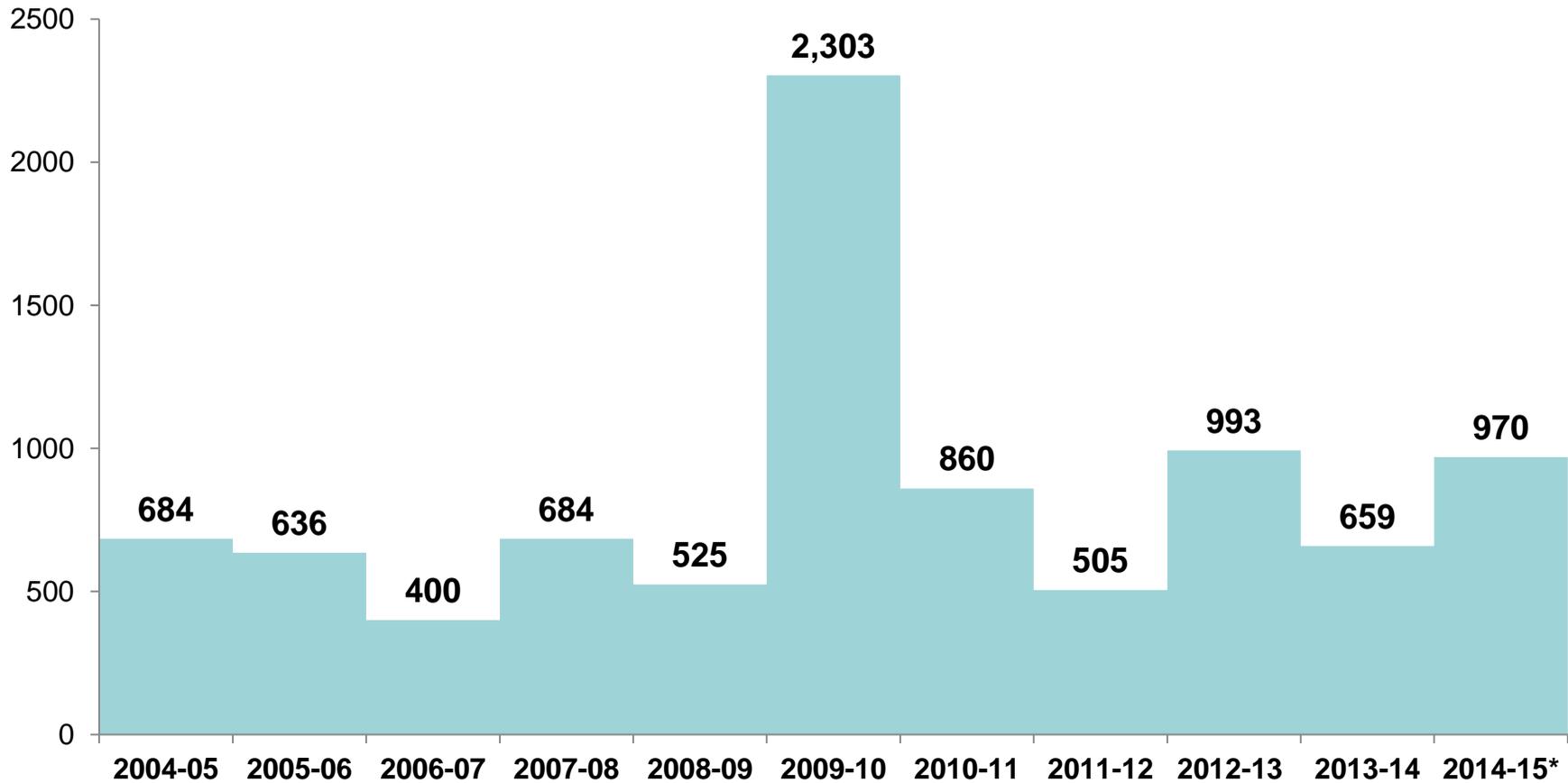
MMR-1 Percent Vaccinated, South Dakota Children 19-35 Months (NIS), 2003-2013 (MMR = measles-mumps-rubella)



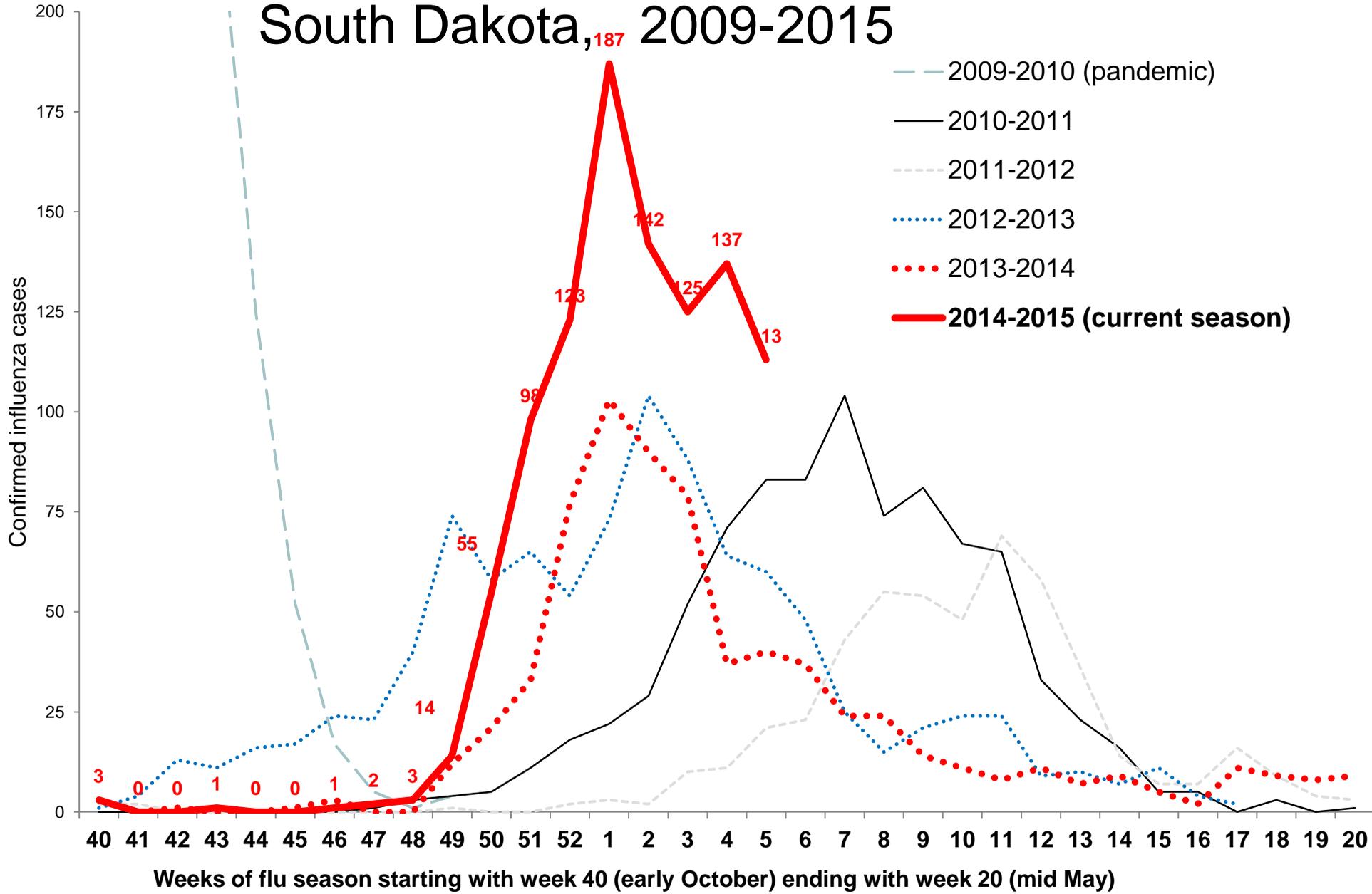
Estimated percentage of kindergarten children with exemption from vaccination, by state, 2013–14 school year



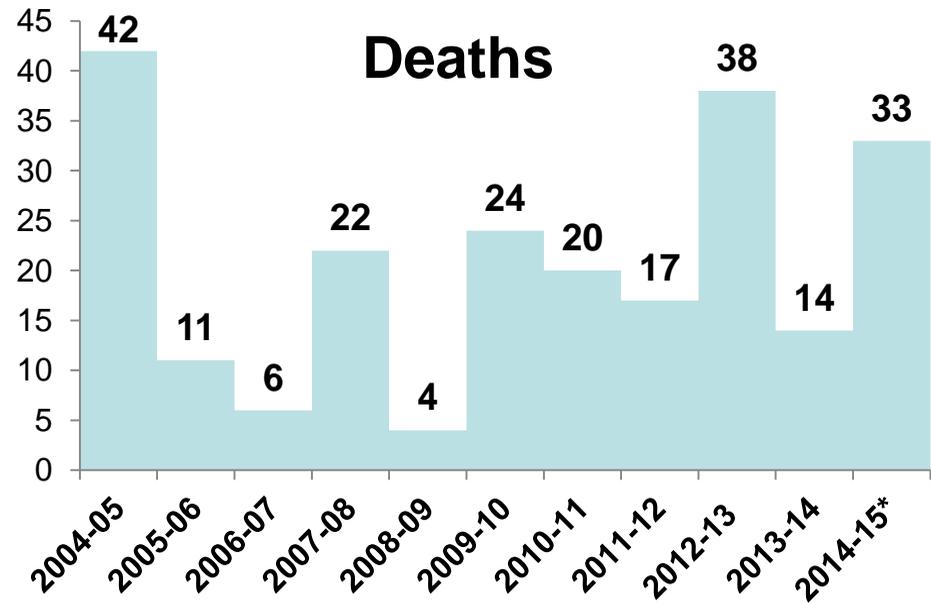
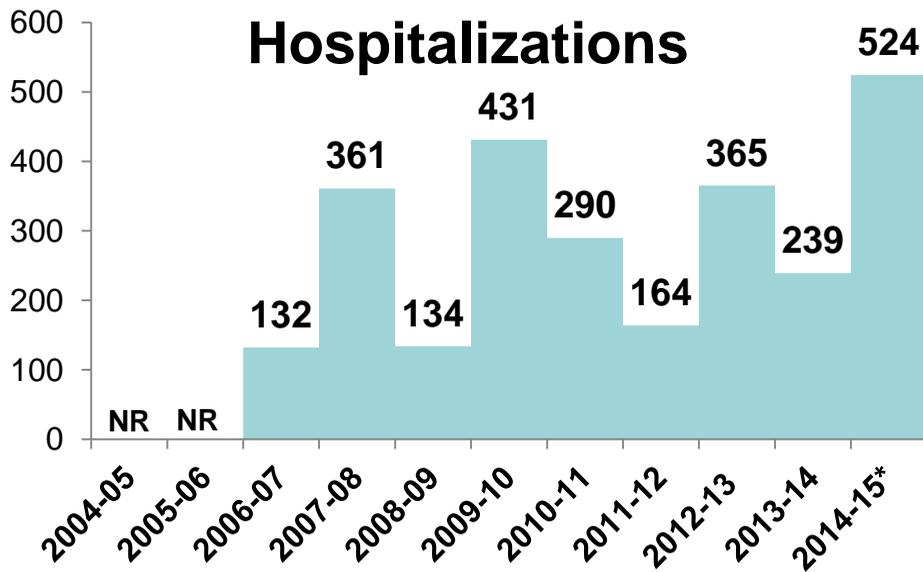
Influenza in South Dakota: Confirmed cases, 2004-2015* (as of 31 Jan 2015)



Confirmed influenza cases by week, South Dakota, 2009-2015



Influenza in South Dakota: Hospitalizations and deaths, 2004-2015* (as of 31 Jan 2015)



Health & Medical Services

Family and Community Health

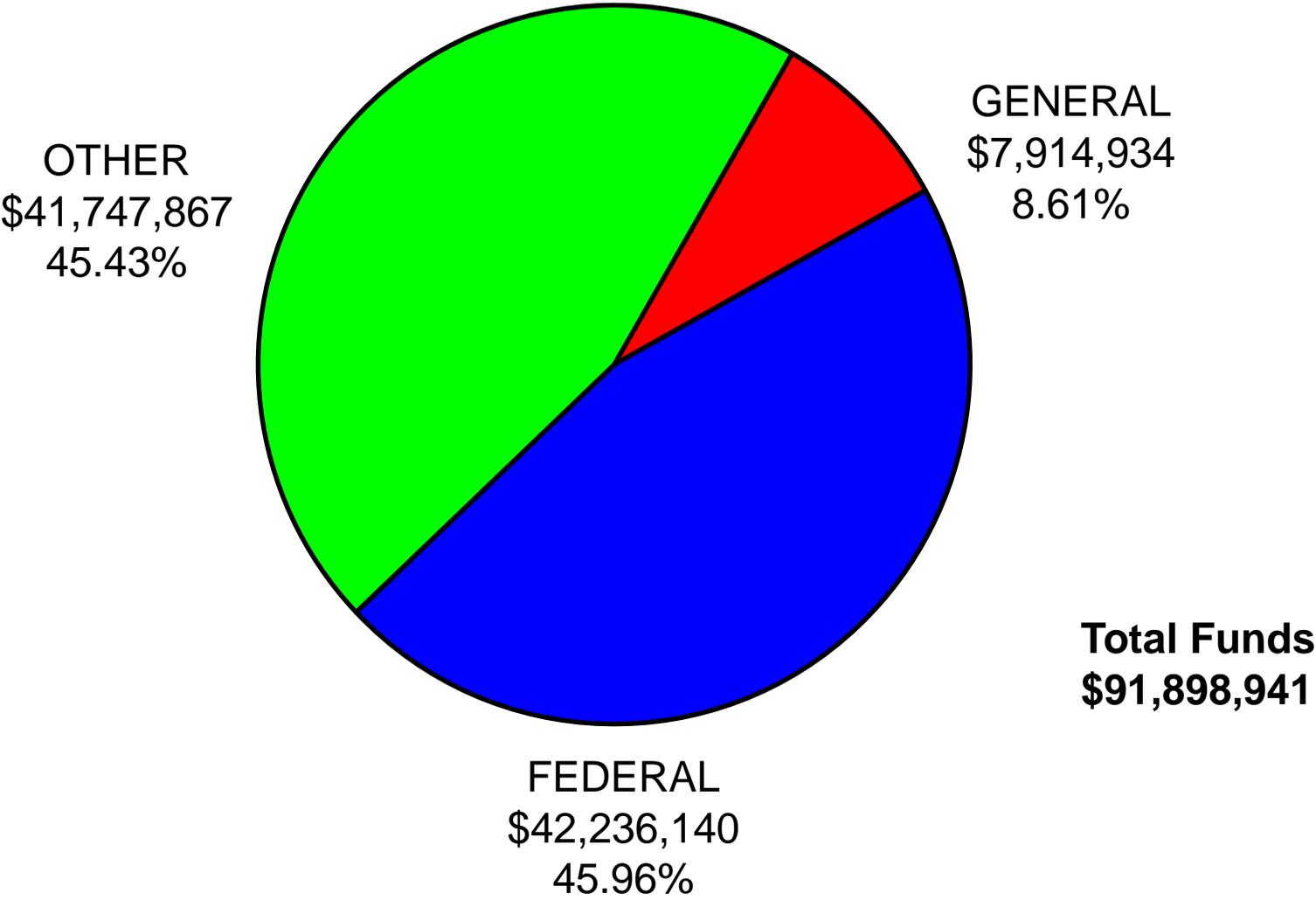
- Women, Infants, & Children (WIC) – nutrition education and supplemental food program.
 - Serves pregnant women, breastfeeding women, postpartum women, infants and children to age 5 who meet eligibility requirements (income and nutrition risk factors)
 - Poverty level – 185% of the Federal Poverty Level
 - 17,600 participants per month
 - Provides prescribed food package monthly
- Pregnant Women Services
 - Assessment/Perinatal Education – 1,351 contacts/month
 - Home Visiting Program Services – 212 families per month
- Infant Mortality - Safe Sleep
- Immunizations (childhood and flu immunizations)

Health & Medical Services

Chronic Disease Prevention and Health Promotion

- Focus areas:
 - Cancer Programs
 - Diabetes
 - Heart Disease
 - Nutrition and Physical Activity
 - Oral Health
 - Tobacco Control
- Services
 - SD QuitLine has served 81,351 since 2002 with a 43% quit rate
 - Cancer screening (breast, cervical and colorectal) – implement in clinics statewide
- Education and Awareness
- Technical assistance to providers and partners

Department of Health FY16 Funding Sources



DEPARTMENT OF HEALTH

FY2016 GOVERNOR RECOMMENDED BUDGET

	<u>FTE</u>	<u>General</u>	<u>Federal</u>	<u>Other</u>	<u>Total</u>
FY2015 Budget Base	419.2	\$7,925,518	\$42,236,140	\$41,167,489	\$91,329,147
Expansion/Reduction					
Health Administration					
Laboratory Bond Payment		(320,842)		(345,029)	(665,871)
Health Systems Regulation and Development					
Rural Experience for Healthcare Professions		70,000			70,000
Health Protection		90,258			90,258
Health and Medical Services					
Immunization Billing System		150,000			150,000
Disease Intervention Specialists	4.0	345,990			345,990
Medical Supplies		(345,990)			(345,990)
Correctional Health					
2% provider inflation				21,756	21,756
Utilization & inflation				312,029	312,029
Prescription Drugs				500,000	500,000
Informational Budgets for DOH Boards				91,622	91,622
Inflation/Expansion-Reduction Total	4.0	(10,584)	0	580,378	569,794
Total FY2016 Recommended Budget	423.2	\$7,914,934	\$42,236,140	\$41,747,867	\$91,898,941

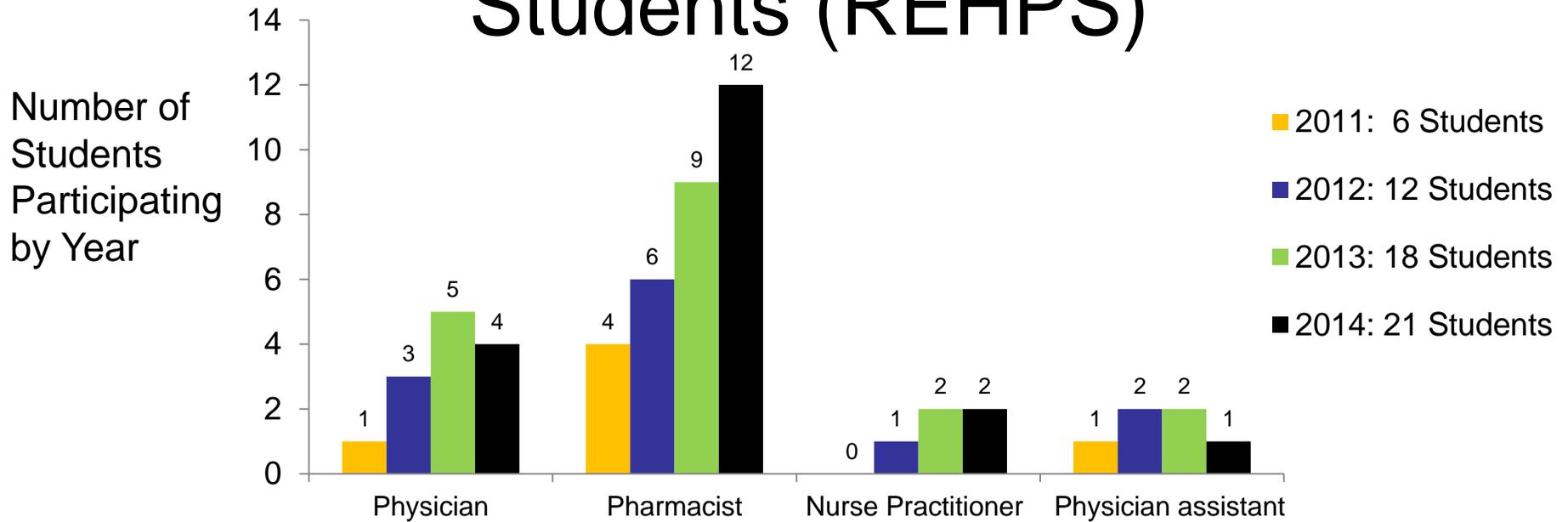
Public Health Laboratory Bond Payment

- Final bond payment made in FY15
- Reduction of \$665,871
 - (\$320,842) general funds
 - (\$345,029) other fund authority

Rural Experiences for Health Professions Students (REHPS)

- Four-week preceptorship in SD rural and frontier communities
 - Medical
 - Physician assistant
 - Pharmacy
 - Advanced practice nursing
- The program has capacity to place 24 students in rural communities
- Participating communities contribute to the cost of the program
 - Preceptor time
 - Housing
 - Meals
 - Community promotional activities

Rural Experiences for Health Professions Students (REHPS)



Placement

Discipline	# of Grads	Working Rural/VA in SD	Working in SD
Nurse Practitioner	2	50%	100%
Physician Assistant	6	50%	83%
Pharmacist	9	33%	67%
Physician	0	NA	NA

2014 REHPS Communities:
Bowdle, Custer, Miller, Parkston,
Philip, Platte, Redfield, Sisseton,
Wagner, Webster, and Winner.

REHPS General Fund Expansion

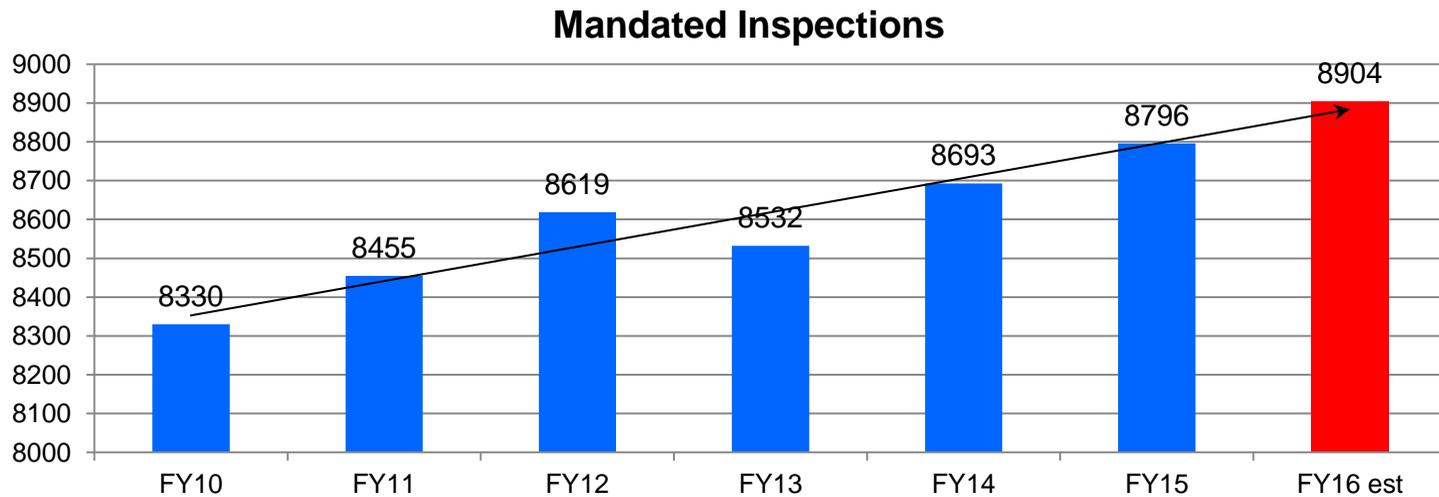
- \$70,000 to enhance the REHPS Program by increasing the student stipend amount, and expanding the number of students slots and student disciplines
 - \$36,000 – Student stipend increase from \$2,500/student to \$4,000/student ($\$1,500 \times 24$ students)
 - \$24,000 – Expansion of number of student slots from 24 to 30 ($\$4,000$ stipend per student \times 6 additional students)
 - \$10,000 – Cost involved in expanding the program to include three additional disciplines (clinical psychology, masters in social work, and medical laboratory science)

Health Protection Inspections

- \$90,258 general fund expansion to cover the steadily increasing costs associated with conducting the statutorily mandated food service, lodging, and campground inspections

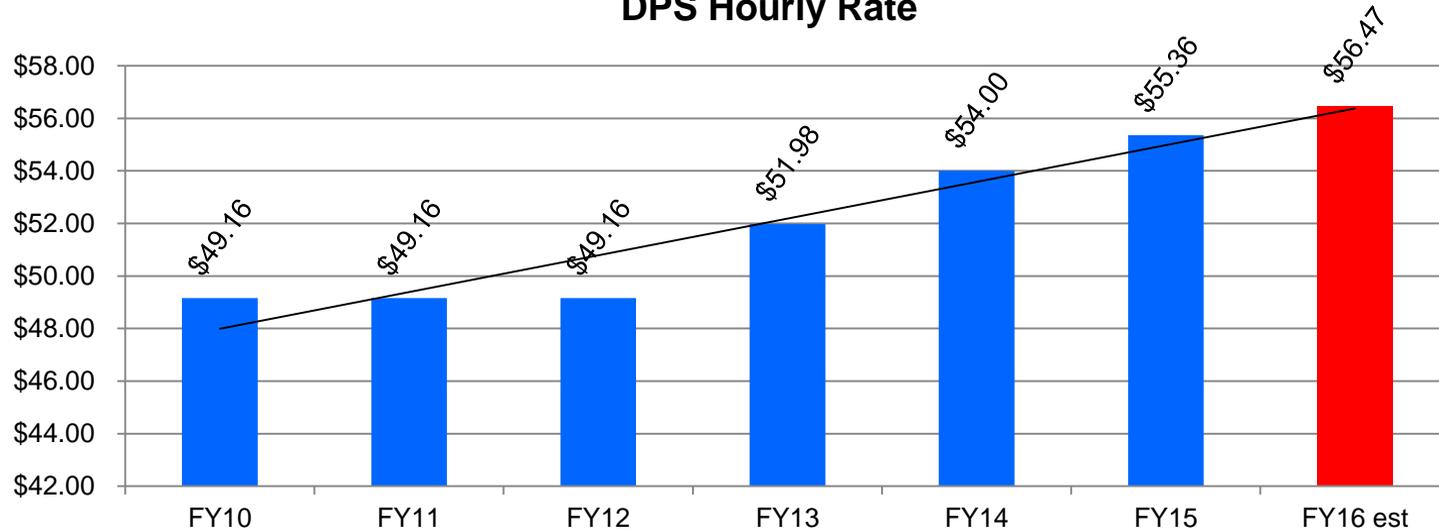
Health Protection

	FY07	FY08	FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16 est
Food establishments	3427	3436	3490	3462	3510	3566	3544	3614	3650	3675
Lodging establishments	928	1081	1172	1156	1185	1230	1197	1205	1225	1250
Campgrounds	241	245	252	250	250	257	247	260	275	280
	4596	4762	4914	4868	4945	5053	4988	5079	5150	5205

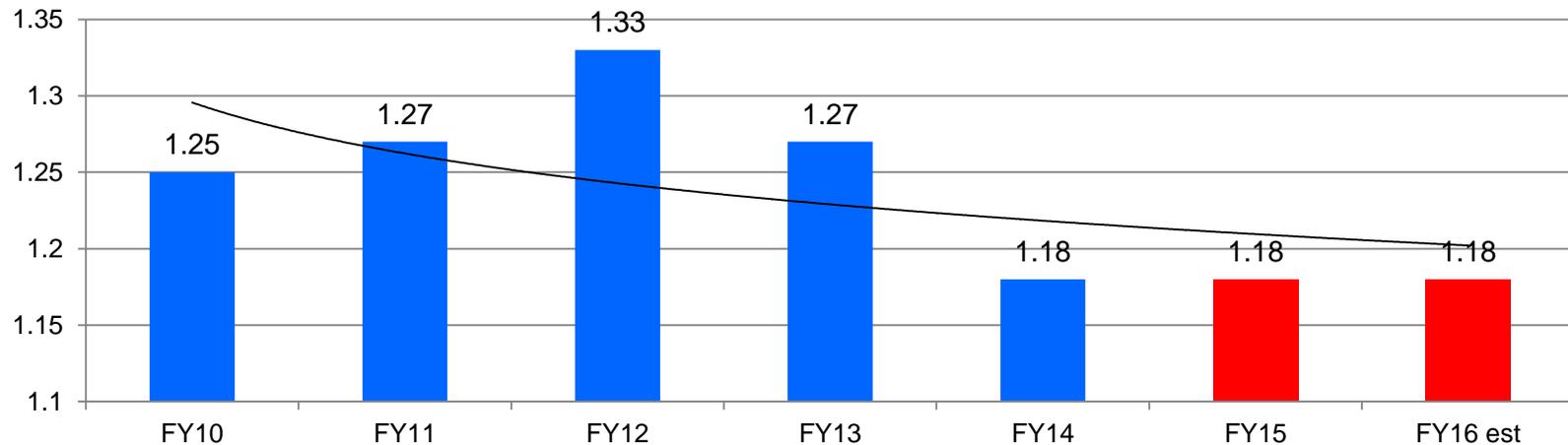


Health Protection

DPS Hourly Rate



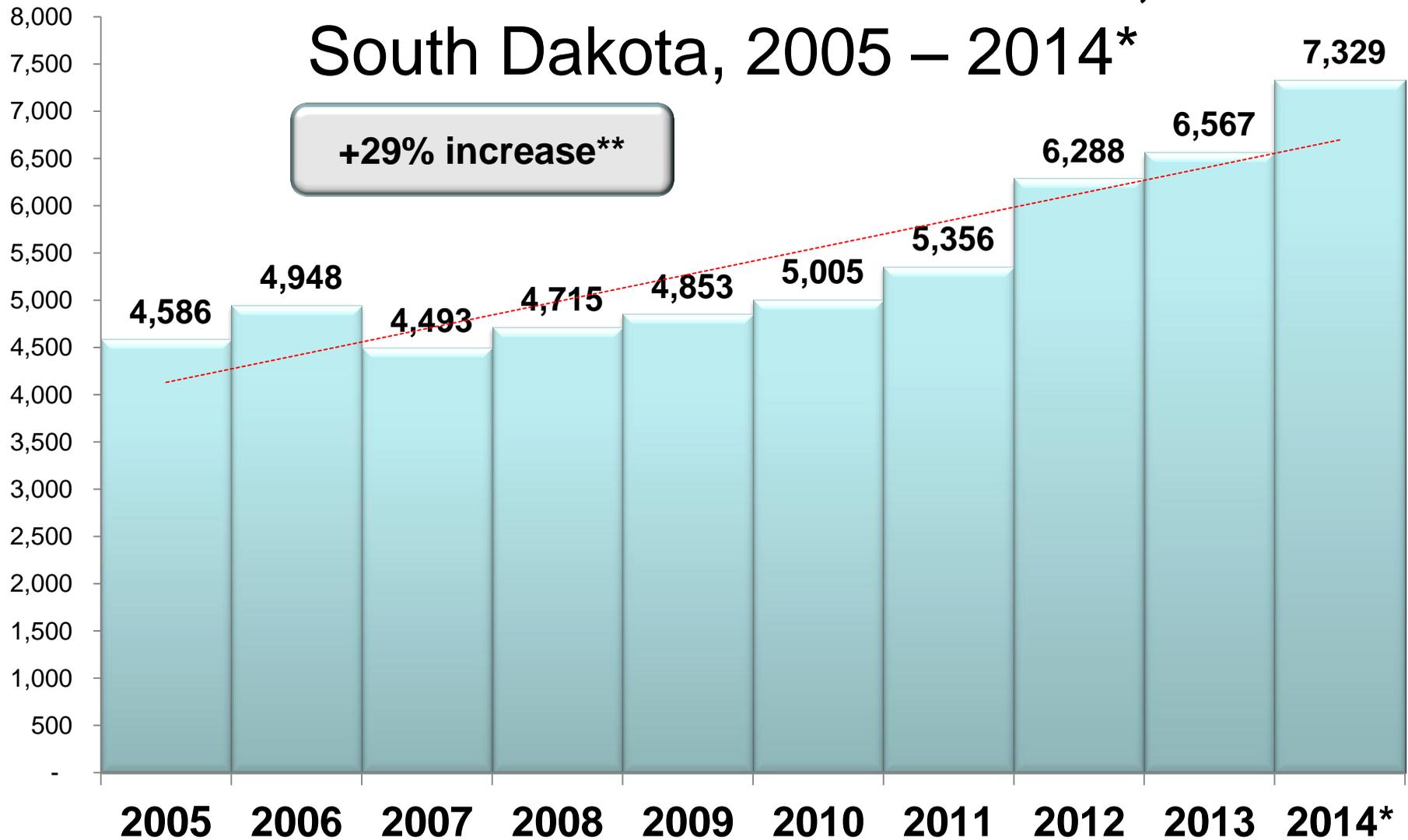
DPS Annual Average Hours per Inspection



Health Protection

FY16 Est. Mandated, Follow-up, & Complaint Inspections					8904
FY14 DPS avg. hours / inspection				x	1.18
FY16 Est. Total DPS Inspection Hours					10506.72
FY16 Est. DPS Hourly rate				x	\$56.47
FY16 Est. Total DPS Inspection Cost					\$593,314.48
FY15 OHP Inspection Contractual Budget				-	\$503,056.00
FY16 Est. Inspection Cost Shortfall					\$90,258.48

Infectious disease cases§, South Dakota, 2005 – 2014*



*2014 data provisional

**percent change in cases reported from first 5 years (2005-2009) to last 5 years (2010-2014).

§ Campylobacter, Chlamydia, Cryptosporidiosis, E. coli (shiga toxin-producing), Giardia, Gonorrhea, Hantavirus, Hepatitis A, Hepatitis C, HIV/AIDS, Legionellosis, Meningococcal disease, MRSA, Mumps, Pertussis, Q Fever, Rabies (animal), Salmonella, Shigellosis, Syphilis, Tuberculosis, Tularemia, West Nile.

Increase in Infectious Disease

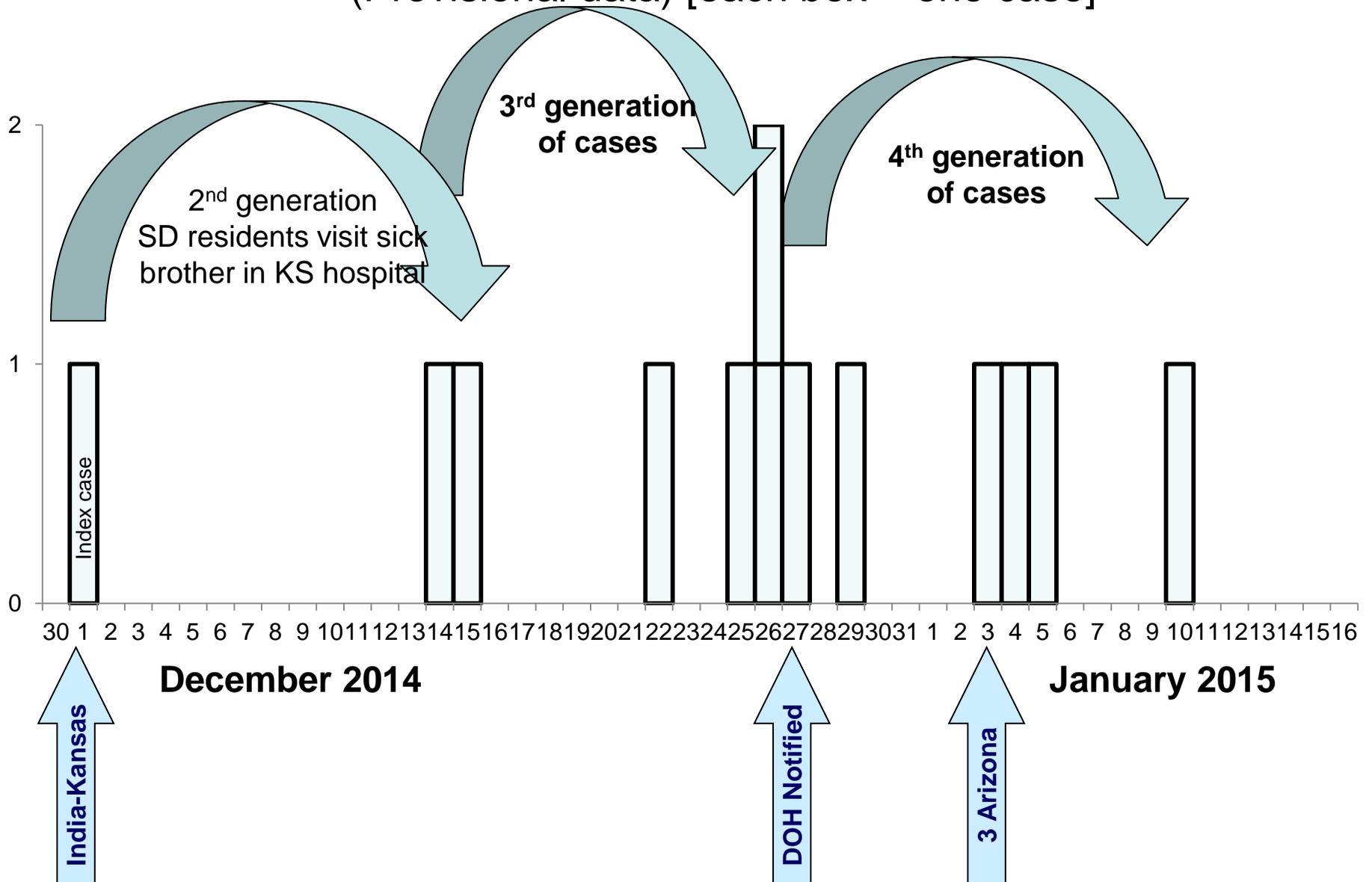
- Increase in infectious diseases in South Dakota
 - Chlamydia – 34% increase from 2005 to 2014
 - Gonorrhea – 101% increase from 2005 to 2014
 - Syphilis – 328% increase from 2005 to 2014
 - Enteric – 13% increase from 2005 to 2014

*2014 data provisional

**Percent change in cases reported from first half of months (Jan 2005-Oct 2009) to latter half (Nov 2009-Oct 2014).

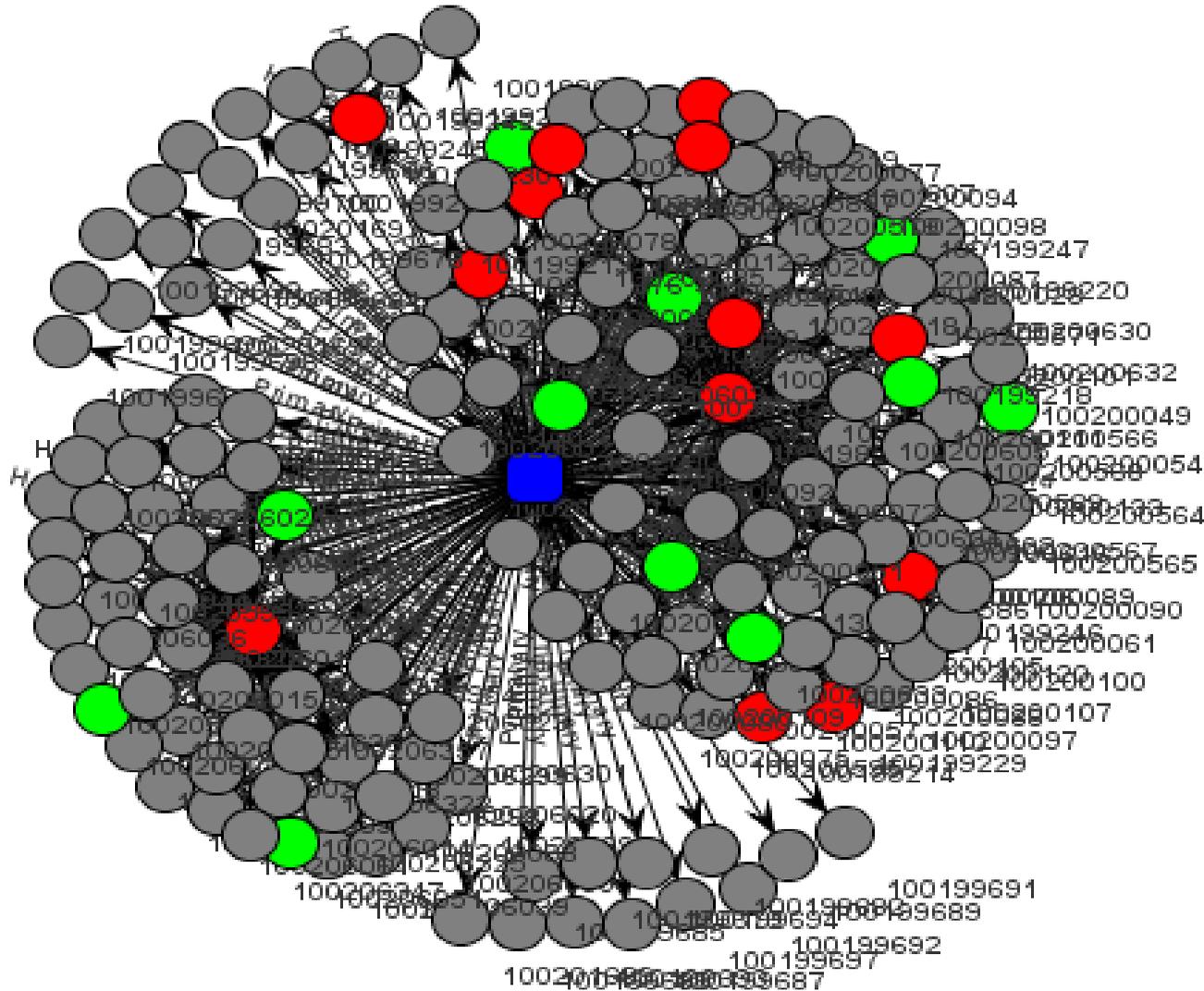
2014 South Dakota Measles Outbreak – 13 cases

(Provisional data) [each box = one case]

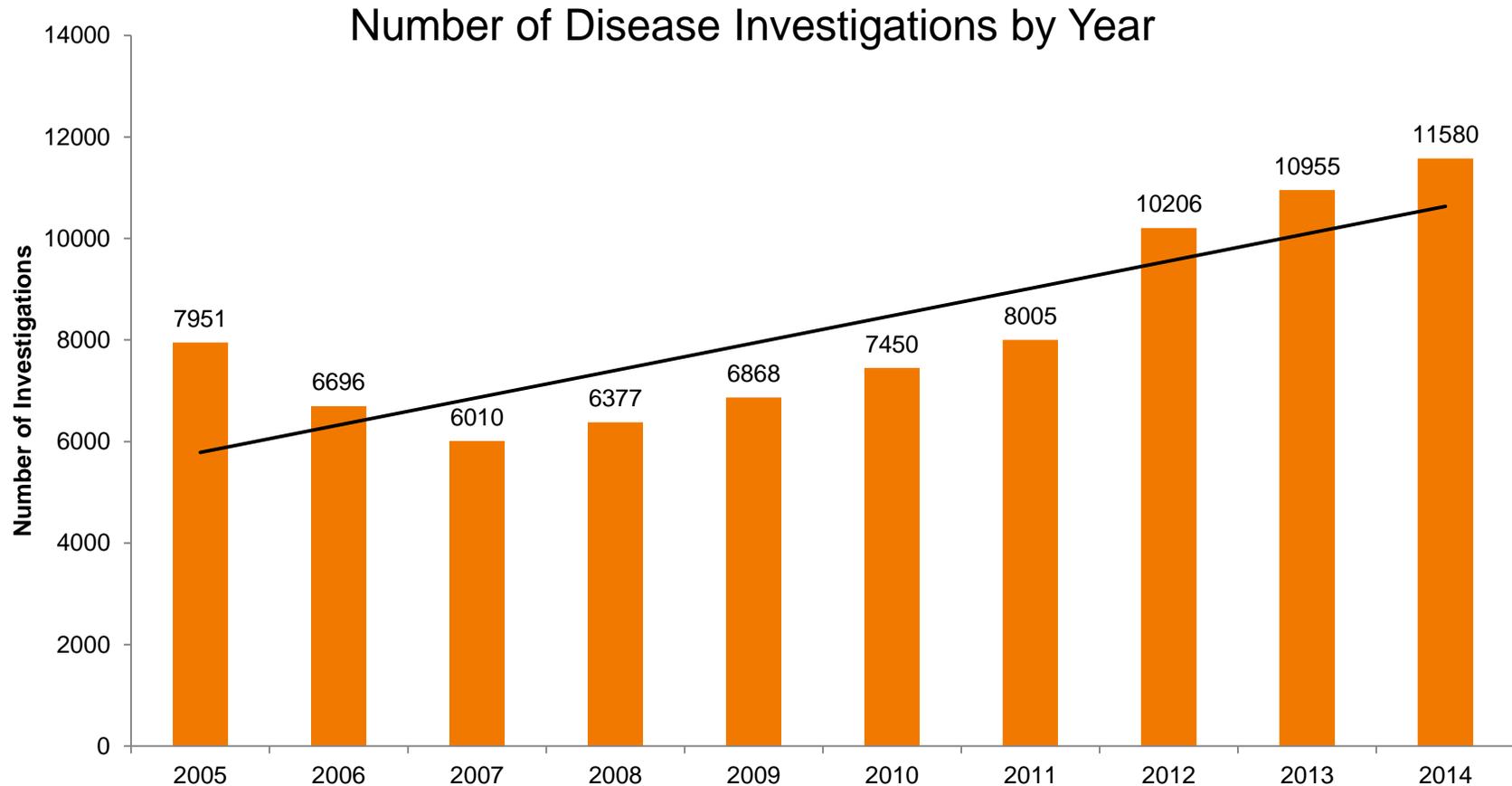


Davison County Measles Outbreak: 13 cases and 187 contacts (as of 13 Jan 2015)

Legend: ♦ **Confirmed** ♦ **Probable** ♦ **Suspect** ♦ **Not a case** ♦ **Unknown** ♦ **Outbreak**



Health & Medical Services



- 15.0 FTE – has remained constant FY2005 to FY2015

Health & Medical Services

- Four (4.0) Nurse II Public Health Specialists
 - Personal Services \$253,626
 - Operating Expenses \$ 92,364
 - Total \$345,990
- Recommended increase offset by changes to the vaccine program

Health & Medical Services

- DOH has historically purchased vaccines for children using federal funds and state general funds
- Affordable Care Act now requires insurance to cover vaccines
- Reduces need for vaccines purchased with general funds
- DOH estimates insurance coverage for approximately 5,800 doses of vaccine at \$362,530
- Requires establishing a billing system to bill insurance providers

Health & Medical Services

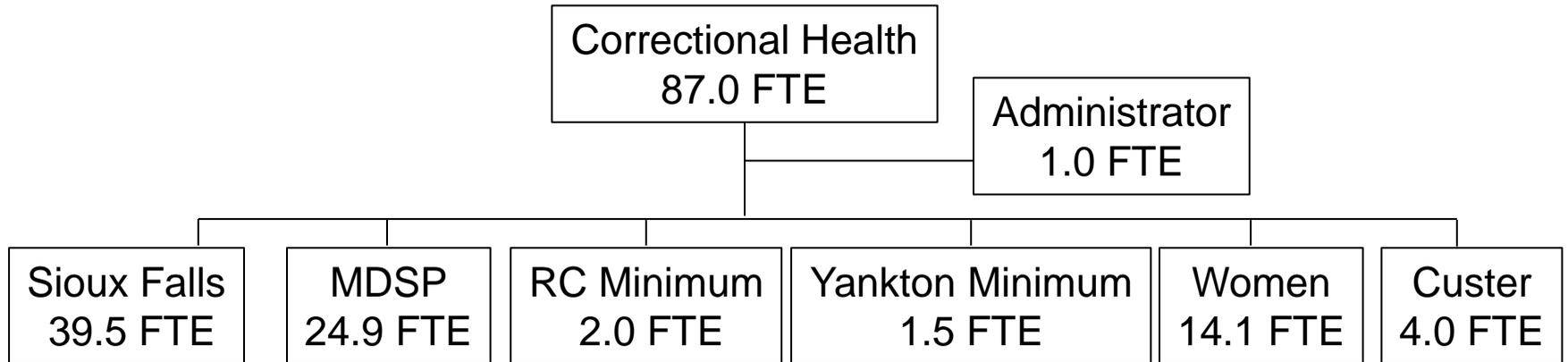
Immunization billing system - General Funds \$150,000

- Adding module to existing DOH billing system
- Licensing and Credentialing \$80,000
- Vendor - System Maintenance and Customization - \$40,000
- State and Vendor IT support - \$30,000

Correctional Health

- Provide of a full continuum of health care services
 - Medical services – chronic disease management, acute care, infirmary care, long-term care eEmergency, eConsultation
 - Dental Care
 - Optometry
- Payer of health care services
 - Medical case management
 - Utilization review
 - Cost savings measures
 - negotiated reimbursement rates
 - formulary management
 - FTE utilization

Correctional Health

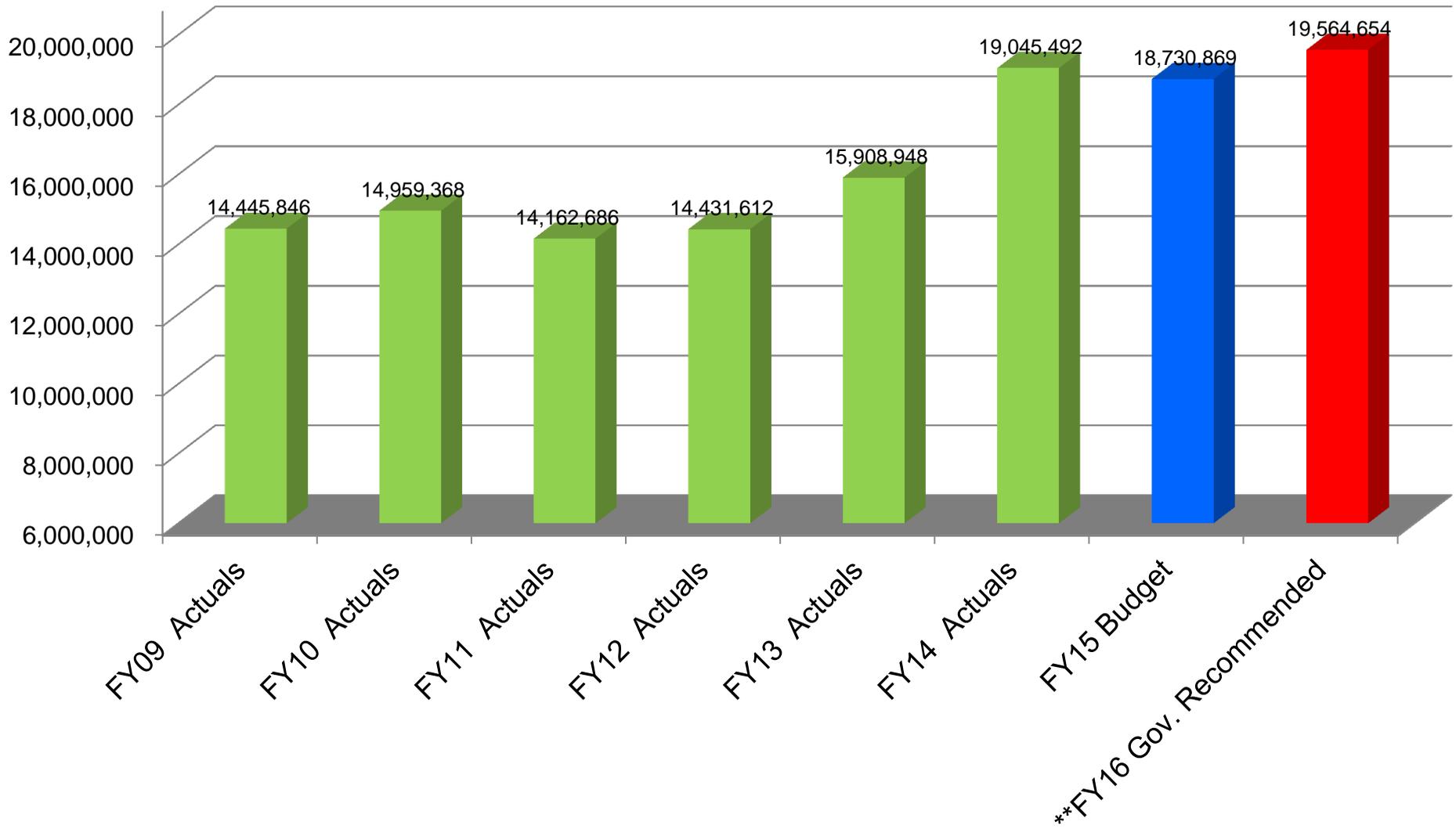


Correctional Health

FY2016 Governor Recommended

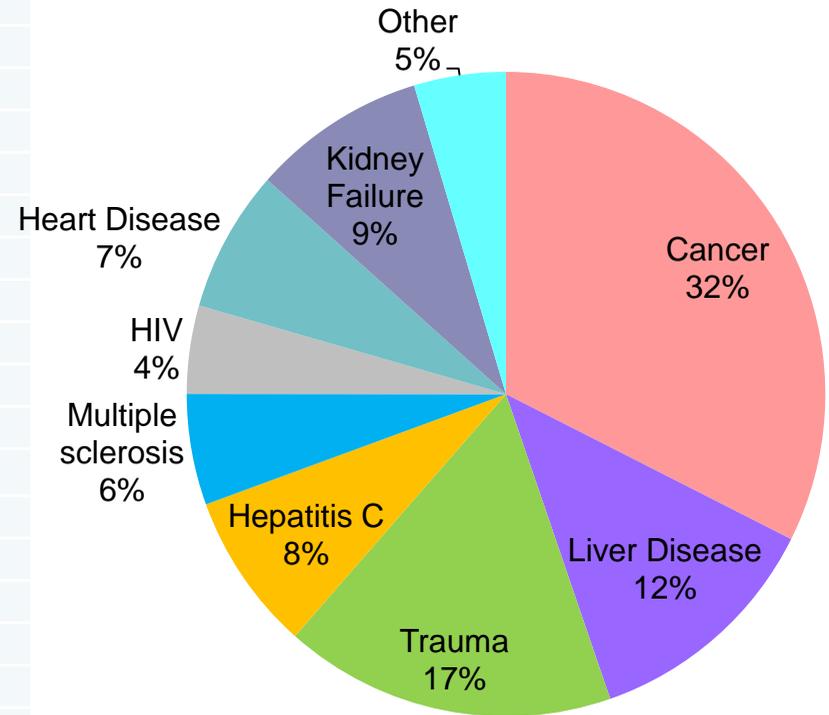
FY15 Base Budget	\$18,730,869
Medical Inflation	
• <i>Contractual Services:</i> A 2.0% inflation rate for contracted medical provider services.	\$ 21,756
Inflation	\$ 312,029
Hepatitis C prescription cost	<u>\$ 500,000</u>
FY16 Budget Request	\$ 19,564,654
FY16 Requested Other Fund Increase	\$ 833,785

CHC Total Expenditures



Top 25 Inmates Expenses using Out-Sourced Services July 1, 2013 – June 30, 2014

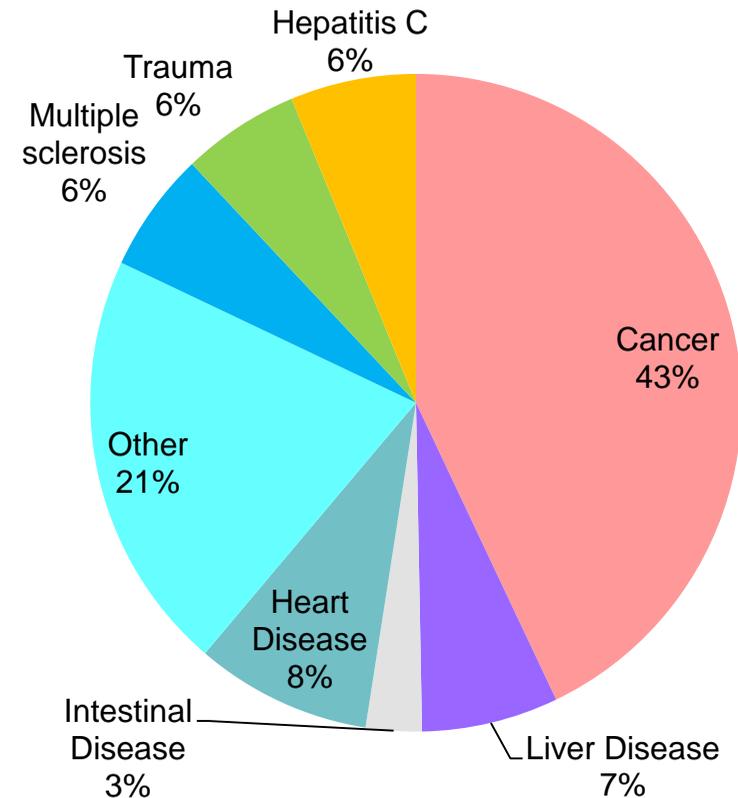
	FY14 Actuals	Diagnosis
1	\$ 249,544.18	Post trauma, multiple surgeries
2	\$ 170,310.43	Cancer
3	\$ 134,922.10	Diabetic with kidney failure, on dialysis
4	\$ 126,508.65	Brain cancer
5	\$ 106,910.74	Cancer
6	\$ 102,102.40	Congestive heart failure
7	\$ 100,556.94	Liver disease
8	\$ 89,563.74	Liver disease
9	\$ 85,603.73	Hepatitis C
10	\$ 78,034.99	Hepatitis C
11	\$ 68,810.45	Cancer
12	\$ 68,737.27	Cancer
13	\$ 64,316.10	Prostrate cancer
14	\$ 62,410.38	Liver and kidney disease
15	\$ 61,112.62	Prostrate cancer
16	\$ 59,877.87	Multiple sclerosis
17	\$ 54,571.85	Multiple sclerosis
18	\$ 50,739.36	Trauma
19	\$ 48,686.49	Abdominal fistula
20	\$ 46,868.11	Tuberculosis
21	\$ 45,948.91	HIV
22	\$ 45,687.76	Kidney failure
23	\$ 44,992.69	HIV
24	\$ 44,750.42	Trauma
25	\$ 44,554.84	Heart Disease
Grand Total	\$ 2,056,123.01	



Top 25 Inmates Expenses using Out-Sourced Services

July 1, 2014 through **January 31, 2015**

	FY 2015 To Date	Diagnosis
1	189,373.83	Cancer
2	100,500.56	Lung cancer
3	64,191.07	Bone infection
4	54,737.54	Cancer
5	53,495.02	Benign inner ear tumor
6	52,136.66	Colon cancer
7	46,353.46	Liver disease
8	46,249.91	Kidney disease
9	42,742.30	Cancer
10	42,408.97	Hepatitis C
11	41,183.38	Cancer
12	40,957.09	Gallbladder removed
13	40,109.22	Multiple sclerosis
14	38,890.45	Heart disease
15	38,080.99	Liver disease
16	37,755.69	Seizures
17	37,271.68	Stroke
18	36,654.37	Trauma
19	36,401.25	Pneumonia
20	35,938.13	Trauma
21	35,214.24	Hepatitis C
22	34,557.29	Ulcerative colitis
23	33,661.77	Multiple sclerosis
24	33,177.82	Severe drug reaction
25	32,536.64	Repair of abdominal aortic aneurysm
Grand Total	\$ 1,244,579.34	





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