
Department of Health and Senior Services

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

State Board of Health

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

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

State Board of Health

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

Breckenridge, Mary, (R), Sikeston, Oct. 13, 2000;

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

Macdonnell, Thomas, M.D., (D), Marshfield, Oct. 13, 2000;

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

Williams, Marcella, (D), Kansas City, Oct. 13, 2003;

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

State Board of Senior Services

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

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

Appointments to the State Board of Senior Services have not yet been made.

Office of the Director

The governor, with the advice and consent of the Senate, appoints the director of the Department of Health and Senior Services. Under the director of health and senior services, the department is functionally organized into seven divisions: Administration; Chronic Disease Prevention and Health Promotion; Environmental Health and Communicable Disease Prevention; Health Standards and Licensure; Maternal, Child and Family Health; Nutritional Health and Services; and Senior Services.

The director is the chief liaison officer of the Department of Health and Senior Services for joint efforts with other governmental agencies and with private organizations which conduct or sponsor programs that relate to health and senior services in Missouri. The director is assisted by a Chief Operating Officer and two Deputy Directors responsible for the management of the Department and administration of its programs and services.

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

The **Office of Minority Health and Senior Services** was established by statute to monitor the programs in the department for their impact on eliminating disparities that exist among



HAROLD BENGSCH
Chair
State Board of Health



MARY BRECKENRIDGE
Member
State Board of Health



DEBORAH A. JANTSCH, M.D.
Member
State Board of Health



THOMAS M. MACDONNELL, M.D.
Member
State Board of Health



KAREN SYLVARA, D.O.
Member
State Board of Health



MARCELLA WILLIAMS
Member
State Board of Health



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

Black, Hispanic, Native and Asian Americans. The Office also works collaboratively with community based organizations and leaders to identify specialized needs of minority populations and older individuals.

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

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

The **Bureau of Vital Records** serves as the state archives for vital records. All births and deaths in Missouri are registered with the bureau which, in turn, issues copies of birth and death certificates to eligible persons. In 2000, the bureau issued more than 119,000 copies of vital records on file. Other records on file are for marriages and marriage dissolutions in Missouri. Approximately 202,000 records of births, deaths, fetal deaths, marriages, divorces, and adoptions were filed with the Bureau of Vital Records in 2000. Missouri's files for resident births and deaths date from 1910 and the files for marriage dissolutions date from 1948.

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

While the data collected by the Section are primarily valuable to help solve Missouri prob-



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TRICIA SCHLECHTE
Deputy Director
Health and Public Health



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Deputy Director
Senior Services & Regulation



LES HANCOCK
Principal Assistant



MICHELLE ZEILMAN
Department Operations
Coordinator

lems, much of the activity is coordinated with the National Center for Health Statistics. This allows comparable data to be collected at the state level that can be added with data from other states to form a picture of the health status of the nation.

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

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

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

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

The **Bureau of Health Care Performance Monitoring** collects and analyzes patient abstract data filed by hospitals and ambulatory surgical centers. This data is used to produce the interactive, hospitalization-related Missouri Information for Community Assessment (MICA) reports available on the Department Website. The Bureau also publishes two types of consumer's guides. The Outpatient Procedures Guide reports facility charges associated with selected outpatient procedures. The Managed Care Consumer's Guides contain information obtained from commercial, Medicare, and MC+ managed care plans on the quality of care and access to care of Missouri's HMO and POS products and their members' reports of satisfaction.

Office of Information Systems supports the mission of the Department by supplying the



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

information services and technology infrastructure required to address identified public needs of Missouri citizens. This is provided through applications development and maintenance, wide area and local area network administration, server administration, help desk services, client installations, and training.

The **Center for Health Improvement** has as its mission to aid in the design and development of sustainable systems to define and achieve improved health. A comprehensive community development process is used to aid communities in the design and development of sustainable systems to improve health. Several initiatives designed to improve access to preventative and primary health care and oral health care are utilized to strengthen the system necessary for improved health. Through the integration of these functions, there is greater coordination of health improvement activities within the department and with other departments, community partnerships, medical schools, not-for-profit organizations, professional organizations and our elected officials. The **Community Support Unit** carries out all functions of the center at the community level. The staff, which is located throughout the state at the District Health offices, serves as the primary contact for com-



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munities that are interested in improving their health.

The **Caring Communities** initiative is designed to challenge state agencies to reexamine the way they do business and challenges communities to organize their structures to accept sustained responsibility for the well being of children and families. State agencies and local communities collaborate to design strategies to improve the well being of children and families. Communities use state and local resources to implement the strategies. Six core results guide

the state agencies and the communities as they strive to achieve better results for children and families. There are currently twenty-one Community Partnerships and three Community Collaboratives. Eight state agencies, the departments of Health and Senior Services, Mental Health, Social Services, Elementary & Secondary Education, Labor & Industrial Relations, Economic Development, Corrections and Public Safety, are involved in Caring Communities.

The **Community Health Assistance Resource Team (CHART)**, developed in 1994, is a framework for community health improvement that provides technical assistance without dictating priorities. The statewide CHART process is built upon four tenets—community involvement, commitment, control and accountability—and facilitates improved health through increased empowerment, understanding and identification of community resources. CHART serves as a catalyst for development of new ways to partner for mutual success and a framework for community-based initiatives. It provides communities both the opportunity and the process to participate in changes in the health care delivery system. Coordination and cooperation of state and local partners is enhanced through CHART by reducing or eliminating duplication in technical assistance at all levels. Through the assessment of local need, garnering of local and other resources and the design and development of specific, sustainable solutions, communities are active participants in the health improvement process.

The **Health Systems Development Unit** establishes data systems and analysis to monitor access to the health care system and the quality of health services provided. The unit assists communities, health facilities and individuals in their efforts to improve preventative and primary health care services. The unit serves as a liaison with the federal government in the administration of the Public Health Service, community health center, rural health and urban health initiative programs. The unit develops needs assessments to determine health professional shortage areas and assists in site development, recruitment and placement of National Health Service Corps professionals in such areas. The unit administers the Primary Care Resource Initiative for Missouri (PRIMO), which is designed to improve access to primary, dental and mental health care services through a continuum of incentives for students pursuing health careers and community investments. The unit administers the health professional loan repayment program for licensed, practicing medical and osteopathic resident graduates of primary care specialties and/or dentists who agree to practice in an area of defined need. The unit also administers the professional and practical nursing student loan program and nurs-

ing loan repayment program.

The **Oral Health Policy Unit** administers a statewide community water fluoridation program. The program provides equipment for new installations and replacement equipment for those communities upgrading or replacing equipment. The unit monitors the 166 systems currently fluoridating and provides technical assistance and water plant operator training. The unit administers a fluoride mouth rinse program in schools across the state at no cost to the students. Dental sealants are provided at no cost to students in second, third and seventh grade who meet certain income guidelines. This program is carried out in school-based settings, private dental offices and public clinics. Through a cooperative agreement with the Elks Benevolent Trust, and the Department of Hospital Dentistry at Truman Medical Center East, the unit assures primary oral health care services for mentally retarded and developmentally delayed children utilizing mobile dental vans that cover the state once a year. The unit provides training and technical assistance, and policy guidance on a wide variety of oral health related issues such as child abuse and family violence, disaster dental identification, Occupational Safety and Health (OSHA) compliance, infection control, Medicaid, and oral public health research.

The **State Public Health Laboratory** building houses the department's laboratory. Each year, over a half million samples are received by the central laboratory, at branch laboratories in Springfield and Poplar Bluff, and at the State Tuberculosis Laboratory in Mt. Vernon. The laboratory provides testing services in the fields of chemistry, environmental bacteriology, microbiology, serology and virology. The laboratory also approves breath alcohol testing equipment used in Missouri; issues permits to persons qualified to supervise and operate these devices and periodically inspects breath testing instruments used in the state.

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

The chemistry unit conducts chemical analyses of water, dairy products, foods and beverages to determine the presence of toxic chemicals or substances.

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

The metabolic disease unit examines blood samples from newborn babies to find those who

need treatment for phenylketonuria (PKU), hypothyroidism, galactosemia and sickle cell disease.

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

The serology/virology unit performs tests to help diagnose syphilis and AIDS; examines animal brains for rabies; performs blood tests for measles, rubella and hepatitis; and examines clinical specimens to detect influenza and other viral diseases.

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

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

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

The **Center for Local Public Health Services** strengthens the public health system by supporting the continued development of a population-based approach to health issues in Missouri communities. The center promotes a strong local public health system by facilitating development of professional standards and continuous learning opportunities for the local public health workforce. The center provides leadership and technical assistance to develop processes that improve Missouri's public health system. These processes, such as strategic planning, continuous quality improvement, defining and implementing core public health functions, and Missouri's Model Agency Project help to develop and communicate a common vision and direction for public health in Missouri. The center works with policymakers and the public to improve understanding of the importance of



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public health and the responsibility of government to assure that a strong public health system is in place.

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

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

Primary and secondary prevention programs

are conducted to prevent or detect chronic diseases, including cardiovascular disease, diabetes, osteoporosis, and arthritis. Educational programs promote healthy lifestyles among youth and adults. Urban and rural follow-up programs monitor persons identified as high risk. Professional education programs provide current and accurate scientific information to health care providers and promote coordination of health services to meet the special needs of high-risk populations.

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

The Missouri Cardiovascular Health (MCVH) program focuses on primary and secondary prevention of the risk factors of physical inactivity, poor eating habits, smoking, obesity, hypertension, high cholesterol and diabetes. Interventions include community, worksite, school, and health care policy and environmental change programs to improve physical activity and heart healthy eating. The MCVH Program partners with a variety of state, local and national organizations to implement these programs and provide training and resources to health professionals at all levels.

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

The **Bureau of Cancer Control** coordinates department activities in the areas of cancer control, screening and some diagnostic tests, and cancer inquiries. Through its activities, the bureau seeks to reduce cancer mortality throughout Missouri.

Bureau staff promote cancer education and awareness and fund cancer control activities through eight regional cancer control coalitions.

They maintain information on cancer control resources available in Missouri and nationwide.

Staff also respond to citizens who are concerned there may be an excess of cancer in their community through a scientific-based protocol. They examine cancer concerns, conduct cancer inquiries, meet with a Cancer Inquiry Committee three times a year, and are available for educational presentations on cancer and the Cancer Inquiry Program.

Staff work cooperatively with the federal Centers for Disease Control and Prevention in a project aimed at providing breast and cervical cancer screenings and some diagnostic tests to older women who are at a higher risk for these conditions and who qualify by age and income guidelines for the program. They are responsible for professional and public education, coalition support, quality assurance, and surveillance.

The **Bureau of Health Promotion** coordinates health promotion and education programs designed to reduce chronic disease risk factors and promote healthy lifelong practices. Programs administered by the Bureau of Health Promotion staff include the Missouri Tobacco Use Prevention Program, Chronic Disease Health Education Initiative, Health Promotion Training Institute, and Missouri Organ Donation Program.

The Missouri Tobacco Use Prevention Program provides funding and other resources to community coalitions to assist with implementing comprehensive tobacco prevention and control programs in schools and communities. Staff works closely with the federal Centers for Disease Control and Prevention (CDC) Office on Smoking or Health to guide community efforts in support of the CDC's "Best Practices for Comprehensive Tobacco Prevention and Control."

The Bureau of Health Promotion also contracts with 15 local public health agencies to design and implement chronic disease prevention programs in 33 counties statewide. County public health educators hired through these contracts work with schools, worksites, and in other community settings to implement programs designed to increase physical activity and healthy eating, and reduce tobacco use.

Through the Health Promotion Training Institute, professional development is provided for health promotion and education professionals statewide. The Institute also facilitates information and resource sharing among health education and health promotion professionals statewide.

Legislation passed in 1996 established the Missouri Organ Donation Program within the Department. The goal of the program is to reduce the gap between the need for donated organs and the available supply. Two major initiatives coordinated by staff are a public education campaign on the need for organ donation and the

maintenance of a registry. Program activities are dependent on public contributions collected at the time individuals obtain or renew a Missouri driver's license.

Health education staff in the Bureau of Health Promotion also develops health promotion and education materials for statewide dissemination. The *MOve For Your Health* physical activity initiative provides information necessary for individuals to plan and participate in a regular physical activity program in school and community settings.

The **Office of Surveillance, Research and Evaluation** conducts ongoing surveillance of risk factors for chronic diseases among Missourians as well as special projects ranging from insurance coverage to natural disasters to determine the impact on the public's health. The office also includes the Missouri Cancer Registry that collects, reviews and analyzes information on cancer cases. More than 125 public and private hospitals report cancer cases to the registry. Under a recently enacted expanded reporting statute, reporting by non-hospital facilities is being initiated. Department staff use the registry and other databases to conduct epidemiologic research. This research includes descriptive studies that monitor cancer incidence and mortality and analytic studies that identify risk factors for various types of cancers and other chronic diseases.

The mission of the **Division of Maternal, Child and Family Health** is to promote optimal health by providing leadership to both the public and private sectors in assessing health care needs of families and communities and in assuring that the health system responds appropriately. This division is accountable for the development and support of a comprehensive maternal, child and family health system capable of responding appropriately to identified community needs. The assurance of the system is possible through a network comprised of public and private participants. The division is also responsible for developing policy; planning systems of care; and designing, implementing and evaluating programs to meet the health care needs of families in the state of Missouri.

The division has the administrative and programmatic responsibility for a combination of state, federal and private funding to support programs that:

- Prevent injuries, disabilities, and the avoidable negative consequences of inadequate prenatal care (e.g., Genetics Tertiary Centers, education and early identification of fetal alcohol syndrome, the state TEL-LINK information service);
- Assure that children and disadvantaged adults receive high quality, basic health and support services (e.g., the Missouri School Age Chil-



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dren's Health Services Program; support for programming and services in all local public health agencies; dental screenings, sealants, and community water fluoridation); and

- Provide payment for care for uninsured and underinsured citizens who require specialized health care services (e.g., genetics services, including metabolic formula distribution, and treatment for sickle cell disease, hemophilia and cystic fibrosis; case management and payments for services to children with special health care needs; services and care coordination for adults with traumatic brain injury).

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

- Grants Development and Management: Title V Maternal and Child Health Block Grant and State Systems Initiative Grant.

- Program Evaluation: Process and impact evaluations of selected MCH programs.
- Statewide MCH need/capacity assessments.
- This office provides staff support for the State Injury Prevention Advisory Committee. This committee functions as an inter-agency task force monitoring the frequency and location of injuries in Missouri and assessing programs and interventions that can be targeted to reduce injuries.

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

Comprehensive family planning funds, which include funds for pregnancy testing, contraceptive alternatives and family planning services, are contracted to a wide variety of providers across the state to help women plan their pregnancies, and the spacing of their pregnancies, in order to reduce the number of unintended pregnancies, increase the number of women who receive adequate prenatal care, and achieve better birth outcomes. In addition, funding is available to support programs to help women identify alternatives to abortion.

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

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

The Sexual Assault Forensic Evaluation-Child Abuse Resource and Education (SAFE-CARE) Network is a statewide program that provides comprehensive, state-of-the-art medical evaluations to the alleged victims of child sexual assault. The Network is comprised of physicians and nurse practitioners who are trained by the

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

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

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

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

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

The Well Child Outreach program promotes the importance of preventive health screenings for children. It is operated through a collabora-

tive agreement between the department and the Division of Medical Services (DMS) with a special focus on children who are eligible for MC+. Funds are utilized to purchase and distribute health education materials educating parents about the importance of regular checkups for children. Materials are exhibited at health fairs, public events and professional conferences. To enhance outreach efforts, the bureau provides local public health agencies with a monthly report printed by DMS that lists children who are eligible for MC+ and due for a screening.

The Healthy Babies Initiative promotes the importance of early and regular prenatal care, breastfeeding, folic acid intake, placement of sleeping infants on their backs, birth spacing, and avoidance of alcohol, tobacco and drugs during pregnancy. A license was purchased to utilize the Baby Your Baby campaign as the media component. Partnerships are being developed with television stations and radio stations. Keepsake books for pregnant women and child development newsletters for new parents have been developed. Culturally diverse health education print materials have been purchased. Collaborations have been established with Parents as Teachers, March of Dimes, SIDS Resources, Inc., Division of Medical Services, Division of Highway Safety, local public health agencies and local Division of Family Services offices to maximize distribution of Baby Your Baby materials. A pre-campaign survey was conducted with new mothers to determine their knowledge and behaviors on the key initiative components. A post-campaign survey in FY04 will measure change in knowledge and behaviors and will serve as the evaluation tool.

In addition, the bureau provides funding, consultation and assistance for a child health screening program; a school health screening program; adolescent health programs and education, and audio-visual and printed material relevant to maternal and child health.

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

Domestic Violence is a pattern of assaultive and coercive behaviors that adults or adolescents use against their current or former intimate partners. The Bureau of Family Health works to enhance the capacity of health and human service providers to develop safe and effective pre-

vention, screening, intervention and follow-up strategies related to domestic violence.

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

The **Bureau of Special Health Care Needs** provides services for children and adults with disabilities, chronic conditions, and birth defects. Within the bureau:

The Children with Special Health Care Needs Program provides services for children under the age of 21 who meet financial and medical eligibility guidelines. This program focuses on early identification of children with special needs; funding for prevention, diagnostic and treatment services; and provision of service coordination services to families. Service coordination is provided by staff located in ten regional offices throughout the state.

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

- Neuropsychological Evaluation and Consultation
- Behavioral Assessment and Consultation
- Adjustment Counseling
- Comprehensive Day Program
- Transitional Home and Community Support
- Pre-Vocational/Pre-Employment Training
- Supported Employment/Follow Along
- Special Instruction
- Physical Therapy Evaluation/Treatment
- Occupational Therapy Evaluation/Treatment
- Speech Therapy Evaluation/Treatment
- Recreation Activities
- Respite Care
- Transportation

Metabolic Formula Distribution Program provides prescribed dietary formula to individuals with covered metabolic disorders such as Phenylketonuria (PKU) or Maple Syrup Urine Disease (MSUD). Use of the dietary formula combined with a medically supervised diet eliminates or reduces the adverse consequence of the disorder. Service Coordination is available to assist the individual to assess their needs and

develop a treatment plan to address those needs.

The First Steps Program identifies infants and toddlers between the ages of birth and 36 months who have 50% developmental delay in one of more of the following areas: cognitive, physical (including vision and hearing), communication, social/emotional, or adaptive/self-help development, or who have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay or disability. Service coordination and early intervention services are provided to eligible infants and toddlers and their families.

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

The Physical Disabilities Waiver (PDW) Program was designed to provide home and community-based services to individuals with serious and complex medical needs who have reached the age of 21 and are no longer eligible for home care services available under Early Periodic Screening, Diagnosis and Treatment (EPSDT), known as Healthy Children and Youth (HCY) in Missouri. This waiver is designed to provide a cost-effective alternative to placement in an Intermediate Care Facility for the Mentally Retarded/Developmentally Delayed.

The Perinatal Substance Abuse Program offers service coordination to women who use alcohol or controlled substances during pregnancy and to the families of children who are at risk of child abuse or neglect because of exposure to alcohol and/or controlled substances and who show signs or symptoms of exposure at birth. Health professionals will enlist families to assist in identifying what services are needed, who can help find the services. Assistance is provided to help develop a plan to meet individual and family needs.

The **Bureau of Genetics and Disabilities Prevention** coordinates and expands prevention activities in Missouri to reduce the incidence of primary and secondary disability associated with birth, development and disease. The bureau conducts public, professional and patient education; advocacy; surveillance; needs assessment; resource identification and/or development; and collaboration and coordination with other public and private entities.

The disability prevention component develops data systems and links data sets to enhance surveillance capacities contributing to the understanding and prevention of secondary con-



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Director
Nutritional Health and Services

ditions, enhances referral networks and available resources, and fosters health promotion among people with disabilities through statewide collaborations.

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

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

The newborn screening, tracking and follow-up program provides confirmation of diagnosis and tracking of newborns to ensure that those with a positive screening result for phenylketonuria (PKU), galactosemia, hypothyroidism and hemoglobinopathies are retested and entered into a system of health care. Pilot testing is also being conducted on congenital adrenal hyperplasia in order to add it to the required battery of newborn screenings. In the future additional newborn screenings will be implemented by the Department.

The newborn hearing screening program is a tracking and follow-up program which assures each baby born in Missouri receives a hearing screening by 3 months of age and is referred for early intervention services by 6 months of age.

The mission of the **Division of Nutritional Health and Services** (DNHS) is to decrease preventable nutrition-related morbidity and mortality throughout the life cycle. The Division of Nutritional Health and Services is responsible for coordinating all nutrition-related activities within the Department, conducting nutrition-related epidemiological and surveillance activi-

ties, and providing technical guidance as needed. The Division of Nutritional Health and Services is also responsible for facilitating appropriate linkages between Department programs and programs in other state agencies that have nutrition components.

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

The **Bureau of Community Food and Nutrition Assistance** administers the Child and Adult Care Food Program; the Summer Food Service Program; and other programs that promote and support the health, safety, nutrition and education of children and at-risk adults in various locations, including day care, child care, schools and other community-based settings:

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

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

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

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

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

- The Healthy Children Nutrition Education Initiative (HCNEI) increases the number of low-income families with children who practice healthful eating behaviors. Families with children who are receiving, or are eligible to receive, food stamps. HCNEI is provided through contracts with community-based coalitions. Coalitions are eligible to apply for funding if they are local, not-for-profit entities who are awarded funding through a competitive process. The local coalitions coordinate, present, and evaluate community-based nutrition education initiatives.

The **Bureau of Nutrition Research and Surveillance** conducts population-based surveillance activities to determine the nutritional status of all Missourians, provides technical advice to the division in the area of data management, and designs and conducts evaluations of division programs. Currently, the bureau has two surveillance systems: the Pregnancy Nutrition Surveillance System, and the Pediatric Nutrition Surveillance System. These surveillance systems monitor the prevalence of nutrition-related risk

factors that can be linked to infant mortality and low birth-weight in high-risk prenatal populations, and the prevalence of specific health indicators in at-risk infants and children. These data are used by program planners and policy makers at the federal, state and local levels to aid them in establishing health priorities and policies.

The **Bureau of Nutrition Services and WIC** administers the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and the Farmers' Market Nutrition Program (FMNP). The bureau also coordinates the operation of the mobile health unit, community nutrition assessment and education, breastfeeding promotion activities, nutrition services for special needs population, and the public health practicum experience for the dietetic internship program.

- The WIC Program prescribes and pays for nutritious foods to supplement the diets of pregnant women, new mothers, infants and children up to five years of age, who qualify as "nutritionally at-risk," based on a medical and nutrition assessment, and state income guidelines. Program participants are reassessed periodically to determine eligibility status. These services are provided through contracts with county and city health departments, community health centers, community action agencies and hospitals at the local level. WIC has contracts with retail grocers and pharmacies to provide the prescribed supplemental foods. The WIC Program provides nutrition education to program participants, the goal is to change eating patterns in a positive way to improve their health status; breastfeeding counseling and support to pregnant women and new mothers on the program; conducts immunization screenings and referrals to assure children are age-appropriately immunized; nutrition counseling to special needs populations; and medical referrals to health care providers to address the needs of WIC participants.

- The Farmers' Market Nutrition Program provides fresh fruits and vegetables from farmers and farmers' markets to WIC participants. The Farmers' Market Nutrition Program contracts with county and city health departments to provide nutrition education to WIC participants on ways to incorporate fresh fruits and vegetables in their family meals; and with farmers and farmers' markets to provide fresh fruits and vegetables to WIC participants.

Division of Environmental Health and Communicable Disease Prevention

The mission of this division is to prevent and control communicable and environmentally-induced diseases in Missouri. The methods of epidemiology are used to investigate the cause, origin and method of transmission of disease

conditions in the human population and to control the spread of disease. Using methods such as case and outbreak investigations, data collection, and analysis, the sections and programs within the division investigate how a wide variety of diseases and conditions are caused and spread, and determine the best ways to limit further spread or exposure. This division includes the sections of STD/HIV, Communicable Disease Control and Veterinary Public Health, Vaccine Preventable and Tuberculosis Disease Elimination, and Environmental Public Health, and the Offices of Surveillance and Fiscal Services.

The interrelated services of these sections focus on the development and implementation of disease prevention and control efforts. Included are responsibilities related to communicable diseases, zoonoses (animal to person transmitted diseases), nosocomial (hospital-acquired) infections, sexually transmitted diseases, HIV, immunizations, community sanitation (food safety, sewage, etc.), environment-related health hazards, and occupational health.

Section of STD/HIV

Within this section, **HIV/AIDS Service Coordination** is a system for locating, coordinating and monitoring a comprehensive set of services with a designated individual or organization in order to promote effective and efficient access to necessary services. HIV/AIDS Service Coordination builds on maintaining an infected person's dignity and independence while effectively utilizing the strengths and resources of the infected person.

The HIV/AIDS Service Coordination network is available statewide, free of charge, regardless of the insurance or financial status of the individual. Service coordinators are located in a variety of settings in more than 30 agencies, including local public health agencies and community-based organizations. The HIV/AIDS service coordinator works with the client to complete a needs assessment and to develop a service plan. The client is an equal partner with the service coordinator in decision-making, planning and service selection. The service coordinator assists the client in locating and accessing physicians, medications, home care, mental health, dental, nutrition counseling, housing and utility assistance, transportation services, and other necessary health and social services. Funding for these services is available to financially-eligible infected persons who do not have insurance or other resources.

The section is also responsible for the prevention and control of sexually transmitted diseases (STDs), though the focus is primarily on HIV, gonorrhea, syphilis and chlamydia. The section collaborates with community members

throughout the state who serve on the Statewide HIV Prevention Community Planning Group. This group prioritizes HIV activities. Together with local public health and community partners, the section provides the basic prevention services of education, identification and intervention.

HIV and STD counseling and testing efforts have been expanded into many programs, such as family planning clinics, drug treatment programs, and community based organizations in addition to local public health agencies and STD testing sites. Outreach venues for HIV and STD testing increase as technology changes. Another key intervention is partner notification, the process of confidentially notifying sexual and needle-sharing partners of persons who have tested positive for HIV or STDs. This notification allows partners to find out their health status, get treatment, and alter their high-risk behavior.

The section also coordinates and supervises the work of field representatives throughout the state. These representatives assist district, county and city health agencies with STD control efforts; distribute antibiotics to public health clinics to treat STDs; and provide consultation related to diagnosis, treatment, and case finding, as well as procedures and techniques recommended for specific STDs.

The **Section for Environmental Public Health** inspects food establishments for compliance with sanitation codes and standards, reviews plans for new food facilities, and conducts food sanitation training for personnel of food establishments. The section provides technical services to other state agencies relating to food sanitation and environmental health. The section evaluates food protection programs conducted by local public health agencies; certifies food and drug sources located in Missouri for interstate transport and export; collects food and beverage samples at random for laboratory analysis for purposes of public health safety; and monitors salvage operations for reclaiming distressed food, drugs, and cosmetics from transportation accidents, fires, floods, and windstorms. Technical assistance is provided to local and state law officials on matters relating to food and drug sanitation. Milk is made available for interstate shipment through a certification program administered by the section.

In addition, the section administers programs for licensure of frozen dessert machines, non-intoxicating beverage manufacturers, and bedding manufacturers as required by statute. Sanitation and safety inspections are conducted for licensure of hotels and motels.

The section also enforces the state statute that regulates the installation and repair of individual on-site sewage systems.

The section provides consultation, and technical assistance related to private water supplies and rodent and insect control. Environmental nuisance complaints are investigated and recommendations for corrective actions are made.

The Section for Environmental Public Health is involved in the investigation and prevention of disease related to the environment. The section's efforts focus on disease associated with exposure to chemical, physical, or radiological agents. The section conducts epidemiological studies of environment-related disease; performs health and risk assessments of uncontrolled or abandoned hazardous waste sites; provides technical advice and consultation related to hazardous substances; trains district and local public health agency personnel in techniques for investigating contamination caused by hazardous substances; and administers the Missouri dioxin exposure register. The section also works closely with state and federal health and environmental agencies and consults on appropriate strategies for remediating hazardous waste sites to health-protective contamination levels.

The section also serves to reduce and prevent childhood lead poisoning through health education campaigns and consultation with local public health agencies, families and individuals. Section staff coordinate blood lead screening promotion and coordination, and conduct health profession education. The section also administers a radiological health program that includes registering, inspecting non-medical sources of ionizing radiation for compliance with state regulations. Program staff provide consultation to persons involved with radiation-producing devices and radioactive materials, and evaluates health risk of radiation exposure in various work environments. It also provides training in radiation protection and radiological emergency response and responds to all reported radiological incidents.

The **Section of Vaccine-Preventable and Tuberculosis Disease Elimination** promotes the prevention of vaccine-preventable diseases and tuberculosis in Missouri. It works with other public and private agencies to assure immunization services and to educate and inform Missourians about the importance of immunization. The section consults with the Advisory Committee on Childhood Immunization to develop state immunization policies and recommendations.

In working toward the goal of fully protecting Missourians from vaccine-preventable diseases, the section assesses immunization providers, collects and analyzes data to measure immunization levels, and develops interventions to increase immunization rates. In concert with private physicians, local public health agencies, and the State Public Health Laboratory, the sec-

tion tracks the incidence of vaccine-preventable diseases and works with communities to reduce the effects of outbreaks.

The section provides vaccines to local public health agencies and private physicians; coordinates the distribution of influenza/pneumonia vaccine to local public health agencies; and provides immunization information to international travelers. The section enforces the state child care and school immunization laws.

The Section of Vaccine-Preventable and Tuberculosis Disease Elimination provides medical consultation and laboratory services to local public health agencies and private physicians regarding the diagnosis and management of tuberculosis; on a limited basis pays for tuberculosis diagnostic services; provides without charge, prescribed medication for the treatment or prevention of tuberculosis; provides tuberculin skin testing materials for use in contact testing programs; and maintains registries for tuberculosis disease and infection in Missouri. The registries serve as guides for case follow-up and supervision. The section also provides information for planning and evaluating tuberculosis control efforts.

Each year more than 2,000 refugees throughout the world are resettled in Missouri. The refugee health program within the section provides technical and financial assistance to local public health agencies and community health centers in providing health assessments for refugees entering their community.

The **Section of Communicable Disease Control and Veterinary Public Health** is dedicated to preventing and controlling communicable diseases including viral hepatitis, bacterial meningitis, foodborne illnesses, institutionally acquired infections, and others. Disease prevention and control are achieved through surveillance activities, consultation, epidemiologic field investigations and public health education.

The section establishes procedures and protocols pertaining to the control of communicable diseases; consults with local public health agencies, practicing physicians and others regarding diagnosis and control measures for specific communicable diseases. The section also consults with local public health agencies on coordination of disease outbreak investigations, disease investigation/control activities, and analysis of data. The section works with physicians, infection control professionals, and laboratories to encourage complete reporting; provides consultation and epidemiological services to prevent and control institutionally acquired infections; provides educational programs for health care providers and the public; and acts as liaison between the Department of Health and the U.S. Centers for Disease Control and Prevention and

other federal and state agencies concerned with communicable disease control.

In addition, the section serves as a resource to local public health agencies, veterinary professionals, and the public on the prevention and control of animal transmitted (zoonotic) diseases. The section provides consultation, education, and guidelines/recommendations on zoonotic disease outbreak investigations, human prophylaxis, and management of animals with disease capable of transmission to humans.

The **Office of Surveillance** tracks and documents occurrence and distribution of communicable, zoonotic, and environmentally induced diseases in Missouri through the development and improvement of the statewide surveillance system. Examples of data collected, analyzed, and reported by the office include cases of childhood lead poisoning, sexually transmitted diseases, HIV, rabies, and hazardous substance releases. The Office of Surveillance provides technical assistance to division staff in identifying surveillance data needs, designing data collection processes/ systems, developing datasets, and analyzing and interpreting data.

The STD/HIV/AIDS surveillance program tracks and documents the spread of infection. This program identifies groups and communities affected, associated risk factors and progression of HIV disease and sexually transmitted diseases. This information is provided to the Section of STD/HIV where it is used to evaluate prevention efforts and identify areas for program development. The information also supports community planning for care resources and allows public health officials to more accurately predict the rate of infection among the general population.

The Office of Surveillance also investigates occupational fatalities and provides recommendations and consultations to Missouri employers to help prevent fatal injuries on the job. This program maintains a workplace fatality surveillance system that includes county coroners, policy and sheriff departments, fire departments, and ambulance and emergency response companies.

The **Office of Fiscal Services** provides oversight, technical assistance and training to division staff regarding fiscal management and accountability.

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

division also maintains the Family Care Safety Registry.

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

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

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

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

The bureau also contracts with the National Health Care Financing Administration to survey and recommend certification of providers and suppliers of services as participants under Title XVIII (Medicare) of the Social Security Act. Providers include hospitals, independent laboratories, outpatient rehabilitation facilities (physical, occupational and speech therapy), end-stage renal disease facilities, independent physical therapists, occupational therapists, portable x-ray providers, ambulatory surgical centers, rural health clinics, comprehensive outpatient rehabilitation facilities and long-term care units in hospitals.

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



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the Federal Drug Administration to perform surveys of screening mammography providers.

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

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

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

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

The trauma program was formally established by state law in 1987 and revised in 1998. Regulations that specify the criteria for trauma center designation went into effect in January 1990 and September 1998. A network of trauma centers designated according to capability serves Mis-

souri. Missouri's trauma center hospitals see over 10,000 severely injured patients per year.

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

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

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

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

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

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

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

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

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

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

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

- The Employee Disqualification List maintained by the department;
- Child-care facility licensing records maintained by the department;
- Foster parent licensing records maintained by the Division of Family Services;
- Residential living facility and nursing home licensing records maintained by the department.

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

Section of Long Term Care Regulation

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

- Inspect and license adult day care centers, adult residential care, intermediate care and skilled nursing facilities;
- Investigate complaints of abuse or neglect at long-term care facilities;
- Establish eligibility for Medicaid and cash grant assistance for residents in long-term care facilities;
- Review and approve plans for proposed long-term care facilities;
- Develop and implement appropriate rules and regulations in accordance with the Omnibus Nursing Home Act;

- With the U.S. Department of Health and Human Services, determine Medicaid/ Medicare certification of intermediate care and skilled facilities; and
- Provide data for certificate of need determinations.

Division of Senior Services

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

The primary funding sources for home and community care services are General Revenue, Social Services Block Grant, Title XIX (Medicaid) and the Older Americans Act of 1965. These sources provide the funds with which services are made available to Missouri's elderly and disabled population.

Protective services

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

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

Care Management

The division maintains a network of social service workers who serve each of Missouri's 114 counties and St. Louis City. A sophisticated case management system secures and coordinates services that most adequately address the needs of the client. This is accomplished through assessment, service plan development, service authorization and follow-up. Services are available to persons 60 years of age or older and disabled persons between 18 and 59. General Revenue and Social Services Block Grant services include in-home personal and advanced personal care, homemaker/care, counseling, information and referral, transportation and congregate and



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Senior Services

home-delivered meals. Title XIX services include personal care, homemaker/care, respite care, telephone reassurance and adult day health care.

Missouri Care Options

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

Pre-long-term care screening equalizes access to long-term care services for those requiring less intensive care and supervision than provided by a nursing facility. The screening offers information on the array of available services. Missouri includes staff for screening and new resources for community-based services such as home-delivered meals, respite, personal care and adult day care.

Governor's Advisory Council on Aging

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

The primary responsibility of the council is to advise the governor and the department on ways to improve programs and services for older persons in Missouri. The council maintains continuous review of programs for seniors and the availability, responsiveness and adequacy of all services provided to older persons. The council is responsible for representing the interests of older persons before legislative bodies and promoting public awareness activities to enhance the independence and dignity of older Missourians. The council also sponsors Older Worker Week, the

Century Club and other activities to celebrate the value of older adults.

Governor’s Advisory Council on Aging

- Eunice, Lillian**, chair, St. Louis;
- VanMeter, Janis**, first vice chair, Lewistown;
- Fauntleroy, Dorothy**, second vice chair, Kansas City;
- Barrett, Patrick**, Des Peres;
- Behan, Carol**, Jefferson City;
- Crenshaw, James, Ph.D.**, Lathrop;
- Glick, Thomas G.**, Olivette;
- Gowans, Ann M., Ph.D.**, Jefferson City;
- Hardin, Porter Keith**, Richmond;
- Klumb, Marli**, Butler;
- Kotamraju, Pratap**, Springfield;
- Lieberman, Larry**, University City;
- Mallory, Gary**, Belton;
- Metzger, C. Lillian**, Troy;
- Nissenboim, Sylvia**, St. Louis;
- Odom, Ed E.**, Webster Groves;
- Parnell, Rev. Nelson**, Springfield;
- Peltier, Margie E.**, Kansas City;
- Quick, Nancy S.**, Springfield;
- Seward, Patricia C.**, Kansas City;
- Sharpe, Arthur J.**, University City;
- Smith, Lilburn E.**, Springfield;
- Spreng, Michael J.**, Florissant;
- Worley, Kenneth**, Fortuna.

Missouri Board of Nursing Home Administrators

The Missouri Board of Nursing Home Administrators was established in 1970. The board is responsible for adopting, amending and repealing rules necessary to carry out the provisions of Chapter 334, RSMo; establishing minimum standards for licensing nursing home administrators; providing testing opportunities for qualified applicants; approving and monitoring continuing education programs designed for nursing home administrators; auditing license renewal applications and renewing the licenses of qualified licensees; and conducting hearings affording due process of law, upon charges calling for discipline of a licensee.

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

Older Volunteer Service Bank

The Older Volunteer Service Bank program is a project designed to supplement the need for



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Chair, Governor’s Advisory Council on Aging



JANIS VANMETER
First Vice Chair, Governor’s Advisory Council on Aging



DOROTHY FAUNTLEROY
Second Vice Chair, Governor’s Advisory Council on Aging



NOVELLA PERRIN
President, Board of Nursing Home Administrators



MICHAEL ROTH
Vice President, Board of Nursing Home Administrators



JANICE VOEPEL UNGER
Secretary, Board of Nursing Home Administrators

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

Older Americans Act of 1965

Through the Older Americans Act of 1965, as amended, the division is able to make services



SUZANNE L. ALFORD
Member, Board of
Nursing Home Administrators



KEVIN COSTELLO
Member, Board of
Nursing Home Administrators



DAVID DUNCAN
Member, Board of
Nursing Home Administrators



DIANE JORGENSON
Member, Board of
Nursing Home Administrators



JOHN W. METZGER
Member, Board of
Nursing Home Administrators



JOHN MURPHY, M.D.
Member, Board of
Nursing Home Administrators



BARBARA PINNEY-PLUMMER
Member, Board of
Nursing Home Administrators



PATRICK BRADY
Chair, Missouri Health Facilities
Review Committee

available to older Missourians. The division does not provide direct services with these funds; instead, services are provided by local organizations working with the 10 area agencies on aging who contract with the division.

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

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

Certificate of Need Program (CONP)

The primary cost containment agency for Missouri is the Certificate of Need Program (CONP).

CONP, designated in 1976 as a statewide health planning agency, has been an administrative unit of the Department since 1981.

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

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

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

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