

VDH Budget Highlights FY '18

- Introduction
- Performance Management at Health
- Strategic Prevention Activities across Health
 - Chronic Disease
 - Alcohol and Drug Programs
 - Maternal and Child Health
 - Infectious Disease
 - Environmental Health
 - Preparedness and EMS
- Budget ups and downs

What is Public Health?

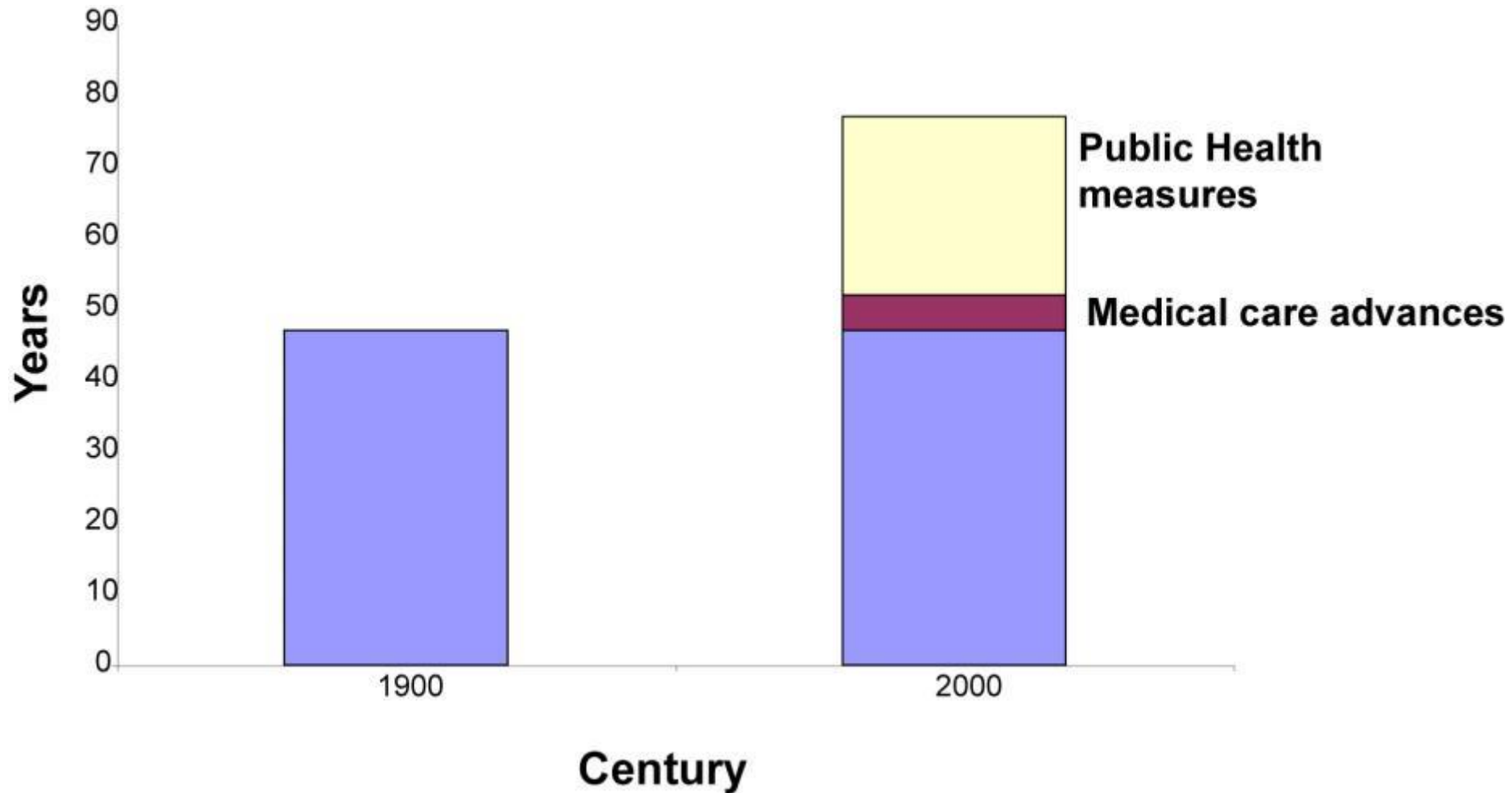
What we, as a society do to collectively assure the conditions in which people can be healthy

– Institute of Medicine, 1988

Public Health = Healthy Populations

Improvements in Longevity

100 years of Progress



Public health keeps kids healthy and communities strong

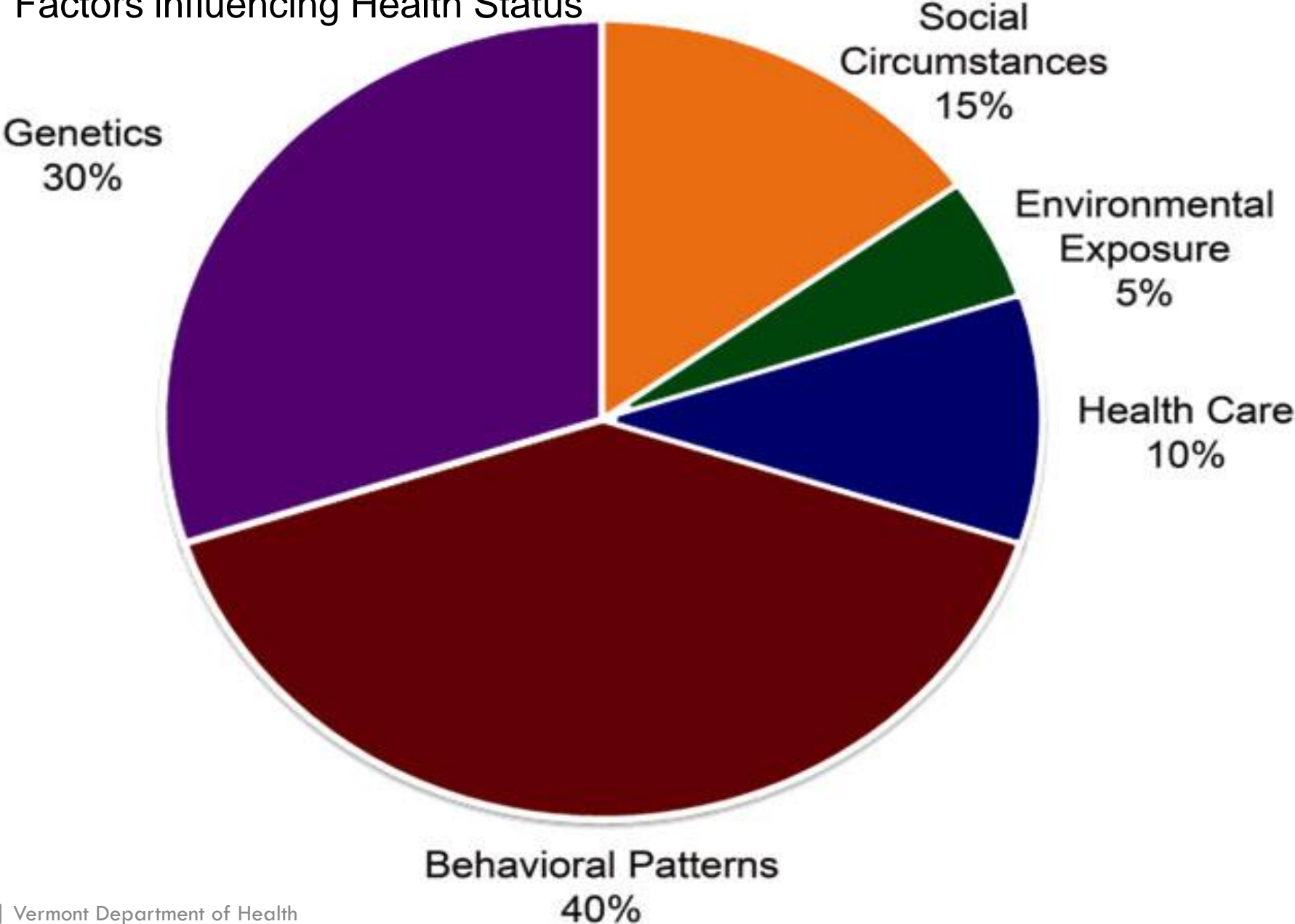
Public health and prevention programs in your community:



We all benefit

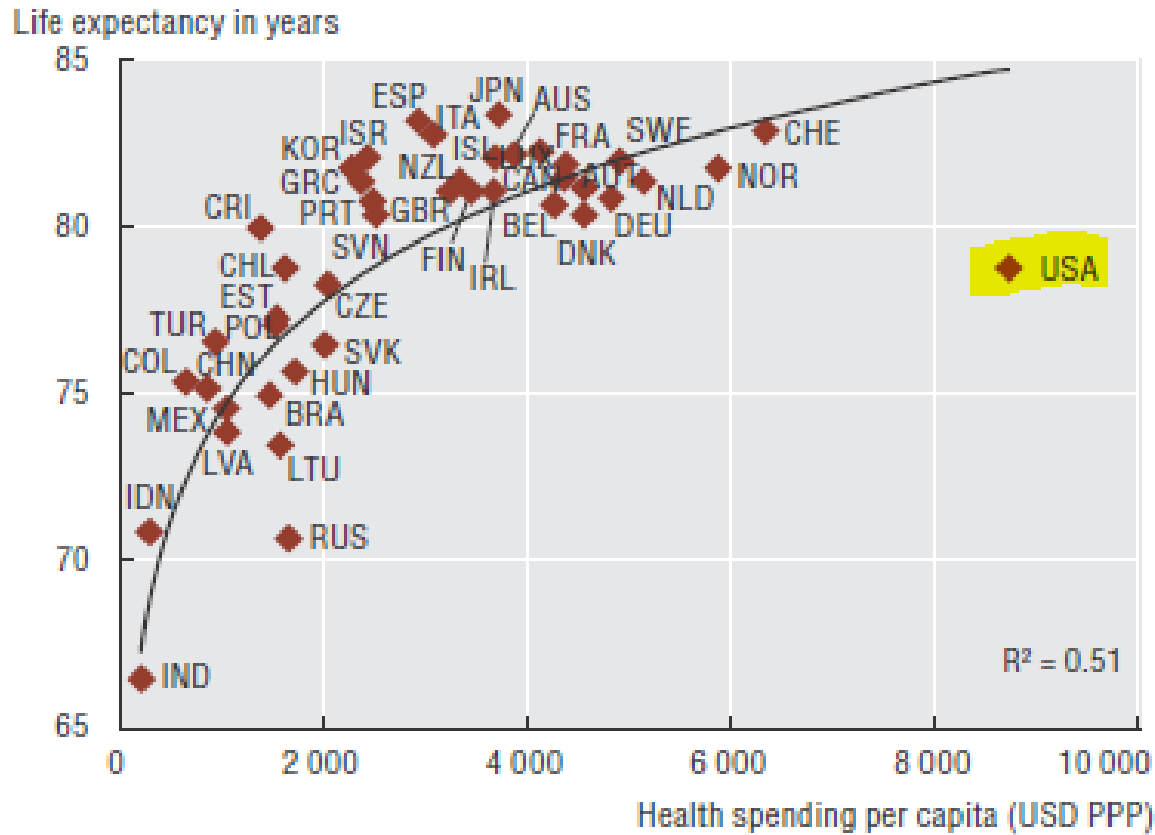
Determinants of Health

Factors influencing Health Status



U.S. High Health Spending ≠ Excellent Health Outcomes

3.3. Life expectancy at birth and health spending per capita, 2013 (or latest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink  <http://dx.doi.org/10.1787/888933280727>

Public Health Practice

- **Data Driven** – What we know about the distribution of disease and disability
- **Evidence Based** – What we know works to improve health and well-being
- **Strategic Prevention** – Where we focus our action to address preventable disease and disability



Data to Drive Decisions

Data to Drive Decisions

Measure characteristics of:

- People
- Places
- Over time

- Data to understand causal and non-causal relationships
- Data to plan and evaluate interventions for improvement
 - Prevention improvements
 - Access and systems improvements

Access to Health Services

INDICATORS/GOALS

○ statistically better than US ✘ statistically worse than US

Increase # of practicing primary care providers
full time equivalents (FTE) – US data not available

- MDs and DOs	2020 Goal	541
	VT 2010	492
- Physician Assistants	2020 Goal	80
	VT 2010	67
- Nurse Practitioners	2020 Goal	100
	VT 2010	83

Increase % of people who have health insurance

- adults age 18+	2020 Goal	100%
	VT 2010	89%
	US 2010	82%
- younger than 18	VT 2010	90%
	US 2010	90%
- all ages	VT 2010	91%
	US 2010	89%

Increase % of adults who have a usual primary care provider

2020 Goal	100%
VT 2010	90%
US 2010	82%

Reduce % of people who cannot obtain care, or delay medical or dental care or prescriptions

2020 Goal	5%
VT 2010	9%
US 2010	15%

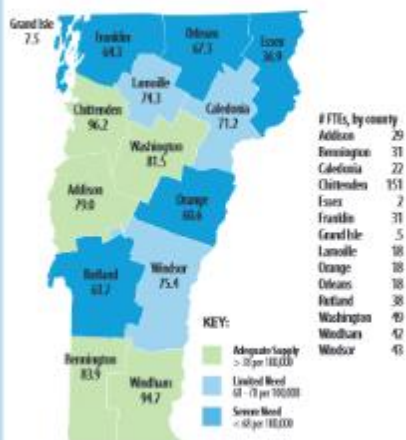
Increase % of people who have a specific source of ongoing health care

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Increase % of people with insurance coverage for clinical preventive services

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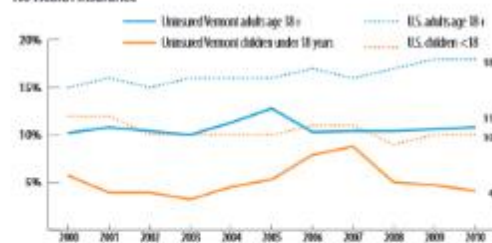
Supply of Primary Care Physicians
Full Time Equivalent (FTE) physicians per 100,000 people, by county - 2010
Includes Medical Doctors (MDs) and Doctors of Osteopathic Medicine (DOs)



Statewide: 78.6 FTEs per 100,000 people

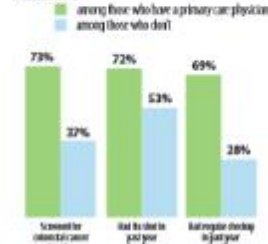
*** comparable Vermont/US data not available and goal to be developed

No Health Insurance



Access to Routine Health Care

% of people following recommended preventive health measures - 2010



Health Insurance & Income

% of adults age 18-64 who have health insurance, by federal poverty level - 2010



Health Insurance for All

Having good health insurance is the starting point for a person's access to quality health care. Compared to the U.S., Vermonters, especially children, have had higher rates of insurance coverage. The goal of universal health insurance coverage is well within reach.

Importance of a Medical Home

Having good access to health care means more than simply having insurance. A medical home is a consistent health care setting with a regular primary care provider or team that ensures quality and appropriate care that includes clinical preventive services such as vaccinations, blood pressure and cholesterol checks, cancer screenings, etc.

Unequal Access to Quality Care

Health insurance coverage is not equal across all groups in the state: eight out of 10 adults of racial or ethnic minority groups have health insurance coverage and a primary care provider, compared to nine of 10 white non-Hispanics. Insurance coverage is nearly universal among people with the highest incomes, while two of 10 adults at the lowest income levels have no health insurance.

Physicians Accepting New Patients

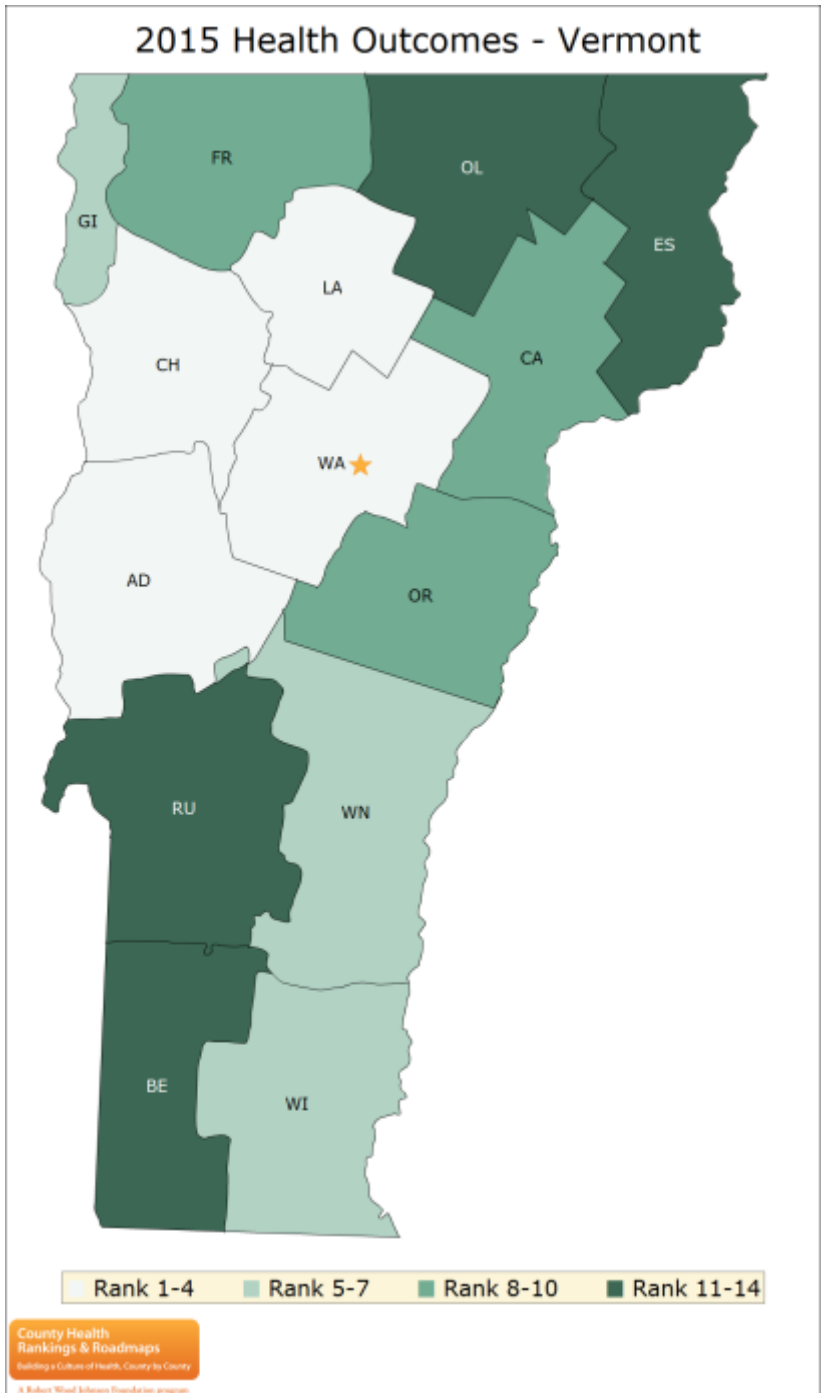
	2000	2006	2010
any new patients	82%	82%	83%
new Medicaid patients	7%	6%	7%
new Medicare patients	7%	7%	6%

Vermonters are not equally healthy

The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1.

The ranks are based on 2 types of measures:

- how long people live
- how healthy people feel while alive



EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.



In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

A horizontal bar at the top of the slide, divided into a green section on the left and a blue section on the right. The text "Evidence Base to Inform Action" is written in white on the blue section.

Evidence Base to Inform Action

State Health Improvement Plan • 2013-2017



State Health Improvement Plan (SHIP)

The Health Department's priorities:

GOAL 1: Reduce prevalence of smoking & obesity

GOAL 2: Reduce the prevalence of substance abuse and mental illness

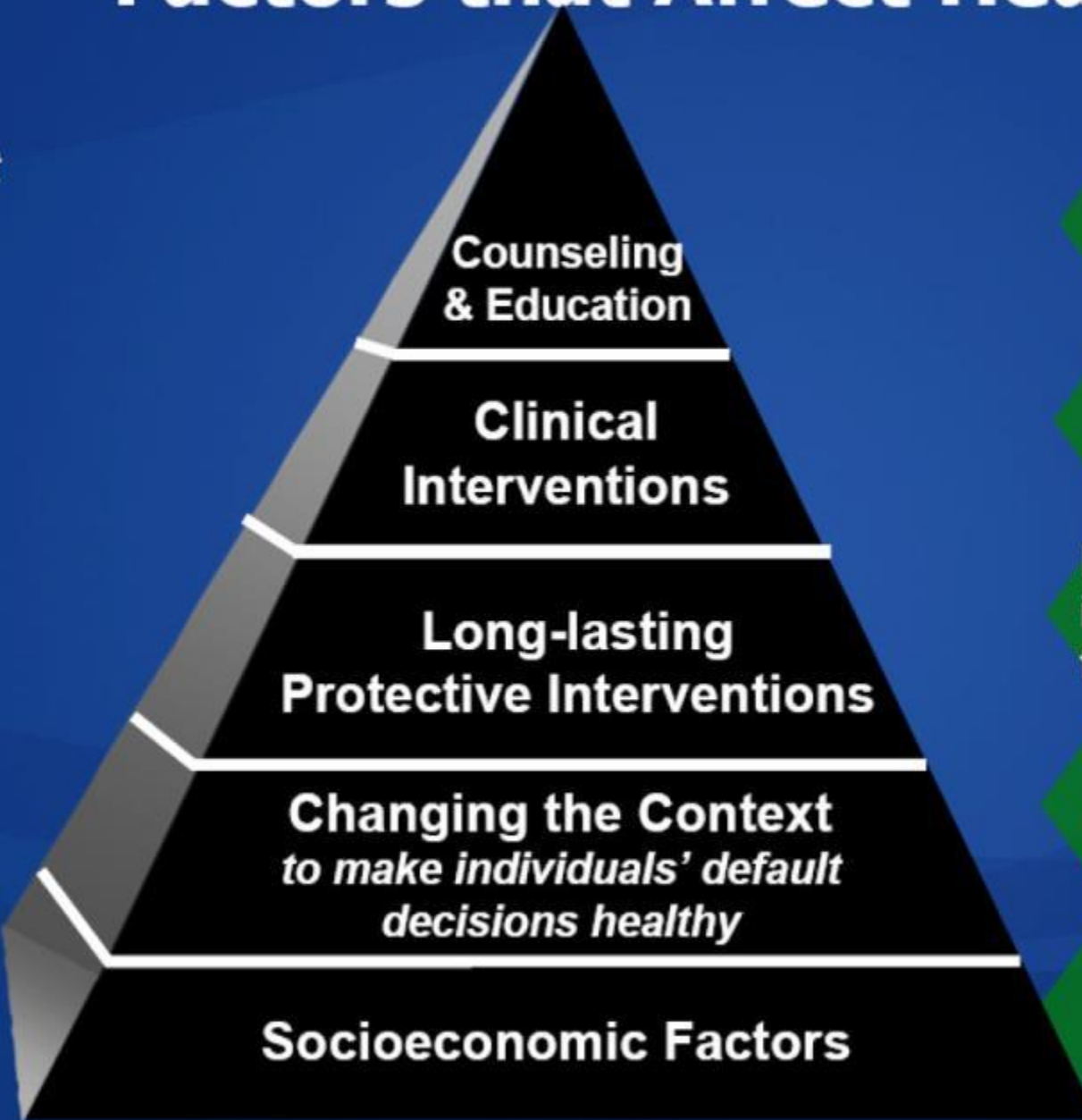
GOAL 3: Improve childhood immunization rates

Factors that Affect Health

Smallest Impact



Largest Impact



Examples

Condoms, eat healthy, be physically active

Rx for high blood pressure, high cholesterol

Immunizations, brief intervention, cessation treatment, colonoscopy

Fluoridation, 0g trans fat, iodization, smoke-free laws, tobacco tax

Poverty, education, housing, inequality

Determinants of Health and Equity



Affordable, Healthy, Local Food



Equitable Law and Justice System



Healthcare + Physical Health, Mental Health and Substance Use Prevention Services



Family Wage Jobs and Economic Prosperity



Recreation, Parks and Natural Resources



Clean and Sustainable Natural Environments



Safe and Efficient Transportation



Quality Education



Affordable, Safe, Quality Housing



Strong, Safe and Vibrant Communities



Early Childhood Development



Civic Engagement and Community Connections

Core Values: Equity • Affordability • Access



Performance Management

Performance Management Framework



Framework Language

DEFINITIONS

(Language Discipline)

POPULATION ACCOUNTABILITY

RESULT/OUTCOME

A condition of well-being for children, adults, families or communities.

Healthy children; Youth graduate on time; Families are economically stable.

INDICATOR

A measure which helps quantify the achievement of a result.

Obesity rates; Graduation rates; Median family income.

PERFORMANCE ACCOUNTABILITY

STRATEGY

A coherent collection of actions often implemented as, programs, initiatives, systems, and services that have a reasonable chance of improving results.

Let's Move, Promise Neighborhoods, CHOICE Neighborhoods, Voluntary Income Tax Assistance

PERFORMANCE MEASURE

A measure of how well a program, agency, service system or strategy is working.

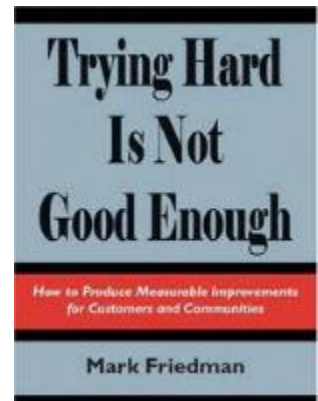
Three types:

1. How much did we do?

2. How well did we do it?

3. Is anyone better off?

= Customer Results



O MCH Mothers and young children are healthy		Time Period	Actual Value	Target Value	Current Trend	
+	I MCH	Sudden, Unexpected death rate for infants per 1,000 live births	2011	0.33	0.62	↘ 2
+	I MCH	% of pregnant women who abstain from alcohol	2012	86%	100%	↘ 1
+	I MCH	% of pregnant women who abstain from smoking cigarettes	2013	82%	90%	→ 1
+	I MCH	% of pregnant women who abstain from illicit drug use	2012	95%	100%	↗ 1
+	I MCH	% of women delivering a live birth who discussed preconception health prior to pregnancy	2012	22%	40%	↘ 2
+	I MCH	% of women delivering a live birth who had a healthy weight prior to pregnancy	2012	48%	65%	↘ 1
+	I MCH	% of infants breastfed exclusively for six months	2011	30%	40%	↗ 2
P MCH Vermont Department of Health - Women, Infants & Children (WIC)		Time Period	Actual Value	Target Value	Current Trend	
+	PM MCH	% of fruit and vegetable benefits spent monthly	Dec 2015	55%	60%	↗ 1
+	PM MCH	% of Farm-to-Family coupons redeemed	2014	75%	75%	↗ 3
+	PM MCH	% of postpartum mothers seen by WIC attending baby behavior class	Q3 2015	1%	10%	→ 1
+	PM MCH	% of pregnant women seen by WIC attending a prenatal breastfeeding class	Q3 2015	9%	10%	↘ 2
+	PM MCH	% of pregnant smokers seen by WIC who are referred to the 802Quits Network	Q3 2015	33%	100%	↘ 1
P MCH Vermont Department of Health - Nurse Family Partnership (NFP)		Time Period	Actual Value	Target Value	Current Trend	
+	PM MCH	% of Nurse Family partnership clients who breastfed for a minimum of 4 weeks	Q3 2015	66%	68%	↗ 2
+	PM MCH	% of Nurse Family Partnership clients who screen positive for alcohol use who are referred to treatment/services	Q3 2015	100%	100%	→ 7
+	PM MCH	% of Nurse Family Partnership clients who screen positive for illicit drug use who are referred to treatment/services	Q3 2015	100%	100%	→ 4
+	PM MCH	% of Nurse Family Partnership clients who screen positive for tobacco use who are referred to the 802Quits or other cessation services	Q3 2015	100%	100%	→ 3

Population Accountability

Program Accountability

One measure alone will not help us manage the programs but together this data helps guide management decisions about appropriate strategies.

Publicly Accessible Data

Click here  How Healthy Are We?

New VDH
website
as of
1/2017

<http://healthvermont.gov/>



- ALCOHOL & DRUG ABUSE
- CHILDREN, YOUTH & FAMILIES
- HEALTH & THE ENVIRONMENT
- HEALTH PROMOTION & CHRONIC DISEASE
- IMMUNIZATIONS & INFECTIOUS DISEASE
- LOCAL HEALTH OFFICES
- PUBLIC HEALTH LABORATORY
- HEALTH STATISTICS & VITAL RECORDS
- HEALTH PROFESSIONALS & SYSTEMS
- EMERGENCY PREPAREDNESS & EMS
- PUBLIC HEALTH RESPONSE
- NEWS & INFORMATION RESOURCES
- ABOUT US

QUICK LINKS | ALERTS | GET HELP NOW | **HOW HEALTHY ARE WE?** | SEARCH

Join us on March 23 for the 2017 Worksite Wellness Conference in Burlington! Learn more: <https://vt.co/jvePSGdaJq...> <https://vt.co/CF2TRq6pip>
Read More



[View All Interest Groups](#)

Town health officers and local officials are tuned in to health issues in their communities. Find information, resources and guidance for town and municipal health officers, managers, clerks, and planners.

[Read More](#)

USEFUL RESOURCES

- [DATA ON BEHAVIOR AND CHRONIC DISEASE](#)
- [QUIT SMOKING AND TOBACCO](#)
- [STAND WITH US](#)

POPULAR TOPICS

1. flu
2. physical activity and nutrition
3. parenting help

INTEREST GROUPS

6. alcohol or drug treatment
7. prevent alcohol/drug abuse
8. vaccine-preventable diseases

UPCOMING EVENTS [SEE ALL EVENTS](#)

- FEB 23** Public Health Grand Rounds
Suicide in Vermont - What are the data telling us
- MAR** Public Health Grand Rounds

Population indicators by region: Data Explorer

- HOW HEALTHY ARE WE? PUBLIC HEALTH DATA EXPLORER
- VITAL RECORDS & POPULATION DATA
- PUBLIC HEALTH GIS
- POPULATION HEALTH SURVEYS & DATA
- HEALTH CARE SYSTEMS REPORTING
- REGISTRIES
- SURVEILLANCE & REPORTING BY TOPIC
- CONTACT:
Health Surveillance Division
P.O. Box 70
Burlington, VT 05402
Phone: 802-863-7275 or 800-439-5008 (in Vermont)
VitalRecords@vermont.gov

[RETURN](#)

HOW HEALTHY ARE WE? PUBLIC HEALTH DATA EXPLORER



Vermont continues to be one of the [healthiest states in the nation](#) but there are challenges ahead. To meet these, we track, measure, report on, and apply data in order to achieve our shared goals for improving public health. Our data explorer allows you to access this information, view

trends over time, and visualize the indicators on Vermont maps. The data explorer highlights data that is part of Healthy Vermonters 2020 and Environmental Public Health Tracking by bringing together environmental and health data in one place. This data should be used to assess and understand health and well-being in Vermont. It can be used to guide decision making, apply for funding, engage community partners, and demonstrate achievements.

RELATED CONTENT:

- [VT Agency of Human Services Population Indicators](#)
- [VT Topic Specific Data](#)
- [National Healthy People 2020](#)
- [National Environmental Public Health Tracking](#)

[ENTER PUBLIC HEALTH DATA EXPLORER](#)

The public health data explorer starts with selecting from two different starting points:

HEALTHY VERMONTERS 2020

Healthy Vermonters 2020 is the State Health Assessment Plan that captures our priority outcomes and indicators for the decade. The [HV2020 Quick Reference](#) gives a quick look at the indicators and Vermont's progress toward our goals.

- The data explorer visualizes 134 population indicators with trend lines showing progress to our 2020 goals, and maps comparing the data at the county, health district, and hospital service area levels. Explore the interactive maps and trends that help us quantify the achievement of priority outcomes.
- Scorecards are interactive "report cards" that show how well Vermont is doing relative to our desired outcomes in 2020. They display statewide population data and program performance measures that support a transparent and accountable health department. They also include additional information on why the indicators are important and the actions we are taking to achieve those goals.

[EXPLORE HEALTHY VERMONTERS 2020](#)

ENVIRONMENTAL PUBLIC HEALTH TRACKING

Environmental Health Public Health Tracking is an ongoing national effort to better understand how environmental hazards can contribute to certain illnesses. Vermont is one of 25 states and one city funded by the Centers for Disease Control and Prevention to develop a state and national tracking network of environmental and health data for the public, policy makers, researchers and agencies. These data are



Click here to explore by County, Health District, or Hospital Area

Data by region: Public Health Data Explorer

Searchable

Maps, Trends, links to more information

VERMONT
Info | Tables, Maps & Charts | Data Download | Resources & Metadata

Step 1 - Select your Topic

Healthy Vermonters 2020

Community Profiles

3-4-50 Community Profile

Step 2 - Location Type & Time Period

Location Type: Counties

Time Period: 2014-2015

Step 3 - Search...

Search Clear All

Click on a County to display data in the table

Click on an indicator to display on the map

Percent of Adults Who Smoke Cigarettes (2014-2015)

- Vermont Counties
- Better
- Same
- Worse
- N/A

3-4-50 Vermont Community Profiles

Indicator	County	County Value	Vermont Value	Statistical Comparison and Indicator Range for All Vermont Counties
3 Behaviors				
Percent of Adults Who DO NOT Eat 5 Fruits and Vegetables Per Day (2013, 2015)	WASHINGTON...	77	80	74 87
Percent of Adolescents in Grades 9-12 Who DO NOT Eat 5 Fruits and Vegetables Per Day (2015)	WASHINGTON...	76	76	74 81
Percent of Adults Who DO NOT Meet Daily Aerobic Exercise Recommendations (2013, 2015)	WASHINGTON...	38	41	38 51
Percent of Adolescents in Grades 9-12 Who DO NOT Meet Daily Aerobic Exercise Recommendations (2015)	WASHINGTON...	78	77	73 79
Percent of Adults Who Smoke Cigarettes (2014-2015)	WASHINGTON...	16	17	14 27

▼ Worse ▲ Better ● Same | Vermont ■ ■ ■

Better/Worse statistical comparisons to Vermont highlight geographies that are leading the State or those with areas for improvement.

Percent of Adults Who Smoke Cigarettes (2014-2015)

■ WASHINGTON

About 3-4-50 Vermont

Vermonters today are more likely to die from a largely preventable disease than an infectious disease. 3-4-50 is a simple concept to help us grasp the reality that 3 health behaviors contribute to 4 chronic diseases that claim the lives of more than 50 percent of Vermonters. Lack of physical activity, poor nutrition and tobacco use are the three behaviors that contribute to the development and severity of chronic disease. Lung disease, diabetes, cancer and cardiovascular disease are responsible for 57% of deaths in Vermont. All these diseases are preventable.

Performance data by topic: Scorecards

- ABOUT US
- OUR VISION & MISSION
- ORGANIZATION & LOCATIONS
- HOW ARE WE DOING?
PERFORMANCE SCORECARDS
- LAWS & REGULATIONS
- PLANS & REPORTS
- CONTACT US

CONTACT:
Department of Health
108 Cherry Street
Burlington, VT 05402

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[Read More](#)



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HOW ARE WE DOING? PERFORMANCE SCORECARDS



PERFORMANCE MANAGEMENT & SCORECARDS

The Health Department actively uses performance data to improve the health of Vermonters. We want to know how well we and our partners are performing, so we can adjust public health strategies accordingly.

This involves the strategic use of performance standards, measures, progress reports, and ongoing quality improvement efforts to ensure we are achieving desired results. The performance management framework guides our efforts.

> Performance Management Framework

The performance scorecards measure our efforts. These interactive report cards show how well Vermont is doing compared to our desired outcomes. Scorecards display statewide population data and program performance measures that support transparent and accountable government. They are built according to [Results Based Accountability™](#) and together provide decision-makers with a consistent way to use data to manage performance.

In contrast, the [Public Health Data Explorer](#) is the primary tool for accessing regional population data with maps, trends, and community profiles. At this time, the Data Explorer does not focus on performance but may be beneficial in your data-driven discussions.

RELATED CONTENT:

- [How Healthy Are We? Public Health Data Explorer](#)
- [Health Department Strategic Plan 2013-2017](#)
- [Healthy Vermonters 2020 Plans & Reports](#)

> [Healthy Vermonters 2020 - Performance Scorecards](#)

> [Opioids - Performance Scorecard](#)

> [3-4-50 - Performance Scorecard](#)

Click here



<http://healthvermont.gov/about/performance>

Programmatic Performance Measures for Budgeting

Population Accountability

This Scorecard demonstrates the programs and performance measures from the Health Department that have been included in the Agency of Administration's Performance Budgeting Exercise. (Established FY2017)

	Time Period	Actual Value	Target Value	Current Trend
AOA Vermonters are healthy (PPMB)				
Substance Abuse Percent of persons age 12 and older who need and do not receive alcohol treatment	2014	7%	5%	→ 1
Substance Abuse Percent of persons age 12 and older who need and do not receive illicit drug use treatment	2014	3%	2%	→ 8
Tobacco % of adults who smoke cigarettes	2014	18%	12%	→ 1
AOA Vermont's children are ready for school (PPMB)				
Immunization % of children age 19-35 months receiving recommended vaccines (4:3:1:4:3:1:4)	2015	76%	80%	↗ 3
Act 186 % of kindergarteners fully immunized with all five vaccines required for school	2015	90%	—	↗ 2
AOA Vermont's youth choose healthy behaviors (PPMB)				
Substance Abuse Percent of adolescents in grades 9-12 who used marijuana in the past 30 days	2015	22%	20%	↘ 2
Substance Abuse % of adolescents in grades 9-12 binge drinking in the past 30 days	2015	16%	15%	↘ 4
Tobacco % of adolescents in grades 9-12 who smoke cigarettes	2015	11%	10%	↘ 3

Programmatic Performance Measures for Budgeting

Program Accountability

	Time Period	Actual Value	Target Value	Current Trend
AOA Alcohol & Drug Abuse Programs (PPMB)				
Substance Abuse School Screenings: Are we referring students who may have a substance abuse problem to community resources? Measured as percent of students at funded schools who screen positive for possible substance abuse disorders who are referred for a substance abuse assessment.	Q1 2016	90%	90%	↑ 1
Substance Abuse Social Supports: Are youth and adults leaving treatment with more support than when they started? Measured as percent of treatment clients (excluding residential detoxification and detoxification treatment) who have more social supports on discharge than on admission.	Q2 2016	18%	25%	↑ 1
Substance Abuse Access to MAT: Are adults seeking help for opioid addiction receiving treatment? Measured as the number of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64.	Q3 2016	134	135	↑ 14
AOA Immunization Programs (PPMB)				
Immunization % of public & private providers enrolled in VFC who have received a VFC and/or AFIX visit that includes feedback on practice level IMR completeness and coverage rates	2015	93%	60%	↑ 1
Immunization % of Kindergarteners provisionally admitted to school	2015	4.6%	5.0%	↓ 2
Immunization # of provider offices that receive IMR training	2015	59	15	↑ 1
AOA Tobacco Control Program (PPMB)				
Tobacco % of 802Quits registrants who complete 4 or more sessions	Q3 2016	32%	35%	↑ 1
Tobacco Anti-tobacco media campaign intensity for low-income adults, in Gross Rating Points (GRP) per quarter	Q3 2016	0	1,200	↓ 1
Tobacco % of youth groups that educate local or state decisionmakers on smoke free policy and retailer tobacco advertising restrictions	2016	81%	100%	↓ 2

Act 186 – Population Level Outcomes/Priorities Governor’s Strategic Plan

AHS 2016-2019 Strategic Plan

Healthy Vermonters 2020

ADAP Dashboard

- % Age 12+ who need and do not receive alcohol treatment
- % Age 12+ who need and do not receive drug treatment
- % Age 65+ drinking at level of risk
- % Age 12+ misusing Rx Drug in the past year
- % kids grades 9-12 using marijuana in the past 30 days
- % grades 9-12 binge drinking in past 30 days

Affordable Health Care –
All Vermonters have access to affordable quality healthcare

Strong Families, Safe Communities:
Vermont’s children live in stable and supported families and safe communities

High Quality and Affordable Education:
Learners of all ages have the opportunity for success in education

Increase access to substance use disorder services

AHS staff are trained to provide screening for substance use disorders

AHS will increase access to medication assisted treatment

AHS will increase % of people leaving treatment with more supports than at admit

Support healthy people in very stage of life – reduce the percentage of people who engage in binge drinking of alcohol beverages

Decrease % of youth who binge drink - 2020

Decrease % of youth who used marijuana in the past 30 days - 2020

% of persons age 12+ who need and do not receive alcohol treatment

Objective: Prevent and eliminate the problems caused by alcohol and drug misuse.

- Indicators:**
- 1) % adolescents in grades 9-12 binge drinking in the past 30 days
 - 2) % of adolescents in grades 9-12 who used marijuana in the past 30 days
 - 3) % of persons age 12 and older who need and do not receive alcohol treatment
 - 4) % of persons age 12 and older who need and do not receive illicit drug use treatment
 - 5) % of adults age 18-24 binge drinking in the past 30 days
 - 6) % of adults age 65+ who drink at a level of risk

- Performance Measures:**
- 1) Are we appropriately referring students who may have a substance abuse problem?
 - 2) Are youth and adults who need help starting treatment?*
 - 3) Are youth and adults who start treatment sticking with it?*
 - 4) Are youth and adults leaving treatment with more support than when they started?
 - 5) Are adults seeking help for opioid addiction receiving treatment? (under development)
- *Also used by the Dept. of Vermont Health Access

VDH Programs

PROGRAM DEFINITION:

A program is defined as a group of interdependent or interrelated activities directed toward the achievement of a common goal or objective. Programs usually have at least one staff person assigned and represent a discrete area of department focus. Program structure must be maintained to provide consistency in program identification across years.

VDH has approximately 100 programs

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Strategic Prevention

Chronic Disease Highlights



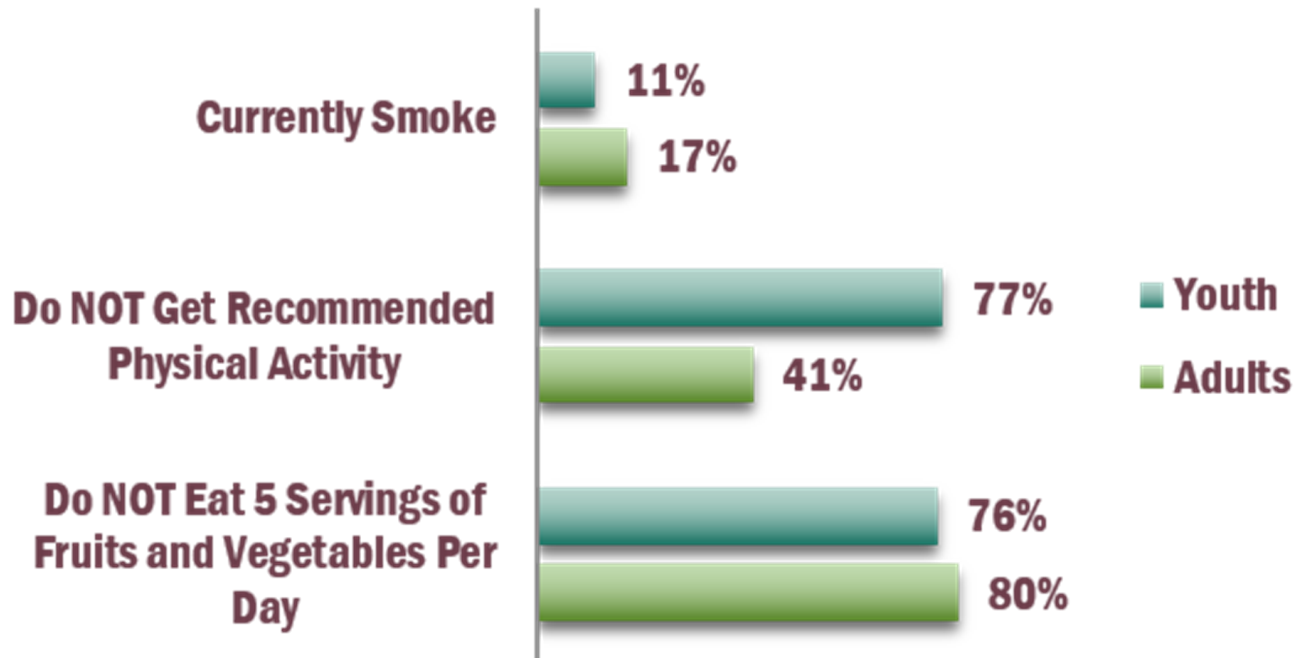
- 3-4-50
- Oral Health
- Tobacco

Health Promotion and Disease Prevention



Chronic Disease Prevention: 3-4-50

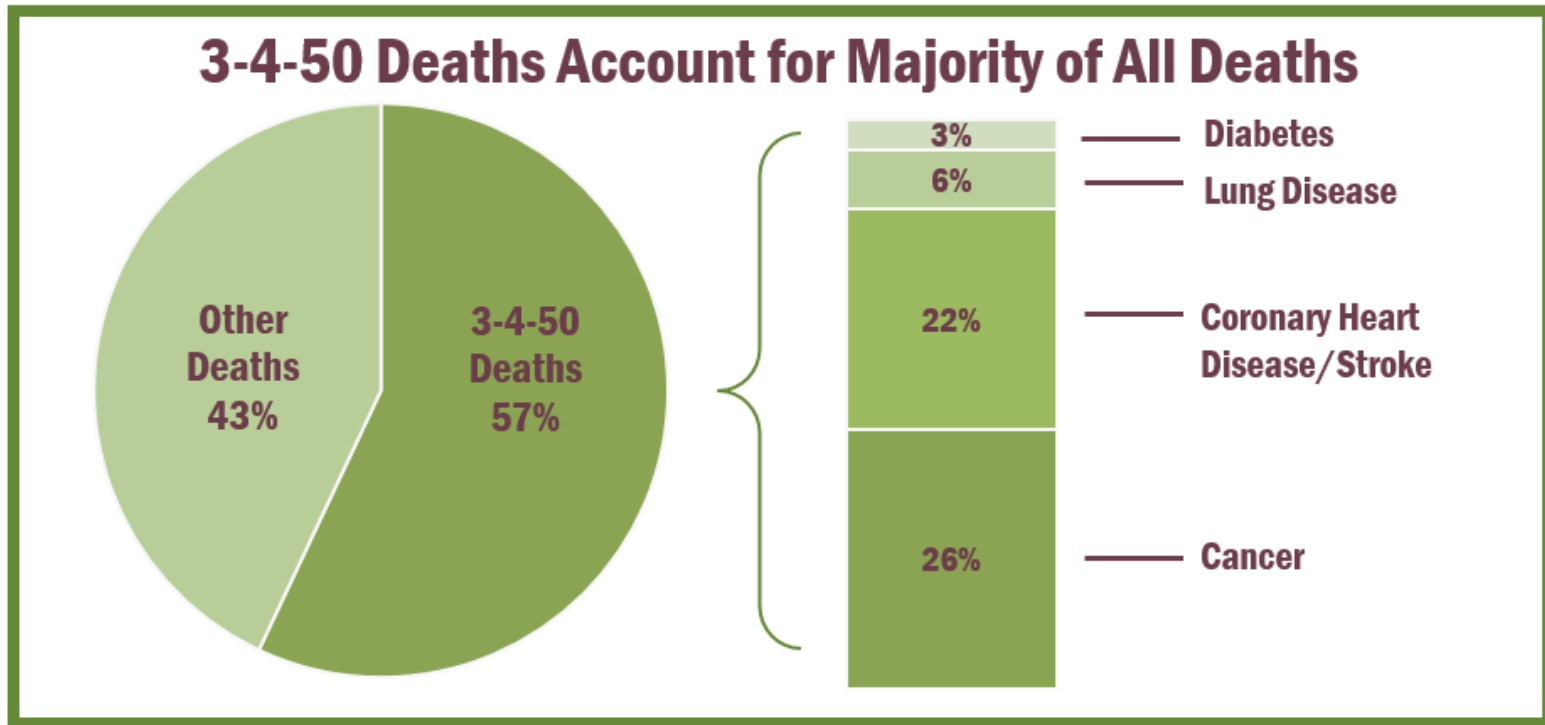
Health Behaviors that Contribute to Chronic Disease



Data Source: 2015 BRFSS and YRBS

**Population
Accountability**

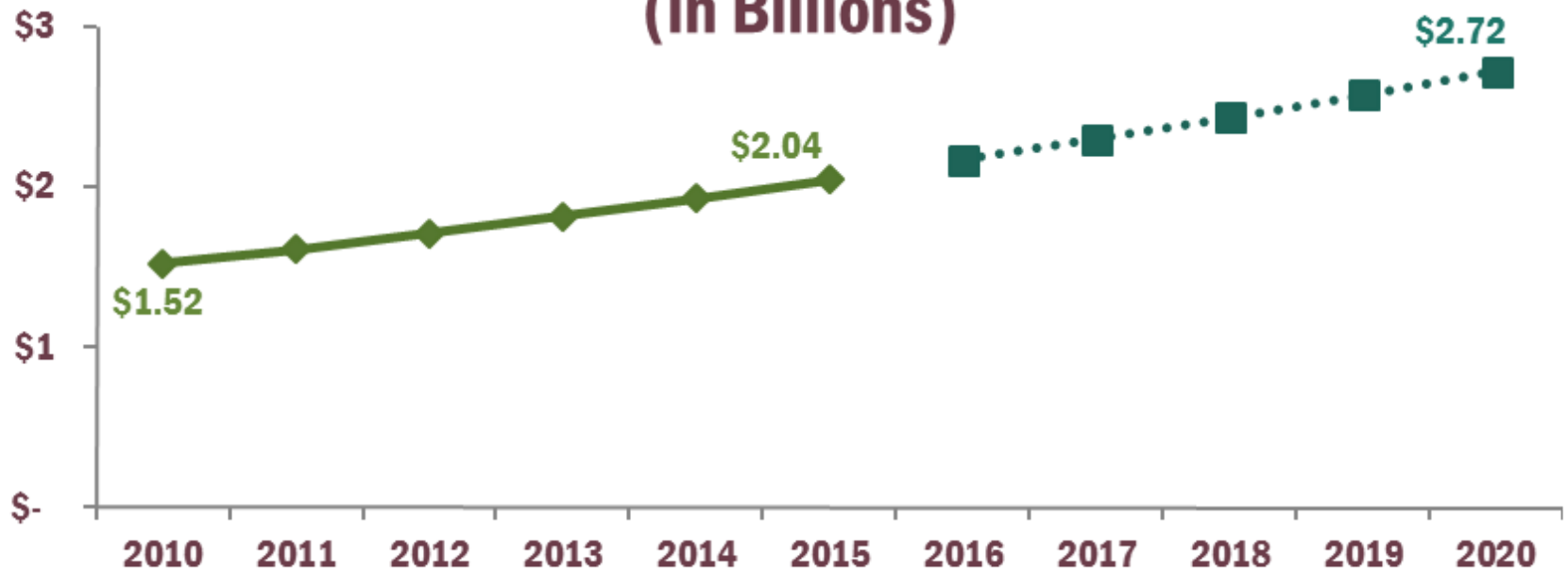
Chronic Disease Prevention: 3-4-50



Data Source: 2014 Vermont Vital Statistics

Chronic Disease Prevention: 3-4-50

Cost of Chronic Disease in Vermont (in Billions)

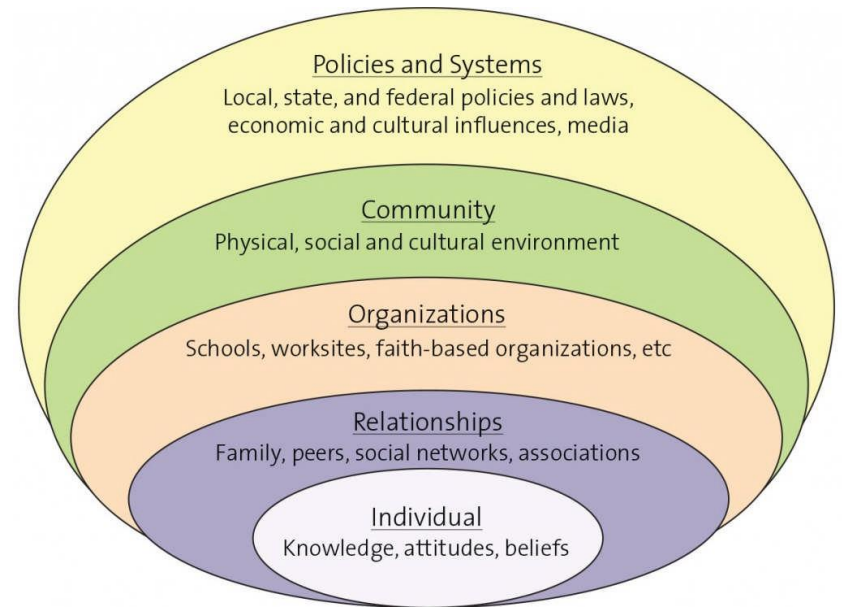


Data Source: Center for Disease Control and Prevention Chronic Disease Cost Calculator

3-4-50 Helps Vermont Meet Our Goals

Multi-sector promotion of healthy behaviors benefits entire communities:

- ▶ Students who participate in the USDA School Breakfast Program have better grades and test scores and less absenteeism.
- ▶ Physical activity has been linked to better grades, cognitive performance and classroom behavior.
- ▶ On average, employers with worksite health promotion programs see 27% reduction in sick leave absenteeism, 26% reduction in health costs and 32% decrease in workers' compensation and disability claims.
- ▶ Studies show a 35% increase in physical activity among people who live in communities that have inviting, safe environments for walking, exercise and play.



3-4-50 Scorecard

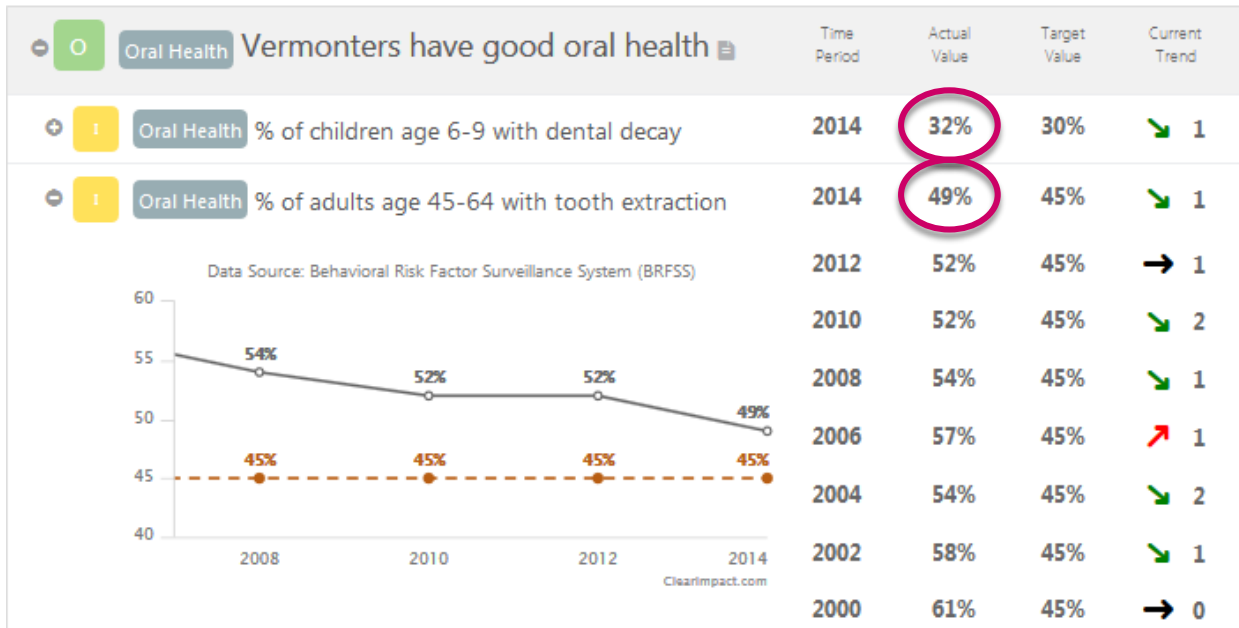
3-4-50 Community		Time Period	Actual Value	Target Value	Current Trend
PM	Tobacco # of local secondhand smoke ordinances introduced	Q4 2016	4	—	↗ 1
PM	Obesity # of municipal strategies completed to increase access to physical activity.	HY1 2016	79	100	↗ 2
PM	Obesity # of municipal strategies completed to increase access to healthy food.	HY1 2016	48	60	↗ 2
PM	Diabetes % of Health Service Areas that offer Diabetes Prevention Program workshops	Q3 2016	29	93	↘ 1
3-4-50 Organizations		Time Period	Actual Value	Target Value	Current Trend
PM	Obesity # of small businesses with written strategies incorporating one or more of the seven VDH priority strategies for worksite wellness.	HY1 2016	94	140	→ 1
PM	Obesity % of schools implementing Farm to School	2015	83%	90%	↘ 1
PM	Respiratory # of health care organizations (HCOs) influenced by the State Asthma Program to implement an asthma quality improvement process	2015	2	—	→ 1
PM	School Age % of VT Public Schools indicating they use their EHR to identify, track, and maintain current individual health plans for students with asthma, diabetes, life threatening allergies, seizures	2016	33%	—	↗ 1

**Program
Accountability**

<http://healthvermont.gov/scorecard-3-4-50>

Good oral health is essential to overall health

- Poor oral health has been linked to other chronic conditions, including diabetes and heart disease -- and wellbeing including access to employment
- Tooth decay is the most common chronic condition in children
- Vermont Medicaid Spends:
 - \$2.5 million a year to treat tooth decay in Vermont children under age 6
 - \$1 million in FY15 for general assistance vouchers for emergency dental care (mostly extracting rotten teeth)



A Vermont child being treated for Tooth Decay

**Population
Accountability**

Office of Oral Health – Prevention Works

- Medical providers beginning to integrate dental health as part of prenatal/pediatric health care

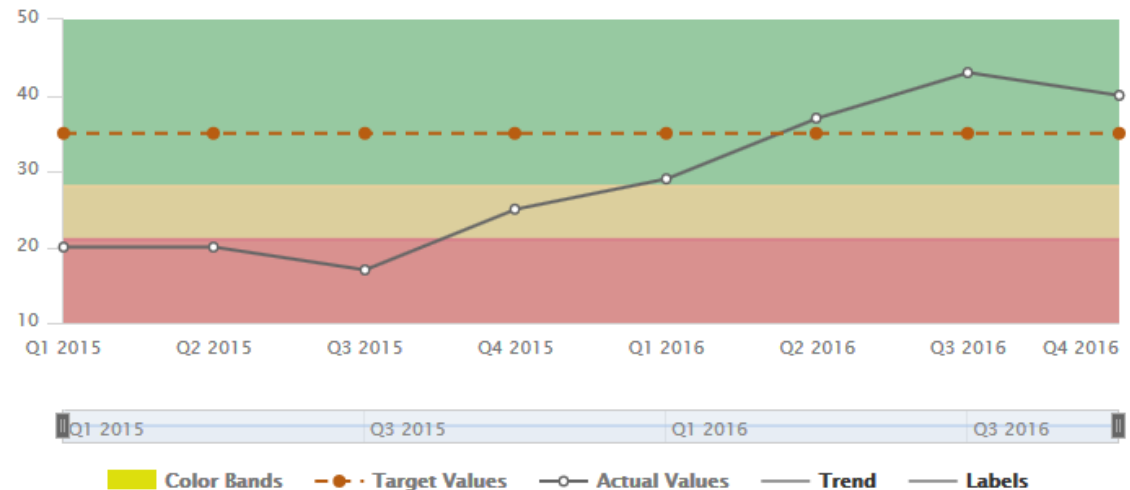


Vermonters lined up to receive free dental care

Photo Credit: Bennington Banner

of medical providers applying fluoride varnish to children under age 6

Data Source: Vermont Medicaid Claims



- Community Water Fluoridation (CWF) is safe, effective and saves money
- Silver Diamine Fluoride (SDF) – a potential game changer
 - Simple topical treatment that stops tooth decay (different than fluoride varnish)
 - Can also be used by non-traditional health care providers (nursing home staff, drug treatment centers, cancer treatment centers)
 - Would reduce number of children in hospital for tooth decay

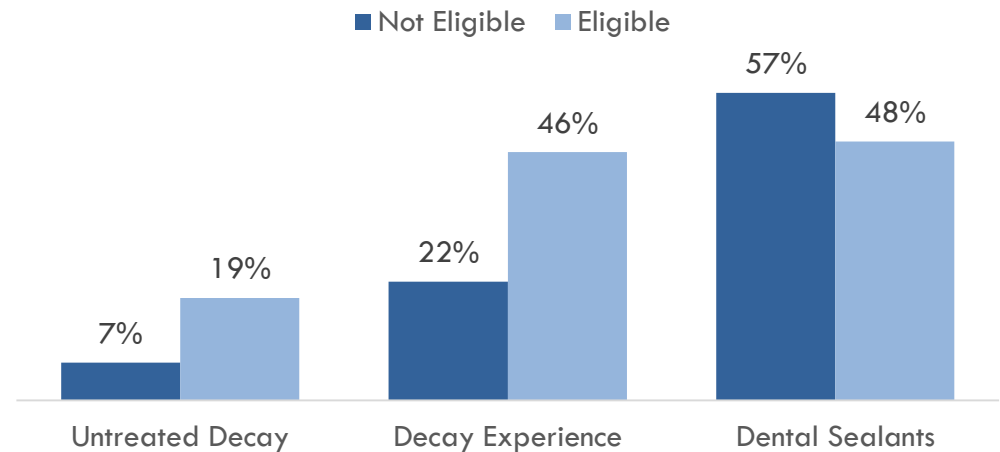
**Program
Accountability**

Office of Oral Health – Early Intervention

Dental Sealants

- ▶ 100% effective at protecting molars from tooth decay
- ▶ Less than half (48%) of VT 3rd grade children eligible for school lunch program have dental sealants

3rd Graders eligible for Free/Reduced Lunch more likely to have decay and less likely to have sealants



Source: 2013-2014 Keep Smiling Vermont Oral Health Survey of VT Children

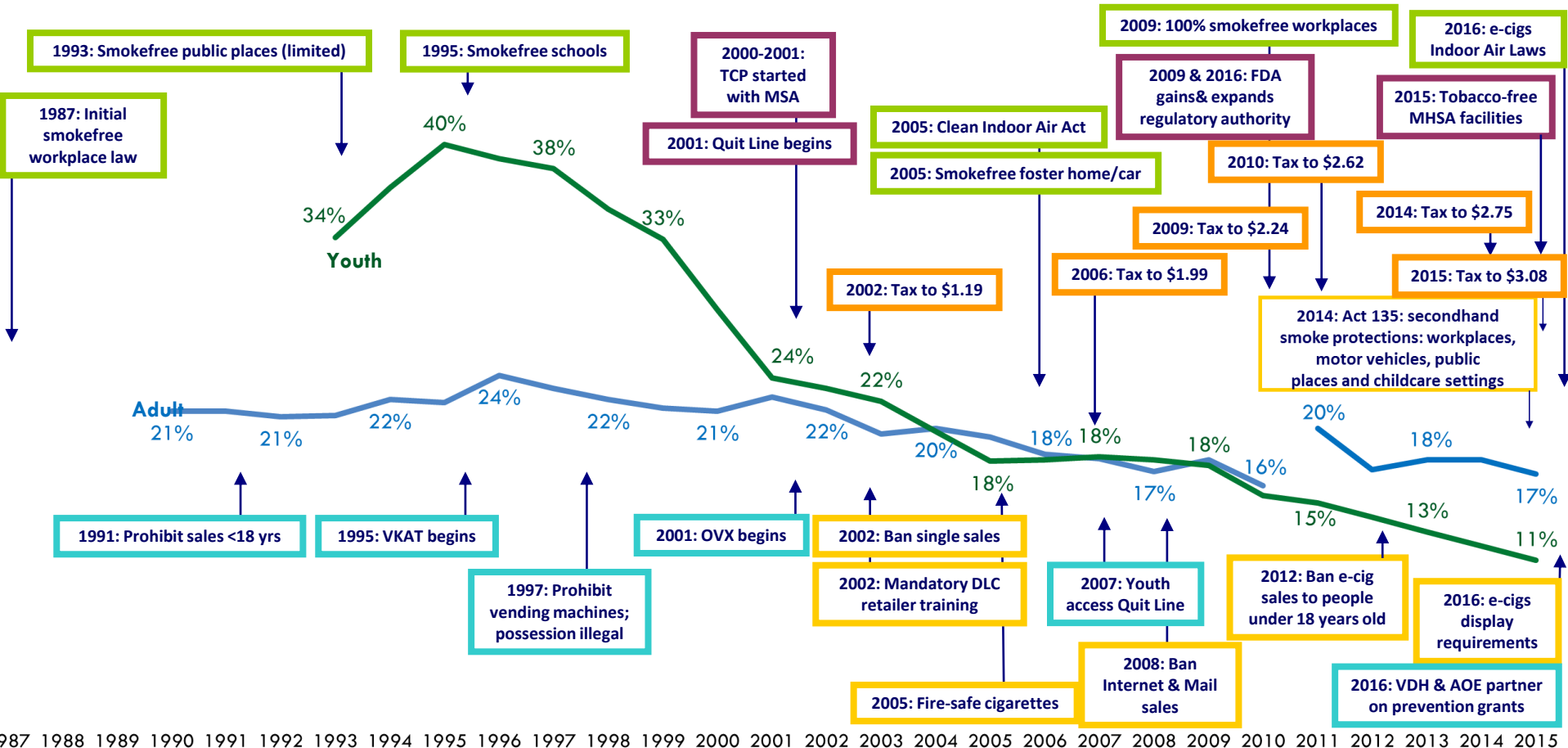


Public Health Dental Hygienists (PHDH)

- ▶ Work with families enrolled in WIC
- ▶ Support early preventive dental health care and VDH oral health programs
- ▶ Five out of 12 Offices of Local Health have a PHDH

Tobacco Use Policy & Prevalence 1987 - 2016

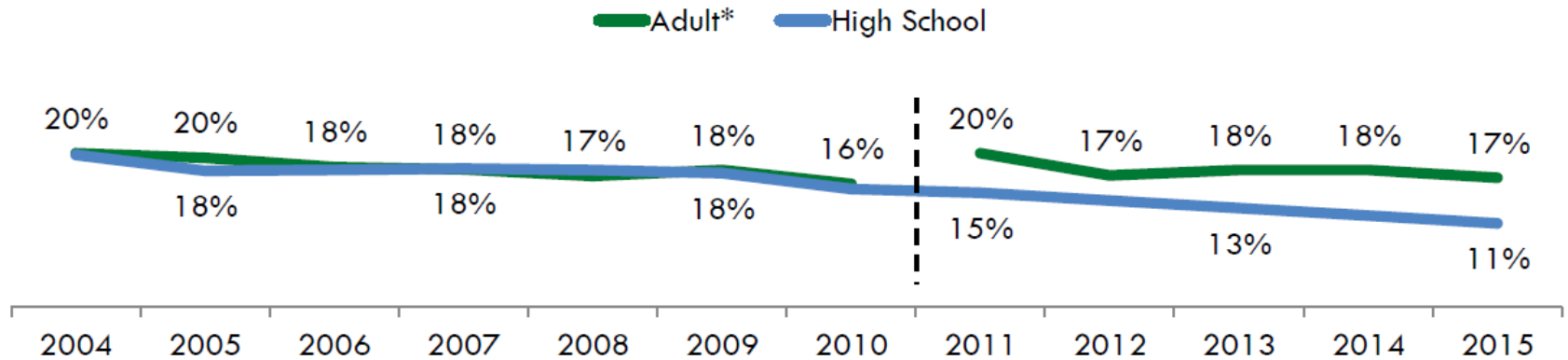
GOVERNMENT	SECONDHAND SMOKE
SALES	YOUTH RELATED
	TAXES



**Population
Accountability**

Tobacco Control Program

Adult & Youth Cigarette Smoking Prevalence



- Youth and adult smoking rates have decreased significantly
- Areas of Concern:
 - 25% of youth report using some form of tobacco in past 30 days (YRBS 2015)
 - Smoking rate is higher among adults with lower income, less education, poor mental health, and substance use

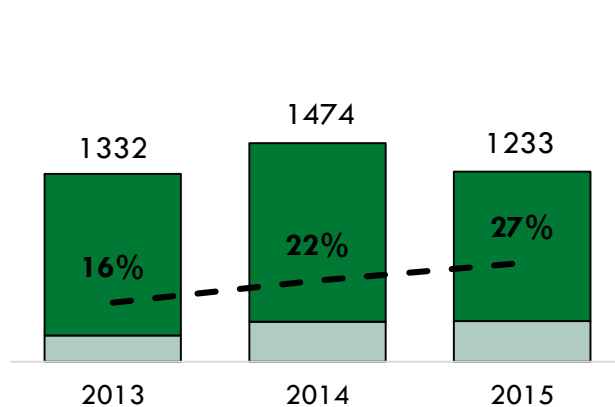
**Population
Accountability**

Medicaid-Insured: VT Quitline & Quit Online

- Although the total number of registrants to Quitline and Quit Online decreased since 2014, the number of Medicaid-insured remained stable
- This is why the proportion of Medicaid-insured registrants significantly increased

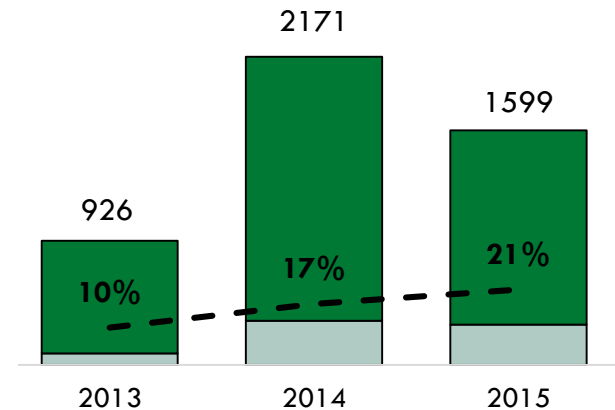
Quitline Registrants

■ Number of non-Medicaid registrants
■ Number of Medicaid registrants
- - Percentage of registrants who are Medicaid insured*



Quit Online Registrants

■ Number of non-Medicaid registrants
■ Number of Medicaid registrants
- - Percentage of registrants who are Medicaid insured*



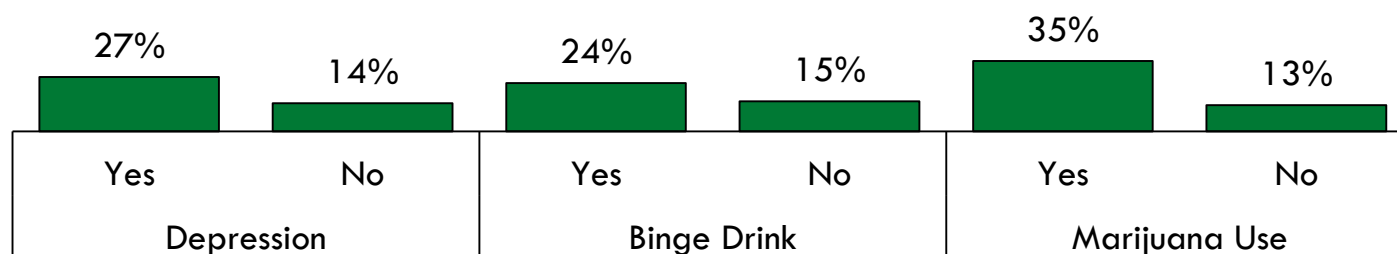
Source: National Jewish Health, Vermont Quitline and Quit Online Intake Data, 2013-2015
 * The number of Medicaid insured excludes registrants that are insured by both Medicaid and Medicare

Wendell at the Superbowl



Smoking, Mental Health & Substance Use

Smoking Prevalence Among Adult Mental Health and Substance Abuse Populations



Source: VT BRFSS 2015

- Smoking rate significantly higher in adults with mental health and substance abuse conditions
- Tobacco Control Program provides trainings, technical assistance and quit resources to mental health and substance abuse treatment facilities
- Partnership with Department of Mental Health – *Culture of Wellness* Initiative

Alcohol and Drug Highlights



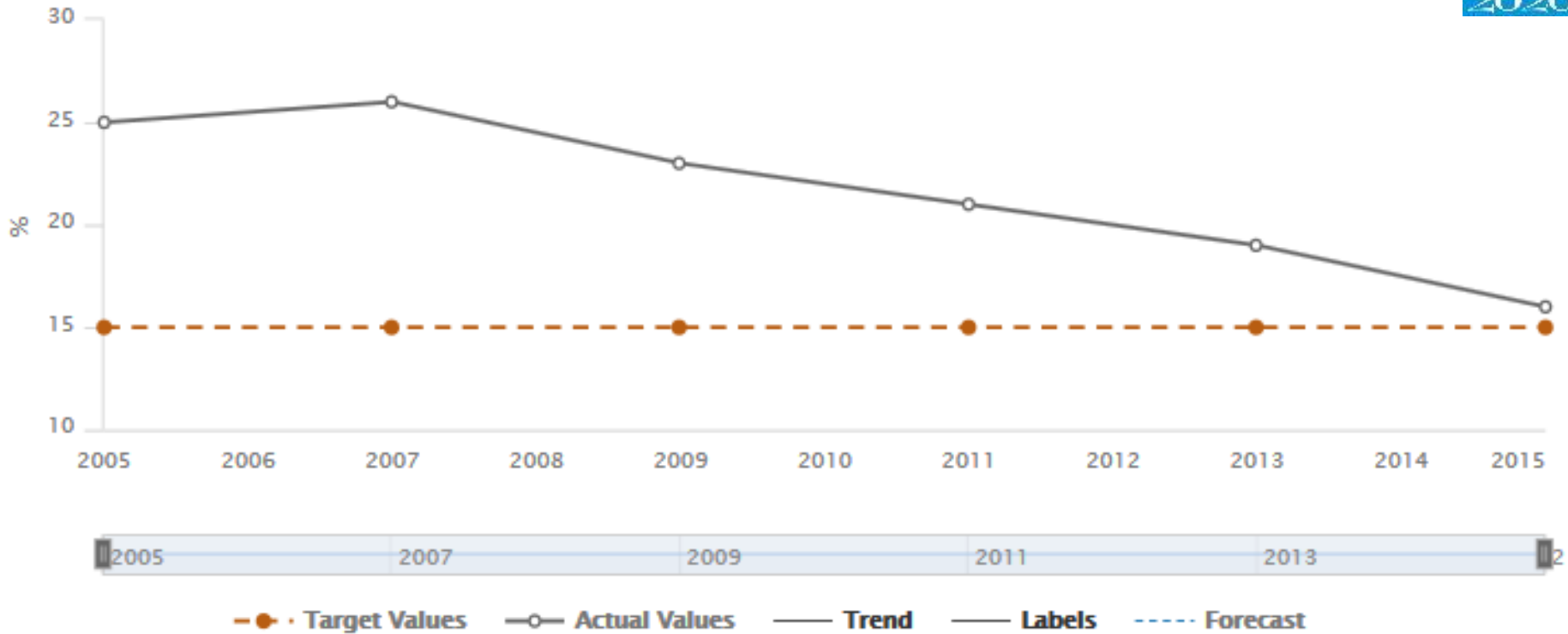
- Binge Drinking
- Access to Medication Assisted Treatment

8-year downward trend in binge drinking students



% of adolescents in grades 9-12 binge drinking in the past 30 days

Data Source: Youth Risk Behavior Survey

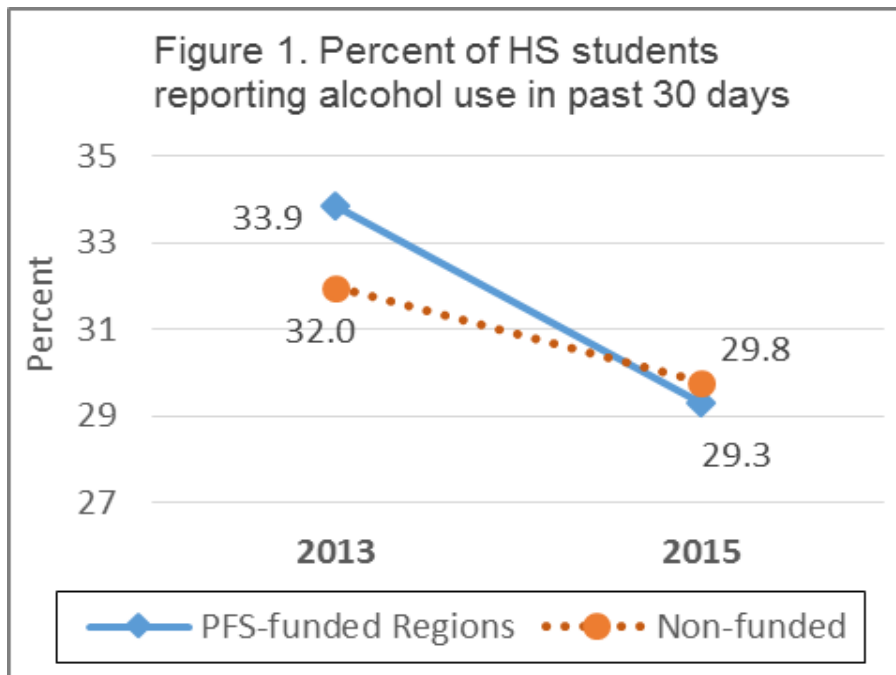


**Population
Accountability**

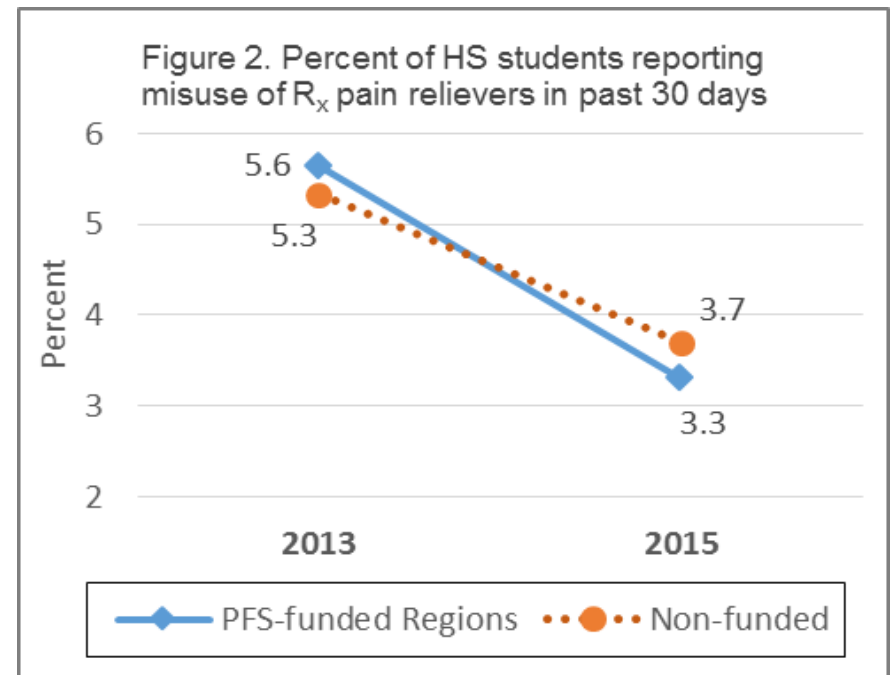
<http://healthvermont.gov/scorecard-alcohol-drugs>

Partnership for Success Strategy - Evaluation

Partnership for Success (PFS) regions saw less alcohol and prescription drug misuse after the PFS interventions than non-PFS regions.



PFS effect was significant at $p < .05$



PFS effect was significant at $p < .10$

Binge Drinking Prevention

- Regional Prevention Partnerships
 - Educate communities on policies that reduce youth access to alcohol
 - Family education and support
 - Coordinate partners – schools, community agencies, law enforcement
- School-based grants in selected SU's support educational programs and screening
- ParentUpVT.org social media and website
 - Prevention tools and resources
 - “Tips from Parents Like You: How to Ask”
 - more than 104,550 views since May 2016



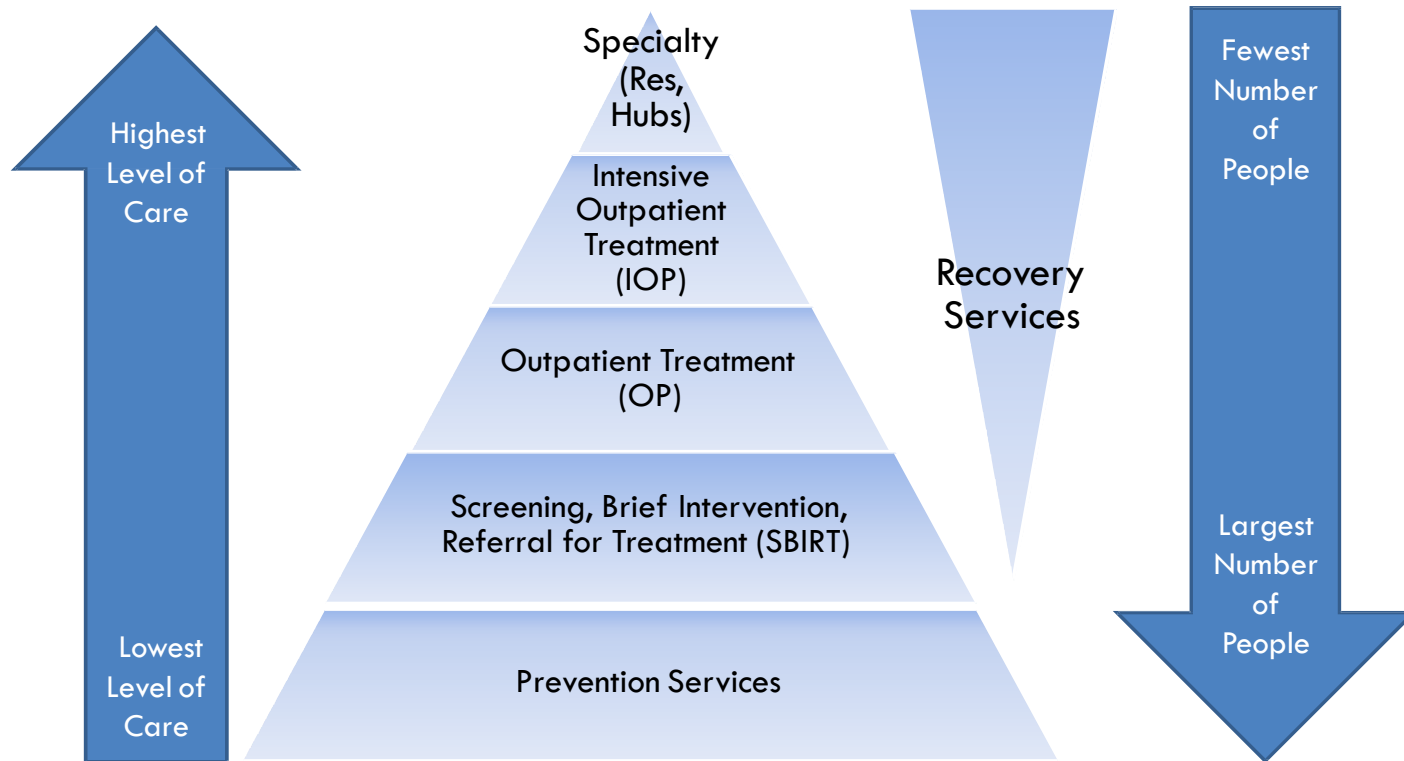
Working together to eliminate substance abuse in Vermont



Division of
Alcohol & Drug Abuse Programs
 108 Cherry Street • Burlington, VT 05401
 800-464-4343 • 802-651-1550

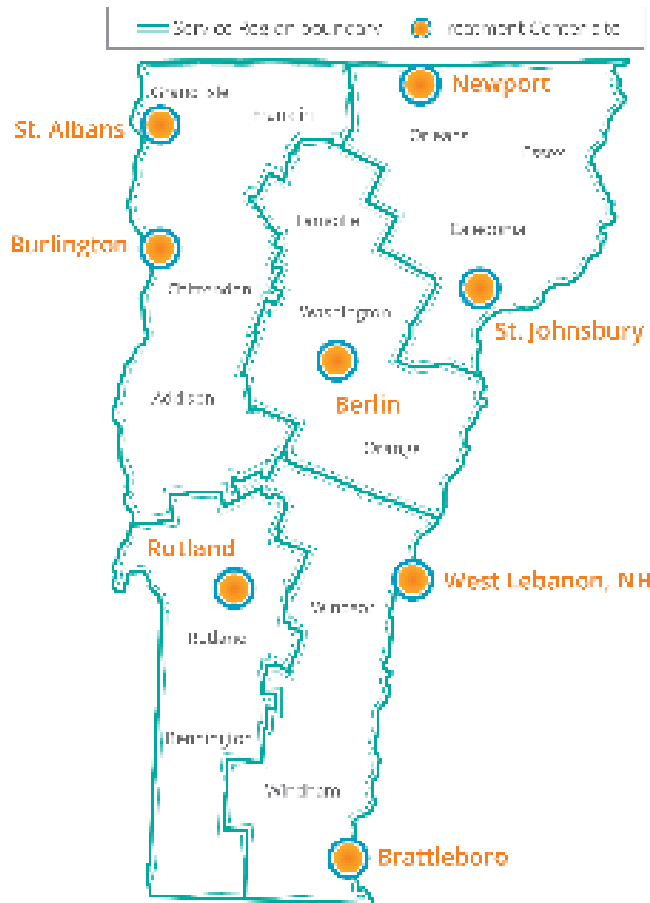


Substance Abuse Continuum of Care



Access to Medicaid Assisted Treatment for opioid use disorder increased — goals adjusted upward

Service Regions



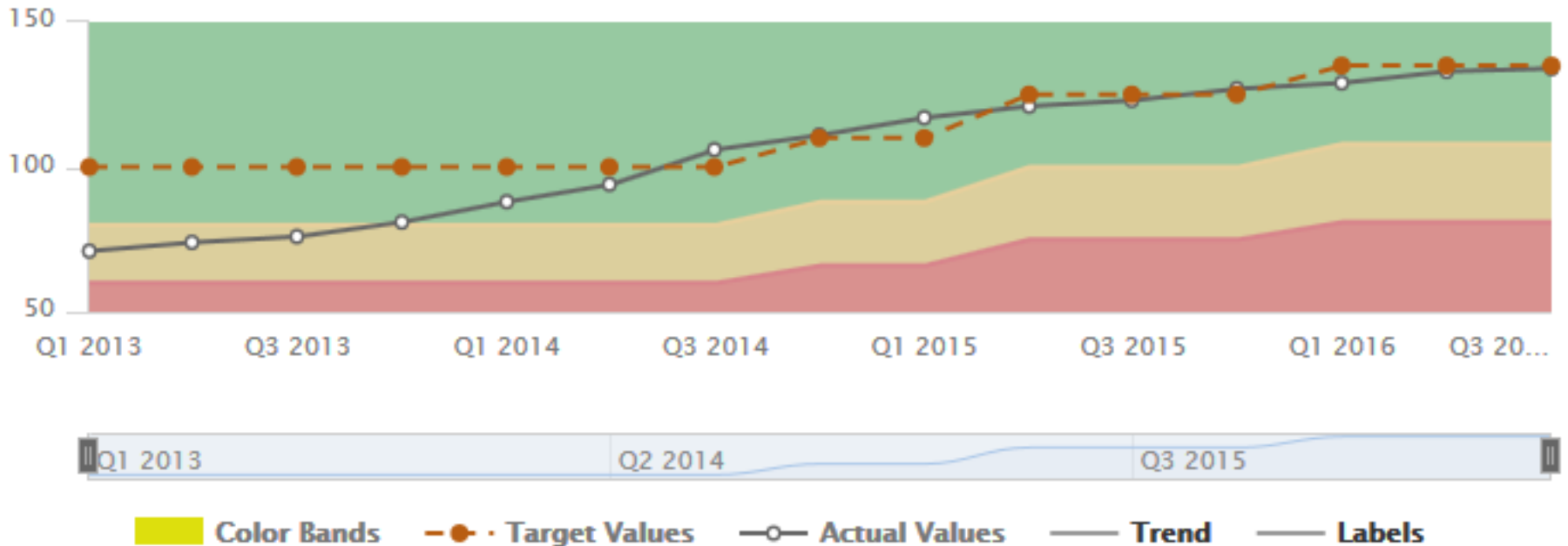
- Collaborative effort with DVHA/Blueprint
- Reflects increases in availability of treatment in both hub and spokes
- A new hub will be opening in Franklin County in March 2017
- Wait lists have **decreased 70%**
 - ▣ from 514 in Jan 2014 to 156 in Dec 2016

Are adults seeking help for opioid addiction receiving treatment?

Access to MAT: Are adults seeking help for opioid addiction receiving treatment? Measured as the number of people receiving Medication Assisted Treatment per 10,000 Vermonters age 18-64.

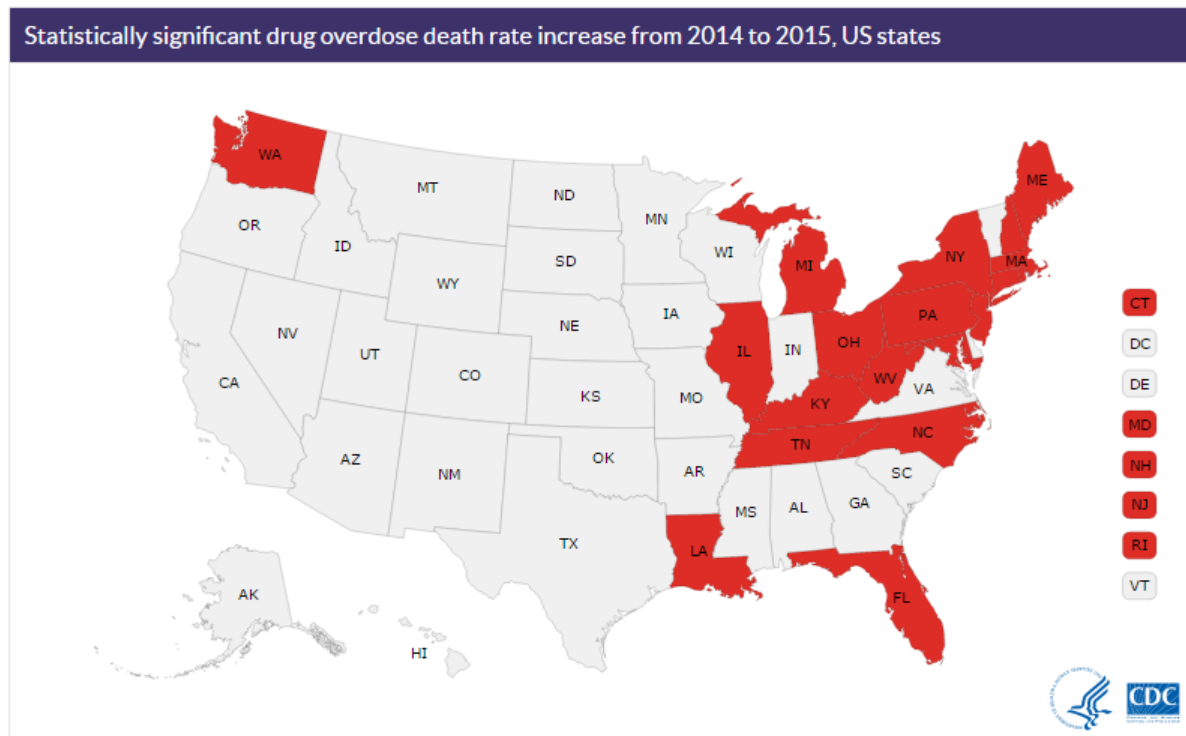


Data Source: Vermont Substance Treatment Information System (SATIS) and State of Vermont Medicaid Claims



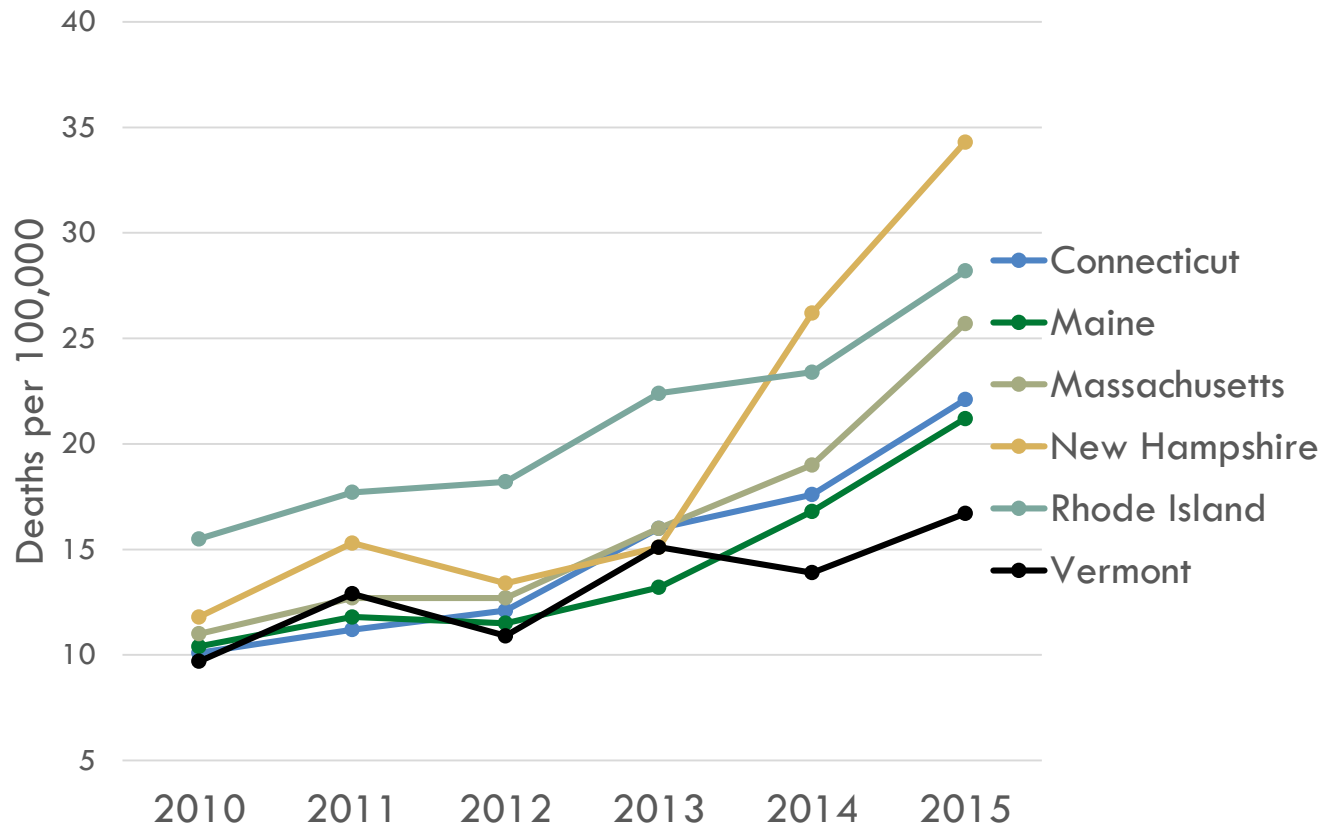
**Program
Accountability**

Vermont is the Only Northeastern State without a Statistically Significant Increase in Drug Overdose 2014 to 2015



Source: CDC/NCHS, National Vital Statistics System, mortality data. Includes opioids and other drugs.

New England Drug Overdose Deaths




Source: CDC/NCHS, National Vital Statistics System, mortality data.
Includes opioids and other drugs

Infectious Disease Highlights



- Immunization

Immunization – in the right direction!

 IZID	Vermonters are protected against vaccine-preventable diseases.	Time Period	Actual Value	Target Value	Current Trend
	Immunization % of children age 19-35 months receiving recommended vaccines (4:3:1:4:3:1:4)	2015	76%	80%	3
	Immunization % of kindergarteners with 2 or more MMR doses	2015	94%	95%	2
	Immunization % of adolescents age 13-15 who have completed the HPV vaccination series	2015	33%	80%	2
	Immunization % of adolescents age 13-17 with at least 1 Tdap booster	2015	96%	90%	2
	Infectious Rate of varicella (chicken pox) per 100,000 Vermonters age 17 or younger	2015	19.1	46.4	1
	Immunization % of adults age 65 and older who ever had pneumococcal vaccine	2015	76%	90%	1
	Immunization % of adults age 65 and older who receive annual flu shot	2015	61%	90%	2

**Population
Accountability**

Infectious Disease Highlights

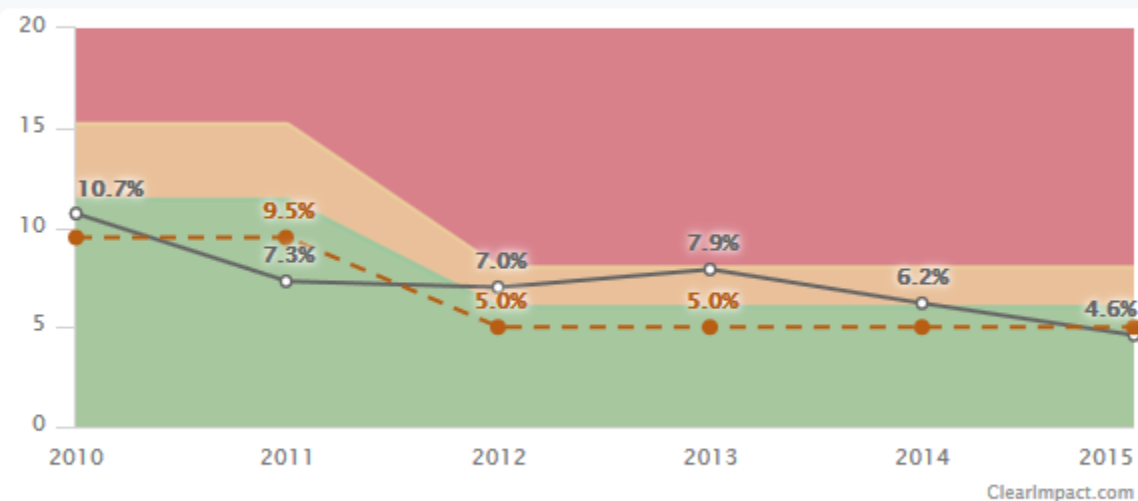
- Improved school vaccination rates (% of students who received all required vaccines):
 - ▣ entering K=90%
 - ▣ K-12=93%
- Vaccines for Children providers:
 - ▣ 90% received training and compliance visits
 - ▣ 56% received quality improvement visits
- CDC Awards:
 - ▣ Outstanding progress toward HV 2020 pediatric vaccine goals
 - ▣ Outstanding progress toward HV 2020 teen vaccine targets



Immunization & Schools



PM Immunization % of Kindergarteners provisionally admitted to school



2015	4.6%	5.0%	↓ 2
2014	6.2%	5.0%	↓ 1
2013	7.9%	5.0%	↑ 1
2012	7.0%	5.0%	↓ 2
2011	7.3%	9.5%	↓ 1
2010	10.7%	9.5%	→ 0

[Story Behind the Curve](#)
[Partners](#)
[What Works](#)
[Action Plan](#)
[Why Is This Important?](#)

[All Data Showing...](#)

**Program
Accountability**

Maternal and Child Health Highlights



- Nurse Family Partnership
- Help Me Grow

Nurse Family Partnership in Vermont

- **Evidence-based, nurse led, home visiting** program for **low income 1st time pregnant moms** through the child's 2nd birthday
- Program goals are to improve: **pregnancy outcomes, child health and development, and economic self-sufficiency**
- Screening, referrals, and follow up for: **smoking, alcohol and drug use, intimate partner violence, maternal depression and childhood developmental delay**
- Positive screens for enrolled Vermont families:

Depression	56%
Intimate partner violence	35%
Tobacco use	46%

Drug use	8%
Alcohol use	3%
Developmental delay	11%

Nurse Family Partnership in Vermont



Nurse Family Partnership in Vermont

Evidence of improved outcomes: Smoking cessation

- **100%** of NFP clients are screened for tobacco, alcohol and drug use
- **42%** reported smoking cigarettes at intake
- **100%** of clients who use tobacco are referred to 802Quits
- **41%** of NFP moms who smoked at intake quit during pregnancy
- **29%** still refrained from smoking at 12 months postpartum

By comparison: % of clients quit smoking during pregnancy

30%	Nurse Family Partnership clients
24%	All Vermont women
20%	Vermont women with births paid by Medicaid

Help Me Grow Vermont

Statewide system for **improving access to existing resources and services** for **young children and their families**.

Proactively addresses family's concerns about their child's behavior and development by making connections to **existing community-based services** and **high quality parent education resources**.

Facilitates collaboration between health professionals, early care and education professionals, human services providers, and families in order to better identify and address of the needs of children in Vermont.

Family & Community Outreach

to promote *Help Me Grow Vermont* and bolster healthy child development through families

Child Health and Education Provider Outreach

to support developmental promotion, early detection, and intervention

Data Collection & Analysis

to understand all aspects of the *Help Me Grow Vermont* system, including gaps and barriers

Centralized Phone Access Point

to connect children and their families to services and care coordination

Leveraging funding for the “4 Core”

The Help Me Grow System

Early Learning
Challenge Grant
MCHB SIG Program
ECCS

Governor’s Early
Childhood State and
Regional Councils

1
**Centralized
Telephone
Access Point**
Vermont 2-1-1

2
**Community
Outreach**
Building Bright Futures

3
**Provider
Outreach**
VCHIP, VB3, RN Child
Care Wellness
Consultants

4
**Data Collection
and Analysis**
VCHIP, BBF, VDH

Project LAUNCH
Permanent Fund for
Vermont’s Children
Early Learning
Challenge grant

Early Learning Challenge
Grant
Governor’s Early Childhood
Council (Data and Evaluation
Committee)
VT Department of Health

Help Me Grow Vermont

Centralized Access Point at Vermont 2-1-1 launched in September 2015.

Since launching the call center has processed:

Calls (incoming)	788
Calls (outgoing/follow ups)	570
Referrals	931
Total # of children (unduplicated count) served by <i>HMG</i> care coordination	271

Program
Accountability

Help Me Grow Vermont

Provider Outreach

Training and coaching to child health providers and early educators on developmental monitoring, screening and linkage.

- 461 early care and education providers trained
- 49 primary care practices participated in quality improvement training
- Working with pediatricians at the University of Vermont Medical Center and Pediatric New American Clinic on mitigating the impact of toxic stress

Community Outreach

Building Bright Futures Regional Coordinators play a crucial role in *HMG VT* Family and Community Outreach networking efforts

BBF also assists the centralized access point to create a living, real-time statewide resource directory

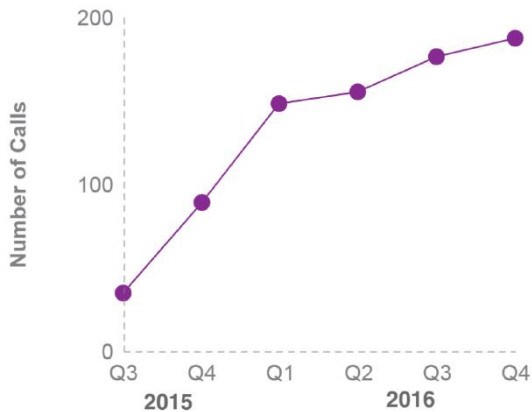
Help Me Grow Vermont

How much did we do?

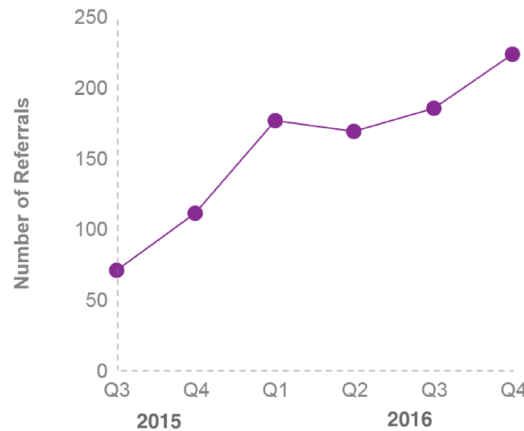
How well did we do it?

Is anyone better off?

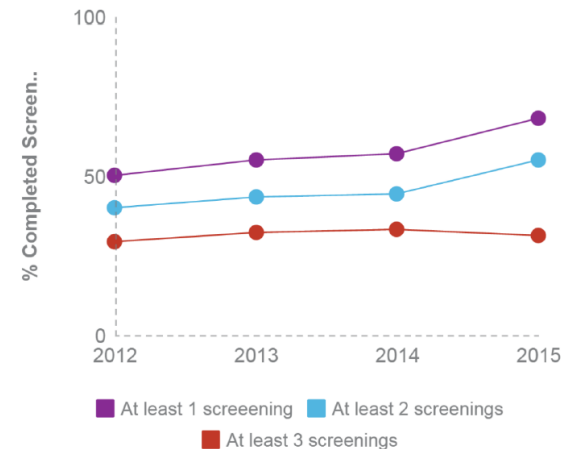
Number of Calls to HMG Call Center per Quarter



Number of Referrals Made by HMG Call Center Staff to Programs on Behalf of Families per Quarter



Proportion of Children with Completed Validated Developmental Screening(s) by 30 Months*



Trend going in the right direction? ▲ Yes

**Program
Accountability**

Environmental Health Highlights



- ❑ Food and Lodging
- ❑ Climate and Health
- ❑ Healthy Homes and Lead
- ❑ PFOA

Environmental Health



Data Explorer

Info

Tables, Maps & Charts

Data Download

Resources & Metadata

Step 1 - Select your Topic

Environmental Public Health Tr. ▾

Choose one... ▾

Vermont's population is small—about 627,000. Often the number of cases at the geographic level and time period of interest are very small due to the size of our population.

When this occurs, the number of cases or rate is displayed as "**" or "N/A". With only a few cases, it is almost impossible to distinguish random changes from true changes in the data. Small numbers are also avoided to maintain the confidentiality of individuals.



Environmental Public Health Tracking

Making the connection between health and environment

What is Environmental Public Health Tracking?

Tracking is an ongoing national effort to better understand how environmental hazards can contribute to certain illnesses. Tracking has identified situations where known environmental hazards have resulted in the occurrence of chronic diseases. One example is the onset of asthma attacks in children who live close to highways.

The Vermont Tracking program is being implemented jointly by the state's Departments of Health and Environmental Conservation. The goal is to build a nationwide network that allows the public, policy makers, and public health officials to use environmental and health data more effectively. To learn more about tracking nationally, visit the [CDC National tracking portal](#).

How do I get started?

The Vermont Tracking portal includes two main components:

- Data about environmental and health topics
- Basic information about the same environmental and health topics

Starting at the Tracking homepage, you can choose a topic area to learn about, or you can go directly to the data. If you choose to learn about a topic first, just click on the name of the topic. Once in a particular topic

VDH Food & Lodging Program

- Approximately 6,000 licenses issued annually
- Estimated 5,000 inspections conducted annually
- 2017: 9.5 FTE Public Health Inspectors
- Licensing and inspection of establishments
- Regulatory compliance & enforcement
- Complaint investigation
- Environmental investigations
- Technical assistance and education

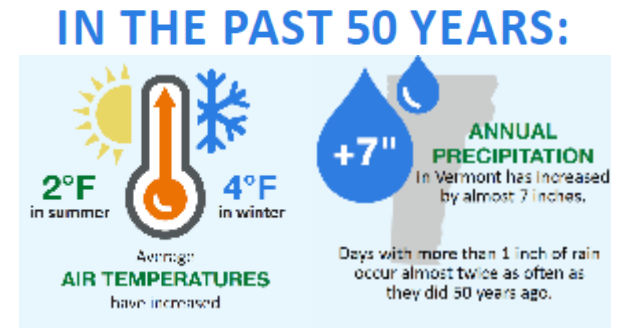
Food Sampling Training



Climate & Health Program

□ Climate change is increasing health risks for Vermonters:

- Heat illnesses
- Extreme weather events
- Tick & mosquito diseases
- Water quality
- Cyanobacteria
- Allergens & air pollution

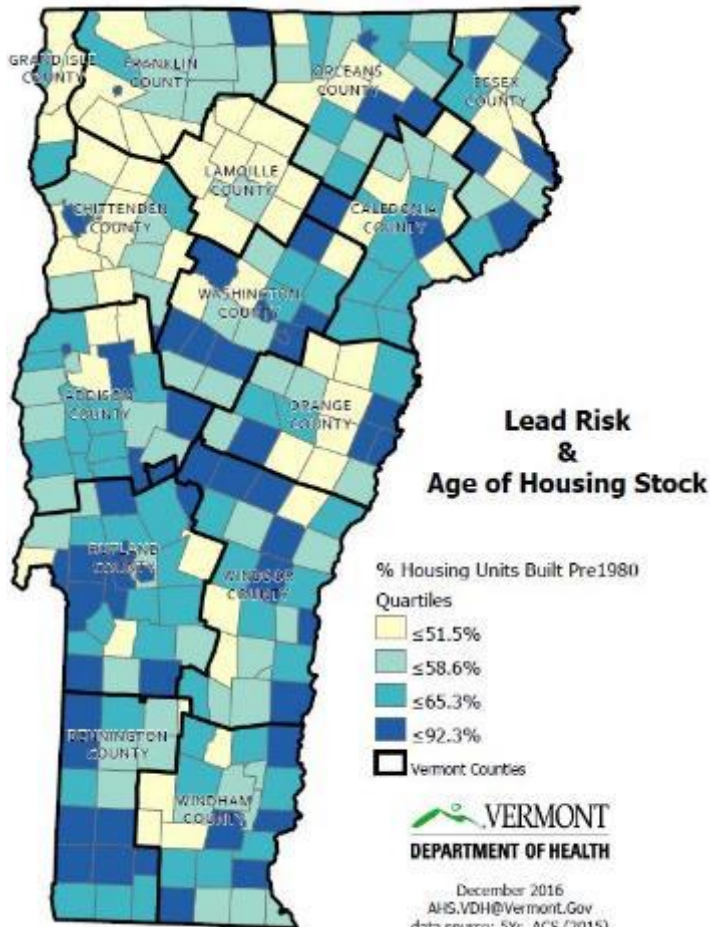


□ The Climate & Health Program is responding by:

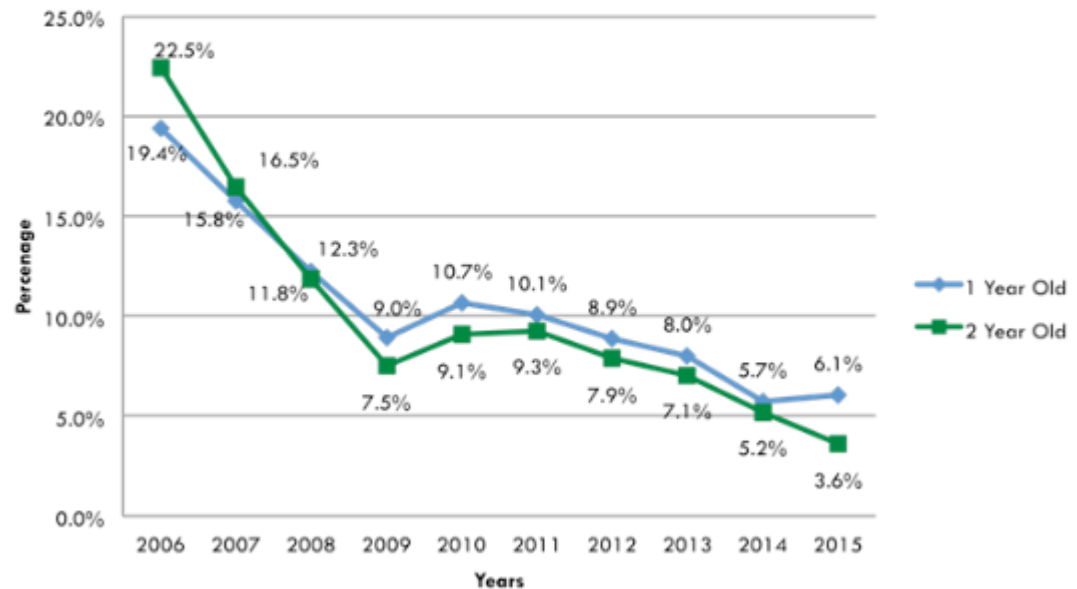
- Developing a **Hot Weather Emergency Response Plan**
- Supporting an **Energy-Saving Trees** pilot project
- Integrating health into the **Comprehensive Energy Plan**
- Supporting **Energy Efficiency & Healthy Homes** partners
- **Raising awareness** about risks and response actions

Healthy Homes & Lead Poisoning Prevention Program

In 2015 there were 505 children (5% of children tested) under age 6 that had elevated blood lead levels ($\geq 5 \mu\text{g/dL}$).



Vermont Children Ages 1 & 2 with a Blood Lead Level $\geq 5 \mu\text{g/dL}$

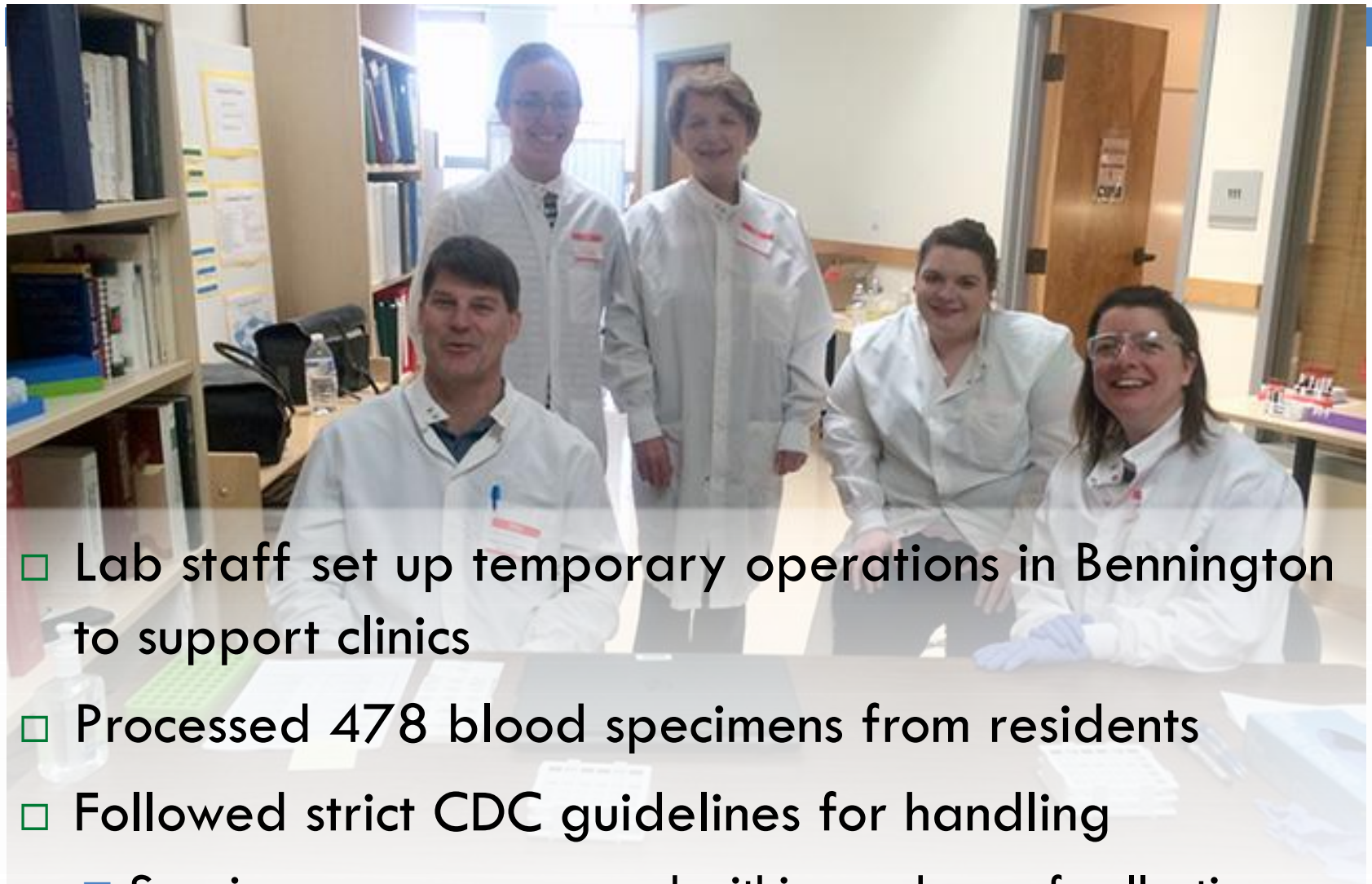


**Population
Accountability**

PFOA Blood Testing Goals

- ❑ Make sure no additional actions were needed to prevent continued exposure
- ❑ Better understand how people in the Bennington community were exposed to PFOA
- ❑ Provide community members with their PFOA blood level and how it compares to background levels in the U.S. population

PFOA Laboratory Response




- Lab staff set up temporary operations in Bennington to support clinics
- Processed 478 blood specimens from residents
- Followed strict CDC guidelines for handling
 - ▣ Specimens were processed within one hour of collection

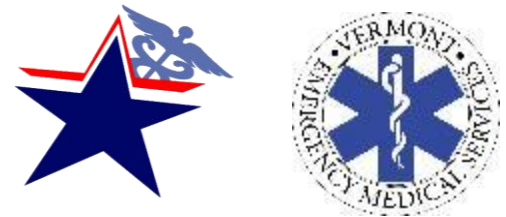
Preparedness and EMS

		Time Period	Actual Value	Target Value	Current Trend
-	P Preparedness Public Health Emergency Response				
+	PM Preparedness % of the Burlington/South Burlington Metropolitan Statistical Area population serviced by closed PODs (medicine Points of Distribution)	Q2 2016	17%	20%	↗ 1
-	P Preparedness Training, Education and Exercising				
+	PM Preparedness # of total hours of free Continuing Education (CE) completed by Vermont EMS Providers via the web-based LearnEMS platform.	Q2 2016	4,834	1,007	↘ 1
+	PM MRC % of Vermont Medical Reserve Corps (MRC) volunteers meeting minimum training requirements	Q3 2016	15%	45%	↘ 3
+	PM Preparedness % of Health Department staff trained in their emergency response roles	Q2 2016	33%	75%	↗ 1
-	P Preparedness Coordination & Coalition Development and Support				
+	PM EMS # of Vermont licensed EMS personnel	Q2 2016	2,539	3,300	↘ 1
+	PM MRC # of Medical Reserve Corps (MRC) volunteers	Q3 2016	324	1,000	↗ 7

**Program
Accountability**

Public Health Volunteer Recruitment and Retention

- Medical Reserve Corps (MRC) target is 1000 members to help support VDH in times of public health emergency
 - ▣ Needed over 5x Increase 
- Over 75% of Emergency Medical Services (EMS) rely on volunteers to serve their communities
 - ▣ Services report recruitment and retention as number one priority for ongoing sustainability
- Created Recruitment and Retention MRC and EMS toolkits
 - ▣ All 8 MRC units received
 - ▣ 83 EMS agencies received



On Call for Vermont

- Campaign to Recruit Volunteers for MRCs and EMS
 - TV Ads
 - Radio Ads
 - Newspaper Ads
 - Website

- Launched January 2015
 - 166 MRC members

- January 2016
 - 254 MRC Members
 - 53% Increase

- January 2017
 - 331 MRC Members
 - 99% Increase



In an emergency, your neighbor may need a hand. How about yours?



Vermont's 3,000 certified EMS providers—most of them volunteers—provide critical pre-hospital care to people throughout our state. You can too. Connect with your local squad or sign up for training today.

[Please visit](#) [LEARN MORE](#)



You can help even if you're not a trained medical professional. Vermonters from all walks of life can join Medical Reserve Corps (MRCs) to lend a hand when a disaster or emergency strikes in your community. Join—or form—a local MRC today.

[LEARN MORE](#)

Oncallforvt.org

To Learn More

A horizontal bar at the top of the slide, divided into a green section on the left and a blue section on the right. The text 'Budget Ups and Downs' is centered in the blue section.

Budget Ups and Downs

Budget

FY18 Department Request - Health

Administration & Support	GF	SF	Tab	IdptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Admin & Support - As Passed FY17	2,156,700	1,286,732				5,584,598	882,997	3,854,042	13,765,069
Grants:									
S.243 - Opioid Abuse - Evidence-Based Education Program established in 18 V.S.A. Chapter 91 (Evidence-Based Education and Advertising Fund)		250,000							250,000
FY17 after other changes	0	250,000	0	0	0	0	0	0	250,000
Total after FY17 other changes	2,156,700	1,536,732	0	0	0	5,584,598	882,997	3,854,042	14,015,069
FY17 after other changes									
Personal Services:									
Salary & Fringe Increase	228,385	31,051				583,316	(188,293)	(400,087)	334,977
Vacancy savings	(69,886)						(9,756)	(33,475)	(113,110)
Other personal service adjustments	(42,400)	63,998				56,120	(4,680)	(14,040)	58,998
Operating Expenses:									
Internal service fund (ISF) increase	29,595	9,000		45,000		38,272			121,867
Grants:									
GC Admin to Medicaid Admin swap	344,000					344,000	(688,000)		
FY18 Changes	490,295	104,049	0	45,000	0	1,021,708	(810,723)	(447,597)	402,732
FY18 Gov Recommended	2,646,995	1,640,781	0	45,000	0	6,606,306	72,274	3,406,445	14,417,801

Budget

FY18 Department Request - Health

Public Health	GF	SF	Tot	IdptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Public Health - As Passed FY17	5,496,552	17,054,895	2,409,514	1,121,861	25,000	38,055,582	11,542,023	12,584,219	88,289,846
other changes:									
Grants:									
S.243 - Opioid Abuse - Opioid antagonist rescue kits (Evidence-Based Education and Advertising Fund)		150,000							150,000
S.243 - Opioid Abuse - Hospital Antimicrobial Program (Evidence-Based Education and Advertising Fund)		250,000							250,000
S.243 - Opioid Abuse - Naloxone to Emergency Medical Services (Evidence-Based Education and Advertising Fund)		32,000							32,000
FY17 after other changes	0	432,000	0	0	0	0	0	0	432,000
Total after FY17 other changes	5,496,552	17,486,895	2,409,514	1,121,861	25,000	38,055,582	11,542,023	12,584,219	88,721,846
FY17 after other changes									
Personal Services:									
Salary & Fringe Increase	2,856,358	191,816		(416,880)		5,042,179	(2,260,385)	(2,728,212)	2,684,976
Vacancy savings	(240,482)						(113,118)	(142,710)	(496,310)
Contract & 3rd Party reductions		(185,187)				(1,245,128)		(379,234)	(1,809,529)
Operating Expenses:									
Operating expense reductions (51320,522217,522350)	(265,000)	(50,074)		289,465		(1,232,023)		(309,483)	(1,617,095)
Grants:									
WIC Food						(2,000,000)			(2,000,000)
Tobacco fund MSA 30% cut				(722,854)					(722,854)
Transfer to AHS as state share for tobacco GC increase				(622,742)				1,345,596	722,854
GC Admin to Medicaid Admin swap 50/50	750,000					750,000	(1,500,000)		
GC Admin to Medicaid Admin swap Certified						5,487,087	(5,487,087)		
FY18 Changes	3,070,876	(43,325)	(1,345,596)	(147,415)	0	6,802,115	(9,360,590)	(2,214,023)	(3,237,958)
FY18 Gov Recommended	8,567,428	17,443,570	1,063,918	974,446	25,000	44,857,697	2,181,433	10,370,196	85,483,688

Budget

FY18 Department Request - Health

Alcohol and Drug Abuse	GF	SF	Tob	IdptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
VDH Alcohol and Drug Abuse - As Passed FY17	2,755,862	499,453	1,357,025			12,012,707	31,070,691	3,661,122	51,316,860
other changes:									
Grants:									
S.243 - Opioid Abuse - Unused prescription drug disposal initiatives (Evidence-Based Education and Advertising Fund)		625,000							625,000
									0
FY17 after other changes	0	625,000	0	0	0	0	0	0	625,000
Total after FY17 other changes	2,755,862	1,084,453	1,357,025	0	0	12,012,707	31,070,691	3,661,122	51,941,860
FY17 after other changes									
Personal Services:									
Salary & Fringe Increase	236,007	308				527,879	(706,452)		57,742
Increased GF & GC vacancy savings	(30,000)					(46,000)			(76,000)
	(303,334)					40,000	(200,000)		(463,334)
Operating Expenses:									
Grants:									
SUD Treatment (MSA payment reduction 30%)			(407,108)			407,108			
SUD Treatment (St Albans MAT hub annualization)							1,980,000		1,980,000
Adjustment to DA 2% increase (AHS not-neutral, funding from DMH)							279,321		279,321
2% DA increase annualization							125,917		125,917
GC Admin to Medicaid Admin swap 50/50	250,000					250,000	(500,000)		
53rd week base funding rescission							(515,584)		(515,584)
FY18 Changes	152,673	308	(407,108)	0	0	1,184,987	463,202	0	1,394,062
FY18 Gov Recommended	2,908,535	1,084,761	949,917	0	0	13,197,694	31,533,893	3,661,122	53,335,922

Department Total	GF	SF	Tob	IdptT	Ptrust	FF	Medicaid GCF	Invmnt GCF	TOTAL
TOTAL FY17 VDH Big Bill As Passed	10,409,114	18,801,080	3,766,539	1,121,861	25,000	55,652,887	43,495,711	20,099,383	153,371,575
TOTAL FY17 VDH Reductions & other changes	0	1,307,000	0	0	0	0	0	0	1,307,000
TOTAL FY18 VDH Starting Point	10,409,114	20,108,080	3,766,539	1,121,861	25,000	55,652,887	43,495,711	20,099,383	154,678,575
TOTAL FY18 VDH ups & downs	3,713,844	61,032	(1,752,704)	(102,415)	0	9,008,810	(9,708,111)	(2,661,620)	(1,441,164)
TOTAL FY18 VDH Gov Recommended	14,122,958	20,169,112	2,013,835	1,019,446	25,000	64,661,697	33,787,600	17,437,763	153,237,411



End