

Public Health Administration Fiscal 2016 Budget Overview

Van T. Mitchell, Secretary

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February 5, 2015

House Subcommittee for Health and Human Resources

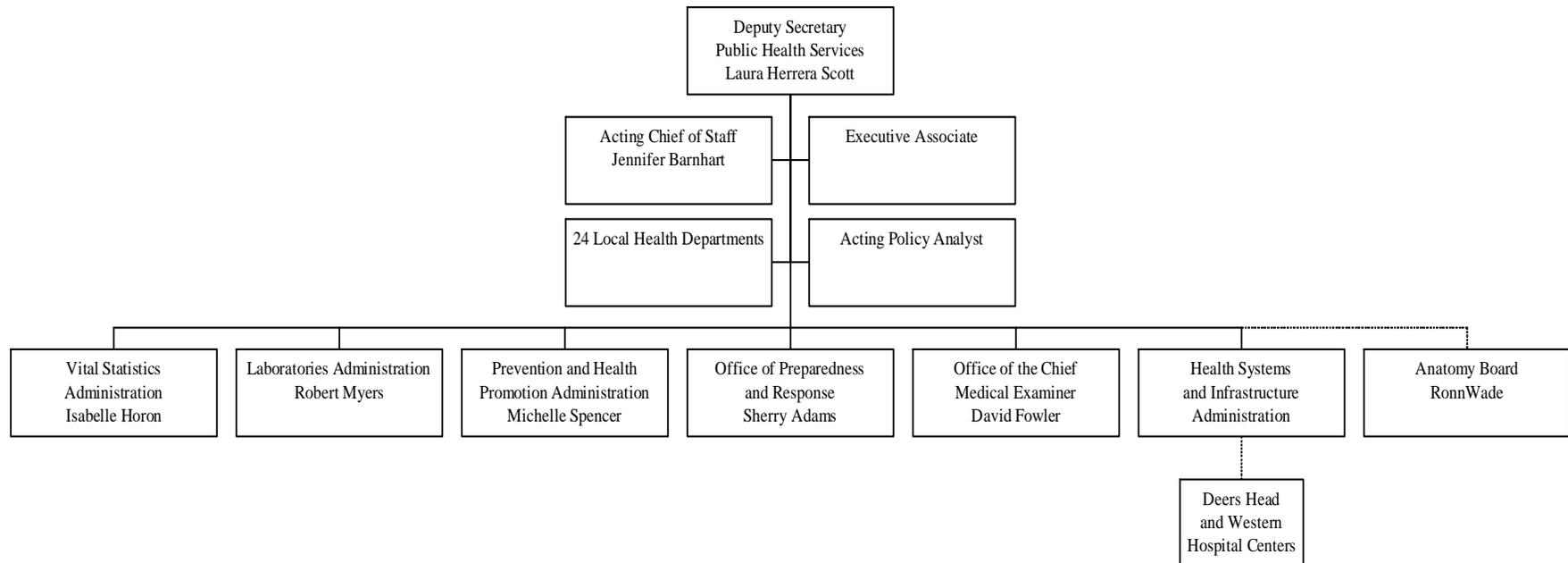


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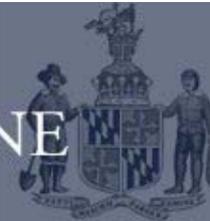
HEALTH AND MENTAL HYGIENE



Public Health Administration Organizational Chart



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Office of Preparedness and Response: Emergency Operations

- OP&R is responsible for:
 - Coordinating the DHMH Emergency Management (EM) Team, whose members serve as Liaison Officers at the SEOC
 - Supporting DHMH administrations during response-related activities.
 - Providing situational awareness to DHMH agencies and other ESF-8 partners.
 - Managing of the DHMH Alternate Departmental Operations Center (ADOC)
 - Maintaining operational response programs such as the DHMH Warehouse, the SNS, and MD Responds
- In 2014, OP&R responded to
 - January: Winter Weather Event
 - February: State Of The Union speech, Winter Storm Pax
 - June-August: Unaccompanied Children Relocation
 - August: African Leaders' Summit, West African Ebola Outbreak (Ongoing)
 - September: Enterovirus D68 outbreak



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Office of Preparedness & Response: Grants and Guidance

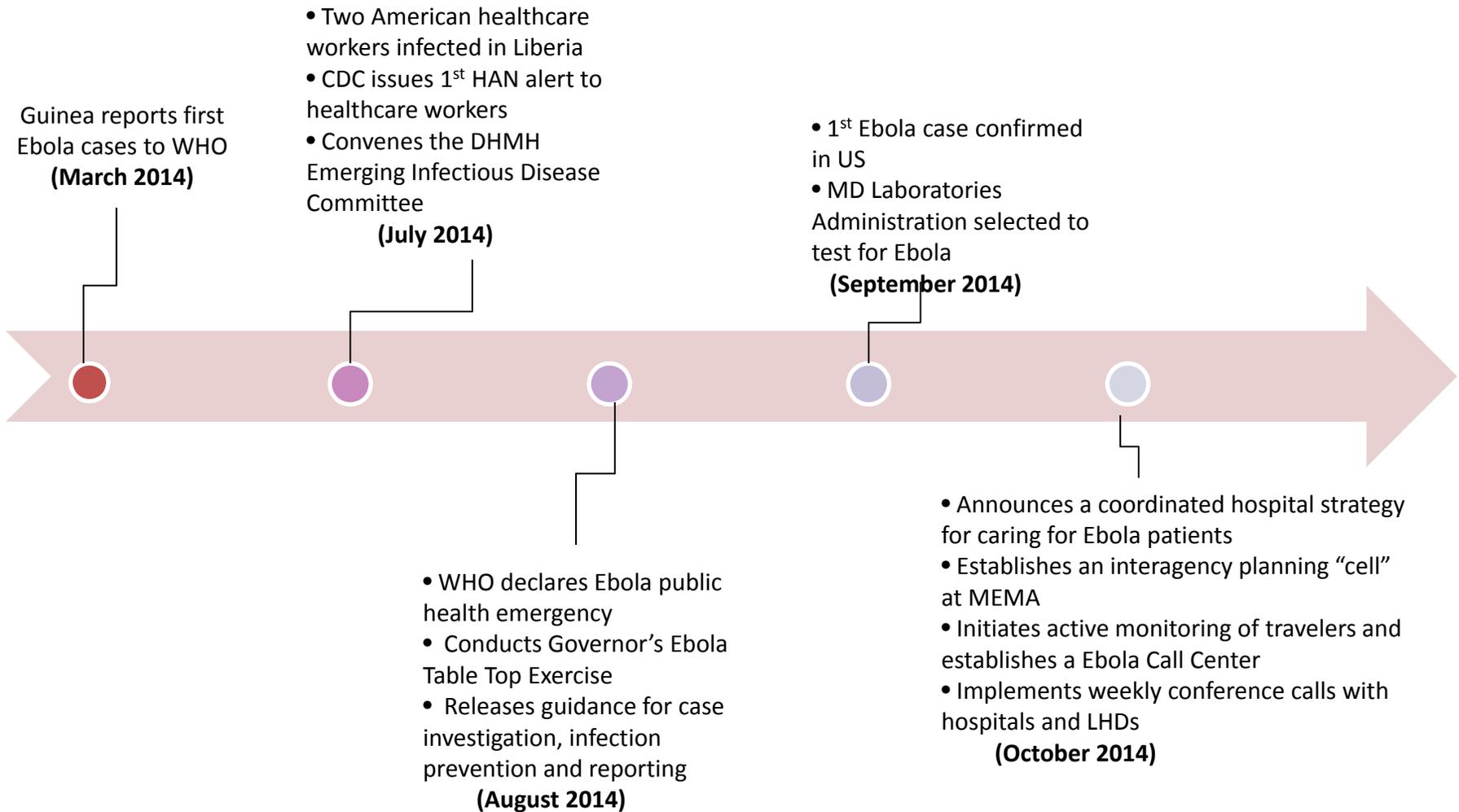
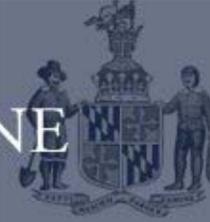
- Pre-established grants and guidance
 - Public Health Emergency Preparedness (PHEP) Cooperative Agreement
 - Hospital Preparedness Program (HPP) Cooperative Agreement
 - Public Health Preparedness Capabilities
 - Healthcare Preparedness Capabilities
- Agency Collaboration
 - Office of the Governor
 - Governor's Office of Homeland Security
 - Maryland Department of Health and Mental Hygiene (DHMH)
 - Maryland Institute for Emergency Medical Services System (MIEMSS)
 - Maryland Emergency Management Agency (MEMA)



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Ebola Response Timeline



Laboratories Administration: New Laboratory Facility

- The Laboratories Administration is expected to complete its' phased relocation to the East Baltimore facility by late Spring of 2015:
 - Occupancy of new facility was postponed by construction delays
 - Building was conditionally accepted from the general contractor on January 9, 2015
 - Two building system issues are currently being modified prior to achieving occupancy
 - BSL-3 HVAC modification & exhaust fan replacement
 - New scientific equipment undergoing on-site validation
 - Employees receiving new systems training
- This new facility provides flexible, sustainable public health laboratory infrastructure to protect the health of Marylanders for many decades into the future:
 - 600% increased Biological Safety Level 3 laboratory spaces
 - Open lab design of new facility permits future operational flexibility to adapt environmental and clinical testing platforms
 - LEED Silver energy efficient design
- The project was a success for economic development:
 - Construction generated 935 jobs for Marylanders.
 - 127 new jobs were created for East Baltimore residents.
 - 81% of project firms are Maryland based; accounting for \$93M being recycled back into Maryland's economy through subcontractors, suppliers, and joint venture partners.
 - 33% of the construction workforce is currently comprised of minority business enterprises (MBE), and 30% are comprised of local business (LBE) hires in Baltimore City.
 - Significantly exceeded 27% MBE goal and 20% LBE goal by project completion.



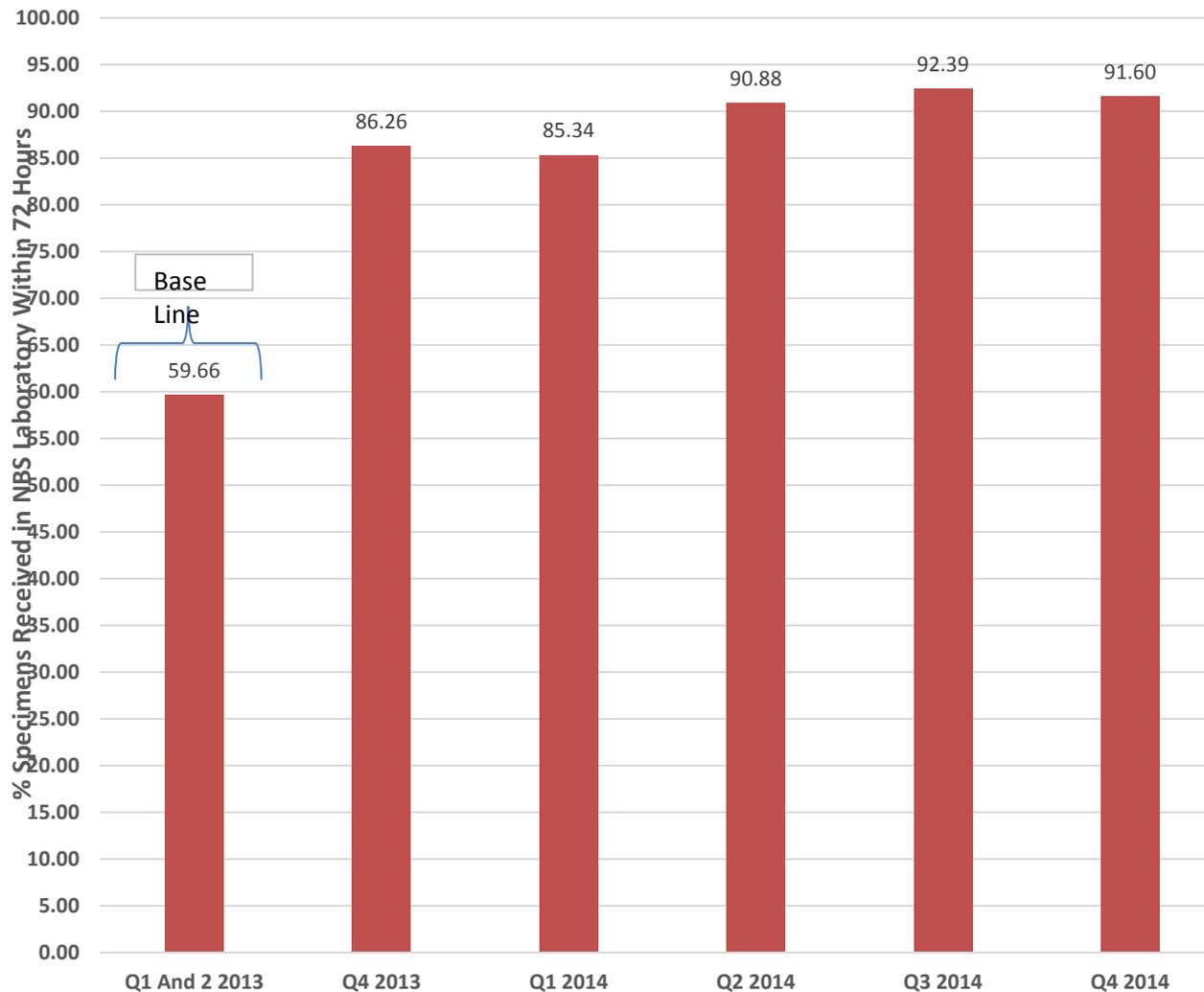
Laboratories Administration: Newborn Screening

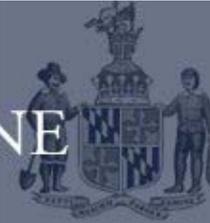
- Continued to screen every baby born in Maryland for 55 hereditary disorders (75,000 babies/year);
- Continued Quality Assurance (QA) initiative to inform Maryland birthing hospitals of need to improve timeliness of submitting specimens for Newborn Screening (NBS) to the DHMH Laboratory for testing.
 - *Substantial improvements over the baseline data collected in the first six months of 2013 were demonstrated in 2014 with greater than 90% of NBS specimens delivered to the DHMH Lab within 72 hours of collection*
- FY 2016 goal to implement Severe Combined Immunodeficiency (SCID) testing into the Newborn Screening Panel
- New federal (HHS) NBS guidelines currently under consideration could mandate more timely delivery and testing of NBS specimens. Adoption of these guidelines might compel the DHMH Lab to extend and expand the operating hours of its NBS testing units.



Laboratories Administration: NBS QA Initiative: Sept 2013 to Dec 2014

% specimens received in Laboratory within 72 hours of collection





Laboratories Administration: Ebola and other Disease Response

- **Ebola**

- DHMH Laboratory was one of first group of 13 State Public Health Labs use Ebola PCR assay provided by CDC to rapidly identify possible infections (*4-6 hours after receipt of the specimens in the lab)
- Travelers returning to Maryland from Ebola-endemic regions of West Africa were actively monitored by DHMH staff as persons under investigation (PUI) for signs and symptoms (fever, flu-like illness) of possible Ebola infections
- When suspect Ebola infections were identified, DHMH Lab provided emergency 24/7/365 laboratory testing services to quickly rule-in or rule-out possible Ebola infections.
 - *Six suspect Ebola cases were tested and Ebola was ruled out in every case*
- DHMH Lab conducted additional analysis of specimens from Ebola suspect cases to establish an alternative diagnosis including performing tests for malaria, influenza and HIV.
- DHMH Lab provided expert biosafety consultations to many Maryland hospital laboratories on how to safely process and test specimens from suspected Ebola patients.

- 2014 emerging and re-emerging disease threats responded to via assay validation and implementation to provide emergency testing services and quickly diagnose disease:
 - Ebola
 - Dengue
 - Chikungunya
 - Middle Eastern Respiratory Syndrome Corona Virus (MERSCoV)
 - Enterovirus D-68



The Office of Chief Medical Examiner has a statewide statutory obligation to investigate deaths that are caused by injury, homicide, suicide, in suspicious circumstances, and when a person is not attended by a physician.



Office of Chief Medical Examiner: Accomplishments

In 2014 the OCME:

- Investigated 11,027 cases
- Autopsied 4,107 Cases
- Achieved full accreditation by the National Association of Medical Examiners (NAME)
- Trained on average 5 residents per month from Johns Hopkins, University of Maryland, Howard, Georgetown, George Washington Universities and Bethesda Naval Hospital
- Established a new Dual masters program in Forensic Medicine with University of Maryland Graduate School and China University of Political Science and Law (Beijing)



Office of Chief Medical Examiner: Accomplishments

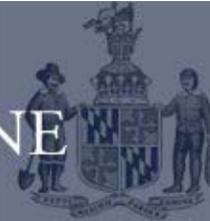
- Hired the following staff in 2014:
 - 3 Fellows (trainee Forensic Pathologists)
 - 2 Medical Examiners
 - 2 Secretarial Staff
 - 1 Maintenance Technician
 - 1 Information Technology Technician
 - 6 Forensic Investigators
 - 1 Assistant Toxicologist
 - 1 Records Clerk

Office of Chief Medical Examiner: Autopsy Reports

- National Association of Medical Examiners (NAME) Standard:
 - 90% must be completed in 90 days
 - Target: 90% completed in 60 days
- OCME Autopsy reports:
 - 94% completed in 90 days
 - *70% completed in 60 days
 - *Methods for improving autopsy report generation:
 - Robo e-mails to Medical Examiners at 50 and 80 days on open cases
 - Computer monitoring of average case completion times
 - Track case files using RFID tracking technology



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Vital Statistics Administration

Major Responsibilities:

- Registration and issuance of vital records
- Analysis and dissemination of data for public health purposes
- Operation of the Virtual Data Unit, the central hub for coordinating all Departmental health data activities
- Coordination of drug overdose data activities



Vital Statistics Administration

Major accomplishments: 2014

- Registered ~ 171,000 births, deaths, marriages and divorces
- Issued ~ 552,000 certified copies of vital records
- Collected ~ \$13.7M in fees
- Provided data to numerous agencies/data users
- Produced numerous data-related reports
- Enhanced content of the Overdose Death Registry
- Continued to grow the Virtual Data Unit



Vital Statistics Administration:

Electronic Data Reporting System

Effective: 1/1/2015

- Web-based system that medical certifiers and funeral homes are using to file death certificates
- *Benefits: greater efficiency, improved data quality, improved timeliness, increased security*
- ~30,000 potential users; phased-in implementation
- Modified version of a system built for another state; costing taxpayers <10% of what a custom system would have cost

**Department of Health and Mental Hygiene
Public Health Administration
M00F**

Response to Issues

Issue # 1: The agency should comment on its current strategies for increasing Division of Drug Control (DDC) inspection activities.

Response #1: The two non-pharmacist inspectors created by Chapter 267 of 2012 were vacant for the entire fiscal year 2014 due to recruitment difficulties. The vacant administrative inspectors were filled in the fall of 2014. They were given hands-on-training and accompanied by pharmacist inspectors. At the end of the second quarter fiscal year 2015, the inspectors have conducted approximately 493 inspections of dispensing practitioners. This number of inspections indicates that DDC will more than exceed the estimated goal of 500 practitioners as projected in Exhibit 9. DDC routine pharmacy inspections are conducted by Pharmacist Inspectors and DDC has normally been staffed with five Pharmacists, including the Deputy Chief. One Pharmacist retired July 1, 2014 and another one (Deputy Chief) retired in January 2015. Once these two Pharmacists are hired and trained, DDC will be able to increase the number of inspections as new staff are trained and gain experience.

Special investigations are the result of non-compliance being detected during routine inspections and due to referrals from health occupational boards, Drug Enforcement Administration, Office of Chief Medical Examiner, wholesalers and other State and federal agencies. There has been a decrease in investigations due to decreased referrals.

It is DDC's long-term goal to have a decreased need for investigations by continuing to maintain a full staff of trained pharmacist inspectors, prioritizing at-risk practitioners and establishments, and providing concurrent education to CDS registrants during inspections.

Issue #2: The agency should comment on the current status of claims made by or against the State resulting from this project, as well as on whether the agency foresees any further delays in the facility's opening.

Response #2a - Claims: No claims have been formally asserted to date. Under the terms of the construction contract, the contractor agrees that, for payment under the contract, it will have recourse only against the bond proceeds and MEDCO's interest in the building. The State (MEDCO and DHMH) is continuing to prepare its claims against the contractor and its defense to the contractor's anticipated claims. In addition, the State is continuing to investigate its likely claims against the architect.

Response #2b - Foreseeing any further delays in opening the facility:

The Laboratories Administration is expected to complete its' planned phased relocation operations to the East Baltimore facility by late spring of 2015.

The occupancy of the new facility was postponed by construction delays that were beyond our immediate control. The building was conditionally accepted from the general contractor on January 9, 2015.

During the building commissioning process two major system issues were uncovered: (1) undersized exhaust fans and (2) improperly configured decontamination zones in the Bio-Safety Level 3 (BSL-3) Labs. System issues are being addressed through modifications before the building is to be occupied. The higher capacity exhaust fans have been installed. The BSL-3 modifications to decontamination zones systems will be completed by the end of March. While these systems are being reconfigured the Laboratories Administration is installing and validating new scientific instruments, moving archived records, specimens and redundant scientific equipment and infrastructure into the new location. The remaining building punch list items and other owner modifications to the facility are being systematically addressed with a projected completion of all activities by end of March 2015.

The Laboratories Administration does not foresee any further substantial delays in transferring the operations to the new facility during April and May of 2015.
(See the phased relocation plan below).

**Department of Health and Mental Hygiene
Public Health Administration
M00F**

Recommended Actions

Recommended Actions: Concur with Governor's Allowance.

**Department of Health and Mental Hygiene
Public Health Administration
M00F**

Response to Findings

Finding # 1: The Office of Chief Medical Examiner did not comply with State procurement regulations when purchasing certain medical supplies.

Finding #1 response:

OCME has submitted a reclassification request for an existing vacant position in another classification to recreate an Agency Buyer position. This position was originally abolished in January 2011 as a result of the Voluntary Separation Program (VSP). The candidate has been recruited for and it is expected that interviews will take place this month (February 2015) and with the goal to appoint in early March 2015. In the meantime, OCME will conduct an audit of all corporate purchasing card expenditures and identify by categories all items where purchases are expected to exceed \$5,000. With the assistance of OPASS, OCME will begin developing contracts for these goods following State procurement regulations by soliciting competitive bids and executing written contracts where applicable. The contracts will be developed from the highest expenditures to the lowest that exceed the \$5,000 threshold. It is anticipated that this process will begin immediately with existing resources and be fully implemented with the hiring of the Agency Buyer.



Calendar of Relocation Activity

Friday, January 30, 2015

	Su	Mo	Tu	We	Th	Fr	Sa	Move	Days
	28	29	30	31	1	2	3	(1/01) Holiday – New Year's Day	
J A N	4	5	6	7	8	9	10		
	11	12	13	14	15	16	17		
	18	19	20	21	22	23	24	(1/19) Holiday – Martin Luther King, Jr. Day	
	25	26	27	28	29	30	31		
F E B	1	2	3	4	5	6	7	(2/02) Deadline to confirm or deny move dates and book resources	
	8	9	10	11	12	13	14	(2/09) Holiday – Presidents' Day	
	15	16	17	18	19	20	21	(2/17) Move instructional briefing & delivery of packing supplies (Ph1)	1
	22	23	24	25	26	27	28		
M A R	1	2	3	4	5	6	7	(3/02-3/03) MOVE PHASE 1 – EARLY MOVE (2-days) (3/03-3/05) Post-Move Support Center (3-days, mover 2-days)	2 3
	8	9	10	11	12	13	14		
	15	16	17	18	19	20	21		
	22	23	24	25	26	27	28		
	29	30	31	1	2	3	4	(4/02) Move instructional briefing & delivery of pack supplies (Ph2A)	1
A P R	5	6	7	8	9	10	11		
	12	13	14	15	16	17	18	(4/09) Move instructional briefing & delivery of pack supplies (Ph2B) (4/09-4/11) MOVE PHASE 2A – MAIN MOVE (3-days)	1 3
	19	20	21	22	23	24	25	(4/19) MOVE PHASE 2A – MAIN MOVE continued (1-day) (4/20-4/22) Post-Move Support Center (3-days, mover 2-days)	1 3
	26	27	28	29	30	1	2	(4/30 or 5/01) MOVE PHASE 2B – FOCUS MOVES [Radiation, BioWatch]	1
M A Y	3	4	5	6	7	8	9	(5/03) MOVE PHASE 2B – FOCUS MOVES [Rabies, NBS] (5/04-5/06) Post-Move Support Center (3-days, mover 2-days)	1 3
	10	11	12	13	14	15	16	(5/11-5/13) Consolidate surplus items, regional labs/offices choose	3
	17	18	19	20	21	22	23		
	24	25	26	27	28	29	30	(5/25) Holiday – Memorial Day (5/26) MOVE selected items, one truck to each regional lab/office (3)	1
	31	1	2	3	4	5	6		

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Move Phasing Intent

Friday, January 30, 2015

PHASE 0 MILESTONES REQUIRED	PHASE 0 ACTIVITY
Certificate of Occupancy Select storage rooms punched and in MEDCO possession 24/7 on site physical security Electronic security system active Security SOPs complete Interim insurance purchased Loading dock/receipt process in place	Receive new equipment as ordered Store equipment in select rooms as provided
PHASE 1 MILESTONES REQUIRED	PHASE 1 ACTIVITY
Building clean Major material punchlist complete ISFPT complete through first week	MOVING APPROXIMATELY 10% OF THE FACILITY NO PEOPLE WILL BE MOVING AT THIS TIME MOVE designated equipment (redundant, with associated ancillary items, supplies, chemicals) MOVE designated archival freezers MOVE long-term files MOVE designated overstock supplies Begin vendor installation of new equipment Begin vendor reinstallation of moved equipment Begin employee validation of equipment Set up temperature alarm monitoring for new and moved equipment (freezers, etc.)
EARLY INSTALLATION/VALIDATION PERIOD	
Phase 1 completed	Complete vendor installation of new equipment Complete vendor reinstallation of moved equipment Complete employee validation of equipment Have as many scientific instruments up and running as possible during endurance
PHASE 2A MILESTONES REQUIRED	PHASE 2A ACTIVITY
Endurance complete Full possession of building / acceptance Certificate signed 6 weeks after the Phase 1 Early Move	MOVING APPROXIMATELY 70% OF THE FACILITY MOVE all labs and office contents, except for SAP and areas listed below as Phase 2B.
PHASE 2B MILESTONES REQUIRED	PHASE 2B ACTIVITY
2 weeks after the Phase 2A Main Move	MOVING APPROXIMATELY 20% OF THE FACILITY MOVE Rabies Lab MOVE NBS Division Others to be identified by division chiefs

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