



Spotsylvania County
 Partner Agency Application for Funding FY 2015
FACE SHEET



Agency Name: Rappahannock Area Health District – Spotsylvania County Health Department	
<i>Has Spotsylvania County Funded This Agency in Previous Years?</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address:	608 Jackson Street, Suite 200
Mailing Address/PO Box:	same
City: Fredericksburg	State: Virginia Zip: 22401
Telephone Number: (540) 899-4797	Fax Number: (540) 899-4599
Federal Tax ID #: 54-6001775	
Web Address:	http://www.vdh.virginia.gov/LHD/rappahan/index.htm
General Email Address:	
Agency Main Contact: Mary Pat Hoadley	Title: District Administrator
Telephone Number: (540) 322-5926	
E-Mail Address:	MaryPat.Hoadley@vdh.virginia.gov

Agency General Information

Agency Mission:

The mission of the Rappahannock Area Health District – Spotsylvania County Health Department is to protect and improve the health of our diverse community through disease prevention, health promotion, emergency preparedness, and environmental protection.

Number of years agency has been in operation: 100+

Localities Served: Counties of Spotsylvania, Stafford, King George and Caroline, and the City of Fredericksburg

Agency Financial Information

List Programs	Personnel Expenses	Benefits	Operating Expenses	Total Program Budget	Requested from Spotsylvania
1. Medical Services	2,568,776.00	787,601.00	1,006,524.00	4,362,901.00	366,093.00
2. Environmental Health	924,301.00	356,065.00	204,076.00	1,484,442.00	177,829.00
3.					
4.					
5.					
Agency Administration:	816,923.00	241,544.00	450,240.00	1,508,707.00	103,647.00
Capital Outlay:	0.00	0.00	0.00	0.00	0.00
Total Agency Budget:	4,310,000.00	1,385,210.00	1,660,840.00	7,356,050.00	647,569.00

If your application includes funding increases for personnel (to include new positions or merit / COLA increases), please check here and explain in detail the need for this type of increase under each program budget.

Attachment Checklist: (include <u>ONE</u> copy of each)	<input type="checkbox"/> IRS 501(c)(3) Letter	<input type="checkbox"/> Audit Report (with Audit Management Letter)	<input type="checkbox"/> Current Financial statement	<input type="checkbox"/> IRS 990
<input type="checkbox"/> Accountant Contact Information	<input checked="" type="checkbox"/> Organizational Chart	<input type="checkbox"/> Current Board Roster (with contact information)	<input type="checkbox"/> Agency's Current Strategic Plan	
Agency Director's Signature:	<i>Brooke Rossheim</i>	Brooke Rossheim, M.D., MPH	Date:	10/11/2013

District Director, Rappahannock Area Health District

Spotsylvania County
Partner Agency Funding Application FY 2015

Agency Name:
Rappahannock Area Health District

If your agency is requesting an increase or decrease in funding as shown on the Agency Financial Information Chart included on the Face Sheet, please describe, in detail, the reasons for these changes, in each category below for the Agency as a whole. Program specific increases can be given under the program descriptions in the next section. (The individual descriptions should not exceed 20 lines of text.)

Agency Administrative Expenses (to include funding increases for personnel (new positions, merit and/or COLA increases):

The Rappahannock Area Health District is requesting level funding of \$647,569 for Spotsylvania County Health Department.

Capital Outlay:

No Funding Requested

Spotsylvania County
Partner Agency Funding Application FY 2015

Agency Name:
 Rappahannock Area Health District

Historical Budget Information

Please complete the following chart with the financial information for the agency as a whole. In each area include the revenue specifically allocated to your agency from each locality/entity listed below.

	FY 2013 Actual	FY 2014 Budgeted	FY 2015 Projected
Caroline	371,957.00	308,450.00	308,450.00
Fredericksburg	414,219.00	414,280.00	414,280.00
King George	309,556.00	308,415.00	308,415.00
Spotsylvania	673,970.00	647,569.00	647,569.00
Stafford	603,873.00	535,938.00	535,938.00
United Way	0.00	0.00	0.00
Grants	1,347,856.00	1,613,745.00	1,613,745.00
Client Fees	1,241,856.00	996,530.00	996,530.00
Fundraising	0.00	0.00	0.00
Other (explain below)	2,430,002.00	2,531,123.00	2,531,123.00
Total Agency Revenue	7,393,289.00	7,356,050.00	7,356,050.00

Detail below what revenue is included in the category 'Other':

"Other" is the allocation received from the Commonwealth of Virginia – Department of Health.

Spotsylvania County
Partner Agency Funding Application FY 2015

Agency Name:
 Rappahannock Area Health District

Application Checklist		
Items to be completed		Comments:
X	Face Sheet	
X	Program Name	Programs consist of Medical and Environmental Health
X	Program Purpose/Description	
X	Justification of Need	
X	Target Audience	
X	Service Area	
X	Service Delivery	
X	Client Fees	
X	Budget Information	
X	Goals and Objectives	
X	Program Goal	
X	Most Recent Data Chart	

Program Name:
Medical Services

Each agency submitting a funding request must fill out the following pages for *each program* serving Spotsylvania County Citizens and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Spotsylvania County reserves the right to request additional information once the application has been submitted.

Program Name:	Medical Services	Is this a new program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Program Contact:	Michele Winters-Callender	Title:	Nurse Manager Sr.
Telephone Number:	540-322-5934		
E-Mail Address:	Michele.Callender@vdh.virginia.gov		

1. Program Purpose/Description: *(the following description should not exceed 10 lines of text)*

Provide high quality prevention and treatment health care services to the residents of Spotsylvania County and protect the public through detection, treatment and follow-up of residents with communicable diseases.

2. Justification of Need: *(Please state clearly why this service should be provided to the citizens of Spotsylvania County and why the Board of Supervisors should consider this funding request. If this is a new program, be sure to include the benefit to the County for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

In fiscal year 2013, Spotsylvania County Health Department performed 4,071 patient visits. With the stagnant economy, the need for Health Department services continues to increase. The medical program consists of Women, Infants and Children (WIC) Program, maternity care, family planning, chronic disease, communicable disease to include sexually transmitted disease, tuberculosis and rabies, immunization services, refugee services and Every Woman's Life (EWL).

3. Target Audience: *(The following should describe the specific population targeted by the program and should not exceed 5 lines of text.)*

Heavy emphasis is placed on pregnant mothers and children, especially infants and very young children. Many have no insurance and the Spotsylvania County Health Department will serve them at no charge or on a sliding scale, as their financial situation demands. Ages range from birth to end of life.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
 Medical Services

4. Service Area: (Please describe the program's intended geographic service area. This may include entire regions, localities, or specific schools, neighborhoods, etc.)

Rappahannock Area Health District serves Planning District 16, which includes the counties of Spotsylvania, Stafford, Caroline, King George, and the City of Fredericksburg. Each of these other jurisdictions has their own health clinic site for their citizens.

5. Service Delivery: (Please state the geographic location of the service, the duration and frequency offered to the clients.)

Spotsylvania County Health Department is located at 9104 Courthouse Road in Spotsylvania and is open from 8:00 AM to 4:30 PM, Monday through Friday (and extended hours as necessary), except for holidays

6. Client Fees: (Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)

Fees are set by the Virginia Department of Health (VDH) and contracts VDH has with health insurance carriers. We bill insurance companies for patients that have insurance. For patients who do not have insurance, a sliding scale (based on the Federal Poverty Income Guidelines) is used to determine how much a patient will contribute to their care.

7. Budget Information: (Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)

	FY 2013 Actual	FY 2014 Budgeted	FY 2015 Projected
Caroline	150,459.63	175,023.00	199,808.00
Fredericksburg	270,587.57	233,159.00	233,159.00
King George	139,997.64	181,202.00	181,502.00
Spotsylvania	363,622.59	368,593.00	366,093.00
Stafford	316,722.49	363,808.00	375,058.00
United Way	0	0.00	0.00
Grants	1,403,874.00	1,652,815.00	1,427,014.00
Client Fees	445,270.69	568,508.00	437,474.00
Fundraising	0.00	0.00	0.00
Other	796,119.23	620,450.00	1,142,793.00
Total Program Budget	3,886,653.84	4,163,858.00	4,362,901.00

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2015. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please note if any increase is sought for new positions or personnel, please explain in detail.

Level funding is requested for FY2015

Program Name:
Medical Services

8. Goals, Objectives, & Evaluation: *(Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

Program Goal 1:

To provide high-quality maternity and family planning care to all who are eligible and request such services.

Objectives:

1a.	Increase family planning patients by 10% per year.
1b.	Maintains current maternity caseload.

Program Goal 2:

Continue to provide communicable disease control through treatment of TB disease, disease surveillance and outbreak control.

Objectives:

2a.	Provide monitoring and follow-up of TB patients and those who may be exposed to TB carriers
2b.	Increase the community partnerships with regard to reporting in order to quickly control outbreaks. Statistically, this is not measurable, however, length of reporting time can be monitored.

Evaluation Method: *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

Measurement of the objectives is through data gathered on our patient care database. Year-to-year comparisons are performed to identify trends.

9. Outcome Data: *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

Data Collection Period: July 1, 2012 through June 30, 2013

Objective 1a.

In Fiscal Year 2012, 457 clients received family planning services. In Fiscal Year 2013, 511 clients received these services.

Objective 1b.

In Fiscal Year 2012, 283 women received maternity care. In Fiscal Year 2013, 398 women received maternity care. This is a 40.6% increase in caseload over the prior year.

Objective 2a.

In Fiscal Year 2012, 342 clients were tested for Tuberculosis. In Fiscal Year 2013, 227 clients were tested for TB.

Objective 2b.

In Fiscal Year 2013, we have seen an increase in reports of communicable diseases, which is indicative of increased reports from community partners.

10. Program Goal Updates: *(Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

Program Goal 1:

Our Family Planning Program goal is to increase the number of clients receiving services by 10%. Our Maternity Program goal is to maintain caseload.

Program Goal 2:

No changes will be made to the program goals for Fiscal Year 2015.

Spotsylvania County

Partner Agency Funding Application FY 2015

Program Name:

Medical Services

Program Service Data:		Service Period: 07/01/2012		to 06/30/2013						
Locality Served	Total Served		Race							
	FY 2013	FY 2015*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg	6,208	6,394	2,121	4,087	2,405	1,769	329	1,379	42	284
Caroline	1,395	1,437	338	1,057	782	459	5	87	6	56
King George	1,754	1,807	419	1,335	1,089	383	21	167	1	93
Spotsylvania	4,071	4,193	700	3,371	1,792	477	93	1,692	17	0
Stafford	4,821	4,966	1,016	3,805	2,251	934	107	1,434	14	81
Other										
Total	18,249	18,797	4,594	13,655	8,319	4,022	555	4,759	80	514

*Please include the projected number to be served in each locality for the upcoming fiscal year.

Locality Served	Age Groups								Income Levels				
	0-4	5-9	10-14	15-17	18-24	25-44	45-64	65 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg	318	188	398	201	1,522	2,370	909	302					
Caroline	40	25	214	63	309	432	155	157					
King George	50	53	149	87	409	529	281	196					
Spotsylvania	209	140	383	138	986	1,803	240	172					
Stafford	381	260	516	209	966	2,051	362	76					
Other													
Total													

If any of the above information is not available, please indicate why:

Our data system reports ages by 0-4; 5-9; 10-14; 15-17; 18-24; 25-44; 45-64; and 65+. We do not have ages on WIC clients available.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
Environmental Health

Each agency submitting a funding request must fill out the following pages for *each program* serving Spotsylvania County Citizens and for which funding is requested. Any incomplete applications or programs that do not have a full application will not be considered for funding. PLEASE do not include any unrequested information. Spotsylvania County reserves the right to request additional information once the application has been submitted.

Program Name:	Environmental Health	Is this a new program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program Contact:	Brent McCord	Title:	EH Manager, Sr.
Telephone Number:	540-322-5933		
E-Mail Address:	Brent.McCord@vdh.virginia.gov		

1. Program Purpose/Description: *(the following description should not exceed 10 lines of text)*

Provide protection of the public's health through environmental health oversight.

2. Justification of Need: *(Please state clearly why this service should be provided to the citizens of Spotsylvania County and why the Board of Supervisors should consider this funding request. If this is a new program, be sure to include the benefit to the County for funding a new request. The following should not exceed 10 lines of text, and should include the most recent data available.)*

Through regulations and laws of the Commonwealth, the Environmental Health Program ensures the safety of the citizens of Spotsylvania through a wide variety of environmental and public health programs which include: restaurant permitting and inspections, temporary food event permitting, on-site sewage disposal system permitting, alternative discharging sewage system permitting, private well permitting, rabies control program, marina program, hotel/motel program, migrant labor camp program, environmental complaint investigation, and other general environmental health programs.

3. Target Audience: *(The following should describe the specific population targeted by the program and should not exceed 5 lines of text.)*

The citizens and visitors of Spotsylvania County.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
 Environmental Health

4. Service Area: (Please describe the program's intended geographic service area. This may include entire regions, localities, or specific schools, neighborhoods, etc.)

The Rappahannock Area Health District services Planning District 16, which includes the counties of Spotsylvania, Stafford, Caroline, King George, and the City of Fredericksburg. Each of these jurisdictions has their own Environmental Health Office for their citizens.

5. Service Delivery: (Please state the geographic location of the service, the duration and frequency offered to the clients.)

Spotsylvania County Health Department – Environmental Health Office is located at 9104 Courthouse Road in Spotsylvania. The office is open to the public from 8:30 AM to 4:30 PM, Monday through Friday, except for State holidays. A weekend and holiday on-call service is maintained for rabies and restaurant emergencies.

6. Client Fees: (Please describe the fees clients must pay for the services provided in this program, and how those fees are determined.)

Client fees are set by the Commonwealth of Virginia. All permit fees are paid by the permit applicant. Fees are required for new well and septic permits, annual food establishment permits, and plan reviews for restaurants and hotel/motel permits.

7. Budget Information: (Please complete the following chart with the financial information for this program. In each area include the dollars specifically allocated/requested for this program.)

	FY 2013 Actual	FY 2014 Budgeted	FY 2015 Projected
Caroline	114,641.78	94,081.00	98,211.00
Fredericksburg	58,702.70	116,275.00	116,275.00
King George	46,188.62	75,667.00	75,667.00
Spotsylvania	198,698.26	176,579.00	177,829.00
Stafford	169,617.89	147,129.00	149,004.00
United Way		0.00	0.00
Grants	8,191.00	8,191.00	8,191.00
Client Fees	327,175.50	283,000.00	300,000.00
Fundraising		0.00	0.00
Other	494,010.50	555,300.00	559,265.00
Total Program Budget	1,417,226.25	1,456,222.00	1,484,442.00

Please indicate, in detail, reasons for increases or decreases in the amounts requested for FY 2015. Include whether these changes come from increases in personnel, benefits, or operating expenses. If an increase is being requested, please describe the impact not receiving an increase would have on the program. In particular, please note if any increase is sought for new positions or personnel, please explain in detail.

Level Funding is requested for FY2015

8. Goals, Objectives, & Evaluation: *(Please provide the following information regarding the goals and objectives for your program. Space has been provided for two goals, with two objectives per goal. If your agency is funded by the United Way, please include a copy of your Logic Model for this program as a supplemental attachment. Individual descriptions should not exceed 5 lines of text.)*

Program Goal 1:

To provide evidence and scientific based inspections of all permitted food establishments under the jurisdiction of the Health Department in a timely, regular frequency to help assure a safe food source to the public.

Objectives:

1a. Inspect permitted public eating establishments minimally twice a year.

1b. Provide an initial investigation of food establishment complaints within 48 hours and appropriate follow-up as necessary based on the investigation results.

Program Goal 2:

Provide proper and timely review of all septic and well permit applications to ensure compliance with laws and regulations for water supplies and onsite sewage disposal systems.

Objectives:

2a.

1. Process bare and OSE private well and septic applications within 15 workdays.
2. Process bare subdivision applications for on-site sewage systems within 60 calendar days.
3. Process applications with a professional engineer design within 21 calendar days.

2b.

Evaluation Method: *(Please describe the method used to measure the above goals/objectives. Please do not exceed 10 lines of text.)*

Measurement of the objectives is through data gathered from our environmental reporting records.

9. Outcome Data: *(Please give the most recent outcome data for the objectives above. Indicate below what time period the data covers.)*

Data Collection Period: July 1, 2012 through June 30, 2013

Objective 1a.

There were 322 food establishments permitted for this time period. 9% did not receive two inspections within the one year time period. Staffing turnover was a problem and hiring of trained or qualified, trainable staff prevented meeting the objective. RAHD is getting closer to meeting full staff levels where we can expect to meet the Objective 1a. of inspecting food establishments minimally twice a year.

Objective 1b.

100% of food establishment complaints were investigated within 48 hours of receipt.

Objective 2a.

Over 95% of applications were reviewed and processed within the established time frames for each of the three objectives identified.

Objective 2b.

10. Program Goal Updates: *(Please provide a brief description of the current status of your program goal(s), given your outcome data. For example, if reported data was well below the stated outcome measure, please indicate why you feel that is the case. Also, include how your outcome data will influence or modify the program for the upcoming fiscal year. These descriptions should not exceed 20 lines of text.)*

Program Goal 1:

No changes will be made to the program goal for Fiscal Year 2015.

Program Goal 2:

No changes will be made to the program goal for Fiscal Year 2015.

Spotsylvania County
Partner Agency Funding Application FY 2015

Program Name:
Environmental Health

Program Service Data:		Service Period:		July 1, 2012		June 30, 2013				
Locality Served	Total Served		Race							
	FY 2013	FY 2015*	Male	Female	Caucasian	African American	Asian	Hispanic	American Indian	Other
Fredericksburg	0	0								
Caroline	96	102								
King George	88	93								
Spotsylvania	238	252								
Stafford	272	288								
Other										
Total	694	735								

**Please include the projected number to be served in each locality for the upcoming fiscal year.*

Locality Served	Age Groups							Income Levels					
	0-4	5-10	11-13	14-18	18-25	25-40	40-60	60 +	Under \$10,000	\$10,000 - \$19,000	\$20,000 - \$39,000	\$40,000 - \$59,000	Over \$60,000
Fredericksburg													
Caroline													
King George													
Spotsylvania													
Stafford													
Other													
Total													

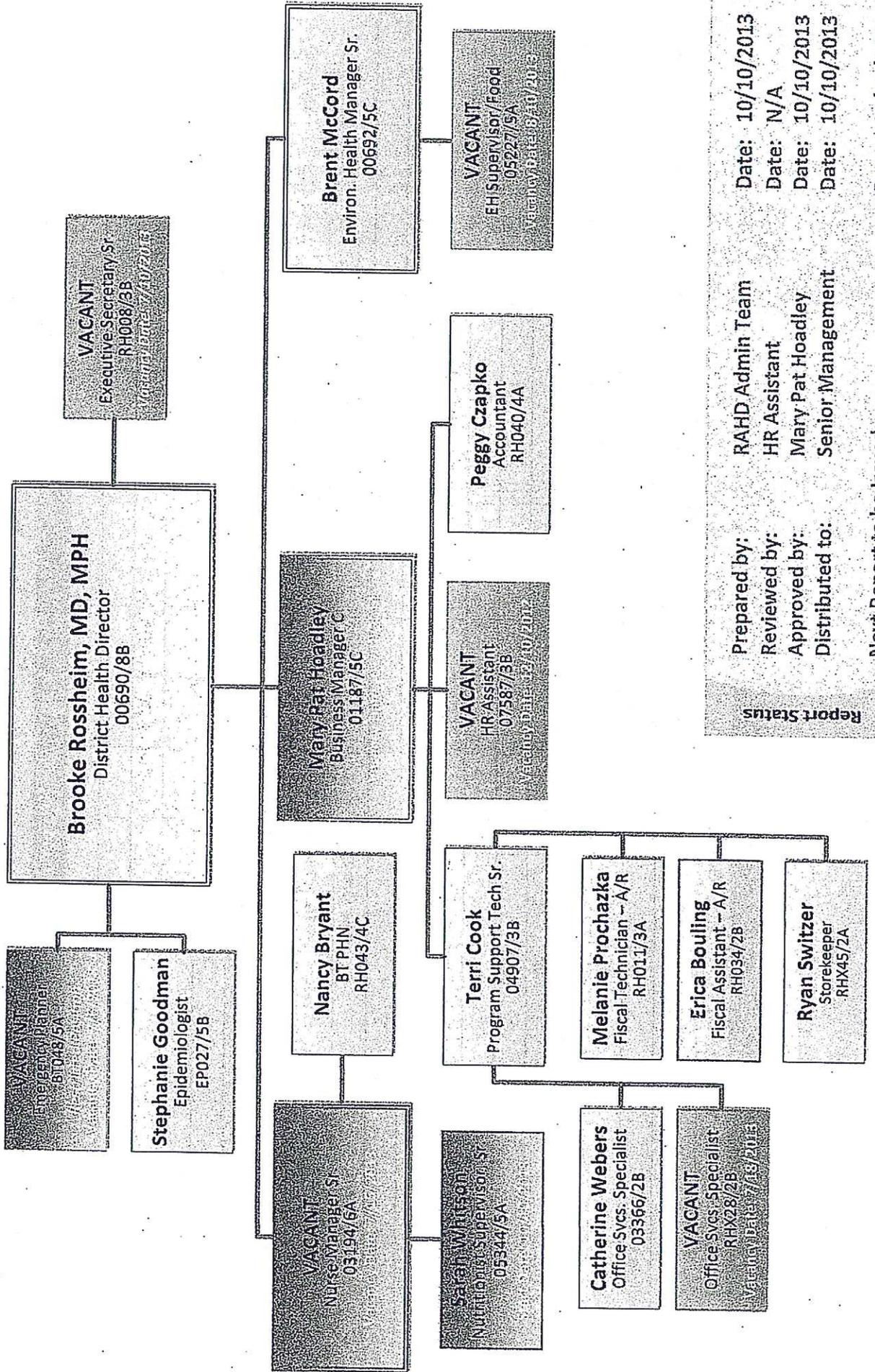
If any of the above information is not available, please indicate why:

The above figures are the total number of Sewage/Well Applications received. Other above-requested information is not collected on the database and is therefore unavailable.

Rappahannock Area Health District

DISTRICT OFFICE

as of 10/11/2013



Report Status

Prepared by:	RAHD Admin Team	Date:	10/10/2013
Reviewed by:	HR Assistant	Date:	N/A
Approved by:	Mary Pat Hoadley	Date:	10/10/2013
Distributed to:	Senior Management	Date:	10/10/2013
Next Report to be Issued:		Date:	10/18/2013