

Health & Human Services – Increase Access to High-Quality Health Care and Assist Our Most Vulnerable Citizens to Live Independently

Contributing Agencies & Mission Statements

Department of Aging

John Michael Hall, Secretary
www.aging.state.pa.us
Complement Level: 119
Total Budget: \$1,073.388 M

The mission of the Department of Aging is to enhance the quality of life of all older Pennsylvanians by empowering diverse communities, the family and the individual.

Department of Agriculture

Russell C. Redding, Secretary
www.agriculture.state.pa.us
Complement Level: 690
Total Budget: \$265.619 M

The mission of the Department of Agriculture is to encourage, protect and promote agriculture and related industries throughout the commonwealth while providing consumer protection through inspection services that impact the health and financial security of Pennsylvania's citizens.

Department of Health

Everette James, Secretary
www.health.state.pa.us
Complement Level: 1,613
Total Budget: \$879.168 M

The mission of the Department of Health is to promote healthy lifestyles, prevent injury and disease, and assure the safe delivery of quality health care for all Pennsylvanians.

Pennsylvania Insurance Department

Joel Ario, Commissioner
www.insurance.state.pa.us
Complement Level: 403
Total Budget: \$951.839 M

The mission of the Insurance Department is to protect and educate Pennsylvanians in order to safeguard consumer rights and ensure access to health and other vital insurance products.

Department of Military and Veterans Affairs

Major General Jessica L. Wright,
Adjutant General
www.dmva.state.pa.us
Complement Level: 2,474
Total Budget: \$459.675 M

The Department of Military and Veterans Affairs has two missions:

- *To provide quality services to Pennsylvania veterans and*
- *To prepare soldiers and airmen for combat.*

Department of Public Welfare

Harriet Dichter, Acting Secretary
www.dpw.state.pa.us
Complement Level: 18,871
Total Budget: \$24.428 B

The mission of the Department of Public Welfare is to promote, improve and help maintain the highest quality of life for Pennsylvania families; support families' efforts to break the cycle of dependence, find permanent employment and move from welfare to work; provide access to the highest quality services that help keep Pennsylvania's most vulnerable citizens safe and healthy; and wisely and carefully manage taxpayers' investment in programs and services.

Department of Revenue

C. Daniel Hassell, Secretary
www.revenue.state.pa.us
Complement Level: 2,385
Total Budget: \$1,007.4 M

The mission of the Department of Revenue is to fairly, efficiently and accurately administer the tax laws and other revenue programs of the commonwealth to fund necessary government services.

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Family Support Services

Key Objective: Increase permanency for out-of-home children.

Why this objective is important: Safety, permanency and well-being are primary goals of the Department of Public Welfare in placing children out-of-home and connecting them with legal, permanent families. In addition, the department helps juvenile offenders safely transition back into the home and community after discharge.

How we are doing: The Department of Public Welfare continues to find permanent homes for out-of-home children. Continued improvement in increasing permanency rates for out-of-home children will be based on the availability and accessibility of evidence-based community services and agency attitudes toward engaging families in case planning and service delivery. Initiatives to improve performance include:

- Working with 16 counties through the National Governor’s Association Policy Academy to safely reduce by 15 percent the number of children placed out of home.
- Collaborating with the Administrative Office of Pennsylvania Courts to change local agency and court practice in order to find permanent homes for children in a timely manner.

Out of Home Care Children in Pennsylvania		
Permanency Outcome Measures	2007-08	2008-09
The number of dependent children placed out of home	37,613	34,728
The number of dependent children who found permanent homes through adoption, legal custodianship and placement with relatives	3,674	4,124
The percentage of youth participating in the State Reintegration Program who have not re-entered the juvenile justice system within six months of discharge	89%	87%

Data Source: Pennsylvania’s Adoption and Foster Care Analysis and Reporting System (AFCARS)

Key Objective: Increase the percentage of families seeking child support for whom the courts order support.

Why this objective is important: Child support is the court-ordered payment of funds by one parent to the custodial parent of a minor child after divorce or separation. It is a critical source of income for families headed by single parents. When combined with work and work-related income, child support reduces reliance on tax-funded benefits and promotes economic self-sufficiency.

How we are doing: In 2008-09, Pennsylvania exceeded national benchmarks for paternity cases with orders, as it has since 2005-06.

Percentage of Families Awarded an Order for Support by Courts Continues to Increase					
Paternity Cases with Orders, by Fiscal Year	Pennsylvania 2005-06	Pennsylvania 2006-07	Pennsylvania 2007-08	Pennsylvania 2008-09	National Benchmark 2008-09
Percentage of families seeking child support for whom the courts ordered support	84.5%	88.4%	88.9%	89.3%	78%

Data Source: Department of Public Welfare

Unfavorable economic conditions will likely increase the number of non-custodial parents who are unemployed, increasing the percentage of custodial parents seeking court-ordered support in coming years.

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Family Support Services *(continued)*

Initiatives to improve performance include:

- Two fatherhood programs, the federally funded Access and Visitation Grant Program and the state-funded New Employment Opportunities for Parents. Both programs provide funding to local agencies that establish programs to help families in which the parents are not married, are separated or are divorced.
- Electronic disbursement of support, which ensures delivery within three business days and eliminates paper checks and postage.
- A child support Web site open to the public.

Key Objective: Increase the financial stability and self-sufficiency of Temporary Assistance for Needy Families (TANF) recipients through job placements.

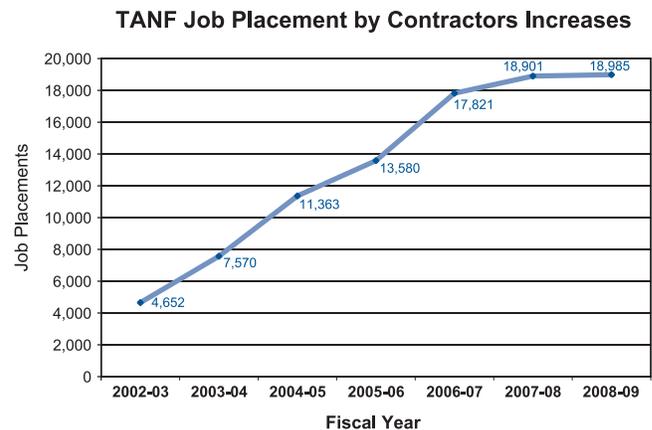
Why this objective is important: TANF provides cash assistance to families for a limited time, based upon strict income and resource limits. Able parents must agree to participate in work programs or education designed to provide them with the skills necessary to find and maintain employment.

How we are doing: Job placements by employment and training contractors have increased each year since 2002-03. The Department of Public Welfare validates job placements through on-site monitoring and case reviews.

Unfavorable economic conditions have diminished the number of job opportunities available to TANF clients seeking employment.

Initiatives to improve performance include:

- Move Up, a program which targets individuals participating in employment and training programs who do not have a high school diploma.
- Employment Advancement Retention Network (EARN), which provides case management, job readiness and placement services to persons transitioning into long-term employment.



Data Source: Department of Public Welfare, Commonwealth Workforce Development System

Key Objective: Maintain assistance for low-income families to locate and pay for child care.

Why this objective is important: Child care subsidies promote longer employment durations among women, regardless of marital status or educational attainment. Moreover, single mothers of young children who receive child care assistance are 40 percent more likely to still be employed after two years and former welfare recipients are 60 percent more likely to still be employed after two years than those who do not receive any help paying for child care.

How we are doing: The Department of Public Welfare serves more than 130,000 children through Child Care Works subsidies to Temporary Assistance for Needy Families (TANF), former TANF and low-income families. The percentage of TANF families who choose regulated care for their children while they attend

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Family Support Services *(continued)*

an approved employment or training program increased from 57 percent in 2007-08 to a record high 71 percent in 2008-09. The department is currently:

- Developing strategies and improving investments to address the low-income waiting list, which reached an unprecedented 16,000 children in 2008-09.
- Planning to use additional child care funds provided by the American Recovery and Reinvestment Act of 2009.

Data Source: Pennsylvania's Enterprise to Link Information for Children Across Network (PELICAN).

Nutrition and Food Safety

Key Objective: Increase access to food for nutritionally at-risk Pennsylvanians.

Why this objective is important: State and federal programs provide food for people at risk for hunger. The Department of Agriculture is working to ensure that all Pennsylvanians know about these programs and can secure the food they need to remain healthy and productive.

How we are doing: Demand for emergency food has grown throughout Pennsylvania by more than 50 percent since 2007. The Department of Agriculture works with nearly 1,800 agencies to bridge the gap between what Pennsylvanians can afford and the nutrition they need. In addition, the department provides funding to 1,520 sub-recipient agencies.

Between 2008 and 2009:

- The State Food Purchase Program provided more than 33 million pounds of food, yielding approximately 26.5 million meals, to 1.03 million households.
- The Farmer's Market Nutrition Program (FMNP) provided vouchers to seniors and Women Infant & Children (WIC) program recipients so that they could buy more than \$4.8 million worth of fresh, local produce at farmers markets across the state. Seniors redeemed FMNP vouchers at a rate of 87 percent, or \$3,124,800.
- The Commodity Supplemental Food Program served 14,583 seniors and WIC recipients each month. The program provided seniors and WIC recipients with 2.1 million pounds of food worth \$1.575 million.
- The National School Lunch Program served almost 57 million pounds of food to students in 886 schools or school districts. Studies have shown that a full stomach is an important part of the learning process, making critical these free or reduced-cost meals.

State and Federal Food Programs for At-Risk Individuals				
	2005-06	2006-07	2007-08	2008-09
State Food Purchase Program - Individuals Served	2.6 million	2.6 million	2.8 million	3.2 million
National School Lunch Program - Students Served	962,000	956,000	988,000	1,030,000
Emergency Food Assistance Program - Individuals Served	2.7 million	2.7 million	2.9 million	3.1 million
Participating Farmer's Markets and Farm Stands	847	849	950	1,125
Farmer's Market Nutrition Program - Women, Infant & Children Redemption Rates	58%	57%	59%	60%

Source: Department of Agriculture

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Nutrition and Food Safety (continued)

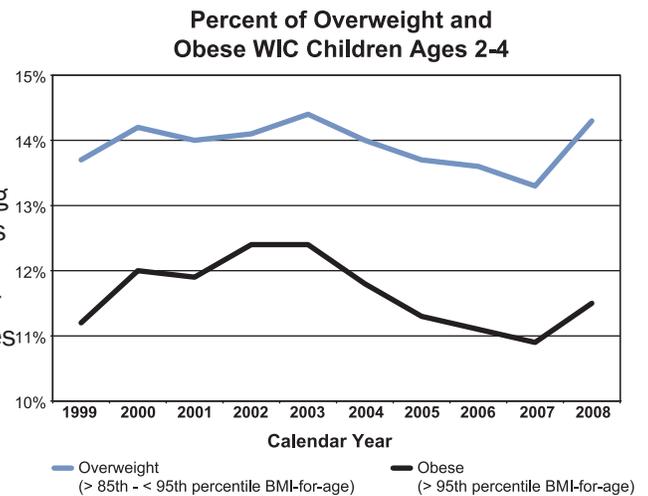
Key Objective: Increase the availability of more nutritious foods and nutrition information to those eligible for Women, Infants & Children (WIC) assistance and decrease the percentage of overweight and obese WIC children between the ages of two and five.

Why this objective is important: Better eating habits during the critical stages of fetal and early childhood development result in improved health and prevent obesity.

How we are doing: The Department of Health’s WIC program serves more than 260,000 participants monthly. WIC’s target population has consistently grown over the past three years and is expected to increase during difficult economic times.

The premier public health nutrition program in the country, WIC is primarily a preventive program, not a direct intervention program. Since 2000, WIC has incorporated obesity prevention messages into daily operations. In conjunction with food package tailoring to reduce milk and juice quantities based on a child’s age, that effort helped to decrease the prevalence of overweight and obese children ages two through four from 2003 through 2007. Pennsylvania WIC continues to have lower prevalence rates for overweight and obese children than the national average.

The major challenge WIC faced in reducing obesity was the inability to provide participants with specific foods, such as fruits and vegetables, that supported the nutrition message. On October 1, 2009, foods such as fruits and vegetables, whole grains, soy beverages and tofu became available to eligible participants, which will hopefully lead to reductions in obese and overweight children. The United States Department of Agriculture (USDA) regulates the types and amounts of foods provided while WIC offers nutrition education and information about the benefits of the new foods and quantities provided.



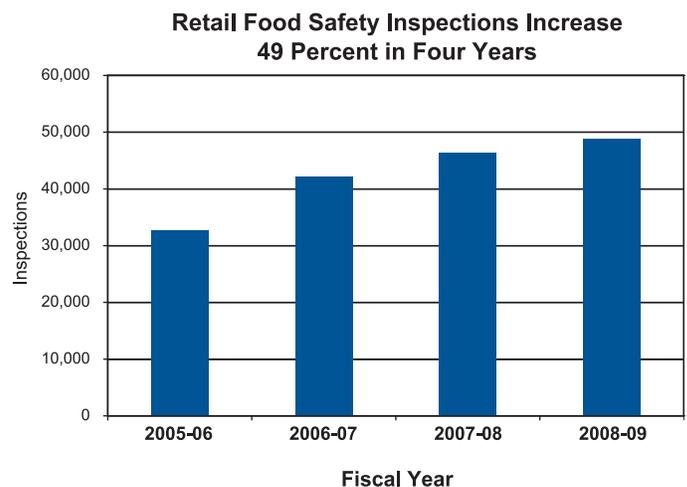
Source: PA PedNSS, 2008

Key Objective: Reduce food-borne illness threats through more efficient inspections.

Why this objective is important: Protecting our food supply is a critical part of keeping Pennsylvania growing. Through inspections and laboratory services, the Department of Agriculture helps eating and drinking establishments, food wholesalers, retailers and processors, and farmers better understand their role in Pennsylvania’s food safety efforts.

How we are doing: In 2008, the Department of Agriculture launched the Strategy for Agriculture and Food Excellence, or SAFE, initiative. This initiative looks at food safety from the farm through to the fork, highlighting the role of the department in protecting consumers and farmers.

In early 2009, Governor Rendell announced the creation of the Food Safety Council. Comprised of 33 stakeholders from the public and private



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Nutrition and Food Safety (continued)

sectors and co-chaired by the Secretaries of Agriculture and Health, the Food Safety Council advises the Governor on state, local and federal efforts to improve food safety.

PDA Retail Food Safety Inspections Per Inspector Have Increased				
	2005-06	2006-07	2007-08	2008-09
Inspections per Food Inspector	563	704	747	729

Source: Department of Agriculture

Access to Quality Health Care Services

Key Objective: Provide access to health insurance to Pennsylvanians to whom coverage is not available.

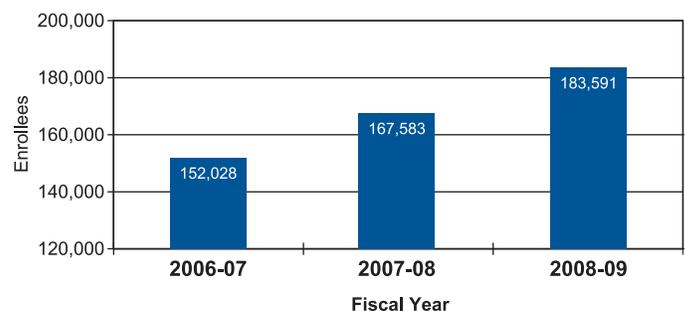
Why this objective is important: According to the Pennsylvania Insurance Department's recent Health Insurance Status Survey, 4.6 percent of children in Pennsylvania are uninsured, a 0.6 percent increase since 2004. In 2007, the Governor's *Cover All Kids* initiative expanded the Children's Health Insurance Program (CHIP) to include all income levels of uninsured children and teens not eligible for Medical Assistance. More than 11,000 children currently enrolled in CHIP would not have been eligible before the expansion.

Recognizing the need to provide accessible and affordable health care coverage to the state's uninsured adults, the commonwealth launched adultBasic in 2002 to cover the basic health care needs of eligible Pennsylvanians 19 to 64 years old who have no health insurance.

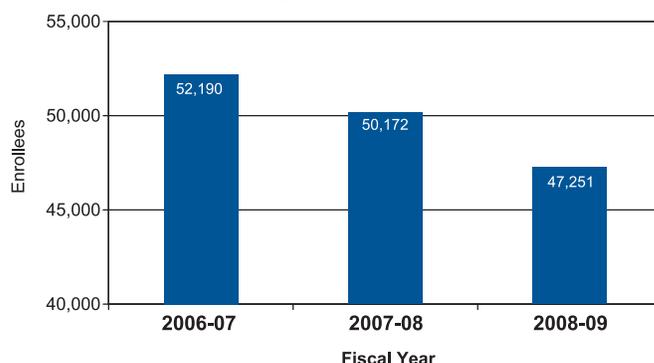
How we are doing: The CHIP Web site, www.chipcoverspakids.com, includes new information and resources, such as an e-tool kit for legislators, school districts, health clinics and other organizations, and now is completely available in Spanish. The site averages more than two million hits per month.

adultBasic provides a basic health insurance package for eligible adults 19 to 64 years old whose incomes exceed Medical Assistance limits but who still face difficulty affording health insurance. Those enrolled pay a monthly premium that averages approximately \$35. Due to limited funding and extraordinary demand for adultBasic, the department implemented a waiting list just six months after adultBasic started. Those on the waiting list may purchase coverage at the state rate.

CHIP Enrollment Increased By More Than 31,500 Children Since 2006-07



Average adultBasic Enrollment



adultBasic Average Monthly Waiting List	
2006-07	74,702
2007-08	91,550
2008-09	164,633

Source: Insurance Department

Note: The decrease in annual enrollment is a result of increased insurance provider costs and a decrease in available funding.

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Access to Quality Health Care Services *(continued)*

Key Objective: Ensure that eligible older Pennsylvanians who need help in paying for medications are enrolled in PACE/PACENET.

Why this objective is important: Assisting older Pennsylvanians with the cost and proper use of medications helps them to stay healthy, independent and productive.

How we are doing: The Department of Aging administers the Pharmaceutical Assistance Contract for the Elderly (PACE) and PACE Needs Enhancement Tier (PACENET) programs that provide pharmaceutical assistance for qualified Pennsylvania residents 65 years of age and over who meet certain income requirements. Nearly all older Pennsylvanians enrolled in the program rely primarily on Social Security for their annual income and in most years receive annual cost-of-living adjustments that increase their income. Each year, enrollees whose income rises sufficiently lose PACE coverage and move into PACENET. Such transfers accounted for significant decreases in PACE enrollments in 2007-08 and 2008-09, and corresponding increases in PACENET enrollments.

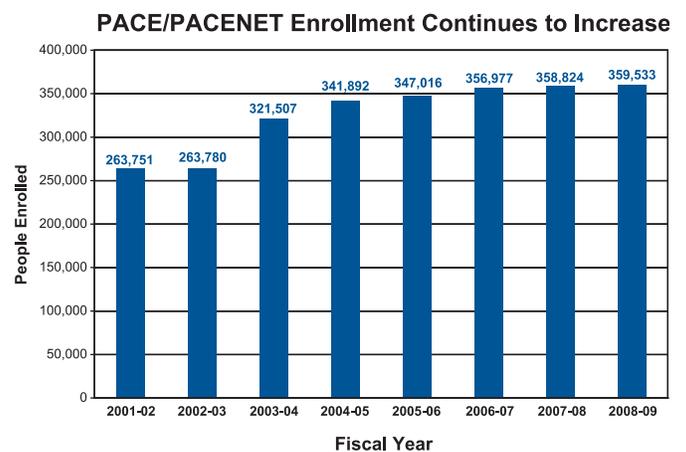
Comprehensive PACE Program	2005-06	2006-07	2007-08	2008-09
Total Prescriptions per year	9,119,960	7,705,695	6,509,484	5,562,809
Average PACE cost per prescription	\$44.42	\$27.00	\$26.10	\$23.69

PACENET Program	2005-06	2006-07	2007-08	2008-09
Total Prescriptions per year	5,155,308	5,319,789	5,635,783	6,043,171
Average PACENET cost per prescription	\$38.20	\$25.62	\$27.12	\$25.91

The PACE/PACENET programs enrolled 709 more Pennsylvanians in 2008-09 than in 2007-08, a small but significant increase given the shrinking enrollment pool.

Maintaining the comprehensive benefit structure remains a challenge. Medicare Part D, a catastrophic benefit structure requiring out-of-pocket payments that are much higher than in PACE or PACENET, covers 80 percent of Pennsylvanians enrolled in PACE or PACENET. Ensuring that these enrollees pay only their PACE or PACENET co-payment at the pharmacy, while the state pays the balance of the Part D billing, is a sizeable challenge.

In 2003, the commonwealth coordinated its PACE/PACENET benefit with the new federal outpatient prescription drug benefit known as Medicare Part D. The implementation of the Pennsylvania Price Finder Web site in 2008 further enhanced the PACE program. The Price Finder Web site offers consumers up-to-date drug price comparisons for virtually all Pennsylvania pharmacies so Pennsylvania consumers can find the least expensive options.



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Access to Quality Health Care Services *(continued)*

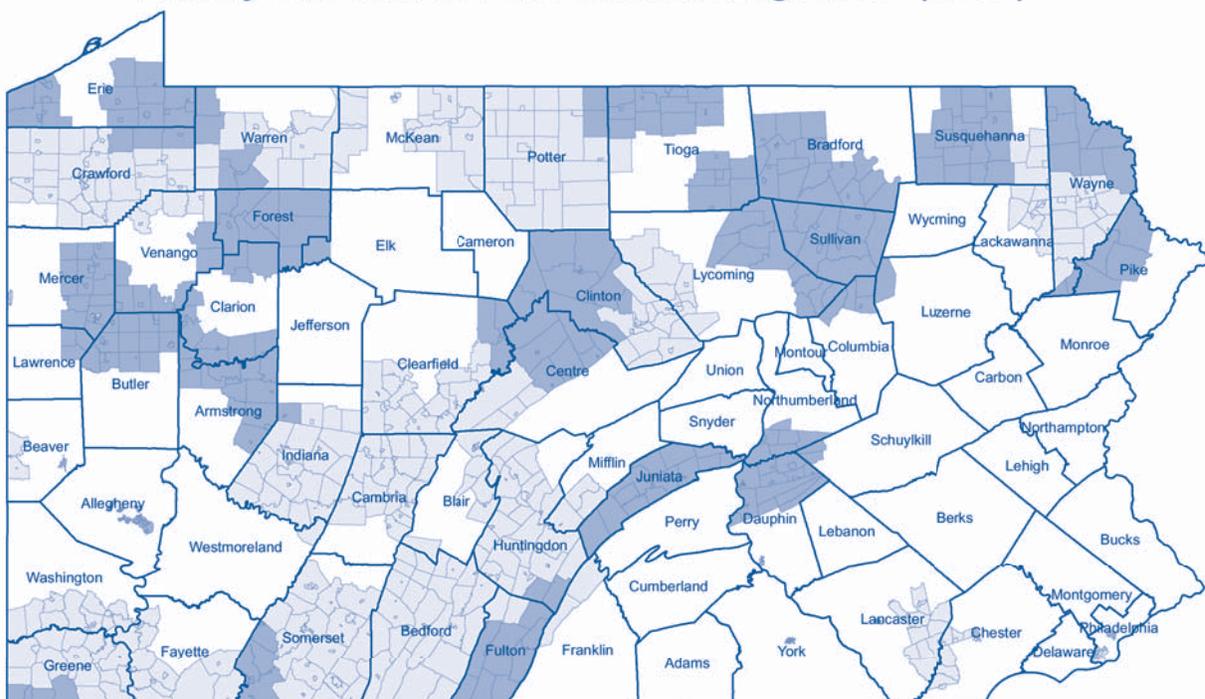
Key Objective: Increase access to primary medical and dental care services in underserved areas of the state.

Why this objective is important: Increasing primary health care services to underserved areas allows more Pennsylvanians to receive high-quality health care. Pennsylvania has approximately 880,000 uninsured adults and the Department of Health’s funded grantees must accept every patient regardless of ability to pay.

How we are doing: The department targets funding to federally designated health shortage areas through the Community Primary Care Challenge Grant program. These grants increase access to primary care. To ensure primary health care services continue beyond department funding, the department requires grantees to provide sustainability plans that identify potential continued funding sources. In 2008-09, all 22 organizations whose Community Challenge Grant funding ended within the past three years continue to provide health care services to underserved communities. Between 2005-06 and 2008-09, new patient visits at Community Challenge Grant sites averaged 53,322 annually. New patient visits reached 62,700 in 2006-07 because there were more grantees and two grantees were in high-population areas.

New Patients at Community Challenge Grant Sites				
Fiscal Year	2005-06	2006-07	2007-08	2008-09
Number of New Patients	39,760	62,700	56,740	54,089

Pennsylvania's Currently Designated Primary Care Health Professional Shortage Areas (HPSA)

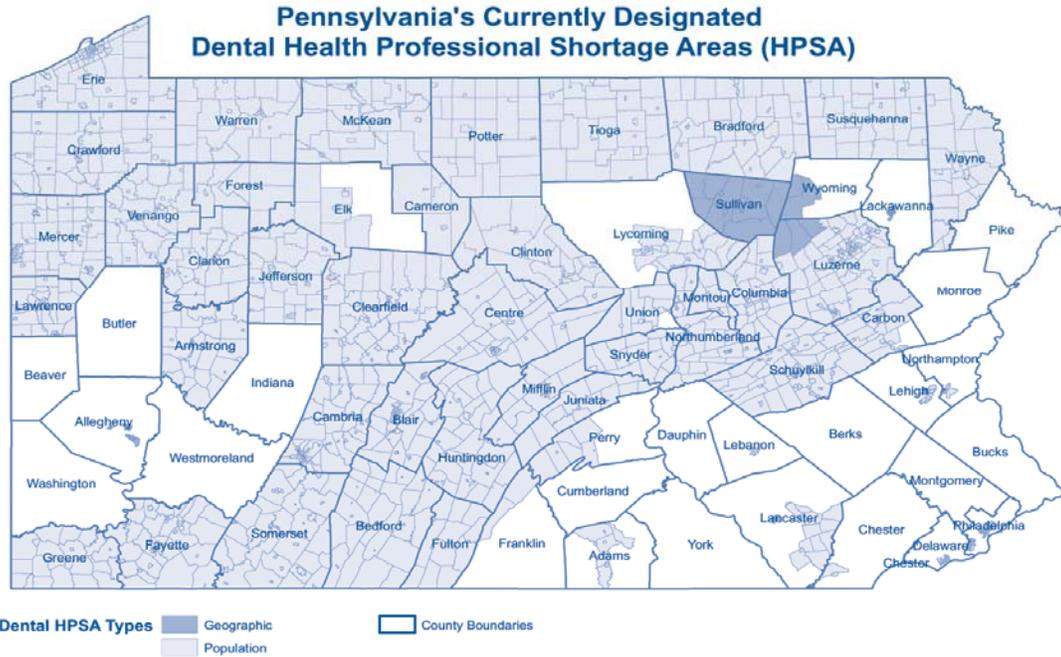


Primary Care HPSA Types

- Geographic
- County Boundaries
- Population

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Access to Quality Health Care Services (continued)



Community Primary Challenge Grants				
Health Professional Shortage Areas (as of 07/20/2009)	Primary Care	Dental	Mental Health	Medically Underserved Area
Number of designated areas	177	139	95	139
Total population in designated areas	1,433,375	1,597,121	1,850,876	1,814,633
Underserved population in designated areas	731,437	1,114,063	1,230,268	1,814,633

Source: Department of Health

Demand for new community challenge grants is much greater than available funding. Demand for education loan repayment programs, which offer incentives for providers to work in medically underserved areas, also exceeds available funding. Prescription for PA funding helped by providing funds for additional grants. The department continues to search for additional resources.

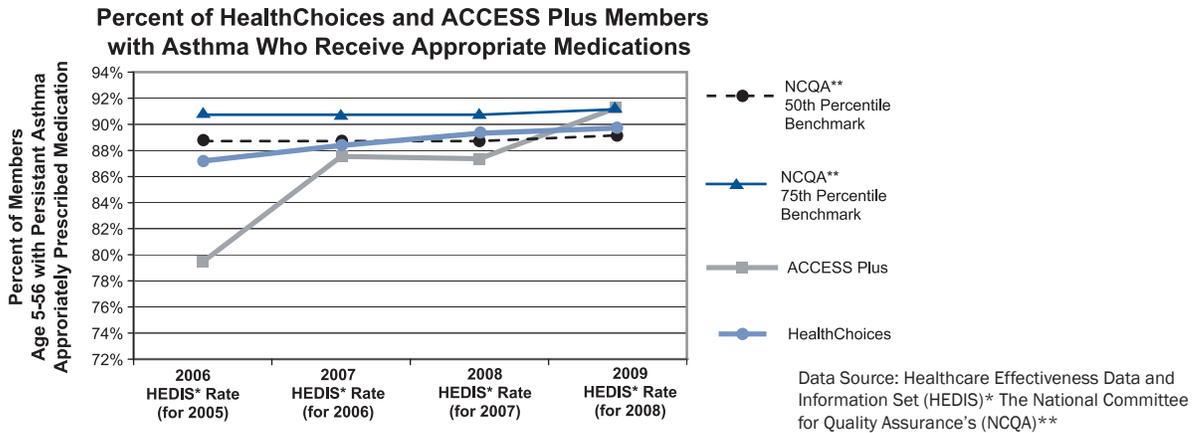
Key Objective: Increase the use of appropriate medications for people with asthma in the Medical Assistance program.

Why this objective is important: Proper management and medication therapy can greatly reduce the risks associated with asthma. Improved patient adherence to appropriate medications may lead to improvements in quality of life, avoidance of asthma-related hospitalizations and emergency room visits, and a reduction in costs arising from poor control.

How we are doing: The Department of Public Welfare has set a goal of reaching or exceeding the National Committee for Quality Assurance's (NCQA) 75th percentile benchmark for use of appropriate asthma medications. Most Pennsylvanians enrolled in the Medical Assistance program receive their services either through HealthChoices (managed care plan) or ACCESS Plus (a fee-for-service system). Of HealthChoices and ACCESS Plus program members identified as having persistent asthma, 89.71 percent of the HealthChoices program members and 91.29 percent of ACCESS Plus program members were prescribed appropriate medications in calendar year 2008.

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Access to Quality Health Care Services (continued)

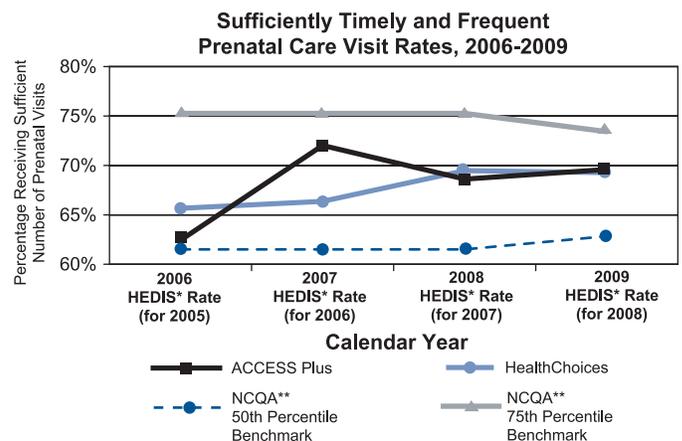
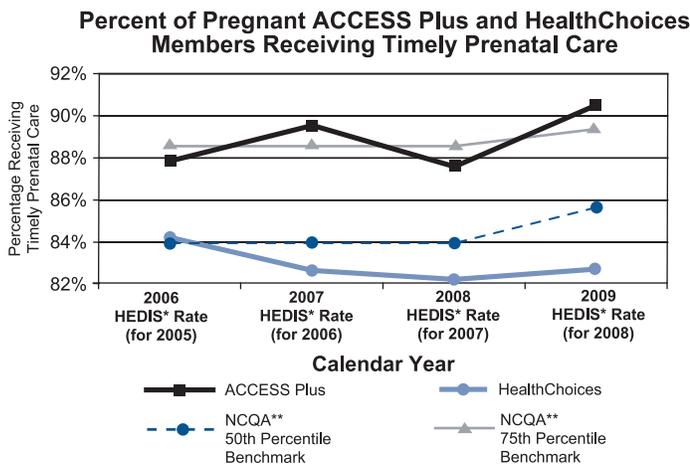


Key Objective: Increase the percentage of pregnant women in the Medical Assistance program who obtain timely prenatal care.

Why this objective is important: Access to timely prenatal care is essential to improving birth outcomes, reducing preterm delivery rates and creating a positive prenatal experience for the mother. Timely and frequent prenatal visits can prevent many pregnancy complications, resulting in lower health care costs.

How we are doing: The Department of Public Welfare has set a goal of reaching or exceeding the National Committee for Quality Assurance's (NCQA) 75th percentile benchmark for timely prenatal care, defined as within the first trimester or within 42 days of enrollment in HealthChoices or ACCESS Plus. The HealthChoices program rate of 82.73 percent falls just short of the 50th percentile while the ACCESS Plus rate of 90.51 percent exceeds the 75th percentile. Both HealthChoices and ACCESS Plus exceed the 50th percentile for sufficiently frequent prenatal care, defined as receiving at least 81 percent of expected prenatal visits.

Challenges to providing timely and adequate prenatal care include access to obstetrics and gynecology providers and specialists and lack of knowledge about the importance of prenatal care. The department has identified opportunities to improve performance through improved access to obstetricians and specialists by increasing reimbursements in 2008-09, implementing more stringent contract requirements and allowing consumers, particularly those in rural areas, to use telemedicine to access fetal maternal medicine specialists.



Data Source: Healthcare Effectiveness Data and Information Set (HEDIS)* The National Committee for Quality Assurance's (NCQA)**

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Access to Quality Health Care Services *(continued)*

Key Objective: Increase the state’s ability to serve the health needs of those with Limited English Proficiency in order to decrease health disparities in Pennsylvania.

Why this objective is important: According to the U.S. Census 2007 American Community Survey, 13 percent of Pennsylvania households speak a language other than English. Of these 542,925 households, 108,739 are classified as linguistically isolated, which means that no one in the household over age 14 is fluent in English. These households represent 419,112 Pennsylvania residents with limited or no ability to communicate in English.

Household Languages in PA, 2007	
Total Households in PA	4,873,482
English-Speaking	4,330,557
Non-English-Speaking	542,925 (13%)
Spanish:	209,666
Linguistically isolated	45,677 (22%)
Asian and Pacific Island languages:	79,439
Linguistically isolated	25,464 (32%)
Other languages:	253,820
Linguistically isolated	37,598 (14%)

Source: U.S. Census Bureau, 2007 American Community Survey

How we are doing: In 2008-09, the Department of Health:

- Provided multi-year grants to five organizations in Pennsylvania to increase the number of foreign language interpreters working in primary care and to establish cultural competency training as part of the curriculum in health professional schools.

With department funding, Penn State created a Medical Interpreter training program that enrolled 34 students its first semester and hopes to train 50 students by the end of 2009.

- Awarded multi-year grants to four organizations in Pennsylvania and one-time, mini-grants to 12 organizations to increase workforce diversity by increasing the number of minority students and faculty in health professions schools. With department funding, the University of Pennsylvania increased the number of minority faculty in the School of Medicine and has enrolled ten minority students in the clinical education track.

Demand for interpretive services by health care providers and institutions continues to increase. Lack of funding for the Medical Interpreter/Cultural Competency programs will affect the department’s ability to train and certify interpreters.

Key Objective: Decrease the rate of healthcare-associated infections.

Why this objective is important: Healthcare-associated infections (HAIs) significantly increase both hospital in-patient stays and related costs. The likelihood that a patient will die as a result of hospitalization is six times higher if that patient contracts an HAI. In 2007, the average cost for a patient who contracted an HAI was more than five times that of the uninfected: \$191,872 vs. \$35,168.

Source: Pennsylvania Health Care Cost Containment Council, www.phc4.org/reports/hai/07

How we are doing: Nineteen states, including Pennsylvania, have mandatory HAI reporting requirements. However, Pennsylvania requires more kinds of health care facilities to report more infection types than any other state. In 2008-09, all hospitals in Pennsylvania enrolled in the National Healthcare Safety Network to ensure accurate reporting. In addition, the Department of Health:

- Phased nursing home HAIs into the Patient Safety Reporting System in June 2009.
- Identified potential reporting errors for each health care facility.
- Made \$493,000 in mini-grants available to nursing homes for infection control and surveillance training.

Future initiatives include establishing an HAI baseline and working with health care providers to reduce hospital and nursing home HAIs by 10 percent. The department applied for federal funds to expand HAI efforts to track bacteria like Methicillin-resistant Staphylococcus Aureus (MRSA).

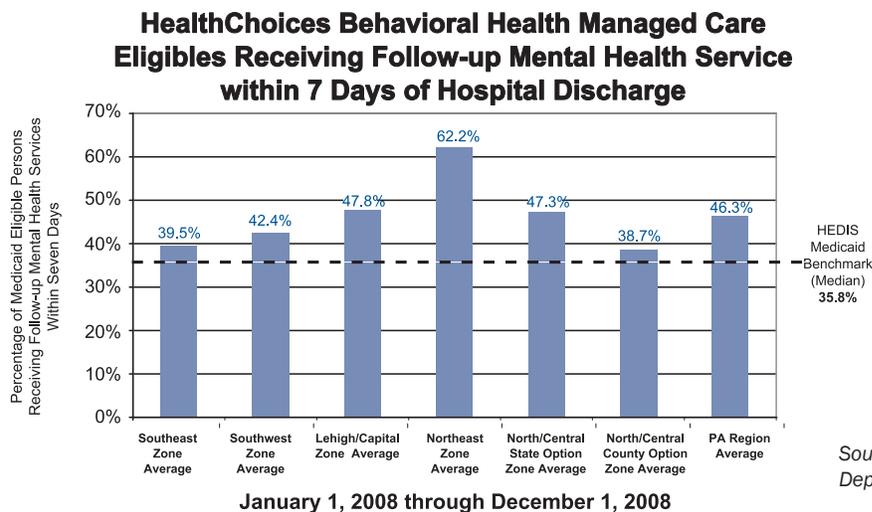
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Access to Quality Health Care Services *(continued)*

Key Objective: Increase the percentage of Medicaid-eligible children, adolescents, adults and older adults who receive community mental health services after psychiatric hospitalization.

Why this objective is important: For persons with serious mental illnesses, continuity of care leads to better outcomes and promotes long-term recovery. Shortening the time between psychiatric hospital discharge and the first day of outpatient care improves continuity of care.

How we are doing: The Department of Public Welfare measures progress by the percentage of persons over the age of six eligible for behavioral health care services who receive any community mental health services within seven days following discharge from psychiatric hospitalization. Pennsylvania’s average of 46.3 percent exceeds the Healthcare Effectiveness Data and Information Set (HEDIS) Medicaid national median benchmark of 35.8 percent.



Community mental health services vary and consumers may reject follow-up care due to stigma. To help overcome these challenges, the department will focus on:

- Actively promoting and supporting mobile mental health treatment, case management, Assertive Community Treatment and other service delivery models that effectively use community outreach, especially in rural areas.
- Collaborating with county governments, community mental health providers and behavioral health managed-care organizations to expand the provider network for peer support services and other mental health service modalities, especially in underserved regions.

Long-Term Care Services and Support

Key Objective: Increase long-term care options so that older Pennsylvanians and Pennsylvanians with physical disabilities can choose how and where they receive services.

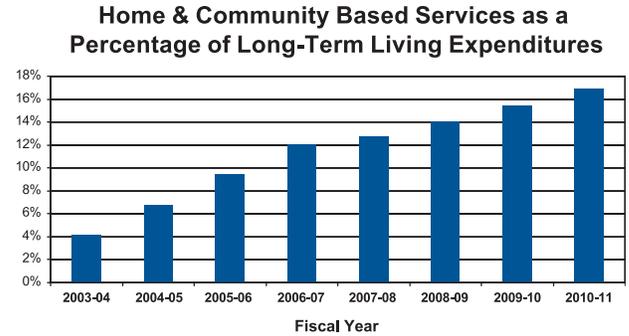
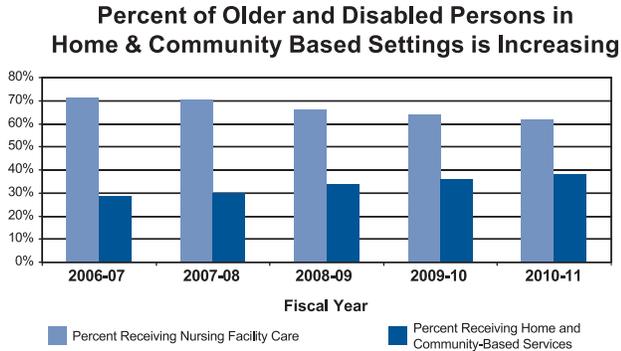
Why this objective is important: A statewide survey by the Pennsylvania State University found that more than 90 percent of consumers prefer to receive long-term care services in home and community-based settings.

How we are doing: Almost 40 percent of people receiving Medical Assistance-funded long-term living services reside in their homes or in community-based settings. From 2006 to 2010, the projected number of older Pennsylvanians and Pennsylvanians with disabilities receiving services in their home or community-based settings will grow by nearly 50 percent – from 20,000 to 29,000.

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Long-Term Care Services and Support (continued)



Source data: Annual reports to the Centers to Medicare and Medicaid Services

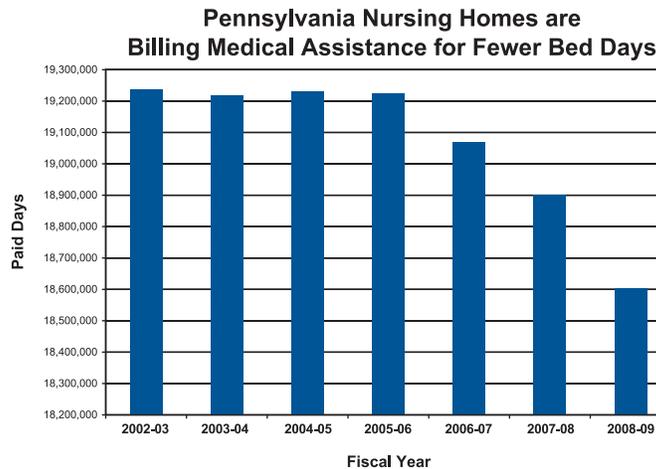
Expenditures for home and community-based services have grown from four percent of total Medical Assistance long-term living expenditures to almost 17 percent.

- Compared to other states, Pennsylvania has a higher percentage of residents in nursing homes than in community-based services, but securing funding for increased home and community-based care remains a challenge.

Key Objective: Increase efforts to assist nursing home residents who can move out of the nursing home and receive services in their home or community.

Why this objective is important: Entering a nursing home does not automatically mean that a person has to stay there permanently. Consumers prefer home and community-based services, which are also more cost-effective than nursing home care. One year of nursing home care costs taxpayers, on average, \$57,000. In comparison, the average yearly cost of community-based care is \$23,000.

How we are doing: Since 2006, the Department of Aging’s Nursing Home Transition Program has helped more than 5,000 nursing home residents return to their homes or communities. The number of bed days that Pennsylvania nursing homes have billed for Medical Assistance has declined by more than 600,000 since 2002.



Source: Department of Aging

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Long-Term Care Services and Support *(continued)*

Key Objective: Increase the number of recent high school graduates with developmental disabilities who receive employment services and supports.

Why this objective is important: Providing employment services and supports to recent high school graduates with developmental disabilities can make it possible for those individuals to continue to live at home, reducing future costs associated with residential placements and other more expensive options.

How we are doing: From 2007-08 to 2008-09, the number of 18- to 22-year-olds with developmental disabilities receiving employment services increased from 35 percent to 40 percent, moving closer to the department’s target of 45 percent.

More 18-to-22-Year-Old People with Developmental Disabilities are Receiving Employment Services			
State Fiscal Year	Developmental Disability Waiver* Consumers Age 18-22	Waiver* Consumers Age 18-22 with Employment Services	Percentage of Waiver* Consumers Age 18-22 Who Received Employment Services
2007-08	2,406	841	35%
2008-09	2,261	897	40%
2009-10	2,233 (estimated)	1,005 (target)	45% (target)

Source: Department of Public Welfare

*The federal government waives Medical Assistance/Medicaid rules for institutional care in order for Pennsylvania to use these federal funds to provide supports and services for people closer to home in their own communities.

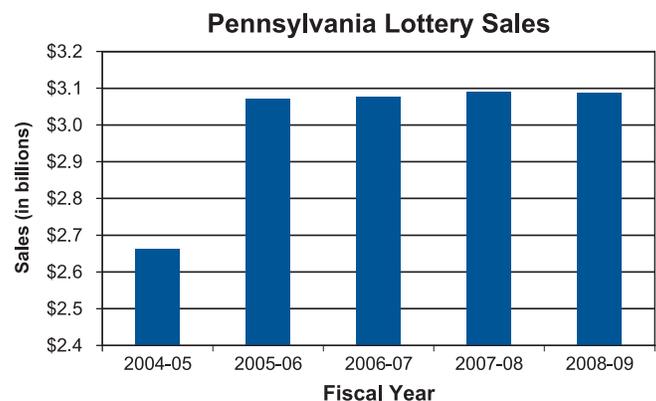
Limited funding for community-based services for those turning 21 is a challenge to making employment services for high school graduates a priority. Consequently, the department created a special waiting list category in 2008-09 for high school graduates and will continue to focus on high school graduates as funds permit.

Lottery Proceeds Benefit Older Pennsylvanians

Key Objective: Increase Lottery revenues for the support of programs for older Pennsylvanians.

Why this objective is important: Increasing Lottery revenues results in increased funding for programs benefiting older Pennsylvanians. The Pennsylvania Lottery remains the only state lottery that designates all proceeds to programs that benefit older residents. In the last 37 years, the Pennsylvania Lottery has contributed more than \$19.2 billion to programs that include property tax and rent rebates, free and reduced-fare transit, the low-cost prescription drug programs PACE, PACENET and PACE Plus Medicare, long-term care services and more than 600 senior community centers throughout the state.

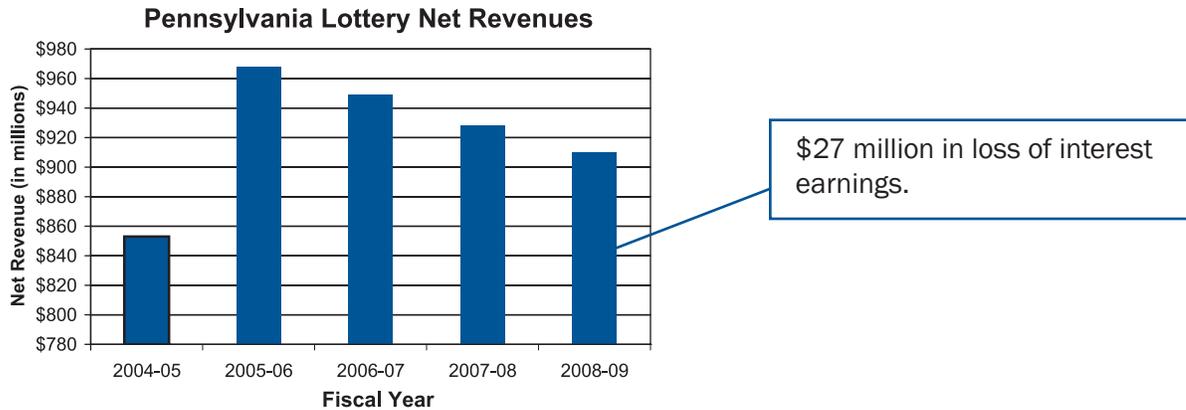
How we are doing: 2008-09 was the second-best year for Lottery ticket sales in the Lottery’s 37-year history and the best year for instant ticket sales. Ticket sales totaled \$3.088 billion, only \$1.1 million less than the previous year’s record. Ranked sixth nationally in annual sales and fifth in annual profits, the Pennsylvania Lottery in 2008-09 sold 59.7 percent more tickets and yielded 21.7 percent more in net revenues than in 2001-02.



Source: Department of Revenue

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Lottery Proceeds Benefit Older Pennsylvanians (continued)



Source: Department of Revenue

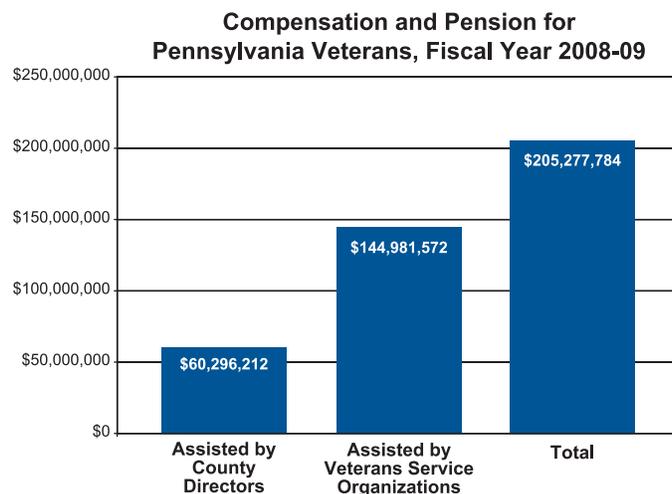
Veterans Homes and Services

Key Objective: Increase the number of eligible Pennsylvania veterans receiving services and benefits.

Why this objective is important: Veterans' quality of life improves when they receive the benefits to which they are entitled. Applying for and receiving federal veterans benefits is complex. Claims filed with the assistance of capable veteran service officers stand the best chance of success. The Department of Military and Veterans Affairs expects the return of service personnel from Iraq and Afghanistan, including 6,000 members of the Pennsylvania National Guard, to increase the number of claims. Also, more than 60 percent of the commonwealth's veteran population is over the age of 65.

How we are doing: In 2008-09:

- The Department of Military and Veterans Affairs assisted more than 20,000 veterans with compensation and pension claims.
- 106,742 Pennsylvania veterans received compensation and/or a pension.
- Sixty of 67 counties increased their financial awards from the United States Department of Veterans Affairs.



Source: Veterans Benefits Administration, Office of Performance, Analysis & Integrity

Key Objective: Improve veteran and family satisfaction at the state's six veterans homes by providing resident-centered care and excellent customer service.

Why this objective is important: Providing the highest quality care possible for Pennsylvanians who have served our country at great personal sacrifice is at the core of the Department of Military and Veterans Affairs' mission.

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Veterans Homes and Services *(continued)*

How we are doing: In 2008-09, the Department of Military and Veterans Affairs received a customer satisfaction survey score of 94 percent. The national average was 82. Pennsylvania's veterans homes maintained a 94 percent occupancy rate, eight points higher than the national average.

State Veterans Homes: Some Key Performance Indicators			
	State Veterans Homes Average	State Average for All State Nursing Homes	National Average
Residents who spend most of their time in a bed or chair	<1 percent	4.5 percent	5 percent
High risk residents with pressure sores	4.9 percent	13.5 percent	13 percent
Residents that have become more depressed or anxious	11 percent	19.9 percent	14.9 percent
Residents with urinary tract infections	5.3 percent	9.1 percent	10 percent

Source: Center for Medicaid & Medicare Services

Smoking Prevention

Key Objective: Decrease adult and youth tobacco use.

Why this objective is important:

- Tobacco use is the most preventable cause of death and disease.
- An estimated 300,000 Pennsylvania youth alive today will die prematurely from smoking.
- An estimated 20,000 Pennsylvania adults die every year from a tobacco-related illness.
- Health care costs in Pennsylvania directly caused by smoking amount to \$5.19 billion annually, \$1.7 billion of which is covered by the Pennsylvania Medicaid program.
- Smoking causes annual productivity losses in Pennsylvania estimated at \$4.73 billion.

Source: Centers for Disease Control, www.tobaccofreekids.org

How we are doing: The adult smoking rate decreased from 25 percent in 2001 (an estimated 2.4 million smokers) to 21 percent in 2008 (an estimated 2.1 million smokers). Smoking by students in grades 9-12 declined from 27 percent in 2000 to 18.4 percent in 2008. The rate of illegal sales of tobacco to minors decreased from 41 percent in 1999 to 5 percent in 2008.

Key Facts on Tobacco Consumption: 2008			
	National Average	Pennsylvania	Pennsylvania Ranking*
Cigarette Excise Tax	\$1.27 per pack	\$1.35 per pack	22nd
Smokeless Tobacco Tax	34% of price	no tax	50th
Adult Smoking	20.6%	21.3%	39th
Youth Smoking (9 th - 12 th grade)	19.7%	18.4%	3 rd of 13 states conducting the Youth Tobacco Survey in 2006

*Out of 50 states and the District of Columbia except for youth smoking.

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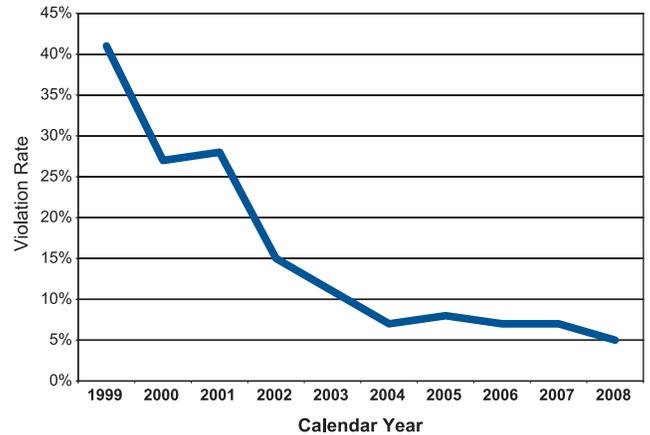
Smoking Prevention (continued)

The percentage of illegal sales to minors is reported by the federally required annual state sample survey (Synar), which involves having minors attempt to purchase cigarettes at randomly selected retail establishments across the state.

The Department of Health's Tobacco Control program seeks to:

- Decrease the rate of illegal sales of tobacco to minors.
- Decrease adult tobacco use to 17 percent by 2013.
- Achieve parity with other states in taxing cigarettes and other tobacco products. For example, every state except Pennsylvania taxes non-cigarette (smokeless) tobacco products.

Rate of Illegal Sales of Tobacco to Minors Decreases



Source: Annual Synar Survey conducted by PA Department of Health

One of the challenges in reducing tobacco use is that African-American males have fewer successful quit attempts than any other population group. To address this, the department developed and promoted radio and TV ads specifically targeting African Americans in media markets accessed by African Americans.

Future initiatives to improve performance include:

- Continuing to offer free Nicotine Replacement Therapy to Quitline callers as funds permit and to provide referrals to community-based cessation resources.
- Expanding a pilot initiative in Allegheny County supported by a March of Dimes grant to other regions, in order to prevent postpartum women from resuming tobacco use.
- Developing cessation resources specific to veterans through military Web sites and local organizations such as the American Legion and Veterans of Foreign Wars.

Animal Health and Diagnostic Services

Key Objective: Decrease threats to animal and human health in Pennsylvania through inspections and laboratory testing.

Why this objective is important: Protecting the health, safety and welfare of animals and citizens is critical because animal agriculture accounts for \$5.9 billion, or 68 percent, of Pennsylvania's total agricultural receipts.

How we are doing:

- The Pennsylvania Animal Diagnostic Laboratory System (PADLS) is a joint venture of the Department of Agriculture, Penn State and the University of Pennsylvania to monitor and investigate animal disease in the state.
- During the H1N1 virus pandemic, PADLS played a key role in planning and testing for the virus. Between 2008 and 2009, PADLS tested samples from more than 25 swine for influenza virus. All tested negative.

PADLS Animal Disease Laboratory Testing		
	2007-08	2008-09
Samples Tested	593,353	789,000
Avian Influenza Samples	314,000	319,609
Rabies Tests	1,661	2,008
Chronic Wasting Disease Tests	4,500	10,082

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