



# RI Department of Health FY 2025 Budget Overview

---

Senate Committee on Finance

*Tuesday, April 23, 2024*

**RHODE  
ISLAND**



# Rhode Island Department of Health

---

Overview

**RHODE  
ISLAND**



# Agenda

---

01

## RIDOH Overview

- Mission and Leading Priorities
- Essential Public Health Functions
- Supporting Rhode Island 2030 Goals

04

## RIDOH Technical Changes & Staffing

- Technical Changes
- FTE Recruitment and Cap Process
- Turnover and Hiring Timelines

02

## RIDOH Agency Updates

- Key Efforts
- Public Health Impacts
- Key Initiatives

05

## Performance Management

- Summary of FY25 Budget Measures

03

## RIDOH Budget Summary

- Budget Overview
- State Fiscal Recovery Funds (SFRF)
- RICAP Expenditures

# Mission and Leading Priorities

---

RIDOH's **mission** is to prevent disease and protect and promote the health and safety of the people of Rhode Island.

## Three Leading Priorities Guide Our Work









Address the Socioeconomic and Environmental Determinants of Health in Rhode Island

Eliminate the Disparities of Health in Rhode Island and Promote Health Equity

Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

# The Breadth of RIDOH's Work

As one of the only states without local public health departments, RIDOH's scope is extremely broad, and our work entails direct partnership with the community. Some examples of our critical public health programs include:

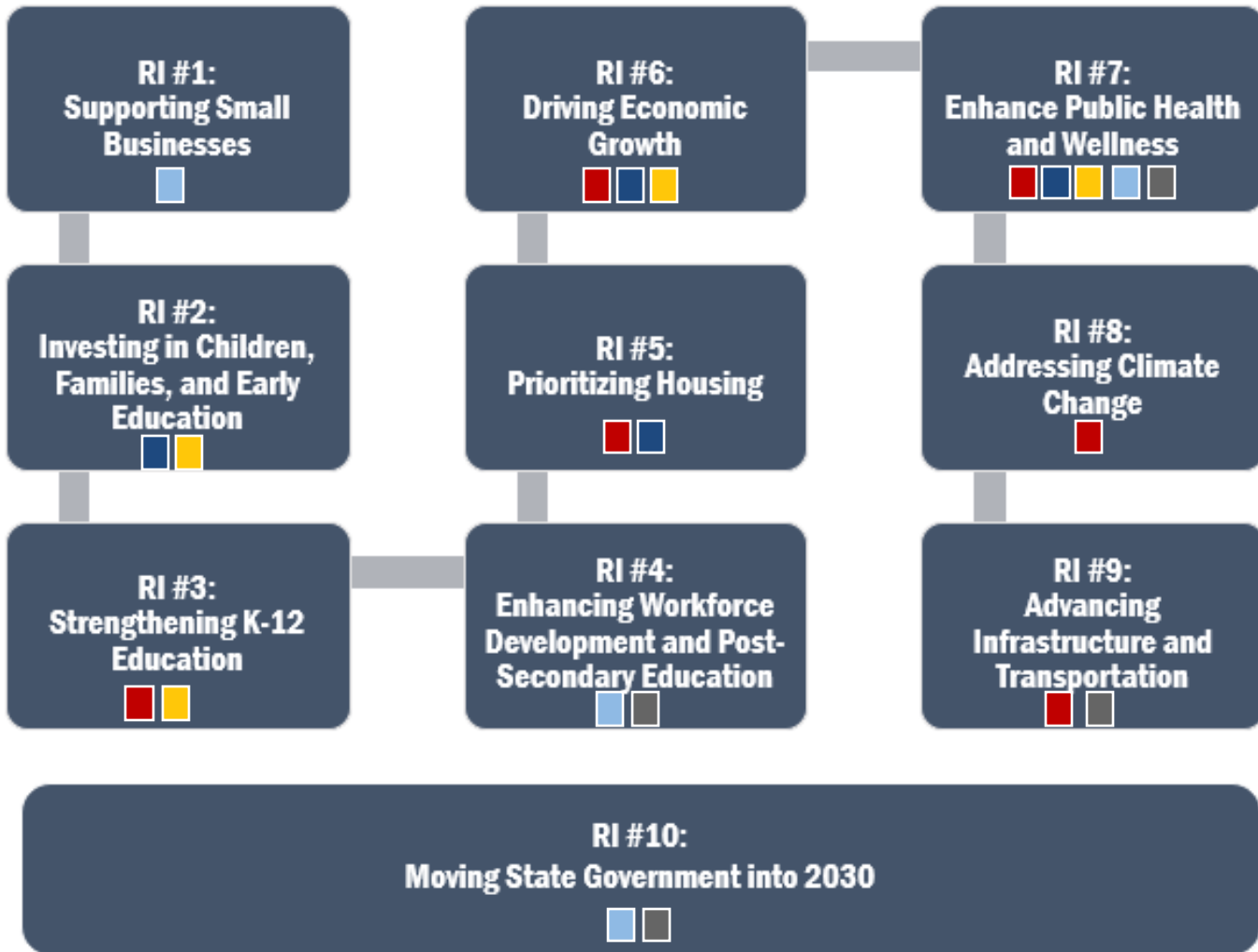
-  We promote healthy lifestyle changes, and offer programs to manage or prevent chronic conditions.
-  We work to support babies, mothers, and families during those crucial first months and years of life.
-  We ensure that the food and water you consume is healthy and safe.
-  We address infectious diseases and emergency preparedness.
-  We regulate hundreds of healthcare facilities and tens-of-thousands of healthcare professionals.
-  We serve as a hub for critical public health data.
-  We operate premier State Health Laboratories and we run the State's only medical examiner's office.
-  We address childhood lead poisoning to keep children safe and healthy.

# Essential Public Health Functions

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.



# Supporting Rhode Island 2030 Goals



**HHS PRIORITY 1:**  
Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.

**HHS PRIORITY 2:**  
Promote continuums of care that deliver efficient, effective, and equitable services across the life course.

**HHS PRIORITY 3:**  
Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.

**HHS PRIORITY 4:**  
Develop and support a robust and diverse health and human services workforce to meet the needs of every Rhode Islander.

**HHS PRIORITY 5:**  
Modernize, integrate, and transform health information technology and data systems to support operations and value-based systems of care.

# RIDOH Structure

## Public Health Programmatic Work

### Community Health & Equity

- Chronic Disease Care and Management
- Health Promotion
- Perinatal and Early Childhood Health
- Preventative Services
- Maternal and Child Health
- Health Equity Institute
- Health Equity Zones (HEZs)

### Environmental Health

- Healthy Homes and Environment
- Food Protection
- Drinking Water Quality and Engineering
- Environmental Health Risk Assessment and Toxicology

### Health Laboratories

- Environmental Sciences
- Forensic Sciences
- Biological Sciences
- Clinical Toxicology and Laboratory Support

### Medical Examiners

- Medical Examiner

### Emergency Preparedness, Infectious Disease

- Acute Infectious Disease Epidemiology
- COVID-19 Epidemiology
- Emergency Preparedness and Response
- HIV, Hepatitis, Sexually Transmitted Diseases & Tuberculosis Epidemiology

### Health Care Quality & Safety

- Emergency Medical Services
- Health Facilities Regulation
- Professional Boards and Licensing

## Department Operations

### Central Management

- Finance and Operations
- Legal Services
- Information Technology
- Human Resources

### Policy, Information, & Communications

- Health Data and Analysis and Public Health Informatics
- Health Systems Policy and Planning
- Public Health Communication
- Vital Records

### Workforce Development & Engagement

- Office of Learning and Growth
- Office of Employee Relations, Wellness, and Recognition

### Policy, Planning, & Strategy

- Health Regulation
- Public Affairs and Legislation
- Academic Affairs and Accreditation



# RIDOH Agency Updates

# RIDOH Key Efforts

# Public Health Accreditation Board (PHAB) Work

- RIDOH **successfully achieved re-accreditation** by the Public Health Accreditation Board (PHAB), marking a significant milestone in our commitment to excellence in public health. This rigorous process spanned 18 months and involved collaboration across multiple divisions and units and over 100 staff-members within RIDOH.
- RIDOH has been an accredited public health department since 2015. Achieving re-accreditation underscores RIDOH's dedication to upholding the highest standards of advancing public health performance and commitment to continuous quality improvement to meet Rhode Island communities' needs as effectively as possible.
- This accreditation status, which lasts for another five years, serves as a testament to RIDOH's ongoing efforts to continuously enhance services and operations to improve the health of residents of Rhode Island.



# Fatal Overdose Data Overview

RIDOH was one of several state agencies that participated in OMB’s program-based budgeting pilot focusing on substance use disorder treatment programs operated by the state of Rhode Island that use Opioid Stewardship, McKinsey, and Settlement funds. The completion of this pilot will help Rhode Island better meet the challenge of the substance use disorder crisis in our state.

## Key Data Points

<p>In 2022, Rhode Island had the highest number of overdose deaths ever recorded, with 436 overdose fatalities.</p>	<p>Most fatal overdoses (~82%) involve opioids, and roughly 74% involve fentanyl.</p>	<p>In contrast to previous years, stimulants are now present in 55% of overdose deaths.</p>
---	---	---

# Opioid Epidemic – Drug Overdose Prevention Program

- RIDOH will receive **\$4,749,471** in Opioid Stewardship and Settlement funds in FY25 for the Drug Overdose Prevention Efforts.
- This funding will be used to **advance and evaluate statewide and local interventions** for preventing fatal overdoses and decreasing substance use-related harms by implementing data driven, racially equitable public health strategies. Investments are made in the communities most impacted by the overdose epidemic and quantitative and qualitative data are shared regularly with funded partners.
- RIDOH activated an enhanced system to track non-fatal overdoses that provides real time text alerts to first responders and harm reduction centers. Using this data system, mobile outreach teams deploy peers with lived experience to overdose hotspots each week to connect at risk populations to treatment, recovery and harm reduction services.

# New Facility for RIDOH State Health Laboratories

- Overview
  - RIDOH received **\$81.7 million** of federal funds on the Epidemiology and Laboratory Capacity (ELC) grant for new health laboratory through July 2026. Additional funding includes \$11.6 million for RICAP and \$4.4 million from the Department's indirect.
  - The project is coordinated through RIDOH, DCAMM, Commerce, and I-195 Redevelopment District.
  - There is an expected 15% increase in the overall 80,000 square foot lab square footage from current lab at Orms Street.
- New Facility Benefits
  - Dedicated sequencing facilities to **enable the next generation of pathogen surveillance** beyond COVID-19
  - State of the art facilities for workflow efficiency, biosafety, and staff collaboration
  - Updated systems for biosecurity and staff safety and flexibility for surge testing capacity in emergency responses
- Key Data Points
  - Building location: Innovation and Design District (I-195 Redevelopment District) – 150 Richmond Street
  - Total Facility Gross Square footage: 212,000; RISHL condo gross square footage (2.5 floors): 80,000
  - Substantial completion and ready for RIDOH lab occupancy: Summer 2025. Total project completion: Q3 2025.

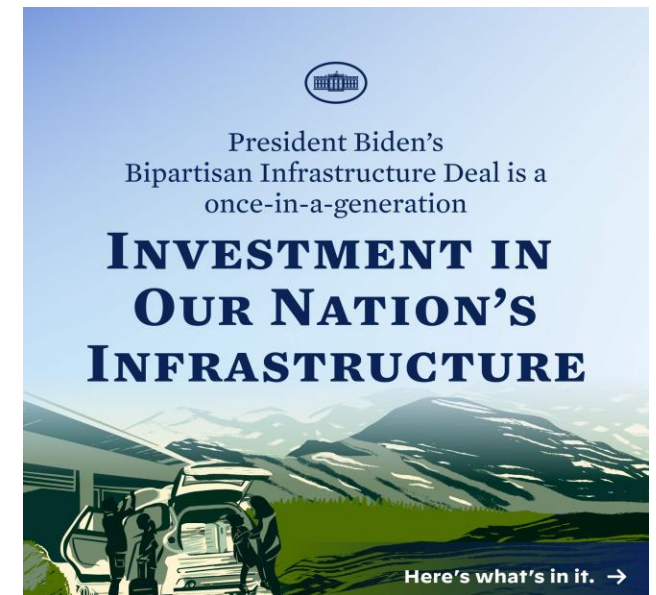
# PFAS/PFOA

---

- PFAS are a group of compounds used to create water and oil resistance, lubricate, and put out fires. **All PFAS last almost forever in the environment and concentrate in living organisms.** Legacy PFAS, especially PFOA and PFOS, are associated with a wide range of toxic effects, including suppressing the immune system.
- R.I.G.L. 46-32 (PFAS Act) passed in 2023. As required, public water systems tested for PFAS and are entering into consent agreements to treat water or implement another remedy if their water fails the testing process.
- As of February 2023, the State Health Laboratory has installed the equipment necessary to process water samples submitted by Rhode Island's water systems. This testing is ongoing, and **all systems have completed the initial testing required by the statute.** A report is available at [health.ri.gov/data/pfas](https://health.ri.gov/data/pfas).
- The next requirements of the PFAS Act are for RIDOH to publish regulations by this summer (which is on track) and for water systems to test for total PFAS to investigate sources of PFAS in RI with RIDEM.

# Bipartisan Infrastructure Law (BIL) Grant

- On November 15, 2021, President Biden signed into law the Bipartisan Infrastructure Law (BIL). The BIL provides three additional federal grants through the Drinking Water State Revolving Fund (DWSRF) from FFY 2023 to FFY 2027 for drinking water infrastructure projects.
- **This is the single-largest investment in U.S. water infrastructure ever** with extra emphasis on disadvantaged communities. Additional funding added to regular annual Drinking Water State Revolving Fund (DWSRF) appropriations.
- In March 2023, RIDOH received approval from the Governor and General Assembly for eight full-time equivalent (FTE) positions for this implementation, funded by BIL set-asides.





# Bipartisan Infrastructure Law (BIL) Grant – Funding

- This grant is funded from U.S. EPA, through the State Revolving Fund (SRF) program
  - SRF supplemental and lead service line replacements: 49% as grants or principal forgiveness, 51% for low-interest loans
  - Addressing emerging contaminants: 100% as grants or principal forgiveness loans
  - State match required for SRF Base and Supplemental programs only, RIIB acquires this
    - 10% in FFY 2023 & 2024; 20% in FFY 2025, 2026, 2027

DWSRF	EPA Funds FY24	EPA Funds FY23-27	EPA FY24 With RI Match	EPA FY23-FY27 With RI Match
DWSRF Base/Regular	\$4,661,000	\$27 million	\$5 million	\$41 million
DWSRF Supplemental	\$21,985,000	\$113 million	\$24 million	\$133 million
DWSRF Lead Service Line Replacement	\$28,650,000 (estimate, TBD)	\$142 million	\$28,650,000 (estimate, TBD) No State Match Required	\$142 million No State Match Required
DWSRF Emerging Contaminants/PFAS	\$7,640,000	\$38 million	\$7,640,000 No State Match Required	\$38 million No State Match Required
<b>TOTAL</b>	<b>\$62,936,000</b>	<b>\$320,000,000</b>	<b>\$65,290,000</b>	<b>\$354,000,000</b>

# Public Health Impacts

# Respiratory Virus Response

- The federal government has ended the COVID-19 Public Health Emergency, but COVID-19 is still a disease of public health importance and as such, remains reportable to the CDC. **RIDOH continues statewide surveillance of COVID-19** with a focus on outbreaks in congregate settings and expects that the COVID-19 variant will continue to evolve and may lead to occasional surges.
- RIDOH is sunsetting large, complex data systems used during the pandemic and transitioning to manageable, existing systems to maintain operations but at a reduced scale. RIDOH has and will continue to “right-size” while maintaining the necessary activities.
- In 2023, the Emergency Preparedness, Infectious Disease (EPID) team **identified 944 outbreaks** and provided one time or ongoing support to the impacted facilities and conducted 100 field visits to provide education and training were conducted by the COVID Prevention Field Team.
- RIDOH will continue to liaise with congregate settings to provide general guidance on cases and specific outbreak response support. The focus is on nursing homes, assisted livings, correctional facilities, group homes, shelters, and inpatient healthcare settings.

# Respiratory Virus Response – Vaccinations

- A key preventive measure to reduce hospitalizations and death due respiratory viruses is vaccines, specifically flu, RSV and COVID vaccine.
- Rhode Island continues to be among the top states for vaccination coverage.

55%

Individuals 65 and Older that Received a **Flu Vaccine** this Season to Date

38%

Individuals 6 Months – 19 Years that Received a **Flu Vaccine** this Season to Date

35%

Adults 20 Years+ that Received a **Flu Vaccine** this Season to Date

17%

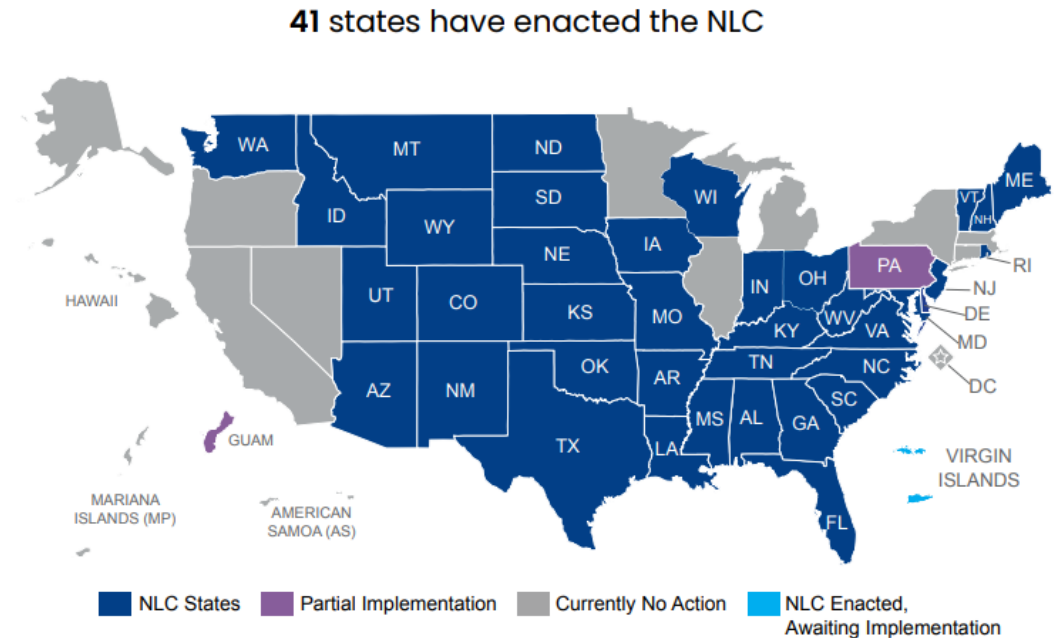
RI Residents Who Received the **2023-2024 COVID-19 Vaccine**

15%

60+ Population that Received the **RSV Vaccine**

# Nursing Compact

- Rhode Island is the 41st state to join the NLC (Nurse Licensure Compact). A nurse compact license allows the holder to practice in any of the compact states physically, or via telehealth without the need for a local state license.
- As of today, nearly **8,000 RNs and LPNs with a 2024 expiration date have been granted a compact license**. With the March 1st, 2025, expiration date on the horizon there will be a similar 8,000 nurses applying for the compact license. By 3/1/2025, Rhode Island could have approximately 16,000+ compact nurses.
- The bill to join the compact was passed in July 2023. The team managed to begin work on the compact October 2023 and was able to complete it by the January 2024 deadline.



# Key Initiatives



# Cancer Registry

HHS 1

HHS 2

HHS 5

- The Governor recommends an additional **\$135,411** in general revenue to support the Cancer Registry for FY24R/FY25.
- The Rhode Island Cancer Registry Program has two components: the Central Cancer Registry, which collects the case data and is operated by the vendor, and the overarching Rhode Island Cancer Registry Program, operated by RIDOH.
- The RI Cancer Registry Program adds the unduplicated records of approximately 7,000 newly diagnosed RI cancer patients to the Central Registry annually. RIDOH migrated the Central Registry data to a State-maintained and CDC approved secure environment to ensure the security of protected health information (PHI).



# JUUL Settlement

HHS 1

HHS 2

HHS 3

HHS 5

- The FY 2025 budget includes a proposal to **tax e-cigarettes at 80%** of their wholesale value, in line with the state's current other tobacco products tax. The Governor recommends investing **\$350,000** in general revenue originating from the JUUL Settlement in the Department of Health to support school-level youth vaping intervention programs in Rhode Island.
- Funding for this initiative is proposed to be broken down across the following three programs:
  - School-Based Model Policy Incentives Pilot Initiatives
  - Statewide Workshop event for K-12 school administrators, faculty, and staff
  - Schools Mini-Grants to Sponsor School programming to promote prevention education and available cessation resources
- Rhode Island and its statewide Tobacco Control Program (TCP) have focused on the following strategies: **prevent youth access to tobacco products, curb marketing of tobacco products aimed at youth, and educate youth about the dangers of using any tobacco product.**



# Lead Program Major Projects

HHS 1

HHS 2

HHS 3

HHS 4

HHS 5

- The Governor recommends **\$1,290,793** in general revenue for the Lead Rental Registry.
  - Legislation enacted during the 2023 legislative session (H 6239 A) requires the Rhode Island Department of Health (RIDOH) to create and maintain a publicly accessible online database containing information on all landlords
- The RIDOH lead program is currently involved in a CQI project to **identify barriers and challenges to lead screening.**
  - Parents will be surveyed with questions unique to their roles. Responses will be used to identify new interventions to increase timely screening.
- A key challenge is that much of this work is outside the scope of the Rhode Island Department of Health and would require additional planning across the administration and significant investment in information technology and staff.

FOR MORE INFORMATION, CALL THE  
HEALTH INFORMATION LINE AT 401-222-5960  
OR VISIT [WWW.HEALTH.RI.GOV/LEAD](http://WWW.HEALTH.RI.GOV/LEAD)



# The Health Equity Zone (HEZ) Initiative

- Rhode Island's Health Equity Zone initiative is a **health equity**-centered approach to prevention that leverages **place-based, community-led** solutions to address the **social determinants of health**.
- Rhode Island has invested in public health funding towards Health Equity Zones to develop sustainable infrastructure and support community-identified needs to positively impact the socioeconomic and environmental conditions driving disparities and improve health outcomes.
- There is a shortfall to fund the infrastructure in SFY25 and RIDOH is working alongside EOHHS to explore options of funding.



# First Connections & Family Home Visiting

- The Medicaid benefits funding and state match are in EOHHS’s budget. Providers bill directly through Medicaid claiming system instead of manual process. RIDOH continues to manage programs that estimate roughly \$7M in non-Medicaid expenses.
- After going without a rate increase for decades, First Connections received a rate increase that took effect July 1, 2022. That temporary rate increase is set to expire June 30, 2024. RIDOH is working alongside EOHHS to identify potential funding sources.

Items	HFA, PAT & NFP	First Connections	Total
Agencies	9	4	13
Family Visitors	62	20	82
Families Served	1,500	3,300	4,800
Visits Conducted	15,794	5,500	21,294



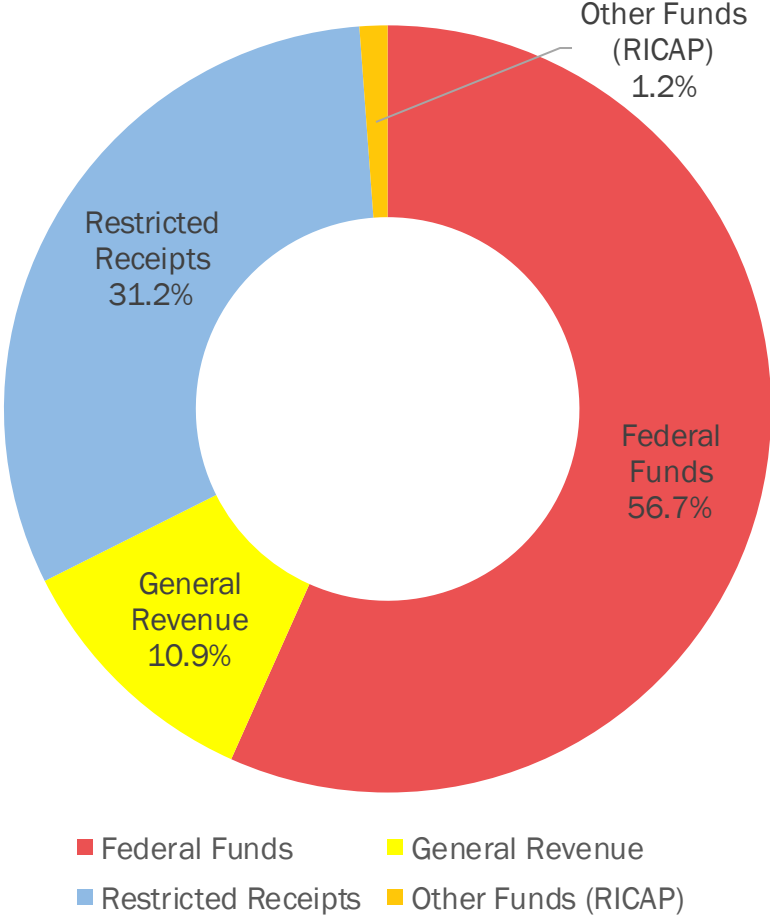
# RIDOH Budget Summary

---

RICAP and SFRF Funding

# FY25 Governor's Recommended by Funding Source

- RIDOH is heavily funded by federal grants (approx. 57%)
- The Governor recommends **\$342,181,505**
  - \$37,353,947 General Revenue
  - \$193,961,061 Federal Funding
  - \$106,844,735 Restricted Receipts
  - \$4,021,762 Other Funds (RICAP)



# RIDOH Budget Summary

## Agency-Wide Budget

RIDOH Budget – Source of Funds	FY24 Enacted	FY24 Revised Agency Request	FY24 Gov Recommended w/ GBAs*	FY25 Agency Request	FY25 Gov Recommended w/ GBAs*
General Revenue	\$35,655,172	\$35,059,376	\$34,558,400	\$35,134,136	\$37,353,947
Federal Funds	\$225,090,085	\$251,851,625	\$262,579,394	\$222,477,052	\$193,961,061
Restricted Receipts	\$66,450,778	\$88,278,998	\$88,380,907	\$103,241,650	\$106,844,735
Other Funds (RICAP)	\$400,000	\$8,897	\$8,989	\$800,000	\$4,021,762
<b>Total Funding</b>	<b>\$327,596,035</b>	<b>\$375,198,896</b>	<b>\$385,527,690</b>	<b>\$361,652,838</b>	<b>\$342,181,505</b>
FTE Authorization	574.4	576.6	575.6	581.6	572.6

Highlights:

- 8 FTEs were approved for the Bipartisan Infrastructure Law (BIL) Grant for FY23R
- 31 FTEs were approved for FY24
- 3 FTEs proposed reduction for FTEs to be transferred to EOHHS for FY25

\*GBA = Governor Budget Amendment

# RIDOH Budget Summary – Continued

## Agency-Wide Budget

\*GBA = Governor Budget Amendment

RIDOH Budget – Source of Funds	FY24 Enacted	FY24 Revised Agency Request	FY24 Gov Recommended w/ GBAs*	FY25 Agency Request	FY25 Gov Recommended w/ GBAs*
Central Management	\$28,468,354	\$28,178,228	\$27,658,211	\$29,843,416	\$30,284,399
Community Health & Equity	\$124,126,466	\$157,515,118	\$156,353,443	\$174,691,413	\$165,526,762
Environmental Health	\$18,213,199	\$19,394,325	\$19,493,357	\$18,010,218	\$19,566,006
Health Lab & Medical Examiner	\$15,827,184	\$15,619,116	\$15,663,659	\$16,372,440	\$19,877,692
Customer Services	\$20,157,076	\$23,504,187	\$23,567,085	\$19,449,779	\$22,625,588
Policy, Information, and Communications	\$5,302,889	\$7,935,691	\$8,100,450	\$6,857,988	\$6,906,738
Preparedness, Response, Infectious Disease, and Emergency Services	\$22,009,331	\$24,117,616	\$24,170,340	\$19,487,366	\$19,672,901
COVID-19	\$93,491,536	\$98,934,615	\$110,521,145	\$76,940,218	\$57,721,419
<b>Total Funding</b>	<b>\$327,596,035</b>	<b>\$375,198,896</b>	<b>\$385,527,690</b>	<b>\$361,652,838</b>	<b>\$342,181,505</b>

# SFRF & RI Capital Plan (RICAP)



# RIDOH SFRF – RIFC & ODH

The Department has received State Fiscal Recovery Funds for two projects: the Rhode Island Free Clinic (RIFC) and the Open Door Health (ODH) Clinic.

Project	Allocation	Expenditures as of 3/31/24	Obligations to U.S. Treasury as of 3/31/24
Rhode Island Free Clinic	\$2,000,000	\$1,141,610	\$1,141,610
Open Door Health	\$2,000,000	\$1,665,500	\$1,665,500

- During the pandemic, the **Rhode Island Free Clinic (RIFC)** was unable to obtain sufficient volunteer medical personnel to meet demand for services. Through this SFRF funding, RIDOH will provide a grant to the Clinic to hire permanent staff in the amount of **6.74 paid FTEs** as well as satisfy operational needs to stabilize operations to withstand future disruptions.
- RIFC’s goals are to improve statewide access and quality of primary care for uninsured adults, to increase access to dental care for uninsured adults, and to integrate with the State-wide Telehealth and electronic medical records system.
- RIDOH will use SFRF funding to provide a grant to **Open Door Health (ODH)** to acquire land to construct a building to expand its physical capacity including the number of exam rooms therefore providing for an increase in the number of people they serve. In March 2024, ODH closed on the purchase of the land; architectural, engineering and construction contracts are being solicited
- Open Door Health will obtain supplemental funding for the land acquisition and the related construction from clinical operations, grants, tax credits and private financing for the remainder of the capital expenses.

# FY24-25 State Fiscal Recovery Funds

- SFRF funds are awarded to RIDOH for FY24 ongoing COVID-19 Response activities under three projects (see table below).
- RIDOH will use the funds through FY24 and FY25, although all funds are in FY24 Revised Governor’s Recommended Budget. Unspent funds will be reappropriated for FY25.

Project	Original Project Budget	Approved Budget Change	Revised & Reduced Project Budget	Spent through SFY24 Qtr3	Percent of SFY24 Budget	Percent of Total Budget
COVID-19 Testing Support	8,916,800	(6,146,574)	2,770,226	903,823	61%	33%
COVID-19 Epidemiology & Operations Support	10,948,478	(867,757)	10,080,721	4,806,700	71%	48%
COVID-19 Analytics & Operational Support	15,044,300	4,301,836	19,346,136	7,562,341	64%	39%
<b>Totals</b>	<b>34,909,578</b>	<b>(2,712,495)</b>	<b>32,197,083</b>	<b>13,272,864</b>	<b>67%</b>	<b>41%</b>

# RIDOH RI Capital Plan (RICAP) Projects

- State Health Laboratory Building
  - RIDOH received \$81.7 million of federal funds on the Epidemiology and Laboratory Capacity (ELC) grant for new health laboratory through July 2026. Additional funding includes **\$11.6 million from Rhode Island Capital Plan Funds (RICAP)** and \$4.4 million from the Department's indirect.
- State Laboratories and Medical Examiner Equipment
  - Total funding of **\$800,000 from RICAP** for FY25. The total funding for the 5-year project is \$2.4 million.
  - Funding for this project will be utilized for much of the agency's equipment, which is outdated or no longer supported by the vendor. This equipment is used to provide necessary testing services.
- Chapin Health Laboratory (DOA)
  - Total funding of **\$1.8M from RICAP** from FY 2024 through FY 2027 to upgrade the HVAC control system and asset protection for any issues that should arise until new lab building is ready for occupancy.

# RIDOH RI Capital Plan (RICAP) Projects

- Cannon Building (DOA)
  - Total funding of **\$14.3M from RICAP** from FY 2024 through FY 2029 for repairs/renovations to the Cannon Building, which includes, but is not limited to weatherproofing the building, restroom renovations, auditorium restoration, and replacement of HVAC equipment, boiler, and air handlers.
- Medical Examiner's Office (DOA)
  - Total funding of **\$5.4M from RICAP** and \$2.8M in Federal awards from FY 2024 through FY 2029 for the configuration of a new Medical Examiner's Building in Cumberland, in which, construction is expected to be completed by FY 2025. Relocation of Medical Examiner operations is expected to take place in October 2024.

# RIDOH Technical Changes & Staffing

---

An Update on Technical Changes,  
Hiring, Recruitment, and Retention

**RHODE  
ISLAND**

# Technical Changes

# Vital Records (FY25, Article 6, Section 7)

- Vital Records implemented a new electronic system, Rhode Island Vital Events Registration System (RIVERS), this went live in January 2022. Per RIGL 23-3-25, a surcharge revenue was added to each vital record to assist with funding for the system. After the system went live, the surcharge revenue was to be deposited to the general fund to offset RIDOH's ongoing costs for operating and maintaining (including hosting) the new system.
- Specifically, the surcharge revenue will continue to be deposited into the state general revenue account and RIDOH's budget will reflect funding in the Vital Records general revenue account instead of transferring the state funding to the ITIF account and doing charge backs for expenses received for hosting and maintenance from the vendor.
- The revenue that is generated to support RIVERS is approximately \$400,000 annually that is deposited into the state revenue account and the total cost of hosting and maintenance is \$400,000, which was added to the current service level for FY25.

# Mandated Reports (FY25, Article 3, Sections 1-6, 9, 12)

- Legislation passed in the 2013 session of the General Assembly requires OMB to compile an inventory of all reports filed by executive branch agencies with the General Assembly. **RIDOH is proposing to eliminate select legislatively mandated reports due to a variety of reasons.**
- If enacted, the legislatively mandated reports would be eliminated effective July 1, 2024 (FY25). **The elimination of these reports will not result in any public harm.** However, the proposal will result in the more effective and appropriate use of scarce state resources. These reports include:
  - Women’s Cardiovascular Screening and Risk Reduction Pilot Program; Division of Occupational Health; Stock Supply of Epinephrine; Standards for Cigarette Fire Safety; Sanitary Laws
- The proposal would also change the due date and/or frequency timeline for three legislatively mandated reports RIDOH submits to the General Assembly each year:
  - Well Water Contamination (RIGL 23-1-5.5)
  - Family Home Visiting (RIGL 23-13.7-2)
  - Breast Cancer Screening (RIGL 23-12.7-3)



# Workforce Data Initiative

---

- In FY25, the Governor recommends authorization for RIDOH to collect workforce data on all professionals licensed by RIDOH by requesting all health care professionals to voluntarily provide health care workforce data elements as part of RIDOH's licensure and licensure renewal process. **Accurate healthcare workforce data** will help Rhode Island identify needs in healthcare professional shortage areas, address healthcare professional policy questions, improve healthcare access, and achieve a balance of healthcare professionals working in settings and geographical location to meet healthcare demand. This is a budget neutral initiative.
- RIDOH will seek to add data elements (questions) to RIDOH's My License Office (MLO) healthcare licensing database after engaging with external health care stakeholder groups. Specifically, RIDOH will engage healthcare stakeholders, including RIDOH healthcare professional licensing boards, regarding new data elements and work to update and streamline MLO to allow licensees to easily answer new questions. Individualized healthcare workforce data elements shall remain confidential and shall only be available publicly as de-identified aggregate analysis to support healthcare planning, workforce analysis and other health program and policy recommendations.

# Staffing



# FTE Recruitment and Cap Process

---

- As of April 2024, RIDOH has **572.6 filled FTEs** out of 574.4.
- The current FTE cap is 574.4 due to RIDOH receiving 8 positions in FY23 for the Bipartisan Infrastructure Law (BIL) Grant and 31 positions for FY24.
- The 8 positions for FY23 were needed to meet deadlines for federal funding for several critical drinking water safety and infrastructure initiatives for cities, towns, schools, and businesses.
- The Department has filled 7 of these 8 positions due to recruitment challenges with the engineer positions.
- RIDOH currently has 22 vacancies in active recruitment. As a position vacates, we hire through turnover due to being so close to cap.

Note: RIDOH always works to stay as close to the cap as possible.

# FTE Recruitment and Cap Process

---

- RIDOH has continued to hire new staff within the FTE cap and address turnover.
- When vacancies occur, RIDOH leadership determines the highest priority positions that need to be filled at that time and gives permission to proceed with recruitment up to cap.
- Given that there was only enough room to include **FTE filled positions and priority vacancies** in the FTE cap, RIDOH requested **20 backfill vacancies** under “Miscellaneous Expenses” in Operating Budget.
- Since the FY24R budget was submitted, RIDOH has hired **38 of the 39 additional FTEs given**.
- Federal funding for public health agencies has increased substantially in the recent past. However, recruiting essential public health skills continues to remain a challenge while hiring contractors.
- The department has an increasing number of federal grants that have specific FTE requirements to be hired within a timeframe. Inabilities for RIDOH to do so would jeopardize funding.

# Proposed FTE Changes for FY24R/FY25

HHS 1

HHS 2

HHS 3

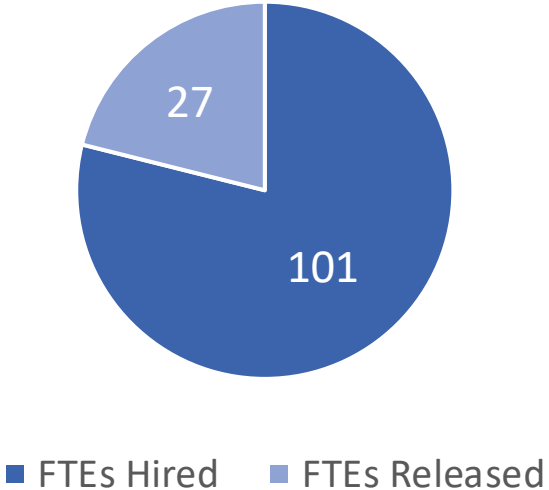
HHS 4

HHS 5

- **Comms – 3 FTEs transfer to EOHHS**
  - RIDOH’s FY2025 Governor’s Recommended Budget Request included three) Communications FTEs to be transferred to the Executive Office of Health and Human Services (EOHHS) to better align communications efforts across all EOHHS’s health and human service agencies. The three positions included were the Public Information Officer, Communication Director, and Deputy of Communication Operations.
- **Healthy Eating & Active Living (HEAL) – 1 FTE**
  - This highly competitive five-year federal grant (\$888,000 annually) is currently only available to 17 states and territories, includes execution of six broad strategies, and requires a part-time evaluator, a Physical Activity Coordinator, and the new **1 FTE-State Nutrition Coordinator**.
- **Women's Cancer Screening Program (WCSP) - 0.2 FTE**
  - The WCSP requested 0.2 FTE for FY25 to bring a 0.8 FTE to a 1.0 FTE. Total cost of salary and fringe for the 0.2 FTE is \$24,561, funded 100% by Women’s Cancer Screening federal grant, project period through June 29, 2027.
- **Director of Health Increased Salary (FY24R, Article 2)**
  - The Governor proposes the Director of Health salary increase to \$250,000.

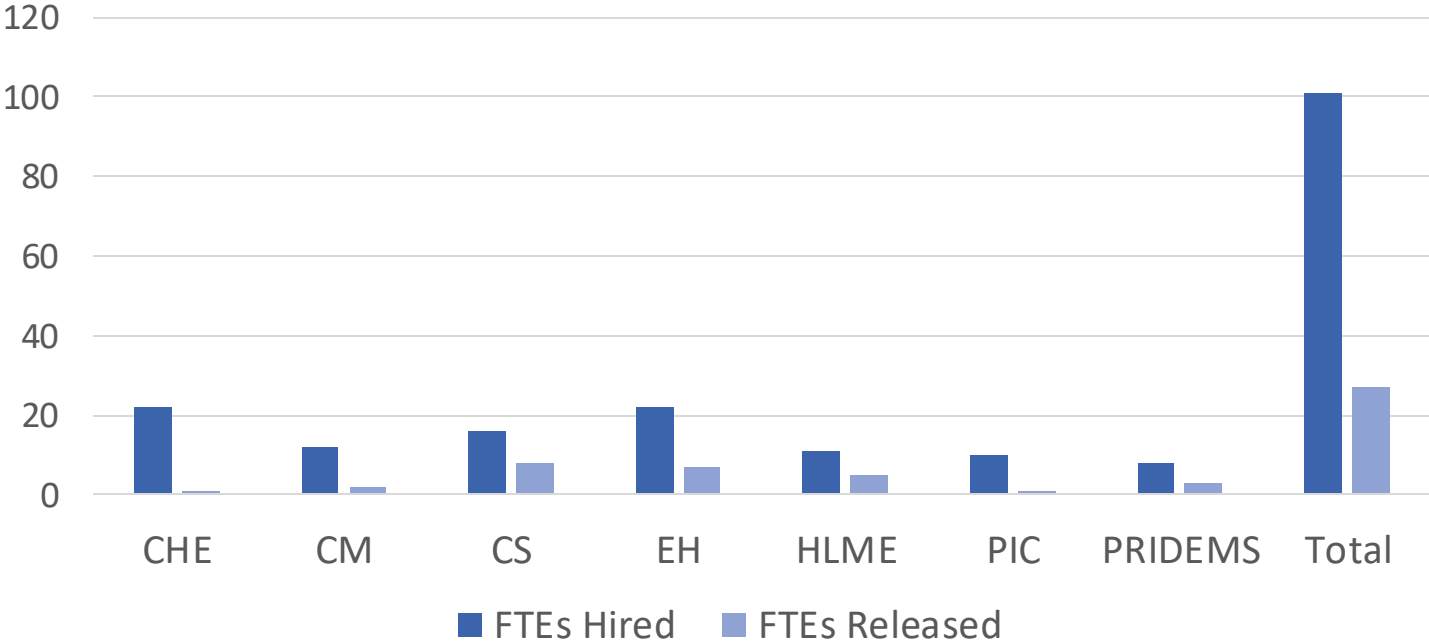
# FY24 FTE Turnover Trends

FTEs Hired vs FTEs Released



This chart represents a summary of the 128 FTE transitions that have been tracked internally since the beginning of FY24.

FTEs Hired vs FTEs Released by Division



This graph represents a summary of the 128 FTE transitions that have been tracked internally since the beginning of FY24 by Division within RIDOH.

RIDOH's turnover rate for FY24 is at 4%.

# RIDOH Performance Measures

# Performance Management: Summary of FY25 Budget Measures

Program	Measure Name	Aligned Strategic Priority	2024 Status
Central Management	Percent of Survey Respondents That Have Made, or Intend to Make, Changes Within the Next 60 days to Policies or Practices to Support Compliance with CLAS Standards	HHS 1: Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.	ON TRACK
Environmental Health	Blood Lead Screening at 12 Months	HHS 1: Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.	ON TRACK
Environmental Health	Proportion of Population Served by Public Water Systems	HHS 1: Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.	ON TRACK
Environmental Health	Food Establishment Reinspection's Conducted	HHS 1: Focus on the root causes and the socioeconomic and environmental determinants of health that ensure individuals can achieve their full potential.	ON TRACK
COVID-19	COVID-19 Hospital Admissions per 100,000 Population	HHS 2: Promote continuums of care that deliver efficient, effective, and equitable services across the life course.	ON TRACK



# Performance Management: Summary of FY25 Budget Measures

Program	Measure Name	Aligned Strategic Priority	2024 Status
Preparedness, Response, Infectious Disease, and Emergency Medical Services	Newly Diagnosed HIV Cases	HHS 2: Promote continuums of care that deliver efficient, effective, and equitable services across the life course.	ON TRACK
Preparedness, Response, Infectious Disease, and Emergency Medical Services	Timely Rabies Vaccination Referral	HHS 2: Promote continuums of care that deliver efficient, effective, and equitable services across the life course.	MIXED
Community Health and Equity	Naloxone Kits Distributed in High Burden Communities	HHS 3: Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.	ON TRACK
Health Laboratories and Medical Examiner	Non-Fatal Overdose Reporting Timeliness	HHS 3: Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.	MIXED
Policy, Information and Communications	Overdose Fatalities	HHS 3: Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.	MIXED

# Performance Management: Summary of FY25 Budget Measures

Program	Measure Name	Aligned Strategic Priority	2024 Status
Health Laboratories and Medical Examiner	Non-Fatal Overdose Toxicology Submissions	HHS 3: Address addiction, improve the behavioral health system, and combat stigma, bias, and discrimination.	MIXED
Customer Services	Social Work License Issuance	HHS 4: Develop and support a robust and diverse health and human services workforce to meet the needs of every Rhode Islander.	ON TRACK

**Questions?**

