

**AGENDA
SUBCOMMITTEE No. 1
ON HEALTH AND HUMAN SERVICES**

ASSEMBLYMEMBER PATTY BERG, CHAIR

**MONDAY, MARCH 12, 2007
STATE CAPITOL, ROOM 127
4:00 P.M.**

ITEM	DESCRIPTION	PAGE
ITEMS TO BE HEARD		
4265	DEPARTMENT OF PUBLIC HEALTH	2
ISSUE 1	ISSUES PROPOSED FOR CONSENT	2
A	WOMEN, INFANT & CHILDREN SUPPLEMENTAL FOOD (WIC)	2
B	EXPAND WIC BREASTFEEDING PEER COUNSELING PROGRAM	3
C	ENVIRONMENTAL HEALTH SPECIALISTS CONTINUING EDUCATION	4
D	SEXUAL VIOLENCE VICTIM SERVICES FUND PASS-THROUGH	4
E	PROSTATE CANCER TREATMENT PROGRAM (IMPACT PROGRAM)	4
F	TRAILER BILL LANGUAGE – COUNTY MEDICAL SERVICES PROGRAM FUNDING	5
G	CALIFORNIA RETAIL FOOD CODE	5
H	BOTULISM PREVENTION-LOW-ACID CANNED FOOD CANNERIES	6
ISSUE 2	ORGANIZATION OF THE NEW DEPARTMENT OF PUBLIC HEALTH	7
ISSUE 3	REORGANIZATION COSTS AND IMPACTS	10
ISSUE 4	ORAL HEALTH ASSESSMENT EVALUATION STUDY	15

4265 DEPARTMENT OF PUBLIC HEALTH

The Governor's budget proposes a total of \$3 billion in spending for the new Department of Public Health (DPH) in 2007-08. Of this amount, the General Fund would provide \$394 million (13 percent). The largest amounts of General Fund spending are for HIV/AIDS Programs (\$177 million), California Children Services (\$58.5 million) Maternal and Child Health Grants (\$41.2 million), the Genetically Handicapped Persons Program (\$25.1 million), and Immunization Assistance (\$21.3 million). The General Fund amount is 51 percent less (\$285 million) than the revised current-year level of spending. This decrease is largely due to the elimination of one-time funding of \$180 million General Fund to build capacity to provide health care services during an emergency.

Federal funds are the department's largest funding source and will provide \$1.5 billion—half of DPH budget. The bulk of those federal funds (about \$900 million plus \$297 million in rebates from food manufacturers) finance the Women, Infant, and Children (WIC) supplemental food and nutrition program. Another major funding source is Proposition 99 Cigarette and Tobacco Products Tax revenue, which contributes a total of \$146.6 million to the DPH proposed budget in 2007-08, primarily for smoking prevention, the Prostate Cancer Program, and county indigent care.

Proposed staffing totals 3,284 personnel-years (PYs).

ISSUE 1: ISSUES PROPOSED FOR CONSENT

Staff is not aware of any current concerns raised regarding the following requests in the Governor's budget, and they are proposed for adoption on consent.

A. Women, Infant & Children Supplemental Food (WIC)—State Staff Request

The budget proposes to redirect \$401,000 (federal funds) in order to (1) establish two positions (two-year limited-term), and (2) extend two existing positions for two years for the WIC Program to comply with requirements of the federal Child Nutrition and WIC Reauthorization Act of 2004. The positions are to be funded using federal funds redirected from within administrative operating expenditures so that the amount of WIC assistance to women and children will not be affected (from general expenses) from within the program.

The department states these positions are required to comply with provisions of the federal Child Nutrition and WIC Reauthorization Act of 2004, which establishes new requirements for state WIC agencies to ensure that the WIC Program pays all vendors competitive prices for supplemental foods. Among other things, these requirements affect how WIC identifies, authorizes and reimburses its 3,700 retail food vendors.

Failure to implement the federal changes could result in fiscal penalties of up to \$48 million annually, according to DHS. The additional and continued staff will conduct expanded WIC vendor management activities and modify WIC's existing "Integrated Statewide Information System" (ISIS) to accommodate the new federal requirements.

Background—What is WIC? WIC is a federally funded program for low-income women who are pregnant or breastfeeding and for children under age five who are at nutritional risk. WIC's objective is to provide nutritious foods, nutrition education, breastfeeding promotion and education, and referrals to health and social services programs. In California, about 1.4 million WIC participants receive food checks each month. WIC offers over 200 different types of food checks, including checks for milk, eggs, cheese, cereal, and infant formula, that vary based on the needs of the individual participants. There are presently over 3,700 WIC authorized grocery stores. For 2007-08, California's WIC Program is anticipated to expend a total of about \$1.175 billion (including manufacturer rebate funds).

B. Expand WIC Breastfeeding Peer Counseling Program

The budget requests redirection of \$493,000 of WIC federal funds to (1) establish two new permanent positions and (2) extend three existing limited-term positions (extend until December 2008) in order to expand the Breastfeeding Peer Counseling Program within WIC. The affected positions include 3 nurse consultants. The staff will be used to expand WIC's Breastfeeding Peer Counseling Program to all 82 WIC agencies and to more efficiently utilize WIC food expenditures. The redirection is from existing administrative operating expenses within the WIC Program.

The additional staff will visit all 82 WIC agencies to conduct site visits, develop and monitor corrective action plans, and provide telephone follow-up for technical support. State staff will also provide training to community programs that provide home visiting services for WIC clients (such as the Black Infant Health Program), help develop county-specific strategies and program operation efficiencies, and provide outreach assistance to local neighborhood and community-based organizations.

The federal Department of Agriculture provides an annual grant of \$2.15 million to California for this program, which has developed breastfeeding peer counseling programs serving 37,500 pregnant and breastfeeding WIC participants.

C. Environmental Health Specialists Continuing Education

The budget proposes an increase of \$99,000 (Registered Environmental Health Specialist Fund) for one position to establish a continuing education program for Environmental Health Specialists as provided in SB 1759 (Ashburn) of 2006. This legislation increased the fees paid by Environmental Health Specialists in order to fund this new education program. The new position would implement and administer the continuing education program required by SB 1759 by identifying the core competencies within the profession that must be maintained through continuing education and assessing courses to determine if they meet specific content requirements to make them eligible for continuing education units.

D. Sexual Violence Victim Services Fund Pass-Through

The budget proposes an increase of \$174,000 (California Sexual Violence Victim Services Fund) to implement AB 190 (Negrete McLeod) of 2005. These funds are voluntary contributions made through a state tax check-off portion of personal income tax forms directly provided to the (CALCASA) to provide grants to support their rape crisis center programs for victims of rape and sexual assault. The funds will be provided to the California Coalition Against Sexual Assault CALCASA to provide grants to California's 84 rape crisis centers to support their work with victims of sexual violence.

E. Prostate Cancer Treatment Program (IMPACT Program)

The budget proposes \$3.478 million (General Fund) to maintain a prostate cancer treatment program primarily implemented through a contract with UCLA. The proposed amount is the same level of funding provided in the current year, and the administration also states their intent to fund this program at the same level in 2008-09. The program is not an entitlement, and enrollment is based on funding availability.

The IMPACT Program has been implemented through a contract with UCLA since its inception in 2001. Effective June 1, 2006, a new three-year contract was awarded through a competitive process. According to the department, the contract has been fully updated to account for changes contained in SB 650 (Ortiz) of 2005, which re-established the IMPACT Program and requires that 87 percent of state funding must be used for direct medical care. Additionally, the program must use Medi-Cal rates for treatment services.

The IMPACT Program was designed to be a comprehensive delivery model including treatment costs as well as nutrition counseling, transportation, extensive nurse case management, essential medical supplies, and culturally appropriate patient education materials. Enrolled men are assigned case managers who coordinate care, provide emotional support, educate, and counsel men on symptom management and nutrition. Eligible low-income, uninsured men with prostate cancer who are enrolled in this treatment program will receive treatment services. UCLA estimates that from 400 men up to 800 men are anticipated to be enrolled in the current year.

Report Now Provided. The Legislative Analyst's Office (LAO) initially withheld recommendation on this request pending receipt of a statutorily required five-year program report. That report has since been provided. It found that the program had provided screening for 1,186 men and treatment for 638 men. The average treatment cost was \$19,450. The report also made a number of recommendations to improve the program. LAO now recommends approval.

F. Trailer Bill Language—County Medical Services Program (CMSP) Funding

The budget proposes Trailer Bill language to suspend for one additional year the state's obligation to provide \$20.2 million (General Fund) to the CMSP Program. Since the enactment of State-Local Realignment in 1991, the state has been statutorily obligated to provide up to \$20.2 million to meet some of the expenditures of the program. However commencing in 2000-01, annual trailer bill language has been enacted to suspend this requirement.

Created in 1983, the CMSP serves medically indigent adults who are not eligible for Medi-Cal and reside in one of California's 34 small, rural counties. CMSP is a county-funded and county-operated program. The California Department of Health Services administered CMSP under the policy direction and decision of the CMSP Governing Board, until October 1, 2005. CMSP now contracts with Blue Cross Life & Health Insurance Company as their third party administrator. The \$20.2M State allocation to the CMSP has been suspended annually since fiscal year (FY) 2000-01. Proposition 99 funding was eliminated in FY 2002-03. CMSP now is funded primarily from county revenues from state Realignment funds and from county general purpose revenues. It is administered by a CMSP Board and appointed staff.

The department indicates that the one-year suspension is being requested for the following reasons: (1) it is consistent with prior suspension actions by the Administration and the Legislature, and (2) decisions regarding state participation in CMSP beyond the budget year may be more appropriately considered in the context of health care reform and the resulting state/county roles.

G. California Retail Food Code

The budget proposes an increase of \$20,000 (Retail Food Safety and Defense Fund) for expenses and equipment to support the implementation of SB 144 (Runner) 2006. Among other things, this legislation requires the department to respond to industry requests for specified services, including the review of food safety plans and the issuance of variances to allow new technology or new scientifically validated food handling procedures to be approved in California. The department assumes they will receive about 25 to 30 industry requests for these reviews each year. The department is reimbursed through the Retail Food Safety and Defense Fund, established by the legislation, for each request. Local environmental health agencies are assigned primary enforcement responsibility for most of the provisions contained in SB 144.

H. Botulism Prevention—Low-Acid Canned Food Canneries

The budget requests an increase of \$326,000 (Cannery Inspection Fund) for three positions to inspect low-acid canned food canneries. The purpose of these inspections is to ensure that the food products produced at these canneries are free of botulism toxin contamination. The department is requesting these positions on a workload basis. Specifically, the department states that ten new canneries began operations in California in 2005, and three other canneries have recently expanded their operations. Furthermore, an additional seven cannery license applications are underway. The requested positions are based upon the workload associated with the level of anticipated cannery production.

Existing law requires the food processing industry to fully fund the department for their inspection services through fees. Currently, DHS has nine investigators to conduct inspection and oversight duties at 165 licensed canners that produce 120 million cases of canned goods each year. Inadequate sterilization or acidification of low acid canned foods combined with anaerobic conditions in the container can lead to botulism toxin production. The department inspects facilities and reviews production records to ensure that all products have met sterilization or acidification requirements.

ISSUE 2: ORGANIZATION OF THE NEW DEPARTMENT OF PUBLIC HEALTH

Effective July 1, 2007, Chapter 241, Statutes of 2006 (SB 162, Ortiz), splits the existing Department of Health Services (DHS) into two departments—the DPH and the Department of Health Care Services (DHCS). The DPH is charged with protecting and promoting the health status of Californians through programs and policies that use population-wide interventions. The DHCS primarily will continue to operate the state's Medi-Cal Program, which purchases and arranges for health care for eligible individuals.

The DPH will take over those DHS programs that prevent chronic diseases, such as cancer and cardiovascular disease, environmental and occupational diseases and communicable diseases, such as HIV/AIDS. The DPH will license and certify health care facilities; protect the public from consuming unsafe drinking water; manage and regulate the safety of food, drugs, medical devices and radiation sources; and operate public health laboratories. The DPH will be responsible for the state's public health disaster and emergency response preparedness. The DPH also will operate family health programs, such as the WIC Program, maternal, child, and adolescent health and genetic disease testing and related services, as well as manage the state's public health information, including vital statistics.

The intent of the split is to increase accountability and improve the effectiveness of the programs currently housed in DHS by allowing each of the two successor departments to administer a narrower range of activities and focus on their respective core missions.

Organizational Structure

The new DPH will be headed by a director who must be a physician and also is the state's public health officer. The director will be advised by a 15-member committee that consists of nine gubernatorial and 6 legislative appointees. The organization of DPH is outlined in the figure below (provided by the Legislative Analyst's Office).



The DPH will be organized into five programmatic centers, each of which emphasizes a distinct aspect of public health—(1) preventing chronic disease, injury, and environmental and occupational exposures; (2) combating infectious diseases; (3) regulating the environment; (4) promoting family health; and (5) providing quality services through licensed providers. These centers are intended to provide high-level visibility on important public health issues. The other two public health programmatic functions—Emergency Preparedness and Health Information and Strategic Planning—are separate areas within DPH. The five new program Centers and the Emergency Preparedness and Health Information and Strategic Planning areas will report directly to the Chief Deputy Director of Policy and Programs.

The Chief Deputy Director of Operations will oversee such functions as administration, legal services, information technology services, and internal audits. In addition to the two Chief Deputy Directors, an Assistant to the Director will monitor external affairs, including DPH's interaction with the California Conference of Local Health Officers, the Office of Multicultural Health (whose costs are shared by the two departments), and the Office of Binational Border Health. The Office of Women's Health will be located at DHCS, but will continue to serve the needs of DPH through an interagency agreement.

Reorganization Milestones

The administration has completed the following key reorganization milestones: (1) the development of organizational structures, mission statements, and budget details to display DPH and DHCS separately in the Governor's budget; (2) the procurement of a change management consultant to help with the reorganization (as provided in SB 162); and (3) the publishing of updates on the reorganization to inform DHS staff and external stakeholders of the progress of the reorganization.

Employee reassignment decisions should be completed within a week, according to the department—the great majority of DHS staff will simply remain in their existing program units. The department has received about 130 applications for the advisory committee, which are being reviewed by the department's public health experts. The department also has identified about 120 areas in which either an interagency agreement or a memorandum of understanding will be needed between DPH and DHCS. Staff now is working on grouping these and drafting the agreements.

The department indicates that it believes that it is on track to split out accounting systems and IT systems between DPH and DHCS and create new websites by July 1. The IT split will be functional at first—the systems and staff for both departments will continue to share space and equipment.

Legislative Analyst: New Structure Likely an Improvement. Historically, the public health programs, managed by DHS, existed within a more hierarchical administrative structure compared to the flatter administrative structure proposed for the new DPH. The Legislative Analyst's Office (LAO) finds that the flattening out of the organization into Centers that report directly to the Chief Deputy Director of Policy and Programs has the potential to expedite policy and budget decisions at DPH. Additionally, LAO finds that the separation of chronic disease, infectious disease, and environmental health into discrete Centers would allow these program areas to be more specialized and focus on a distinct aspect of public health. (These three areas are all contained in the Prevention Services area at the current DHS.) Furthermore, LAO believes that a flatter organizational structure could increase overall responsiveness to constituency groups because each programmatic area would have a more direct reporting relationship to key policymakers.

ISSUE 3: REORGANIZATION COSTS AND IMPACTS

Budget Neutrality Requirement Results in Program Impacts. The legislation creating the two new departments requires that the split be budget neutral to the state. Under the budget neutrality requirement, the split cannot result in any additional net cost to state funds compared with maintaining DHS as a single department. However, since the split necessitates new overhead costs (for the new director and other top management, support functions, moving expenses, etc.), these additional costs must be covered by redirecting resources from existing programs and functions.

\$1.2 Million Reorganization Costs in the Current Year. The DHS estimates that it will incur one-time costs of \$1.2 million (\$389,000 General Fund) in the current year for four purposes: (1) \$800,000 for office construction and moving expenses, (2) \$100,000 for equipment, (3) \$100,000 for a change/transition management office, and (4) \$180,000 for a management/leadership consultant to assist with DPH start-up. The DHS indicates that it is absorbing these costs within existing resources, but the LAO indicates that specifics have been lacking.

\$5.5 Million Reorganization Costs and Redirections Identified in 2007-08 and Ongoing. The administration proposes to establish 57 new management and administrative functions at DPH. The cost for these positions is approximately \$5 million. In addition, the department estimates that splitting the information technology systems of the two departments (although they will continue to share facilities) will cost \$500,000 in 2007-08 and annually for two additional years. In addition, one-time moving and telecommunications reconfiguration costs will be \$100,000, according to DHS. (This is based on relocation of 600 employees offset by "restacking" 400 employees, for a net relocation of 200 employees.)

The department indicates that \$3.6 million of these costs will be absorbed by redirecting 57 positions from a variety of programs and functions throughout DHS. (The 57 new positions cost \$5 million because they are at higher pay levels generally.) While some of the redirected positions are simply vacant (and unfunded) positions, most of the redirections will result in added workload to be absorbed by the remaining staff in the programs losing those positions. Information provided by the department indicates that 27 of the 57 redirected positions will be from DPH programs, including:

- Food, Drug, and Radiation Safety
- Drinking Water Safety
- Local Public Health Services – Public Health Nursing
- Communicable Disease and Vector Control
- Office of AIDS/HIV Care
- Injury Control
- Childhood Lead
- Birth Defects Monitoring
- Microbial Disease Laboratory
- Tuberculosis Prevention and Control
- Medical Marijuana
- State Laboratory Central Services
- WIC Program
- Genetic Disease
- Primary Care and Family Health

The 27 positions include 8 health professional or scientific classifications and 6 which provide analytical services. The other 30 redirected positions are from programs in the Department of Health Care Services.

Remaining \$1.9 Million Cost Likely to Be Backfilled. Redirection of the 57 positions still leaves \$1.9 million of unfunded costs (\$5.5 million less \$3.6 million). However, this remaining gap consists almost entirely of federal funds. This is because the redirected positions are disproportionately funded by the General Fund and special funds. However, additional federal funds are available (in Medi-Cal and WIC, for example), and the department anticipates making a Finance Letter request in April to allow it to increase its federal funds spending authority to cover much or all of the \$1.9 million reorganization cost. An increase in federal funding would not be inconsistent with the budget neutrality provision of SB 162, which only addresses *state* funds.

More Redirections Being Made to Staff the New Program Centers. In addition to the redirection for overall DPH management and support functions, the department will redirect an additional 25 positions to provide the staffing shown below for the new Centers:

Department of Public Health Proposed Programmatic Organization ("Centers")	Positions Added for Each Center
1. Center for Chronic Disease Prevention & Health Promotion <ul style="list-style-type: none"> • Chronic Disease & Injury Control • Environmental & Occupational Disease Control 	6 Total Positions Deputy Director Assistant Deputy Staff Services Manager Associate Analyst Support Staff (2)
2. Center for Infectious Disease <ul style="list-style-type: none"> • Office of AIDS • Communication Disease Control 	6 Total Positions Deputy Director Assistant Deputy Staff Services Manager Associate Analyst Support Staff (2)
3. Center for Family Health <ul style="list-style-type: none"> • Women, Infant & Children Supplemental Food • Maternal, Child, and Adolescent Health • Genetic Disease 	4 Total Positions Deputy Director Assistant Deputy Staff Services Manager Support Staff
4. Center for Environmental Health <ul style="list-style-type: none"> • Food, Drug & Radiation Safety • Drinking Water & Environmental Management 	6 Total Positions Deputy Director Assistant Deputy Staff Services Manager Associate Analyst Support Staff (2)
5. Center for Healthcare Quality <ul style="list-style-type: none"> • Licensing & Certification • Laboratory Field Services 	3 Total Positions Deputy Director Assistant Deputy Support Staff
Total Positions for the Centers	25 Positions

Of these 25 positions, 11 will be redirected from Prevention Services, 4 positions will be redirected from the Primary Care & Family Health Office, and 3 positions will be redirected from Licensing and Certification. The department indicates that these redirections will not have any negative program impact because these positions already perform similar management and administrative tasks for the programs that will be under the Centers. The sources of the remaining 7 positions have not been identified, and these redirections may have a programmatic impact.

NEED FOR INCREASED BUDGET ACCOUNTABILITY

The LAO points out the department will need to take additional steps to be transparent in its administration and budgeting. In past years, the administration provided supplemental schedules that gave detailed information about federal fund and local assistance expenditures, a local assistance appropriation summary, and a vacant position report soon after the budget was released. Typically, the budget provides a three-year comparison of spending and positions by program component. However, the Governor's budget for DPH provides only summary information for 2007-08. Information for 2006-07 and 2007-08 is embedded in the separate display for the DHCS. Accurate comparisons of year-to-year changes in funding and staffing are difficult or impossible, especially since the functional structure and overhead costs are changing. There is a similar problem in comparing programs and resources over time for DHCS.

LAO points out that staffing information by division and branch is critical when evaluating whether or not the new department will be able to adequately perform its core functions and whether or not requested positions are justified.

LAO Recommendations

More Information Needed. The LAO withholds recommendation pending receipt of information regarding how the department plans to absorb the reorganization costs, more detailed budget information, and detailed information on how the reorganization costs will be funded. The LAO also recommends adoption of language to require more detailed information in future Governor's budgets, including local assistance expenditures by program and subprogram and (2) allocation of federal funds by program and subprogram, and a vacancy report.

Advisory Committee Report. LAO recommends adoption of Budget Trailer Language requiring the Public Health Advisory Committee to report annually to the Legislature on the state's public health priorities and ways state resources could be used more effectively to address these priorities. LAO believes that the report would facilitate legislative oversight not only of DPH but the overall status of public health in California.

STAFF COMMENTS

Requested New Positions Outnumber the Redirections. The DPH budget request includes 177 new positions (plus the continuation of 103 expiring limited-term positions). Although these new and continued positions have their own justifications, it is worth noting that total program staffing at DPH will grow significantly, even after the redirections (assuming that most of the new positions are approved).

Opportunity Exists to Mitigate Some Program Impacts of Reorganization. As noted above, the department and DHCS expect to request an augmentation to their federal funds appropriations to backfill the \$1.9 million redirection cost in excess of the savings from the redirected positions. However, there may be additional opportunities to use available federal funds or special funds to backfill some of the redirected positions. Providing additional special fund money would not be strictly budget-neutral, but the Subcommittee may wish to consider this where existing funds are available to avoid adverse program impacts.

In order for the Subcommittee to evaluate the impacts of the proposed redirections and opportunities for mitigating those impacts, DHS should provide the following information (working with the Department of Finance and LAO):

1. Three-year budget displays by program element for DPS and DHCS that include total funding, funding sources, and staffing (with detail for 2007-08 identifying the number of positions and dollars being redirected and proposed new positions and dollars). DHS also should provide information on salary savings and vacancies for DPS and DHCS across the three years.
2. For programs with proposed redirections, DHS should identify available federal funds or special funds that could be used to maintain redirected positions, and provide a priority list of potential restorations.

ISSUE 4: ORAL HEALTH ASSESSMENT EVALUATION STUDY

The budget proposes an increase of \$221,000 (General Fund) to fund two three-year limited-term positions to conduct an evaluation of the effect on children's oral health of the requirement for oral health assessments imposed by AB 1433 (Emmerson) of 2006. AB 1433 requires the evaluation and a report to the Legislature by January 1, 2010. The funding would continue for an additional two years.

AB 1433 requires a pupil, while enrolled in kindergarten or first grade (under certain circumstances) in a public school, to present proof of having received an oral health assessment no later than May 31 of the school year unless their parents opt out. It also requires all public schools to annually send a report to the local health officer of the County Office of Education detailing the number of pupils who are subject to this requirement, the number of pupils who received the assessment, and the number of pupils who did not receive an assessment. The 2006-07 Budget provided \$4.4 million of Proposition 98 funding for public schools and county offices of education to implement AB 1433. The Governor's budget proposes to continue this level of funding in 2007-08. With respect to the oral health assessment, eligible children can receive their assessment through the Medi-Cal Program, Healthy Families Program, and certain community clinic programs. Funding for these purposes is provided in these programs. In addition, the DPH budget includes \$3.3 million for dental health. Under existing law, the department reimburses local sponsors \$10 annually for preventive dental services, including sealants, provided to children in preschool or elementary school.

Private Funding For Study Was Intended. AB 1433 stated that, "The Office of Oral Health may receive private funds and contract with the University of California." to carry out the evaluation. Background: No funding was provided for the evaluation or reporting requirement due to the language contained in the legislation, as noted above.

LAO Recommends Against the Proposal. The LAO recommends deleting the \$221,000 and two positions on the basis that AB 1433 contemplated that the department would seek private funds and contract with the University of California for this purpose.

STAFF COMMENTS

1. The California Dental Association indicates that it intends to compile data from the AB 1433 reports and will provide this to DPH.
2. The budget proposal notes that performing the evaluation study will be cumbersome because of the need to wade through thousands of paper forms and that a sample study would be more efficient.
3. The department does not appear to have made a concerted effort to obtain private funding.