Decision Package Bundle

Agency: Department of Health
Decision Package Code-Title: 1A - Fund Foundational Public Health
Budget Session: 2019-21 R
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Agency Recommendation Summary

The local, tribal, and state governmental public health system is failing to provide the most basic, core public health services necessary to adequately protect and promote the health of all Washingtonians. This proposal takes a phased approach to fully funding the Foundational Public Health Services gaps ($450 million/biennium), starting with funding communicable disease, environmental public health and assessment services. The outcomes include reducing communicable disease and environmental health threats.

Program Recommendation Summary

Fiscal Summary

Dollars in Thousands

Operating Expenditures	FY 2020	FY 2021	FY 2022	FY 2023
Fund 001 - 1	$148,421	$147,580	$147,580	$147,580
Total Expenditures	**$148,421**	**$147,580**	**$147,580**	**$147,580**
Biennial Totals		**$296,001**		**$295,160**

Object of Expenditure	FY 2020	FY 2021	FY 2022	FY 2023
Obj. N	$148,421	$147,580	$147,580	$147,580

Package Description

Problem Statement:

The local, tribal, and state governmental public health system is failing to provide the most basic, core public health services necessary to adequately protect and promote the health of all Washingtonians. This makes all Washingtonians vulnerable to communicable diseases (both new and old), environmental health threats, chronic diseases (diabetes, heart disease, stroke, and cancer), and unhealthy births and childhoods. The results of a deteriorating public health system are increased health care costs, reduced productivity in our economy, and needless suffering from preventable disease and death.

The crux of the matter is a lack of funding to keep up with a growing demand for public health services due to increased population sizes, resurgent and new health threats, the general costs of “doing business,” and just trying to keep up with “putting out fires” rather than focusing on prevention.

The Legislature, Executive Branch, local government, and many others have been aware of this challenge for years. Studies and small, brief infusions of funds to the governmental public health system have been made over the past decade or so. But all have been inadequate and much of the funding increases were short-lived given the challenges of the Great Recession, demands from McCleary, and behavioral health system challenges.

The public health system in Washington State has identified what are foundational public health services (FPHS) that need to be everywhere in order for them to work anywhere. Our work has been in sync with a similar national effort, and in fact has informed much of that work.

Having identified the FPHS, the Legislature authorized funding for this biennium to assess the local and state system’s capacity to provide those services and to identify the funding gap to fully provide the services across the state. That assessment occurred last winter/spring and found:

- No FPHS is fully or significantly implemented across all health departments.

- The gaps are not uniform, that is there is no consistency in gaps for the larger or small health departments, no consistency in urban or rural health departments.
- Every health department has significant gaps.
- The biennium funding gap to fully fund the foundational public health services is $450 million.

Without new funding to address critical gaps, risks to the public include:

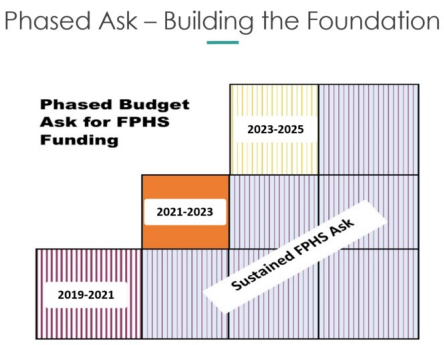
- Continued program and service cuts, impacting response time and ability to work proactively. It takes longer to investigate – and stop – outbreaks of foodborne illness because of increased complexity of the diseases and program cuts.
- Limited response capacity for all hazard emergencies such as fires, earthquakes and floods.
- Diminished ability to prevent and respond to public health threats, including measles and Hepatitis C.
- Lessened attention on improving immunization rates of children and adults putting communities at risk for the spread of diseases like whooping cough, measles and influenza.
- Decreased partnership opportunities with school districts (including safety inspections), nonprofits and local agencies.
- Limited ability to collect and share critical health information with the public.
- Limited ability to enact policy to protect communities and prevent adverse health outcomes.
- Reduced capacity to train staff on drug resistant TB, foodborne outbreaks, lead poisoning, safe drinking water systems and other public health threats.
- Diminished ability to fill critical public health positions. Open nursing positions go for months without applicants.

What is your proposed solution?

In response to the public health crisis, local, state and Tribal public health officials and leaders have come together to propose a collaborative and comprehensive approach that has culminated in this joint decision package representing the entirety of the public health system.

Understanding that funding the entire FPHS gap of $450 million/biennium is a tall order, our proposed solution uses a phased approach, starting with funding a subset of the FPHS this biennium and having that funding added to the Department's baseline budget. Then, in the next biennium, adding another subset of FPHS and including that in the Department's baseline budget, and repeating that process until full funding is achieved.

This decision package starts with what we believe to be the most critical "fund first" FPHS: communicable disease and environmental health services, the capabilities that support them, and assessment services (e.g., epidemiology, community health assessments).From the 2018 FPHS assessment, the estimated additional funds needed to fully implement this subset of services is $295M/biennium.



To ensure the most cost-effective and efficient service delivery, we propose to build on the three innovative pilot projects funded this year from the $12 million, one-time funding the legislature appropriated for FPHS. Therefore the proposed investment relies heavily on transforming the public health system by looking at how services are currently provided and developing new models for how to deliver them.This proposal includes funding for both innovative new service delivery models and reinforcing capacity.

It is important to note that the Tribes are engaging in a Tribally-led, culturally appropriate process to identify Tribal Foundational Public Health Services and identify their funding gaps and available revenues. For this decision package, $1.2 million is being requested for Tribes as follows:

- $1M – Funding to the Tribal Epi Centers (Urban Indian Health Institute and NW Tribal Epidemiology Center) for disease surveillance and assisting Indian tribes, tribal organizations, and urban Indian communities to promote public health.
- $200K – AIHC Partnership Development – to coordinate tribal engagement in foundational public health services collaborative demonstration projects with DOH, SBOH, and/or LHJs in the areas of policy development for emergency preparedness response and communicable disease control across jurisdictions.

A breakdown of the budget request is provided in Table 1.

Table 1.

A detailed inventory of the specific FPHS investments has been attached to this decision package.

Additional Background

What is the governmental public health system?

The four broad entities include:

- State Board of Health (SBOH), which is separate from the State Department of Health (DOH) and is responsible for developing public health policy and regulations
- DOH led by the Secretary of Health who is appointed by the Governor
- In Washington there are 35 locally governed local health jurisdictions representing 39 counties.
- Tribes of which there are 29 federally recognized and sovereign tribal nations.

Each of these organizations work hard every day to protect and improve the health of our communities. These agencies are responsible for working together to implement the FPHS. That's not to say that other agencies and community partners aren't part of the larger public health system – far from it and in fact our governmental public health system relies heavily on these partners for many programs and services beyond the FPHS.

What are Foundational Public Health Services?

Foundational Public Health Services (FPHS) are a limited and defined set of core activities within 6 programs and 6 capabilities that must be present everywhere in Washington in order for them to work anywhere. FPHS are services that primarily or only government provides, everywhere, are population-based services (versus individual services) that are focused on prevention, and; in many cases are mandated by federal or state laws.

Foundational Programs include:

- Communicable Disease Control
- Environmental Public Health Services
- Chronic Disease and Injury Prevention
- Maternal and Child Family Health
- Access to Clinical Care
- Vital records (birth and death certificates)

Foundational Capabilities include:

- Assessment (disease surveillance and epidemiology)
- Emergency Preparedness and Response (all hazards)
- Communications
- Community Partnership and Development
- Business Competencies

The 5 Guiding Principles of Public Health Transformation

1. There is a limited statewide set of core public health services, called Foundational Public Health Services (FPHS), that government is responsible for providing.
2. Core public health services are funded through dedicated revenues that are predictable, reliable and sustainable, and responsive to changes in demand and cost over time.
3. Governmental public health services are delivered in ways that maximize the efficiency and effectiveness of the overall system.
4. Governmental public health activities are tracked and performance is evaluated using evidence-based measures.
5. Local revenue generating options are provided to address locally driven priorities that are targeted to specific community problems.

What has been done already?

During the 2017 – 19 biennium, a one-time investment of $12 million was appropriated to foundational public health services with a focus on communicable disease. The investment has allowed the public health system to:

- Conduct disease surveillance and investigations where resources were not able to keep up with the demand or maintain resources which were at risk of losing. In some areas, being able to proactively investigate all case reports rather than having to prioritize

which cases to pursue which has risks. Other areas, were better prepared when an investigation response was necessary, improving response time and further reducing the spread of the disease.

- Begin to address backlogs in communicable disease reports to stop the spread of disease.
- Maintain and expand public health laboratory services which are essential for our communities in the tracking, reporting and monitoring of communicable diseases
- Resources to support data consolidation.
- Shared service demonstration projects were piloted:
  - Tuberculosis prevention and control expertise, technical assistance, coordination and a response team to all LHJs, statewide.
  - Epidemiology and community health assessment expertise to multiple LHJs in Eastern Washington.
  - Expertise and technical assistance to LHJs in making timely information available to health care providers in their communities.

Why is public health selecting communicable disease, environmental public health and assessment as "fund first?"

- To build on the 2017-2019 initial one time investment of $12M for communicable disease and reinforce the capacity that has begun with these funds.
- Because stopping and preventing the spread of disease whether from one person to another and from the environment to people has an immediate and long-term impact on individuals, communities, the healthcare system, schools, work places, business, and tourism
- Because many laws and regulations currently exist in Washington regarding public health's role in communicable disease and environmental public health – but they are largely unfunded mandates.
- Because collecting, analyzing, sharing and using data is essential to providing individuals and communities the information they need to make good health choices and help public health professionals and policy makers know if the services are making a difference.

Other supporting materials (ATTACHED)

- Inventory of FPHS proposed investments
- Backup material for specific investment are available upon request

Assumptions and Calculations

Expansion or alteration of a current program or service:

This request is to continue the 2017—2019 one-time funding of $12 million for Communicable Disease services provided across the state and to request additional resources to further fund communicable disease services, environmental health services, and assessment (disease surveillance and epidemiology).

A summary of the 2017-19 investments is provided in Table 2.

Table 2.

Row Labels	Sum of LHJ	Sum of DOH	Sum of Biennial
Disease Investigation & Response		800,000	800,000
FPHS Consultants		1,000,000	1,000,000
Health Impact Reviews		125,000	125,000
IT system consolidation (IAPD Match)		75,000	75,000
PHSKC Demonstration Project (TB)	500,000		500,000
Reinforcing Capacity	9,000,000		9,000,000
SRHD Demonstration Project (TB)	430,000		430,000
TPCHD Demonstration Project	70,000		70,000
Grand Total	**10,000,000**	**2,000,000**	**12,000,000**

Detailed assumptions and calculations:

See attached inventory of FPHS investments for expenditure estimates and assumptions.

Workforce Assumptions:

See attached documents.

Strategic and Performance Outcomes

Strategic framework:

Goal 1: Access & Success – Providing every Washingtonian a world-class education that prepares him or her for a healthy and productive life, including success in a job or career, in the community and as a lifelong learner.

Children need to be healthy in order to learn.Preventing diseases through immunization and safe food practices are two examples of the impact of the public health system in ensuring that children are ready to learn. In addition, lead testing to make sure water is safe to drink and homes and schools are safe from contamination is an important public health strategy.

Goal 2: Business Vitality – Washington is a great place to grow your business

A responsive and viable public health system is essential for healthy and economically vital communities across Washington The public health system monitors and responds to communicable disease outbreaks and works to prevent chronic disease. The health of employees directly impacts the place where they work – employees that call in sick due to preventable illnesses impact the productivity of the business. Keeping employees healthy helps reduces health care expenditures for both the employee and business. Caring for sick children also impacts the productivity of the business when parents need to take time off to care for them.

Goal 3: Sustainable energy & a clean environment – Keep our land, water and air clean

The public health system is responsible for ensuring water is safe to drink and regulates all public drinking water systems in the state to ensure that people don't get sick.

Goal 4: Healthy & Safe Communities – Safe People – Help keep people safe in their homes, on their jobs and in their communities

The public health system is responsible for monitoring and responding to communicable disease outbreaks. The ability to achieve this goal is dependent on the capacity and expertise across the state to respond to illness reports and take appropriate actions to control the spread of disease.

An investment in communicable disease prevention and control and environmental public health will provide the capacity to communities who lack this ability to measure the success of this goal. 2.2: Decrease incidents of food-borne illnesses by 5% from the 2012 baseline by 2020. The ability to achieve this goal is dependent on the public health system's capacity to respond to illness reports and take appropriate actions to control the spread of disease.

Goal 5: Efficient, effective and accountability government - Transparency and Accountability – I know how my money is being spent.

The new service delivery models will use a new framework that will allow multiple jurisdictions to share staff and services without the need for someone to be physically present in every location to provide the FPHS. These will be targeted towards providing capacity and expertise for tribal nations and LHJ's that don't have adequate resources to do this critical work now. This is expected to result in increased efficiency and effectiveness in the delivery of services in the public health system.

Based on public health transformation guiding principles "Governmental public health services should be delivered in ways that maximize the efficiency and effectiveness of the overall system," workgroups of subject matter experts from local and state public health are designing new / innovative service delivery models that:

1. Apply learning from past experiences with "shared services" and national information about cross jurisdictional sharing (CJS)
2. Apply earnings from the three shared service demonstration projects funded with a portion of the one-time 2017-2019 initial investment
3. Use the 2016 WSALPHO Service Delivery Model Continuum and evaluates whether the service requires "on-the-ground" staff (e.g. engaging with communities so they prioritize health needs and plan the response; inspecting a septic system) or can be accomplished from a distance (e.g. data analysis; following up with a communicable disease client by phone; directly observed therapy for TB clients via skype)
4. Use data on the distribution of disease or other focus of the specific service (e.g. immunization providers, schools or restaurants to be inspected)
5. Use data from the 2018 FPHS Assessment regarding gaps in capacity vs. expertise and current sharing, wiliness to share, and level of local expertise needed for various services
6. Use standardized estimates of workload to FTE
7. Implement best practices uniformly statewide
8. Creates the best mix of local presence / local expertise and specialized subject matter expertise for the most effective, efficient and equitable delivery of FPHS everywhere in Washington – with the funds available

Performance outcomes:

See attached inventory of FPHS investments for performance measure assumptions.

Other Collateral Connections

Intergovernmental:

This proposal will provide capacity to address critical public health problems in communities with inadequate resources.

This proposal supports the Healthier Washington initiative and brings public health resources and knowledge to the planning/coordination groups. It also supports the work of DEL and OSPI to ensure children are healthy and ready to learn and supports the work of HCA in preventing and controlling communicable diseases. DSHS in behavioral and mental health planning and program implementation.

Stakeholder response:

All citizens of Washington are affected by this proposal. However, the primary stakeholders directly affected by this proposal are government entities and non-governmental community based organizations. The department anticipates broad support from these stakeholders as this proposal represents a significant investment in these entities and their respective missions.

Legal or administrative mandates:

None

Changes from current law:

There are no changes requested to current law for this proposal.

State workforce impacts:

Not applicable

State facilities impacts:

Not applicable

Puget Sound recovery:

Not applicable

Reference Documents

- Assessment Performance Measures.pdf
- Communicable Performance Measures.pdf
- Environmental Performance Measures.pdf
- FPHS Inventory.pdf

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff? Yes

- FPHS_ITaddendum2019-21_Draft-Final.docx

Inventory of FPHS Strategic Investments

FPHS Program	Short Title	17-19 FPHS	FY20 Amount	FY21 Amount	Biennial
Environmental	Drug Lab Response		4,607,500	4,602,500	9,210,000
	EPH Strike Team		321,250	321,250	642,500
	Food Safety		6,655,000	6,646,250	13,301,250
	Harmful Algal Bloos		1,255,000	1,245,000	2,500,000
	Homlessness Impacts		6,156,250	6,137,500	12,293,750
	Presticide Prevention		851,250	832,500	1,683,750
	Prevent Lead Exposure		7,038,750	7,030,000	14,068,750
	Radiation Emegreny Preparedness		196,250	196,250	392,500
	Safe and Healthy Communities		1,525,000	1,485,000	3,010,000
	School Safety Inspection		4,141,250	4,128,750	8,270,000
	Sewage Response		6,702,500	6,692,500	13,395,000
	Toxicology and Epi Capacity		3,064,000	3,776,250	6,840,250
	Transient Accomodations		496,250	482,500	978,750
	Water Recreation		343,750	333,750	677,500
	Water System Capacity		896,250	872,500	1,768,750
	Zoonotic Vector Pest Control		845,000	841,250	1,686,250
	Reinforcing Capacity		2,606,000	2,606,000	5,212,000
Environmental Total			**47,701,250**	**48,229,750**	**95,931,000**
Communicable	Disease Investigation & Response	Yes	400,000	400,000	800,000
	Health Education and Promotion		375,000	375,000	750,000
	Immunization Epi/Assessment Support		391,250	391,250	782,500
	Immunization Policy Support		171,250	171,250	342,500
	Immunization Provider Trainings		126,250	126,250	252,500
	Improve Immunization Data Quality		437,500	430,000	867,500
	Improving Immunization Rates		3,008,750	2,998,750	6,007,500
	WDRS		3,250,000	3,250,000	6,500,000
	PHSKC Demonstration Project (TB)	Yes	250,000	250,000	500,000
	SRHD Demonstration Project (disease investigation)	Yes	215,000	215,000	430,000
	HepC, Foodborne Illness, Vaccine Preventable Diseases, Zoonoti		11,655,000	11,373,750	23,028,750
	HIV, Syphilis & Gonorrhea Surveillance		5,467,500	5,337,500	10,805,000
	Increase TB Prevention and Control		3,862,500	3,431,250	7,293,750
	PHL Support to DOH and LHJs		2,936,250	2,863,750	5,800,000
	Reinforcing Capacity		6,686,000	6,686,000	13,372,000
	Reinforcing Capacity	Yes	4,500,000	4,500,000	9,000,000
Communicable Total			**43,732,250**	**42,799,750**	**86,532,000**
Assessment	Improved Data Access		2,525,000	2,525,000	5,050,000
	Improved Public Health Data		10,656,250	10,656,250	21,312,500
	Public Health Data Requests		2,125,000	2,125,000	4,250,000
	Statewide Health Assessment		11,250,000	11,250,000	22,500,000
	Reinforcing Capacity		9,105,000	9,105,000	18,210,000
Assessment Total			**35,661,250**	**35,661,250**	**71,322,500**
Capabilities	DOH FPHS Support		250,000	250,000	500,000
	Ensure Critical Health IT Systems		1,406,000	969,000	2,375,000
	FPHS Consultants	Yes	500,000	500,000	1,000,000
	Health Impact Reviews	Yes	62,500	62,500	125,000
	Health Impact Reviews Expansion		62,500	62,500	125,000
	TPCHD Demonstration Project	Yes	35,000	35,000	70,000
	TPCHD Demonstration Project Exp		225,000	225,000	450,000
	WSALPHO FTE (MA4)		125,000	125,000	250,000
	IT system consolidation (IAPD Match)	Yes	37,500	37,500	75,000
	IT system consolidation (IAPD Match) - Expansion		427,000	427,000	854,000
	Emergency Preparedness (All Hazards)		4,391,500	4,391,500	8,783,000
	All Other Capabilities		13,203,750	13,203,750	26,407,500
Capabilities Total			**20,725,750**	**20,288,750**	**41,014,500**
Tribal	AIHC Partnership Development		100,000	100,000	200,000
	Tribal Epi Center		500,000	500,000	1,000,000
Tribal Total			**600,000**	**600,000**	**1,200,000**
Grand Total			**148,420,500**	**147,579,500**	**296,000,000**