2017-19 Biennium Budget
Decision Package

FINAL

Agency: 303 Department of Health

Decision Package Code/Title: B2-Implementing FPHS & DOH Funding

Budget Period: 2017-19

Budget Level: PL - Performance Level

Agency Recommendation Summary Text: The Department of Health requests funding to fill the most critical gaps in state provided core public health services. These foundational services support the entire governmental public health system in Washington. Funding is also requested for resources to continue implementation of the public health rebuilding and modernization plan.

Fiscal Summary: Decision package total dollar and FTE cost/savings by year, by fund, for 4 years. Additional fiscal details are required below.

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-1	2,890,000	2,656,000	2,209,000	2,209,000
Total Cost	**2,890,000**	**2,656,000**	**2,209,000**	**2,209,000**
Staffing	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**
FTEs	16.4	16.3	16.3	16.3
Revenue	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**
Fund 001-1	0	0	0	0
Object of Expenditure	**FY 2018**	**FY 2019**	**FY 2020**	**FY 2021**
A - Salaries and Wages	1,308,000	1,304,000	1,301,000	1,301,000
B - Employee Benefits	460,000	460,000	458,000	458,000
C - Personal Service Contracts	767,000	553,000	112,000	112,000
E - Goods and Services	306,000	305,000	304,000	304,000
G - Travel	4,000	4,000	4,000	4,000
J - Capital Outlays	16,000	1,000	1,000	1,000
N - Grants, Benefits & Client Svc	0	0	0	0
T- Intra-Agency Reimbursements	29,000	29,000	29,000	29,000

Package Description

**** This decision package is one of two components of an initiative to rebuild and modernize the Governmental Public Health system****

History & Context

The governmental public health system (public health system) in Washington has a critical role that is focused on protecting and improving the health of families and communities through monitoring and control of communicable diseases, promotion of healthy lifestyles, ensuring safe water and food, preventing injuries and ensuring safe and quality health care. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire county or state.

Public Health is essential. Investing in disease prevention is an effective way to improve health - keeping thousands of Washingtonians from developing preventable diseases and reducing health care costs. The public health system works to prevent problems from happening – in contrast to the medical care system, which focuses primarily on treating individuals after they become sick or injured. Public health also works to give everyone a chance to live a healthy life.

After a century of effectively preventing death and illness and increasing the quality of life in Washington communities, the public health system now faces the dual challenge of a severe funding crisis and a change in the nature of preventable disease and illness in our state.

The cumulative effort of new and more complex disease threats, smoking, costly and preventable chronic diseases and injuries, increasing need to ensure that all children have a health start in life and several other factors threaten to produce lower life expectancies among today's children than among their parents – something that has never happened before in US history.

One example of new demands on the public health system was the work needed to prepare for possible Ebola cases in our state. Local health staff had to stop their routine communicable disease work to monitor travelers from Ebola impacted countries. As a state, we physically monitored over 359 people every day for 21 days each to ensure they were not sick; state and local health officers developed guidance for the health care system so they would be prepared – which sometimes changed daily; and the state public health laboratory had to ramp up for a new test for a biological agent that is considered extremely dangerous; This was unprecedented work for the public health system and resulted in hundreds of thousands of dollars in unexpected costs.

Monitoring and responding to Zika illnesses presents similar challenges. The unanticipated global outbreak of Zika virus infection is the most current but certainly not the last emerging infectious disease challenge to confront the US public health system. Despite a number of such threats in recent years, significant gaps remain in core areas of the public health system. Responding to these new diseases means much work is being left undone in other areas, which exposes our residents to unacceptable levels of risk.

Containing the growing health burden and economic impact of preventable diseases in Washington requires a public health approach. We need to reduce statewide and community rates of chronic

disease through prevention programs, promoting positive changes in behavior and giving everyone a chance to live long, healthy lives free of preventable injury or illness.

In response to these problems, state and local public health officials and local leaders have defined a set of core services that government is responsible for in all communities in our state. These core services are a subset of the essential work of the public health system and are called ***Foundational Public Health Services*** (FPHS) because they provide the foundation to support the work of the broader public health system and community partners.

To ensure that these core services are available statewide and to maximize return on investment, the Department of Health (DOH) and local health jurisdictions (LHJ) are working to modernize the public health system by looking at how services are currently provided and developing new models for how to deliver them.

The planning for this initiative has been occurring over the past several years and a comprehensive multi-year strategy to modernize and reliably fund the public health system to provide the FPHS will be presented in the December 2016 ***Foundational Public Health Services*** legislative report.

The Problem

Due to a cascade of funding reductions and budget impacts over the past 16 years, the public health system is now unable to meet its basic responsibility to provide the FPHS to all communities in our state.

When one part of the public health system is unable to provide the core communicable disease services, it leaves all communities vulnerable to disease. This increases the risk of outbreaks, such as measles, pertussis, and foodborne illness that could have been contained if the whole system was functioning as expected.

Funding constraints have led to reductions in public health activities that prevent chronic diseases and the associated costly health care. There are evidence based strategies to address the leading causes of preventable death and disease in Washington but the governmental public health system isn't able to fully engage in this essential work due to a lack of funding.

COMMUNICABLE DISEASE AND OTHER HEALTH THREATS

Controlling the spread of communicable diseases and other health threats is a significant public health challenge. DOH, in partnership with LHJs is responsible for statewide monitoring, tracking, investigation, lab testing and response for approximately 80 notifiable conditions.

Notifiable Conditions are diseases that the health care system is required to report to public health so that the spread of disease can be limited. In addition to the work above, DOH develops and maintains all of the statewide electronic surveillance systems that are needed for this critical work.

The department has identified seven critical gaps affecting the state's ability to monitor, investigate, and control communicable diseases and other health threats. These gaps are all specific to the work that DOH has the authority and responsibility to do. Currently, DOH lacks the capacity to:

- Meet the demands for radiation testing and the maintenance and replacement of outdated equipment in the state public health laboratory. Radiation laboratory staff have been

reduced from 13 FTEs to 7 over the past decade but demand for these specialized services continues to increase. Services will be reduced if new funding is not received.

- Meet the demands for developing and maintaining laboratory test methods for new public health threats such as Ebola, MERS, drug resistant organisms and Zika.
- Maintain the current level of services in the microbiology laboratory to identify outbreaks and agents causing them. Services will be reduced if new funding is not received.
- Perform the critical surveillance and response activities required to prevent the adverse health consequences of hepatitis C (due to loss of federal funding on 10/31/16). Hepatitis C (Hep C) is an infectious condition that is killing more people annually in Washington State than HIV did at its peak epidemic. Hep C is curable. Highly effective treatment therapies are now available and recent studies show cure rates between 90 and 100% but surveillance is needed to identify and investigate cases so that that people who need treatment can get it. Services will be cut if new funding is not received.
- Assess IT system consolidation and modernization opportunities for statewide public health surveillance data systems. DOH has 50 surveillance systems that need to be evaluated to improve the efficiency and effectiveness while decreasing the cost of developing and maintaining these critical statewide systems that the public health system and many other partners depend on to collect health data to monitor, control and prevent disease.
- Update and maintain the notifiable conditions guidelines with new scientific information on a regular basis which are used by the public health system to ensure consistent practices for controlling communicable diseases.
- Train LHJ epidemiologists and disease investigators for both changes to existing practices and the addition of new investigation protocols for emerging diseases (e.g. Zika). The need for this work has significantly increased as emerging diseases continue to present unique challenges.

HEALTH EQUITY

In order to address health inequities in our state and ensure everyone has an equal opportunity to be healthy, two critical gaps have been identified that will provide increased access for disadvantaged populations:

- The State Board of Health seeks to increase its capacity to conduct health impact reviews (HIR) to ensure that health and health equity is considered during policy and budget decision making. There has been increased demand from the Legislature for HIR's. By limiting the use of HIRs due to capacity, the State is missing an opportunity to move toward a health equity approach in all policies in Washington State. The Board proposes adding a second staff person dedicated to HIRs and related research and policy work.
- To ensure overall agency compliance with Title VI and EO 13166, DOH needs an agency-level language access plan. A temporary Culturally and Linguistically Appropriate Services (CLAS) Coordinator position is facilitating the development of the agency plan. The CLAS Coordinator is identifying high priority language access needs around the agency that need funding support. If new funding is not received, agency-level coordination and support of CLAS will end in June 2017.

PATIENT SAFETY

DOH is required to receive and investigate notifications and reports of adverse events, including root cause analyses and corrective action plans. It must also communicate the Department's conclusion regarding a reported adverse event to individual facilities per state law. Funding for this

work adverse event reporting was reduced and ultimately eliminated in the 2011-13 biennial budget. The adverse event program draws considerable press attention and the investigations and reports are needed to ensure that the potential for future errors is mitigated.

ACCOUNTABILITY

The Public Health Activities & Services Inventory (Inventory) is a count of the activities of the governmental public health system (35 local health agencies and the state Department of Health) in Washington State. The Inventory is the only system for measuring performance of the governmental public health system performance across 36 separate and autonomous government agencies and it is a key component of the governmental public health accountability system. Funds to support this work were eliminated when the 2013 legislature combined all three funding streams to local health jurisdictions (LHJ) into one fund called County Public Health Assistance and moved the responsibility to disperse the funds from DOH to the treasurer's office. This system is a critical component for the modernization of the governmental public health system and is needed to measure the implementation of FPHS across the state to ensure services are provided to every community in the state.

What will it buy?

DOH-System Funding - $1.9 M per fiscal year (FY)

This budget request includes funding to the State Department of Health (DOH) to fill the most critical gaps in core public health services that support the entire governmental public health system in Washington and to continue implementation of the public health rebuilding and modernization plan.

This is Phase I of the implementation plan. The December 2016 ***Foundational Public Health Services*** legislative report will outline the multi-year strategy to modernize and reliably fund the public health system.

Implementation Funding - $1.0 M in FY 2018 and $799,000 in FY 2019

This funding will support the following activities:

- **Statewide Evaluation of FPHS.** The department and local public health jurisdictions will update the 2013 evaluation of FPHS to appropriately reflect current conditions and potential resource needs statewide. The evaluation will:
    - Identify the degree to which FPHS are currently provided by DOH, local health jurisdictions, SBOH and how they are being provided (by what agency);
    - Update the estimate of the cost of FPHS that are currently provided; and
    - Update the estimate of the cost to fully implement these services statewide.

- **Accountability.** To ensure that FPHS are available statewide and provided in a cost effective and quality way, there must be a robust accountability system that aligns with the FPHS framework to ensure accountability and an appropriate return on investment. The accountability system will be collaboratively developed by the department and local health

jurisdictions, with appropriate consultation with other stakeholders. The accountability system will:

- Identify a system and process to track and report on how FPHS funding is expended at the state and local level;
- Identify, track and report on the availability of FPHS statewide;
- Identify, track and report on the governmental providers of FPHS statewide;
- Identify appropriate measures to track and report on the quality and cost effectiveness of FPHS delivered at the state and local level; and,
- Identify the processes, responsibilities and any system improvements that would be required to support the implementation of the proposed accountability structure, including, but not limited to, changes to existing financial and performance reporting systems to align with the definitions of FPHS.

- **Funding Allocation.** The department and local health jurisdictions will develop a funding allocation model to distribute the state funds deposited in the state FPHS account beginning with allocations received in the 2019-2021 biennium.

- **Operational Guidelines for Implementing FPHS.** The department and local health jurisdictions will develop more detailed operational guidelines for FPHS implementation which will describe:
  - The appropriate roles and responsibilities of the department, State Board of Health (SBOH), local health jurisdictions and other potential partners in the delivery of FPHS;
  - The specific deliverables and other expectations of the department, SBOH, local health jurisdictions and other potential partners in the delivery of FPHS;
  - The processes and mechanism that will be used to ensure that FPHS are appropriately coordinated among the various governmental service providers; and,
  - The processes and mechanism that will be used to ensure that the framework, definitions, priorities, cost estimates, service delivery model, accountability system and funding allocation for FPHS funding are periodically reviewed and updated to address changes in the regulatory environment, policy direction or demands on the public health system.

Base Budget: If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service. Please include annual expenditures and FTEs by fund and activity (or provide working models or backup materials containing this information).

DOH – System Funding

COMMUNICABLE DISEASE AND OTHER HEALTH THREATS

Public Health Lab

The current base budget for the Public Health Laboratories consists of 91.0 FTEs and $6.5 million General Fund-State and $10.7 million in other funds per fiscal year (FY).

Communicable Disease Epi (CDE)
The CDE program consists of 27.4 FTE and appropriations from state and federal funds. Approximately $4.7 million per biennium is received from various federal sources and approximately $1.8 million is General Fund State.

Hepatitis C
This program is currently funded by a federal grant that is set to expire, therefore there is no base budget for the 2017-19 biennium.

IT
The agency's current enterprise architecture program has a biennial cost of $544,000 and consists of two FTEs, a WMS manager and an ITAS 6 Business Architect, funded from the agency indirect cost pool. The DOH indirect cost pool is funded by a mix of the agency's various funding sources of which approximately 10% is General Fund-State.

HEALTH EQUITY

HIR
The annual base budget for SBOH HIRs, including agency indirects, is 1.2 FTE and $119,000 General Fund-State.

CLAS
N/A – There is currently no base funding for this item

PATIENT SAFETY
Adverse Events – There is currently no base funding for this item

ACCOUNTABILITY
Activities and Services Inventory -– There is currently no base funding for this item

Implementation Funding

N/A – There is currently no base funding for this item

Decision Package expenditure, FTE and revenue assumptions, calculations and details: Agencies must clearly articulate the workload or policy assumptions used in calculating expenditure and revenue changes proposed.

COMMUNICABLE DISEASE AND OTHER HEALTH THREATS

Public Health Laboratory
The workload of the Radiation Laboratory will increase as the cleanup of the Hanford Nuclear Reservation proceeds into areas with higher contamination and the Office of Radiation Protection must monitor more closely. Other routine work and emergency response must continue. This work will require 1.0 FTE Chemist 3 and 1.0 FTE Laboratory Technician 1.

The current budget shortfall calculation in the microbiology lab assumes that testing volumes will remain constant. It is based on the assumption that all funded positions are filled. It assumes that laboratory supply costs, equipment maintenance costs and associated agency costs are fixed. This work will require 3.0 FTE Microbiologist 2.

Starting in FY 2018 and ongoing costs will be 6.7 FTE and $700,000 per year.

Communicable Disease Epidemiology
Starting in FY 2018 and ongoing, the department requests 1.0 FTE Health Services Consultant 3 to serve as a full-time communicable disease epidemiology training coordinator to prepare statewide guidelines and conduct training and capacity development workshops for Local Health Jurisdiction (LHJ) epidemiologists and other disease investigator staff who conduct notifiable conditions investigations, for healthcare providers and the public. This position will also review and update these guidelines routinely and as significant changes in scientific knowledge occur.

Training and capacity development workshops for LHJ epidemiologists and disease investigators is estimated to cost $125,000. This also includes DOH staff availability to support systematic and strategic outreach and engagement of LHJs.

The Department estimates $43,000 per year to address epidemiology space limitations and janitorial costs. The Department will be leasing space in the Food Lifeline building located in Shoreline. The total square footage will be 3,802 and the estimated cost will be $7.00 per square foot. This includes the cost for utilities such as water, electricity and gas.

FY 2018 – 1.3 FTE, $168,000 and FY 2019 and ongoing 1.3 FTE, $165,000

Hepatitis C
Grant funding is ending October 31, 2016. Starting in FY 2018 and ongoing, DOH will require 1.0 FTE Epidemiologist 1 to continue to conduct disease surveillance, data dissemination and disease investigation at DOH. The staff will be responsible for collecting case data, cleaning and analyzing the data and preparing data products to inform local and state disease prevention programs, health care planners and policy makers. Additionally, the staff will provide technical assistance to local health jurisdictions to assist them with their surveillance activities.

FY 2018 – 1.3 FTE, $139,000, and FY 2019 and ongoing 1.3 FTE and $135,000.

Assess Agency Data Systems
This proposal would fund the following:

- 2.0 IT Application Specialists (ITAS 6) – Annual salary for each: $92,000
- 0.5 Fiscal Analyst 2 – Annual salary: $52,000 (if full-time)

FY 2018 – 2.5 FTE, $313,000, and FY 2019 and ongoing 2.5 FTE and $307,000.

HEALTH EQUITY

HIR

In FY 2018 and ongoing, the Department of Health will require 1.0 FTE Public Health Advisor 4 for the State Board of Health to double the amount of HIRs it can complete. This position will conduct research and provide policy support for Health Impact Reviews, the State Board of Health, and the Governor's Interagency Council on Health Disparities. The additional 1.0 FTE allows the number of HIRs completed annually to double from 12 to 24. Each HIR takes 100 to 200 hours to complete, and factoring in annual and sick leave as well as time to attend meetings, an estimated 12 HIRs and other related research and policy support constitutes an entire FTE.

Total for FY 2018 and ongoing: 1.2 FTE and $125,000.

CLAS

- DOH staff – 1.0 FTE Health Services Consultant 4 for coordination and management of CLAS related work
- $100,000 budget for vital language access services

Total for FY 2018 and ongoing: 1.2 FTE and $174,000

PATIENT SAFETY

Adverse Events

Beginning in FY 2018, the department is requesting 1.0 FTE Nurse Consultant Institutional to conduct the root cause analyses and provide technical assistance to facilities. Costs include salary, benefits, associated costs and one-time equipment costs in the amount $182,000 in FY 2018. Starting in FY 2019 and ongoing, costs include salary, benefits and associated costs for a total of $177,000 each fiscal year.

ACCOUNTABILITY

Activities and Service Inventory

Assumptions

- DOH staff – 0.10 FTE Health Services Consultant 4 for planning and coordination
- Contract with the University of Washington for the remainder of services

Annual Process	Timeline	Cost Estimate			
		FY18	FY19	FY20	FY21
1. Planning and coordination of the annual process (DOH – 0.10 FTE HSC4)	Jan-Feb	$11,000	$11,000	$11,000	$11,000
Measures review & revision 2. Review and revise measures 3. Vet revised measures with SME 4. Finalize measures	Mar-May	$10,000	$10,000	$10,000	$10,000
Communication 5. Establish survey contacts at DOH and each LHJ	Jun	$10,000	$10,000	$10,000	$10,000

Annual Process	Timeline	Cost Estimate			
		FY18	FY19	FY20	FY21
7. Communication throughout the process					
Survey preparation, technical documentation and data collection 6. Develop technical notes and survey 8. Administer the survey 9. Answer questions / provide technical assistance to respondents	May-Jul	$44,000	$30,000	$30,000	$30,000
10. Data quality assurance	Aug-Oct	$13,500	$13,500	$13,500	$13,500
11. Data dissemination	Nov	$5,500	$5,500	$5,500	$5,500
12. Analysis and reporting	May-Jul	$6,000	$6,000	$6,000	$6,000
TOTAL		$86,500	$72,500	$72,500	$72,500

Implementation Funding

DOH Staff ($359,000 in FY 2018 and $358,000 annually thereafter)
WMS 2 and WMS 4
Oversee FPHS project
Coordinate update of DOH/LHJ information in 2017
Support development and implementation of service delivery pilots
Serve as DOH representative on all workgroups
Staff workgroups

WSALPHO Staff ($291,000 in FY 2018 and FY 2019)
Through DOH – One WMS2 level for 2 years
Facilitate collection of FPHS costs in 2017 with LHJs
Serve on FPHS project management team
Support service delivery pilots
Serve on FPHS workgroups

Consultant ($350,000 in FY 2018 and $150,000 in FY 2019)
Project Coordination
Workgroup Facilitation
Manage collection and update of LHJ FPHS cost information
Technical analysis and assistance
DOH/LHJ FPHS evaluation

Decision Package Justification and Impacts

What specific performance outcomes does the agency expect?

Describe and quantify the specific performance outcomes the agency expects as a result of this funding change. (results washington link)

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.

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

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 impacts 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 DOH's capacity to meet its responsibilities at the state level including the availability of the state public health laboratory to respond to emergency events and emerging diseases.

Health Impact Reviews contribute toward this goal by providing evidence about how policy impacts health and health equity.

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

The Activities and Services Inventory will provide an annual summary of state and local public health agencies performance to ensure core public health services are provided to every community in Washington.

Goal 5, 3.1.a Increase variety of data available on state portals - the data from the Activities and Services Inventory is on the state open data portal which provides transparency and allows evaluation of the governmental public health system performance as a whole.

Performance Measure detail:

COMMUNICABLE DISEASE AND OTHER HEALTH THREATS

Hepatitis C

- Percent of those with identified Hep C infection who are linked to care and cured of Hep C.
- Reduction in death from Hep C.

HEALTH EQUITY

Health Impact Reviews

- Increase HIR's by 100% (from 12 to 24 per year)

CLAS

- Increase the percent of all vital documents and information that are accurately translated into appropriate languages.
- Increase the percent of sub-recipients who report providing culturally and linguistically appropriate and competent services.
- Increase the percent of all points of contact with customers that are linguistically accessible for customers with limited English proficiency.
- Increase the cultural and linguistic accessibility of feedback, compliant, grievance, and public comment processes.
- Increase the number of agency webpages that are accessible for customers with limited English proficiency.

ACCOUNTABILITY

- Activities and Services Inventory will be produced annually.

Implementation Funding

The following deliverables will be completed by December 31, 2018:

- Updated statewide evaluation of FPHS. Current cost of FPHS for governmental public health system will be identified. Updated estimates to fully fund FPHS will be available. Current gaps in FPHS will be identified for all LHJs, DOH and the SBOH.
- Accountability. A robust accountability system will be developed and ready to implement.
- Funding Allocation. A funding allocation model to distribute the state funds deposited in the state FPHS account beginning with allocations received in the 2019-2021 biennium will be completed. The model will incorporate the findings of the shared services pilots and assume implementation of shared services as appropriate.
- Operational Guidelines for Implementing FPHS. A detailed operations manual will be completed that contains the roles and responsibilities of the department, SBOH, local health jurisdictions and other potential partners in the delivery of FPHS; and the specific deliverables that will be expected.

Fully describe and quantify expected impacts on state residents and specific populations served:

COMMUNICABLE DISEASE AND OTHER HEALTH THREATS

The public will benefit from a more robust system for monitoring and control of communicable diseases and other health threats that provides the resources needed to adequately prepare for emergencies while continuing to identify and protect them from the day to day threats they may encounter.

Specific impacts include:

- A direct positive impact to Washington State's 35 local health jurisdictions and Washington State Tribes who are responsible for conducting surveillance and disease investigation response to notifiable conditions reported through the healthcare system by ensuring they are informed about emerging conditions and best practices in disease control and response.

    - The Public Health Laboratory will have the capacity to do the testing necessary to protect the public from:
        - unsafe levels of radiation during emergencies and normal business operations
        - delayed identification of the cause of an illness outbreak resulting in more illnesses

- The more than 100,000 individuals who are potentially infected with Hep C in Washington State. Activities funded through this package will allow coordination with all LHJs to identify infected people and get them into treatment so they can be cured and prevent them from spreading the disease to others.

HEALTH EQUITY

Health Impact Reviews provide lawmakers with evidence that proposals could have positive or negative impacts on the health of Washingtonians in general or to specific populations which leads to more informed decision making for laws that could impact the health of state residents. For example, a Seattle City Council member referenced the SBOH's HIR of SB 5870 (Prohibiting the use of conversion therapy treatment of minors) in a white paper, which helped lead to the Council unanimously approving an ordinance to ban conversion therapy for minors in Seattle. These are examples of how HIRs can inform polices that promote health and health equity.

CLAS - The public health system and related services, programs and policies serve to maximize the health outcomes and benefits of ALL members of the society regardless of race/ethnicity, national origin or language (and several other important socio-economic factors). There are over 200 languages spoken in Washington State. Eighteen percent of Washington residents speak a language other than English at home, and 500,000 people have limited English proficiency. Washington State is also home to a large refugee resettlement community and has some of the most ethnically diverse zip codes (particularly in south Seattle) in the entire nation. By ensuring that DOH's most vital public health information and services are linguistically accessible and culturally appropriate, Washington residents who have limited English proficiency and/or prefer to receive information in a language other than English, will have increased and enhanced access to the information they need to be healthy and safe, regardless of the public health issue (natural disaster/emergency, disease outbreak, food safety) or where they live.

PATIENT SAFETY

Adverse Events - Over 648,000 Washingtonians were hospitalized in 2014. All communities and individuals deserve to be safe and obtain proper care in the healthcare setting. A stable and properly functioning Adverse Events Reporting System statewide promotes this goal and allows all patients access to valuable information when making health care choices. In addition to rising medical errors to patients in the health care setting and the attendant costs, there is growing national attention on the emotional and economic impacts of the "second victims" of medical errors--those medical professionals who caused the error.

ACCOUNTABILITY

The Public Health Activities & Services Inventory provides the ability to measure the impact of funding provided to the public health system to ensure FPHS are provided to every community in the state. It will allow decision makers to track and improve performance and quality; identify issues, problems and gaps; and evaluate the impact of policy and funding decisions.

IMPLEMENTATION FUNDING

The activities in this proposal lay the groundwork for communities in every part of the state to benefit from having a modernized and sustainably funded governmental public health system that protects them from preventable disease and injury, and keeps them healthy.

Having a uniform, consistent set of core public health services across the state will ensure that all Washingtonians have an equal opportunity for good health no matter where they live.

What are other important connections or impacts related to this proposal? Please complete the following table and provide detailed explanations or information below:

Impact(s) To:		Identify / Explanation
Regional/County impacts?	**Yes**	Supports LHJs in addressing critical public health problems in their communities. Provides statewide assurance that shellfish are safe to eat. Provides statewide assurance that exposure to unsafe levels of radiation can be monitored. Provides statewide assurance that adverse events in healthcare facilities are being monitored and addressed.
Other local gov't impacts?	**Yes**	Supports LHJs in addressing critical public health problems in their communities.
Tribal gov't impacts?	**Yes**	Supports Tribes and LHJs in addressing critical public health problems in tribal communities.
Other state agency impacts?	**Yes**	Supports the work of DEL and OSPI to ensure children are healthy and ready to learn.
Responds to specific task force, report, mandate or exec order?	**Yes**	Adverse Events - This fulfills the legislative mandate highlighted by RCW: 70.56.030 (1). Hepatitis C Strategic Plan, August 2014 CLAS - 2000 federal EO 13166
Does request contain a compensation change?	**No**	**Identify:**

Does request require a change to a collective bargaining agreement?	**No**	**Identify:**
Facility/workplace needs or impacts?	**No**	**Identify:**
Capital Budget Impacts?	**No**	**Identify:**
Is change required to existing statutes, rules or contracts?	**No**	**Identify:**
Is the request related to or a result of litigation?	**No**	**Identify lawsuit (please consult with Attorney General's Office):**
Is the request related to Puget Sound recovery?	**No**	**If yes, see budget instructions Section 14.4 for additional instructions**
Identify other important connections		

Please provide a detailed discussion of connections/impacts identified above.

The FPHS provided by public health are the foundation for many other activities/services provided by government and the private sector. The data collected and analyzed by public health provides the information needed to focus resources in the right places. Collaboration with public health allows the integration of prevention principles and public health knowledge to shape successful interventions to improve the health of all Washingtonians.

LHJs will benefit from increased resources and support from DOH for communicable disease prevention activities. This means they will be better prepared and able to manage outbreaks in their communities.

In response to a legislative mandate in 2003, DOH developed a statewide Hepatitis C Strategic Plan and delivered it to the legislature in 2004. Ten years later, the legislature directed the agency to update the plan to reflect current conditions. This Decision Package reflects one of the action steps recommended in the plan: Strengthen data systems and increase data use. The strategic plan calls on DOH to increase data collection and dissemination, as well as to use data in new ways, such as creating a care continuum for Hepatitis C that describes how many people are infected, reported, in care and cured.

What alternatives were explored by the agency and why was this option chosen?

DOH has already implemented efficiencies that were practical. Reducing other core services to fund this work is not an acceptable alternative.

The Public Health Laboratory has already taken reductions to mitigate the funding shortfalls. The reductions have negatively impacted the ability of the public health system to monitor and control communicable diseases and other health threats.

Health Impact Reviews - Several options were explored. Filling the position part-time was considered but rejected because of the special expertise needed to do the work. Using interns was also considered but rejected because of the lack of expertise needed.

CLAS - Staffing and funding for this work cannot be contracted out as it requires changing institutional practices and adopting culturally and linguistically appropriate practices over time for successful implementation, evaluation and sustainability. Hiring a contractor or consultant to do this work would be ineffective and cost-prohibitive.

Adverse Events – An option to repeal the statute or do nothing was considered. Neither supports the critical public health goals to facilitate quality improvement and patient safety, and reduce the occurrence and cost of medical errors.

Public Health Activities & Services Inventory - staffing the work internally or contracting out the majority of the work was considered. The Department believes contracting is the more effective and efficient way to complete this work.

What are the consequences of not funding this request?

Communicable Disease and Other Health Threats

The Public Health Laboratory will have to limit the tests it runs to support FPHS, stopping those that are most time consuming or require special equipment. This would include microbiological tests and radiation testing. The public could be at risk for exposure to unregulated radioactive materials if adequate testing isn't done to identify problems in the environment. In the microbiology laboratory more services will be eliminated reducing the ability of the public health system to identify disease outbreaks and control further illnesses.

Without additional funding, the state's ability to effectively monitor and control communicable diseases will remain limited or be reduced which would impact LHJs ability to protect the health of the public statewide. Guidelines for communicable disease would not be updated as new science is available, no training would be available to LHJs staff who conduct notifiable conditions investigations.

If no funding is received to replace the federal grant, surveillance of Hepatitis C and identifying people that need care will be reduced to unacceptable levels. Without this information, LHJs will be challenged to control Hepatitis C outbreaks in their communities and the public health system's ability to prevent new cases will be significantly compromised.

If no funding is received to assess IT system consolidation and modernization opportunities for statewide public health surveillance data systems, DOH will continue to maintain 50 surveillance systems that need to be evaluated to improve the efficiency and effectiveness to decrease the cost of developing and maintaining these critical statewide systems. The public health system will continue to use outdated systems that they depend on to collect health data to monitor, control and prevent disease. Inefficiencies will continue and the systems will continue to use resources that could be used to support FPHS in other areas.

Health Impact Reviews
If not funded, there will be delays or withdrawals of HIR requests by legislators. Legislators have opted not to make requests once they learn staff will not be able to get to their request immediately. HIRs will continue to be limited as a tool for legislators to ensure that health and health equity is considered during policy and budget decision making.

CLAS
Without funding, the Department will not fulfill its requirement/mandate to be compliant with Title VI and federal EO 13166 as a major recipient of federal funds. As such, agency-level coordination and support of CLAS will end prematurely in June 2017, DOH will lack a formal agency-level language access plan, resources will not exist to assist high need programs provide language access, and compliance with Title VI and federal EO 13166 will be solely self-monitored at a program level.

Adverse Events
DOH is the only agency that collects adverse events data in Washington. In 2014, there were 648,004 hospital discharges. This system emphasizes the State's commitment to protecting patients and enhancing vigilance to its residents and facilities. Without funding, existing unfunded staff demands will continue; facilities will continue to meet their obligations to report adverse events and perform extensive root cause analyses as required by law, but DOH will not act on them; DOH will continue to fall short of its statutory mandate to prevent medical errors and related costs, and improve patient safety; and, DOH will be exposed to public and political criticism should the Adverse Events system be questioned in relation to the state's medical errors, hospital incidents and malpractice cases.

Activities and Services Inventory
Without funding, the Department will not have performance data for the governmental public health system and will be unable to ensure that services are delivered in the most efficient and effective way, that expected outcomes are being achieved and that necessary improvements are made.

Implementation Funding

The public health system will fail to meet its basic responsibility to provide the essential services needed to protect the public. The State will lose the opportunity to make improvements to the way services are delivered which may result in inefficiencies and services that aren't delivered as effectively as they could be.

How has or can the agency address the issue or need in its current appropriation level?

DOH cannot address these issues within its current appropriation without reducing FPHS in other areas of the department, which is not an acceptable approach.

Implementation Funding

N/A

Other supporting materials: Please attach or reference any other supporting materials or information that will help analysts and policymakers understand and prioritize your request.

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

☒ No

☐ Yes Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)