List of Foundational Public Health Services Priorities - 2021-2023 Biennium

FPHS Category	Title	2021-2023 Biennium (FY2022 & FY2023) Proposed Investments		Description
		Dollars (GF-State)	FTE	
Assessment	Cloud based Public Health Response Applications	$ 1,197,800	6.8	Support ongoing licensing, staffing, and continued enhancement for Cloud based Public Health Response Applications (CREST, WAHEALTH, QR PORTAL,EDRS) - DOH: 10.0 FTE
Assessment	Cloud Data Analytics	$ 2,589,418	6.0	Implement and expand cloud environment. Migration of Surveillance systems to the cloud, and establishing the cloud data analytics environment (includes hosting, cloud data analytics vendor, licensing, staffing) - DOH: 6.0 FTE.
Assessment	Cloud Hosting	$ 1,694,857	1.0	Support ongoing licensing, staffing and tools for Maintenance and Operations of the environment - DOH: 1.0 FTE
Assessment	Data Infrastructure	$ 3,150,000	0.0	Complete more of project needs – Incorporates elements of designing a modernized, modular, flexible data system integrated across diseases and health issues, establishing a secure environment in the Cloud to house data and data systems, and developing critical data analysis functionality allowing rapid response to media inquiries and data requests for program planning/evaluation and policy development. Allows for input and collaboration of state, local, and tribal partners in the strategic planning and development (including functional requirements gathering) of the collective systems.
Assessment	Master Person Index	$ 350,000	0.0	Ongoing licensing for Master Person Index System
Assessment	ServiceNow Application Licensing	$ 100,000	0.0	Ongoing Licensing required for all DOH internal administrative applications
Assessment	Training for Cloud Data Environment	$ 150,000	0.0	Ongoing Training for DOH, LHJ, Tribes, Power BI and other tools
Assessment	IT system consolidation (IAPD Match)	$ 75,000	0.0	GF-State needed to pull down Medicaid match to analyze systems to see if they are cloud ready (Two different contracts)
Assessment	IT system consolidation (IAPD Match) - Expansion	$ 854,000	0.0	GF-State needed to pull down Medicaid match to analyze systems to see if they are cloud ready (Two different contracts)
Assessment	Improved Public Health Data	$ 21,312,500	1.0	Part 2: a) Process Medicaid claims and enrollment data set 2.5 FTE for PHSKC; b) 4 FTE at larger LHJs, 1 FTE at DOH; c) 9 FTE for regional epidemiologists. Total FTE: 16.5
Assessment	Public Health Data Requests	$ 3,250,000	1.0	Part 3: 1.0 FTE at each of 9 region (Regional Epis); 1 FTE at DOH. TOTAL FTE: 10 + FTE & $ for NWCPHP
Assessment	NSDM - Regional Health Data Requests - Epi - 1 FTE (portion of Public Health Data Request - Part 3)	$ 100,000	0.0	NSDM - Hosted by Chelan-Douglas - Regional Epidemiology – 1 regional epi as a pilot to serve for rural Central Washington (e.g. Okanogan, Chelan-Douglas, Grant).
Assessment	Regional Health Data Requests - Epi 2 FTE (portion of Public Health Data Request - Part 3)	$ 900,000	0.0	Regional Epidemiology – 3 regional epis e.g. Coastal WA/SW and Eastern WA; Central/Eastern WA. This could be phased by adding 2 FTE in 21-23 and 1 more FTE in 2023-25.
Assessment	Statewide Health Assessment	$ 22,500,000	3.0	Part 4: CHA/CHIP & SHA/SHIP. 1.0 FTE to each LHJ; 0.5 FTE to each of 9 regions; 3 FTE at DOH. Total FTE: 42.5
Assessment	LHJ Assessment funding	$ 2,100,000	0.0	Part 4: $60K per LHJ to contribute to local COVID-19 assessment work for 2021-2023; continued for CHA/CHIP for 2023-2025
Assessment	Reinforcing Capacity - Assessment	$ 18,210,000	0.0	
Assessment	Tribal Epi Centers	$ 1,250,000	0.0	Tribal & UIHP Information System and Data Aggregation Hub; 1.2 Data sharing policies, procedures and legal mechanisms.
Cross Cutting Capacity	3.1 Strategic Redundant Communications Systems for Tribes and Local Health	$ 200,000	0.0	Strategic Redundant Communications Systems for Tribes and Local Health
Cross Cutting Capacity	4.1 Model Tribal Public Health Codes Aligned With State Public Health Law	$ 250,000	0.0	Model Tribal Public Health Codes Aligned With State Public Health Law
Cross Cutting Capacity	4.2 Joint Information Systems for Each of WA's 9 Public Health Emergency Planning Regions (Tribes and Local Health)	$ 200,000	0.0	Joint Information Systems for Each of WA's 9 Public Health Emergency Planning Regions (Tribes and Local Health)
Cross Cutting Capacity	4.2 Tribal-Local Health Mutual Aid Agreements	$ 100,000	0.0	Tribal-Local Health Mutual Aid Agreements

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Cross Cutting Capacity	5.0 AIHC MCM Partner Profile	$ 1,450,000	0.0	AIHC MCM Partner Profile - 15 tribes in year 1 + 14 tribes in year 2 x $50,000 per tribe
Cross Cutting Capacity	5.1 AIHC Partnership Development	$ 1,000,000	0.0	AIHC/WSALPHO Cross-Jurisdictional Public Health Partnership Development on policy and public health issue collaboration x $250,000/year AIHC + $250,000/year WSALPHO
Cross Cutting Capacity	All Other Capabilities	$ 26,407,500	0.0	
Cross Cutting Capacity	DOH FPHS Support	$ 500,000	0.0	
Cross Cutting Capacity	FPHS Consultants	$ 338,000	0.0	Consultants
Cross Cutting Capacity	SBOH - Health Impact Reviews Expansion	$ 125,000	0.8	Additional 0.8 FTE for HIR
Cross Cutting Capacity	WSALPHO FTE (MA4)	$ 250,000	0.0	
Communicable Disease	Disease Investigation & Response	$ 800,000	0.0	
Communicable Disease	Foodborne Illness, Vaccine Preventable Diseases, Zoonotic	$ 23,028,750	6.0	GCD - Total FTE 36. (30 FTE for disease investigation statewide, 6 FTE at DOH).
Communicable Disease	Healthcare Association Infections (HAI)	$ 2,800,000	3.6	HAI - Total FTE 5. (4 FTE statewide, 1 FTE at DOH). Aim: 75 percent of all HAI cases are followed up by a healthcare evaluation and proceeding evaluation to assure adequate practice steps have been taken to mitigate further community transmission. All HAI events are monitored in WDRS and reported to the appropriate jurisdiction of case residency and facility location. Staffing: 10 FTE – specifically:.6 FTE Nurse Consultant; 2 FTE Epidemiologist 2; regional travel is required for this work so a hardly travel budget is needed to make a true impact. Shared regional epidemiologist to support investigation and healthcare follow-up of all healthcare associated infections.
Communicable Disease	HIV, Syphilis & Gonorrhea Surveillance	$ 10,805,000	7.3	TOTAL FTE 32.25 (Statewide 25 FTE, 7.25 FTE at DOH.)

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FPHS Category	Title	2021-2023 Biennium (FY2022 & FY2023) Proposed Reduction Dollars (GF-State)	FTE	Description
Communicable Disease	Increase TB Prevention and Control	$ 7,293,750	0.0	TB - $715,000 LHJ resources (LHJ FTE, diagnostics, social support, etc.) for TB disease/case and contact investigation and complex case support. This amount supplements current CDC funding of $1.5 million. $450K LHJ resources for Class B evaluation and treatment support (Class Bs are new immigrants/refugees with abnormal TB results on their overseas medical exam that require further evaluation after arrival in the US)($300 per Class B evaluation x 1500 Class B = $450K). $50K DOT platform support for all LHJs. $240K Short-course LTBI medication coverage through expanded 340b for LHJs and FQHCs [for up to 1,000 LTBIs treated/year]. $210K Develop and maintain a statewide advisory board consisting of DOH, LHJs and other community TB experts. The advisory board would provide input into a TB Elimination plan for Washington, further development of a statewide collaborative for services/expertise, restructuring of the funding formula, etc. (Provide 0.1 FTE -coverage for each of the 6 non-DOH voting member.) OVID positions will not directly be funded to support Hep C investigations but could be considered and area of support down the line. $515K Continue and expand/scale up the Shared Service Demonstration Project (Public Health Seattle King County and the Washington Tuberculosis Collaborative Network). DOH - 5 FTE. $360K one-time cost - Addition of a new event in WDRS to upload all Class Bs directly from EDN (An additional $80K for two years to stabilize and build out the system after the 1x cost of $240K). $320K 1x cost + $160K Support for FQHCs to develop in clinic LTBI performance measures using electronic health record output (An additional ongoing $160K to support LHJ clinical partners develop and maintain their electronic health records as they relate to TB infection testing and treatment measures).
Communicable Disease	Syphilis	$ 2,700,000	2.0	Syphilis / GC - Total FTE 12 (10 FTE in LHJs using regional model + need for 2 FTE at DOH
Communicable Disease	Vaccine Preventable Disease (VPD) investigation & surveillance	$ 4,000,000	0.0	VPD - Total FTE 24. Aim: document in WDRS and complete investigations of ALL VPD within the approved timelines. The work: disease investigation. Staffing: 24 FTE Shared regional or local epidemiology support to target active investigation of Vaccine Preventable Disease events.
Communicable Disease	Immunization Epi/Assessment Support	$ 782,500	2.0	2 FTE at DOH. This proposal would provide the additional staffing needed to support immunization data and assessment requests from internal and external partners, stakeholders, and the public across the state including data requests and analyses related to COVID-19 activities and vaccine administration (once a vaccine becomes available). It would also include supporting mechanisms for local health to access and pull immunization data real-time. Immunization Information System (IIS) data and assessment requests have increased steadily from internal and external customers, community partners, stakeholders, and members of the public, requiring additional support. Requested IIS data supports decision making, performance measurement, immunization rate assessment, Healthier Washington common core measures and Results Washington measures. Requesting two additional Epi2 staff to increase capacity to support immunization assessment to partners, stakeholders, and the public across the state. This proposal would provide the additional staffing needed to support immunization data and assessment requests from internal and external partners. It would also include supporting mechanisms for local health to access and pull immunization data real-time. This could include improving report functions in the IIS or developing related solutions to support data abstraction and analysis. The increased staffing capacity could also support assessing MyIR, a consumer access portal to IIS information, to identify ways to improve consumer access and usability. $100,000 – funding to fund a portion of a new epi position to support increased access to and use of IIS data for state and local performance measures (FPHS, Healthier WA, ACH, Results WA, LHJs need for data beyond the current system reports). This work is not a required part of the federal grant, and there is no longer enough federal funding to support this work.

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FPHS Category	Title	2021-2023 Biennium (FY2022 & FY2023) Proposed Reduction Dollars (GF-State)	FTE	Description
Communicable Disease	Immunization Health Education and Promotion	$ 750,000	1.0	1 additional FTE at DOH to engage with statewide partners to identify health disparities in immunization, prioritize disparities to address, develop materials to support targeted interventions, including messaging related to seasonal flu and COVID-19, and provide technical assistance to partners, and would fund the materials for this work.
Communicable Disease	Immunization Policy Support	$ 342,500	1.0	1 additional FTE at DOH policy position to increase capacity to support and improve efficiencies for statewide immunization policy work. Anticipate an uptake in legislative and policy assignment related to COVID-19, and this position will be critical in leading that work for the Office of Immunization and Child Profile.
Communicable Disease	Immunization Provider Trainings	$ 252,500	0.0	Support availability and access to health care provider and health care professional trainings on immunization best practices as needed to continue supporting the need for ongoing training and CEU costs, and to provided updated trainings on COVID-19 activities and vaccine availability.
Communicable Disease	Improve Immunization Data Quality	$ 367,500	0.0	Enable DOH to be able to support data exchange between the IIS and provider electronic health record systems, including addressing the waitlist of about 250 provider waiting for data exchange. Continuing this work will be critical as DOH increases its seasonal flu coverage and prepare for the availability COVID-19 vaccine. The funding is for the state match needed for 90/10 federal Hi-Tech funding from CMS. It also addresses IIS data quality issues arising from aging technology infrastructure and processes and will help support resolving IIS data quality problems and challenges that impact use of the IIS to support performance measurement, including Results Washington, Healthier Washington, and provider-level quality improvement initiatives. The Washington Immunization Information System (IIS) has data quality issues arising from aging technology infrastructure and processes. Increased use and connection of health care provider Electronic Health Record (EHR) systems with the IIS is stretching the department's capacity to maintain high quality data needed to help protect Washington communities, including schools and child care centers, especially in the event of a vaccine-preventable disease outbreak and subsequent response. New funding will help support resolving IIS data quality problems and challenges that impact use of the IIS to support performance measurement, including Results Washington, Healthier Washington, and provider-level quality improvement initiatives. Additional state funding is also needed for the required match to be able to draw down approved 90/10 federal IAPD hi-tech funding, and the only funding available to support new data exchanges between healthcare provider electronic health systems and the IIS. $200K –funding to support IIS technology changes to address data quality issues, and to work toward meeting national functional standards in IIS.
Communicable Disease	Improving Immunization Rates	$ 6,007,500	0.0	Sustain the comprehensive system that is critical to improving childhood immunization rates, protecting communities from diseases, and helping ensure that all children achieve their highest health potential. Funding for local health jurisdictions to conduct immunization promotion and rate improvement activities and evidence-based strategies with schools, health care providers, and other community partners to increase immunization rates.
Communicable Disease	PHL quality control / quality assurance - 1 FTE to meet federal requirements	$ 300,000	1.0	PHL quality control / quality assurance - 1 FTE to meet federal requirements
Communicable Disease	PHL Support to DOH and LHJs	$ 2,861,342	11.0	TOTAL FTE 11. Micro - 5 FTE. Emerging Disease - 4 FTE. Quality Assurance & Training - 2 FTE. $1,250,000 per year for data system interoperability. Xxx PHL – diagnostic capability for serological, molecular and subtyping testing. Jerrod - FTEs to support the disease investigation for specific conditions listed in this spreadsheet like food borne illness, VPD, TB and radiation. Jerrod has back up spreadsheets.
Environmental Health	COVID Community Recovery & Resiliency	$ 1,250,000	4.0	Staffing: DOH - 4 FTE; LHJ - 1 FTE at each LHJ; Goal: Guidance development and advocacy; Program capacity for EPH programs heavily impacted by COVID; Local capacity critical to leverage community relationships.

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FPHS Category	Title	2021-2023 Biennium (FY2022 & FY2023) Proposed Reduction Dollars (GF-State)	FTE	Description
Environmental Health	COVID Regional EPH Response Team	$ 1,177,666	5.4	Staffing: DOH - 8 FTE; LHJ - 1 FTE at each LHJ; Goal: Complaint Response & Enforcement; Program capacity for EPH programs heavily impacted by COVID.
Environmental Health	Drug Lab Response	$ 9,210,000	3.0	Staffing: LHJ - 35 FTE; DOH - 3 FTE; Goal: Reestablishes and DOH and LHJ system to address contamination from drug labs and other hazardous waste sites throughout the state. The program originally focused on meth labs and certifying clean up operators. In discussions with EPH members, while meth labs are no longer the main issue, manufacturing and contamination is occurring for other substances. Ensuring safe built environments and supporting local law enforcement are the key drivers for this work. Funding would be to DOH and LHJs. DOH would provide technical assistance and operator certifications. LHJs would be compensated for staff time to conduct investigations, site assessment, mitigation and local contact.
Environmental Health	Emergency Strike Teams	$ 1,708,000	8.0	Staffing: LHJ - 12 FTE; DOH - 8 FTE; Goal: These teams are designed to ensure adequate environmental health protections like temporary shelters, food safety, sanitation and drinking water are available and safe for people displaced by an emergency.
Environmental Health	Food Safety	$ 13,301,250	0.0	Staffing: LHJ - 30 FTE; Goal: EH staff across Medium/Small local health jurisdictions – Invest in health equity through building local capacity and focus on top three priority areas (food safety, sewage, school safety). Invest in significantly under resourced local programs. Fund staff positions across the Medium/Small local health jurisdictions with services where fee recovery is not an option.
Environmental Health	Harmful Algal Blooms	$ 2,342,547	0.4	Staffing: DOH 0.4 FTE; Harmful Algal Bloom (HAB) Response – Need ~$60,000 a biennium for 1 FTE; current funding combined with Wildfire Smoke funding to create 1 FTE
Environmental Health	Homelessness Impacts	$ 12,293,750	8.0	Staffing: LHJ - 35 FTE; DOH - 8 FTE; Goal: Across the state environmental public health expertise is needed to mitigate concerns and threats in encampments and shelters such as facility hygiene, cleaning and sanitation, siting, indoor and outdoor air quality, food handling/preparation, pest management, pet management, garbage and waste management, and hazardous waste related to needles and other exposures.
Environmental Health	Pesticide Prevention	$ 1,683,750	5.0	Staffing: DOH - 5.0 FTE; DOH collects data during pesticide exposure surveillance, but lacks the resources needed to develop and disseminate information to prevent the exposure; will include regional nurses for local response and community connection
Environmental Health	Prevent Lead Exposure	$ 13,034,084	2.0	Staffing: DOH - 2.0 FTE; Goal: Lead – Continuation of childhood lead program but at a reduced level; Funding dedicated positions to promote blood lead testing and support local health in case management activities is the best way to boost state's ability to detect and respond to elevated blood lead cases. The proposed funding could allow DOH to leverage a HCA Medicaid match to fund 50% of the Screening Promotion Coordinator position. Fund the Case Manager Coordinator position to provide support to following up on elevated blood lead cases. Request 0.50FTE funding for both positions.
Environmental Health	Radiation Emergency Preparedness	$ 392,500	1.0	Staffing: DOH - 1 FTE; Goal: Statutorily required; Request from reduction of lead funding; Initial request is to begin work on Phase 1 survey work focused on Hanford as numerous projects will begin soon that could result in increased radiation levels; 23-25 request brings funding to full request levels
Environmental Health	Reinforcing Capacity	$ 5,212,000	0.0	LHJ designated funding - flexible funding for local public health issues and program capacity
Environmental Health	Safe and Healthy Communities	$ 3,010,000	10.0	Staffing: DOH - 10 FTE; Environmental Planner (3.0 FTE), Epidemiologist (1.0 FTE), Regional Community Health Planners (4.0 FTE), Program Support (2.0 FTE); Goal: Local governments, communities and project applicants request public health input on land use issues associated with growth management planning and specific project applications through the SEPA process.
Environmental Health	School Safety Inspection	$ 6,200,000	2.0	Staffing: LHJ - 20 FTE; DOH - 2 FTE; Goal: regional model could address ongoing FPHS health and safety issues related to WAC 246-366; This request could remove existing proviso in budget bill preventing the implementation of additional requirements by DOH or SBOH.

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FPHS Category	Title	2021-2023 Biennium (FY2022 & FY2023) Proposed Reduction Dollars (GF-State)	FTE	Description
Environmental Health	Sewage Response	$ 13,395,000	3.2	Staffing: LHJ - 50 FTE; DOH - 3.2 FTE; Goal: Local Health Jurisdictions implement on-site sewage programs through the authority of the Local Health Officers. The performance of this work and mandate has positioned Local Health Officers and staff to become experts on the subject. programs, additional on-site training, and standardization of educational materials and new tools and resources to address emerging issues and new sewage technologies. Support development of fee development and setting methodology.
Environmental Health	Toxicology and Epi Capacity	$ 6,840,250	15.0	Staffing: DOH - Regional Toxicologists (4.0 FTE), Regional Spatial Epis (3.0 FTE); Hydrogeologist (1.0 FTE); EPH Educators (2.0 FTE); Supervisors (2.0 FTE); Program Support (3.0 FTE) Goal: Emerging health issues, including toxics exposures and newer environmental pathogens, have outpaced the ability of the public health system to assess and respond. Communities facing these threats do not have timely, local staff support or data necessary to make science-based decisions.
Environmental Health	Transient Accommodations	$ 978,750	3.6	Staffing: DOH - 3.6 FTE; Goal: DOH is unable to respond adequately to complaints, address issues related to facilities operating without a license and provide technical assistance. While licensed facilities pay for services related to their permit, no funding exists to respond to these issues.
Environmental Health	Water Recreation	$ 677,500	2.0	Staffing: DOH - 2.0 FTE; Goal: Capacity for development of new policies, procedures, standards, training and overall program management.
Environmental Health	Water System Capacity	$ 1,768,750	6.5	Staffing: DOH - 6.5 FTE; Environmental Planner (1.0 FTE), Hydrogeologist (.5 FTE), Environmental Specialist (4.0 FTE), Program Support (1.0 FTE); Goal: Water availability and quality issues will continue to be an increasing problem in Washington State. Water systems will need increased support for finding solutions of decreasing water availability and protecting sources from water quality risk. Water systems also need to be accountable for water use efficiency requirements established by the legislature.
Environmental Health	Zoonotic Vector Pest Control	$ 1,686,250	1.0	Staffing: DOH - 1.0 FTE, LHJ - 8 FTE; Goal: Emerging and zoonotic or vector borne disease outbreaks can have widespread health, environmental, and economic implications. It is estimated that 60% of infectious diseases and 75% of emerging diseases are zoonotic (rabies, avian influenza, hantavirus) or vector borne (zika, west nile virus).
Emergency Preparedness	2.1.1 Tribal Community Preparedness Facilitated Self-Assessments	$ 200,000	0.0	2.1.1 Tribal Community Preparedness Facilitated Self-Assessments
Emergency Preparedness	2.1.2 Technical Assistance - Tribal Public Health Emergency Preparedness Plans	$ 200,000	0.0	2.1.2 Technical Assistance - Tribal Public Health Emergency Preparedness Plans
Emergency Preparedness	2.1.3 Technical Assistance - Tribal COOP Plans	$ 200,000	0.0	2.1.3 Technical Assistance - Tribal COOP Plans
Emergency Preparedness	2.1.4 Technical Assistance - Tribal and Local Health MCM Plans	$ 100,000	0.0	2.1.4 Technical Assistance - Tribal and Local Health MCM Plans
Emergency Preparedness	2.1.5 Technical Assistance - Tribal and Local Health POD Management	$ 100,000	0.0	2.1.5 Technical Assistance - Tribal and Local Health POD Management
Emergency Preparedness	2.2.1 Cross-Jurisdictional Plan Harmonization (Tribal Plans, LHJ Plans, State Plans)	$ 500,000	0.0	2.2.1 Cross-Jurisdictional Plan Harmonization (Tribal Plans, LHJ Plans, State Plans)
Emergency Preparedness	2.2.2 Regional Joint Exercises - Tribal-Local-State	$ 200,000	0.0	2.2.2 Regional Joint Exercises - Tribal-Local-State

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		2021-2023 Biennium (FY2022 & FY2023)		
		Proposed Reduction		
FPHS Category	Title	Dollars (GF-State)	FTE	Description
Emergency Preparedness	Contingency Funds for PH Emergencies	$ 5,000,000	0.0	Contingency Funds for PH Emergencies (outbreak response, natural disaster, and federal match opportunities that emerge), $20,000 - $50,000 to support SME workgroups)
Emergency Preparedness	Emergency Preparedness (All Hazards)	$ 8,783,000	0.0	