

State of Washington  
Decision Package

**FINAL**

**Agency:** 303 Department of Health  
**Decision Package Code/Title:** 9F Federal Funding Adjustments  
**Budget Period:** 2015-17  
**Budget Level:** M2-Federal Funding Adjustments

**Recommendation Summary Text:**

This package increases appropriation authority to align with current federal grant funding and eliminates American Recovery and Reinvestment Act authority that is no longer needed.

**Fiscal Detail**

<b>Operating Expenditures</b>		<b><u>FY 2016</u></b>	<b><u>FY 2017</u></b>	<b><u>Total</u></b>
001-2	General Fund-Federal	8,475,000	7,281,000	15,756,000
001-8	General Fund-Federal Stimulus	(275,000)	0	(275,000)
<b>Total Cost</b>		<b>8,200,000</b>	<b>7,281,000</b>	<b>15,481,000</b>
<b>Staffing</b>		<b><u>FY 2016</u></b>	<b><u>FY 2017</u></b>	<b><u>Annual Avg</u></b>
<b>FTEs</b>		<b>34.2</b>	<b>34.2</b>	<b>34.2</b>
<b>Revenue</b>				
0393	Health & Human Services	6,696,000	5,789,000	12,485,000
0310	Department Agriculture	1,504,000	1,492,000	2,996,000
<b>Total Revenue</b>		<b>8,200,000</b>	<b>7,281,000</b>	<b>15,481,000</b>

**Package Description:**

The Department of Health (department) federal grant award levels vary from year to year. This decision package reflects an increased need of federal appropriation authority for new and continuing grants (items 1-6), a reduction for the American Recovery and Reinvestment Act authority (item 7), and two bodies of work that are transitioning to department staff that was previously conducted by local health jurisdictions (items 8 and 9). Official grant awards have been received for items 1 through 5. The grant award for item 6 is expected prior to the start of the 2016 legislative session.

1. Acute Stroke Prevention

Stroke is the 4th leading cause of death in the US, the 6th in Washington State, and the leading cause of severe disability nationwide. This grant would engage multiple partners to build an EMS/Hospital/Primary Care system linked to community resources, patient and caregiver education, and ongoing rehabilitation and secondary prevention. The department has actively sought federal funding for its Rural Health program and was recently notified that it has been awarded the 5-year Acute Stroke Prevention cooperative agreement which begins September 1, 2015 through August 30, 2020.

Agency Subject Matter Expert: Pat Justis, (360) 236-2805

## 2. Food Insecurity Nutrition Incentive Grant (FINI)

This grant will fund projects to increase the purchase of fruits and vegetables among Supplemental Nutrition Assistance Program (SNAP) participants by providing incentives at the point of purchase. The department in collaboration with a group of diverse state and local partners is proposing several key strategies to incentivize fruit and vegetable purchases by SNAP participants, develop innovative and efficient benefit redemption systems, and use direct-to-consumer sales marketing.

Agency Subject Matter Expert: Amy Ellings, (360) 236-3754

## 3. Enhance Vaccine Tracking System (VTrckS) Vaccine Ordering

This grant is used to improve the efficiency, effectiveness, and quality of immunization practices by strengthening the immunization information technology infrastructure and expanding immunization delivery partnerships so that more children, adolescents, and adults are protected against vaccine-preventable diseases. The funds will be used to continue to build or enhance vaccine ordering and inventory tracking functions in the Immunization Information System (IIS) to interface with the VTrckS, Centers for Disease Control and Prevention's national vaccine ordering and inventory management system for publicly purchased vaccine. The project will also focus on creating sustainable training and support for provider, local health jurisdiction (LHJ) and state staff use of the IIS to support vaccine ordering, inventory management and accountability activities. It will be used to document system security and assure adequate contingency planning if the IIS becomes unavailable.

Agency Subject Matter Expert: Michele Roberts, (360) 236-3568

## 4. Immunization Capacity Building

This grant will be used to improve the efficiency, effectiveness, and quality of immunization practices by strengthening the immunization information technology and infrastructure. This funding will further solidify the creation of an information sharing environment between clinical care and public health practitioners and is expected to lay part of the foundation for meaningful use of electronic health records by bringing critical laboratory information and treatment history (vaccine registries) to the clinician's desktop.

Agency Subject Matter Expert: Michele Roberts, (360) 236-3568

## 5. Human Papilloma Virus (HPV)

This grant will be used to increase HPV vaccination coverage among adolescents by developing joint initiatives with stakeholders; implementing a communication campaign targeted to the public; providing support to immunization providers; using assessment and feedback to evaluate and improve performance of immunization providers in administering the vaccine series; and implementing strategies to increase knowledge regarding HPV related disease (including cancers), vaccination safety, and decrease missed opportunities for timely HPV vaccination series completion.

Agency Subject Matter Expert: Michele Roberts, (360) 236-3568

## 6. Transforming Clinical Practice Initiatives (TCPI)

The work of this grant is to use the WA Prevention Framework, applied to the care of children, to support practice redesign and payment reform. The practice transformation network will provide pediatric clinical practices with quality improvement expertise, best practices, coaching and

training as they transform into a patient-centered health home that provides healthcare where and when their patients and families need it. As part of the transformation, payment systems are reformed to support prevention and access to clinically relevant and timely information to support decision making.

Agency Subject Matter Expert: Pama Joyner, (360) 236-3589

#### 7. American Recovery and Reinvestment Act (ARRA)

The department no longer receives these federal grant funds; therefore, this appropriation authority is no longer necessary.

Agency Subject Matter Expert: Kristin Bettridge, (360) 236-4530

#### 8. Vaccines for Children (VFC) Program

Additional staff is needed to transition site visit work that was previously performed by contracted staff at Tacoma-Pierce, Thurston, and Clallam Counties to the department. This staffing is necessary to ensure we have the infrastructure in place to meet our federal requirements. No additional authority is being requested; this request is for FTE only.

Agency Subject Matter Expert: Michele Roberts, (360) 236-3568

#### 9. Child Profile and Immunization Information System

Additional staff is needed to transition Immunization Information System (IIS) and Child Profile work previously performed by contracted staff in Seattle-King County to the department, and to support long-term sustainability of the programs. No additional authority is being requested; this request is for FTE only.

Agency Subject Matter Expert: Michele Roberts, (360) 236-3568

### **Narrative Justification and Impact Statement:**

#### ***What specific performance outcomes does the agency expect?***

##### 1. Acute Stroke Prevention

The long term outcomes include:

- improving cholesterol and hypertension control among stroke patients
- reducing recurrent strokes
- reducing disparities in death and disability due to stroke
- reducing costs related to stroke care
- sustaining statewide infrastructure across the continuum of stroke care
- prevention of first stroke occurrences

##### 2. Food Insecurity Nutrition Incentive Grant (FINI)

This grant will fund projects to increase the purchase of fruits and vegetables among Supplemental Nutrition Assistance Program (SNAP) participants by providing incentives at the point of purchase. The department in collaboration with a group of diverse state and local partners are proposing several key strategies to incentivize fruit and vegetable purchases by SNAP participants, develop innovative and efficient benefit redemption systems, and use direct-to-consumer sales marketing.

### 3. Enhance Vaccine Tracking System (VTrckS) Vaccine Ordering

This work will:

- improve IIS technical infrastructure to support ExIS interface outputs that meet VTrckS ExIS specifications through system enhancements and/or process improvements
- increase satisfaction among providers in use of IIS vaccine ordering and inventory functionality as a result of effective training and technical support
- create an engaged and collaborative ExIS community through participation in planned ad hoc communications, workgroups, and project analyses
- create a sustainable training model for vaccine management functionality

### 4. Immunization Capacity Building

This work will:

- improve ability for IIS to receive and process HL7 transactions
- improve quality of data received into IIS
- improve (or create) capacity for IIS to receive and respond to immunization record queries
- reduce delay in data processing within IIS
- increase timeliness of data available to providers/users
- increase the number of providers and provider sites submitting data to IIS from EHR systems
- improve technical competency and operational efficiency of decision support system
- improve data processing efficiency and/or programmatic capacity to support data needs

### 5. Human Papilloma Virus (HPV)

Immunization and prevention of vaccine preventable disease is a core public health function. The HPV vaccine is one of the many vaccines offered in the Washington. This grant will allow for more provider and parent education that will continue to increase vaccination coverage levels for both females and males at the 11 to 12 year old adolescent well child check. It will support activities and partnerships to improve HPV immunization coverage in adolescents and adults.

### 6. Transforming Clinical Practice Initiatives (TCPI)

This grant creates a structure and support for transformation to the patient-centered health home model, the Washington Pediatric Practice Transformation Network (WPPTN) will strengthen collaborative relationships with the state's Medicaid Managed Care Organizations to transform payment and facilitate alignment of financial incentives, quality measures and methods. For each measure listed below, the aim is a 10 percent improvement in the first year of the grant and a 40 percent improvement by the fourth year of the grant.

- follow-up after hospitalization for mental illness
- follow-up care for children prescribed attention deficit hyperactivity disorder (ADHD) medication
- weight assessment and counseling for nutrition and physical activity for children/adolescents: body mass index assessment for children/adolescents
- childhood immunization Status
- developmental screening in first three years of life
- medication management for people with asthma
- adolescent well care visit
- well child visits in the first 15 months of life
- well child visits in the 3rd, 4th, 5th, and 6th Years of Life

- access to primary care practitioners
- emergency department visits

7. American Recovery and Reinvestment Act (ARRA)

There is no direct impact to the agency performance measures as this request does not impact the performance outcomes of the program.

8. Vaccines for Children (VFC) Program

Funding this request will ensure we continue to have the infrastructure in place to meet our federal funding requirements. Conducting this work in house improves the consistency and efficiency of the work.

9. Child Profile and Immunization Information System

Key outcomes of this work include:

- advancement in standards, accountability, and shared services
- services for immunization providers in support of data exchange with IIS and clinical decision support at the point of care
- services for public health officials and organizations in support of immunization programs informatics, surveillance and coverage data exchange across the information immunization management ecosystem, including data quality and technical and semantic interoperability services developed in collaboration with state and local partners (CDC IIS Strategic Plan)

**Performance Measure Detail**

**Activity: A002 - Chronic Disease Prevention  
A010 - Family and Child Health and Safety**

***Is this DP essential to implement a strategy identified in the agency’s strategic plan?***

Goal 1: Protect everyone in Washington from communicable diseases and other health threats.  
Goal 2: Prevent illness and injury and promote ongoing wellness across the lifespan of everyone in Washington.

***Does this DP provide essential support to one or more of the Governor’s Results Washington priorities?***

The following sections of the Governor’s Results Washington are affected by this request:  
Goal 4: Healthy and Safe Communities.

***What are the other important connections or impacts related to this proposal?***

This proposal aligns with the Governor's Strategic Health Agenda, Priority 1: Taking Leadership for Healthy Kids and Adults.

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

These requests are to adjust appropriation authority to match the approved grant applications which were awarded with specific conditions to accomplish the grants objectives; therefore, alternative approaches are not applicable.

***What are the consequences of not funding this package?***

Without authority to spend the department would not be able to achieve the improvements, objectives and outcomes outlined above.

***What is the relationship, if any, to the state capital budget?***

N/A

***What changes would be required to existing statutes, rules, or contracts, in order to implement the change?***

N/A

**Expenditure and revenue calculations and assumptions:**

**Revenue:**

**Expenditures:**

1. Acute Stroke Prevention

In fiscal year (FY) 2016, the department requests 0.75 FTE Health Services Consultant (HSC) 4 for program management and oversight; 0.75 FTE Epidemiologist (EPI) 2 for data management, analysis, assessment, and program evaluation; and 0.4 Fiscal Analyst (FA) 2 to assist with increased agency administrative workload. Starting in FY 2017 and ongoing, the FTE are increased to 1.0 HSC4, 1.0 EPI2 and 0.7 FA2.

(FY 2016 – 1.9 FTE, \$611,000 and FY 2017 – 2.7 FTE, \$1,109,000)

2. Food Insecurity Nutrition Incentive Grant (FINI)

Starting in FY 2016 and ongoing, the department requests 1.0 FTE Research Investigator 3 to design and lead a project assessment that documents the process, challenges, and success of implementation and operations, as well as the assessment of the project's effectiveness in increasing fruit and vegetable purchases among SNAP participants; and 0.4 FA2 to assist with increased agency administrative workload.

(FY 2016 – 1.4 FTE, \$1,504,000 and FY 2017 – 1.4 FTE, \$1,492,000)

3. Enhance Vaccine Tracking System (VTrckS) Vaccine Ordering

In FY 2016 and FY 2017, the department requests appropriation authority to support existing staff and associated costs to build or enhance vaccine ordering and inventory tracking functions in the IIS to interface with VTrckS; and 0.2 FA2 in FY 2016 and 0.1 in FY 2017, to assist with increased agency administrative workload. (FY 2016 – 0.2 FTE, \$472,000 and FY 2017 – 0.1 FTE, \$182,000)

4. Immunization Capacity Building

In FY 2016 and FY 2017, the department requests appropriation authority to support existing staff and contracts to support enhancements to the department's IIS System to support on-time immunization services and activities; and 0.7 FA2 in FY 2016 and 0.3 in FY 2017, to assist with

increased agency administrative workload. (FY 2016 – 0.7 FTE, \$1,008,000 and FY 2017 – 0.3 FTE, \$424,000)

#### 5. Human Papilloma Virus (HPV)

In FY 2016 and FY 2017, the department requests authority to support existing staff in creating comprehensive media campaign strategies targeted to immunization providers to increase knowledge of HPV-related diseases (including cancers), increase knowledge of HPV vaccination safety and effectiveness, and improve skills needed to deliver strong, effective HPV vaccination recommendations; and 0.2 FA2 in FY 2016 to assist with increased agency administrative workload. (FY 2016 – 0.2 FTE, \$775,000 and FY 2017 – \$11,000)

#### 6. Transforming Clinical Practice Initiatives (TCPI)

The purpose of this work is to transform the individual practice of 5,600 primary care clinicians and specialists into physician-led clinical care teams providing family-centered, community based, integrated, quality and cost effective care. In FY 2016 and ongoing, the department requests 1.0 FTE HSC4 to coordinate and manage the practice improvement implementation; 1.0 FTE HSC 3 to develop and manage internal and external partnerships and develop and manage contracts needed to accomplish the work; 9.0 FTE HSC3 for project planning and implementation with stakeholders and clinical county coordinators; 1.0 FTE HSC1 for monthly financial reporting and budgeting support; 1.0 FTE AA3 for administrative support; and 2.8 FA2 in FY 2016 and 2.7 in FY 2017, to assist with increased agency administrative workload. (FY 2016 – 15.8 FTE, \$4,104,000 and FY 2017 – 15.7 FTE, \$4,063,000)

#### 7. American Recovery and Reinvestment Act (ARRA)

The department no longer receives these federal grant funds; therefore, this appropriation authority is no longer necessary. (FY 2016 - (\$275,000))

#### 8. Vaccines for Children (VFC) Program

Additional staff is needed to transition site visit work that was previously performed by contracted staff at Tacoma-Pierce, Thurston, and Clallam Counties to the department. Starting FY 2016 and ongoing, the department will require 1.0 FTE AA3 to provide section administrative support; 3.0 FTE HSC2 to conduct site visits. (FY 2016 – 4.0 FTE, FY 2017 – 4.0 FTE)

#### 9. Child Profile and Immunization Information System

The department requests additional FTE necessary to transition Child Profile and IIS work to the department that was previously contracted through counties.

*Immunization Information System* – Starting in FY 2016 and ongoing, the department requests 1.0 FTE WMS2 to provide planning, coordinating and directing the work for the IIS system; 1.0 FTE AA3 to provide administrative support; 2.0 FTE HSC3 to provide technical support and outreach to the healthcare facilities statewide; 1.0 FTE HSC3 to provide IIS data quality activities including identification and resolution of system issues; and associated costs.

*Child Profile* – Starting in FY 2016 and ongoing, the department requests 1.0 FTE Information Technology Systems Application Specialist 4 to direct, plan and manage the activities of the IT project team through planning delivery, and implementation of critical project functionality; 1.0 FTE HSC4 to oversee the materials development, management of contracts and budget, and supervision unit personnel; 1.0 FTE HSC3 to serve as a health educator responsible for the planning, implementation, and evaluation of electronic child profile health promotion information; 1.0 FTE HSC2 to coordinate materials including ordering, printing, storage and timely distribution;

1.0 FTE HSC2 to perform data analysis and quality to ensure records in the IIS are accurate and complete; and associated costs. (FY 2016 – 10.0 FTE, FY 2017 – 10.0 FTE)

*Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?*

Items 1, 2, 6, 7, 8 and 9 are all ongoing. Items 3, 4 and 5 are one-time.

<u>Object Detail</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
A Salaries and Wages	1,697,000	1,513,000	3,210,000
B Employee Benefits	508,000	454,000	962,000
C Personal Service Contracts	3,500,000	2,882,000	6,382,000
E Goods and Services	426,000	292,000	718,000
G Travel	56,000	87,000	143,000
J Capital Outlays	32,000	0	32,000
N Grants, Benefits & Client Srvs	2,223,000	2,024,000	4,247,000
T Intra-Agency Reimbursements	33,000	29,000	62,000
<b>Total Objects</b>	<b>8,475,000</b>	<b>7,281,000</b>	<b>15,756,000</b>