

Public Health Modernization Program Element and Funding Fact Sheet

August 9, 2019

Thank you to members of the Joint Leadership Team, Systems and Innovation and Communicable Disease committees who came together to discuss the current funding for public health modernization and to develop a proposed new Program Element for the increased funding provided through State Legislative process.

The desire to get funding out quickly and avoid any gap in funding has created a very tight timeline for discussion and final decision making. CLHO members posed many questions during the course of four meetings, which are important to share with all CLHO members.

The goal of the current Program Element is to be as flexible as possible, but also to provide some specificity to understand our collective system goals and help us to drive towards achieving outcomes. There is a strong commitment to building public health modernization system work in concert with funding available. It is not the intent to create a Program Element with requirements beyond what LPHAs can achieve with their level of funding.

Background and Process for funding decisions and Program Element requirements

1. Why is the timeline for this work so fast? Why wasn't there a process for working on details of the PE and the funding approaches proactively before completion of the legislative process, much like what was done proactively for Universal Home Visiting planning?
 - This timeline ensures that both LPHAs and Regional Partnerships will receive public health modernization funding on October 1 and will not experience breaks in funding.
 - Public health modernization is a large body of work and determining the scope would have been very difficult without knowing the scope of funding available. The Universal Home Visiting program was very specific and easy to scale up or down based on funding.
 - Knowing that the timeline for decision-making would likely be very short, since the OHA budget is typically passed in the final days of the legislative session just before the new biennium begins, OHA and PHAB have purposefully solicited feedback from local administrators at different points during the year, including through CLHO meetings, CLHO Systems and Innovation committee meetings, and webinars held for administrators in early June. Given the uncertainty about the amount the legislature would invest in public health modernization, these discussions focused on scenario planning rather than Program Element development.
2. How was the decision regarding funding across the system decided (state, local and tribal)?
 - OHA is responsible for working with the Governor's Office to propose Policy Option Packages, which propose new funding for key programs. It is then the responsibility of the Oregon legislature's budget process to determine what Policy Option Packages it would like to fund in the final agency budget, and at what level.

- The Berk report showed gaps across the total PH system; state and local. Tribes were not a part of the original assessment. OHA determined that with this level of funding it was important to add an opportunity for more tribes to participate in assessment work.
 - In addition to funds going directly to LPHAs and tribal partners, all of the funds retained by OHA support local and tribal functions. A major piece of OHA's work will support assessment and epidemiology, so that LPHAs and tribes have the data they need for local decision-making. OHA will use a portion of funds for joint state and local public health learning opportunities for collective work toward system goals, and OHA will also provide technical assistance for implementing local/regional health equity plans and for communicable disease and environmental health planning and response. A portion of the funds remaining at OHA will also provide much-needed surge capacity for LPHAs.
3. What was the process for putting together this recommendation regarding funding and Program Element requirements? work?
- Joint Leadership Team, which has members of the PHD leadership and CLHO Executive committee, determined a work group was needed to meet the fast pace of getting this work done and avoiding a gap in funding. JLT members volunteered to participate. These members included: Rebecca Austen, , Muriel DeLaVergne-Brown, Lindsay Manfrin, Tricia Mortell, Jocelyn Warren and Joe Fiumara.
 - The JLT work group held two meetings to discuss funding options and then asked the full JLT membership to determine the allocation for Regional Partnership and funding to individual LPHAs. JLT also used the Public Health Advisory Board's funding guidance to finalize a scope of work for funding to both LPHAs and Regional Partnerships. These meetings occurred on July 16, 18 and 26.
 - Systems and Innovation and CD committees were asked to join the JLT work group and provide content expertise for the Program Element. These meetings occurred on August 1 and August 5.
4. What information was used to determine funds for Regional Partnerships and for individual LPHAs?
- The PHAB Incentives and Funding subcommittee recommended that a portion of funds be used to continue funding successful aspects of Regional Partnership work, with the remainder going out to individual LPHAs through the PHAB public health modernization funding formula. PHAB based these recommendations in large part based on feedback provided by local administrators during webinars OHA hosted in early June.
 - OHA provided to the JLT workgroup an estimate of the total dollars in 2017-19 expended for regional staff and/or regional activities. (Estimates were \$2 million for regional staff, \$130,000 for regional contracts and \$610,000 for regional supplies, materials communication and training). OHA also provided information from the 2017-19 Public Health Modernization Investment Evaluation on successes and challenges with regional models.

- JLT recommended no more than \$3 million be used for Regional Partnerships, focusing on the truly regional aspects of the Partnership (for example, regional positions that work in all counties that participate in the partnership). JLT made an additional recommendation to account for the approximately \$487,000 allocated for the 7/1/19-9/30/19 bridge funding by subtracting these funds from the \$3 million available for Regional Partnerships. JLT considered different splits in funding between Regional Partnerships and funding to each LPHA through the public health modernization funding formula and opted to direct the majority of funds to individual LPHAs.
5. Will existing Regional Partnerships be able to carry over unspent funds from the bridge funding for 7/1/19-9/30/19?
- The JLT workgroup made the following decisions about bridge funding:
 1. July 1-September 30, 2019 bridge funding will be subtracted from the \$3 million for regional partnerships.
 2. Any unspent bridge funding will go back into the regional partnership allocation.
 3. If regional partnership proposals are below the amount calculated with the considerations in #1 and #2 above, the remaining would be added into the LPHA funding formula.
6. How were the focus areas of Communicable Disease Control, Health Equity and Cultural Responsiveness, and Leadership and Organizational Competencies selected?
- In 2018 local public health administrators provided feedback to OHA that at lower levels of funding, funds should continue to be directed to implementing core system functions for Communicable Disease Control and Health Equity and Cultural Responsiveness before expanding to additional foundational programs and capabilities. PHAB agreed with this direction and made a formal recommendation to OHA in 2018.
 - In making the additional \$10 million investment in public health modernization, the Oregon legislature indicated they would like to see sustainable systems changes occur this biennium. In order to meet this deliverable and prepare the system for what continued and/or additional investments could look like in 2021-23, JLT agreed to include objectives for planning for full implementation of a modern public health system. This strategic planning work most closely aligns with core system functions for the foundational capability of Leadership and Organizational Competencies.
7. What will OHA use its funding for and what is the accountability and transparency for CLHO to see the OHA work plan and reporting on progress?
- OHA will use funds in the following areas:
 - **Health Equity and Cultural Responsiveness:** Implement policy initiatives within PHD and support implementation of LPHA health equity plans.
 - **Leadership and Organizational Competencies:** Provide co-learning opportunities for PHD and LPHAs to identify new business models that advance public health modernization.

- **Assessment and Epidemiology:** Expand data collection and report capacity, including data visualization; fund program evaluation and collection and reporting of public health accountability metrics.
 - **Communicable Disease Control and Environmental Health:** Provide technical assistance to LPHAs and leverage the communicable disease response system to monitor and respond to environmental health threats.
 - OHA is in the process of developing its work plan for the 2019-21 biennium and will share additional information once its budget and work plan are final.
8. How is OHA's plan for use of funding retained by OHA linked to LPHA plans and work ensuring that we are working as a system to modernize Public Health?
- Investments in the areas listed in the previous question are aligned with requirements for LPHAs and will support LPHAs and Regional Partnerships to achieve goals. OHA will be a co-participant in learning opportunities or communities of practice so state and local public health and jointly develop and plan for a modern public health system. OHA will utilize JLT, CLHO Systems and Innovation and other avenues to collaboratively identify priorities for the public health system to focus on together this biennium.
9. Will there be an opportunity to connect with Tribes with the funding provided to tribal partners?
- OHA is working with tribal partners to develop a scope of work and funding mechanisms to support tribal public health modernization. OHA will share information as it is available.
 - OHA encourages LPHAs to discuss opportunities to work with tribes within their jurisdiction as a part of this funding opportunity, as was encouraged as a part of the 2017-19 investment.
10. Since public health modernization is about improving the system and opportunities to achieve outcomes why is the Program Element still focused on what feels like a "project" approach and additional work?
- Much of the 2019-21 Program Element focuses on planning for leadership and governance. PE51 includes requirements for communicable disease control, but the emphasis is on building local and regional infrastructure, grounded in applying foundational capabilities to CD work and to the LPHA more broadly (e.g., health equity and cultural responsiveness) where appropriate. There is also an intention to link similar strategies across the three areas, such as workforce development.
 - Work will be done over the coming years to determine how the PE51 is connected and coordinated with other communicable disease-related PEs and funding streams.
11. What are ways that we can be more proactive in planning for additional funding in future legislative cycles?

- Investment in shared state and local learning opportunities related to governance functions will prepare us well for planning for future investments.
- JLT will be working with the Systems and Innovation committee to develop a process and timeline for continuing joint efforts to advance public health modernization and prepare for the next funding advancements provided in future legislative sessions.

Program Element 51 structure and requirements

12. How is the Program Element structured to include requirements for both LPHAs and Regional Partnerships?

- The Program Element includes two sections:
 - Section 1: LPHA Leadership, Governance and Program Implementation (All LPHAs anticipated to receive funding through Section 1)
 - Section 2: Regional Partnership Implementation (Only Regional Partnership Fiscal Agents will receive funding through Section 2)
- Both sections require work in the following areas:
 - Leadership and Governance;
 - Health Equity and Cultural Responsiveness;
 - Communicable Disease Control and Prevention.
- LPHAs can leverage local and regional funds to address priorities for the greatest impact.

13. How does PE51 align with other communicable disease Program Elements, and can these funds be used to fill funding gaps for other CD programs?

- While PE51 includes requirements for communicable disease control, the emphasis is on developing sustainable infrastructure for communicable disease control. Sustainable infrastructure prepares the public health system to be ready to respond to emerging threats and to manage future fluctuations in funding.

14. When will I know how much funding my LPHA will receive?

- The public health modernization funding formula that accounts for \$7 million to LPHAs is included in meeting materials and shows allocations for each LPHA. This was also shared with local administrators via email on July 18. OHA anticipates notifying Regional Partnerships of their award amounts during the first week of September.

15. When will my work plan(s) and budget(s) be due?

- All LPHAs will submit a work plan and budget for funding to each individual LPHA. Fiscal Agents will submit a work plan and budget for funding to Regional Partnerships.
- OHA will make formal award announcements for both funding streams by the first week of September.
 - Work plan(s) and budget(s) will be due 30 days after notice of intent to award funds.
 - OHA will notify LPHAs of changes that are required to work plans and budgets.

- LPHAs must address changes and have final approved work plans and budgets within 60 days of notice of intent to award.

16. How will requirements be structured such that smaller LPHAs with less funding don't have the same PE requirements as those with more funding?

- Each LPHA will have the same requirements but the work plan will reflect the amount of work able to be done based on funding.
- LPHAs will select objectives and strategies from a menu of options but will define their own goals and activities. LPHAs are also able to identify other strategies consistent with PH modernization manual roles and deliverables.

17. Can LPHAs pool local funds with other LPHAs or use local funds to support Regional Partnerships?

- Yes. OHA will work with LPHAs that choose to use funds in either of these ways to minimize Program Element and reporting requirements.

18. Wording of the program element and guidance is vague, what is the intent of the scope of the work expected of LPHAs?

- The goal of the PE is to provide a menu of options so that LPHAs can focus on the work they identified in their public health modernization assessment within the three priority areas.
- LPHAs will not be required to identify FTE for each subsection of the Program Element. There is no requirement to spend a specific percentage of funds on each subsection of the Program Element. Each LPHA will utilize its award as needed to ensure the work included in the Program Element and the LPHA work plan is achieved.

Program Element requirements for Leadership and Governance

19. What is meant by the requirement to participate in shared learning opportunities?

- OHA will work with JLT to develop topics and structure for shared learning opportunities or communities of practice, which will include defining the level of commitment. There will be multiple methods for engagement including a commitment to limit the need for travel.
- OHA will provide guidance on budgeting for travel for participation with the work plan and budget guidance.

20. If my health department is accredited, can accreditation documentation be used to fulfill PE51 requirements?

- Many objectives under the Leadership and Governance subsection align with and can be used to advance accreditation requirements.

- OHA will work with LPHAs to use accreditation documentation to demonstrate how PE51 requirements are achieved.
- LPHAs will be expected to demonstrate through the work plan how the LPHA is implementing, adding to, and measuring progress toward accreditation requirements with modernization funding.
- Modernization funding cannot be used for accreditation fees.

Program Element requirements for Health equity and Cultural Responsiveness

21. What if I have completed a health equity assessment but have not completed a plan?
- For LPHAs that have an assessment but have not completed a plan, the requirement will be to complete the plan by December 31, 2020 and implement the plan beginning January 1, 2021.
22. As my LPHA implements its health equity plan, does the focus need to be on communicable disease?
- No, LPHAs are not limited to focusing on communicable disease. LPHAs may take a broader approach based on health equity assessment findings and other needs, priorities and opportunities within their community.

Program Element requirements for Communicable Disease Control?

23. Can I use my budget to pay for clinical services?
- No. The budget guidance will include the following clarification:
- Funds may not be used to pay for direct medical services, including but not limited to payment for durable medical equipment and supplies; medications; staff, supplies, or equipment used to screen people at high risk or to confirm a diagnosis; or clinical education provided by a qualified health care professional.*

Regional Partnership funding and requirements

24. What will be the requirements for regional projects?
- The 2017-19 definition of regional partnership will continue (two or more LPHAs and one partner).
 - Funds can only be used for regional staff and regional efforts (see inclusion/exclusion document).
 - There will be no population specific requirements for regional projects and there will not be tiered funding maximum amounts.
 - Existing or new Regional Partnerships can request funding.
 - The Program Element requirements for Regional Partnerships are largely the same as they were for 2017-19, with only minor changes.

25. How will funding for Regional Partnerships be determined?

- Fiscal Agents for Regional Partnerships will submit a high-level proposal and estimated budget to OHA. A review team will review proposals and budgets and make determinations about the total funding for each Regional partnership. Once Regional Partnerships know their total budget for the biennium, each Regional Partnership will submit a work plan and budget.
- If funding requests are for more than \$3 million, OHA, will work with LPHAs to determine needed reductions.
- If funding requests are for less than \$3 million, the remaining funds will go into the pool for direct funding to all LPHAs.