# Budget Change Request

Form ID #: Priority #: 7

Date: 2015-08-13 Requester: Joy Miller Phone: 867-2526

Dept Name: Publc Hlth Dept Number: 40

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

| Revenue Request Type: | Total Revenue Change (+/-): | Expenditure Request Type: | Total Expenditure Change (+/-): | Net FTE Change (+/-): |
|---|---|---|---|---|
| Increase ☐ | $0 | Increase ☐ | $0 | 0.00 |
| Decrease ☐ | | Decrease ☐ | | |

## What do you need and why?

Public health accreditation offers our department improved credibility among health institutions and improved standing with funders. It is a multi-year process designed to improve performance of public health functions, that thoroughly evaluates the performance of the health department on standards relating to our impact on community health and how well prepared we are to continue to serve that purpose. In 2016, PHSS would requires $46,500 to be prepared to apply for accreditation in 2017. No new funds/existing funding

## What else might work? Why is it not your first choice?

At this point the accreditation by the Public Health Accreditation Board is optional/voluntary. We could instead continue to work on very similar processes for assessing and planning for health improvement in our community, and for quality improvement within our department, without pursuing accreditation. However, we may be at a disadvantage as it is now the norm in Washington State with thirteen other local health jurisdictions working to become accredited or maintain accreditation. Additionally, we will not be able to take credit in the accreditation system for the excellent work completed to assess and strategize about our community's health over the past two years of Thurston Thrives.

## How will this affect other offices and departments? Other impacts?

This acceditation would not have very much effect in the near term, but in a few years if we begin to lose out on grant opportunities for lack of accreditation, we may become more reliant on local funds. This would mean greater competition with other departments or shifting of work responsibilities to them.

## How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

Other public health departments doing the accreditation process have found that focused effort on key areas of the standards improved quality of their practices, strengthened partnerships and increased staff competencies needed in the future public health workforce. PHSS will continue many of the things it already does, but with added purpose and standing among health institutions. This request will advance the county strategic plan and Thurston Thrives strategies, contributing to improvement of this TT strategic objective in particular: Clinical Care: Accreditation will signal our alignment with best practices in infectious disease control, to support this objective: "Increase use of proven, evidence based treatments and services "Accreditation also brings Thurston Thrives strategic work into alignment with national public health standards, making our local public health system more competitive for funding opportunities that can increase capacity across all action areas of the effort.

**Personnel Information**

| FTE | Position # | Title | Current End Date | New End Date | Grant Funded? |
|---|---|---|---|---|---|
| | | | | | ☐ |
| 0.00 | **< Total** | | | | |

**Enter Revenue and Expenditure information below.**
**Or, click to the right to attach a spreadsheet instead.**

**File Attachment**

**Does this change in Revenue/Expenditure affect another fund?** ☐ **Yes** ☐ **No**

**Revenue Line Items**

| Org Code | Object Code | Object Description | Project Code | Amount |
|---|---|---|---|---|
| | | | | |
| | | | **Total:** | $0 |

**Expenditure Line Items**

| Org Code | Object Code | Object Description | Project Code | Amount |
|---|---|---|---|---|
| | | | | |
| | | | **Total:** | $0 |

# Budget Change Request

Form ID #: Priority #: 1

Date: 2015-08-09 Requester: Joy Miller Phone: 867-2526

Dept Name: Publc Hlth Dept Number: 40

Fund Name: PUBLIC HEALTH & SOCIAL SERVICS Fund Number: 1500

| Revenue Request Type: | Total Revenue Change (+/-): | Expenditure Request Type: | Total Expenditure Change (+/-): | Net FTE Change (+/-): |
|---|---|---|---|---|
| Increase ☐ | $0 | Increase ☐ | $0 | 1.00 |
| Decrease ☐ | | Decrease ☐ | | |

## What do you need and why?

RCW 70.07 requires the local public health officer to "Control and prevent the spread of any...infectious diseases...in [the] jurisdiction." Our number of staff assigned to this work is inadequate to respond to disease outbreak threats like Ebola, Legionella, E. coli, measles, salmonella, pertussis etc. and to provide the depth and currency of needed liaison with medical providers, clinics, schools and health facilities to coordinate responses to infectious diseases, increase the share of providers that screen high risk persons for Hepatitis C, reduce outbreaks of norovirus and other conditions in health care facilities and improve immunization rates. These are all capacities the Public Health Accreditation Board (PHAB), the nationally recognized standard for public health system adequacy, has determined are needed to control the spread of infectious disease. We need an additional 1.0 FTE Community Health Nurse and the reclassification of a current Public Health Program AssistantI to PAII.

## What else might work? Why is it not your first choice?

Maintaining current capacity of the infectious disease control team is an alternative, but we believe inadequate to meet PHAB and community standards. We are working in a response mode, not a prevention mode. Staff cuts dating from 2009-2010 have left the team challenged when expanded disease response capacity is required. Even allowing for vacations of staff on the team push the department out of compliance with reportable conditions performance standards of DOH. We plan to propose the board of health establish fees under their existing authority for consultation with medical providers, clinics, schools and facilities to offset some of the costs of increased staffing. We anticipate developing a detailed business plan in products to offer, pricing and outreach/communication on what we can provide by mid 2016 for the board's consideration.

## How will this affect other offices and departments? Other impacts?

The impact on other departments is limited to that of adding an additional full-time to county employment.

## How will this change the performance of your office or department?

(Slower customer service, improved efficiency, etc.)?

This request will advance the county strategic plan and advance the Clinical/Emergency Care Thurston Thrives Strategy by contributing to improvement of this Thurston Thrives activity: "Increase collaboration related to communicable disease control between providers and public health, including immunizations and early notification of reportable conditions."

**Personnel Information**

| FTE | Position # | Title | Current End Date | New End Date | Grant Funded? |
|---|---|---|---|---|---|
| 1.00 | NEW | COMMUNITY HEALTH NURSE II | | | ☐ |
| 0.00 | 40R01074 | PROG ASSIST I reclass to PAII | | | ☐ |
| 1.00 | **< Total** | | | | |

**Enter Revenue and Expenditure information below.**
**Or, click to the right to attach a spreadsheet instead.**

**File Attachment**

**Does this change in Revenue/Expenditure affect another fund?** ☐ **Yes** ☐ **No**

**Revenue Line Items**

| | | | | |
|---|---|---|---|---|
| | | | | $0 |

**Expenditure Line Items**

| Org Code | Object Code | Object Description | Project Code | Amount |
|---|---|---|---|---|
| 1500D260 | 510000 | SALARIES | 40103 | $0 |
| 1500D260 | 521000 | SOCIAL SECURITY | 40103 | $0 |
| 1500D260 | 522000 | RETIREMENT | 40103 | $0 |
| 1500D260 | 523000 | MEDICAL/DENTAL/LIFE | 40103 | $0 |
| 1500D260 | 525000 | UNEMPLOYMENT COMPENSATION | 40103 | $0 |
| 1500D260 | 527000 | LONG TERM DISABILITY | 40103 | $0 |
| 1500D260 | 510000 | SALARIES | 40105 | $0 |
| 1500D260 | 521000 | SOCIAL SECURITY | 40105 | $0 |
| 1500D260 | 522000 | RETIREMENT | 40105 | $0 |
| 1500D260 | 523000 | MEDICAL/DENTAL/LIFE | 40105 | $0 |
| 1500D260 | 525000 | UNEMPLOYMENT COMPENSATION | 40105 | $0 |
| 1500D260 | 527000 | LONG TERM DISABILITY | 40105 | $0 |
| | | | **Total:** | $0 |