

**Governmental Public Health System**  
**Concurrence on FPHS Investments 5/5/22**

FPHS	Short Description	Total
<b>Assessment (Surveillance &amp; Epidemiology)</b>	Add 3 regional/shared epidemiologists in LHJs.	450,000
	Support LHI assessment capacity with flexible funds to meet local needs (e.g. continue to fund staff hired for COVID response)	2,100,000
	Behavioral Risk Factor Surveillance System (BRFSS) - Increase Sample Size for each LHI.	1,790,000
	Behavioral Risk Factor Surveillance System (BRFSS) - Add questions to the survey tool provided by CDC.	300,000
	Workforce development system for assessment/epi staff – meetings, mentorship program, licenses for online learning system (eg. Data Camp).	400,000
<b>Assessment Total</b>		<b>5,040,000</b>
<b>Communicable Disease</b>	Assess need and generate content for workforce training.	300,000
	Expands TB services statewide by expanding capacity in LHJs with high TB burden, adding a service hub in Clark County and increasing statewide resources for TB testing, treatment, provider education and coordination.	1,700,000
	Fill gaps at state and local level for uninvestigated disease and follow-up.	10,000,000
	Monitor/investigate/respond to zoonotic/emerging disease, including veterinary capacity, training, assessment, planning.	415,000
	Regional hubs (2 LHJs) for Healthcare Acquired Infections (HAI). Training, consultation support, engagement.	1,500,000
	Healthcare Provider Resource Web Pages - phased expansion to more agencies.	145,000
	After hours phone answering service (DOH + 10 LHJs). Using a common script and contractor.	250,000
<b>Communicable Disease Total</b>		<b>14,310,000</b>
<b>Environmental Public Health</b>	Develop model program for chief health strategist of homelessness and community engagement strategies. DOH and LHI staffing.	805,000
	Education, communications, response for wildfire smoke and harmful algal blooms. DOH and LHI (regional) staff.	1,815,000
	Establish model program for State Environmental Policy Act (SEPA) reviews – policy work related to environmental and health impacts. DOH and LHI staffing.	1,690,000
	Investigations/research/communications/data related to toxic exposures. DOH staffing.	955,000
	IT hardware to support data access, sharing, storing capacity. Data management teams to assess gaps, identify needs. DOH and LHI staffing.	505,000
	LHI capacity for water resource management and planning.	825,000
	Model program development for childhood lead program – case management, testing, prevention, policy. DOH and LHI staffing.	1,065,000
	Planning, training, response for radiological emergencies. DOH staffing.	225,000
<b>Environmental Public Health Total</b>		<b>7,885,000</b>
<b>Foundational Capabilities (Communication, Policy, Partnership, &amp; Business Competencies)</b>	Contractor to create training materials and maintain platform for training on Washington’s governmental public health system.	100,000
	Training for state and local Board of Health members – annual in-person training, platform for online training and resources.	200,000
	2.0 FTE for DOH. 1.0 FTE for Tribal Policy position & 1.0 FTE Tribal/LHI Admin Support	300,000
<b>Foundational Capabilities Total</b>		<b>600,000</b>
<b>Lifecourse (Maternal Child Health, Chronic Disease &amp; Injury/Violence)</b>	Infrastructure and workforce investments to LHJs and DOH to meet fundamental needs in three areas: Maternal and Child Health, Chronic Disease, and Access to Care.	15,300,000
	Workforce training for lifecourse approach (consultant, training, travel).	425,000
<b>Lifecourse Total</b>		<b>15,725,000</b>
<b>Maternal Child Health</b>	Adapt Best Starts for Kids data collection from King County to statewide survey. Survey planning and implementation.	450,000
	SMILES Survey - Conduct statewide assessment of children’s oral health.	50,000
	Child Death Review - Funds so LHJs and DOH staff can conduct regular Child Death Reviews and use findings to track fatality data and inform policy recommendations.	1,250,000
	Pregnancy Risk Assessment and Monitoring System (PRAMS) - Site-specific, population-based data collection, including interviews, oversampling, and local data. These data are critical to improve health of mothers and infants by reducing adverse outcomes.	675,000
<b>Maternal Child Health Total</b>		<b>2,425,000</b>
<b>Grand Total</b>		<b>45,985,000</b>