

## **DOH's Proposed Process for Funding Additional Important Services Investments**

### **Preamble**

The Department of Health (DOH) aims to be more strategic and proactive in its pursuit of resources for additional important services to improve and protect the public's health and advance health equity on behalf of all Washingtonians. To be successful in fulfilling its chief health strategist role, DOH needs to regularly assemble key stakeholders to collaboratively identify strategic and community-informed priorities and associated activities. These are priorities and activities that we, as a state public health system (governmental—inclusive of tribes, non-governmental, and academic), want to proactively seek to fund. We also want to ensure the most effective entities are appropriately resourced to deliver services. Simultaneously, we need to be in a position to very quickly assess funding announcements/opportunities as they are released and consider our interest, competitiveness, and capacity in applying for or receiving the funds in collaboration with our stakeholders and community partners.

Funding for foundational public health services is excluded from this process and addressed through the Foundational Public Health Services Steering Committee.

As a public health system, the efforts of and unique roles each organization—at the community/local, regional or state level—plays to improve the health of our population is critical. There will always be tension across our system, as captured in the concept of “coopetition” – partners wanting to cooperate to best serve their communities in an environment of limited resources, and also having to compete for these limited resources in order to survive. We are striving for a healthy tension that creates an environment of trust, transparency and positive intent. At the core of this effort is a commitment to advancing health equity—addressing health issues (including factors that influence health and related inequities) most important to the communities and resourcing organizations or entities best able to meet and serve the community's needs in culturally appropriate and meaningful ways.

### **DOH's Authorizing Environment**

DOH receives funds from many sources to invest in health improvement. These are most often federal or private grants and state funds. Each of these funding opportunities come with their own “strings” attached—that is, details about what public health issue is to be addressed, who is eligible to apply or be a subcontractor, what populations are to be the focus/priority, what disparities (if any) are to be addressed, what measures are to be improved, what the evaluation is to be (if any), and so forth. While much of DOH's funding is prescriptive in nature, there is always an opportunity for us to respond to funding opportunities in a way that is informed by and reflective of community needs.

In addition, DOH, as part of the state's executive branch, is charged with implementing the Governor's priorities as well as the laws and budgets passed by the Legislature. These give the department direction to implement.

The secretary of health, on behalf of the department, is ultimately responsible to the funders, the Governor, and the Legislature for the appropriate use of the funds and in ensuring the investment strategy is a sound one.

### **DOH's Operating Environment**

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In order to improve and protect the public's health and advance health equity, the department makes a wide array of investments into entities that can deliver the intended results. The broader public health system that can deliver results includes, but is not necessarily limited to: governmental public health system (sovereign nations [29 federally recognized tribes], State Board of Health, and state and local governments) other state, county, and municipal agencies such as OSPI and the 9 Educational Service Districts and school districts; and non-profit community-based organizations.

In securing and awarding funding, DOH must be in compliance with all federal and state laws relating to contracting services and state ethics laws. This means that there are limits to what DOH can get input on, such as requests for funding announcements from potential bidders. In addition, DOH needs to be in alignment with statewide and agency goals/efforts to increase supplier diversity and make contracting processes more equitable.

## **Purpose of the Advisory Committee**

The secretary is calling together a broad group of people to give input into a more proactive, upstream approach to the department's efforts in securing resources to improve and protect the public's health and to address pressing health issues that are of concern and priority to the communities we serve.

This approach will consist of two in-person meetings to garner input (October 26 and November 30). Following these two meetings, the secretary will have a formal consultation with tribes before making a final decision on how to proceed, in accordance with the agreement of the Centennial Accord and the department's procedures for tribal consultation.

***To be clear, this advisory committee is not being called together to make funding decisions; rather, it is a group that will give input into the department's processes for seeking funding and making strategic and community-informed investments for additional important services.***

## **Funding Strategy Development**

To be more proactive, community-informed and upstream, DOH proposes to conduct annual strategy development and planning forums with interested parties. This effort would allow us to work together to identify priorities and needs in preparation for funding opportunities or engagement at the federal, state or local levels. DOH will be responsible for using these planning efforts to help determine which grants and other funding opportunities to seek out and the best implementation strategies at the state level. The seven topic areas the forums will address for strategy development include: environmental public health, chronic disease, communicable disease, emergency preparedness and response, access to care, maternal and child health, and injury and violence prevention. Principles listed below are to guide this annual work around strategy development.

## **Annual Forum Principles**

- Be transparent, accessible, consistent and timely so all impacted/interested stakeholders can actively contribute and adjust, as needed;
- Collaborate and actively incorporate the diverse voice and lived experience of the communities affected to identify the best/most culturally appropriate solutions;
- Foster accountability through data analysis to inform future decisions as well as identify and address current problems;
- Advance health equity (with respect to ethnicity [not just race], sexual orientation, gender identity, and socioeconomic conditions); and

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- Seek alignment across efforts addressing the key public health issues and invest to maximize positive outcomes—which may include improving health outcomes for the largest number of people or dedicating focused resources for smaller/marginalized populations to reduce health disparities and related inequities.



DOH proposes to use standing groups already functioning, if possible, to do this work. In doing so, DOH will evaluate the composition of those groups to ensure they are as representative of our state and its diverse communities. In addition, these strategy development and planning forums will be open to the public and would include a process for written input. They will build upon: the *State Health Improvement Plan* (under development), local community health assessments and community health improvement plans, Tribal Maternal-Infant Health Strategic Plan, the work of the Governor’s Indian Health Council and the Interagency Council on Health Disparities, the AIHC-DOH statewide Cross-Jurisdictional Collaboration Project, Healthier Washington and Accountable Communities of Health work, DOH strategic plan, Executive Orders, and other relevant planning documents.

Key work of the forums will include:

- Developing priority work items
- Identifying opportunities to do the work more efficiently and effectively
- Working to develop innovative strategies to address deep-rooted and persistent health inequities
- Sharing community-informed best practices to inform/build the evidence
- Identifying barriers and problem-solving as a unified system
- Leveraging diverse partnerships and engaging multiple levels of government
- Identifying paths to sustainability for effective interventions
- Understanding the full landscape of efforts that link to or complement the work

DOH leadership will facilitate the forums and provide a written summary of the work. This information will be shared on the DOH external website described below.

DOH will use this information as a basis for actively seeking funding opportunities and partnerships. This action may include foundation grants, working with the philanthropic and business/private sector community to create interest in these areas, reviewing federal and private funding opportunity notices, etc.

## Funding Transparency Process

DOH receives funding from various sources. The following funding types will be included in this process when they are new, have changes in scope, or include a new period of performance (such as a new five year grant period):

- Grants
- Donations
- Provisos
- Inter-agency Agreements
- Dedicated Accounts
- General Fund State

Often, these funds come with funder-directed requirements or range drastically in the amount of funding. The following criteria will be applied to all funds to identify funding that will be excluded from the process. This does not exclude any funding opportunities from the general principles set for the forums.

1. Funding that is funder-directed for a specific use (including one-time only funding) and/or directs the disbursement of funds in a certain way
2. Funding that is ear-marked for DOH infrastructure (IT system or the Public Health Laboratory)
3. Funding that is under \$500,000 annually (however, DOH will include these on the website for transparency)
4. Funding that falls under Foundational Public Health Services

All other funding will be subject to the process below.

**Add flowchart for this process to provide visual.**

DOH proposal:

1. Post all “intent to apply” notices on the DOH external website viewable by the public, create and make available a message through “GovDelivery” (a tool for notifying interested parties) to look for the intent to apply notice, and send a “Dear Tribal Leader” letter to tribal consultation parties. DOH will include a point of contact, timelines, and a link to the funding announcement. All persons and organizations will be welcome to provide input during this open posting through the identified point of contact. If requested, DOH will provide alternative means of discussion and input collection such as a live stream or phone call. We will attempt to identify to all who are receiving the notice when we can. DOH will develop an internal notice process with Gov-delivery or similar to coordinate internal communications.
2. The DOH lead program (i.e. heart disease, stroke and diabetes prevention) writing the application will be responsible for collecting any and all feedback provided and take it into consideration when submitting the application. The program will also use the annual strategy development documentation to help provide guidance in the process. The program *may* choose to hold open working sessions to further develop ideas or get feedback.
3. Post the application on the DOH website, if non-competitive or a summary of the application if competitive for awareness, transparency, and visibility.
4. If awarded, DOH will follow up and post the notice of award on the same external website, and again push out that notice through “GovDelivery.” DOH will include a point of contact, timelines, dollar amounts, and deliverable requirements.

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5. Using information and planning work from the forums, partner groups, and program expertise, DOH would develop an implementation approach and plan.
6. The DOH Secretary will engage tribal leadership in consistent, meaningful consultation regarding all aspects of public health programs, services, functions, and activities impacting or targeting tribal communities, people, and families, and/or resources on which they depend.<sup>1</sup>
7. Once DOH is ready to implement the award, DOH would post the general requirements of the implementation plan to the external site and link to the request for proposals, if there are any, as soon as it is available.
8. In the spirit of “coopetition” (cooperating during a competition), DOH will employ processes that encourage and facilitate community/local partners coming together to determine who is the best entity from the community to apply for the funding investment from DOH.
9. Once DOH has finished the implementation process, the grant will be moved to the “implemented” section of the website for reference. It will still be available for public viewing.
10. DOH will have a section of the website entitled “On the Horizon” where people can note and share things they are hearing about forthcoming funding opportunities.
11. If a stakeholder or partner needs data, information or facilitation to bring entities together, they may reach out for assistance to the point of contact listed.

\*Please note:

- DOH will abide by all state and federal laws relating to contracting services and state ethics laws. Depending on the level of input and engagement, some parties may need to recuse themselves from applying for grant dollars.
- DOH will abide by the parameters of the Centennial Accord and the approved procedures for initiating formal tribal consultations as required.

### Success

It will be important that as this work moves forward, success is defined so we are clear what we are trying to achieve. And to help determine success and to ensure a quality improvement approach is taken, performance measures should be developed and annually reviewed by a multi-sector stakeholder group (i.e., the advisory group that was assembled to give input into this process).

In addition, all entities should be encouraged to robustly collect and write up success stories for the funding received. These stories should document the project partners and outcomes achieved, as it is important for funders to see the benefits of the resources provided and see the large number and wide array of agencies/partners coming together to provide services.

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<sup>1</sup> Washington State Department of Health Consultation and Collaboration Procedure, August 13, 2015

## Funding Source Definitions:

**Grants** – Awards of financial assistance, including cooperative agreements, in the form of money, or property in lieu of money, to an eligible grantee. The term does not include technical assistance which provides services instead of money, or other forms of assistance such as revenue sharing, loans, loan guarantees, interest subsidies, insurance or direct appropriations. Also, the term does not include assistance, such as fellowship or other lump sum awards, which the grantee is not required to account for.

**Donations** – Funding provided to maintain and improve the health of Washington residents through the public health system by expanding or enhancing current public health services from gifts and other funds.

### Examples:

Fred Hutchinson

Puget Sound Komen

DELL Foundation

**Proviso** – Language in budget bills that places conditions and limitations on the use of appropriations.

Example: “Up to \$500,000 of the General Fund-State appropriation is provided solely for five additional inspectors in the food safety program.”

**Inter-agency Agreements** – Funding provided from another state or local governmental agency for a specific purpose and time period.

**Dedicated Accounts** – Accounts set up by law to receive revenue from a specific source and to be spent for a specific purpose. ([A Guide to the Washington State Budget Process, OFM May 2018](#))

### Examples:

#### 02G-1 Health Professions Account

Description: Provides an accounting and resource allocation vehicle for health professions licensing activity.

Sources of Revenue: Licenses, Permits, and Fees, Charges and Miscellaneous Revenue, Other Miscellaneous Revenue

#### 04R-1 Drinking Water Assistance Account

Description: To assist local governments and water systems to provide safe and reliable drinking water and to administer the program.

Sources of Revenue: Federal Grants-In-Aid, Charges and Miscellaneous Revenue, Interest Earnings

**General Fund-State** – The general fund represents all financial resources and transactions not required by law to be accounted for in other accounts. General Fund-State refers to the basic account that receives revenue from Washington’s sales, property, business and occupation, and other general taxes, and is spent for operations such as public schools, social services and corrections.

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Fund	Include in new process?	Notes
Grants	Y	
Fees	N	In order to add or change fees there is a robust stakeholder process that addresses amount and use of funds by those directly impacted. We expect there will be dialogue amongst the public health system on use of fee funding as part of that conversation. And decisions consistent with the priority work identified by the forums.
Decision Packages	N	These can include packages for General Fund State, Dedicated or Authority funding types. The agency engages in a robust stakeholder process for decision packages, including engaging members across the public health system during package development. We expect there will be dialogue amongst the public health system on use of decision package funding as part of that conversation. And decisions consistent with the priority work identified by the forums.
Donations	Y	Unless the donator specified something very specific for the funds that would prevent us from using the process.
Provisos	Y	Unless the proviso language specified something very specific for the funds that would prevent us from using the process.
Inter-Agency Agreements	Y	Unless the agreement language specified something very specific for the funds that would prevent us from using the process.
Dedicated Accounts	Y	Unless the agreement language specified something very specific for the funds that would prevent us from using the process.
Indirects	N	Used for general DOH operations and infrastructure.
On-Going General Fund State	Y	Only when a major repurposing of on-going funds is considered.
New General Fund State	Y	Unless the budget language specified something very specific for the funds that would prevent us from using the process. And typically this would go through a decision package process or be the result of legislation that would include a stakeholdering process or other opportunities for input.

Since this would be a stand alone document are there resource material that would be helpful to link to about public health or chief health strategist role?