



**KING COUNTY**

1200 King County Courthouse  
516 Third Avenue  
Seattle, WA 98104

**Signature Report**

**May 23, 2005**

**Motion 12122**

**Proposed No.** 2005-0186.1

**Sponsors** Edmonds and Patterson

1           A MOTION approving the work plan for a public health  
2           operational master plan.

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5           WHEREAS, the county is responsible for providing regional public health  
6           services to the 1.8 million citizens in King County, and

7           WHEREAS, examples of the wide range of public health services provided by the  
8           county include food service and drinking water inspections, emergency medical services,  
9           community health clinics, vaccine distribution, communicable disease control and  
10          bioterrorism planning, and

11          WHEREAS, regional public health services are supported by significant  
12          contributions from the county's general fund, state funds, and variety of federal sources,  
13          and

14          WHEREAS, over the past decade, revenues supporting public health services,  
15          such as the motor vehicle excise tax, have been eliminated, reduced or limited, and

16          WHEREAS, reductions in or limitations on funding for public health services are  
17          likely to continue in the future, and

18 WHEREAS, the cost of providing public health services is increasing, and

19 WHEREAS, the scope of public health services provided is increasing with new  
20 mandates and new communicable disease risks, and

21 WHEREAS, a public health operational master plan will guide development of a  
22 sustainable operational and financing model for the provision of regional public health  
23 services, and

24 WHEREAS, the county has successfully undertaken operational master planning  
25 processes in other major program areas that have led to system-wide operational changes  
26 resulting in millions of dollars of annual budget savings and improved outcomes for  
27 individuals, and

28 WHEREAS, in Ordinance 15083, the ordinance adopting the 2005 King County  
29 budget, the council authorized funding for a Public Health Operational Master Plan  
30 ("PHOMP"), and

31 WHEREAS, Ordinance 15083 contains provisos requiring the office of  
32 management and budget, in collaboration with staff from the Seattle-King County  
33 department of public health, the board of health and the council, to submit to the council  
34 and the board of health for their review and approval, a work plan for a PHOMP, and

35 WHEREAS, the executive has transmitted, to the council with this motion and to  
36 the board of health, a work plan for a PHOMP, developed collaboratively with staff from  
37 the department of public health, the board of health and the council;

38 NOW, THEREFORE, BE IT MOVED by the Council of King County:

**Motion 12122**

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39                   The work plan for a public health operational master plan, Attachment A to this  
40 motion, is hereby approved.

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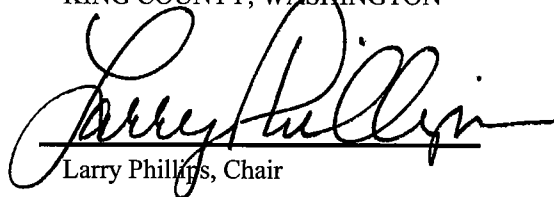
Motion 12122 was introduced on 4/25/2005 and passed by the Metropolitan King County Council on 5/23/2005, by the following vote:

Yes: 13 - Mr. Phillips, Ms. Edmonds, Mr. von Reichbauer, Ms. Lambert, Mr. Pelz, Mr. Dunn, Mr. Ferguson, Mr. Hammond, Mr. Gossett, Ms. Hague, Mr. Irons, Ms. Patterson and Mr. Constantine

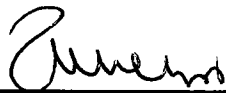
No: 0

Excused: 0

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

  
Larry Phillips, Chair

ATTEST:

  
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Anne Noris, Clerk of the Council

**Attachments**       A. Public Health Operational Master Plan Scope of Work - April 2005

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PUBLIC HEALTH OPERATION MASTER PLANNING – APRIL 2005  
ORDINANCE 15083 – PROVISIO RESPONSE

In response to Ordinance 15083 Provisos 14-P3 and 79-P1, this submittal presents the workplan for a public health operational master plan.

**Proviso Directive**

In Ordinance 15083 adopting the 2005 Annual Budget for King County, the King County Council adopted two companion provisos -- one for the Office of Management and Budget and one for the Seattle-King County Department of Public Health (“the Department”) -- that require the submittal of a workplan for a public health operational master plan. The provisos require that the workplan be developed in collaboration with the Department, the Office of Management and Budget, the Board of Health, and the King County Council by March 31, 2005. The workplan is to include a scope of work, timeline, budget, criteria for selection of expert consultants, and proposals for oversight, staffing and involvement of our community partners. The text of the proviso is included as Attachment 1.

On March 30, the Executive requested by letter to the Council an extension of the March 31 submittal date to April 15, 2005..

**Motivation for a Public Health Operational Master Plan**

The objective of the public health operational master plan is to develop a sustainable operational and financing model for the provision of public health services to the citizens of King County. Over the last decade, the provision of public health services in King County has been continually challenged due to increasing disease control and other mandates; while at the same time available funding has been limited or is decreasing. Increased need and limits on funding are expected to continue in the future. The significant reduction in funding at the state, local and federal levels for public health interventions has eroded the department's resources required to address ongoing problems such as HIV/AIDS, chronic diseases, and immunizations. In recent years, federal and state mandates have focused on the emerging issues of bioterrorism, emergency preparedness post 9-11, and communicable diseases (SARS, pandemic influenza, and West Nile Virus) providing insufficient funding for new problems and reductions in support for ongoing disease control, prevention, assessment, and evaluation. Adding to the problems created by changing needs and limited and variable revenues, the cost of providing the same level of services increases each year.

Without further examination and change in funding and operations, the current trend will force decreased levels of public health protection for King County. An operational master plan will assist the Department in addressing past and future challenges strategically and rationally.

**Scope of Work for a Public Health Operational Master Plan (PHOMP)**

The PHOMP will be a two-year planning effort conducted in two phases. Phase I will establish broad policies on the provision of public health services in King County. Phase II will result in recommendations regarding operational implementation and funding.

The outcomes of Phase I and Phase II shall reflect the flexibility needed to accommodate dynamic and changing community health conditions and emerging health issues. Moreover, the work product shall be presented in language and concepts that can readily be understood by those

not in the public health field in order to provide uniform understanding. Work on the PHOMP will use as a starting point existing work and products developed by the Department. Review of this existing work will help to educate non-Department staff working on the PHOMP and will form a basis for developing outcomes in Phase I and Phase II.

The scope of work for the PHOMP will not include operations of Jail Health, which has undergone a review through the Jail Health Services Strategic Business Plan process from which recommendations are currently being implemented, and Emergency Medical Services, which annually updates its EMS Strategic Plan in partnership with the participating cities and fire districts in King County.

### **Phase I**

The outcome of Phase I will be the establishment of a broad policy framework to prioritize and guide decision making regarding the provision of public health services in King County. The framework will include:

- (1) The mission and goals for the County's provision of public health services;
- (2) The roles and responsibilities of the Department, including a set of needed and evidence-based public health services and functions;
- (3) Policy guidelines addressing practices such as performance measurement, evaluation, budget and financial accountability.
- (4) Policy guidelines regarding funding.

The framework will be developed through:

- (1) Reviewing the current vision, mission, goals, priorities, and existing policies and work of the Department such as the *2003 Proviso Report Public Health – Seattle & King County Public Health Priorities and Funding Policies*;
- (2) Reviewing national and state standards, mandates and frameworks for evaluating public health services;
- (3) Understanding the role of a major metropolitan health department in a regional government, including functions, mandates, environment, and funding;
- (4) Establishing a comparison, among major metropolitan health departments serving regions of similar size and complexity to King County, of public health functions and services, best practices, and methods to analyze and report on the health status of the community;
- (5) Conducting a baseline assessment of health in the County against which progress can be measured and forecasting the region's future public health needs;
- (6) Understanding the Department's current services, programs, budgets, expenditures, and revenues;
- (7) Forecasting major revenue sources and understanding what services are most at risk of reduced funding;
- (8) Soliciting input from stakeholders and monitoring changes in their systems that have prospective potential impacts on the Department.

The framework resulting from Phase I is to be adopted by the both the Board of Health and the King County Council. The framework will provide a basis for the work in Phase II. Phase I is anticipated to be ready for presentation to the Board of Health and the King County Council by March 2006.

### **Phase II**

The outcome of Phase II will be recommendations regarding operational implementation and funding that are consistent with the Phase I framework. These recommendations will include:

- (1) Options regarding service level and delivery of regional public health services;

- (2) Options for improving the efficiency and effectiveness of the delivery of regional public health services and functions such as performance measurement and evaluation, organizational structure, contracting and budgetary and financial accountability;
- (3) Options for stable funding for public health services.

These recommendations will build on the work in Phase I and be developed through:

- (1) Identifying gaps in services or duplication of effort;
- (2) Evaluating and comparing operations of major metropolitan health departments, including public health services provided, organizational structure, and functions such as performance measurement and evaluation, contracting and budgetary and financial accountability;
- (3) Identifying linkages with other service providers or County functions and evaluating possibilities for collaboration and alternative means of providing services;
- (4) Identifying services that support the effectiveness of other County functions;
- (5) Evaluating and comparing the funding of major metropolitan health departments;
- (6) Soliciting input from stakeholders and monitoring changes in their systems that have prospective potential impact on the Department;
- (7) Analyzing the impacts of and estimating the revenues generated by alternative funding mechanisms.

Phase II will follow and build on Phase I, with completion in March 2007. The King County Council will approve the recommendations resulting from Phase II, with input from the Board of Health.

#### **Budget, Staffing and Oversight**

The King County Council adopted in Ordinance 15083, \$320,000 to support the work of the PHOMP. Of this amount, \$250,000 will be used to hire a consultant to assist in completing the scope of work and the remainder supports a Senior Policy Analyst position in the Office of Management and Budget who will act as the project manager. The King County Council has dedicated at least a half-time position to staffing this effort, the King County Board of Health has dedicated a staff person, and the Department has dedicated a project manager. The Office of the Director of Public Health and the Public Health Leadership Group also actively support the project.

A steering committee will guide the project and will be comprised of five members: the Chair of the Board of Health, a member from the King County Council, Director of the Office of Management and Budget, a representative from the King County Office of the Executive, and the Director of the Department. The Director of the Office of Management and Budget and the Chair of the Board of Health will co-chair the steering committee.

The Office of Management and Budget will provide project management and contract authority, working closely and collaboratively with staff from the Department and the King County Council.

In addition to the oversight committee, a coordinated staff group will be established to complete the project. It will include, at a minimum, the project manager from the Office of Management and Budget, the project manager from the Department, representatives from the Department's leadership group, King County Council central staff, and King County Board of Health staff. As the project moves forward, additional staff will participate as needed including, for example,

department programmatic staff, state board of health staff, representatives of service providers and other service partners, and staff with financial expertise.

### **Selection Criteria For Consultant**

The PHOMP will utilize the independent expertise of a national consultant(s). It is feasible that more than one consultant will be employed depending on the expertise needed and available. The consultant(s) chosen for this project must, at a minimum, have:

- Experience related to major metropolitan health department leadership, including national exposure to more than one system, in order to draw on that experience when issues and questions of operational practices, funding strategies, and comparisons to other major metropolitan health departments arise.
- Experience translating the purpose, paradigms, work, issues and opportunities of major metropolitan health departments from public health based terminology into language and concepts readily understood by non-public health professionals in order to provide uniform understanding of the role and responsibilities of the Department.
- Experience defining the role and responsibilities of public health in metropolitan areas and developing a consensus framework to prioritize and provide a method for decision making for elected officials and other policy makers in light of the flexibility needed to accommodate dynamic and changing community health conditions and emerging health issues.
- Experience developing innovative recommendations for funding and operational strategies in order to assist the Department to continue to face future challenges.

The PHOMP steering committee will approve a selection process for choosing a consultant. The Chair of the Board of Health, the Director of the Department, and the Director of the Office of Management and Budget shall approve the final selection of the consultant(s).

### **Methods For Involving Funding And Service Partners**

In accordance with the proviso directive, the public health operational master plan will include input from a wide range of community health, funding, and service partners. The consultant will be asked to propose specific methods for soliciting stakeholder input, including:

- A structured process for engaging the expertise of entities such as:
  - The Centers for Disease Control and Prevention
  - The Centers for Medicare and Medicaid Services
  - The Washington State Department of Public Health
  - The Washington State Department of Ecology
  - The City of Seattle
  - The University of Washington School of Public Health
  - Others as identified
- A structured process for involvement of stakeholders such as:
  - Cities within King County
  - Clients
  - Federal agencies such as the Health Resources and Services Administration, the Environmental Protection Agency, National Institutes of Health, and other relevant regulatory agencies
  - Relevant state and local elected officials

- King County Community Based Organizations (CBOs)/Community Clinics
- King County Hospitals/Health Care Organizations
- Private Funders
- Area schools of medicine, public health, nursing, pharmacy, social work, public policy and urban planning



## Attachment I

## Sections 14 and 79 of Ordinance 15083:

*By March 31, 2005, the office of management and budget, in collaboration with the department of public health and staff of the council and the board of health, shall submit to the board of health and the council for their review and approval, a detailed work plan for an operational master plan for public health. The operational master plan shall have two phases. Phase I of the operational master plan shall provide a policy framework for meeting the county's public health responsibilities. It shall include a review of public health mandates, needs, policies and goals and recommend the adoption of comprehensive public health policies to guide future budgetary and operational strategies developed in phase II of the operational master plan. Phase II shall: (1) review the department of public health's functions and operations; (2) evaluate service delivery alternatives for meeting the public health needs of the community as effectively and efficiently as possible; and (3) develop recommended implementation and funding strategies. Phase I of the operational master plan shall be reviewed and approved by the board of health by resolution and the county council by motion. Phase II of the operational master plan shall be reviewed and approved by the council by motion with input from the board of health. The work plan for the public health operational master plan shall include a scope of work, tasks, schedule, milestones and the budget and selection criteria for expert consultant assistance. In addition, the work plan shall also include proposals for: (1) an oversight group to guide development of the plan that shall include executive, council and board of health representation; (2) a coordinated staff group to support plan development; and (3) methods for involving funding and service provision partners and other experts in public health in the development of the operational master plan. The work plan for the public health operational master plan must be filed in the form of 16 copies with the clerk of the council, who will retain the original and will forward copies to each council member, to the chair of the board of health and to the lead staff of the law, justice and human services committee or its successor.*