

**SNOHOMISH HEALTH DISTRICT  
2022-2024 CONSOLIDATED CONTRACT**

**CONTRACT NUMBER: CLH31027**

**AMENDMENT NUMBER: 6**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and SNOHOMISH HEALTH DISTRICT, a Local Health Jurisdiction, hereinafter referred to as “LHJ”, pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.


IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:  
<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>
  - Adds Statements of Work for the following programs:  
 Foundational Public Health Services (FPHS) - Effective July 1, 2022
  - Amends Statements of Work for the following programs:
  - Deletes Statements of Work for the following programs:
  
2. Exhibit B-6 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-5 Allocations as follows:
  - Increase of **\$5,216,000** for a revised maximum consideration of **\$24,547,008**.
  - Decrease of \_\_\_\_\_ for a revised maximum consideration of \_\_\_\_\_.
  - No change in the maximum consideration of \_\_\_\_\_.  
 Exhibit B Allocations are attached only for informational purposes.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

SNOHOMISH HEALTH DISTRICT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:  <small>Shawn Frederick (Aug 1, 2022 13:21 PDT)</small>	Signature:  <small>Brenda Henriksen (Aug 1, 2022 14:08 PDT)</small>
Date: Aug 1, 2022	Date: Aug 1, 2022

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**EXHIBIT B-6  
ALLOCATIONS**

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Contract Number: CLH31027  
Date: July 1, 2022

Snohomish Health District  
Indirect Rate January 1, 2022-December 31, 2022: 10.50%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
CSPRF CTS LHHJ Allocation	NGA Not Received	Amd 5	21.027	333.21.02	01/01/22	12/31/22	01/01/22	12/31/22	\$684,964	\$684,964
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$131,504	\$131,504
FFY21 CDC Cities Readiness BP3	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$52,828	\$52,828
FFY21 PHEP BP3 LHHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$214,127	\$214,127
FFY22 TB Elimination-FPH	NGA Not Received	Amd 1	93.116	333.93.11	01/01/22	12/31/22	01/01/22	12/31/22	\$95,449	\$95,449
FFY21 Overdose Data to Action Prev	NU17CE925007	Amd 3	93.136	333.93.13	01/01/22	08/31/22	09/01/21	08/31/22	\$113,175	\$113,175
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,069,953	\$2,069,953
COVID19 Vaccines R4	NH23IP922619	Amd 5	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$2,865,603
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$2,860,603	\$2,860,603
Improving Vaccinations AA1	NGA Not Received	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$42,840	\$42,840
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$20,793	\$20,793
FFY22 PPHF Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$38,219	\$38,219
FFY23 VFC Ops	NGA Not Received	Amd 5	93.268	333.93.26	07/01/22	06/30/23	07/01/22	06/30/23	\$45,150	\$45,150
FFY22 VFC Ops	NH23IP922619	Amd 3	93.268	333.93.26	01/01/22	06/30/22	07/01/21	06/30/22	\$4,916	\$4,916
FFY20 ELC EIDE LHHJ Allocation	NU50CK000515	Amd 4	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$5,691,480	\$5,691,480
FFY20 ELC EIDE LHHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$5,736,112	\$5,736,112
FFY22 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 5	93.323	333.93.32	08/01/22	09/30/22	08/01/22	07/31/23	\$1,500	\$1,500
FFY21 Vector-borne T2&3 Epi ELC FPH	NGA Not Received	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500
FFY21 Tobacco-Vape Prev Comp 1	NU58DP006808	Amd 2	93.387	333.93.38	01/01/22	04/28/22	04/29/21	04/28/22	\$10,379	\$10,379
Refugee Health COVID Hlth Disparities	NGA Not Received	Amd 2	93.391	333.93.39	01/01/22	05/31/23	07/01/21	05/31/23	\$100,000	\$100,000
FFY22 HIV Prev Grant -FPH	NGA Not Received	Amd 1	93.940	333.93.94	01/01/22	06/30/22	01/01/22	12/31/22	\$55,331	\$55,331
FFY22 STD Prev PCHD-FPH	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$35,250	\$35,250
FFY22 STD Prev Supplemental [PCHD]	NGA Not Received	Amd 1	93.977	333.93.97	01/01/22	06/30/22	01/01/22	12/31/22	\$161,453	\$161,453

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work LHHJ Funding Period		DOH Use Only Chart of Accounts Funding Period		Funding Period SubTotal	Chart of Accounts Total
					Start Date	End Date	Start Date	End Date		
FFY22 MCHBG LHHJ Contracts	B0445251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$0	\$0
FFY22 MCHBG LHHJ Contracts	B0445251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$333,659	\$333,659
FFY21 MCHBG Special Project	NGA Not Received	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$352,122	\$352,122
State Disease Control & Prev-FPH		Amd 2	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$32,765	\$92,797
State Disease Control & Prev-FPH		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/23	\$60,032	\$92,797
SFY22 Marijuana Education		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$14,658	\$14,658
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$10,000	\$10,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$60,000	\$75,000
Small Onsite Management (ALEA)		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$15,000	\$75,000
SFY22 Youth Tobacco Vapor Products		Amd 2	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$55,114	\$55,114
SFY20 Bezos Vroom		Amd 1	N/A	334.04.98	01/01/22	02/28/22	01/01/20	04/30/22	\$7,625	\$7,625
RW FFY22 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	04/01/22	06/30/22	04/01/22	03/31/23	\$7,858	\$7,858
RW FFY21 Grant Year Local (Rebate)		Amd 2	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$11,990	\$19,848
RW FFY21 Grant Year Local (Rebate)		Amd 1	N/A	334.04.98	01/01/22	03/31/22	04/01/21	03/31/22	\$7,858	\$19,848
<b>FPHS-LHHJ-Proviso (YR2)</b>		<b>Amd 6</b>	<b>N/A</b>	<b>336.04.25</b>	<b>07/01/22</b>	<b>06/30/23</b>	<b>07/01/21</b>	<b>06/30/23</b>	<b>\$5,216,000</b>	<b>\$11,516,000</b>
FPHS-LHHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$3,150,000	\$3,150,000
FPHS-LHHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$3,150,000	\$3,150,000
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600	\$5,200
Sanitary Survey Fees (FO-NW) SS-State		Amd 2	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$1,600	\$5,200
Sanitary Survey Fees (FO-NW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$3,600	\$5,200
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000	\$2,000
<b>TOTAL</b>									<b>\$24,547,008</b>	<b>\$24,547,008</b>
<b>Total consideration:</b>										<b>\$19,331,008</b>
										<b>\$5,216,000</b>
<b>GRAND TOTAL</b>										<b>\$24,547,008</b>
*Catalog of Federal Domestic Assistance										<b>Total Fed \$12,383,586</b>
**Federal revenue codes begin with "333". State revenue codes begin with "334".										<b>Total State \$12,163,422</b>

**Exhibit A  
Statement of Work  
Contract Term: 2022-2024**

**DOH Program Name or Title:** Foundational Public Health Services (FPHS) - Effective July 1, 2022      **Local Health Jurisdiction Name:** Snohomish Health District

**Contract Number:** CLH31027

**SOW Type:** Original      **Revision # (for this SOW)** 0

**Period of Performance:** July 1, 2022 through June 30, 2023

<b>Funding Source</b> <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	<b>Federal Compliance (check if applicable)</b> <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	<b>Type of Payment</b> <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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**Statement of Work Purpose:** Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

**Revision Purpose:** N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	Funding Period End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FPHS - LHJ - Proviso (YR2)	99202112	N/A	336.04.25	07/01/22	06/30/23	0	5,216,000	5,216,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
<b>TOTALS</b>						<b>0</b>	<b>5,216,000</b>	<b>5,216,000</b>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<u>FPHS funds to each LHJ</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$2,956,000
2	<u>Assessment funds to each LHJ</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$60,000
3	<u>Assessment funds to each LHJ – CHA/CHIP</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$30,000
4	<u>CD – Hepatitis C</u> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$164,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	<b>CD – Case Investigation Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$1,079,000
6	<b>CD – TB – Part 2</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$50,000
7	<b>MCH – Child Death Review</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$158,000
8	<b>Lifecourse – Infrastructure &amp; Workforce Capacity</b> – See below in <u>Program Specific Requirements – Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements - Deliverables</u>	See below in <u>Program Specific Requirements - Deliverables</u>	\$719,000

**DOH Program and Fiscal Contact Information** for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to [finance@doh.wa.gov](mailto:finance@doh.wa.gov).

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPHS Policy Advisor, WSALPHO – [cgoodwin@wsac.org](mailto:cgoodwin@wsac.org), 564-200-3166
  - Brianna Steere, FPHS Policy Advisor, WSALPHO – [bsteere@wsac.org](mailto:bsteere@wsac.org), 564-200-3171
- For other questions:
  - Marie Flake, FPHS Lead, DOH – [marie.flake@doh.wa.gov](mailto:marie.flake@doh.wa.gov), 360-951-7566

#### **Program Specific Requirements**

- The Steering Committee is engaged in a long-term, multi-biennial, phased, building-block approach to full funding and implementation of of FPHS statewide that includes:
- Full funding of FPHS with adequate, dedicated, stable funding that keeps pace with inflation and demand for services
  - Full implementation of FPHS that includes system transformation and modernization to deliver services in the most equitable, effective, and efficient manner possible for the funds available

Foundational Public Health Services Definitions and related information can be found here: [www.doh.wa.gov/fphs](http://www.doh.wa.gov/fphs) or [FPHS | Powered by Box](#).

**Stable funding and an iterative decision-making process** – The FPHS Steering Committee is the decision making body for FPHS. The Steering Committee provides oversight including determination of goals, priorities, budget request, funding allocation and accountability metrics. The Steering Committee relies on FPHS Subject Matter Expert (SME) Workgroups and other FPHS workgroups to ensure a collaborative, systemwide, decision making process. The Steering Committee use an iterative approach to decision making. This means that additional tasks and/or funds may be added to a local health jurisdiction’s (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

**Annual Allocations** – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June. FPHS funds can be applied retroactively to expenditures within the SFY for which they were allocated even if the expenditure occurred before the Steering Committee made the allocation decision or the agency contract was signed.

- SFYs are named for the year in which they end. The state biennium is named for the year in which it begins and ends.
- SFY22 (July 1, 2021 – June 30, 2022); half of annual FPFS allocation disbursed July 1, 2021 and January 1, 2022
  - SFY23 (July 1, 2022 – June 30, 2023); half of annual FPFS allocation disbursed July 1, 2022 and January 1, 2023
  - SFY 22 & 23 comprise the 2021 – 2023 Biennium (21-23)

The Legislature appropriates FPFS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30<sup>th</sup> each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

The Consolidated Contract (ConCon) is based on the calendar year and renewed every 3 years. FPFS statements of work may include reference information such as allocations, fund disbursement schedules, deliverable due dates, etc. that fall outside of the current 3-year contract period if they are part of the same state fiscal year. The purpose for including this information in the ConCon is to provide a) historical information from the previous ConCon cycle; and/or b) prospective information about future ConCon cycle, if they are part of the same SFY.

**Disbursement of FPFS funds to LHJs** – Unlike other ConCon grants, FPFS bill-back to DOH is NOT required. Half of the annual FPFS funds allocated by the Steering Committee to each LHJ are disbursed, each July and January. The July payments to LHJs and access to FPFS allocation for all other parts of the governmental public health system occur upon completion of the FPFS Annual Assessment.

**Spending of FPFS funds** – The FPFS funds are for assuring FPFS services are available, and as reflected in the SOW. Each agency is responsible for deciding how to spend their funds within the parameters established by the FPFS Steering Committee and the SOW contract. Assurance includes providing the FPFS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff.

**Deliverables** – FPFS funds are to be used to increase the availability of FPFS services statewide. The FPFS accountability process measures how funds are sent, along with changes in system capacity through the FPFS Annual Assessment, system performance indicators, and other data. Each part of the governmental public health system that receives FPFS funds must complete:

1. Routine reporting of spending and spending projections. Process and reporting template are provided by the FPFS Steering Committee via FPFS Support Staff.  
Unspent or projected unspent funds may be reallocated by the Steering Committee to other FPFS activities in order to fully utilize funds within the state fiscal year timeframe to deliver services to Washington communities. Any FPFS funds unspent at the end of the state fiscal year (ending June 30) revert to the state treasury. Because LHJs receive funds up front, prospectively, any unspent funds and must be returned to DOH by end of July of each year for DOH to return to the Office of Financial Management.
2. FPFS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPFS Steering Committee via FPFS Support Staff. System results are published in the annual FPFS Investment Report available at [www.doh.wa.gov/fpfs](http://www.doh.wa.gov/fpfs).

**BARS Revenue Code:** 336.04.25

**BARS Expenditure Coding** – provided for your reference

562.xx	BARS Expenditure Codes for FPFS activities: see below
10	FPFS Epidemiology & Surveillance
11	FPFS Community Health Assessment
12	FPFS Emergency Preparedness & Response
13	FPFS Communication

14	FPHS Policy Development
15	FPHS Community Partnership Development
16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

**336.04.24 – County Public Health Assistance**

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

**336.04.25 – Foundational Public Health Services**

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the

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funding from this account is for delivering ANY or all of the FPBS communicable disease services (listed above) and can also be used for the FPBS capabilities that support FPBS communicable disease services as defined in the most current version of FPBS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: [www.doh.wa.gov/lhj/funding](http://www.doh.wa.gov/lhj/funding)

**Special References (i.e., RCWs, WACs, etc.):**

Link to RCW 43.70.512 – [\(wa.gov\)](http://RCW 43.70.512: Public health system—Foundational public health services—Intent. (wa.gov))

Link to RCW 43.70.515 – [\(wa.gov\)](http://RCW 43.70.515: Foundational public health services—Funding. (wa.gov))

**Activity Special Instructions:**

**1. FPBS funds to each LHJ**

These funds are allocated to each Local Health Jurisdiction to assure FPBS are available in their own jurisdiction. In coordination with the FPBS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds may be used to provide any of the activities described in the most current version of FPBS definitions for foundational programs and foundational capabilities. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPBS to every community in Washington.

Even if FPBS services are provided by another agency through a contract, new service delivery model, or centralized service delivery model (such as the State Public Health Lab), all agencies that receive FPBS funds are responsible for reporting progress on the availability and implementation within their jurisdiction using the FPBS Annual Assessment.

These funds are not intended for fee-based services such as selected environmental public health services, licensing of healthcare facilities, screening of newborn babies for congenital disorders, etc. As state funding for FPBS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

**Pandemic Response** – These FPBS funds are to be used as directed and allocated by the FPBS Steering Committee to deliver FPBS services. As the global COVID-19 pandemic and the public health response to it continues to wane, these FPBS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPBS activities during this period of performance through 6/30/23. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

**2. Assessment funds to each LHJ – (FPBS definition G.2)**

These funds are allocated to each Local Health Jurisdiction to assure FPBS are available in their own jurisdiction - Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

**3. Assessment funds to each LHJ – CHA/CHIP (FPBS definitions G.3)**

These funds are allocated to each LHJ to assure FPBS are available in their own jurisdiction -

Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

**4. CD – Hepatitis C (FPBS definitions C.4.o-p)**

These funds are to select LHJs to assure FPBS are available in their own jurisdictions - Address Hepatitis C cases per guidance developed by the statewide FPBS Communicable Disease Workgroup, including, but not limited to: shared priorities, standardized surveillance, minimum standards of practice, common metrics and staffing models. Use BARS expenditure codes: 562.24.

The priorities for the 2021-2023 biennium (July 2021 – June 2023):



- Surveillance – entering labs into Washington Disease Reporting System (WDRS), enter acute cases into WDRS.
  - Investigation – focus on acute cases: people aged 35 or younger, newly diagnosed, pregnant women, people seen in the ED/inpatient, Black, Indigenous and People of Color or other historically marginalized population and incorporate Hepatitis B work.
5. **CD – Case investigation Capacity (FPHS definitions C.2, C. 4)**  
These funds are to select LHJs to assure FPHS are available in their own jurisdictions - Support LHJ communicable disease capacity to conduct case investigation and follow up to reduce gaps and meet locally identified needs that address notifiable conditions responsibilities. Use BARS expenditure codes: 562.23-29.
6. **CD – TB – Part 2 (FPHS definition C.4.q-v)**  
Funding allocated to LHJs with high Tuberculosis (TB) burden - Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Use BARS expenditure codes: 562.23.
7. **MCH – Child Death Review** (FPHS definitions D.1, F.1, F.2, F.3, J.1, J.2, K.1)  
This investment assures LHJs and DOH have adequate staffing to conduct regular Child Death Reviews and use their findings to track fatality data and inform policy recommendations to reduce and eliminate preventable child deaths. Allocations are for staff and operating costs for 9 LHJs. Use BARS expenditure codes: 562.60.
8. **Lifecourse – Infrastructure & Workforce Capacity** (FPHS definitions D, E, F)  
These funds are to each LHJ to assure FPHS are available in their own jurisdictions - Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.