



Public Health Interlocal Agreement / Response to City Council SLI on Contracting for Public Health Services

City Council Housing, Human Services, Health and Culture Committee

Wednesday, July 13, 2011 | Human Services Department | Dannette R. Smith, Director

Mayor Mike McGinn
Deputy Mayor Darryl Smith

Statement of Legislative Intent (SLI)

- **SLI** – A 2010 SLI asked HSD to consider a plan to modify the City’s contracting relationship with Public Health – Seattle & King County (PHSKC)
- **Intent** – The SLI called for:
 - Accountability
 - No adverse impact on services
 - Strong City influence on PHSKC’s activities in Seattle
 - Consistency with the City’s public health policy guide, and the Public Health Operational Master Plan
 - Clarity in staffing and oversight responsibilities
 - Efficiencies (budget and staff savings)
- **Formalize the relationship** – SLI stated that the relationship should be codified in an interlocal agreement or memorandum of understanding between the City and King County

City's Role in Public Health: Background

(Pages 1-2, Briefing Memorandum)

- **1877:** Creation of City Health Officer
- **1890:** Board of Health / Health Officer /Department of Sanitation
- **1951:** King County and Seattle Health Departments merged, administered by the City
- **1981:** Combined department administered by the County (fully County administered in 1984)
- **1995:** State designated counties as responsible for public health; combined city-county departments authorized for cities with population of more than 100,000
- **2005:** Change in City's funding relationship with PHSKC – contracting for services
- **2006:** City adopts Healthy Communities Initiative (HCI) Policy Guide to guide the City's public health efforts and investments

Background (cont'd)

(Pages 1-2, Briefing Memorandum)

- **County's responsibility:** King County is responsible for public health and for core/regional public health services
- **City's role:** Voluntary; historical commitment
- **Enhanced services:** The City funds “enhanced” public health services as outlined in the HCI Policy Guide
- **Why renegotiate Public Health Interlocal Agreement now?** SLI was catalyst; current agreement is out-of-date; City's relationship with PHSKC has improved
- **Policy direction for SLI response/Interlocal Agreement:** Established City Policy Team to oversee SLI response and Interlocal Agreement negotiations (Mayor's Office, Budget Office, OIR, City Councilmember, Council Staff, HSD; team staffed by HSD Health Policy Advisor)
- **Initial SLI deadline:** Informed Council in June 2010 that HSD would not meet initial SLI deadline; necessary to involve new Mayor/County Executive
- **Sought City Council advice:** Presented to Council HHSHC Committee in September 2010 to provide update, obtain feedback, and concurrence with policy direction

SLI Response

(Pages 3-4, Briefing Memorandum)

Recommendation: City should retain contracting relationship with PHSKC

- **City Policy Team reviewed :**
 - SLI
 - History
 - City's HCI Policy Guide
 - Public Health Operational Master Plan
 - Current contracting process and contracts (pay for performance)
 - PHSKC's participation in City government
 - City's ability to influence PHSKC policy/programs in Seattle beyond City funding
 - 1996 Interlocal Agreement
- City contracts \$14 million to PHSKC - \$10 million in GF for 13 programs and \$4.2 million in Families and Education Levy funds for school-based health
- City also contracts \$2 million to three other providers for 6 programs
- City Public Health Policy Advisor and .5 Senior Grants and Contracts specialist in HSD oversee the City's health contracts

SLI Response (Cont'd)

(Pages 3-4, Briefing Memorandum)

Advantages of maintaining contracting relationship:

- **Accountability:** Outcome-based contracts assure accountability
- **Alternative accountability mechanisms:** Without contracting, other mechanisms would have to be established to monitor outcomes
- **Current contracting method least expensive:** City Budget Office would need to dedicate staff to oversee City funding if direct appropriation to PHSKC
- **Other City health contracts:** Contracts for the City's other investments in health services would still have to be managed
- **HSD is reviewing its contract administration processes for efficiencies:** .5 Public Health Contracts position eliminated, but functions will be absorbed by other dedicated contracts staff
- **Maintaining current contracting arrangement meets SLI Criteria:**
 - No negative impacts to service delivery
 - High-degree of accountability
 - Clarity of staffing and oversight responsibilities

Proposed Public Health Interlocal Agreement

(Page 5, Briefing Memo)

- **Goal:** Strengthen delivery of public health in region; create the conditions to improve health, eliminate health inequities and maximize healthy years lived
- **Objectives included:** Strong City influence on PHSKC policies and services in Seattle and strong PHSKC participation in City government
- **Underlying assumptions:**
 - It is in the City's, PHSKC's and our residents' best interest to have a strong City-King County Public Health Department and a direct City-PHSKC relationship
 - King County has policy, statutory and financial responsibility for regional public health services
 - City's role and funding are voluntary, at the City's discretion
- **Process:**
 - City Policy Team: formulated policy and provided direction
 - Mayor Mike McGinn, County Executive Dow Constantine letters
 - City Council provided feedback, direction
 - County established policy team that adopted City's goal
 - Negotiations resulted in agreement accepted by City and County Policy Teams and Mayor and County Executive

Proposed Public Health Interlocal Agreement

(Pages 6-9, Briefing Memorandum)

Comparison with the 1996 Interlocal Agreement

What remains the same?

- Combined City-County Department
- PHSKC Director participates on Mayor's cabinet
- County has ultimate responsibility for public health services and funding
- Method of appointing and removing the PHSKC Director:
 - Mayor and County Executive jointly appoint
 - City and County Councils confirm
 - County Executive removes Director upon consultation with the Mayor
- Premise: City funding is voluntary
- City can establish programmatic priorities for its investments
- City has opportunities to participate in formulating health policies that impact Seattle
- PHSKC Director reports to the Mayor on City-funded services, issues, health status

Comparison: 1996 and Proposed Agreement

(Pages 6-9, Briefing Memorandum)

What's different?

- **Purpose:** Strengthen public health, eliminate health inequities and maximize number of healthy years lived
- **Annual meeting:** County Executive, Mayor, Board of Health (BOH) Chair, and PHSKC Director instead of Joint Executive Committee
- **BOH:** Reinforces/strengthens BOH role
- **City Health Policy Advisor:** Mayor/City Council designate a lead City health policy advisor (no new FTE required since the current health policy advisor can fulfill functions) to help:
 - Facilitate City participation in public health policy/program development affecting Seattle
 - Represent City in health safety net/health care reform planning
 - Facilitate PHSKC participation in City government
 - Ensure accountability for use of City funds and for compliance with the Interlocal Agreement

Comparison: 1996 and Proposed Agreement

(Pages 6-9, Briefing Memorandum)

Differences (cont'd)

- Explicit that City can determine its method to fund health services/PHSKC
- City may voluntarily contribute some funding to support PHSKC's unique activities in City government
- Accountability mechanisms:
 - City can establish specified outcomes and performance commitments
 - Explicit that City funding can only be used for its intended purposes
 - Role of City Health Policy Advisor to help assure accountability

Comparison: 1996 and Proposed Agreement

(Pages 6-9, Briefing Memorandum)

Differences (cont'd)

- PHSKC's participation in City government (new provisions):
 - PHSKC staff participate on subcabinets, interdepartmental teams, and key City initiatives
 - PHSKC will work with other City departments to help create conditions for healthy communities
 - PHSKC will work with other City departments to formulate/ implement policies that promote health equity
 - PHSKC will assign staff to participate in the City's emergency preparedness/response efforts and provide a presence at the Seattle Emergency Operations Center
- Duration of Agreement: Five years (automatic annual rollover)

How Proposed Agreement Meets SLI Criteria

(Page 5, Briefing Memorandum)

- Enable the City of Seattle to maintain an acceptable level of accountability
- Assure Strong City presence and influence on PHSKC's activities and services in Seattle
- Agreement is consistent with the City's HCI Policy Guide and the Public Health Master Plan
- Clearly delineate all staffing and oversight responsibilities of HSD and PHSKC
- The terms of the relationship are agreed upon by PHSKC, the City, and the County and formalized in an Interlocal Agreement between Seattle and King County

Department Name Change

(Page 9, Briefing Memorandum)

- The ordinance adopting the Public Health Interlocal Agreement also officially changes the name of the Seattle-King County Department of Public Health to **Public Health – Seattle & King County**
- The known name of the Department will be its official name
- King County is also officially changing the name of the Department to **Public Health – Seattle & King County**

Questions, Comments and Discussion

