

PROGRAM DESCRIPTION

Health and Senior Services **HB Section(s):** 10.700, 10.705, 10.710

Local Public Health Services

Program is found in the following core budget(s):

	DCPH Program Operations	Aid to LPHA	DCPH Programs and Contracts				TOTAL
GR	218,270	3,465,096	0				3,683,366
FEDERAL	68,463	7,600,000	1,159,387				8,827,850
OTHER	14,753	0	0				14,753
TOTAL	301,486	11,065,096	1,159,387				12,525,969

1a. What strategic priority does this program address?

Reduce opioid misuse, Improve the health and safety of Missourians most in need, and Enhance access to care.

1b. What does this program do?

The Department of Health and Senior Services (DHSS), Center for Local Public Health administers participation agreements with 114 local health agencies to ensure public health services are available in every county and city in Missouri. The presence of public health services at the local level is essential for protecting health and keeping people safe. The local health agencies are a key partner in providing statewide services including, but not limited to, communicable disease surveillance and outbreak response, environmental surveillance (retail food, lodging, on-site sewage, childcare sanitation), immunizations, infectious disease testing and referral to care, chronic disease prevention and control education, public health emergency preparedness and response, and vital record issuance. The local health agencies have also been solely responsible for numerous areas of COVID-19 response, including but are not limited to, enforcement of statewide and local orders, case investigation, and contact tracing.

The funding administered through the participation agreements are not mandated for specific activities, but rather allow local health agencies to utilize funding as needed within their own budget to deliver public health services in cooperation with DHSS. While DHSS is available for technical assistance and may lead activities in some program areas, public health services statewide would not be available without the existence of local public health agencies. State funding constitutes a different percentage of each local health department's total budget, but overall, public health in Missouri remains underfunded and funding is necessary to maintain local delivery of these services. The Trust for America's Health publishes information on states' investment in public health and found that Missouri ranks last in the nation (51/51 including the District of Columbia) in state funding for public health at \$5.74 per capita.*

The federal funding (70 percent of the total in FY 2021) distributed through these core participation agreements is the result of federal match received on expenditures reported by locals for specific unreimbursed services they have delivered to children age 0 through 19 (Children's Health Insurance Program Health Services Initiative (CHIP H.S.I.)). DHSS staff provide technical assistance regarding CHIP H.S.I. claiming, and collect and aggregate the expenditure data for all 114 agencies for quarterly submission to the Center for Medicare and Medicaid Services (through collaboration with Department of Social Services) in order to receive this match.

Besides funding support, the Center for Local Public Health staff provide a collaborative approach to quality services by holding orientations and trainings for new administrators and boards of health, connecting locals with staff throughout DHSS for specific programmatic technical assistance, and connecting locals with resources and programs through statewide and regional meetings offered throughout the year.

*Ready or Not? 2017 <https://www.tfah.org/wp-content/uploads/archive/assets/files/TFAH-2017-ReadyOrNot-Fnl.pdf>.
2017 is the latest data provided by Trust for America's Health that is broken down per capita. Missouri has not made significant increases in state health funding, therefore it is assumed that the ranking is still accurate.

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2a. Provide an activity measure(s) for the program.

LPHAs Served by the Center for Local Public Health Services

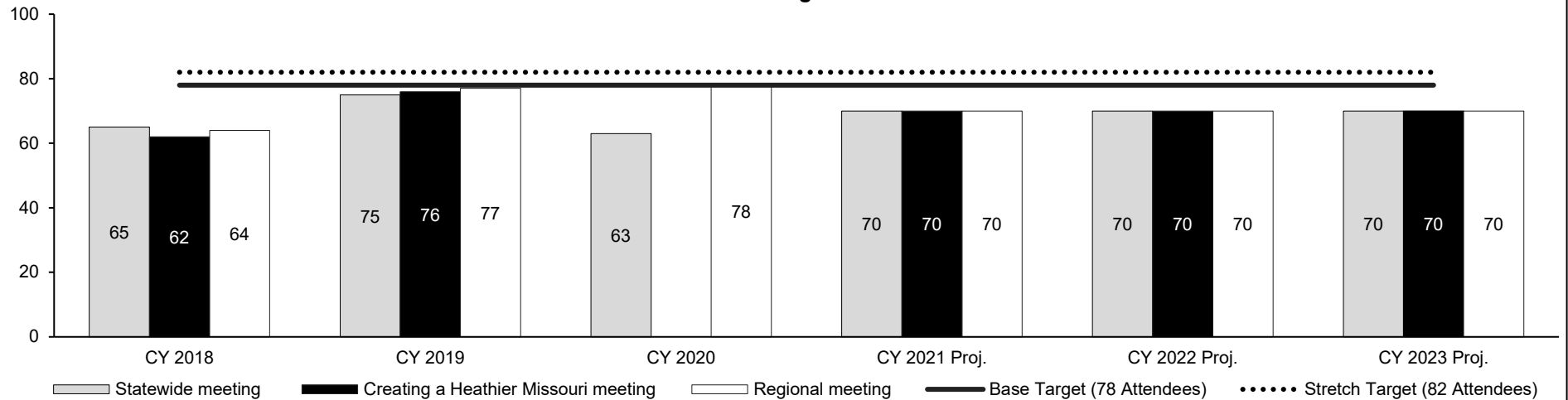
	FY 2018	FY 2019	FY 2020 Proj.	FY 2021 Proj.	FY 2022 Proj.	FY 2023 Proj.
LPHAs with CORE Participation Agreements	115	114*	114	114	114	114
LPHAs receiving individualized training/technical assistance**	19	25	25	29	30	31
Statewide and/or Regional Public Health Meetings Offered***	3	3	3	3	3	3

*Independence closure 6/30/18 reduced the number of LPHAs to 114 starting FY 2019.

**LPHA's receive training/technical assistance regarding CHIP H.S.I claiming and new administrators, as well as, local boards of health orientation. Due to COVID-19, LPHAs were not as available for trainings as they have been in years prior.

***Statewide meetings are hosted in Jefferson City. Regional meetings consist of the same agenda offered at six locations throughout the state. Due to COVID-19, the spring regional meetings were held virtually.

LPHA Meeting Attendees



Due to COVID-19, there was not a Creating a Healthier Missouri meeting held in CY 2020.

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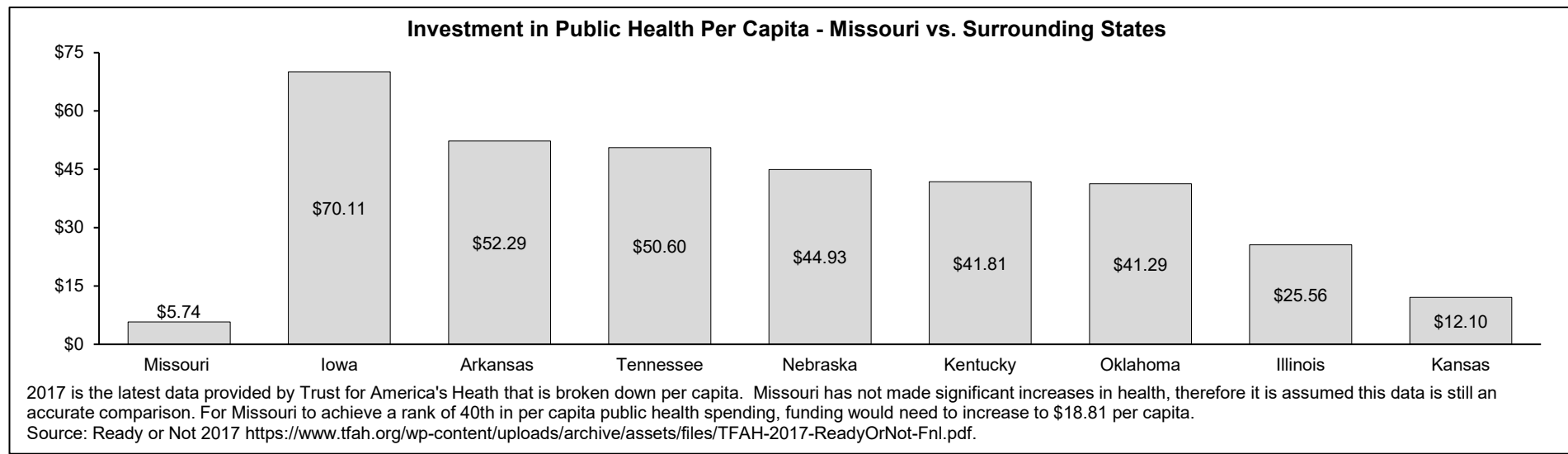
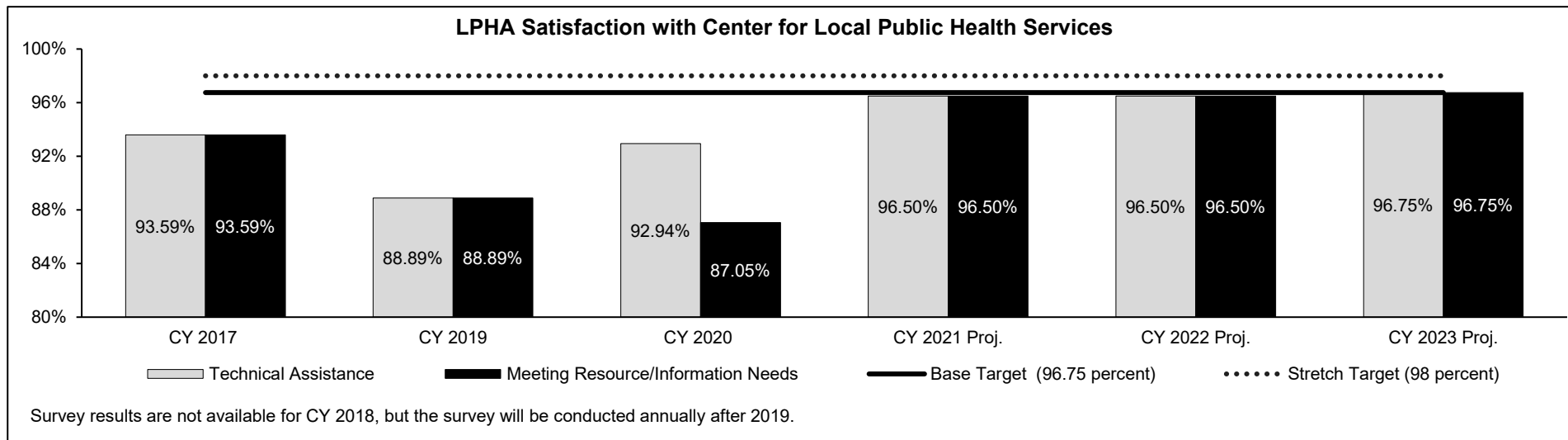
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2b. Provide a measure(s) of the program's quality.

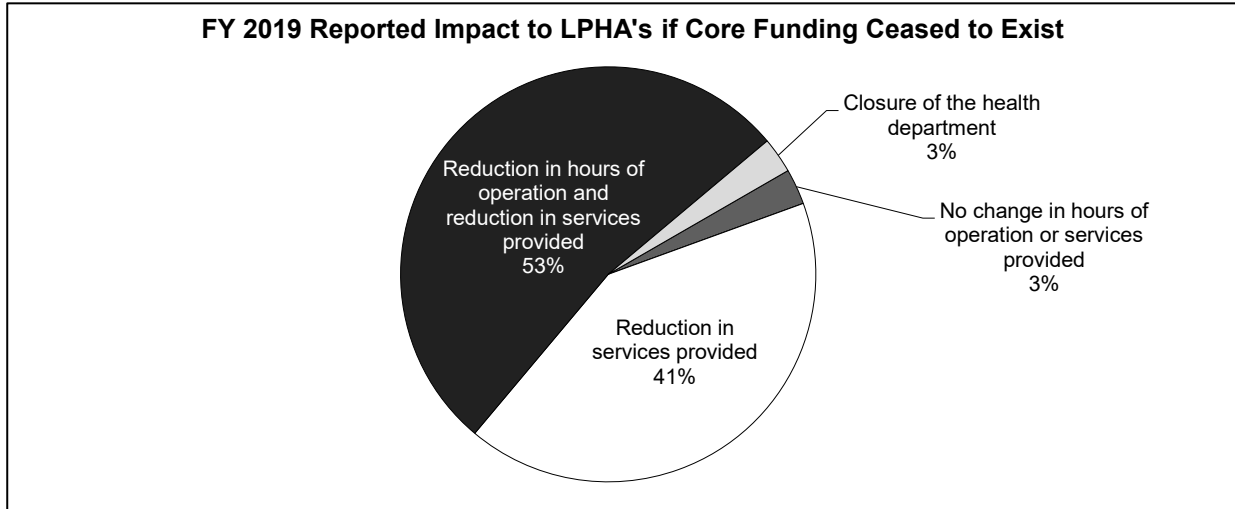


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2c. Provide a measure(s) of the program's impact.

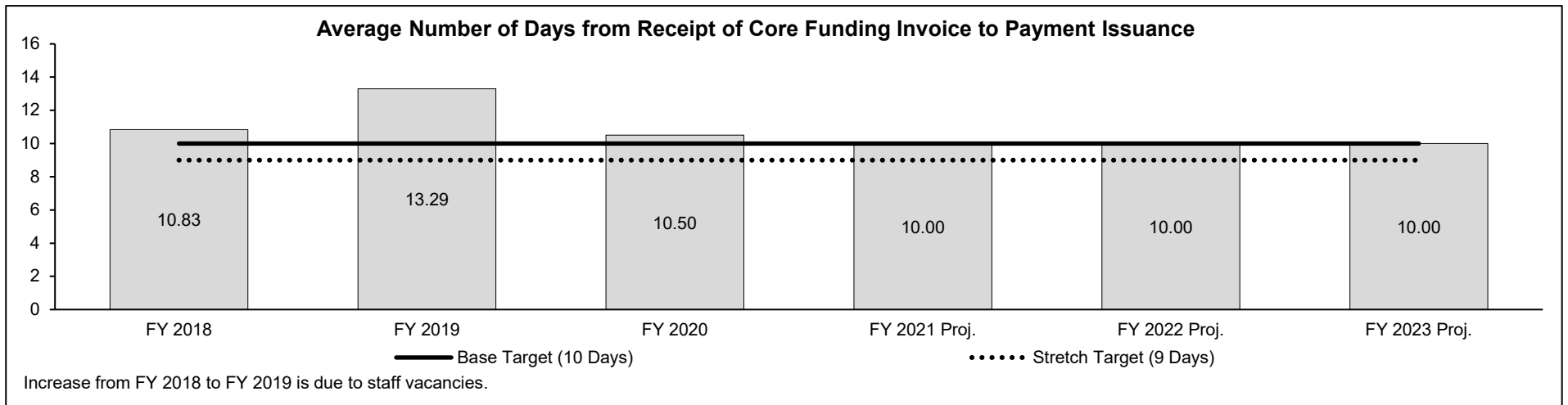


Total Public Health Revenue of LPHA Derived from CORE Participation Funding

Population of Jurisdiction	Number of LPHAs	Average % of Total
< 6,000	7	15.94%
6,001 - 10,000	16	12.10%
10,000 - 25,000	43	10.02%
25,001 - 50,000	24	8.18%
50,001 - 150,000	16	7.64%
>150,000	8	4.64%

Source: 2018 LPHA Financial Report. The 2020 LPHA Financial Report will be available March 2021.

2d. Provide a measure(s) of the program's efficiency.



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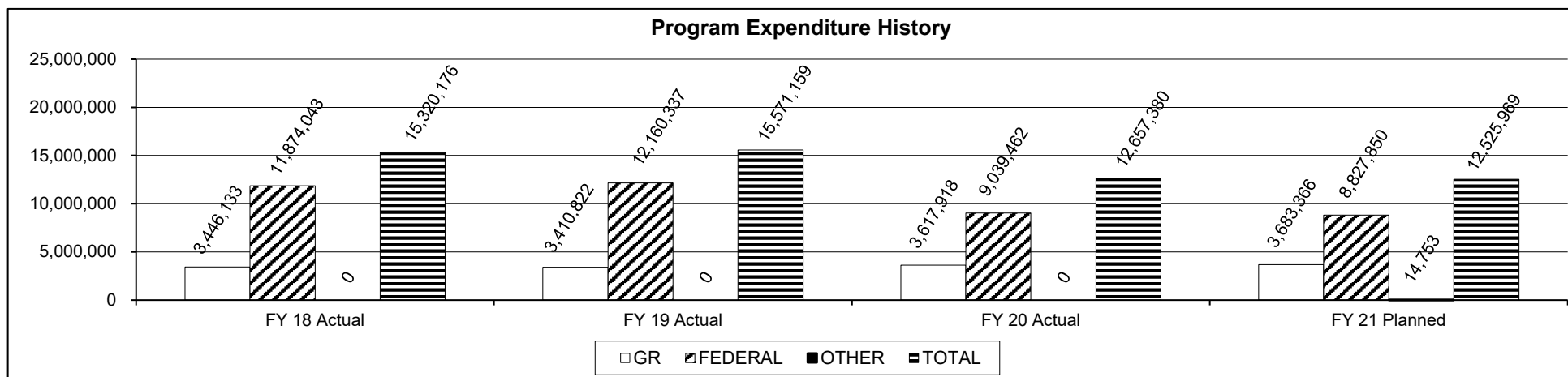
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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

Health Initiatives (0275).

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

Sections 167.181, 191.668, 191.677, 192.020, 192.031, 192.072, 192.080, 192.090, 192.110, 192.510, 196.030, 196.045, 196.055, 196.240, 196.866, 196.951, 199.170-270, 199.350, 210.003, 210.050, 315.007, 322.140, 701.033, 701.326, 701.328, 701.336, and 701.343, RSMo (Disease Surveillance, Communicable Disease Prevention, Immunization, Environmental Public Health and Safety, Childhood Lead Poisoning Prevention).

6. Are there federal matching requirements? If yes, please explain.

No.

7. Is this a federally mandated program? If yes, please explain.

No.