

**PROGRAM DESCRIPTION**

<b>Health and Senior Services</b>				<b>HB Section(s):</b> <u>10.700, 10.705, and 10.710</u>			
<b>Local Public Health Services</b>							
<b>Program is found in the following core budget(s):</b>							
	<b>DCPH Program Operations</b>	<b>Aid to LPHA</b>	<b>DCPH Programs and Contracts</b>				<b>TOTAL</b>
<b>GR</b>	150,000	3,465,511	0				3,615,511
<b>FEDERAL</b>	68,972	5,371,554	566,044				6,006,570
<b>OTHER</b>	14,573	0	0				14,573
<b>TOTAL</b>	233,545	8,837,065	566,044				9,636,654

**1a. What strategic priority does this program address?**

Public Health System Building; Emerging Public Health Threats Preparedness; and Whole Person Health Access.

**1b. What does this program do?**

The Department of Health and Senior Services (DHSS), Center for Local Public Health administers participation agreements with 115 local health agencies to ensure public health services are available in every county 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 vital 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 not limited to, enforcement of statewide and local orders, case investigation, and contact tracing.

The funding administered through the participation agreements is not mandated for specific activities, but rather it allows 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 federal funding (50 percent of the total in FY 2023) 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 115 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. The American Rescue Plan Act (ARPA) funding was appropriated for FY 2023 to supplement the core participation agreement for since the CHIP H.S.I. expenditures have dropped due to COVID-19. 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.

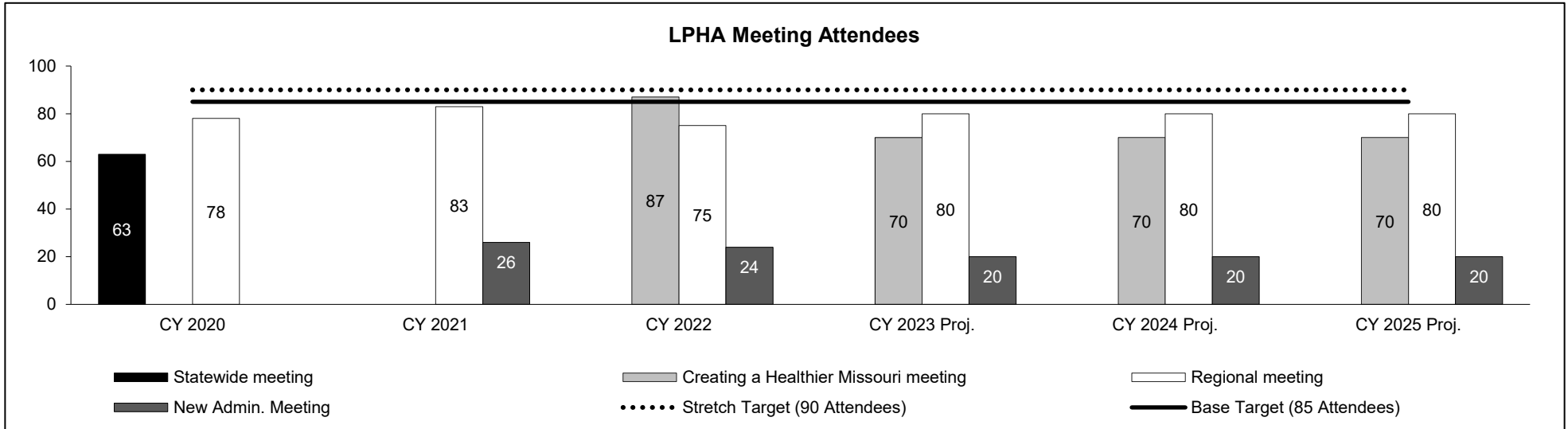
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**2a. Provide an activity measure(s) for the program.**

<b>LPHAs Served by the Center for Local Public Health Services</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023 Proj.</b>	<b>FY 2024 Proj.</b>	<b>FY 2025 Proj.</b>
LPHAs with CORE Participation Agreements	114	114	115*	115	115	115
LPHAs receiving individualized training/technical assistance**	25	12	44	40	40	40
Regional Public Health Meetings, Statewide and/or New Administrator Meetings Offered***	3	2	3	3	3	3

\*Independence closure 6/30/18 reduced the number of LPHAs to 114 starting FY 2019. Independence reopened in FY 2021 and will enter into a CORE agreement in FY 2022.  
 \*\*LPHAs 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. Higher numbers in FY 2022 were due to a large turnover in staff due to COVID which increased the need for trainings.  
 \*\*\*Statewide meetings were discontinued in FY 2021. In-person group New Administrator Meetings were hosted beginning in FY 2022 and will continue. Regional meetings consist of the same agenda offered at six locations throughout the state. Due to COVID-19, the regional meetings have been held virtually but will resume in-person in FY 2023.

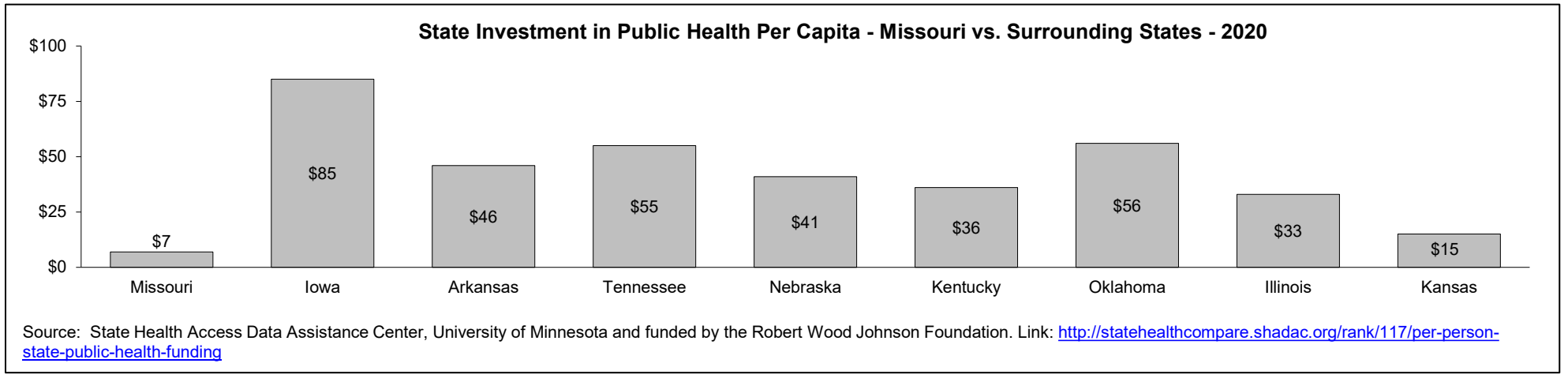
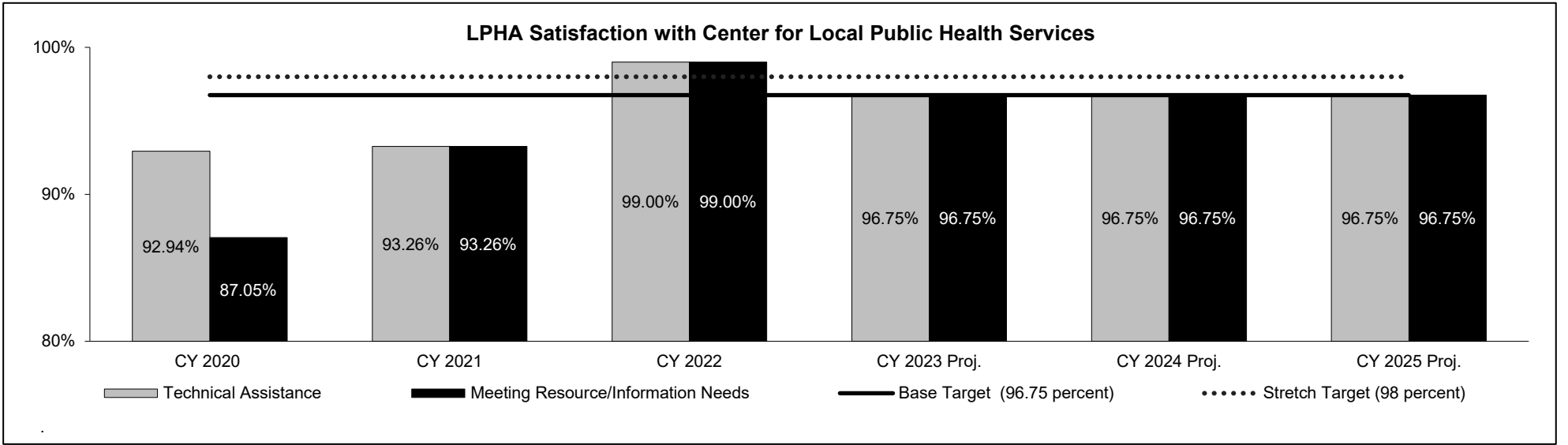


Statewide meetings were discontinued in FY 2021. Due to the COVID-19 pandemic, Creating a Healthier Missouri meeting was not held in CY 2020 and CY 2021, but will be held in-person in CY 2022. CY 2021 Regional meeting was held virtually due to the COVID-19 pandemic, but will be held in-person in CY 2022. A group meeting for new administrators was established in CY 2021. It had a large turnout in CY 2021 and CY 2022 due to LPHA Administrator turnover after COVID but it is predicted that numbers should be around 15 to 20 attendees in years to follow.

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

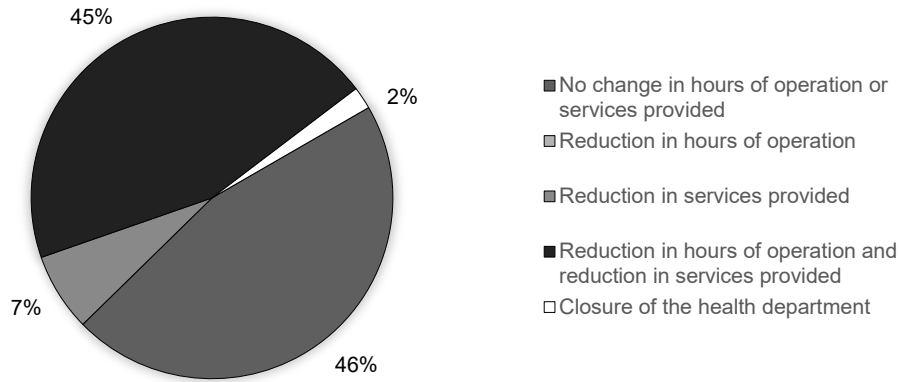


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**2c. Provide a measure(s) of the program's impact.**

**FY 2022 Reported Impact to LPHAs if Core Funding Ceased to Exist**



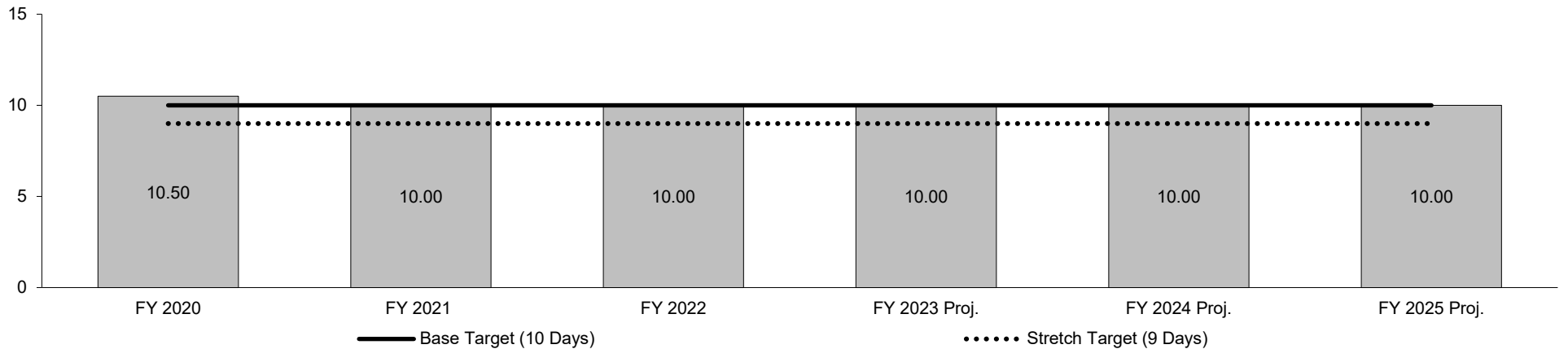
**Total Public Health Revenue of LPHA Derived from CORE Participation Funding**

Population of Jurisdiction	Number of LPHAs	Average of Total
< 6,000	9	24.81%
6,001 - 10,000	16	13.93%
10,000 - 25,000	43	9.83%
25,001 - 50,000	21	6.45%
50,001 - 150,000	17	5.98%
>150,000	8	4.64%

Source: 2020 LPHA Financial Report.

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

**Average Number of Days from Receipt of Core Funding Invoice to Payment Issuance**



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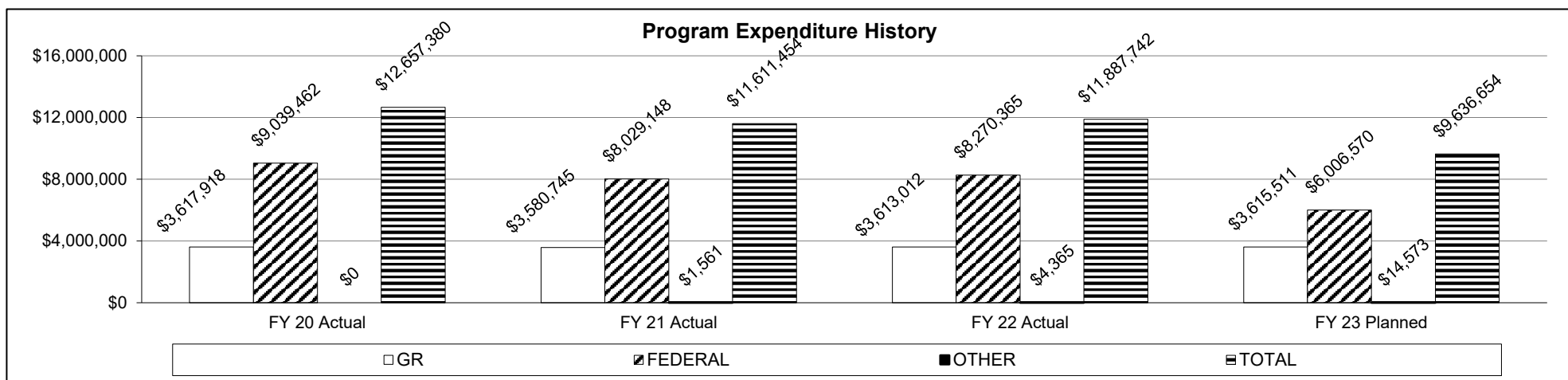
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**3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)**



**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.