

FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

DHHS Division of Public Health Budget Overview

Joint House and Senate Appropriations
Committees on Health and Human Services

March 10, 2021



Presentation Agenda

Overview

Budget

Women's & Children's Health Section

Major Initiatives COVID-19

Local Health Departments





Public Health System

Legislatively Directed Mandate

- Prevent health risks and disease
- Identify and reduce health risks in the community
- Detect, investigate, and prevent the spread of disease
- Promote:
 - Healthy lifestyles
 - Safe and healthful environment
 - Availability and accessibility of quality health care services through the private sector
- Provide quality health care services when not otherwise available

G.S. 130A 1.1





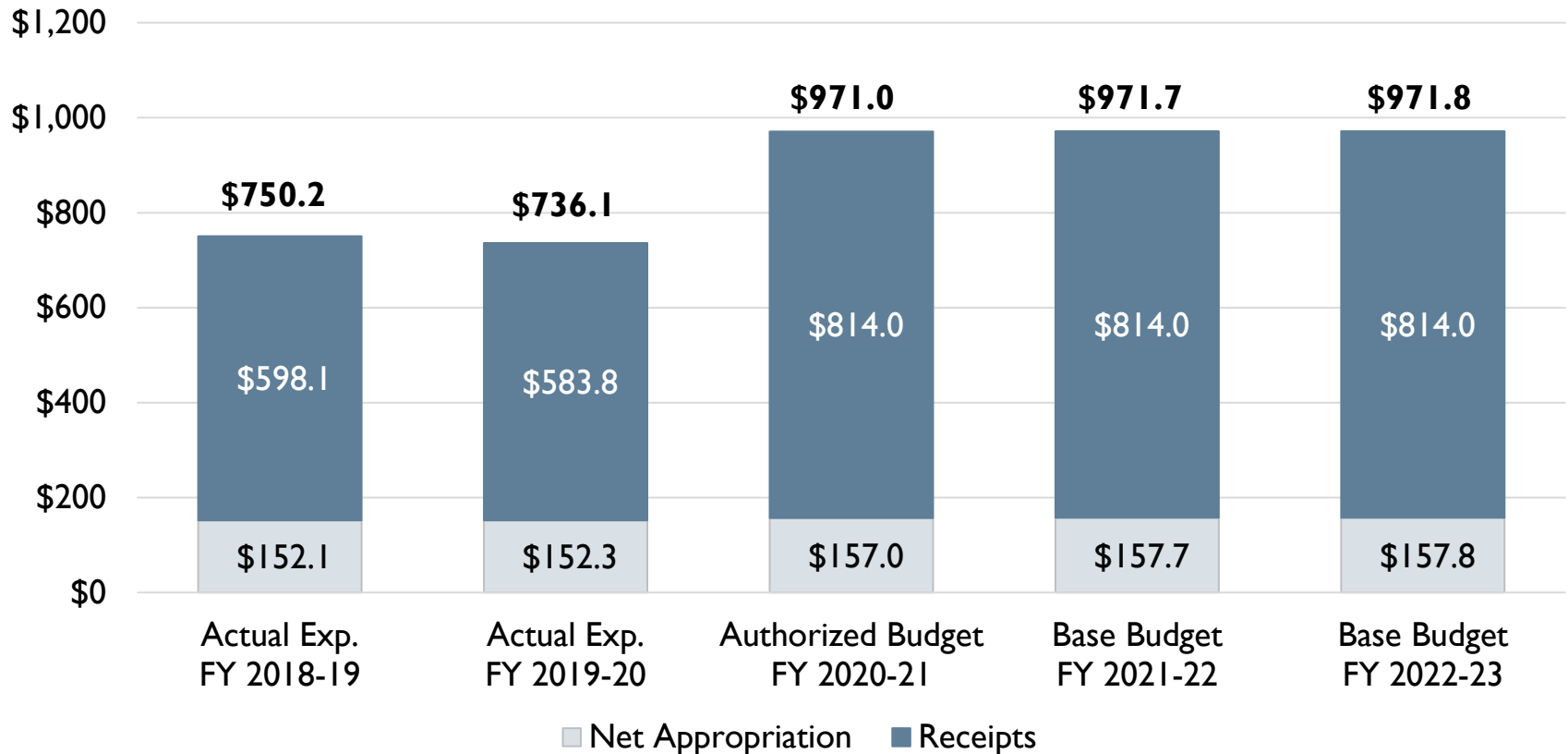
Division of Public Health Roles & Responsibilities

- **Administrative, Local & Community Support Section**
 - Administrative & Business Support
 - Local Health Department (LHD) Technical Assistance & Training
- **Chronic Disease and Injury Section**
 - Forensic Tests for Alcohol
 - Injury and Violence Prevention
 - Tobacco Prevention
 - Cancer Prevention & Control
 - Community and Clinical Connections
- **Epidemiology Section**
 - Environmental Epidemiology
 - Communicable Disease
 - Preparedness & Response
- **Environmental Health Section**
 - Food Protection & Facilities
 - Onsite Wastewater & Private Wells
 - Lead and Asbestos Health Hazards
 - Centralized Intern Training Program
- **Oral Health Section**
- **State Center for Health Statistics Section**
 - Statistical Services
 - Birth Defects Monitoring Unit
 - Cancer Registry
 - Vital Records
 - GIS Services
- **State Lab of Public Health**
 - Microbiology
 - Virology/ Serology
 - Molecular Epidemiology
 - Newborn Screening Unit
 - Environmental Sciences
 - Bioterrorism & Emerging Pathogens
 - Chemical Threat & Terrorism/Hemachemistry
- **Women and Children's Health Section**
 - Immunizations
 - Children & Youth
 - Women's Health
 - Nutrition Services (WIC, CACFP)
 - Early Intervention
- **Office of the Chief Medical Examiner**



Five-Year Budget Summary

DPH Five-Year Budget Summary



Note: Figures in millions. Figures may not add to total due to rounding.

Sources: DPH June 2020 BD701 Actual Budgeted Worksheet I, Biennium 2021-23.





Fiscal Biennium 2021-23

The proposed FY 2021-22 and FY 2022-23 Net Appropriation is \$732.6K and \$815.7K respectively more than the FY 2020-21 Authorized Budget.

DPH Fiscal Biennium 2021-23 Base Budget (In Millions)

(\$ Millions)	Actual FY 19-20	Authorized FY 20-21	Change from FY 20-21	Base FY 21-22	Change from FY 20-21	Base FY 22-23
Total Requirements	\$736.1	\$971.0	\$0.7	\$971.7	\$0.8	\$971.8
Receipts	\$583.8	\$814.0	\$0.0*	\$814.0	\$0.0*	\$814.0
Net Appropriation	\$152.3	\$157.0	\$0.7	\$157.7	\$0.8	\$157.8
FTE Employees	1,961	1,961	0.0	1,961	0.0	1,961

Note: Figures may not add to total due to rounding. Less than \$100K change in receipts.

Source: DPH Worksheet I, Biennium 2021-23.





Base Budget Adjustments

DPH 2021-23 Base Budget Net Appropriation Adjustments

Description	FY 2021-22	FY 2022-23
Existing Lease Rate Adjustments	\$89,442	\$172,487
Internal Service/Utility Adjustments	\$643,163	\$643,163
Total	\$732,605	\$815,650

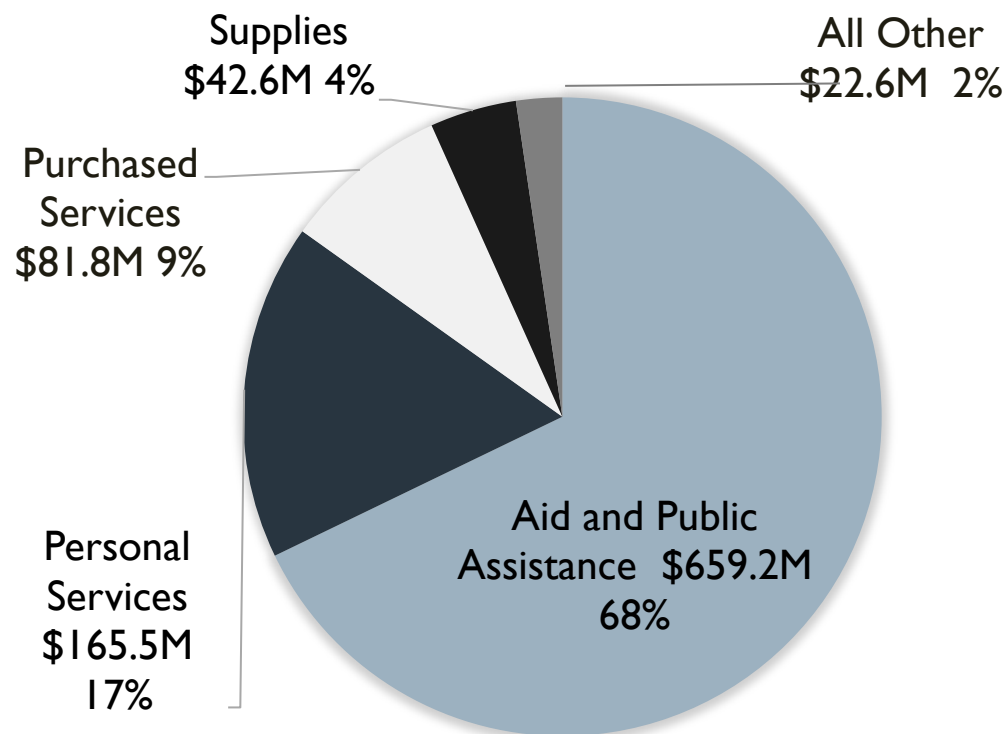
Source: DPH Worksheet I, Biennium 2021-23.



FY 2021-22 Base Budget Requirements

DPH FY 2021-22 Base Budget Requirements

Total Requirements: \$971.7M



FTE by Activity

Women & Children's Health	939.7	48%
Epidemiology	250.8	13%
State Lab of Public Health	213.5	11%
Administrative	135	6%
State Center for Health Statistics	118	6%
Chronic Disease and Injury	107.5	5%
Environmental Health	82	4%
Oral Health	40	2%
Office of Chief Medical Examiner	70.5	4%
Office of Minority Health	4	0.2%

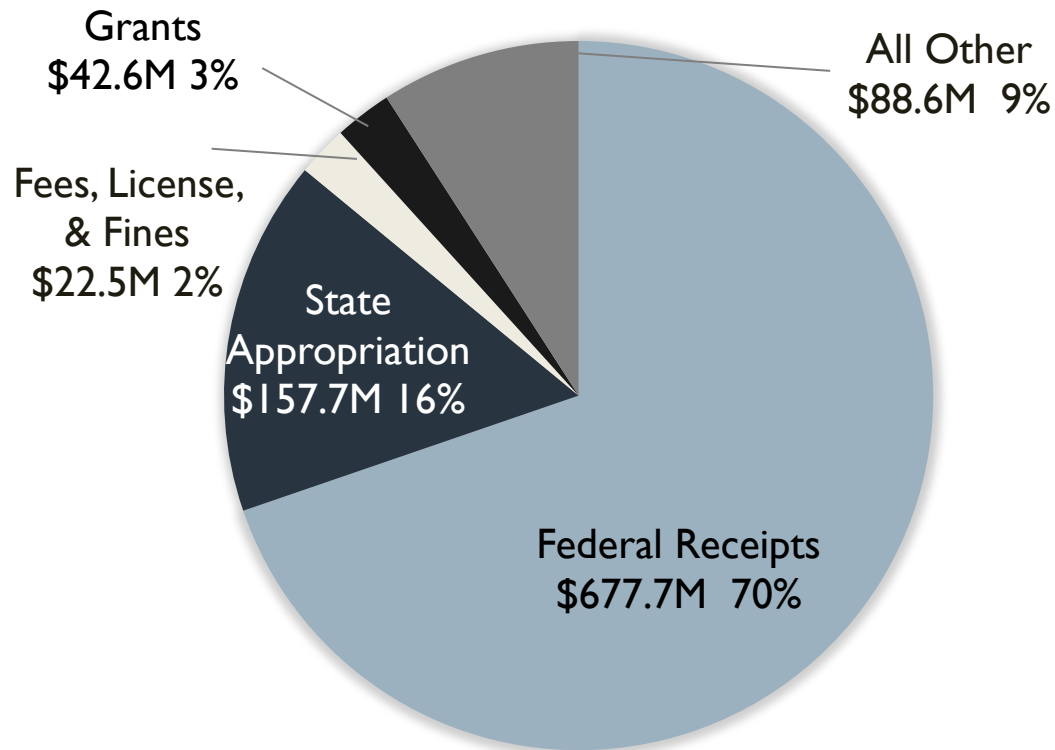
Total FTE* 1,961

Note: Figures may not add to total due to rounding.
Source: DPH Worksheet I, Biennium 2021-23.



Base Budget Funding Sources

DPH FY 2021-22 Base Budget Funding Sources
Total Funding Sources: \$971.7M

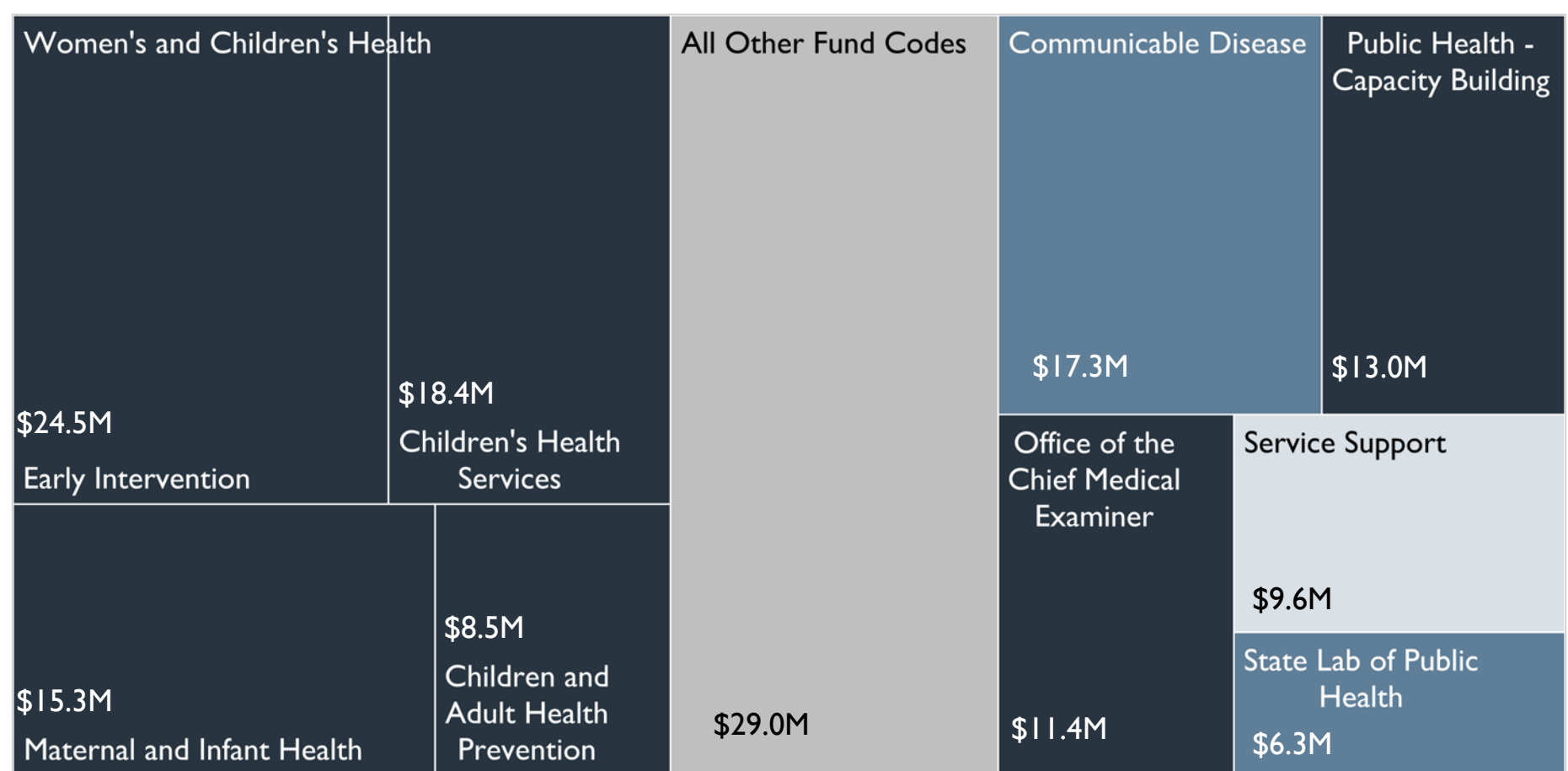


- Over 170 Sources of Receipts
- Types of receipts include, but not limited to: Block grants, competitive grants, fees, fines, transfer from other state agencies, local match and pharmaceutical rebates
- WIC, Medicaid & Other Federal nutrition programs are the largest federal receipts

Note: Figures may not add to total due to rounding. All other includes 434XXX, 436XXX, 437XXX, 438XXX
Source: DPH Worksheet I, Biennium 2021-23.



Programs with Significant Net Appropriation



Fund Codes with over \$5.0M of net appropriation in the base budget. "All other fund codes" includes: 1151, 1152, 1153, 1171, 1173, 1175, 1261, 1262, 1264, 126C, 1272, 1312, 1313, 1320, 1331, 1370, 13A2, 13B0, 1421, and 14A0.





Receipts Impact Programs

Constraint: Requirements of fees, federal and other grant funds may be targeted to specific purposes, outcomes, populations, or geographic areas

Impact:

- Interventions may vary by location
- Focus on compliance
- Siloed funds

Example: Title V Maternal and Child Health Block Grant

- *States must use at least 30% of Block Grant funds for primary and preventive health services for children*
- *30% children with special healthcare needs*





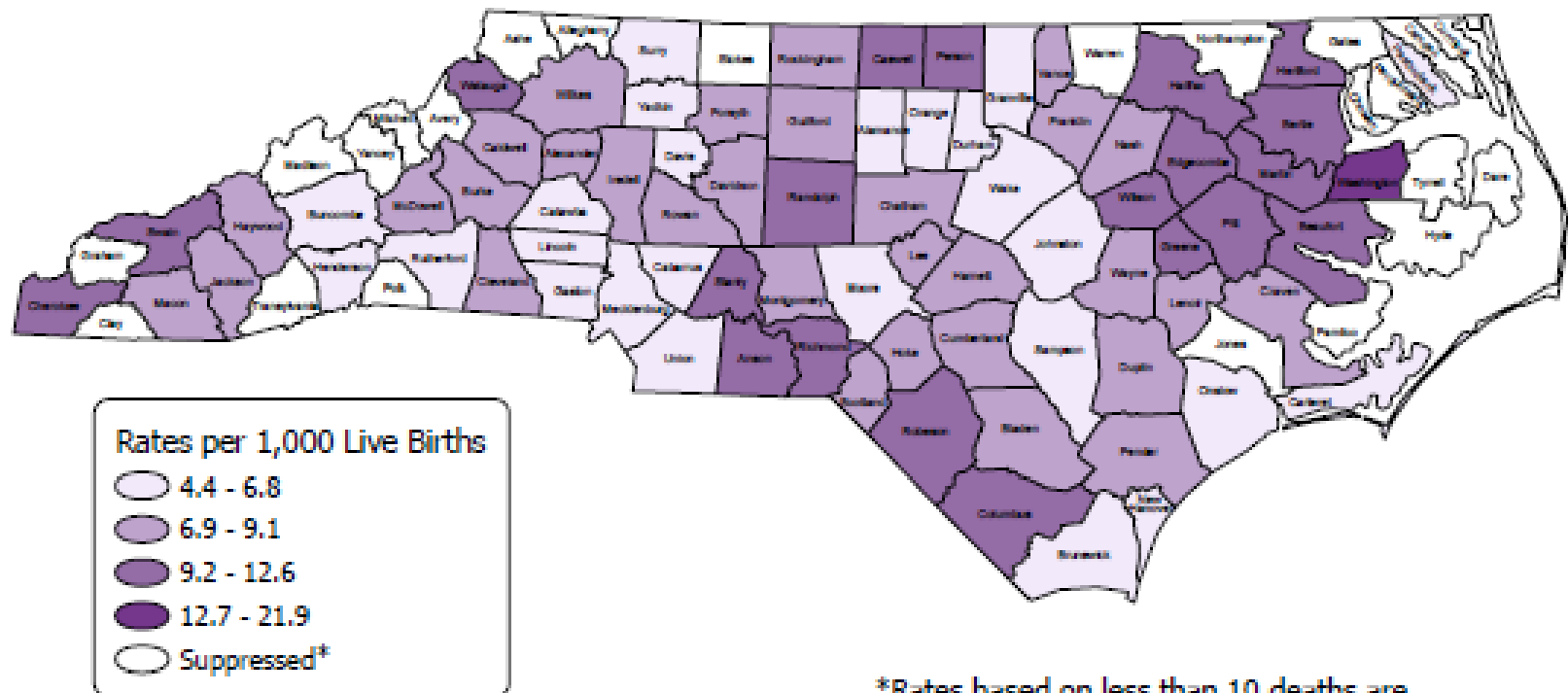
Women and Children's Health Section





North Carolina's Infant Mortality Rates by County 2015-2019

North Carolina Infant Mortality Rates by County 2015 - 2019



Source: <https://schs.dph.ncdhhs.gov/data/vital/ims/2019/PCRandCountyRates.pdf>



Division of Public Health

Women's and Children's Health Section

- Emphasis on provision of preventive health services beginning in the pre-pregnancy period and extending throughout childhood
- Provides direct services (Early Intervention) and allocates State, federal, and other receipts to direct service entities, primarily the local health departments, non-profits, and private contractors

Early Intervention/
Children's Developmental
Services Agencies (CDSA)

Nutrition Services Branch
(Includes WIC)

Immunizations

Children and Youth

Women's Health





Newborn Screening Program

SL 2018-5

- Increased fees from \$44 to \$128
 - Rules adopted by the Commission for Public Health increased the fee to \$132, effective January 1, 2021
- A portion of fee goes to special fund for purchase and replacement of NBS instruments, equipment, and information systems
- Authorized Commission on Public Health to use the rulemaking process to ensure State conforms to future federal screening recommendations
- Anticipated start date of new tests:
 - Spinal Muscular Atrophy: April 2021
 - X-ALD (X-linked adrenoleukodystrophy): 3rd quarter of CY 2021
 - MPS-I (Mucopolysaccharidosis Type I): 3rd /4th quarter of CY 2021
 - Pompe: 3rd /4th quarter of CY 2021





COVID-19

Major Initiatives





Key Division Responsibilities

- Communicable Disease
 - Testing, Tracing, and Tracking
 - Infection control
- Integrating surveillance data from local providers, health systems, laboratories, State lab for public health, Office of the Chief Medical examiner, vital records -- Transferring data to federal agencies per requirements
- Vaccinations
- Supporting local entities through the allocation of federal grants and Statewide surge staffing efforts





Federal Receipts COVID-19

Federal Grant			
CDC Grant	Fund Designation /CFDA	Awarded	End Date
Cooperative Agreement for Emergency Response	93.354	\$13.8M	March 2022
ELC (CARES)	93.323	\$15.4M	April 2022
ELC SUPP Enhancing Detection COVID-19	93.323	\$189M	Nov 2022
ELC Base Grant: Travel, AMD, LAB, Sewer, Misc	93.323	\$1.6M	Sept 2022
ELC Enhancing Detection Expansion	93.323	\$603.7M	July 2023
Immunization Vaccine COVID-19 (CARES)	93.268	\$5.9M	June 2022
Immunization Vaccine COVID-19 Year 2 (CARES)	93.268	\$4.1M	June 2022
Immunization Vaccine COVID-19 Year2	93.268	\$94.8M	June 2024
ELC CARES Infection Control	93.323	\$1.7M	May 2022
Total CDC Grants		\$930.0M	





Federal Receipts COVID-19

Federal Grant	Fund Designation/ CFDA	Awarded	End Date
CNP Cares Grants to States (Child and Adult Care Food Centers)	10.555	\$47.2M	Sept 2020
COVID-19 WIC Admin	10.557	\$4.7M	June 2021
COVID-19 WIC - Food	10.557	\$10.9M	June 2021
Ryan White HIV/AIDS COVID-19	93.917	\$1.1M	March 2021
HUD/HOPWA	14.241	\$525.4k	June 2023
Immunization Enhanced Flu	93.268	\$4.15M	June 2021
Additional Projects under \$100K Each		Less than \$76K Total	June 2023
Other Federal Grants Total		\$68.8M	
S.L. 2020-4, as amended funds for Testing Tracing, Tracking	CRF	\$21.3M	December 2021





Public Health Surveillance Systems





Public Health Surveillance Systems & COVID-19

- Medical Examiner Information System (MEIS)
 - Expanded ability to query data and information including COVID-19 and overdose surveillance
 - Anticipated system-wide roll out June 2021

- North Carolina Database Application for Vital Events (NC DAVE)
 - Death Records
 - Pilot in fall 2020, Anticipated Statewide implementation by mid-2021

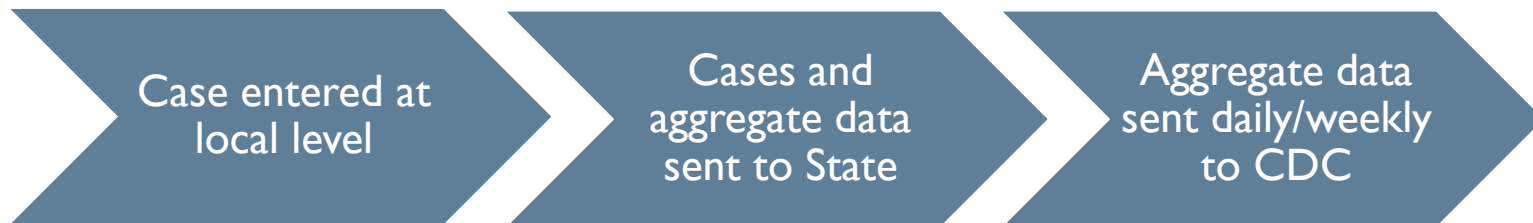
- COVID-19 Vaccination Management System (CVMS)
 - Manage vaccine inventory and track vaccine administration





Public Health Surveillance Systems & COVID-19

- NC Electronic Disease Surveillance System (EDSS)/NC COVID
 - Statewide, electronic web interface communicable disease database
 - Maven platform – used by multiple other states and localities
 - COVID-19: Push to automate manual reporting, incorporate reporting from new types of facilities





Local Health Departments





85 Local Health Departments

- Local health departments deliver many of the public health services administered by DPH
- LHD structure varies by county. Some options: Regional districts, combined with a Federally Qualified Health Center (FQHC), or combined with local Department of Social Services

LHD services may include:

- Communicable Disease
- Immunizations
- Food and lodging inspections/permits
- Well and septic system permits
- Emergency preparedness and response
- Maternal and child health services
- Dental
- Laboratory
- Primary care/health screening
- Chronic disease management
- Additional Services





State Role in Local Health Department Funding

- LHD also receiving funding from fees and other local revenue
- DPH has oversight of State funds as well as those fees and federal funds that go through State Treasury
 - FY 2019-20: \$93.2M in federal funds, \$49.9 M in State funds
- Most State and federal funds are earmarked for a specific activities (e.g., COVID-19 vaccinations, HIV prevention, etc.)
 - Over 60 specified purposes of funding
 - Approximately \$11.3M a year in State funds for General Aid to Counties





Local Health Department Medicaid Transformation

Transition carveouts during Medicaid Transformation:

- **Care Management for High-Risk Pregnant Women (CMHRP)** - a more intense set of care management services that will be coordinated and provided by Local Health Departments (LHDs).¹
- **Care Management for At-Risk Children (CMARC)** program coordinates services between health care providers, community program and supports, and family support programs. Responsibility for this population will be assumed by the PHPs with requirements that PHPs contract with LHDs for the provision of local care management services. ¹
- Directed payments

¹ <https://medicaid.ncdhhs.gov/transformation/care-management>



Topics Covered

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Questions?

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