



Department of Health
2023-25 Regular Budget Session
Policy Level - FA - COVID-19 Funding Gap

Agency Recommendation Summary

The Department of Health (DOH) aims to sustain funding for a right sized COVID-19 workforce through the next biennium while systems, processes, and policies continue to be established to allow for broader support of Washington State public health needs in response to COVID-19. This time is critical to DOH and Washington's success in moving current work, systems, and processes to a stable, sustainable place. This work includes community outreach, outbreak response, information technology, operations, and mass vaccinations.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	106.0	326.8	216.4	0.0	0.0	0.0
Operating Expenditures						
Fund 001 - 1	\$178,811	\$156,103	\$334,914	\$0	\$0	\$0
Total Expenditures	\$178,811	\$156,103	\$334,914	\$0	\$0	\$0

Decision Package Description

Problem:

Beginning July 1st, 2023, based on current grants and funding from federal sources, DOH realizes a shortfall in funding of \$ 334,914,000 to continue our work to establish systems, processes, and policies through the next biennium. Most of the shortfall is created by the end of the proclamation 20-05 which ends the state emergency and any access to federal funds and resources. Federal Emergency Management Agency (FEMA) will be discontinuing funding for the COVID-19 pandemic on October 31, 2022, and at this time the agency is not aware of other federal funding to support these activities for the COVID-19 response.

DOH is utilizing FEMA cost reimbursement for allowable activities contained in this proposal, including diagnostic, screening and testing, public information, state-led isolation and quarantine efforts, community outreach, and outbreak response.

Because FEMA and other funding sources provided from the Federal government are time limited, DOH must ensure that these key response activities are able to continue with adequate funding to support our work in successfully moving current work, systems, and processes to a stable, sustainable place to be prepared for any future response needs.

Testing

Testing for COVID-19 remains more essential than ever in minimizing morbidity and mortality of COVID-19, and in this phase of the pandemic, is even more critical to initiate prompt access to treatment which can further reduce hospitalizations and deaths from COVID-19. Furthermore, COVID-19 testing efforts, including PCR and antigen testing, inform statewide disease surveillance including sequencing infrastructure. The traditional health care system is not equipped to sufficiently support testing needs across the state, and those who are under- or uninsured have limited mechanisms for accessing COVID-19 testing since the sunset of the HRSA reimbursement resources for testing on March 22, 2022.

If the DOH does not continue to support and augment testing efforts, there will be significant reductions in testing access across the state, and many congregate settings (e.g., long-term care facilities, schools, shelters, correctional facilities) will be unable to support screening and diagnostic testing to reduce disease spread. Health care systems may become overwhelmed with testing needs and will have difficulty supporting other priorities, including well-care and urgent care. People will be less likely to test when they are symptomatic or exposed because of the scarcity and cost of accessing at-home tests, there may be hoarding of the limited tests available, and testing will eventually decrease in

relevance, especially for those who are most at-risk.

At this stage of the pandemic, our collective focus should be how to leverage sustainable infrastructure that introduces cost-sharing mechanisms where appropriate over the longer-term. While many individuals no longer feel compelled to adhere to masking recommendations, many do still find value in testing for COVID-19 if they become symptomatic. As each COVID-19 variant introduces further vaccine escape, the value of testing increases. Testing for COVID-19 is the most critical resource to minimizing spread, morbidity, mortality and helping individuals feel more comfortable transitioning back to regular life. It has significant economic implications for everyone in our state.

Outbreak, Coordination, Informatics & Surveillance

As the DOH works to refocus and narrow the focus of our ongoing COVID activities the department is seeking funding that will allow for continued support of a right-sized workforce focused on addressing inequities in testing and services across our communities while also addressing broader needs for COVID information and community outreach. This critical workforce is essential to the state's ability to respond to ongoing COVID impacts across our community.

If this funding is not supported Washington state will fall even further behind our pre-pandemic public health capacity where the prior gaps in public health services would be further compounded by lack of resources to address COVID.

As in other states across the nation, the department is struggling with the reality that short-term 3-to-6-month funding allowance does not allow for us to retain or recruit a stable workforce nor does it allow us adequate time to develop the institutional knowledge required to establish COVID systems, processes, and policies to support longer-term needs of public health in WA. The DOH is seeking two years of stable funding to support the ongoing workforce needs of our COVID testing, investigation, surveillance, and informatics infrastructure for the state of Washington while the department right-sizes the workforce needs and addresses shifting needs over time. Most critical is the funding needed to sustain critical core surveillance processes and standards that support situational awareness and federal reporting compliance that is used to guide interventions and public health actions taken at the local, Tribal, and community levels.

DOH is looking to the WA legislature to support the real needs for a sustainable public health workforce that can respond to the evolving pandemic, epidemic, and endemic phases of COVID disease (and beyond). Notably there is no funding from Federal partners post fiscal year 2024. If these funds are not awarded, the department will lose the workforce capacity stood up during COVID and in doing so the department will lose visibility on the ongoing health impacts and inequities that COVID is causing within our communities.

Outbreak Response

The DOH COVID-19 Outbreak Response in Non-healthcare Congregate Settings (COVID-19 NHCS) Program used short-term COVID-19 funding to build a program that 1. Dedicated setting-specific epidemiologists to specialize in outbreak guidance, surveillance, investigation, response, and data reporting for high-priority non-healthcare settings, including correction, agriculture, school, maritime, and homeless shelters; 2. Built relationships and actively engaged external federal, state, and local agencies in each of these sectors to develop plans and protocols for COVID-19 outbreak prevention and response; and, 3. Developed and shared COVID-19 outbreak prevention and response strategies with and for local health jurisdictions through regular Community of Practice (CoP) meetings.

The result is that DOH and Washington has:

Actionable outbreak data products used by leaders and policy makers to understand disease transmission dynamics and inform prevention and control in high-priority non-healthcare settings, including two reports on COVID-19 outbreaks in schools and agricultural settings (Figure 1, Figure 2), four published manuscripts (three CDC MMWRs), and six presentations at state and national conferences.

Rapid response epidemiologists who deploy to local public health agencies and facilities to support or lead COVID-19 outbreak investigations in non-healthcare settings.

Strengthened relationships with previously under-engaged federal, state, and local partners in these sectors.

Regularly updated guidance to prevent and mitigate COVID-19 outbreaks in the public and high-priority non-healthcare settings (e.g., corrections, schools, agriculture, maritime, and homeless shelters).

The problem is that this critical work is supported by short-term COVID-19 funding, and when that funding ends in July 2024, there will be an abrupt stop to DOH engagement and COVID-19 outbreak protocols, surveillance, response, and data products for outbreaks in high-priority non-healthcare settings. It is crucial for Washington State to sustain COVID-19 outbreak epidemiology and partnership capacity through continued focus on COVID-19 outbreak guidance, surveillance, investigation, and reporting in these settings. In this way, the department can maintain our ability to prevent, detect, and investigate COVID-19 outbreaks in high-risk non-healthcare settings.

Infection Monitoring

Breakthrough Infections: Nationally and in Washington state, we began to observe COVID-19 vaccine breakthrough infections as early as the summer of 2021. At the time, we expected to observe some minimal breakthrough however as the variety of variants accelerated over the following 12 months, it has become increasingly clear that the vaccine effectiveness in terms of preventing infection has declined. As the state learns to live with COVID and develop booster strategies based on new COVID-19 variants circulating, there will be a continued need to characterize the breakthrough events in Washington and any unanticipated and untended impacts to populations around Washington State.

Infection Control Assessment and Response: As mentioned above, the department also seeks to maintain infection prevention and control support for healthcare and long-term care facilities in the second half of the biennium as federal funding lapses. COVID-19 catalyzed the greatest attrition that the healthcare industry has ever witnessed. It is critical to maintain capacity to support healthcare as new staffing are hired and strategies are developed in the wake of this massive personnel challenge. DOH and LHJ partners play a critical role in ensuring facilities maintain a consistent standard to protect patients most vulnerable to COVID-19 adverse outcomes. In addition, outbreaks in these settings require enhanced and intense specialized support to protect both staff and patients.

Vaccine

While DOH's COVID-19 vaccine work has received considerable federal and state funding to date, the scale of the ongoing work exceeds the funding available. Because of this, DOH's COVID-19 vaccine team anticipates a funding shortfall in mid to late 2023. Necessary work

continues in the COVID-19 vaccine response including new boosters, potential disease strains, and vaccine immunity. Additional state support will ensure sustainability of vital COVID-19 vaccine response work, specifically: provider infrastructure to administer COVID-19 vaccines; COVID-19 vaccine site visits, maintenance of surge and operations staffing capacity to manage increased workload demands based on additional boosters and potential disease surges; ensure there is good and accurate information going out to providers and to the public; outreach to communities disproportionately impacted by COVID-19; increased access to the vaccine for priority communities; accurate and timely immunization data to better support real-time decision making; and continued efforts to decrease COVID-19 deaths which can be prevented through vaccination.

Community Outreach

The department's Public Information Officers provide web translation work, which is a necessary function that also fulfills a legal obligation. The need for funding critical positions within our agency is imminent. Were the department to not receive funding for these positions, web translation work would halt, and the department would no-longer be able to meet a legal obligation.

The impact from not obtaining funding means the department will no longer provide COVID social media functions, customer service care, and all work performed by Covid Public Information Officers would end abruptly for all modalities.

Most of our media management, video production, equity work, and management of COVID related web content in English is accomplished by project positions which are funded through the end of December 2022. Were the department to lose these positions, our ability to complete media management, video production, or equity work in a timely manner will exsiccate.

Information Technology & Operations

The department invested in new cloud infrastructure, adopted modern tools and technologies, and developed many innovative solutions to meet the demands of the COVID-19 response in Washington. This work continues and the new capabilities these investments are enabling have proven essential to informing actions, decisions, and public policy which rely on timely and accurate data. State health departments play a unique and critical role in disease surveillance, data analysis, visualization, and data sharing with governmental partners at the federal/local level, tribes, and the healthcare sector. Leveraging existing and new technology to support the public health system at large maximizes the investments made during the pandemic and provides core capacity to protect and improve the health of all people our state.

The COVID-19 outbreak proved that timely and accurate data is critical for public health. Silos of data cannot provide a clear picture of when and where threats exist, and this knowledge is essential for effective rapid response. During the pandemic, the department invested in modern cloud capabilities to manage public health data across disparate technology systems, programs, and organizations. These cloud capabilities for public health data and systems modernization rely on the department's cloud data center and cloud environment for data analytics and reporting.

Proposal:

Testing - \$160,717,000

The Washington State Department of Health is requesting \$156,853,000 to continue to augment and bolster access to COVID-19 testing

through a variety of strategies that reduce barriers and enable individuals and families to make decisions about their health and the health of others. Furthermore, DOH has built extensive capacity in procurement, warehousing, and distribution of testing supplies to continue to support priority partners across the state in accessing testing supplies at low- or no-cost.

Say Yes! COVID Test

Funding/Costs: Previously the Say Yes! Covid Test (SYCT) supplied to Washingtonians for safe re-opening and operations that were paid for using FEMA reimbursement dollars and other federal funds. The department expects anticipated costs of \$20M per year for FY24, and FY25 through the 2023-25 Bien, for a total anticipated cost of \$40M.

Recommendation: Continue to support direct-to-consumer test access through SYCT through June 2025, with ramp down to 5 tests/month/household in January 2023. By June 2023, transition the program to specifically target under- or uninsured families in Washington state. Launch targeted promotional campaigns to better reach vulnerable communities. Continue integration with Medical Countermeasures to increase access to therapeutics. Integrate with WA Notify.

State Agency Support

Funding/Costs: Most state agency testing has been paid for using FEMA reimbursement dollars and available funding will only sustain our current strategy for a short period. The department anticipates that it would cost \$40M/biennium to continue these efforts.

Recommendation: The Department currently supports testing in state agencies, including the Department of Corrections (DOC), the Department of Youth, Children, and Families (DCYF), and the Department of Social and Health Services (DSHS). These efforts have allowed us to mitigate the spread of COVID in adult and youth detention facilities, group homes, state mental health institutions, and assist in meeting testing requirements for state employees working in LTCFs. Another facet of this work is the testing supplies we provide to increase access to testing through various DOH initiatives, including Care-a-Van, Care Coordination HUBS, and our integration work with Medical Countermeasures.

Local Health Jurisdiction Support

Funding/Costs: Previous tests supplied to LHJ's have been paid for using FEMA reimbursement dollars and available federal funding. The department anticipates that it would cost \$55M for the biennium to continue the support to local health partners.

Recommendation: Continue to provide guidance and supplies to LHJs. To wind down community testing locations by December 2022 and encourage LHJs to utilize Care-a-Van resources for event testing needs. Develop cost-sharing mechanisms for test supply procurement and distribution by June 2023.

Tribal Partner Support

Funding/Costs: Most support to tribal partners has been paid for using FEMA reimbursement dollars and available funding will only sustain our current strategy for a short period. We expect that it would cost \$1.5M/year to continue.

Recommendation: Continue to provide guidance and supplies to tribal partners through the end of the 23-25 biennium (June 30, 2025). Continue to work with tribal partners to transition to the most cost-effective methods, with limited resources being allocated to the most impacted/vulnerable who have disproportionate barriers to access.

Agricultural Worker Testing

Funding/Costs: This initiative has been paid for using FEMA reimbursement dollars and available funding will only sustain our current strategy for a short period. We expect that it would cost \$1.5M/year to continue.

Recommendation: Continue to support this initiative through the end of the 23-25 biennium (June 30, 2025). Testing events are done upon request, have decreased in frequency, yet reduce barriers to access. Develop MOUs with LHJs to support these efforts.

Pharmacy Testing

Funding/Costs: This program has been primarily funded by the ELC Health Disparities Grant. Testing supplies for this program have been supported via FEMA reimbursement. There is a risk to the program if DOH is no longer able to provide supplies. Available funding (ELC ED/EDE) for testing supplies will only sustain our current strategy for a short period. We expect that it would cost >\$2M/year to continue.

Recommendation: Continue to support community pharmacies with accessing testing through June 2023, particularly to facilitate access to therapeutics. Increase support for pharmacies in credentialing process.

Surge Response Efforts Surge response means being able to accommodate requests from partners outlined in the CEMP, including distribution of testing supplies matching maximum distribution capacity over 2 months to meet demand.

The agency has established a baseline of 2 months of tests for potential distribution throughout the state to be prepared for any variants that may disproportionately affect socially vulnerable community members that may not be able to access necessary resources as identified by and working in close cooperation and direction with Local Health Jurisdictions.

- Maintain purchase orders with contracted labs to expand statewide lab testing capacity

The recommendations outlined above will require the following resources:

- Procurement of rapid antigen and NAAT (PCR) testing supplies
- Warehousing and distribution infrastructure to provide testing supplies to priority partners
- Contracts with vendors to manage distribution activities and/or conduct or coordinate testing initiatives
- Lab processing costs for NAAT testing of priority partners (with expectation to fully leverage the DOH's Public Health Lab as a resource first)

LHJs have an estimated funding need of \$ 3,864,000 for diagnostic testing capabilities to continue the current level of testing associated with COVID-19 response and recovery efforts. Funding for testing will support LHJs in paying associated salaries and fringe benefits for staff and contracts, as well as costs for lab supplies and equipment, IT/software and communication equipment, personal protective equipment, strike teams, and travel to on-site testing activities.

Outbreak, Coordination, Informatics & Surveillance - \$ 28,147,000

The Washington State Department of Health is requesting \$ 24,263,000. These funds will go directly to supporting a sustained right-sized public health workforce targeting to address and alleviate the health disparities leading to further inequities across our communities brought on by COVID. This support will go to provide broader support to state, local, and tribal public health professionals working to control and mitigate further impacts of disease on their constituents. Additionally, these funds will go directly to supporting Washingtonians seeking to understand their risk, connect with testing and treatment and getting direct guidance on how to protect themselves and their families. More direct impacts of this work since 2020 to now can be seen below in examples across the resource teams providing broader support.

Impacts and Capacity to be lost by not funding this proposal are expanded upon below:

- Response Coordination:
 - A continuation of funding is requested and is critical for these foundational wrap-around and response and coordination support services that provide support to the increased COVID-19 Response capacity built within Public Health that support both DOH and external stakeholders. These include, administrative professionals, project management, access to robust training and education, response coordination, partner outreach and engagement, and personnel management capacity.
 - Since standing up these response coordination and support services the following capacity has been provided:
 - Continued Training and Education

- 2020: 1500 DOH, Contractor, LHJ, and Tribal personnel trained on COVID-19 CICT (89 hours of live instructor led training)
- 2021: 759 DOH, Contractor, LHJ, and Tribal personnel trained on COVID-19 CICT, 457 investigators trained on equity topics, 15 Instructor led All Investigator Trainings, 105 DOH personnel trained on Program specific response and organizational tools
- Outreach and Engagement: External Partner Engagement and Outreach: 9 Coordination Calls
- Project Management: 135 (97% completion) COVID-19 response projects supported and completed
- Response Personnel Management: COVID-19 Public Health Missions Supported: 41, Response Staff Placed on COVID-19 Missions: 60
- Surveillance: This group of specialists are focused on the collection, management, analysis, interpretation, and dissemination of COVID-related health data to ensure federal, state, local, Tribal, and community partners have good situational awareness of COVID transmission and infections. Partners at all levels use this COVID information to identify and respond to health inequities, make public health, clinical, and personal decisions, and evaluate the impact of decisions and programs on our communities.
- Informatics: This group of specialists are focused on the establishment of standards for reporting including the stand-up of state systems to consolidate federal, state, local and tribal reporting requirements into systems, applications and tools that supports Washingtonian's access to critical public health data and information to inform decision making.
- Case Investigation: DOH's Centralized Investigations case investigation and contact tracing efforts continue to respond to COVID outbreaks. Currently 40 Outbreak Support Specialists are providing prioritized and targeted investigations to support the ongoing needs of our Washington communities. It is imperative that we continue to provide support for outbreaks as needed. A significant amount of time and resources have been invested in creating a robust team of skilled investigation staff to support these efforts. Currently over 26 of the 39 counties are receiving support in the past year, over 200,000 individuals have been contacted, given guidance, resources, and health education, and provided valuable data to our partners that is critical in reducing the spread of COVID in our communities.

LHJs have an estimated funding need of \$ 3,884,000 for surveillance and informatics capacity in order to continue the current level of activity associated with COVID-19 response and recovery efforts. Funding for surveillance and informatics would support LHJs in paying associated salaries and fringe benefits for staff and contracts.

Outbreak Response - \$ 37,211,000

The Washington State Department of Health is requesting \$ 2,163,000. DOH proposes investment in a DOH COVID-19 NHCS Program that will sustain crucial sector-specific outreach and COVID-19 outbreak prevention, surveillance, investigation, and reporting activities in high-risk non-healthcare settings. The proposal addresses the need for ongoing funding for the COVID-19 NHCS Program, after it was initially funded with a one-time federal CDC ELC COVID EDE grant, which will expire in July 2023. When the federal funding ends, there will be an abrupt stop to DOH engagement and COVID-19 outbreak protocols, surveillance, response, and data products for outbreaks in high-priority non-

healthcare settings.

The proposed program is a reduction of the currently funded program. As of July 2022, the COVID-19 NHCS Program consists of twelve (12) staff. We proposed a reduced, six-person COVID-19 NHCS Program. As we transition to a living with COVID-19 model, it will still be important for DOH to maintain outbreak surveillance, investigation, and reporting activities for a few high-risk non-healthcare settings, including settings in which reporting of COVID-19 outbreaks is required by law (schools and childcare WAC 246-101, temporary worker housing, permanent rule in development).

The Washington State Department of Health is requesting \$ 8,993,000. DOH proposes maintaining a base capacity in three key areas as part of the overall agency strategy to respond to COVID-19. Those key areas are: COVID-19 Vaccine Breakthrough, COVID administrative operational support, and COVID-19 infection prevention and control (in the second half of the biennium). Below, we focus on the key areas of vaccine breakthrough and infection control assessment and response.

- Breakthrough Infections:

This proposal seeks maintain capacity to understand the elements of vaccine breakthrough infections - including current and future variant-based boosters. It continues to be a public health priority to understand the effectiveness of vaccine and variant-based booster strategies over the next few years. As we learn to live with COVID-19, this breakthrough work will help us assess strategies to protect the health of the population similar to how we address influenza from year to year. Without this sentinel surveillance for vaccine breakthrough, we will be at a deficit in understanding the true benefit of our vaccination strategies for the inevitable COVID-19 waves of cases.

- Infection Control Assessment and Response (second half of biennium):

This proposal seeks gap funding in the second half of the biennium to ensure the department maintains base-level capacity to support our healthcare system as it will likely continue to struggle with the impacts of workforce attrition in the years to come. That work will continue to address:

- Improve collaboration and engagement re: HAI among public health, subject matter experts, health care facilities, professional associations, infection prevention-focused organizations, patient safety advocates, and the public.
- Address facility and provider level infection prevention gaps by developing and implementing a comprehensive approach to include specialized ICAR assessments
- Improve the use of data to inform public health and infection prevention strategies
- Provide onsite and remote infection prevention assistance to healthcare facilities and
- Healthcare providers to prevent spread of communicable illness in healthcare settings

- Develop and disseminate guidance on best practices for prevention of transmission of notifiable conditions
- The agency is the backstop for PPE and testing distribution and will need funding to support the potential distribution of critical material as requested by local health partners and for disposal of expired medical material

These staff are part of a critical boots-on-the-ground strategy to ensure consistent infection prevention control and response for COVID-19. Here the department summarizes our proven track record for the work DOH can complete as a result of our core Infection Control Assessment and Response team.

This proposal is proposing to maintain part of a current DOH Office of Communicable Diseases Program that was established during the COVID-19 response using one-time federal funding.

LHJs have an estimated funding need of \$ 5,855,000 for Outbreak Response and \$ 20,200,000 for contact tracing and investigation in order to continue the current level of contact tracing and investigation. Funding for contact tracing and investigation will support LHJs in paying associated salaries and fringe benefits for staff and contracts, as well as costs for IT/software and communication equipment, personal protective equipment, and travel to on-site investigative activities.

Vaccine - \$ 76,899,000

The Washington State Department of Health is requesting \$ 53,966,000 to address the operational gaps in DOH's critical COVID-19 vaccine work that will occur when current funding sources run out. Additional state support will ensure sustainability of vital COVID-19 vaccine response work, such as: provider infrastructure to administer COVID-19 vaccines; COVID-19 vaccine site visits, maintenance of surge and operations staffing capacity to manage increased workload demands based on additional boosters and potential disease surges; ensure there is good and accurate information going out to providers and to the public; outreach to communities disproportionately impacted by COVID-19; increased access to the vaccine for priority communities; accurate and timely immunization data to better support real-time decision making; and improve the likelihood the state can move past the pandemic. To ensure the maintenance of critical COVID-19 vaccine staff, resources, and systems, DOH requests funding to sustain the following initiatives:

COVID-19 Vaccine Initiatives

- COVID-19 Vaccine Provider Grants \$18,000,000: Providers state that offering COVID-19 vaccine is more burdensome than other, routine vaccines. There are many reasons for this. COVID-19 vaccines have different storage and handling requirements, they must be ordered in larger quantities requiring the provider to either be able to store it themselves or be able to transfer it to another vaccine clinic through a special carrier to maintain temperature, and the CDC requires additional reporting on a more urgent timeline for all COVID-19 vaccine providers. Providers who primarily serve adults typically do not carry large quantities of vaccine, nor have a need for vaccine transportation. The financial burden related to these requirements continue to be cited by providers as a barrier to offering COVID-19 vaccine. This initiative gives dollars directly to providers to help overcome these barriers to administer and report on COVID-19 vaccine.
- COVID-19 Vaccine Safety: This initiative continues the work to ensure proper storage and handling of the vaccine by providers and to provide onsite training at vaccine clinics. This work ensures the safety of the vaccine, reduces wastage, and needs for revaccination, and ensures that providers are receiving the most up to date information on COVID-19 vaccines and their requirements.

- COVID-19 Vaccine Operations & Logistics: This initiative maintains operational capacity to manage increased work based on additional booster doses and potential disease surges.
- COVID-19 Vaccine Engagement: This initiative continues critical communication efforts with local health, Tribes, and providers around the COVID-19 vaccine, including surveys, special populations task force meetings, local health meetings and work with our COVID-19 vaccine tribal partners.
- COVID-19 Vaccine Confidence: These funds are used by DOH's health promotion team to promote the benefits of COVID-19 vaccination, which build vaccine confidence. The campaign strategy is grounded in behavior change principles to encourage audiences to adopt the behavior of vaccination for themselves and/or their dependents.
- COVID-19 Vaccine Depots: Contracts with local health and healthcare providers to serve as a vaccine depot to provide COVID-19 vaccines, including ordering and distributing COVID-19 vaccine, assuring storage space for minimum order sizes, initializing transfer in the state's immunization information system (WAIS), coordinating with providers for physical transport of doses, and maintaining inventory of COVID-19 vaccine by manufacturer.
- Contracts to Support COVID-19 Vaccine Data: The COVID-19 vaccine team oversees a handful of contracts specific and critical to COVID-19 data collection and analyses, these include contracts to support PrepMod (a web application for vaccine management that helps vaccine clinics process patients and data) and virtual data machines used by the informatics team.
- Power of Providers (POP): The Power of Providers (POP) initiative was created to build a more bidirectional and trusted relationship between DOH and providers. Research has shown that over the course of the COVID-19 pandemic, public trust in healthcare providers has been higher than trust in public health institutions. POP recognizes the increased trust people have in healthcare providers and seeks to deepen DOH's partnership with providers to promote public health. POP provides a communication and listening platform for providers, information about training needs, specialized provider outreach regarding DOH initiatives, and facilitates a better understanding of provider barriers and challenges. The first program in POP began with a COVID-19 vaccine pledge from providers to SAVE (Seek, Ask/Educate, Vaccinate, and Empower).

LHJ have an estimated funding need of \$ 22,933,000 to continue to sustain their current vaccination programs through the next two years.

Community Outreach - \$ 15,985,000

The Washington State Department of Health is requesting \$2,411,000. This request for continued funding is to fund critical positions in our Public Information Office. If the department were to lose funding for these positions, our ability to complete media management, video production, or equity work in a timely manner will exsiccate and the department would not be able to fulfil a legal obligation.

LHJs have an estimated funding need of \$ 3,401,000 for Community Outreach to continue the current level of community education and support

associated with COVID-19 response and recovery efforts. Funding for Community Outreach would support LHJs in paying associated salaries and fringe for staff and contracts.

LHJs have an estimated funding need of \$ 10,173,000 for Care Coordination to continue their current level of coordination and support associated with COVID-19 response and recover efforts.

Information Technology & Operations - \$15,955,000

The Washington State Department of Health is requesting \$5,539,000. The department added staffing capacity, with short-term funding, sources to support technology investments required for COVID-19 response. The environments established and the technologies and systems developed have only increased in their value to public health. Skilled technologists are critical for the maintenance and operations of current solutions as well as the development of new capabilities to meet emergent needs and future challenges. Technology and operations staffing investments provide:

- Business analysts to document requirements, conduct testing to ensure solutions deliver promised value, and support maintenance, enhancement, and operations of COVID-19 response systems
- Project managers, coordinators and change management professionals to oversee scope/schedule/budget and stakeholder engagement in support of COVID-19 response and data modernization initiatives and enhancements following OCIO policies and for successful outcomes and adoption (WA Verify, WA Notify, resource dashboard, SMART health care initiatives)
- Informaticians to enable data exchange, data modernization and development of analytic building blocks, inform architecture, match use cases to technologies, support data pipelines and data products, educate users, and onboard labs, providers, and partners
- Telecommunications and network engineers to support our cloud data center, network and data analytics environment and design solutions and data flows to meet the performance and capacity demands of the department, including the instruments and systems at our public health laboratories
- Service desk technicians to provision user access and security permissions, perform device and network troubleshooting, offer help desk services in support of our cloud environment, COVID-19 response systems, instruments, and test lab
- Application developers to support, maintain and enhance COVID-19 response systems and modernize solutions required by public health programs and laboratories; and
- Data management staff to support data analytics and cloud needs for database management modernization and interoperability

DOH also invested in new cloud infrastructure, adopted modern tools and technologies, and developed many innovative solutions to meet the

demands of the COVID-19 response in Washington. This work continues and the new capabilities these investments are enabling have proven essential to informing actions, decisions, and public policy which rely on timely and accurate data. State health departments play a unique and critical role in disease surveillance, data analysis, visualization, and data sharing with governmental partners at the federal/local level, tribes, and the healthcare sector. Leveraging existing and new technology to support the public health system at large maximizes the investments made during the pandemic and provides core capacity to protect and improve the health of all people our state.

The COVID-19 outbreak proved that timely and accurate data is critical for public health. Silos of data cannot provide a clear picture of when and where threats exist, and this knowledge is essential for effective rapid response. During the pandemic, the department invested in modern cloud capabilities to manage public health data across disparate technology systems, programs, and organizations. These cloud capabilities for public health data and systems modernization rely on the department's cloud data center and cloud environment for data analytics and reporting.

LHJs have an estimated funding need of \$ 10,416,000 for Information Technology & Operations in order to continue the current level of coordination and support associated with COVID-19 response and recovery efforts. Funding for operations would support LHJs in paying associated salaries and fringe benefits for staff and contracts, as well as costs for associated facilities, wraparound services, transportation, IT/software, and communication equipment.

Alternative:

The current federal funding for COVID-19 in several DOH programs has only been extended through 2024. The department is not aware of federal opportunities past this date.

Testing

The department recommends leveraging DOH's procurement channels to purchase COVID-19 testing supplies for multiple initiatives, including other state agencies and local health jurisdictions. Most agencies have indicated that they would prefer DOH continue to purchase supplies as many of them are unable to access manufacturers and distributors due to their size to regularly access testing supplies for their communities. There are ongoing discussions about future cost-sharing mechanisms within and among agencies. Regardless of these cost-sharing mechanisms (which are critical to long-term sustainability), the associated costs will still be borne by the state, either via requests from other state agencies or the LHJs. Centralizing testing supply procurement and vendor support minimizes the administrative burden on multiple agencies (many of which have limited capacity to initiate and manage contracts) and leverages collective purchasing power and markets that DOH has through the Federal Supply Schedule and other testing supply manufacturers and distributors that have indicated preferential support for federal and state agencies first, which often includes more competitive pricing.

The agency expects a continued assessment of ongoing testing needs and how to introduce further cost-reductions. This is one reason our request has an increased focus on the continuation of Say Yes! COVID Test (SYCT). SYCT is the most cost-effective testing initiative from the Department of Health, costing approximately \$7 total per test from procurement to delivery at someone's doorstep.

Further funding decreases would require significant reductions in ongoing support to state agencies, local health jurisdictions, and through Say Yes! COVID Test, alongside reductions in our ability to continue providing testing supplies to schools to reduce barriers to access, especially for students and families who are under- or uninsured.

Outbreak, Coordination, Informatics, & Surveillance

The department looked to other funding opportunities including the Strengthening Public Health Workforce Development grant, but those funds were obligated to other agency priorities. There are no other service providers in state government or elsewhere that provide the coverage required by the unique state workforce. With no other funding available at this time, we are seeking state support for ongoing response needs.

Additionally, the department considered the Public Health Data System Modernization Decision Package as an alternative funding source unfortunately the cost within this COVID decision package is not in alignment with the current scope of maintenance and operations funding framework for CMS as the efforts and notably constrained on funding until which time CMS has the bandwidth to take on additional scope of funding support for the department.

Vaccines

Due to the complexity and scale of the request, federal funding is the only feasible alternative and yet DOH has not received any inclination from federal partners that additional COVID-19 vaccine funding will be forthcoming. Without state support or additional federal funding, DOH's capacity for this critical work will be jeopardized resulting in vital programming that may be cut or significantly reduced, while other work may be forced to stop altogether.

Information Technology & Operations

The department has been leveraging our new cloud environment for data analytics and reporting, including a master person index solution, to transcend data silos. During the pandemic, many questions arose that required integrating data from multiple systems – to identify breakthrough cases the department had to link case and immunization data. The ability to quickly link data sets together to answer critical public health questions for good decision making is important. This critical infrastructure is necessary to enable timely response to outbreaks and maintain our ability to bring together multiple datasets and understand causal factors and address important public health crises such as the opioid epidemic. The investments made during the pandemic, if maintained and leveraged effectively, will serve the public health system and people in Washington for many years to come.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This proposal is to ensure continuation of current COVID-19 work.

Detailed Assumptions and Calculations:

See attached FNCal

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
7.00	WMS02	\$66,710.00	\$113,000.00	\$29,000.00	\$53,000.00
32.00	HEALTH SERVICES CONSULTANT 3	\$200,320.00	\$493,000.00	\$133,000.00	\$242,000.00
27.00	HEALTH SERVICES CONSULTANT 2	\$149,445.00	\$412,000.00	\$112,000.00	\$204,000.00
12.00	HEALTH SERVICES CONSULTANT 4	\$82,896.00	\$187,000.00	\$50,000.00	\$91,000.00
3.00	HEALTH SERVICES CONSULTANT 1	\$13,968.00	\$45,000.00	\$12,000.00	\$23,000.00
3.00	ADMINISTRATIVE ASST 3	\$12,648.00	\$45,000.00	\$12,000.00	\$23,000.00
1.00	ADMINISTRATIVE ASST 2	\$3,915.00	\$15,000.00	\$4,000.00	\$8,000.00
1.00	Office Manager	\$4,541.00	\$15,000.00	\$4,000.00	\$8,000.00
1.00	WMS01	\$8,013.00	\$16,000.00	\$4,000.00	\$8,000.00
4.00	COMMUNICATIONS CONSULTANT 5	\$29,048.00	\$62,000.00	\$17,000.00	\$30,000.00
2.00	CUSTOMER SVCS SPEC 2	\$7,830.00	\$30,000.00	\$8,000.00	\$15,000.00
3.00	COMMUNICATIONS CONSULTANT 4	\$18,780.00	\$46,000.00	\$12,000.00	\$23,000.00
1.00	IT PROJECT MANAGEMENT - SENIOR/SPECIALIST	\$10,135.00	\$16,000.00	\$4,000.00	\$8,000.00
1.00	IT PROJECT MANAGEMENT - JOURNEY	\$8,755.00	\$16,000.00	\$4,000.00	\$8,000.00
1.00	IT CUSTOMER SUPPORT - JOURNEY	\$7,218.00	\$16,000.00	\$4,000.00	\$8,000.00
3.00	IT BUSINESS ANALYST - JOURNEY	\$26,259.00	\$48,000.00	\$12,000.00	\$23,000.00
1.00	IT APPLICATION DEVELOPMENT - ENTRY	\$8,142.00	\$16,000.00	\$4,000.00	\$8,000.00
1.00	IT APPLICATION DEVELOPMENT - JOURNEY	\$8,336.00	\$16,000.00	\$4,000.00	\$8,000.00
2.00	MANAGEMENT ANALYST 4	\$13,816.00	\$31,000.00	\$8,000.00	\$15,000.00
106.0		\$680,775.00	\$1,638,000.00	\$437,000.00	\$806,000.00

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.?

Strategic and Performance Outcomes

Strategic Framework:

This proposal supports the Dept. of Health's **Transformational Plan Priority I. Health and Wellness, II. Health Systems and Workforce Transformation** in that all Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being, and that all Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust.?

This proposal reflects the Governors Results WA Goals for **Health and Safe Communities**, as well as **Efficient, and Accountable Government** by providing a variety of COVID-19 Vaccine Initiatives, and Outbreak Responses for Washingtonians.

Performance Outcomes:

Various measures have been discussed throughout this proposal. Some of them include:

Individuals across our state will be able to access COVID-19 tests regularly, especially if symptomatic or with a documented exposure, to have better information about infection status and minimize further community spread. ?

All Washingtonians will be able to access timely actionable COVID health data to make informed personal choices around protection?

All Local, community and tribal public health and healthcare professionals will have access to timely actionable public health data for their jurisdiction to inform decision making and policy action in their response to COVID in their communities?

Policy makers will have access to timely accurate data to inform decision making and action?

Washingtonians will have data informed guidance, programs and services to help that personally combat the impacts of COVID on their communities, families and selves. ?

Health disparities within communities around COVID will diminish ?

Right-sized public health workforce needs to combat long-term response to COVID and other diseases of public health significance impacting the health and well-being of Washingtonians?

Equity Impacts

Community outreach and engagement:

Community Outreach and Engagement

DOH made an intentional choice to create a structure that allows all interested partners the option to participate on an on-going basis. This structure is based on the concept of collaboration, where a group of people work together around a shared project or mission. One example of that is the Vaccine Collaborative that ensures an equity and social justice lens is incorporated in DOH's vaccine planning and implementation efforts. The Collaborative is guided by the direction of Collaborative Thought Partners. Collaborative Thought Partners are Collaborative members who take a more formal, active and represented role within the Collaborative to ensure it is community co-led, centers the communities and sectors that have been most disproportionately impacted by COVID-19, addresses equitable vaccine distribution and access, and advances pandemic recovery efforts.

To ensure effective outreach and implementation of the COVID-19 vaccine and response measures to all communities, DOH is intentionally centering the voices, feedback, recommendations and requests of communities and sectors disproportionately impacted. Communities disproportionately impacted include people at higher risk for severe illness from COVID-19 because of underlying health conditions and/or age, people at higher risk for COVID-19 exposure or illness because of occupation, people at higher risk for COVID-19 exposure or illness because of living situation, people disproportionately impacted by COVID-19 because of access barriers, and people disproportionately impacted by the COVID-19 pandemic because of systemic inequities and racism.

Disproportional Impact Considerations:

Disproportional Impact Considerations

The impacts of COVID-19 morbidity and mortality have not been felt equally by all populations in Washington state. The pandemic has exacerbated the underlying and persistent inequities among historically marginalized communities and those disproportionately impacted due to structural racism and other forms of systemic oppression. DOH has issued reports that provide an overview of confirmed or probable COVID-19 cases, hospitalizations, and death rates by race and ethnicity at state and regional levels. It also provides counts and percentages of confirmed or probable cases and hospitalizations by primary language spoken. COVID-19 case definitions have included both molecular testing and antigen testing. Molecular positive cases are considered confirmed cases and antigen positive cases are considered probable cases. All hospitalization, death, and testing data reported by DOH are based on positive molecular or antigen test results.

The COVID-19 pandemic has shed light on existing health inequities, amplified them, and revealed their root causes. DOH has created resources for communities that may be disproportionately impacted by COVID-19 and strategies for equitable COVID-19 vaccine distribution and has targeted them for ongoing needs for fiscal support for the following communities:

Agricultural workers, American Indian/Alaska Native Communities, Asian Americans, Black/African Americans, Faith based individuals, Immigrants and refugees, Latinx individuals, LGBTQ+ individuals, Native Hawaiian/Pacific Islanders, incarcerated individuals in jails, prisons, or detention centers, people with disabilities, people with Limited English proficiency, Slavic or former Soviet Union community members, and unhoused individuals.

Target Populations or Communities:

Target Populations and Communities

WA DOH Area Command has ensured COVID-19 response mission success through extensive jurisdictional and community outreach especially in the following areas: secured facilities (community-focused, highly accessible, demographic-high vulnerable attentive); Incident Management Organizations (IMOs)/Incident Management Teams (IMTs) in a regional management effort; wrap-around services facilitating safe/secure supply storage, personalized administration, and near-real time monitoring/reporting with a highly adaptive, scalable IT rapid infrastructure deployment. In these efforts, WA DOH instituted and deployed a Public Affairs and Equity team to provide community-sensitive public messaging, communications across multiple media platforms, robust translation services throughout the entire WA DOH Area Command leadership structure of regional IMOs/IMTs, and in coordination with Local Health Jurisdictions (LHJs), utilized a Unified Command Joint Information strategy to eliminate economic disincentives, language barriers, cultural barriers, and vaccine, testing and treatment hesitancy among highly vulnerable and demographic underrepresented/under-served populations. WA DOH will continue to leverage existing public-private partnerships with a wide array of community outreach partners to ensure that all in Washington State have equal access to these lifesaving COVID-19 response measures.

Other Collateral Connections

Puget Sound Recovery:

Not applicable

State Workforce Impacts:

Not applicable

Intergovernmental:

This proposal has broad, statewide impacts. DOH expects strong support from tribal, county and city governments as it supplements the resources, they are already investing in their own pandemic response efforts. School districts and higher education systems also would benefit from a robust, statewide testing and contact tracing strategy that ensures the safety of their students and faculty.

Stakeholder Response:

Due to the extent of this proposal, it is difficult to identify any nongovernmental entity or any Washington State resident that will not be potentially impacted by this request. DOH expects support from the public health communities, healthcare communities, educational entities, and the business communities since controlling the spread of COVID-19 will improve the health of Washingtonians and allow schools and businesses to reopen and stay open. However, it also expects some resistance from voices that are remain skeptical of the dangers posed by the novel coronavirus.

State Facilities Impacts:

Not applicable

Changes from Current Law:

Not applicable

Legal or Administrative Mandates:

Not applicable

Reference Documents

- [COVID FnCal Rollup - msh 9.20.22.xlsm](#)
- [OIT COVID Gap-PLITaddendum_2023.docx](#)

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

Yes

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$8,170	\$27,231	\$35,401	\$0	\$0	\$0
Obj. B	\$3,268	\$10,521	\$13,789	\$0	\$0	\$0
Obj. C	\$43,938	\$26,338	\$70,276	\$0	\$0	\$0
Obj. E	\$76,182	\$48,382	\$124,564	\$0	\$0	\$0
Obj. G	\$37	\$37	\$74	\$0	\$0	\$0
Obj. J	\$39	\$400	\$439	\$0	\$0	\$0
Obj. N	\$46,377	\$40,726	\$87,103	\$0	\$0	\$0
Obj. T	\$800	\$2,468	\$3,268	\$0	\$0	\$0

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