



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**

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October 21, 2021

David Schumacher, Director  
Office of Financial Management  
Post Office Box 43113  
Olympia, Washington 98504-3113

RE: \$88,140,000 Transfer Request to Department of Health (DOH) for Foundational Public Health Services (FPHS) – with Revised Enclosure

Dear David:

The Washington State Department of Health, in concurrence with the partners of our state's governmental public health services system, requests a transfer of \$88,140,000 in general fund-state spending authority (\$44,020,000 in state fiscal year 2022 and \$44,120,000 in state fiscal year 2023) from the Office of Financial Management to the Department of Health for the 2021-2023 biennium.

This amount shall be used to fund new foundational public health service (FPHS) activities that support the governmental public health system. The requirements allowing this transfer as set forth in [RCW 43.70.515](#) have been met.

As required, the Department of Health completed a formal consultation with federally-recognized sovereign tribal nations regarding a proposed distribution of funds for Foundational public health services in accordance with the department's consultation procedures.

The enclosure displays how the funds will be allocated.

### **Certified Agreement**

The three entities required for certification—the Washington State Department of Health, Washington State Board of Health, and Washington State Association of Local Public Health Officials—are jointly certifying this agreement by the signatures to this letter.

The Department of Health will contract out these funds using our normal contracting process.

Additional transfers shall be requested as the partners finalize agreements on the use and distribution of the remainder of the \$174.8 million appropriated in Engrossed Second Substitute Senate Bill 5092, Section 721.

Thank you for your continued partnership to strengthen our state's foundational public health system. Please contact Kristin Peterson at [kristin.peterson@doh.wa.gov](mailto:kristin.peterson@doh.wa.gov) if you have any questions regarding this request.

Respectfully,

Concurrence Signatures



Umair A. Shah, MD, MPH  
Secretary of Health  
Department of Health



Michelle Davis  
Executive Director  
State Board of Health



Keith Grellner  
President  
Washington State Association  
of Local Public Health Officials

Enclosure

cc: The Honorable Steve Kutz, Chair, American Indian Health Commission  
Vicki Lowe, Executive Director, American Indian Health Commission  
Jaime Bodden, Managing Director, Washington State Association of Local Public Health Officials  
Eric Johnson, Executive Director, Washington State Association of Counties  
Robyn Williams, Senior Budget Assistant, Office of Financial Management  
Breann Boggs, Budget Assistant, Office of Financial Management  
Molly Voris, Senior Policy Advisor, Governor's Office  
Kristin Peterson, Deputy Secretary, Policy and Planning, Department of Health  
Jessica Todorovich, Chief of Staff, Department of Health  
Elizabeth Perez, Deputy Secretary for Public Affairs and Equity, Department of Health  
David Bayne, Deputy Secretary for Strategic Partnerships, Department of Health  
Kelly Cooper, Director, Policy and Legislative Relations, Department of Health  
Amy Ferris, Chief Financial Officer, Department of Health  
Tamara Fife, Tribal Relations Manager, Department of Health  
Maria Courogen, Director, Systems Transformation, Department of Health  
Marie Flake, Special Projects-FPHS, Department of Health  
Alisa Weld, Budget Manager, Department of Health

Agency / Org	Budget - Short Name Activity	SC Investments/Activities	Values	
			Sum of SFY22	Sum of SFY23
DOH	Data Systems	<p>Modernize Data Systems / Develop IT Infrastructure (DOH) - Line items requested by SC for Data Systems and Infrastructure related to COVID-19 response include ongoing staffing, cloud hosting, and licensing for shared tools, as well as contracts to assess readiness for system migration to the Cloud. Many of the items in the FPHS 21-23 DP spreadsheet were annual costs.</p> <p>Total need is for 19 staff and \$9,977,476 for the biennium of FPHS funding and could begin spending July 1, 2021.</p> <ol style="list-style-type: none"> <li>1. Information technology staff to support ongoing licensing and continued enhancement for Cloud based Public Health Response Applications (CREST, WAHEALTH, QR PORTAL,EDRS) 10FTE (staffing 1,515,600/year)</li> <li>2. Migration of surveillance systems to the cloud, and establishing cloud data analytics environment (includes hosting, cloud analytics vendor, licensing, staffing) (6 FTE 969,292); \$2,589,418 biennium</li> <li>3. Maintenance and operations for Cloud Hosting including staffing, ongoing licensing and tools (1 FTE 156,100); \$1,694,857</li> <li>4. Master Person Index ongoing licensing. This facilitates automated deduplication and linking across COVID-19 data systems (ELR, WDRS, CREST) \$350,000/year. This cost increased to \$900,000 per year when we increased the number of records to be matched to 10 million to cover all people in Washington data systems. ELC COVID-19 funding is covering this through July 2023, but we will need funding thereafter. This licensing cost is regardless of the number of systems included.</li> <li>5. ServiceNow Application Licensing. Ongoing Licensing required for all DOH internal administrative applications. This application facilitates integration and local health, tribal and TEC access to DOH shared systems. \$100,000/year</li> <li>6. Ongoing training for using CEDAR tools for DOH, LHJ, Tribes, TECs. (\$150,000/year)</li> <li>7. IT System consolidation – Two contracts that would use GF-S funds to pull down HITECH/MES to analyze systems. (75,000 + 854,000)</li> <li>8. Data Architect and solution architecture staff – 2 FTE. Full funding was included in the original BIEN 19-21 allocation. We made the decision to leverage federal HITECH funding at a 90% Federal: 10% State match, and spent \$520,000 FPHS in BIEN 19-21. These positions are foundational to the Data Modernization work and are no longer eligible for federal match. Full funding will be needed after 10/1/2021 – (\$362,000 per year for 2 FTE)</li> </ol>	5,190,000	5,190,000
DOH	EPH - DOH	Onsite Sewage (OSS), Food Safety, Water System Capacity, School Health & Safety (DOH) DOH requested \$2.95M for SFY23, SC allocated \$2.22M.	2,220,000	2,220,000
DOH	State CD Infrast	State CD Infrastructure - State Communicable Diseases Infrastructure - The proposed investments reflect shared infrastructure across state, local and tribal public health partners to support streamlined communicable disease services across the state. This includes shared surveillance platforms such as the WA State Disease Reporting System (WDRS), WA state immunization information system (WA-IIS), and state Public Health Laboratory Information Management systems. Additionally, these cost include state level infrastructure to manage statewide training needs associated with state/federal guidance implementation and standardized communicable disease approaches across the state. Lastly, these investments coordinate succinctly with COVID-19 infrastructure and workforce development capacity created at a state level assuring our resources and response staff are ready to support an array of communicable disease efforts across multi-jurisdictions within the state. DOH requested \$12M for SFY23, SC allocated \$1.3M. FOR STAFFING FOR STD (OID). NO HTS COSTS HERE.	1,300,000	1,300,000
DOH	Digital Library	Digital Data Library - For all (Governmental Public Health Systems)	160,000	160,000
<b>DOH Total</b>			<b>8,870,000</b>	<b>8,870,000</b>

LHJ	Shared Epi	Shared General Epidemiologists - Convert temporary COVID Epidemiologists to permanent shared epidemiologists. This proposal includes 1 currently funded shared epi, 4 additional shared epis, and 2 full-time epis for LHJs. These are general assessment epis focused on COVID, CHAs/CHIPs and/or local public health assessment needs. SOW: 1) Produce local COVID-19 data products. 2) Analyze and produce data for community health assessment reports. 3) Analyze and produce data relevant to local public health needs.			
		LHJ's	SFY22	SFY23	Comments
		Chelan Douglas	200,000	200,000	2.0 FTE shared with Grant, Okanogan, Kittitas. (\$150,000/yr New Epi. \$50,000 to make fully fund 1st Epi)
		Island	150,000	150,000	1.0 FTE shared with San Juan
		Pacific	125,000	150,000	1.0 FTE shared with Grays Harbor
		Spokane (Add'l)	100,000	100,000	Shared with Adams, Lincoln, and NE Tribe
		Wahkiakum	125,000	150,000	1.0 FTE shared with Cowlitz
		Whatcom	150,000	150,000	1.0 FTE not shared
Yakima	150,000	150,000	1.0 FTE not shared		
LHJ	Reinforcing Cap	Reinforcing Capacity - - WSALPHO formula for \$9,848,615/yr. For SFY22 only, SC approved re-allocating \$4.7M funds from assessment (\$2.1M) and EPH (\$2.6M) to Reinforcing Capacity. WSALPHO to develop allocation formula.	9,850,000	9,850,000	
LHJ	LHJ Assessment	LHJ CHA / CHIP Support - \$30,000/yr to each LHJ. Conduct activities toward completing a community health assessment and/or community health improvement plan. LHJs can use funds toward any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation).	1,050,000	1,050,000	
LHJ	EPH - LHJ	Onsite Sewage (OSS), Food Safety, Water System Capacity, School Health & Safety (LHJs)	14,810,000	14,810,000	
LHJ	COVID	COVID - Infrastructure & workforce development (LHJs) - The proposed investment reflects shifting current COVID-19 workforce in disease investigation and control to establishing a diversified cross-trained workforce at the local level to support a variety of communicable disease areas of need locally including emergent issues. This strategy allows us to target resources to areas of gaps within individual jurisdictions while maintaining strategic accountability across the state in our ability to respond to expanding events of a communicable disease nature. Accountability metrics for this approach includes assuring compliance with statewide training requirements for all LHJ investigators, quarterly review of workforce capacity state and locally (including attrition and transitions), and annual reporting of local and state alignment with meeting reporting requirements per state and federal statutes.	3,940,000	3,940,000	
LHJ	CD Reinforcing	CD Reinforcing Local Capacity - \$130,000 per LHJs, per year. In alignment with the white paper/one-pager written by the CDLC on May 27, 2021, Washington's Strategy to Strengthen Communicable Disease Services, the investment of continuing to build the per capita recommendation of one epidemiologist per 100K population within the jurisdiction is a recommendation of the CDLC for the 2021-2023 biennium. The base amount per LHJ recommended is \$130,000. The CDLC recognizes that the estimated cost per (Epi) FTE WSALPHO is using is \$150,000 per FTE. However, it was important to the CDLC that the recommendation for the COVID-infrastructure and Workforce Development be funded at the minimum level of \$3.9M.	4,550,000	4,550,000	
LHJ Total			35,200,000	35,250,000	
Grand Total			44,070,000	44,120,000	