



## Agency Recommendation Summary

The Department of Health requests funding to expand and enhance the Care-a-Van Mobile Health Program and to increase the Department’s ability to provide mobile health services. The Care-a-Van program supports health equity by providing preventative health services in areas with significant need and restricted access as well as the ability to quickly respond to future public health emergencies and disasters.

## Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
<b>Staffing</b>						
FTEs	40.0	39.8	<b>39.9</b>	39.8	39.8	<b>39.8</b>
<b>Operating Expenditures</b>						
Fund 001 - 1	\$17,567	\$17,016	<b>\$34,583</b>	\$17,016	\$17,016	<b>\$34,032</b>
Total Expenditures	<b>\$17,567</b>	<b>\$17,016</b>	<b>\$34,583</b>	<b>\$17,016</b>	<b>\$17,016</b>	<b>\$34,032</b>

## Decision Package Description

### Problem:

The Care-a-Van program works with Tribes, LHJs, and community-based organizations for health promotion, education, and vaccine events. This program started during COVID to support areas with limited vaccine resources in their communities.

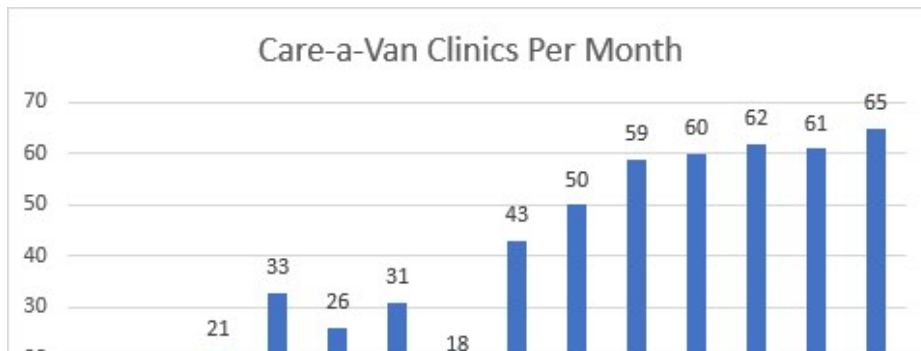
This program includes 4 mini vans that are located across the state of Washington with the ability to provide mobile health education and information services. Along with mini vans, DOH acquired two mobile command response vehicles which allow DOH to rapidly deploy to communities across the state, providing real-time incident management in conjunction with LHJs, Tribes, and community partners. The primary purpose for mobile command response vehicles is to provide a mobile command post to organize response efforts addressing the health impacts of a disaster or emergency.

These vehicles will also be used during Care-A-Van events to provide direct access to vaccinations, preventative health screenings such as blood pressure and blood glucose, connection to medical homes, and other health and wellness resources. A mobile fleet will allow access to services communities which are usually under supported.

The U.S. Department of Health & Human Services report on COVID-19 Healthcare Delivery Impacts shows the COVID-19 pandemic altered the delivery of and access to healthcare across the U.S., changing the demand for traditional healthcare services. The impacts include decreased immunization rates, behavioral changes leading to long-term health problems and delays in medical care. The report offers considerations and mitigation strategies including drive-through vaccination clinics or sending mobile vaccination units into communities; identify at-risk populations and establishing an outreach program ensuring continuity of care and providing ongoing health education. The DOH Care-a-Van program will further mitigate adverse health effects of COVID-19 by offering direct services in a way which is culturally and linguistically appropriate.

To date, the Care-a-Van program has provided over 20,000 COVID-19 vaccine doses while partnering with community-based organizations, LHJs, Tribal partners, and others. The Care-a-Van hosted ~600 clinics in 33 counties. Sixty-one percent of the clinics served BIPOC communities, 80% were in areas with a social vulnerability index of 7 or higher.

The Care-a-Van team conducts surveys with our requestors and the community members at the clinics. Surveys show community members choose these clinics for the convenience of the location, hosted by trusted partners, no need for appointments, and convenient times and days. The top requested services, outside of COVID-19 vaccines, include other vaccines for adults, preventative health screenings, health education, other vaccines for children, dental services, and mental / behavioral health services. Top health education topics include emergency preparedness and chronic disease prevention.



By expanding the program, we will offer at least 20 clinics per month and expand the number of people per clinic through expanded services. The Care-a-Van currently has four vans to bring the clinic equipment to our partners, however, we intend to expand to six vans in order to obtain greater reach. The Care-a-Van continues to primarily be a request-based service; however, targeted outreach will be made to bring the Care-a-Van to communities with greater health disparities and limited access.

The Mobile Response Vehicles can be staged at locations around the state which allows for rapid deployment. During the COVID-19 and other public health responses state agencies lacked capacity and capability to provide direct access to testing and/or vaccines to communities hardest-hit, prompting the purchase of emergency response vehicles to help mitigate the devastation of the pandemic. Having vehicles which are deployable and ready to respond to incidents and provide education and outreach helps to facilitate coordination within the response structure for real-time intel and collaboration with state agencies, tribal partners, local jurisdictions, and community partners.

The DOH has not previously proposed this request as these services and programs were originally developed in response to the COVID-19 pandemic.

### **Proposal:**

To address the inequity of health services in marginalized communities, DOH proposes continued investments into our mobile health services and expand the scope beyond COVID-19 vaccines to address health concerns brought on or exacerbated by the pandemic and respond to future emergencies.

Maintaining Care-A-Van resources and Mobile Response Vehicles will strengthen the capacity and capability of DOH to continue to provide services to hard-to-reach areas which were implemented during the COVID-19 response but would also provide the ability for DOH to collaborate with state, tribal, and local partners to add incident management resources for events effecting the most marginalized and adversely impacted communities. It also provides added capacity to communicate and collaborate from the response area for rapid response. It is vital public health maintains readiness to rapidly deploy personnel to local jurisdictions, tribes, and other stakeholders as needed. Maintaining the capabilities and infrastructure built throughout the COVID-19 response will modernize public health and position DOH and local jurisdictions to better serve marginalized communities within Washington State.

The funds will be used to support Care-a-Van staffing, medical services, logistical costs, travel expenses, and educational and outreach components of the work.

At this time, the expectation is that COVID boosters will be at least an annual recommendation. When community transmission of COVID increases, the demand for vaccine also increases. The trend for requests for CAV events and services has steadily increased over the past calendar year between January and September 2022; over 600 events. DOH can decrease our number of events that are handed off to our contractors to fulfill and instead focus our efforts only on events that have full Care-a-Van support.

In the event of another outbreak, our current requested infrastructure will allow us to quickly respond and identify resource gaps that will require a future DP for full surge response.

This proposal is also requesting the staffing and costs required to maintain this capability for the agency, with a fleet management staff member and the included wrap around costs for maintenance and other services for the vehicles. This includes regular maintenance, fuel, insurance, supplies, communication systems maintenance, vehicle wrapping with DOH logo and/or magnets to identify DOH to the community, trailer supplies and maintenance. This is the best proposed option and fills the need for rapid deployment of response resources – either an Incident Management Team, DOH public health response teams, or mobile vaccine teams to assist in local communities. These response vehicles are needed to provide a resource for collaboration in marginalized communities, rural and possibly remote areas of Washington State.

The short/mid-term goal for the Mobile Response Vehicles are that Washington DOH will rapidly deploy response teams for expedited support to local jurisdictions, tribes, and community partners when needed. The long-term goal is to collaborate with other state agencies, tribes, and stakeholders to develop plans and agreements for deploying the vehicles to affected communities with a full Type 3 Incident Management Team (IMT).

The COVID-19 pandemic exposed jurisdictions which do not have the public health services which meets the need. The consequences of not responding to communities impacted by incidents is detrimental to the health of the people of Washington.

LHJs are able to support some of the mobile vaccination needs of their communities using FEMA funding as long as the emergency proclamation is in place at the State level, and as long as FEMA will continue to partner with DOH on it.

LHJs do not have the administrative and staff capacity to manage vaccinator contracts and events nor do they have the capacity to manage the additional supportive services being requested for CAV. Though anecdotal, as incoming CAV requests are being reviewed by LHJ partners, DOH is being asked for the duration of the CAV program and available services and when additional services will be offered.

The COVID-19 Pandemic taught public health how to better prepare for future pandemics and other large-scale catastrophic incidents effecting the state. Public health needs to be prepared to respond to any future COVID-19 variants or surges, influenza, other infectious diseases, along with the public health consequences of natural disasters such as earthquakes, wildfires, etc. – primarily in marginalized communities. Currently, there are two response vehicles which are mobile command or operations center vehicles. These vehicles allow public health response teams to operate as central offices.

**Alternative:**

The DOH explored the availability of other statewide mobile health programs and found there are only 23 mobile health clinics in the state and most operate at a regional level.

Community partners and local health jurisdictions expressed a desire for this program to continue and for services to be expanded. Not funding this proposal could impact our ability to maintain these relationships and continue to be viewed as a trusted partner in the community. DOH is now more than ever uniquely positioned to effect real change which would address preventative healthcare needs of communities with barriers to access.

The emergency response vehicles procured during the COVID-19 response were previously not available with the state motor pool. Additionally, maintaining these vehicles within DOH gives the ability to rapidly deploy at any time for a variety of public health responses or for community outreach activities.

As public health transforms its care/response delivery model to increase accessibility and improve incident and health outcomes the consequences of not responding to communities impacted by incidents is detrimental to both the community and to public health. Response vehicles already in service will no longer be able to be deployed or driven due to lack of insurance and maintenance.

In discussions with Department of Enterprise Services (DES) and DOH Facilities regarding the management of these vehicles, other options were discussed - including having another state entity manage the vehicles. However, it was agreed internal ORHS fleet maintenance was the best course of action as these vehicles are “unique” and therefore made sense to have ORHS take on that responsibility.

The DOH COVID-19 Incident Management Team rented vehicles earlier in the pandemic to meet the needs of the requesting jurisdictions and community partners. However, the traditional rental vehicles did not have the capabilities necessary to accomplish the missions. After reaching out to several companies to ask about renting vehicles with the capabilities we needed, we were told in order to obtain those features we would need to purchase and customize the vehicles. The unique capability of these vehicles in providing immediate response assistance to state, tribal, local, and community partners would not be able to be accomplished by renting, as vehicles with the certain capabilities these vehicles bring (communications, meeting space, virtual offices, etc.) is not available in the open market.

## Assumptions and Calculations

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

These. These assumptions are based on a continuation of the current (FY23) funding level for FY24 as COVID funding was previously used and will no longer be available.

### Detailed Assumptions and Calculations:

The calculations for the continued operational capacity of the Mobile Response Vehicles are based on current operating costs of the vehicles. There are two response vehicles which are mobile command or operations center vehicles. These vehicles operate as the same level as a central office – putting the main center of operations on the road.

There are two 2020 Freightliner MT 55's which are equip with the following:

- 20' walk-in vehicle
- Air ride rear suspension with hydraulic brakes and 1 with air brakes
- Heater and AC onboard
- Generator onboard
- Lighted interior
- Overhead cabinet and closet spaces
- A/V storage area
- Front and back workstations
- Mounted whiteboards
- Mounted TVs inside and outside
- Slide out awning
- Exterior lights
- Each vehicle has workspace for approximately 6 people

The calculations include:

- Regular Maintenance
- Insurance
- Fuel
- Supplies
- Vehicle Wrap (maintenance)
- Trailer supplies

Annual Cost Total: \$41,250.00

### Workforce Assumptions:

Workforce Assumptions FY24 Projections Only					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
20.0	HEALTH SERVICES CONSULTANT	\$1,328,000.00	\$570,000.00	\$83,000.00	\$151,000.00
3.0	HEALTH SERVICES CONSULTANT	\$225,000.00	\$91,000.00	\$12,000.00	\$23,000.00
5.0	HEALTH SERVICES CONSULTANT	\$414,000.00	\$160,000.00	\$21,000.00	\$38,000.00
1.0	PROCUREMENT & SUPPLY SPECIALIST 2	\$57,000.00	\$26,000.00	\$4,000.00	\$8,000.00
0.5	WMS02	\$57,000.00	\$19,000.00	\$2,000.00	\$4,000.00
-	ADDITIONAL STARTUP COSTS	\$0.00	\$0.00	\$670,000.00	\$0.00
1.0	PROCUREMENT & SUPPLY SPECIALIST 1	\$49,000.00	\$25,000.00	\$4,000.00	\$8,000.00
8.2	FISCAL ANALYST 2	\$437,000.00	\$211,000.00	\$0.00	\$0.00
1.9	HEALTH SERVICES CONSULTANT	\$98,000.00	\$47,000.00	\$0.00	\$0.00
<b>40.6</b>		<b>\$2,665,000.00</b>	<b>\$1,149,000.00</b>	<b>\$796,000.00</b>	<b>\$232,000.00</b>

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 package aligns with the Governor's Results Washington strategic goal 4: Healthy & Safe Communities. Mobile health programs have shown to improve individual health outcomes, advance population health, and reduce healthcare costs compared to traditional clinical settings. The Governor's strategy to contract with local businesses for state contracts is also a focus of having the capability to deploy the mobile response vehicles and trailers. The Dept. of Health is focusing on four foundational transformations in the agency's 2020 Strategic Plan which drive the agency to modernize, innovate, and increase public health's relevancy over the next five to ten years. The ability to sustain the response vehicles with the capabilities support transformation 2 to diversify and secure funding and strategically deploy resources for maximum impact. Other efforts the Medical Logistics Center supports include:

- Support equitable access to services, programs, opportunities, and information
- Meaningfully engage communities to inform DOH's efforts
- Ensure equitable access to information and services
- Address structural and institutional inequities
- Establish proactive, transparent, and inclusive processes for identifying and aligning public health funding priorities to address systemic inequities.

This package supports the DOH Strategic Plan by focusing on equity. The Care-a-Van engages with underrepresented communities and includes them in the decision-making process of this program by collecting their feedback on areas of improvement. The Care-a-Van also provides access to services, opportunities, and information which might otherwise not be available to priority communities.

As part of the ForWard.

### **Performance Outcomes:**

Host at least 20 Care-a-Van mobile health events per month. Events will be:

- Located in various parts of the state
- Conducted in partnership with community-based organizations supporting priority communities disproportionately impacted by COVID-19 and other chronic health conditions
- Hosted in communities with high Social Vulnerability Index
- Coordinated with Local Health Jurisdictions and Federally Qualified Health Centers to prevent duplication of services and foster collaboration and hosted jointly, when possible.

Anticipated positive outcomes include:

- Increased access to basic preventative health services in areas with limited access
- Increased access to basic preventative health services for priority populations
- Increase in child and adult vaccination rates
- Increased access to medical homes
- Reduction in health disparities

The evaluation process includes post-event surveys with community partners and community member. This data is analyzed monthly and used to determine additional needs and improvements. Care-a-Van staff also meet weekly with contracted medical providers to address issues. Weekly and monthly metrics are used to assess and monitor program outcomes.

If funding is maintained, the response vehicles, trailers, and mobile vehicles will stand ready to rapidly deploy public health response staff to provide collaborative services to state, tribal, local, and community partners in a meaningful, equitable way.

The performance outcomes include:

- Work with DOH facilities to complete the Fleet Management Plan and provide training on driving of the large mobile command vehicles.
- Work with the Immunization Office team to monitor mobile vaccine needs across the state.

## Equity Impacts

### **Community outreach and engagement:**

Having a mobile capability will allow DOH to meet the community where they live, work, and play to facilitate access to public health services. Tribal Nations have the right to request incident support directly from the Federal Government or the State, or Locals. However, in offering the support of the IMT with the vehicles to allow DOH real-time implantation of response capabilities and help where needed, could also allow Tribal partners to facilitate a larger response.

### **Disproportional Impact Considerations:**

The Mobile Response Vehicles will improve DOH's ability to respond to communities disproportionately impacted by public health threats. This flexibility allows DOH to better align response resources to advance health equity, and address health disparities for populations at higher risk and in medically underserved communities.

### **Target Populations or Communities:**

A major goal of public health is to reduce health disparities. Health equity exists when all people can achieve full health potential, regardless of the color of their skin, where they were born, their level of education, their gender identity, their sexual orientation, the religion they practice, the job they have, the language they speak, the neighborhood they live in, whether they have a disability. However, not everyone in Washington State has this opportunity, many communities experience health inequities because of their race, culture, identity, or where they live. This is something the DOH mobile services would help to eliminate by providing innovative collaboration during both emergent and non-emergent incidents by being on the ground in the communities which are disproportionately affected by public health inequities.

The Care-a-Van serves communities disproportionately impacted by health disparities, such as:

- Counties and demographic groups with higher vaccine gaps
- Communities with a high rank on the Social Vulnerability Index (SVI) for COVID-19
- Sectors with recent outbreaks
- Communities overrepresented in COVID-19 cases, hospitalizations, and deaths
- Groups not represented or underrepresented in current DOH data systems that have likely experienced COVID-19 health disparities and vaccine inequities

During the crucial campaign to vaccinate as many residents as quickly and equitably as possible, the Care-a-Van partnered with community-based organizations across the state to meet communities where they are, in locations they are familiar with, and supported by individuals/organizations they trust. Our impact to date includes:

- The Care-a-Van has supported 584 vaccine clinics, providing close to 20,000 vaccine doses to individuals across the state.
- The Care-a-Van has hosted clinics in all but 6 counties in Washington state.
- Eighty percent of the clinics were in communities with an SVI of 7 or higher and 61% of the clinics served primarily BIPOC communities.
- Ninety eight percent of organization stated that their vaccine needs were met and that they would request this service again.
- Community member surveys show the benefit of hosting the Care-a-Van at locations they are familiar with and trust and the need for expanded services.

## Other Collateral Connections

### **Puget Sound Recovery:**

N/A

### **State Workforce Impacts:**

N/A

### **Intergovernmental:**

Each Care-a-Van request is shared with the Local Health Jurisdiction (LHJ) as part of our practice of collaboration and coordination. This practice has allowed us to establish trust with our local health partners and has gained their support for this initiative. Our LHJ partners have already voiced support for expanded mobile health services through the Care-a-Van. For each event we plan to continue to collaborate with LHJs and expand that to Federally Qualified Health Centers to help community members establish connections to medical homes.

These vehicles would come staffed and ready to help response to incidents within the state of Washington and primarily rural areas which are disproportionately impacted by disasters. Therefore, these resources have a positive impact on state, tribal, local jurisdictional, and community partners. The current Care-a-Van capability is supported and requested by local health jurisdictions, community partners, and tribal partners - this allows for this capability to continue. This would not impact other state agencies.

### **Stakeholder Response:**

The stakeholders most impacted by this proposal are the residents of Washington state who:

- Reside in areas with higher vaccine gaps by race/ethnicity
- Reside in communities with a high rank on the Social Vulnerability Index (SVI) for COVID-19
- Reside in areas with high rates of chronic disease
- Are members of communities overrepresented in COVID-19 cases, hospitalizations, and deaths
- Are part of demographic groups with lower vaccination rates compared to other groups
- Are members of groups not represented or underrepresented in current DOH data systems that have likely experienced health disparities and vaccine inequities.

Based on the surveys conducted during Care-a-Van clinics, community members and community-based organizations are in support of the Care-a-Van providing additional services, especially in areas where services are limited.

Lessons learned from the COVID-19 response are many rural or isolated communities are not able to receive response resources during a pandemic. Therefore, they reached out directly to DOH in need of response resources i.e., Incident Management Team support, staffing support, direct communication support. Having the ability to deploy these resources would have a positive impact on community organizations that would not have access to these resources in another capacity. Continuing funding in this decision package maintains access to care these communities deserve.

### **State Facilities Impacts:**

N/A

### **Changes from Current Law:**

N/A

### **Legal or Administrative Mandates:**

N/A

## Reference Documents

[C4PA \\_ Mobile Response Vehicle - Care-a-Van \\_ FNCal.xlsm](#)

[Response Vehicles Reference MaterialsFinalDraft \(1\).pdf](#)

## IT Addendum

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

No

### 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	\$2,635	\$2,625	<b>\$5,260</b>	\$2,625	\$2,625	<b>\$5,250</b>
Obj. B	\$1,135	\$1,130	<b>\$2,265</b>	\$1,130	\$1,130	<b>\$2,260</b>
Obj. C	\$12,600	\$12,600	<b>\$25,200</b>	\$12,600	\$12,600	<b>\$25,200</b>
Obj. E	\$789	\$334	<b>\$1,123</b>	\$334	\$334	<b>\$668</b>
Obj. G	\$97	\$97	<b>\$194</b>	\$97	\$97	<b>\$194</b>
Obj. J	\$81	\$0	<b>\$81</b>	\$0	\$0	<b>\$0</b>
Obj. T	\$230	\$230	<b>\$460</b>	\$230	\$230	<b>\$460</b>

### Agency Contact Information

Kristin Bettridge

(360) 236-4126

kristin.bettridge@doh.wa.gov