



Agency Recommendation Summary

The Department of Health request funds to retain essential business project positions critical for Vital Records Data Modernization activities, including retaining capacity to meeting federal mandates for data reporting and data quality, achieving accreditation standards, and modernizing critical business processes for managing and releasing foundational public health data. During the COVID-19 pandemic, the state vital records office received funding through the ELC Data Modernization grant to improve data quality, improve timeliness of data collection, enable broader and faster data sharing, and develop capacity for the rapid analysis and provision of vital records data. These updates were essential for meeting critical emergency needs and retaining these positions are necessary for vital records to meet current and on-going demands and legislative obligations.

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	9.0	9.0	9.0	9.0	9.0	9.0
Operating Expenditures						
Fund 001 - 1	\$1,759	\$1,759	\$3,518	\$1,759	\$1,759	\$3,518
Total Expenditures	\$1,759	\$1,759	\$3,518	\$1,759	\$1,759	\$3,518

Decision Package Description

Background Information

The Department of Health (Department) administers Washington’s vital records system, which is supported by a fee set in statute. It manages approximately 14 million birth, death, fetal death, marriage, and divorce records dating back to 1907, with over 200,000 new records added each year. Vital records serve as documentary proof of a life event, which the public uses to prove identity, citizenship, and relationship to others in order to get a passport or driver license, enroll a child in school, or obtain Social Security or other benefits and services. Vital Records data are foundational data for monitoring the health of the population and used extensively for public health surveillance and epidemiology. Data exchanges of vital records to federal and state partners for government services helps create efficiencies and protects the public by reducing the possibility of identity theft and preventing fraud.

What is the problem, opportunity, or priority you are addressing with the request?

During the COVID-19 pandemic, the state vital records office received funding through the ELC Data Modernization grant to improve data quality, improve timeliness of data collection, enable broader and faster data sharing, and develop capacity for the rapid analysis and provision of mortality data. Due to COVID-19, we have had to make significant changes to business processes in order to maintain mortality reporting and the changes have fundamentally advanced how we do our work. While we received initial funding to make initial business process improvements, the funding is not stable and not sufficient to complete or maintain the efforts.

The certificate fee set in statute is insufficient to retain the business project positions critical for Vital Records Data Modernization activities, including meeting federal mandates, achieving accreditation standards, and updating business processes for managing and releasing foundational public health data. Retaining project positions includes business project coordination, stakeholder engagement, data quality assurance, and policy staff needed to support this work. These staff are in project positions and are only funded through July 31, 2023. In addition to funding these critical resources, this work requires funding ongoing maintenance to ensure longevity, increasing permanent capacity to maintain federal mandates and apply for accreditation, and funding third party collaborations (such as local health jurisdictions or hospitals) to improve the accuracy and timeliness of vital records data collection.

Vital Records data are foundational data for monitoring the health of the population. Vital records offices across the nation have been underfunded and often lack the capacity to maintain foundational services. The lack of staff has negatively impacted vital records data quality and we are no longer meeting national reporting requirements. With need for high quality and rapid mortality data for the COVID-19 pandemic, data modernization for vital records is now a key priority at the federal and state level. We are also reliant on data providers to improve quality and timeliness and we do not have funding to support training or business process improvements for our partners to improve vital records data collection.

As of 2018 Vital Records and Health Statistics (VRHS) Accreditation is available through the Public Health Accreditation Board (PHAB). One of the standards and measures is trained data providers and local registrars. The vital records office has a strategic objective to work toward future accreditation and cannot move forward without continued funding to support this work.

What is your proposal?

The proposal is ongoing funding of \$1,410,000 per fiscal year beginning FY 2024 to retain 9.0 FTE that are working on data and business modernization activities in vital records. In addition to staffing, we are requesting funds to retain current technical capacity for our analytic staff. This includes the long-term use of existing Azure Cloud-based remote desktops. These machines are needed to support the analysis of large datasets in a remote work environment.

What are you purchasing and how does it solve the problem?

The proposal for ongoing funding for vital records data modernization activities will pay for:

- 3.0 FTE Epidemiologist 3 data scientists for analytic and epidemiological activities
- 2.0 FTE Epidemiologist 2 data scientists for analytic and epidemiological activities
- 1.0 FTE Health Services Consultant 2 for training providers, funeral homes, and local health jurisdictions
- 3.0 FTE Management Analyst 4 for business project coordination, process improvement, stakeholder engagement, and policy activities
- Continued annual software services of existing Azure Cloud-based remote desktops for data scientist and epidemiological staff (\$175,000/year)

Ensuring proper capacity and retaining skilled, trained, and capable staff is critical. This proposal supports the needed capacity for the modernization of our vital records data reporting processes. These staff must be retained long term and transitioned into permanent roles to facilitate the implementation and long-term maintenance of federally mandated standards. Continued use of Azure machines will maintain our capability to process and analyze large amounts of data.

Securing staffing for vital records data and business modernization will allow the Department to be on the forefront of national modernization efforts and support agency priority projects. Specialized data science and epidemiology staff with experience in both processing existing data deliverables and developing new data reporting processes will allow for process modernization with minimal delays and down time. Business project coordination and quality improvement staff are necessary for coordinating the quality control, providing facilitation and the development of processes, and utilizing organizational change methodology, principles, and practices to create an environment for a successful transition. Policy staff are necessary to ensure compliance with laws and regulations related to vital records and lead stakeholder outreach efforts. The capacity will allow us to meet federal standards, apply for accreditation, and provide more timely and accessible vital records data to our partners for essential and emerging public health work.

Performance measures will include 1) the timeliness and quality of data submitted to meet statutory requirements for vital records data, and 2) progress made towards meeting and maintaining accreditation standards. The Department anticipates the following outcomes:

- Maintain efficient and automated business processes
- Maintain birth-death linkage required by statute and federal contracts to prevent fraud
- Maintain capacity to provide rapid mortality data in emergency response situations based on processes developed during the COVID-19 pandemic
- Maintain the process modernization implemented to support foundational vital records services
- Maintain training efforts for data providers
- Maintain capacity to provide data for critical business functions to meet state and federal contracts (eg, CDC, Social Security Administration, all state and U.S. territories, DSHS Division of Child Support, Secretary of State Elections, Department of Licensing, and Department of Retirement Services.)
- Maintain capacity for rapid linkage of large datasets (e.g. Immunizations, COVID cases, hospitalizations)

What alternatives did you explore and why was this option chosen?

We considered submitting the proposal for the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant from the CDC. This alternative was not an option because the agency made the decision to support centralized agency services and local health jurisdictions.

We considered submitting an agency request legislation to increase the certificate fee to pay for these vital record data modernization activities. In 2021, the state vital records office issued 84,995 certificates. The Department receives fourteen dollars of each certificate purchased at our office. To cover the costs to retain the staff for data modernization efforts, the Department would need to increase the certificate fee from \$25 to \$46. If we do this alternative, the local health jurisdiction vital records offices and Death Investigations Account will want to receive an increase as well which would increase the certificate fee even more. The public would feel the significant fee increase and the Department already receives comments about the recent fee increase to \$25. This presents equity issues. The Department does not expect the certificate fee to cover the cost for all vital records functions and recognizes that the certificate fee cannot meet the demands vital records offices are being asked to do.

The consequences of not funding this proposal is:

- Vital records office loses critical staff which causes the vital records data and business modernization activities to stop or slow down significantly
- Reduce capacity to address data quality, timeliness, and accuracy issues impacting federal funding
- Reduce capacity to conduct training and outreach activities for data providers
- Continue to be out of compliance with federal requirements
- Lack ability to provide rapid mortality data in emergency response situations based on processes developed during the COVID-19 pandemic
- Loss of ability to maintain efficient and automated business processes
- Loss of ability to maintain the process modernization implemented to support foundational vital records services
- Loss of ability to efficiently provide data for critical business functions to meet state and federal contracts (e.g. CDC, Social Security Administration, all state and U.S. territories, DSHS Division of Child Support, Secretary of State Elections, Department of Licensing, and Department of Retirement Services.)

Loss of capacity for rapid linkage of large datasets (eg. Immunizations, COVID cases, hospitalizations)
May not qualify for future PHAB Vital Statistics Accreditation.

Assumptions and Calculations

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

The proposal is an expansion of ongoing funding for a current program. The vital records program is dependent on fees and a few federal contracts. The vital records revenue and expenses are as follows:

- 2017-19 biennium: total revenue of \$9,106,660; total expenses of \$8,985,237.
- 2019-21 biennium: total revenue of \$9,362,435; total expenses of \$8,993,456.
- Through May 2022 of 2021-23 biennium: total revenue of \$5,636,613; total expenses of \$5,198,042.

Detailed Assumptions and Calculations:

The proposal is an expansion of ongoing funding for a current program. The vital records program is dependent on fees and a few federal contracts. The vital records revenue and expenses are as follows:

- 2017-19 biennium: total revenue of \$9,106,660; total expenses of \$8,985,237.
- 2019-21 biennium: total revenue of \$9,362,435; total expenses of \$8,993,456.
- Through May 2022 of 2021-23 biennium: total revenue of \$5,636,613; total expenses of \$5,198,042.

The balance at the end of the biennium is carried over for a fund balance that is earmarked for system upgrades and replacement. The Department maintains the statewide system for vital records used by all local health jurisdictions. The current system which was implemented in 2019 cost \$8 million and requires routine upgrades as a result of legislative changes and to meet technology and security standards.

The state vital records office lacked sufficient staffing capacity and revenue to meet the demands of the COVID-19 pandemic. As a result of the ELC Data Modernization grant funding, we were able to hire 9.0 FTE project positions that are critical to improve data quality, improve timeliness of data collection, enable broader and faster data sharing, and develop capacity for the rapid analysis and provision of mortality data. The total amount awarded for May 19, 2020 through July 31, 2023 is \$5,793,203. Of that amount, \$4,089,683 is allocated for FTE related costs.

Due to COVID-19, we have made significant changes to business processes in order to maintain mortality reporting and the modernization efforts have irreversibly changed how we do our work. Once the ELC Data Modernization grant funding ends, the vital records program lacks permanent staff capacity and ongoing revenue necessary to maintain these efforts. The proposal is for \$1,787,000 per fiscal year (\$3,573,000 per biennium) ongoing to sustain FTE related costs.

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.

Increasing the funding ongoing would allow the Department to retain 9.0 FTE that are working on data and business modernization activities in vital records. The workforce assumptions are:

- 3.0 FTE Epidemiologist 3 Data Scientists for analytic and epidemiological activities
- 2.0 FTE Epidemiologist 2 Data Scientists for analytic and epidemiological activities
- 1.0 FTE Health Services Consultant 2 for training providers, funeral homes, and local health jurisdictions
- 3.0 FTE Management Analyst 4 for business project coordination, process improvement, stakeholder engagement, and policy activities
- Continued annual software services of Azure Cloud-based remote desktops for data scientist and epidemiological staff (\$175,000/year)

Starting in FY 2024 ongoing costs will total 1,787,000 per fiscal year.

The state vital records office needs additional financial support to meet the needs of the growing program.

Workforce Assumptions:

Workforce Assumptions FY24 Projections Only						
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs	
3.0	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$326,000.00	\$113,000.00	\$12,000.00	\$23,000.00	
2.0	EPIDEMIOLOGIST 2 (NON-MEDICAL)	\$197,000.00	\$71,000.00	\$8,000.00	\$15,000.00	
1.0	HEALTH SERVICES CONSULTANT 2	\$66,000.00	\$28,000.00	\$4,000.00	\$8,000.00	
3.0	MANAGEMENT ANALYST 4	\$249,000.00	\$96,000.00	\$12,000.00	\$23,000.00	
9.0		\$838,000.00	\$308,000.00	\$36,000.00	\$69,000.00	

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:

Governor's Priorities:

The proposal contributes to the priorities of Efficient, Effective, and Accountable Government and Healthy and Safe Communities. Additional funding for the vital records data modernization activities invests in program administration that will improve data quality and timeliness. The Department anticipates that improving the vital records' effectiveness will lead to complete and accurate data. Data quality affects decision-making, program improvement, and community health. Vital Records data are foundational data for monitoring the health of the population. Complete and accurate data reveals disparities and inequities more rapidly, allowing for interventions to be developed and implemented much sooner than in previous systems. This information is critical for public health and policymakers to use for improvements to health care inequities.

Department of Health Transformational Plan:

This proposal supports Priority II and IV of the DOH Transformational Plan. The DOH Transformational Plan, Priority Area II, prioritizes innovative investments in the workforce and technologies secured during the COVID-19 pandemic including those to modernize vital records data collection and dissemination through automated business processes, implementation of FHIR-based data transfer, and cloud-based analytics. Vital records data are used extensively within the Department and by many other state agencies and federal partners to monitor the health of the population and are key to addressing health equity issues across the state. Additionally, real-time data collection and exchange is fundamental to a robust public health infrastructure as outlined in Priority II. This proposal is also essential to maintain and effectively and equitably respond to public health threats as outlined in the DOH Transformational Plan, Priority IV (Emergency Response and Resilience). This provides CHS with the capacity to be nimble in our response to meet current and future public health needs. Outcomes from this proposal include continued implementation of modern and robust data sharing capabilities through FHIR-based data exchange; capacity to maintain and develop real-time data dissemination to support local communities; and ability to maintain critical business processes to meet federal contract and accreditation requirements.

All Washingtonians are well served by a health ecosystem that is robust and responsive, while promoting transparency, equity, and trust.

Overall, the proposed funding increase aligns with the Department's commitment to data usability and transparency and promoting equity and optimal health for all.

Performance Outcomes:

Efficient, effective, and accountable government:

- Better data quality and completeness
- Improve timeliness of data collection
- Enable broader and faster data sharing
- Develop capacity for the rapid analysis of natality and mortality data
- Comply with federal requirements
- Apply for PHAB Vital Statistics Accreditation

Healthy and Safe Communities:

- Communities at higher risk of health care inequities will benefit from improved vital records data that policymakers can use to accurately frame policy discussions and decision-making.

Equity Impacts

Community outreach and engagement:

This proposal is in response to demands put on the state vital records office during the COVID-19 pandemic to improve data quality; improve the timeliness of data collection, enable broader and faster data sharing, and develop capacity for the rapid analysis and provision of mortality data.

Disproportional Impact Considerations:

The Department does not anticipate populations or communities being marginalized by this proposal. Vital Records house several essential processes that other partners and government agencies need to serve traditionally underrepresented populations and help reduce disparities across the state. The data are used extensively across public health and by multiple stakeholders, including LHJs, Tribes and Tribal Organizations, other state agencies, community organizations, and researchers.

Target Populations or Communities:

Communities of color, Tribal Nations, individuals living in rural areas, and individuals experiencing homelessness will benefit from this proposal. Vital records data are one of the primary sources for addressing health outcomes and health equity. Communities of color, Tribal Nations, individuals living in rural areas, and individuals experiencing homelessness are at higher risk of health care inequities. Modernizing the vital records data and business processes will impact the ability to identify disparities and inequities more rapidly, allowing for interventions to be developed and implemented much sooner than in previous systems. These advancements intend to produce near real-time data of a higher quality, which aims to accurately capture traditionally underrepresented data.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Local Health Jurisdictions (LHJs)

Vital Records Offices: The Department anticipates a support position. LHJ vital records offices issue birth, death, and fetal death certificates. LHJ vital records offices are also responsible for registering deaths, verifying that the registration has been done correctly, contacting the funeral home or medical certifier when registration is not correct or complete, and submitting the complete report of death to the Department. Once the report of death is registered, the LHJ vital records office is responsible for issuing a burial-transit permit so the human remains can be legally disposed of. The vital records data modernization efforts streamline business processes and procedures and provide additional training and outreach to vital records offices.

Assessment Staff: The Department anticipates a support position. Vital records modernization efforts will increase data reporting and quality. LHJ assessment staff's existing access to vital records data will not change.

Washington State Medical Examiners and Coroners Offices: The Department anticipates a support position. Medical Examiners and coroners investigate and certify deaths in their jurisdictions. The vital records data modernization efforts streamline business processes and procedures and provide additional training and outreach to medical examiner and coroner offices.

Tribal governments: The Department anticipates a neutral position. Tribal governments and Tribal organizations' existing access to vital records data will not change.

State agencies, city governments, and higher education institutions such as Health Care Authority, Department of Social and Health Services, Department of Ecology, Department of Early Learning, Office of Financial Management, City of Tacoma, University of Washington, Department of Retirement Systems, Department of Licensing, and Secretary of State Elections all receive vital records data on a routine basis. The Department anticipates they will support the proposal. Vital records modernization efforts will increase data reporting and quality. Their existing access to vital records data will not change.

Stakeholder Response:

The Department anticipates support from hospitals, funeral homes, midwives, and healthcare providers across Washington state. The vital records data modernization efforts streamline business processes and procedures and provide additional training and outreach to these data providers who are responsible for reporting vital records information to the Department.

The Department does not anticipate opposition about this proposal.

State Facilities Impacts:

N/A

Changes from Current Law:

The proposal does not make changes to existing statutes, rules, or contracts.

Legal or Administrative Mandates:

N/A

Reference Documents

[2023-25 Appendix5ITaddendum_VitalRecords_DataModernization.docx](#)

[2023-25PrioritizationWorksheetIT - VR Data Modernization.xlsx](#)

[FnCal VitalRecords Data Modernization_FNCal 23-25.xlsm](#)

[Vital Records Historical Data Summary.xlsx](#)

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	\$1,049	\$1,049	\$2,098	\$1,049	\$1,049	\$2,098
Obj. B	\$410	\$410	\$820	\$410	\$410	\$820
Obj. E	\$232	\$232	\$464	\$232	\$232	\$464
Obj. T	\$68	\$68	\$136	\$68	\$68	\$136

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