2017-19 Biennium Budget Decision Package

FINAL

Agency:	303	Department of Health	
Decision Package Code/Title:	FF	Federal Funds Adjustments	
Budget Period:	2017-19		
Budget Level:	M2-Inflation and Other Rate Changes		

Agency Recommendation Summary Text: The Department of Health Requests additional federal FTE authority to align with current federal funding for various grants.

Fiscal Summary: Decision package total dollar and FTE cost/savings by year, by fund, for 4 years. Additional fiscal details are required below.

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-2	0	0	0	0
Total Cost	0	0	0	0
Staffing	FY 2018	FY 2019	FY 2020	FY 2021
FTEs	19.8	19.8	19.8	19.8
Revenue	FY 2018	FY 2019	FY 2020	FY 2021
Fund	0	0	0	0
Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
A - Salaries and Wages	0	0	0	0
B - Employee Benefits	0	0	0	0
C - Personal Service Contracts	0	0	0	0
E - Goods and Services	0	0	0	0
G - Travel	0	0	0	0
J - Capital Outlays	0	0	0	0
N - Grants, Benefits & Client Svc	0	0	0	0
T- Intra-Agency Reimbursements	0	0	0	0

Package Description

The Department of Health's (DOH) federal grant award levels vary from year to year. This decision package reflects an increase in need for federal FTE authority for new projects in various grant. The DOH has sufficient federal appropriation authority in its base budget, therefore is not requesting the spending authority.

EPIDEMIOLOGY AND LABORATORY CAPACITY (ELC) GRANT FTE REQUEST

This decision package reflects an increased need of federal FTE appropriation authority for new projects in the Epidemiology and Laboratory Capacity (ELC) grant. This grant is funded by the Centers for Disease Control (CDC) with the intention of "Building and Strengthening Epidemiology, Laboratory and Health Information Systems Capacity in State and Local Health Departments." Expenditure authority was initially provided in the 2017-19 biennium; however, these funds were not anticipated to be ongoing at that time, so they were not included in the department's carry-forward budget.

1. Antimicrobial Resistance Regional Laboratory Network (AR Lab)

The Washington State Public Health Laboratories (WAPHL) will develop an AR regional laboratory to be located with the WAPHL in Shoreline. This new Regional Laboratory will provide state Healthcare-Associated Infections/Antimicrobial Resistance and other AR prevention partners in the region access to cutting-edge laboratory support, enhanced outbreak response capability, specialized reference testing for confirmation and characterization of unusual or emerging resistance in CDC-designated bacteria, as well as Candida isolates submitted from the west coast. We will utilize ongoing collaborative relationships with epidemiology, infection preventionists, and laboratories within our neighboring states as well as our own, to ensure CDC-directed regional testing and assessment goals are met. Finally, we will build upon and strengthen our relationships with the University of Washington to address optional testing requirements, develop a robust technical consultation service, and provide training in methodologies.

Agency Subject Matter Expert: Dr. William Glover, (206) 418-5422

2. Healthcare-Associated Infections (HAI) – Coordination Prevention

Promoting antibiotic use reporting by hospitals in Washington has been a key priority of the DOH Healthcare Associated Infections (HAI) Program's Antimicrobial Stewardship (AMS) efforts. These funds will be used to offer incentive funding to hospitals to implement National Healthcare Safety Network (NHSN) Antibiotic Utilization (AU) and Antibiotic Resistance (AR) reporting; the plan is to focus on large, highly connected facilities (hospitals with >200 beds) All hospitals receiving funding will be required to provide a detailed timeline and quarterly reports on their progress towards the goal of NHSN AU reporting.

Agency Subject Matter Expert: Sara Podczervinski, (206) 418-5519

3. West Nile Virus (WNV) and other Arboviral (includes Zika)

This grant funding has increased substantially due to the emergence of the Zika virus in the Americas and its associated impact on pregnancy outcomes has raised concern for mosquito-borne diseases and the impact they can have on human health. On average, Washington State has investigated <40 cases of travel associated arboviral disease per year prior to 2015. During the first 4 months of 2016, the Office of Communicable Disease Epidemiology has investigated more than 350 reports of arboviral exposure or disease. The WAPHL has received between 2-20 requests per day for Zika clinical laboratory testing. This funding will allow the WAPHL to ease the testing burden at the CDC by testing for specimens from Washington residents.

Agency Subject Matter Expert: Dr. Ailyn Perez-Osorio (206) 418-5467

4. National Antimicrobial Resistant Monitoring System (NARMS) – Surveillance Activities -Submission of Isolates

This grant will improve sensitivity of NARMS surveillance by screening majority of Salmonella and representative numbers of other enteric pathogens for known antibiotic resistance genes. Antimicrobial resistance (AR) is a very serious health threat that has become too common. Managing this threat involves understanding the types or classes of antibiotics that pathogens are resistant to and monitoring the spread of the resistance mechanisms. Recent advances in Whole Genome Sequencing (WGS) technology have afforded the public health community an opportunity to enhance surveillance efforts by combining the Pulsed Field Gel Electrophoresis (PFGE) work flow with WGS. The WGS data generated for all clinical isolates and submitted through PulseNet can be used to screen for antimicrobial resistance genes. Additional funds to increase WAPHL infrastructure in the WGS arena will further improve WA and the country's ability to mitigate foodborne disease outbreaks as well as providing a window into the prevalence of antimicrobial resistance genes circulating within our communities.

Agency Subject Matter Expert: Dr. Ailyn Perez-Osorio, (206) 418-5467

5. Legionella Prevention

Improve the understanding within state and local health departments regarding maintenance strategies for the primary prevention of legionnaires' disease in building water systems and water towers. Incorporation of education about and assessment of water management plans. Identify and implement strategies to encourage implementation of preventive maintenance plans among building owners and operators.

Agency Subject Matter Expert: Vivian Hawkins, (206) 418-5586

INTEGRATED NATIONAL HIV SURVEILLANCE SYSTEM & HIV PREVENTION PROGRAMS FOR HEALTH DEPARTMENTS

This funding opportunity merges two programs that were previously separated: CDC's HIV Prevention Programs for Health Departments; and; National HIV Surveillance Systems. Combined, this funding opportunity now supports both the work of health agencies carrying out comprehensive HIV prevention as well as robust HIV disease surveillance. About half of the HIV surveillance funds will be used by DOH to support agency staff who conduct HIV surveillance and the remaining surveillance funds will be provided to Public Health – Seattle & King County to conduct foundational public health activities of HIV surveillance in King County. The majority of the HIV Prevention funds will be used both at DOH and at the local health jurisdictions with the highest impact* to provide foundational public health activities focusing on HIV disease investigation, control, and partner services. A smaller portion of the HIV prevention funding will be provided to syringe services programs and community based agencies to provide HIV prevention activities. This is a new activity allowed under this grant.

Agency Subject Matter Expert: Elizabeth Crutsinger-Perry, (360) 236-3440

MAINTENANCE AND ENHANCEMENT OF WHOLE GENOME SEQUENCING FOR FOOD TESTING

The FDA's Center for Food Safety and Applied Nutrition (CFSAN) has created the first integrated network of State and Federal laboratories to use whole genome sequencing to track foodborne pathogens to improve outbreak response and effective monitoring of preventive controls. Known as GenomeTrakr, the network

has created a publically available, global database containing the genetic makeup of thousands of foodborne disease-causing bacteria.

Agency Subject Matter Expert: Dr. Ailyn Perez-Osorio, (206) 418-5467

Base Budget: If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service. Please include annual expenditures and FTEs by fund and activity (or provide working models or backup materials containing this information).

Base budget funding for the ELC Grant includes \$3,265,000 General Fund-Federal and 18.5 FTE per year. This work is tied to Activity A016 – Prevent and Respond to the Transmission of Communicable and Infections disease.

Decision Package expenditure, FTE and revenue assumptions, calculations and details: Agencies must clearly articulate the workload or policy assumptions used in calculating expenditure and revenue changes proposed.

1. Antimicrobial Resistance Regional Laboratory Network (ELC)

In fiscal year (FY) 2018 and ongoing, the department requests the following 11.0 FTE

1.0 FTE Microbiologist 4 for managing personnel, competency, proficiency, and technical oversite of all activities within the AR Regional Laboratory. They will be responsible for ensuring that all grant deliverables are being met, this would include AR base activities (CRE &CRPA) as well as optional testing GC and Candida. This position would be the AR lab expert.

1.0 FTE Microbiologist 3 for overseeing all day to day operations in the AR laboratory related to AST and Resistance testing. This includes testing, training, QC, and reporting. This position will train on all CDC related protocols and be responsible for their implementation within the required timeframe.

1.0 FTE Microbiologist 2 for performing day to day bench level testing (AST, Molecular Resistance Testing) and generation of reports for lead review in the AR laboratory related to AST and Resistance testing.

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1.0 FTE Information Technology Specialist 4 for completing and upgrading STARLIMS modules associated with the AR lab. These include AST, Surveillance Cx, CRE & CRPA, Archival Isolate, and possibly GC and Candida. Additionally, this position will work with the IT contractor to establish connections between the LIMS modules and the ETOR system, and between instruments (Sensitire, MALDI) and the LIMS modules.

1.0 FTE Microbiologist 2 for providing technical oversight as well as overseeing all QC testing and performing data analysis and generation of summary and other reports associated with the AR regional laboratory for CDC.

1.0 FTE Microbiologist 2 for performing all day to day bench level testing related to Candida (ID, Antifungal testing) and generation of reports for lead review in the AR laboratory. This position will train on all CDC mycology related protocols.

1.0 FTE Laboratory Tech 1 for providing laboratory assistance to the AR laboratory within the operations office media and glassware prep room. Laboratory assistance will include media and drug preparations, glassware, autoclaving, and other support related activities.

1.0 FTE Microbiologist 3 for overall ARLN program coordination for all of the West Region and direct support of ARLN lab supervisor. Additional duties will include providing ARLN annual training.

1.0 FTE Microbiologist 2 for performing GC surveillance activities for WA State in conjunction with the GISP laboratory. Activities include media prep, ID and AST testing. This person will work with CDC and the GISP lab to validate the Bruker MALDI for GC identifications.

1.0 FTE Microbiologist 2 or performing enhanced GC surveillance activities for WA State in conjunction with the GISP laboratory. Activities include media prep, ID, AST and WGS.

2. Healthcare-Associated Infections (HAI) – Coordination Prevention (ELC)

In FY 2018 and ongoing, the department requests the following 3.0 FTE:

1.0 FTE Epidemiologist 3 for overseeing the HAI Program and providing outreach to key stakeholders (hospital association, infection preventionist). Supervises the HAI Program and prioritizes project work for the program. Assist in oversight and implementation of HAI grant-funded activities and report progress to the CDC. This position is also the lead coordinator for the Ebola Assessment and Treatment Hospital and the Infection Control Assessment and Response projects.

1.0 FTE Epidemiologist 2 as the primary analyst for HAI data submitted to the WA Department of Health via NHSN. This position reviews NHSN surveillance data for HAIs, ensures that hospitals are accurately reporting HAI data into NHSN using validation methods, tracks trends, and responds to HAI increases at hospitals. The HAI Epidemiologist summarizes the results of the HAI reporting in the form of an annual report and is also responsible for updating the Department of Health HAI website. Additional duties include, supporting the HAI Program through active participation in HAI Advisory Committee and supporting external partners by providing trainings to infection preventionists and other stakeholders on NHSN reporting requirements.

1.0 FTE Microbiologist for performing ongoing statewide CRE and CRPA lab surveillance activities for WA State. Activities include surveillance cultures, ID, AST, and molecular resistance testing. Starting in FY 2018 and ongoing, 3.0 FTE.

3. West Nile Virus (WNV) and other Arboviral including Zika (ELC)

In FY 2018 and ongoing, the department requests the following 0.5 FTE:

0.5 FTE Epidemiologist 3 for managing and analyzing surveillance data, consulting on case investigations, coordinating laboratory testing, and reporting to ArboNET. Starting in FY 2018 and ongoing, 0.5 FTE.

4. National Antimicrobial Resistant Monitoring System (NARMS) – Surveillance Activities -Submission of Isolates (ELC)

In FY 2018 and ongoing, the department requests the following <u>1.0 FTE</u>:

1.0 FTE Microbiologist 2 for WGS lab coordination with Epidemiology, troubleshooting, training and bench primary role. BioNumerics support for WGS activities (data entry, data analysis and reporting. Implementation of new modules and coordination of LIMS connectivity). Starting in FY 2018 and ongoing, 1.0 FTE.

5. Legionella Prevention (ELC)

In FY 2018 and ongoing, the department requests the following <u>0.25 FTE</u>:

0.25 FTE Epidemiologist 3 for state and local health jurisdiction staff regarding Legionnaires' disease case and cluster investigations, and coordinates the involvement of environmental health, healthcare associated infections, laboratory and licensing components as needed for prevention activities and during investigations. 1.0 FTE Microbiologist 3 for analysis and typing of Legionella organisms in clinical and environmental samples. The position will also help link disease clusters and environmental sources through typing of the disease-causing organism in the patients and the water. Starting in FY 2018 and ongoing, 1.25 FTE.

6. Integrated National HIV Surveillance System & HIV Prevention Programs for Health Departments

In FY 2018 and ongoing, the department request the following 2.0 FTE:

2.0 FTE Health Services Consultant 3 to build capacity for syringe service programs and provide program evaluation for HIV prevention services. Starting in FY 2018 and ongoing, 2.0 FTE.

7. Maintenance and Enhancement of Whole Genome Sequencing for Food Testing

In FY 2018 and ongoing, the department requests the following 1.0 FTE:

1.0 FTE for the Lab bench/ analytical support for food lab and sequencing of samples. The position will also provide sequencing coordination and serves as a liaison with collaborators. Starting in FY 2018 and ongoing, 1.0 FTE.

Total request for FY 2018 and ongoing is 19.75 FTE

Decision Package Justification and Impacts

What specific performance outcomes does the agency expect?

Describe and quantify the specific performance outcomes the agency expects as a result of this funding change. (results washington link) N/A

Performance Measure detail:

N/A

Fully describe and quantify expected impacts on state residents and specific populations served:

This request allows DOH to continue the same level of service and helps meet the following performance measure from the DOH strategic plan:

Goal 1: Protect everyone in Washington from communicable diseases and other health threats.

What are other important connections or impacts related to this proposal? Please complete the following table and provide detailed explanations or information below:

Impact(s) To:		Identify / Explanation
Regional/County impacts?	No	Identify:
Other local gov't impacts?	No	ldentify:
Tribal gov't impacts?	No	Identify:
Other state agency impacts?	No	Identify:
Responds to specific task force, report, mandate or exec order?	No	Identify:
Does request contain a compensation change?	No	Identify:
Does request require a change to a collective bargaining agreement?	No	ldentify:
Facility/workplace needs or impacts?	No	ldentify:
Capital Budget Impacts?	No	Identify:
Is change required to existing statutes, rules or contracts?	No	Identify:
Is the request related to or a result of litigation?	No	Identify lawsuit (please consult with Attorney General's Office):
Is the request related to Puget Sound recovery?	No	If yes, see budget instructions Section 14.4 for additional instructions
Identify other important connections		

Please provide a detailed discussion of connections/impacts identified above. N/A

What alternatives were explored by the agency and why was this option chosen?

The DOH does not have sufficient FTE's for the new projects funded through the grants.

What are the consequences of not funding this request?

Projects approved and funded by the federal government will not be accomplished.

How has or can the agency address the issue or need in its current appropriation level?

The agency cannot address the issue within its current FTE appropriation.

Other supporting materials: Please attach or reference any other supporting materials or information that will help analysts and policymakers understand and prioritize your request.

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



Section Yes Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)

2017-19 IT Addendum

Part 1: Itemized IT Costs

Please itemize any IT-related costs, including hardware, software, services (including cloud-based services), contracts (including professional services, quality assurance, and independent verification and validation), or IT staff. Be as specific as you can. (See chapter 12.1 of the operating budget instructions for guidance on what counts as "IT-related costs")

Information Technology Items in this DP (insert rows as required)	FY 2018	FY 2019	FY 2020	FY 2021
Staffing - FTE	1.0	1.0	1.0	1.0
		ууу	ZZZ	aaa
Total Cost	Enter Sum	Enter Sum	Enter Sum	Enter Sum

Part 2: Identifying IT Projects

If the investment proposed in the decision package is the development or acquisition of an IT project/system, or is an enhancement to or modification of an existing IT project/system, it will also be reviewed and ranked by the OCIO as required by RCW 43.88.092. The answers to the three questions below will help OFM and the OCIO determine whether this decision package is, or enhances/modifies, an IT project:

1.	Does this decision package fund the development or acquisition of a	□Yes	🛛 No
	new or enhanced software or hardware system or service?		
-		—	<u> </u>

- 2. Does this decision package fund the acquisition or enhancements □Yes ⊠ No of any agency data centers? (See <u>OCIO Policy 184</u> for definition.)
- 3. Does this decision package fund the continuation of a project that □Yes ⊠ No is, or will be, under OCIO oversight? (See <u>OCIO Policy 121</u>.)

If you answered "yes" to <u>any</u> of these questions, you must complete a concept review with the OCIO before submitting your budget request. Refer to chapter 12.2 of the operating budget instructions for more information.