



Department of Health
2023-25 First Supplemental Budget Session
Policy Level - CV - Care-A-Van (Mobile Health Services)

Agency Recommendation Summary

The Department of Health requests funds to support the Care-a-Van mobile health program which promotes health equity by providing preventative health services and prevention education in areas of Washington with significant need and restricted access. The Care-a-Van program also supports critical readiness infrastructure, allowing for rapid mobile response to future public health emergencies, disasters, and vaccine preventable disease outbreaks.

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	0.0	21.7	10.85	21.7	21.7	21.7
Operating Expenditures						
Fund 001 - 1	\$0	\$6,453	\$6,453	\$6,453	\$6,453	\$12,906
Total Expenditures	\$0	\$6,453	\$6,453	\$6,453	\$6,453	\$12,906

Decision Package Description

DESCRIPTION

“As health care leaders and policymakers increasingly recognize the importance of social determinants of health and community-clinical linkages, mobile clinics are well-positioned to further these goals.” Mobile health clinics in the United States | International Journal for Equity in Health | Full Text (biomedcentral.com)

Providing a collaborative solution for communities who are medically underserved to access health services and education is critical. If a solution is not found, people will continue to be unable to prevent and/or manage common ailments, leading to severe illness and increased mortality rates. Department of Health and Care-a-Van have the potential to improve the quality of life for communities in Washington with limited access to care. The expansion of Care-a-Van can strengthen the healthcare landscape of Washington state, support building community trust in healthcare and encouraging individuals to seek preventative care. The Care-a-Van program provides vaccination, health promotion, education, and health services in partnership with local Tribes, tribal organization, Local Health Jurisdictions (LHJs), and community-based organizations.

This program works across the state of Washington to provide mobile health education, health services and vaccinations in areas with limited access to services, high barriers to service, and/or in jurisdictions with high social vulnerability index scores. Additional health services provided include preventative health screenings such as blood pressure and blood glucose monitoring, connection to medical homes, take-home COVID-19 tests and other preventative health services. The Care-a-Van is continuing to expand the number of services it provides to support other public health education priorities including mental health, continued connection with community-based organizations, responding to needs of individual community requestors for preventative services and partnership with other mobile health providers.

Care-a-Van includes four support vans that are dispatched across Washington. Care-a-Van events can be done with or without the vans present depending on the needs of the organization requested. Events are completed at the request of and in partnership with LHJs, local Tribes and community-based organizations. The Care-a-Vans partners with trusted messengers in the community to determine locations and days/times to best reach those in need of services.

To date, the Care-a-Van program has provided over 53,600 COVID-19 vaccine doses while partnering with community-based organizations, LHJs, Tribal partners, and others. The Care-a-Van hosted 1,990 clinics in 36 counties. More than 50% of clinics served Black, Indigenous, and People of Color (BIPOC) communities and 77% were in areas with a social vulnerability index (SVI) of 7 or higher based on census tract.

Care-a-Van event locations by county through June 2023.

Of the 2,071 surveys completed by individuals connected to Care-a-Van services, responses indicate that community members come to Care-a-Van clinics because of convenience of location, they received information through a trusted partner, no appointment was necessary, and the days/times are convenient. Additional services requested by the community include increasing adult vaccines (such as shingles, mpox, and measles); the full range of children's vaccinations, preventative health screenings, health education, dental services, and mental/behavioral health service information.

During the COVID-19 and other public health responses, state and local agencies lacked capacity to provide direct access to testing and/or vaccines to communities hardest-hit by disease spread. Having vehicles, staff and contractors at the ready can mitigate disease spread through providing information to communities directly, and being able to quickly go where the need is in communities.

The Department of Health previously submitted a funding request as part of the 2023-2025 Regular Budget Session. It was partially funded to allow a limited number of staff to support engagement activities and expansion of services as well as maintenance of other vehicles outside of Care-a-Van used for emergency response.

PROPOSAL

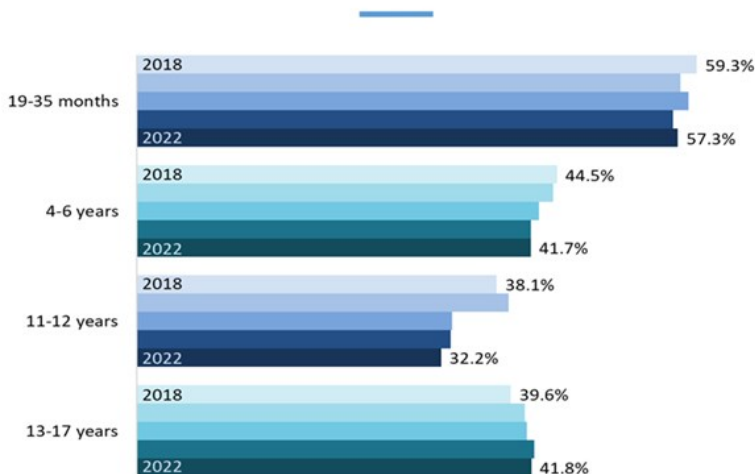
The core function of Care-a-Van is to provide preventative health education and services to communities that often have the most barriers to access such as those in rural areas, those with high social vulnerability index scores, those who are uninsured or underinsured, and/or those who cannot receive services during typical business hours. The Department of Health intends to expand services that address public health concerns exacerbated by the pandemic and decreased provider capacity to include services such as vaccination services, blood pressure checks, providing COVID tests and other preventative services. Care-a-Van is also vital in response to future public health emergencies.

Maintaining and growing the capabilities and infrastructure built during the COVID-19 pandemic, in partnership with LHJs, Tribes and community-based organizations, will continue to modernize preventive public health services and better serve those at greatest risk for COVID-19, flu and other preventive diseases within Washington State.

Requested funds will be used to support internal Care-a-Van staffing, contracted medical staffing, logistical costs, travel expenses, and expansion of outreach and educational components of work.

At the time of this request, Care-a-Van was expected to pilot the expansion of additional preventive services through June 2024 while maintaining current capacity. As the COVID-19 vaccine moves into the commercial vaccine market, Care-a-Van will support those who live in vaccine deserts, are underinsured, uninsured or are homebound to maintain access to COVID-19 vaccine, influenza vaccines, mpox vaccines, and other childhood vaccines.

Percent of fully vaccinated children by milestone age groups, December 2018-2022



Additionally, jurisdictions continued to need additional support of deployed public health resources and teams. Most jurisdictions did not have mobile vaccine capacity prior to the COVID-19 pandemic and many still do not have that capability or the ability to fund mobile health services. The end of the public health emergency rescinded flexibility on who could vaccinate, increasing reliance on contracted vaccinators able to prescribe their own standing orders. LHJs continue to elevate the lack of administrative or staff capacity to manage contracts, events or additional services that are requested by their local constituents.

ALTERNATIVE

Community partners and local health jurisdictions continue to express a desire for Care-a-Van to continue and for services to include other preventive health options. Additionally, secured funding would mean the ability to continue to ensure that families have access to routine childhood vaccines in their communities and that there is adequate access to COVID-19 vaccines and influenza vaccines in communities where access can be a barrier. Not funding this proposal would impact the ability to deploy needed services in communities and could erode trust.

Funding previously provided for Care-a-Van only supports a limited number of outreach staff, alongside travel and maintenance/insurance for vehicles. Not funding this proposal along with the anticipated end of an additional funding source in June 2024 will mean that Care-a-Van will not be able to expand services or provide ongoing immunization services and would be limited to education and outreach opportunities only. This would severely limit the number and type of community events that Care-a-Van could support.

Funding this proposal would support continued efforts to pilot and expand services for Care-a-Van, and ensure ongoing delivery of COVID-19, influenza and other routine childhood vaccines while expanding to other adult vaccines for those who are most in need of this critical prevention

service. Funding also provides additional infrastructure to ensure that these mobile units are available for response to future public health emergencies. Having vans and contracts in place allowed DOH to pivot quickly and provide mpox vaccine during the recent mpox outbreak by providing additional vaccine points of distribution, outreach and education to populations at greatest risk and preventing a wider outbreak of disease in the community.

DOH continues to explore cost-sharing models with LHJs which could result in a reduction of the overall cost of operations. There continues to be engagement and thought partnership to explore this model and its effectiveness in communities across Washington.

Additional options being explored are a reduction in services that require contracted supports (such as vaccination services, blood pressure checks and other preventative health options), reduction in the number and types of events that can be provided through Care-a-Van and moving into a model that is outreach and education only. These options would limit the effectiveness of Care-a-Van in communities most in need of additional services and would not increase access points for vaccines for uninsured and underinsured populations in Washington communities.

Assumptions and Calculations

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

There is no historical financial information for biennia 2017-2019. The Care-a-Van was created in response to the COVID-19 pandemic and the need to continue to increase access to COVID-19 Vaccines in communities. Funding for the program was provided primarily through FEMA and ARPA funds historically.

	BIEN23 - Actuals		BIEN25	
	FY22	FY23	FY24	FY25
Car-A-Van	9,016,304.85	13,751,525.61	17,981,067.00	-

In prior fiscal years Care-a-Van had been funded through combined funds from FEMA and allocated ARPA funds; DOH was not differentiating funds between Care-a-Van and Mass Vaccination sites until late FY2022 and FY2023 which is why the historical data is showing less spent that is projected for FY2024.

While we are expanding the number of services offered, expectations are to lower the number of events moving forward to support the movement of Care-a-Van into a model that is more sustainable.

Starting in June 2023, a decision package was provided to fund a minimal number of positions for FY2023 and FY2024 (approximately \$1M total for both years). These funds will support outreach and education activities related to expansion of a minimal number of services and will support the maintenance of the Care-a-Van vehicles and other Department of Health mobile response vehicles.

Detailed Assumptions and Calculations:

Contracts – \$3,900,000/yr ongoing

Contracted medical providers to support shot-in-arms efforts for MPOX, routine vaccine and COVID-19 Vaccine for both adult and childhood

populations for those who are uninsured or underinsured.

5 clinics per week:

Average contractor cost per clinic: \$15,000

\$75,000 per week x 52 weeks = \$3,900,000

Travel - \$25,000/yr ongoing

Routine travel of staff to Care-a-Van events around Washington State. Team operates in a regional model to reduce travel costs where possible.

Equipment - \$9,250/yr ongoing

Yearly ongoing operation cost of vehicle lease

Material Translations - \$70,000/yr ongoing

Translation of educational and promotional materials into the standard 16 languages.

Digital Marketing and Promotion – \$50,000/yr ongoing

Digital placement and advertisement of care-a-van services on paid social media and digital platforms

Workforce Assumptions:

WMS2 (1.0 FTE/year) - Annual Cost \$223,000 ongoing

Manages direct work around operations, Care-a-Van event logistics, planning and engagement for Care-a-Van services. Provides direct supervisory oversight of 1.75 supervisors and total staffing of 11.75.

Health Services Consultant 3 (5 FTE/year) – Annual Cost \$798,000 ongoing

Position provides subject matter expertise for Care-a-Van Public Health Services including storage and handling, understanding of federal systems, data analysis, contract and financial supports, advisory group work and coordination with local health jurisdictions, tribes, and contractors. Provides on-site event support as needed; provides contract management and weekly meetings with contracts around upcoming events; supports outreach to community organizations for event outreach and day of event logistics coordination. Staff also create health education and promotion materials, public messaging and coordinating translations to educate the intended audience of various public health prevention activities. Train and educate Care-a-Van community health workers on proper health education techniques for audiences.

Health Services Consultant 4 (1.8 FTE/year) – Annual Cost \$303,000 ongoing

Providers direct supervisory and leadership to teams in the COVID-19 Vaccine Program and leadership consultation. Position provides day-to-day support for two teams of event outreach and logistics staff. Provides required supervisory functions and day to day support and communication for two teams of event outreach and logistics staffing. Ensure weekly events are coordinated, contractor's follow-up with, supplies for events are coordinated and ordered and that events are properly staffed.

Health Services Consultant 2 (7 FTE/year) – Annual Cost \$1,020,000 ongoing

Provide on the ground event staffing and health education, event logistics, ongoing outreach to CBOs, Tribal Organizations and LHJs. Drive vehicles to the event, set up and tear down, ensure information is shared is relevant to populations for up to 20 events per month.

Overall decision package expenditures will 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 request aligns with the Governor's Results Washington strategic goal 4: Healthy & Safe Communities. Mobile health programs improve individual health outcomes, advance population health, and reduce healthcare costs compared to traditional clinical settings. Additionally, the Care-a-Van provides access to prevention services and education which can reduce the number of illnesses and injuries, hospitalizations, deaths in communities.

Further, this request supports the DOH Strategic Plan by focusing on equity and engagement. The Care-a-Van collaborates with community partners, LHJs and Tribes to support outreach and address the preventative needs of communities. The Care-a-Van provides access to services, opportunities, and information which might otherwise be unavailable to priority communities.

Performance Outcomes:

Host at least 10 Care-a-Van 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 vaccine and other chronic health conditions
- Hosted in communities with high Social Vulnerability Index
- Coordinated with LHJs and Federally Qualified Health Centers to prevent duplication of services and foster collaboration

Pilot three additional preventive health education and/or direct services to Care-a-Van FY 2024.

Anticipated positive outcomes include:

- Increased access to basic preventive health services in with limited access
- Increased access to basic preventive health services for priority populations
- Increased in child and adult immunization rates
- Increase access to health service points of distribution
- Reduction in health disparities

The evaluation process includes post-event surveys with community partners and community members. This data is analyzed monthly and used to determine additional needs and improvements. Care-a-Van staff meet weekly with contracted medical providers to address any issues that arise. Weekly and monthly metrics on services are assessed and monitored to determine event success, number of services provided and if events can be combined, handed off to another vendor/organization or increased.

Equity Impacts

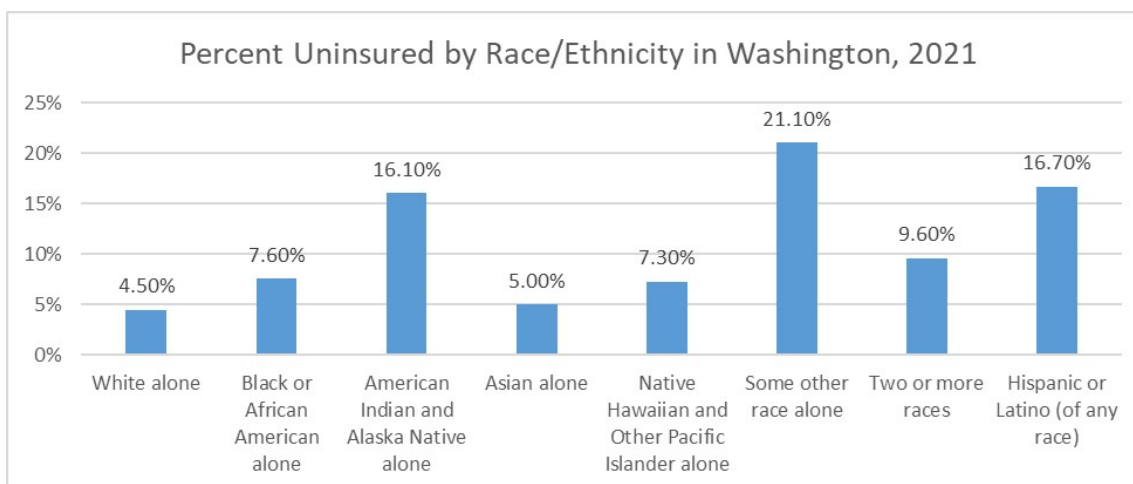
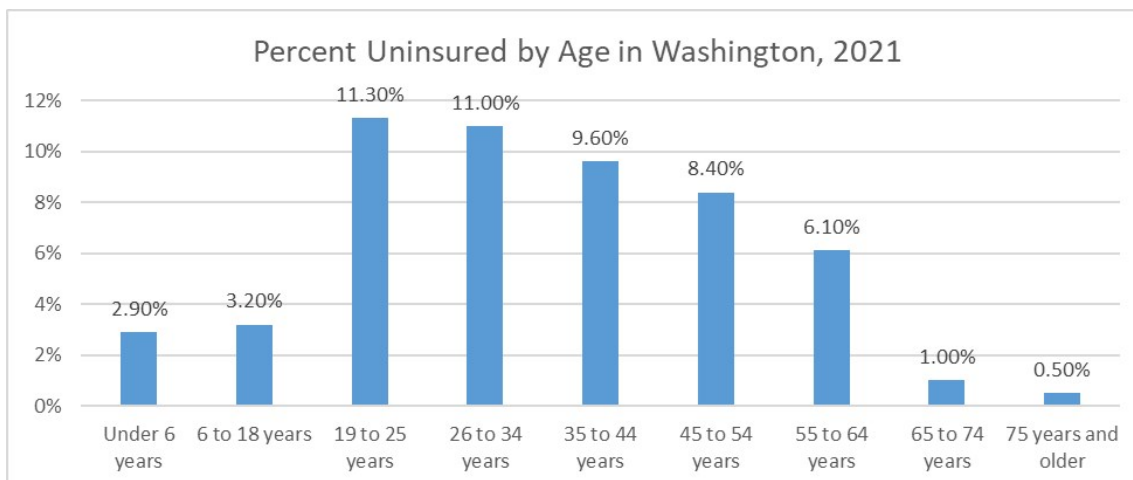
Community outreach and engagement:

The mobile health capacity developed via Care-a-Van allows DOH to expand community access points for public health services. DOH intentionally partners with LHJs, community-based organizations, and Tribal organizations to support the requested needs of their communities and link to trusted messengers in the community.

A survey is conducted on site with Care-a-Van individual participants and with the hosting organization to support decision making on additional services to offer at Care-a-Van, receive feedback directly about the event, location and time of event, and to make adjustments based on feedback and comments for future events and ongoing outreach.

Disproportional Impact Considerations:

Care-a-Van improves Department of Health's (DOH) ability to respond to and support communities disproportionately impacted by public health emergencies and ongoing health disparities. This allows DOH to continue to align resources to our cornerstone values of Equity, Innovation, and Engagement and address health disparities for populations at higher risk including those who live in areas with high social vulnerability indexes, and those who are uninsured and underinsured.

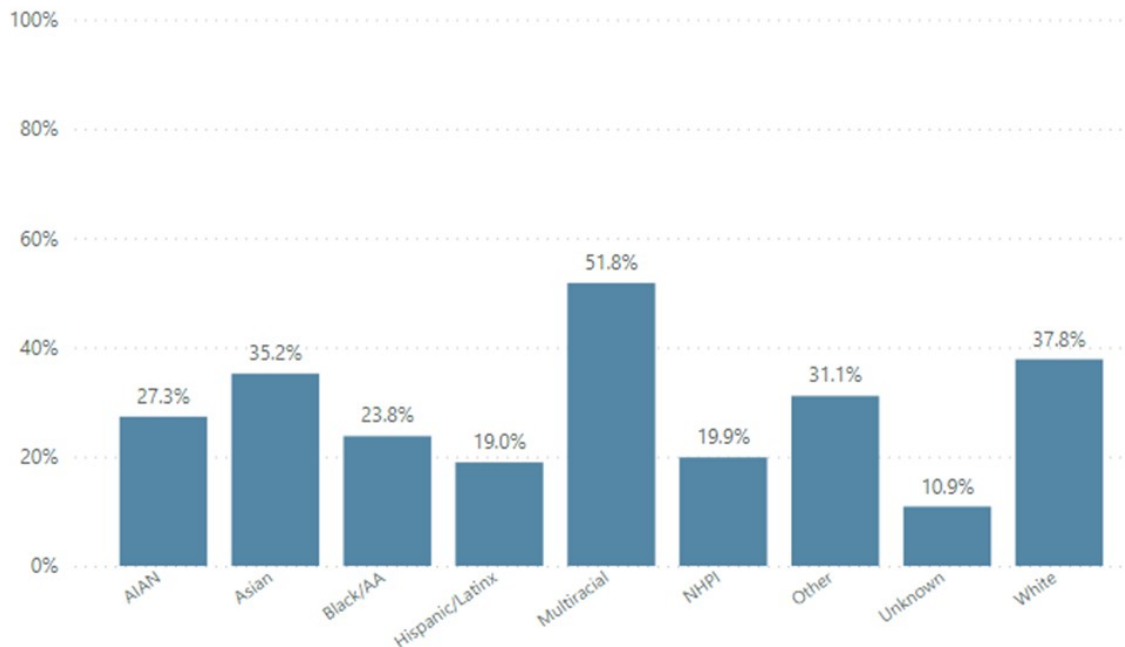


Target Populations or Communities:

The Care-a-Van is a public health tool to address health disparities. Care-a-Van reduces health disparities by collaborating with trusted messengers, providing direct services where they are most needed, providing health education and outreach and responding to emergent incidents in communities which are disproportionately impacted 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 (BIPOC, maritime and agricultural workers)
- Communities with a Social Vulnerability Index score of 7 or higher based on census tract
- Communities most affected by emergent needs such as COVID-19 or mpox
- Communities represented in current DOH data systems that have experienced larger health disparities and vaccine inequities
- Communities with higher rates of underinsured and uninsured populations



Percent of those eligible who have received a bivalent booster by race/ethnicity. July 2023.

Our impact to date:

- Care-a-Van COVID-19 clinics serving over 50% BIPOC: 51%
- Care-a-Van events in areas with Moderate to High/High SVI (7+): 77%
- Events in rural areas of Washington: 26%
- Number of Community-Based Organizations Engaged: 600+

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Care-a-Van collaborates with LHJs and Tribal partners as part of our efforts to ensure community partnership, participation with trusted community messengers and assurance that we are meeting community driven needs. This has allowed us to establish trust with our LHJs and Tribal partners while building community trust. Our LHJ partners continue to express support for expanded mobile health services through Care-a-Van. For each event, we continue to collaborate with LHJs, tribal partners and an expanded number of community-based organizations and Federally Qualified Health Centers.

There is no expected impact to 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
- Reside in areas with limited preventative care services
- Reside in areas with high rates of chronic disease
- Reside in communities with a high score of 7+ on the Social Vulnerability Index
- Those who are uninsured or underinsured
- Are members of groups not represented or underrepresented in current DOH data systems that have likely experienced health disparities and vaccine inequities

Based on surveys conducted during Care-a-Van outreach those who attend events are primarily part of the BIPOC community, reside in areas with high SVI score (7+) and experience limitations to preventative health services.

We continue to hear support from the community at these events, through the incoming number of requests for Care-a-Van services, and support from our partners in LHJs and tribal communities to maintain and expand Care-a-Van services in the community.

State Facilities Impacts:

We are requesting funds in FY2025 to support the ongoing lease of one vehicle to provide public health outreach services.

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

HEAL Act Agencies Supplemental Questions

1. Please describe specific likely or probable environmental harms and/or benefits and their associated health impacts to overburdened communities and vulnerable populations.

This will have an environmental impact as it includes transportation by private vehicles for staff and through gas powered vehicles for events.

2. Please describe any potential significant impacts to Indian tribes' rights and interest in their tribal lands.

N/A

3. Describe how your agency engaged with Tribes in developing this proposal, including offers for tribal consultation, and any direction provided by Tribes through this engagement.

None at this time, but we will continue to provide events in partnership with Tribal organization at their request.

4. Has an Environmental Justice Assessment been completed? If so, please submit the assessment as an attachment in ABS.

N/A

5. Describe how your agency used the Environmental Justice Assessment process to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits? If your agency determined that you were unable to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits, please provide a justification for not doing so.

N/A

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	\$0	\$1,544	\$1,544	\$1,544	\$1,544	\$3,088
Obj. B	\$0	\$614	\$614	\$614	\$614	\$1,228
Obj. C	\$0	\$70	\$70	\$70	\$70	\$140
Obj. E	\$0	\$153	\$153	\$153	\$153	\$306
Obj. G	\$0	\$25	\$25	\$25	\$25	\$50
Obj. J	\$0	\$9	\$9	\$9	\$9	\$18
Obj. N	\$0	\$3,900	\$3,900	\$3,900	\$3,900	\$7,800
Obj. T	\$0	\$138	\$138	\$138	\$138	\$276

Agency Contact Information

Kristin Bettridge
 (360) 236-4126
 kristin.bettridge@doh.wa.gov