



## Agency Recommendation Summary

Regional Health Offices were established by the legislature in the 2021 legislative session as an innovative approach to working more effectively with local health jurisdiction partners and tribal governments. This has been vital in enhancing the statewide regional model to better support and collaborate with our Governmental Public Health System partners.

## 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	3.8	3.9	3.85	3.9	3.9	3.9
<b>Operating Expenditures</b>						
Fund 001 - 1	\$683	\$696	\$1,379	\$696	\$696	\$1,392
Total Expenditures	<b>\$683</b>	<b>\$696</b>	<b>\$1,379</b>	<b>\$696</b>	<b>\$696</b>	<b>\$1,392</b>

## Decision Package Description

The state Legislature directed the Department to establish [Regional Health Offices](#) (RHOs) in the 2021 legislative session.

In operationalizing the regional model, three additional staff are needed to ensure adequate statewide coverage for supporting the governmental public health system. The Department also identified the need for a senior position to oversee liaisons, and to provide strategic engagement and regional planning direction for both sides of the regional model.

Up to 2021 the Department had one main agency Local Health Jurisdiction (LHJ) Liaison. While the one liaison model worked for fielding LHJ questions and supporting several agencywide resources, it did not allow us to proactively work with all local partners. It also didn't provide the bandwidth necessary to help all internal partners agencywide with effectively navigating local relationships.

The new regional model also helps the Department take important action on two critical lessons from the COVID response:

- Emergency response is always local.
- The Department needs to proactively build and maintain key relationships before—not just during—an emergency.

To be effective and to help statewide efforts move forward, DOH must improve ongoing bi-directional connections with local partners, and increase bandwidth to collaborate on shared projects important to the governmental public health system. By proactively building and maintaining local relationships, DOH can help strengthen public health throughout the state—both now, and when the next emergency strikes.

Additional staff that were identified as needs by the system include:

- **Senior Director of Regional Engagement and Planning:** Manages the Regional Liaison team and ensures coordinated engagement approach for Regional Liaisons and Regional Health Officers. Provides overarching strategic engagement approach and planning for

Regional Health Offices to ensure effectiveness of regional model, and short-/long-term planning efforts. Serves as senior advisor on regional issues and priorities to agency executive team and other senior leadership. Connects with other state agencies on shared issues.

- **LHJ Engagement Strategist:** This position reports to the Senior Regional Director and is the primary connector and advisor to internal DOH programs on effectively working with local health jurisdictions. The manager is an advisor and planner and serves as a connector across the regional offices to ensure alignment and coordination with regional staff and DOH programs. The LHJ Engagement Strategist also manages special projects for the regional team, collaborating across the agency and the public health system.
- **Administrative Assistant:** An additional administrative assistant is needed for the increased operations workload for the regional office team.

This regional model represents an innovative approach to working more effectively with local health jurisdiction and tribal partners and with better supporting the greater public health system.

The Department explored the option of status quo, but the bodies of work identified are needed for a fully functional system.

## Assumptions and Calculations

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

The state Legislature directed the Department to establish [Regional Health Offices](#) (RHOs) in the 2021 legislative session. The Details Assumptions and Calculations section of this proposal provides a table that demonstrates base funding for this program and the funding shortfall that has occurred since implementation. This request is necessary to fill the compensation shortfall and expansion of the regional office staff for operational needs.

### **Detailed Assumptions and Calculations:**

The Department requests three additional FTEs to accommodate the workload and implement effective leadership. Additionally, there is a funding shortfall between the original funding request provided and what the Department needs to effectively run this initiative. Listed below are the original funding provided versus the variance the Department has acquired since implementation. The discrepancies are mostly in compensation and other costs of running the program. See table for details. Indirect costs for these positions will be \$76,000 per year, ongoing.

In addition to staffing costs, the Department also requires an increase to the original travel budget. The Department requires an additional \$28,000 for travel for the existing staff.

Original Request			
FTE	Job Class	Original Amount	Needed Funding
4.0	WMS1	\$372,528	\$40,000
4.0	Physician 3	\$801,216	\$122,000
Needed Funding			
FTE	Job Class	Original Amount	Variance
1.0	AA3	Not Included	\$71,563
1.0	MA 5	Not Included	\$129,450
1.0	WM3	Not Included	\$182,931

**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.**

### **Workforce Assumptions:**

Three additional FTEs are requested in this proposal based on the operational needs to maintain the workload.

### **Fiscal Year 2024 Salaries and Benefits, ongoing:**

1 FTE WMS-3 Senior Director of Regional Engagement and Planning (WMS-3): \$182,931

1 FTE Management Analyst 5, Engagement Strategist (MA5): \$129,450

1 FTE Administrative Assistant 3 (AA3): \$91,637

## Strategic and Performance Outcomes

### **Strategic Framework:**

Regional Health offices will help address several Healthy and Safe Community goal areas of the **Result's WA** plan, including:

Opioid and Drug Overdoses—Additional medical SMEs to work on regional/statewide TA and planning efforts.

Suicide Prevention and Homelessness—Additional connections to DOH and sister agency programs and support.

The Regional Offices are also critical to supporting all areas of the agency's **Transformational Plan** by ensuring robust partnerships with public health and other partners across the state, adding bandwidth to the agency's ability to meet local support and connection needs on day-to-day public health issues as well as public health emergencies, and our ability to equitably support community resiliency statewide.

While these benefits assist with all areas of the agency's Transformational Plan, they will specifically address the agency's goals in:

- Health and Wellness--by better understanding local needs and connecting to local communities in ways that support their priorities.
- Health Systems and Workforce Development--adding SMEs to key workgroups, conducting key informant interviews with partners, and by building training development capacity.

Emergency Response and Resiliency--building on the lessons of COVID-19 by enriching our understanding of local needs in these areas, providing information resources that address local needs, and by helping us develop—and maintain--strong relationships with our local partners.

### **Performance Outcomes:**

Expanding regional team capacity to better cover all areas of the state will help us better understand and serve the unique needs of communities across the state. The addition of the Senior Director for Regional Engagement and Planning will allow us to seek partner input in developing both short-term and long-term tactical and strategic plans that mesh both areas of the regional teams—liaisons and medical officers. In the next year, we will:

- Conduct a Regional Office assessment with partners to ensure our model is meeting local/Tribal priorities.
- Develop long-term strategic plan.

The core goal of our Regional Offices is partnership; and partnership is a process, not a product and often difficult to quantify. In order to capture initial performance outcomes, we will use a Results Based Accountability model:

1. How much did we do?
2. How well did we do it?
3. Is anyone better off?

For example:

1. How often did regional staff communicate with/work directly with partners? How many times did they serve as advisors for internal staff who were developing projects in their regions?
2. Were regional staff able to help improve the outreach to/connections with their regions? Were they able to improve the level/effectiveness of a health-related effort or suggest improvements to DOH process or policy based on local needs?
3. Who benefitted and how?

## Equity Impacts

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

Most of the work in creating this new system was done in conjunction with Local Health Jurisdictions.

### **Disproportional Impact Considerations:**

All populations are included.

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

This regional office model provides statewide coverage and allows a holistic approach to address equity.

## Other Collateral Connections

### **Puget Sound Recovery:**

Not applicable

### **State Workforce Impacts:**

Not applicable

### **Intergovernmental:**

The Regional Offices positively impact relationships with and services to Tribes, Local Health Jurisdictions and other county/city governments in the state by increasing the agency's connection points with these entities and expanding our understanding of Tribal and local public health needs. This is not a new layer inserted between our agency and our partners—it is an expansion of our capacity to understand and better serve partner needs through more effective communication and collaboration in all areas of the state.

Similarly with sister state agencies, the Regional Health Offices expand our agency's capacity for coordinating and collaborating with state agencies on shared priorities.

We do not anticipate any opposition.

### **Stakeholder Response:**

- Regional Medical Officers provide regional coordination for DOH public health programs to ensure effective linkages with private and public provider groups so that important changes in practice of medicine are communicated to providers.
- The entire regional team provides additional capacity to work with community organizations (in coordination with DOH Community Relations and Equity team, Local Health Jurisdictions and Tribes).
- Regional staff will also work in coordination with agency leaders on continuing to build partnerships with private businesses across the state. Again, building on the lessons from COVID-19, building—and maintaining—robust partnerships with the private sector is important to emergency response and resiliency.
- We do not anticipate opposition.

### **State Facilities Impacts:**

Not applicable

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

Not applicable

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

Not applicable

**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.

N/A

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.

N/A

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	\$327	\$337	<b>\$664</b>	\$337	\$337	<b>\$674</b>
Obj. B	\$123	\$126	<b>\$249</b>	\$126	\$126	<b>\$252</b>
Obj. E	\$9	\$9	<b>\$18</b>	\$9	\$9	<b>\$18</b>
Obj. G	\$28	\$28	<b>\$56</b>	\$28	\$28	<b>\$56</b>
Obj. J	\$168	\$168	<b>\$336</b>	\$168	\$168	<b>\$336</b>
Obj. T	\$28	\$28	<b>\$56</b>	\$28	\$28	<b>\$56</b>

**Agency Contact Information**

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