Department of Health

2023-25 Regular Budget Session

Policy Level - PI - Care Connect Washington

Agency Recommendation Summary

The Department of Health (DOH) requests funds to maintain the Care Connect Washington (CCWA) program once the public health emergency ends. CCWA is a community-based infrastructure to address social determinants of health. At the center are regional hubs, consisting of organizations that support a trusted community-based workforce; that enables access to a variety of health and social services; braids resources and mobilizes them in a nimble way; collects data for accountability and is responsive to the community's priorities. Post pandemic, CCWA has the opportunity to continue its important work connecting community members to services to improve health equity and support all Washingtonians to thrive.

Fiscal Summary

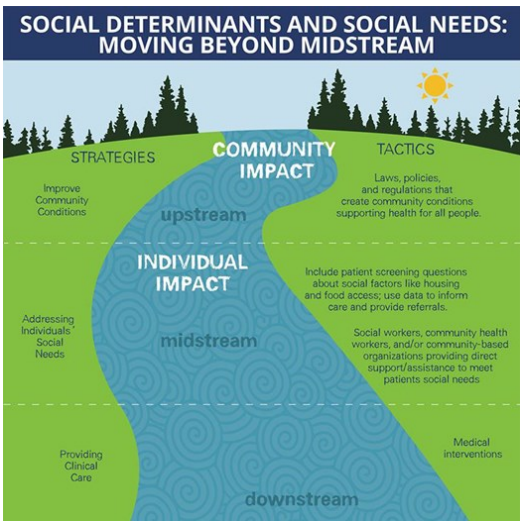
Fiscal Summary *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	19.0	19.0	**19.0**	19.0	19.0	**19.0**
Operating Expenditures						
Fund 001 - 1	$25,070	$25,070	**$50,140**	$25,070	$25,070	**$50,140**
Total Expenditures	**$25,070**	**$25,070**	**$50,140**	**$25,070**	**$25,070**	**$50,140**

Decision Package Description

Prior to standing up CCWA, care coordination across the state was fragmented and dependent on individual programs and funding. This resulted in duplication of efforts and poor access to services for community members. Feedback from people being served by these agencies overwhelmingly pointed to the inadequate, onerous, and fragmented nature of programs, which are like "a full-time job to navigate." Having one trusted care coordinator from the community who can cut through red tape and open doors can make all the difference. CCWA provides that capacity while helping fulfill DOH's specific obligations in implementing the Governor's Poverty Reduction Workgroup strategic plan. However, without additional state support, CCWA will end once current funding runs out. This will likely mean that the experience of seeking services will go back to how it was prior to the pandemic when there was not a holistic, coordinated approach to supporting care coordination resulting in unequal access and leading to increased health disparities.

During the COVID-19 pandemic the work needed to navigate the human services care continuum became even more apparent. As a result, at the request of the Yakima Health District and the Governor's Office, DOH began providing care coordination services in Yakima County in June 2020, when Yakima County was identified as having the most COVID-19 cases per capita on the West Coast. CCWA provided a single location that folks could go to navigate the care continuum and connect with services that were specific to their needs, in culturally, linguistically, and geographically specific ways.

However, the need for a centralized service to help community members navigate the care continuum is not specific to Yakima County and is bigger than the just the pandemic response. The pandemic created the opportunity to pilot a long-needed service need and demonstrate its effectiveness. CCWA helps connect and integrate the community and clinical resources needed to help provide individuals with whole person care and be ready for any future emergencies. CCWA is an innovative model well suited for meeting everyday community and public health priorities as well as rapid crisis response needs. CCWA is designed to assist individuals and families using a combination of community-based, human-centered supports in tandem with a state infrastructure designed to amplify local efforts. Each Regional Hub has a network of community-based partners who help connect people to services such as medication delivery, health care services, unemployment benefits, housing assistance and more. Services are culturally and linguistically appropriate. The CCWA infrastructure allows the state to nimbly respond to emergencies and upstream problems in a way that effectively reaches the most vulnerable members of our state.

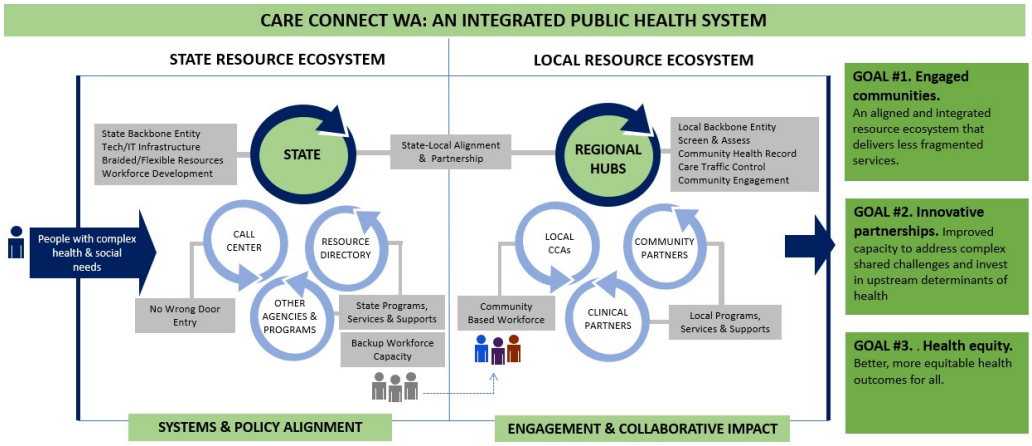


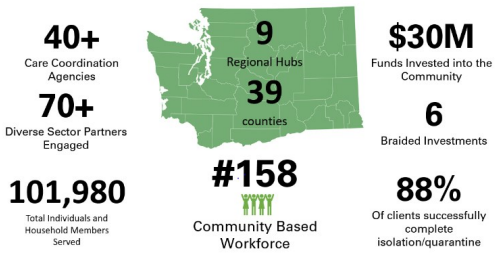
Castrucci, B & Auerbach, J
"Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health,"
Health Affairs Blog, January 16, 2019

CCWA's Regional Hub agencies include:

- Action Health Partners (North Central Region)
- Better Health Together (East Region)
- Cascade Pacific Action Alliance (West Region)
- Elevate Health (Pierce Region)
- HealthierHere (King Region)
- North Sound Accountable Community of Health (N. Region)
- Olympic Community of Health (Northwest Region)
- Providence (South Central Region)
- Southwest Accountable Community of Health (SW Region)

CCWA represents the best of state and local partnership, with DOH providing training, shared funding, and centralized system for the regional HUBs, who partner with local agencies to coordinate care and provide services across the health continuum. This centralized system allows CCWA to combine a rich set of integrated assets: a statewide resource directory and community health record, a braided network of state and local resources to help meet clients' health-related social needs, regional HUBs that know their communities best and can help optimize how local agencies respond to those needs, and a trusted community-based workforce to anchor the entire experience in a human connection. Additionally, CCWA has brought together service providers, agencies, communities to discuss, collaborate, and begin to change systems to reduce barriers and better serve the community.





Because CCWA provided concrete help during a pandemic, when people were afraid and at their most vulnerable, the program and local care coordinators have become a trusted resource. The strong reputation of CCWA has spread through word of mouth and through formal communication channels. Since July 2020, a total of 101,980 individuals and household members have received CCWA services, 53,556 social service referrals and 2,294 medical referrals have been made.

CCWA Success Story - Marty

Marty is a 56-year-old with advanced dementia without family support. His landlord sold his trailer and locked him out. He was found wandering the streets of Walla Walla. Police brought him to the emergency department on June 2022. Prior to CCWA, Marty would have occupied an inpatient bed as a social admit while working on long-term placement. Marty happened to show up at a time when eleven acutely ill patients were in the emergency department waiting for a hospital bed, COVID-19 admissions were rising, and in Walla Walla there are currently unprecedented hospital staff vacancies. (A common result of the pandemic is that the state's hospital systems can no longer accommodate social admissions. Social determinants and placement issues must be addressed upstream and a community-based workforce.)

The South Central Regional Hub for Walla Walla negotiated with their local homeless shelter to house Marty while the Regional Hub provided meals and daily oversight. This included faithful check-ins daily, ensuring Marty's wellbeing, medication adherence, and basic needs were being met. Community Health Workers got him to his primary care appointments and helped work on placement.

Today Marty has moved into his forever home, a lovely memory care facility. The South Central Regional HUB diverted this costly social admission by cleverly leveraging its community-based workforce. During one frustrating call, while advocating for Marty, one agency suggested

that *"the best thing that could happen to Marty is that he gets sick enough to be hospitalized or end up in jail."*
Hospital systems throughout the state face the same challenges as those in Walla Walla. The time is now to build capacity in upstream, community-based approaches to care that increase both equity and access.
As the state moves into the next phase of recovery, there will still be chronic public health challenges such as food insecurity and the lack of affordable housing that continue to threaten the health and well-being of Washingtonians–especially those from institutionally underserved or excluded communities that make up much of Washington's vulnerable populations. CCWA is a proven system that can address the everyday community and public health priorities.
Building off the innovative work of CCWA during the pandemic, which was initially supported by federal COVID-19 funding, this proposal would allow CCWA to continue current efforts and expand to connect Washingtonians to their needs as future emergencies and crises arise, helping to reduce poverty and other negative health outcomes.

Assumptions and Calculations

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

CCWA was initiated through the support of federal COVID-19 funding. However, that funding will end. Federal funding is the only feasible alternative and yet DOH has not received any indication from federal partners that additional COVID-19 funding will be forthcoming. Without state support or additional federal funding, DOH's capacity for this critical work will be jeopardized resulting in its reduction to a much smaller program. This would also put CCWA at risk for losing regional hub capacity, a key component of the success of the program. If that happens, it will likely mean that the fragmented and frustrating experience of seeking services will return as no holistic approach to supporting care coordination will exist. Individual and scattered programming contributes to unequal access and increases health disparities.

Detailed Assumptions and Calculations:

At a minimum, CCWA is planning for long-term sustainability of the program and maintenance of infrastructure to ensure system readiness for the next emergency (i.e. Monkeypox). The program has recently been contacted by local health jurisdictions and asked to provide support for Monkeypox like it does for COVID-19 but is unable to due to funding restraints. Although CCWA was initially created during the pandemic, the need it was created to address is larger than COVID-19 as 26% of Washingtonians do not have enough resources to meet needs foundational to their well-being, such as adequate food, safe and stable housing, and reliable transportation. As stated in the Poverty Reduction Workgroups' Blueprint for A Just and Equitable FutureBlueprint for A Just and Equitable Future -"The burden of poverty is not equal – Indigenous, Black, and Brown people are disproportionally affected, as are rural residents, women – especially those with young children – youth, people with disabilities, the LGBTQ community, and immigrants and refugees. Structural racism intersects with all forms of oppression and inequality to undermine our collective well-being – when nearly a quarter of Washingtonians lack the basic building blocks of well-being, such as having enough food and a stable home, it prevents us from reaching our full potential as a state. In every crisis there is opportunity, and Washington state is at a turning point. Now is the time to invest in an economy underwritten by equity, in which all Washingtonians have their foundational needs met and the resources and opportunities they need to thrive."

Therefore, DOH expects the need for CCWA to continue, even once the public health emergency ends. With this proposal, CCWA seeks to maintain current capacity of each of the nine regional hubs and the community-based work force to ensure seamless coordination across various programs and services to address the social determinants of health: poverty, housing instability, transportation options, language/literacy, employment status and health insurance access.

As of June 2022:
Total *individuals* eligible?**referred**?to CCWA: **59,565**
Total *individuals* **engaged**?in CCWA services: **30,863** (52% engagement rate)
Total individuals and household members that have/are receiving CCWA services: **96,069**

To clarify, each Regional Hub contracts with a community agency to employ care coordinators that connect people in need with services in their area to help them get their foundational needs met and access opportunities to reach their full potential. What this looks like is specific to each region but examples of services community agencies connect community member to are resources that address poverty, housing instability, transportation options, language/literacy, employment status, health insurance access, etc. CCWA also relies on the Regional Hubs to work with the community agencies to know the needs and resources in their area and, in turn, communicate that back to DOH so obstacles and challenges can be worked through together.
Regional Hubs: Regional Hub cost estimates are based on best practices related to number of cases assigned to a Care Coordinator and historical data related to Regional Hub operations: Hub operational costs range from $835K to $788K annually; cost of Care Coordinators (Community Health Workers) and Supervisors range from $652K for 8 Care Coordinators and 2 Supervisors to $3.7 million for 39 Care Coordinators and 8 Supervisors. for a total of $17 million per year. These allocations are based on data from the Washington Tracking Network related to Social Determinants of Health by Accountable Communities of Health Regions and Washington's Poverty Reduction Work Group that shows 26% of Washingtonians not having enough resources to meet needs foundational to their well-being, such as adequate food, safe and stable housing, and reliable transportation.

REGIONAL CBW PROJECTION CALCULATOR - HIGH FUNCTIONING HUB CLIENT SERVICES	
County(ies)	All Counties
Region	9 Regions

CLIENT SERVICES - WORKFORCE FUNDING NEEDS CALCULATIONS BY POPULATION				
Minimum Population (Data Source Washington Tracking Network: Social Determinants of Health)		Accountable Communities of Health (ACH) Social Determinants of Health Dashboards	Washington State Department of Health	
Total State Population	State Rate at or below 125% FPL	Individuals in County (at or below 125% FPL)	Estimated Target Population (Hub potential)	Actual Target Population (based on resources requested)
7,656,200	13%	1,025,931	51,297	13,250

5. Cost of care coordination workforce	Assumptions	Actual HUB Workforce Requirement
Duration of Services	6 months	
Efficiency of Care Delivery	80%	
CHWs needed	50 cases/month/CHW	169
Cost of coordinators (p.a.)*	$65,000	$ 10,954,049
Supervisors	5 CHW/supervisor	34
Cost of supervisors (p.a.)	$85,000	$ 2,864,905
Total cost of workforce		$ 13,818,954

Total Budget Estimate	Regional Estimates		
Total cost of Client Services	$ 13,818,954	$ 1,043	Rate per client
Total Cost of Hub (Base)	$ 3,342,242	$ 252	Rate per client
Total cost	$ 17,161,196	$ 1,295	Total per client rate

Average regional hub cost breakdown:

Regional Hub Operational Costs		Total FTE
Total Personnel	$ 2,258,771	33.31
Fringe Benefits	$ 649,485	
Travel	$ 12,361	
Supplies	$ 3,000	
Other Total	$ 66,569	
Indirects	$ 352,056	
Total Budget	$ 3,342,242	

Data Management System: FY 24 - $1,564,927; FY 25 - $1,637,246 [Added to Contract expenses]
Call Centers: TBD –will need to balance with overall ask minus DOH Operational costs and Regional Hub costs.
Intra Agency Reimbursement are estimated to be $90,672 per year and Indirect costs are $634,836.

To sustain the CCWA program post-pandemic, as described above, DOH requests funds to support the following FTE:

1.0 WMS 3 $181,188.00 - Director, primary contact for program oversight and statewide accountability.
1.0 Public Health Nursing Consultant $167,059 - This position leads, guides and directs the work for identified communities and partners to implement and sustain a system to support people in isolation and quarantine due to illness and/or exposure to COVID-19; and move toward a statewide recovery plan, with a statewide infrastructure to support ongoing community-based work on recovery, care coordination and future emergency responses with the goal of increasing the number of Washington residents who are healthy at every stage of life and in all settings - health, educational, and social . Serves as the primary contact for program operations including HUB administration, compliance & risk management, and COVID-19 Care Coordination program policies and procedures. Provides clinical expertise for health-related topics, including but not exclusive to COVID-19, I.e., Monkeypox outbreak.
1.0 Health Services Consultant 3 $114,039 - Data Manager, is responsible for managing program data and completing special projects for the Statewide Care Connect technology platform, Care Coordination System; provides leadership, technical assistance, and training to regional and local care coordination contractors on the use of a multiple user data base system, record and maintain client program data, and analyzes care coordination services data, data trends, and generates reports.
1.0 Health Services Consultant 3 $114,039 - DOH Care Connect WA Community Health Record (CHR) training lead, develop, deliver and manage Care Connect WA statewide training program; leads Regional Train the Trainer efforts ensuring Hubs are prepared to train their workforce on an ongoing basis; ensures Regional Hub partners receive support needed to train care coordination workforce; integrate work of Care Coordination Support Services across division programs that work with community-based workforce; collaborates with other Care Connect Regional Care Coordination Liaisons on coordination of regional and statewide issues, technical assistance, and identified trainings to ensure consistent implementation of the Care Coordination contracts; develop messages with the CCWA team to communicate clearly and consistently regarding the Care Connect system, and holds monthly virtual meetings with Regional Train the Trainer partners.
6.0 Health Services Consultant 3 $684,234.75 - Regional Care Coordination Liaisons develop, administer and manage contracts for assigned CCWA Regional Hubs; ensure that contract deliverables are met and recommend improvements to contractors, identify technical assistance needs as appropriate; integrate work of Care Coordination Support Services across division programs; collaborate with other CCWA Care Coordination Liaisons on coordination of regional and statewide issues, technical assistance, and identified trainings to ensure consistent implementation of the Care Coordination contracts; develops messages with the CCWA team to communicate clearly and consistently regarding the Care Connect WA System; and holds monthly virtual meetings with assigned CCWA Regional Hubs.
1.0 Health Services Consultant 2 $104,569 - Provides support to referral and data management functions for the statewide Care Connect Washington system; supports CCWA Care Coordination Liaisons with coordination of regional and statewide issues, technical assistance, and identified trainings to ensure consistent implementation of the Care Coordination contracts; participates in development of messages with the CCWA team to communicate clearly and consistently regarding the Care Connect WA System; develops and maintains Care Connect

Washington SharePoint site, functioning as site owner of Care Connect Washington SharePoint site; plans and provides technical consulting and training to internal and external partners using SharePoint site; and supports quality improvement initiatives for the CCWA program.
1.0 Admin Assistant 3 $96,809 - Provides administrative support to Director, Unit Manager, the CCWA team, and the Division Senior Epidemiologist. Duties include maintaining daily/weekly tickler files and calendar for Director and Senior Epidemiologist, schedule meetings, prepare materials, make copies and take minutes; procure supplies and equipment; prepare travel reimbursements; coordinate personnel issues such as recruitment and other assignments; serves as the liaison between supervisor and other staff in the section; relaying assignments and requesting information; and assists in developing and implementing standard practices, processes and workflows to increase efficiency and ensure adherence to policies.
0.5 Budget Analyst 3 $50,569 for a financial consultant to manage the budgets, payroll coding, grants, contracts and invoices. Monitors fiscal aspects of the program.

Also included in this decision package, DOH requests the following, non-staff, funding:
Additional non-staff funding includes annual expenses of $25,044. This will cover expenses for Supplies and Materials [$5,940], Communications [$5,448] (including postage/mailing expenses), Repairs and Maintenance Expenses [$3,576], Employee Training [$6,900], and Facilities and Services [$3,180]. These expenses are necessary to support the staff in carrying out CCWA.

Workforce Assumptions:

Workforce Assumptions					
FTE	**Job Classification**	**Salary**	**Benefits**	**Startup Costs**	**FTE Related Costs**
1.0	WMS03	$129,000.00	$42,000.00	$4,000.00	$8,000.00
1.0	NURSING CONSULTANT, PUBLIC HEALTH	$107,000.00	$37,000.00	$4,000.00	$8,000.00
1.0	Health Services Consultant 2	$66,000.00	$28,000.00	$4,000.00	$8,000.00
8.0	Health Services Consultant 3	$601,000.00	$243,000.00	$33,000.00	$60,000.00
1.0	ADMINISTRATIVE ASST 3	$51,000.00	$25,000.00	$4,000.00	$8,000.00
5.2	FISCAL ANALYST 2	$276,000.00	$133,000.00	$0.00	$0.00
2.3	HEALTH SERVICES CONSULTANT 3	$122,000.00	$59,000.00	$0.00	$0.00
19.5		**$1,352,000.00**	**$567,000.00**	**$49,000.00**	**$92,000.00**

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:

In 2019, 1.75 million Washingtonians struggled to make ends meet. In response, Governor Inslee created the Poverty Reduction Work Group (PRWG) and charged it with developing a 10-year strategic plan to dismantle poverty. The goal of the strategic plan is "to build a just and equitable future in which all Washingtonians have their foundational needs met, and the resources and opportunities they need to thrive." CCWA helps fulfill DOH's specific obligations in implementing the PRWG strategic plan. Specifically, CCWA aligns broadly with:

Strategy 4 to "strengthen health supports across the life span to promote equitable outcomes and the intergenerational well-being of whole families,"
Strategy 5 to "address the urgent needs of people experiencing homelessness, violence, and mental illness, and/or addiction," and
Strategy 6 to "build an integrated human service continuum of care that addresses the holistic needs of children, adults, and families."

Therefore, if funded and implemented, this proposal will both prevent and mitigate the experience of poverty by aligning and integrating resources to deliver less fragmented services and improving capacity to address complex, shared challenges and invest in upstream determinants of health.
This proposal also aligns with DOH's core values of equity, innovation, and engagement and the agency's long-term response ForWArd plan:

Equity: The purpose of CCWA is to improve health equity and support all Washingtonians to thrive by providing a single location that folks can go to in order to navigate the care continuum and connect with services that are specific to their needs, in culturally, linguistically and geographically specific ways.
Innovation: CCWA represents the best of state and local partnership, with DOH providing training, shared funding, and technical infrastructure for the regional HUBs, who partner with local agencies to coordinate care and provide services across the health continuum.
Engagement: Community outreach and engagement through relational partnering with communities and populations, who have historically been excluded and marginalized by governmental budget decisions, is a core value of the CCWA Regional Hubs. Local Regional Hubs know their communities best and can help optimize how local agencies respond to those needs and provide a trusted community-based workforce to anchor the entire experience in a human connection.

This budget request also aligns with the department's Transformational Plan objectives:
1) Health and Wellness – residents have an opportunity for health and wellbeing.
2) Health Systems and Workforce Transformation – supports residents with identifying and navigating health care services.
4) Emergency Response and Resilience - creates the infrastructure for day-to-day healthcare support but especially during times of emergencies.

Performance Outcomes:

Reducing persistent individual- and population-level disease burdens and inequities requires a more coordinated approach that affords greater concentration on high-value services, alignment of motivations, and continuity of information and services. The overall purpose of CCWA is to align and integrate resources statewide to deliver less fragmented services and improve capacity to address complex, shared challenges and invest in upstream determinants of health. To ensure CCWA continues to meet this desired goal, the program is currently developing a strategic plan in collaboration with program partners. The plan will be finalized by late summer 2022. The plan commits the program to:

Establish a statewide stakeholder and community engagement advisory structure to center the voices, feedback, recommendations and requests of communities
Create a community-based workforce development plan that supports training, technical assistance, and monitoring for consistency and standardization
Maintain statewide call center and resource directory for service referrals and routing to appropriate regional hubs
Develop a community health record system to meet business needs of integrated services
Contract with 9 regional hubs who provide community-specific services in in culturally, linguistically and geographically specific ways

CCWA actively monitors multiple metrics including, the number of individuals referred to CCWA, individuals engaged in CCWA services, the program's engagement rate, number of partner organizations and care coordination agencies involved, and number of community-based staff.
As of June 2022:
Total *individuals* eligible?**referred**?to CCWA: **59,565**
Total *individuals* to **engage**?in CCWA services: **30,863** (52% engagement rate)
Total individuals and household members that have/are receiving CCWA services: **96,069**

Equity Impacts

Community outreach and engagement:

DOH recognizes that local, community-driven efforts are better positioned and equipped to listen, understand, and respond to the needs of their community members in the most culturally relevant and linguistically appropriate way. CCWA represents the best of state and local partnership, with DOH providing training, shared funding, and technical infrastructure for the regional HUBs. Currently, CCWA is creating its strategic plan and once a draft is finalized, will seek critical feedback from regional hubs and community partners. As the program transitions to a post-pandemic one, prioritizing community voice to better understand collaborative impact will remain a key tenet of CCWA. One of the first tasks for the program will be to establish a statewide stakeholder and community engagement advisory structure.

Disproportional Impact Considerations:

All target populations are included and welcomed. They would not be marginalized, or disproportionately impacted by this proposal.

Target Populations or Communities:

Local Regional Hubs know their communities best and can help optimize how local agencies respond to those needs and provide a trusted community-based workforce to anchor the entire experience in a human connection. CCWA has engaged with regional hubs and sister state agencies in planning for long-term sustainability of the program and maintenance of infrastructure to ensure system readiness for the next emergency (i.e., Monkeypox). This engagement with community members and diverse sectors to prioritize community needs across broad populations includes but is not limited to:

Historically marginalized groups (including racial and ethnic minorities)
Individuals experiencing homelessness and housing instability
Individuals with complex and/or intersecting physical and behavioral health conditions, including Substance Use Disorder (SUD)
Seasonal migrant workers
Persons in poverty
Senior Citizens/Retired
Rural
People with limited English proficiency (LEP)
Those with no access to healthcare or lack of a primary care provider

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Local Health Jurisdictions: Continuation of CCWA requires the coordination and partnership with local health, who know the needs of their communities best.

Governor's Office: Continuation of CCWA requires coordination with the Governor's Office since it oversees the state's Poverty-Reduction Work Group.

Department of Social and Health Services (DSHS): Continuation of CCWA requires coordination with DSHS since it oversees various access points to the state's social services including aging and long-term care, behavioral health, developmental disabilities and more.

Health Care Authority (HCA): Continuation of CCWA requires coordination with HCA since it oversees Apple Health and the state's Medicaid/Medicare programs.

Tribes: Continuation of CCWA requires collaboration and partnership with Tribes who know the needs of their members best.

Stakeholder Response:

Action Health Partners (North Central Region) and their Care Coordination Agencies
Better Health Together (East Region) and their Care Coordination Agencies
Cascade Pacific Action Alliance (West Region) and their Care Coordination Agencies
Elevate Health (Pierce Region) and their Care Coordination Agencies
HealthierHere (King Region) and their Care Coordination Agencies
North Sound Accountable Community of Health (N. Region) and their Care Coordination Agencies
Olympic Community of Health (Northwest Region) and their Care Coordination Agencies
Providence (South Central Region) and their Care Coordination Agencies
Southwest Accountable Community of Health (SW Region) and their Care Coordination Agencies
Housing Organizations
Community-Based Organizations (AAAs, Immigrant/refugee, social services)
Behavioral Health Systems
Social Justice/ Grassroots Organizations
EMS / Fire and Rescue
Physical Health Systems
Education Organizations
Within Reach / LatinX
Federally-Qualified Health Centers, Hospital Systems
Community Health Centers
Volunteer Corps
Coordinated Entry Agencies
Food Banks
Community Service Offices
Crisis Connections

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

Cancer - FNCal ver24.3.xlsm
Care Connect WA - 2 Pager.pdf
Care Connect WA - DP.docx
CCWA DP - IT Addendum_2023-25.docx

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 *Dollars in Thousands*	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	$1,388	$1,388	**$2,776**	$1,388	$1,388	**$2,776**
Obj. B	$583	$583	**$1,166**	$583	$583	**$1,166**
Obj. E	$97	$97	**$194**	$97	$97	**$194**
Obj. N	$22,908	$22,908	**$45,816**	$22,908	$22,908	**$45,816**
Obj. T	$94	$94	**$188**	$94	$94	**$188**

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