

## 2017 Supplemental Budget Decision Package

**FINAL**

**Agency:** 303 Department of Health

**Decision Package Code/Title:** 9F Federal Funding Adjustment

**Budget Period:** 2015-17

**Budget Level:** M2-Federal Funding Adjustments

**Agency Recommendation Summary Text:**

The Department of Health requests additional federal authority to align with current federal funding for the Epidemiology and Laboratory Capacity Grant. The department received additional federal funding to: develop an antimicrobial resistance regional laboratory; enhance state carbapenem-resistant enterobacteriacia lab capacity; increase antibiotic resistance reporting in hospitals; expand national capacity for Zika and West Nile Virus testing, and; improve the sensitivity of the national antimicrobial resistant monitoring surveillance system.

**Fiscal Summary:** Decision package total dollar and FTE cost/savings by year, by fund, for 3 years. Additional fiscal details are required below.

Operating Expenditures	FY 2016	FY 2017	FY 2018	FY 2019
Fund 001-2		4,650,000	0	0
<b>Total Cost</b>		<b>4,650,000</b>		
Staffing	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>
FTEs		22.4	0	0
<b>Object of Expenditure</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FY 2019</b>
A- Salaries and Wages		1,363,000	0	0
B- Employee Benefits		478,000	0	0
E- Goods and Services		933,000	0	0
G- Travel		27,000	0	0
J- Capital Outlays		360,000	0	0
N- Grants, Benefits & Client Svc		1,457,000	0	0
T- Intra-Agency Reimbursements		32,000	0	0

**Package Description:**

The Department of Health's (DOH) federal grant award levels vary from year to year. This decision package reflects an increased need of federal appropriation authority for new projects in the Epidemiology and Laboratory Capacity (ELC) grant. DOH received an ELC award of \$7.9 million (Grant 6 NU50CK000388-03-01); however, the program only has federal appropriation capacity for

\$3.25 million. The department needs, and is requesting, \$4.65 million additional federal appropriation in order to spend the federal grant funds.

The ELC 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.” Specific tasks are identified below:

### **1. Antimicrobial Resistance (AR) Regional Laboratory Network**

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.

DOH will utilize ongoing collaborative relationships with epidemiology, infection preventionists, and laboratories within neighboring states as well as within Washington to ensure CDC-directed regional testing and assessment goals are met. DOH will also build upon and strengthen its relationships with the University of Washington to address optional testing requirements, develop a robust technical consultation service, and provide training in methodologies.

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

### **2. State Carbapenem-Resistant Enterobacteriaceae (CRE) Laboratory Capacity**

This grant will fund a microbiologist and supplies that will allow the WAPHL to sustain and enhance current CRE and carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) laboratory capacity in supporting surveillance activities to detect carbapenemase resistance mechanisms. Transition from a case by case basis for other genera in the family of Enterobacteriaceae, as well as *Pseudomonas*, to routine resistance mechanism testing along with confirmatory identifications and susceptibility testing will allow for increased detection and acceleration in response to outbreaks, resulting in the potential prevention of further transmission associated with identified cases.

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

### **3. 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.

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

### **4. 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. 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.

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

## **5. 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 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.

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 includes \$3.2 million 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**

In fiscal year (FY) 2017, the department requests:

- 0.9 FTE Microbiologist 3 for overseeing all day to day operations in the AR laboratory related to Antimicrobial susceptibility testing (AST) and Resistance testing, training and reporting.
- 0.9 FTE Microbiologist 4 or managing personnel, competency, proficiency, and technical oversight of all activities within the AR Regional Laboratory.

- 3.4 FTE Microbiologist 2 for performing day to day bench level testing (AST, Molecular Resistance Testing, Salmonella, Gonorrhoeae, and Candida) and generation of reports for lead review in the AR laboratory related to AST and Resistance testing.
- 1.0 FTE Information Technology Specialist 5 for completing and upgrading STARLIMS modules associated with the AR laboratory.
- 1.4 FTE Laboratory Assistant 1 will assist with data entry and ancillary work needed to maintain equipment, QC and rooms necessary for the regional support and resistance testing of Salmonella species by WGS.
- 0.2 FTE Health Services Consultant (HSC) 3 for creating modifications in the WDRS/Maven data system to accommodate additional variables and for preparing project-related reports.
- 0.1 FTE HSC 4 for overseeing and managing the contract with Public Health Seattle King County (PHSKC) and the work of the Data Coordinator with DOH. There will also be a \$732,000 contract with Public Health Seattle King County to will develop new and integrated epidemiologic, laboratory and disease control capacity to rapidly identify cases of gonorrhea, particularly ARNG, and institute public health measures to interrupt the transmission of ARNG and decrease rates of gonorrhea in King County, WA.
- The WAPHL will issue contracts of about \$422,000 to implement the iConnect electronic test ordering and reporting system and to collaborate with the University of Washington Neisseria Reference Laboratory (NRL) for antimicrobial susceptibility testing. There is \$237,000 for equipment costs and \$317,000 for supplies.
- Total: FY 2017 – 7.9 FTE and \$2,485,000

## **2. State Carbapenem-Resistant Enterobacteriaceae (CRE) Laboratory Capacity**

In FY 2017, the department requests:

- 0.7 FTE Microbiologist 2 for performing ongoing statewide CRE and CRPA laboratory surveillance activities for Washington State. Activities include surveillance cultures, ID, AST, and molecular resistance testing.
- Total: FY 2017 - 0.7 FTE and \$65,000

## **3. Healthcare-Associated Infections (HAI) – Coordination Prevention**

In FY 2017, the department requests:

- 1.0 FTE Epidemiologist 2 who will coordinate the CRE surveillance for the program, surveillance for MDROs, and supervises AMS/AR work for the HAI Program and to provide HAI epidemiology expertise to support the data needs of HAI investigations.
- 0.5 FTE HSC 3 to serve as AMS coordinator for the department, under guidance of medical epidemiologist and HAI Coordinator.
- There will also be \$303,000 in various contracts for activities planned under Antimicrobial Resistance program.
- Total: FY 2017 - 1.5 FTE and \$645,000

## **4. West Nile Virus (WNV) and other Arboviral (includes Zika)**

In FY 2017, the department requests:

- 1.2 FTE Microbiologist 2 for laboratory testing up to 48 samples per week for an immunological (IgM) response to Zika, Dengue and Chikungunya and to will maintain

quality control materials of all WNV assay components and instrumentation throughout the year including calibration and monthly certification of Bioplex.

- 1.0 FTE Epidemiologist 2 for managing surveillance data, consulting on case investigations, coordinating laboratory testing, and reporting to ArboNET.
- 1.0 FTE Microbiologist 3 for laboratory testing by PCR of up to 1000 specimens and will oversee and coordinate PCR and IgM testing for Zika, Dengue and Chikungunya viruses.
- 0.9 FTE Laboratory Assistant 1 to help with triaging and shipping specimens to CDC for Arboviral testing in the absence of laboratory testing award for Zika.
- Total: FY 2017 - 4.1 FTE and \$588,000

## **5. National Antimicrobial Resistant Monitoring System (NARMS)**

In FY 2017, the department requests:

- 0.9 FTE Microbiologist 2 for Whole Genome Sequencing (WGS) laboratory coordination, troubleshooting, training and bench primary role. This position will also provide BioNumerics support for WGS activities (data entry, data analysis and reporting) and implementation of new modules and coordination of LIMS connectivity).
- There is \$110,000 in equipment purchases and over \$100,000 in supplies.
- Total: FY 2017 - 0.9 FTE and \$309,000

In FY 2017, the department will require 7.3 FTE to assist with increased division and agency workload. (FY 2017 – 7.3 FTE and \$558,000)

**Total request for FY 2017 is 22.4 FTE and \$4,650,000**

### **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.

Not Applicable

#### **Performance Measure detail:**

#### **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:

<b>Impact(s) To:</b>		<b>Identify / Explanation</b>
Regional/County impacts?	No	Identify:
Other local gov't impacts?	No	Identify:
Tribal gov't impacts?	No	Identify:
Other state agency impacts?	Yes	Identify: Contract with UW
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	Identify:
Facility/workplace needs or impacts?	No	Identify:
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.

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

Since the federal funds have been awarded for a specific purpose, the only alternative would be to not pursue all of the projects identified and to return \$4.6 million of the funds to the CDC.

**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 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?

No 

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

# 2017 Supplemental Budget - 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 <i>(insert rows as required)</i>	FY 2016	FY 2017	FY 2018	FY 2019
Staffing		149,000		
<b>Total Cost</b>		<b>149,000</b>		

## 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 new or enhanced software or hardware system or service?  Yes  No
2. Does this decision package fund the acquisition or enhancements of any agency data centers? (See [OCIO Policy 184](#) for definition.)  Yes  No
3. Does this decision package fund the continuation of a project that is, or will be, under OCIO oversight? (See [OCIO Policy 121](#).)  Yes  No

If you answered “yes” to any 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.