Immunization Funding Opportunities for Local Health
Frequently Asked Questions
Updated December 15, 2017

1. What are the immunization funding opportunities available?

There are two immunization funding opportunities available for local health.

A. ***Regional Representative for VFC and AFIX Site Visit Activities***: this is an application-based funding opportunity for Local Health Jurisdictions (LHJ) to serve as the one LHJ for their respective region to implement VFC and AFIX site visit activities in a cross-jurisdictional sharing (CJS) model for the entire region. There are nine (9) regions that follow Accountable Communities of Health (ACH) boundaries. One LHJ from each of these 9 regions will be selected to implement VFC site visits, AFIX visits, unannounced visits, and new provider enrollment.

B. ***Promotion of Immunizations to Increase Vaccination Rates***: this second funding opportunity is for individual local health jurisdictions to implement activities to improve immunization rates. This is separate from the funding opportunity previously described above. No application is required. The funding announcement describes the goals, deliverables, and funding amounts available to each LHJ. A Statement of Work for this activity will automatically be added to the consolidated contract effective July 1, 2018. Counties who wish to decline this funding opportunity must notify DOH by April 1, 2018. Multiple LHJs may collaborate cross-jurisdictionally in a shared service agreement, but must designate one LHJ to receive the funding and contract.

2. How are the two funding opportunities different?

The first opportunity is application-based to select one LHJ in each of 9 regions across the state to implement VFC and AFIX site visit related work for the entire region. This includes VFC site visits, AFIX visits, unannounced storage and handling visits, new provider enrollment, and related follow-up. Applications are due February 15, 2018.

The second opportunity is funding available to all 35 LHJs to implement activities to increase immunization rates. LHJs can choose to implement as an individual LHJ; or collaborate with other jurisdictions in shared service arrangements and combine funding allocations. No application is required. LHJs have until April 1, 2018 to notify DOH if they wish to decline and/or if they wish to combine awards in a shared service model and designate one LHJ to receive the funding and contract.

3. Who's eligible for the funding opportunities?

For the *Regional Representative for VFC and AFIX Site Visit Activities*, any LHJ may apply to be the representative for their region. DOH will be awarding a total of 9 contracts --- one (1) per region.

For the *Promotion of Immunizations to Increase Vaccination Rates* work, all 35 LHJs are eligible to receive this funding.

4. What are the regions? How was this decision reached?

For the VFC and AFIX related funding opportunity, we will mirror the nine accountable communities of health (ACH) region boundaries, but the actual work is not in any way formally tied to ACHs.

Recommendations for the regions and shared services model were developed through a LHJ/DOH quality improvement planning process, often called the "Diamond Project, facilitated by Public Health Centers for Excellence staff. The team developed shared services scenarios based on critical-

to-quality factors, and analyzed each scenario for pros and cons, as well as similarities and differences. To develop final recommendations, the team used a modified consensus process. Considerations included how to:

- Achieve efficiencies and standardize work by reducing the number of LHJs doing the work.
- Leverage opportunities with the ACHs.
- Encourage honest dialogue and foster trust and collaboration with LHJs.

DOH conducted a GIS analysis of the proposed nine-region model against alternative scenarios (e.g., a five-region delivery model). The analysis, which considered variable costs such as mileage and travel time, confirmed the nine region model as the preferred approach for shared services.

The recommendations were vetted with the local health community and the final decision was made by the Department of Health, who is the federal grantee and state administrator of the Vaccines for Children program.

5. Can I propose a different regional grouping in the VFC and AFIX application?

Yes. The *Regional Representative for VFC and AFIX Site Visit Activities* application provides an opportunity for the LHJ applicant to propose a different regional configuration. Applicants need to provide:

- Proposed change of LHJ group and justification
- Support from the LHJs affected by the new proposal.

Please note, final decisions on reconfigurations of regions are at DOH's discretion. The number of total regions is limited to nine.

6. What are allowable costs?

Please refer to the *Allowable and Non-Allowable Expenses* document for a full list of allowable costs. Allowable costs include items such as salaries, benefits/fringe, travel, supplies, indirects/overhead, rent, printing, and communications.

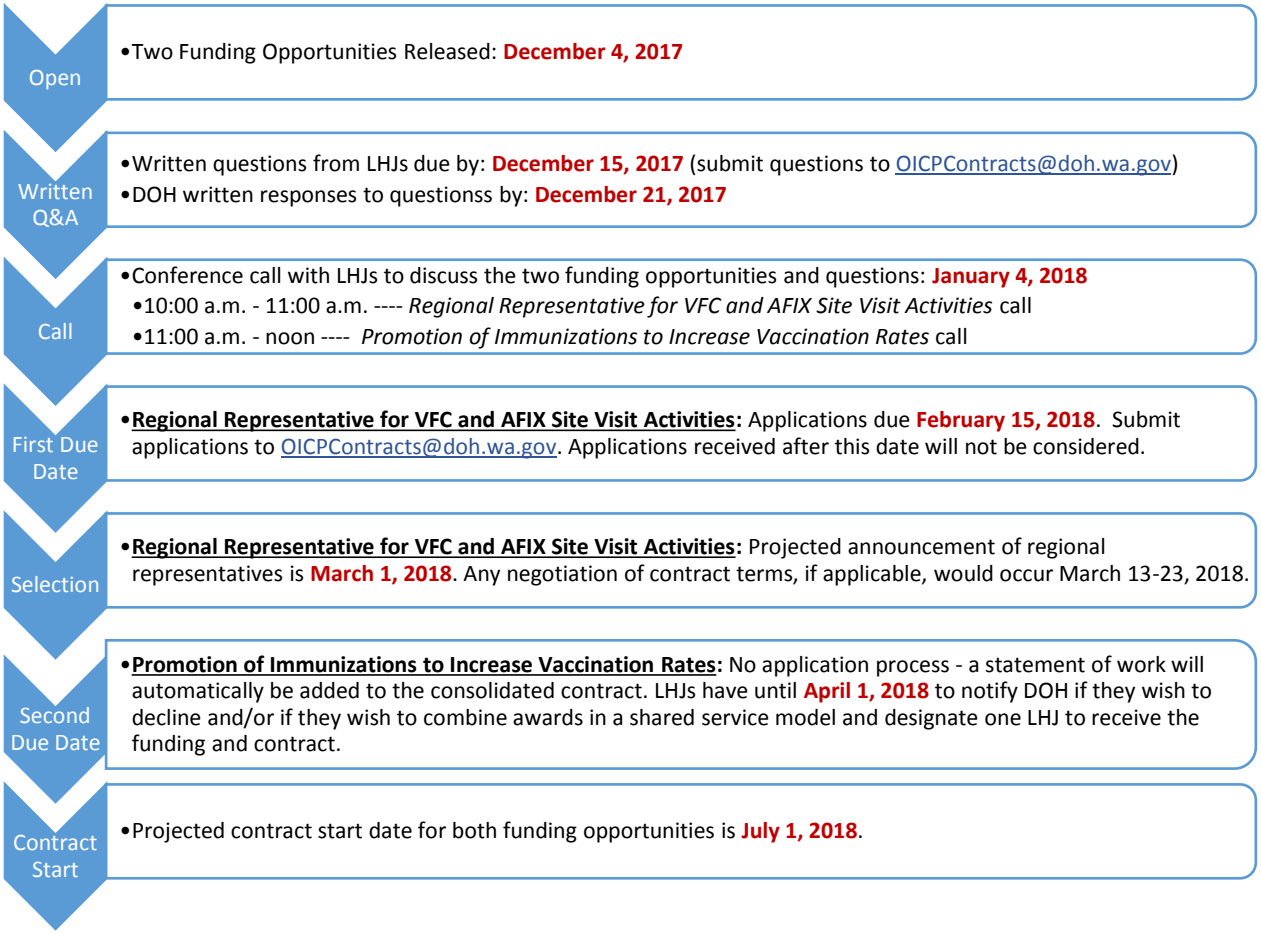
7. How were the funding formulas for the two funding opportunities determined?

- The first funding opportunity (*Regional Representative for VFC and AFIX Site Visit Activities*) formula is based on the percentage of providers that are in each region. The total amount of funding available across all regions is $500,000; the amount available to each region is proportional to the number of providers enrolled in the state childhood vaccine program. The provider count and percentage will be recalculated prior to the execution of the contract and final funding will be adjusted at that time to account for any increase or decrease in providers.

- The second funding opportunity (*Promotion of Immunizations to Increase Vaccination Rates*) formula mirrors the methodology approved by the WSALPHO Board and the Foundational Public Health Services (FPHS) Steering Committee in August 2017 for FPHS funding to local health. There is a base allocation amount for each LHJ. Counties with populations over 75,000 will receive additional funding proportionate to their population. The total amount of funding available across all LHJs is $498,755.

8. What is the timeline for both funding opportunities?

A projected timeline is outlined below.



9. What is the Diamond Project?

Diamond Project Goals

1. Create a consistent statewide standard of immunization practices and vaccine compliance services.

2. Create efficiencies in the services DOH/LHJs provide through consolidated contracts.

3. Identify effective evidence-based immunization activities to improve immunization rates in Washington State.

- The Diamond Project is a statewide, cross-jurisdictional quality improvement project to improve how state and local public health agencies support the seven Vaccines for Children (VFC) tasks that meet federal immunization grant requirements. This work is in the immunization part of the DOH consolidated contract.
- Current VFC task processes are variable and unable to meet the current business needs of either DOH or LHJs.
- Streamlining and improving future service delivery models could achieve cost efficiencies to fund new evidenced-based strategies to increase immunization rates.
- The project follows five phases of a quality planning and improvement project. Using a quality improvement process, the project team came up with recommendations for how to make this better. The recommendations include using a cross-jurisdictional sharing model for VFC and AFIX activities involving site visits.

10. How does this impact the Perinatal Hepatitis B task in the consolidated contract?

No change. We will continue to contract with local health for the Perinatal Hepatitis B work currently contained in the consolidated contract. The amount of funding tied to this work remains the same – each LHJ receives a base amount to cover the cost of preparing and submitting an annual report and the remainder of the funds allocated for this work is divided proportionately between counties based on the number of reported cases over the past two years. The scope of the Diamond Project excluded the perinatal hepatitis B task; this task is a separate body of work not related to the two new funding opportunities released.

11. Can DOH hold regional calls to discuss the funding opportunity?

Our office is able to work with LHJs to coordinate a regional call so the LHJs can discuss the funding opportunity. Since this is a competitive application with DOH as the reviewer, we must make sure that our role in any communication does not present a conflict of interest or influence any decision making.

12. When will we find out the funding available for Funding Opportunity 2 so that we can look at budgets and impacts on loss of the other funding?

On the web page under *Funding Opportunity 2: Promotion of Immunizations to Increase Vaccination Rates,* there is a link titled *Funding Formula* that shows the amount that each county will receive for the Promotion of Immunizations work.

13. Our LHJ would like to propose a different regional configuration instead of conforming to the ACH regions. Will that be considered?

In the application, we included a question where LHJs could submit alternative proposals to the ACH regional boundaries. Please refer to question 8 in the application.

14. How much is designated to each region for the VFC/AFIX Regional Representative Project?

Please refer to the funding formula included on page two of the LHJ Funding Opportunity Invitation for the Reginal Representative activity. The applicant can apply for up to the maximum amount listed for their region. No other LHJ in the region would receive any funding. In the funding application, there is a budget template where the applicant must identify the funding requested by object class category (salaries, benefits, travel, supplies, other, and indirect costs). The funds would go directly to the Regional Representative agency through a contract.

15. Will the funds allocated for the Improving Rates project change for the county that is chosen to be the lead for the Regional Representative Project?

    No. The two opportunities are completely separate. Each county will be awarded the funds identified in the funding formula for increasing vaccination rates regardless of who is chosen as regional representative for the VFC site visit and AFIX work.

16. If multiple counties collaborated on an Improving Rates Project, what would being the lead of this shared services project entail?

    The lead agency would be responsible for coordinating the work across multiple counties, would be required to submit all contract deliverables, and would have fiscal responsibility for submitting invoices for the work. If the work and funding will be shared across the multiple counties, then the lead agency would need to subcontract with the other LHJs so funds could be distributed. If the multiple counties decided that only on LHJ was going to do the Improving Rates work for all the counties, then the funds would stay at the contracted LHJ.

17. For the Improving Rates Project, if multiple counties decide to do a project in a shared services agreement, does the lead agency decide how the funding will be divided between the CJS counties? What if only one county does all the work for the multiple counties?

    Yes, once they decide who will be the lead agency, they would notify DOH and the funding available for each county would be combined into one contract with the lead agency. The counties would negotiate to decide how the funds would be divided and would develop a subcontract between the agencies. If multiple counties agreed that only one LHJ would do all the work for the CJS counties, then the lead LHJ would retain all the funding. Our office is available for consultation as needed.

18. You provided a draft statement of work for the Increasing Immunization Rates project. Will the scope of work be the same across the state or will each LHJ be responsible for developing their only statement of work? Will there be a list of evidence-based activities to choose from, or will there by some other way to decide what work should be done?

    For this first year, we want to give LHJs as much flexibility as possible to identify a target population and activity that is the most appropriate for their county. In the Increasing Immunization Rates funding invitation, we provided some examples of projects you may want to choose from, along with a link to resources with other examples. We also identified the types of projects that are not eligible for funding. The contract statement of work will be similar to the one provided in the draft document – the variation will be in the individual project plan that each county submits. Our office is available for consultation as needed.

19. If our county is chosen to be the regional representative, are we required to have a nurse to do the VFC site visits and AFIX visits?

    No, you are not required to have a nurse perform VFC site visits and AFIX visits. DOH uses a non-clinical classification (primarily Health Services Consultant 2) to conduct VFC site visits and AFIX

visits. If you would like additional information about the classification used by DOH, here is a link to the state Human Resources webpage and a general description of job duties for this classification.

20. For the regional lead funding opportunity, the budget period is July 1, 2018 – June 30, 2019. What is the period in which the site visits are to be performed and completed, including all follow-up?

    All VFC and AFIX site visits, including follow-up actions, must be completed by May 31, 2019.

21. Question #4 in the funding application states that all site visits must be performed online using PEAR. We've found times when PEAR is down/inaccessible due to technical difficulties. Is there an acceptable back-up plan if PEAR is down during a site visit?

    A paper process may be used as a back-up plan in the event that internet access cannot be established even with the equipment needed for access, or if the PEAR system is not accessible during the site visit. Information must be entered from the paper document into the PEAR system as soon as possible.

22. Will there be a requirement to report what we are doing for Funding Opportunity #2 in regard to promotion activities?

    Yes, each LHJ must submit an initial proposal to outline the activity, budget, and methodology that will be used to improve immunization rates (due August 1, 2018). There are also deliverables that include two written reports describing the progress made on reaching milestones for activities identified in the plan (due November 30, 2018 and March 31, 2019) and a final report which includes an evaluation of the intervention implemented, and ending immunization rates for the target population (due June 30, 2019).

23. How is funding for each LHJ decided for funding opportunity #2?

    The funding opportunity (Promotion of Immunizations to Increase Vaccination Rates) formula mirrors the methodology approved by the WSALPHO Board and the Foundational Public Health Services (FPHS) Steering Committee in August 2017 for FPHS funding to local health. There is a base allocation amount for each LHJ ($5,600). Counties with populations over 75,000 will receive additional funding proportionate to their population. The total amount of funding available across all LHJs is $498,755. The funding chart is located on the Funding Opportunities webpage linked here.