



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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MEMORANDUAM

To: Alex Adams, Administrator
Division of Financial Management

From: Dave Jeppesen, Director
Department of Health and Welfare

Re: CFAC Request for Public Health Division Project Management

Date: September 8, 2020

Total CFAC Request: \$1,680,000

Context & Problem Statement

The Division of Public Health in the Department of Health and Welfare is the primary unit responsible for COVID-19 response. The scale of the COVID-19 pandemic is much larger and lasting much longer than current staffing levels and structure of the Division was designed to handle.

Division staff are working long hours each day and through every weekend, resulting in an unsustainable pace. As a result, the Division has brought on limited service staff to increase bandwidth and provide some needed relief to existing staff.

However, the Division continues to have a need to normalize the work associated with the response where possible and incorporate certain functions into standard division operations. Specifically, the Division is struggling with the sheer volume of work and ability to keep it organized, timely and with relevant decision-making. The Division was not built for a response of this size and that has resulted in a lack of clarity around roles, challenges with moving response efforts from planning to execution, and overall inefficiencies. Because of this, often disjointed, immediate solutions are put into place to resolve one gap while sometimes resulting in unintended consequences of more gaps.

The Division needs the ability to proactively and strategically develop systems that will address anticipated issues, rather than the constant reactive approach that comes with a response of this size. To date, most if not all state public health agencies are struggling with the same issues and

many have employed consultants to assist them in building more effective infrastructure to manage the overall response.

Investment Ask

The Division is seeking approximately twelve weeks of services of a consultant to assist with strategically building a high functioning pandemic response infrastructure. This infrastructure will carry the Division through the end of the pandemic and leave a legacy for beyond. The work will provide a consistent approach to prioritizing, planning and executing critical response activities.

Now is a particularly critical time to invest in these capabilities:

- With the approach of fall and a risk of COVID-19 resurgence amidst flu season
- As federal guidance evolves and as we approach availability of a vaccine
- To support disease suppression and enable safe re-opening of schools, increases in consumer confidence and general economic recovery

The consultant we select will have successfully implemented similar approaches in other state health departments, with references from agency leadership attesting to the value of the work and return on investment in their COVID response.

Benefits to DHW and Idaho's COVID Response Efforts

The final support will result in:

- Proven best practices from other COVID response efforts deployed across the state
- Faster, better-informed, proactive decision making
- Reduced administrative burden through predictability and a standardized approach
- Clarity on resourcing needs and the ability to prioritize across these needs
- Identification and escalation of roadblocks
- Greater levels of cross-organization collaboration, identifying important intersections
- Focus on action and accountability, flagging challenges early to enable targeted interventions
- A more predictable, sustainable working cadence for the teams
- Tools, models and templates to utilize beyond the consultant's engagement

Use of CFAC Funding Instead of Other Sources of Funds

Besides the monies appropriated through CFAC for COVID-related activities, the only other source of significant funds for public health is the Centers for Disease Control and Prevention (CDC) Epidemiology and Laboratory Capacity (ELC) Enhancing Detection grant. Idaho received a notice of award for approximately \$55M over thirty months. The main strategies of the ELC grant are:

- strengthen laboratory testing
- improve surveillance and reporting
- advance electronic data exchange
- enhance investigation, response and prevention

While the ELC grant is a significant amount of money, the grant has already been allocated to the required, specific areas listed above. The submitted workplan and budget associated with workplan activities has been approved by CDC and contracts and subgrants have been finalized with the approved vendors and partners. The use of CFAC funds to hire a consultant will allow us to more effectively utilize the ELC funding for the response areas it was intended to sustain activities at both the state and local level over the next two years and to meet the requirements of the funding.