Department of Social and Health Services
Pandemic After Action Report

Washington State Military Department's Emergency Management Division (EMD) and the Washington State Department of Health (DOH) are tasked to co-chair the Pandemic After Action Review Task Force established by Sec. 144 (9)(c) SB 5092, to conduct a comprehensive after-action review of the statewide pandemic response and recovery.

Even though the pandemic continues in the state and across the nation, it is imperative we begin the after-action review (AAR) process to identify lessons learned and key recommendations that will improve response and recovery efforts for current and future events.

EMD provided state agencies a template to gather input, portions of which will elevate into the state's overarching report. The template is not Homeland Security Exercise and Evaluation compliant.

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The DSHS Story

The first U.S. novel coronavirus case was identified in Washington State on January 21, 2020. The department's initial action was to support the Department of Health's request to establish an isolation site on the grounds of DDA's Fircrest School. Information about the new virus was limited.

The DSHS Emergency Coordination Center activated virtually on March 2, 2020 and quickly transitioned to operating a physical location at OB2. ALTSA contracted with an incident management team, ESA established a response organization, and BHA/DDA joined to form the 24/7 Emergency Operations Center.

DSHS leaders, subject matter experts, and stakeholders from other state agencies were summoned to the State Emergency Operations Center (SEOC) to develop non-pharmaceutical intervention recommendations for consideration by the Governor. The group was tasked with analyzing the recommendations to identify the primary, secondary, and tertiary impacts of escalating interventions.

DSHS, Department of Health, and Emergency Management Division organized into a Unified Command Group through the SEOC. Many DSHS employees served in various Incident Command System positions at the SEOC and some staff temporarily served in positions within DOH's incident management team.

During this phase, non-pharmaceutical interventions were the only tools available to mitigate COVID-19 transmission. Procurement of Personal Protection Equipment (PPE) and infection control supplies were hampered by overwhelming demand and global supply chain challenges. Due to limited PPE resources, the state established tiered priorities to funnel PPE to hospitals and vulnerable, high-risk communities.

DSHS mobilized to respond to the pandemic as the scope and complexity of the response expanded. A coordinated response across all administrations was required to navigate the influx of guidance from CDC, DOH, OFM, and the Centers for Medicare and Medicare Services.

DSHS office locations were closed to the public and employees were directed to telework to minimize virus transmission. Enterprise Technology implemented department-wide solutions to support the new telework environment utilizing platforms such as ZOOM and Teams. In-person services and client assessments paused. Services transitioned to phone or on-line access where feasible.

A long-term care facility in Washington was the site of the country's first COVID-19 outbreak. Long-term care facilities were particularly impacted from infection outbreaks, deaths, and maintaining appropriate levels of PPE. ALTSA provided incentives to encourage acute care hospital discharges, established COVID + cohort locations, provided PPE to individual providers, and contracted for Rapid Response Strike Teams. Federal CARES Act funding provided appropriation to support unbudgeted costs for these mitigation efforts which saved many lives.

BHA and DDA institutions adapted programs and implemented stringent infection control measures to keep staff and residents safe. Providing direct care to patients and residents never ceased. Though there were monumental challenges in the face of uncertainty, DDA and BHA were successful to minimize outbreaks at the 24/7 facilities.

ESA had a significant increase in applications for public benefits and experienced expanded call center volumes due to limited in person services at Community Service Offices. The administration was tasked with administering $125 million in WA COVID-19 Immigrant Relief Funds through local community-based organizations.

The DSHS COVID-19 Policy group was established to enhance information sharing and coordination at the leadership level. The SafeStart/ Roadmap to Recovery Steering Committee convened in April 2020 to implement ongoing safety guidance from the Office of Financial Management.

The four respective DSHS response organizations re-organized to form DSHS Area Command in July 2020. Utilizing existing infrastructure and procedures, the department's logistics function was centralized for efficient PPE procurement, inventory maintenance, and distribution. FFA developed an online PPE ordering site to provide a customer-service focused tool to support requests from each administration. Response reporting was consolidated into a single situation report. RDA tracked statistical analytics to produce the DSHS COVID-19 Power BI dashboard and a weekly situational awareness slide deck.

COVID-19 vaccination doses became available on a tiered priority basis in December 2020 initially targeting vulnerable groups and essential frontline workers. Doses became more widely available over the following months.

The Governor issued Proclamation 21-14.1 in February 2021 requiring all state employees and most health and long-term care providers to be fully vaccinated by October 18, 2021 as a condition of employment. HRD reviewed accommodation exemptions and established a process to verify the vaccination status of all DSHS employees. Approximately 4% of the DSHS workforce did not receive an accommodation or chose not to get vaccinated which intensified already stressed staffing levels.

Multiple concurrent events and emergencies occurred during the COVID-19 pandemic stretching resources and/or escalating employee mental health impacts.

- Wildfires/ Flooding/ Inclement Weather 2020 and 2021 seasons
- IT Incident Solar Winds: October/November 2020
- Civil Unrest sparked by the murder of George Floyd: Summer 2020
- Political Unrest/ Insurrection at US Capitol: January 6, 2021
- WA Multi-Agency Coordination Group Healthcare response 2021-2022

As the state approached its goal to vaccinate 70% of Washington State residents, DSHS Area Command demobilized on June 30, 2021. Less than a month later, the Delta surge triggered a re-activation of the Emergency Coordination Center to continue response coordination. DSHS continues to experience critical staffing shortages while developing creative solutions for service delivery. Though the pandemic continues with the Omicron surge, the experience of the past two years has shown the whole of DSHS to be greater than the sum of its parts. DSHS business functions are more integrated and we have evolved into a response organization to ultimately better serve our state's most vulnerable citizens in the coming years.

Executive Summary

Significant Impacts to the Department

- Maintaining safe work environments for staff working in the 24/7 residential institutions, office locations, and conducting field work.
- Providing PPE/infection control supplies and implementing an expanded fit testing capability.
- Transition of in-person service delivery to phone/online platforms. Adjusting services and processes for client care at 24/7 facilities and residential settings.
- Workforce movement to a telework environment while reducing leased facility space.
- Navigating significant staffing shortages to maintain essential services.

Strengths

- HRD and ET adaptability to implement creative solutions with limited time and resources.
- Staffs' ability to adapt to a telework environment while continuing to perform at a high level.
- DDA & BHA 24/7 residential facilities implemented successful infection control protocols to minimize outbreaks with patients and staff.
- ALTSA's mitigation efforts to support long-term care facilities and acute-care hospital decompression using incentives, COVID+ units, and rapid response teams.
- Integration of all DSHS administrations in an Area Command organizational structure and the development of incident management capabilities.
- FFA's establishment of a logistics program utilizing existing infrastructure and processes to streamline procurement, inventorying, and distribution of PPE to all administrations.
- Establishing the Roadmap to Recovery Steering Committee to implement guidance from OFM.

Areas for Improvement

- Greater coordination between state agencies regarding PPE procurement, policy and standard operation procedures, best practices, etc.
- Creating overarching procedures and policies that are related to COVID-19 as well as mitigation and prevention of future pandemics.
- Creating sustainable funding solutions at the state and federal levels for long term pandemic and all-hazards response to ensure continuity of response operations.
- Addressing hiring and retention policies such as telework policies or enhanced hourly rates for healthcare workers.
- ICS training of DSHS staff in all administrations and creating Incident Management Teams in each administration.
- Better coordination of PPE and test kit procurement between DSHS, DOH and DES.
- SEOC Emergency Support Function plans need updating. Plans and coordination have been tested over the last two years with the COVID-19 response, wildfire responses, flooding responses, and other response efforts.

Follow up Actions (intent to change plans, policies, or procedures)

- Continue Incident Command System training of staff to develop operational capacity for command and general staff response roles.
- Include the development of incident management teams and training in administration strategic planning
- Add basic ICS concepts to the annual training requirements.
- Continue building relationships with other state, local and federal agencies active during response.
- Policies, plans, and procedures were adjusted throughout the pandemic to meet operational and regulatory needs.

Agency Impact

Internally (How did the pandemic impact the agency's internal operations/administration?)

- Transition to a telework environment of all office bound workforce:
    - Proper technology, such as laptops or communication tools (Zoom, Teams, etc.) needed to be provided to most employees in a very short timeframe.
    - Staff were provided with training on how to use the technology
- New procedures and practices needed to be implemented in 24/7 settings:
    - Implementing social distancing, wear of personal protective equipment and strict cleaning protocols
    - Pausing visitations and large groups activities
    - Establishing isolation wards or areas
    - Developing contact tracing and testing programs
    - Establishing vaccination clinics.
- Staffing shortages due to illness, burnout, and alternate job opportunities.
- PPE procurement and distribution process was streamlined across all administrations and consolidated into a Logistics Program allowing for greater efficiency and cost savings.

Externally (How did the pandemic impact the agency's operations with its customers?)

- Transition to a telework environment impacted services provided to clients as all in person services needed to swiftly migrate to virtual delivery and processing.
    - New processes and procedures were developed to adjust client services to new virtual environment.
    - Changing procedures to home visits either eliminating them completely or shortening them to 15 minutes maximum.
- Clear and timely messaging of all service delivery changes through various forms of communication such as frequent website updates, social media posts, hotlines, letters to clients and 'dear provider' communications, etc.

Interagency (What was the impact to interagency operations?)

- Integration and participation in the Multi-Agency Coordination Group. Long-term care and DSHS are represented.
- Enhanced communication and working relationships with Department of Health and Emergency Management Division due to serving in a unified command organization.
- Cooperation and coordination with Emergency Management Division, Department of Health and Department of Enterprise Services in procurement and delivery of PPE.
- Personnel support to SEOC to support staffing position in statewide incident command structure.
- HRD reliance on OFM guidance to implement changes sometimes caused delays.

Agency's involvement in areas specifically listed in the legislation [SB 5092 (9)(d)(i) (A)-(H)]:

(A) Aspects of the COVID-19 response that may inform future pandemic and all-hazards responses.

- As this pandemic proves to be a long-term effort, longevity of responses must be considered in budget planning to ensure access to funding through prolonged periods of time. Also, budgeting for concurrent responses must always be considered.
- Establishing designated emergency management positions in administrations that previously did not have them. Continue to evaluate the need for more emergency management training to staff to build a stable cadre of emergency management personnel.
- All state agencies must be nimble, able to communicate effectively and swiftly when developing regulatory policies and procedures that affect other components of state government.
- State program to support the credentialing of incident management teams and ICS position specific trainings.

(D) Whether establishing regional emergency management agencies would benefit Washington State emergency response to future pandemics.

- Pro: A regional emergency management structure could potentially enhance closer collaboration and relationship building with local governments, nongovernmental agencies, and the private sector. This model would expand state's response capabilities.
- Con: This would be an incredibly expensive appropriation for the state to maintain and may duplicate efforts and costs needed to maintain capabilities. The cost may outweigh the benefit.

(E) Gaps and needs for volunteers to support medical professionals in performing their pandemic emergency response functions within Washington state.

- Provide a more efficient process for accessing licensed health care volunteers for all settings, including mental health and developmental disabilities institutions.

(G) Gaps and needs in health care system capacity and case tracking, monitoring, control, isolation and quarantine, and deploying medical supplies and personnel.

- Continue the coordination between hospitals and long-term care facilities via incentives to decompress hospital census of senior patients in acute care. Continued funding will be essential to maintain additional mitigations such as dedicated COVID+ units and rapid repone teams.

Office of the Secretary - Human Resources Division

Representative: Lori Manning

Agency Impact

Internally (How did the pandemic impact the agency's internal operations/administration?)

- Due to the size of DSHS it is difficult to implement decisions quickly and effectively when trying to meet the business need and navigating the impact to employees. DSHS requires additional time to be flexible and pivot when large scale efforts such as the pandemic decisions are happening to ensure consistent application as well as mitigating risk to the agency.
- Response time for when and how State HR provided information to agencies seemed to lag and be pushed out. At times it put DSHS in a position that required us to make decisions to move forward due to our size and complexity (24/7 locations) prior to implementation guidance being given.
- Timing element in responses to question and tools needed to execute large scale roll outs came to the agencies from State HR delayed and many times on a Friday after 5pm. It was difficult for any follow up to State HR to occur if need be, or many times resulted in weekend work to get it rolled out to staff on a Monday, to already taxed HR staff who had been working around the clock that week.
- The pandemic greatly impacted the agency's internal operations, considerably the Human Resources Division and facilities. The HR workforce was not only impacted with additional processes and procedures to enact, there were considerable emotional impacts as well. HR staff worked tirelessly to follow guidance, FAQs and mandates accordingly. This included working evenings and weekends to ensure our DSHS staff were supported and offered all options and information in a timely manner to meet MOUs and required deadlines.
- DSHS lacked resources to include technology, equipment, and funds to move employees to remote environments. When resources were provided there was not clear direction on how to apply the resources throughout the agency.
- As decisions/processes were being made from State HR and the MOU's were being bargained, there were times the agency was required to alter course increasing risk, which then had an influence on trust with our employees.

Agency's involvement in areas specifically listed in the legislation [SB 5092 (9)(d)(i) (A)-(H)]:

(D) Whether establishing regional emergency management agencies would benefit Washington State emergency response to future pandemics.

- Regarding establishing regional emergency management: this could be a consideration however, this was a nation-wide pandemic so the benefit for Washington is not clear to include the structure of DSHS and how HRD provides support. HRD in DSHS has moved away from a regional structure to better support our Administrations and employees. This would require more effort in restructuring than the potential benefits.

(E) Gaps and needs for volunteers to support medical professionals in performing their pandemic emergency response functions within Washington state.

- Regarding volunteers: from a state perspective this support is beneficial however at times for DSHS it is meeting specific needs within the communities and/or facilities that require a specific skill set, knowledge, and specific DSHS trainings.

(G) Gaps and needs in health care system capacity and case tracking, monitoring, control, isolation, and quarantine, and deploying medical supplies and personnel.

- Regarding the tools to measure the scale of impact: this can be beneficial but in this specific scenario, from an HR perspective, it is unclear how this would help. During the pandemic staff resources were already stretched and were required to manually capture data. (measurement) Ensuring quality data from automated systems required additional time that pushed employees past limits.

<u>Externally</u> (How did the pandemic impact the agency's operations with its customers?)

- As an agency that provides most services in person COVID and the mandate provided impact to customers, who may have experienced delays in getting their services or having to get their services from other means versus in person. It drove wait times and changed how they received their services in many of our locations. I think this was understandable for the customer during the onset of COVID operations where the State was in a "shut down", however as the private sector opened the State remained cautious in opening, I am not sure this impacted customers in a positive way.
- Many of our field offices and Community Service Offices (CSOs) were temporarily closed. This closure required staff to create new processes and procedures/workarounds to safely and efficiently continue services remotely. This did take time to reimagine the work and services.

<u>Interagency</u> (What was the impact to interagency operations?)

- DSHS along with other agencies with facilities and/or 24/7 operations met weekly to ensure we were consistently applying direction from OFM and State HR, where possible, and sharing resources so we could quickly adapt to the needs and output that needed to occur within the agencies and facilities. It was an effort to ensure consistency and resources when we could.
- Weekly Meetings with OFM and 24/7 agencies were developed to provide a pipeline to ask about various questions unique to the needs and operations of the 24/7 facilities. At times it did help facilitating with delays to answers we were seeking.

- DSHS experienced different, sometimes conflicting, AG advice/opinions as we worked with our internal employment ATG, versus OFM ATG. Some of the advice was not received timely which resulted in actions being delayed and implemented inefficiently.

Strengths

- Agency partnerships and space to share best practices.

Areas for Improvement

- Timely agency communication, to include providing templates, standards, and information on standard business days during operating hours.
- Agencies being held accountable to consistently apply policies and procedures for a consistent approach to pandemic related actions.

Office of the Secretary - Office of Information Governance

Representative: Natasha House

Agency Impact

Internally (How did the pandemic impact the agency's internal operations/administration?)

- Face-to-face meetings with DSHS colleagues and employees transitioned to virtual meetings. Required new tools for communication purposes (Cell phones, Zoom, SKYPE, MS Teams, etc.)
- Implemented telework for all employees
- Significantly increased our use of electronic record production. Unable to access printers, fax machines, and physical mail in telework status. Had to rely on staff from other divisions who had an employee in the office to assist with our mail and faxes.
- The vaccine mandate impacted the number of coordinators available to conduct records retention and public records work throughout some divisions.
- Several employees given state issued mobile phone to be able to continue to perform their duties.
- Staff moving to a telework environment, using laptops and new communication tools, required additional training and guidance on how to maintain the security and privacy of confidential information.

Externally (How did the pandemic impact the agency's operations with its customers?)

- Unable to conduct face to face interactions with members of the public to comply with requirements of the Public Records Act (PRA), chapter 42.56 RCW.
- Governor's Proclamation 20-28.15 temporarily suspends the PRA's requirement for agencies to respond to PRA requests for public records within five business days from receipt, this does not

apply to requests received electronically. Also suspended the PRA requirement to maintain business hours for in-person public inspection of records. This proclamation remains in effect until rescinded or until the state of emergency is over.

- Exemptions under the PRA are extremely limited and asserting them improperly carries significant fiscal risk for the agency. There was concern that there were not exemptions that would protect the highly sensitive personal and medical information agencies were now collecting from employees and the public regarding COVID-19. To help alleviate the ambiguity of the PRA, Governor's Proclamation 20-64.5 prevents public agencies from disclosing identified records pursuant to PRA requests for any purpose not related to public health. This proclamation remains in effect until rescinded or until the state of emergency is over.
- Almost all public records work has moved to online interaction, which can be challenging to the public trying to navigate complicated IT systems or websites.

Interagency (What was the impact to interagency operations?)

- Face-to-face meetings with DSHS colleagues and employees transitioned to virtual meetings. Required new tools for communication purposes (Cell phones, Zoom, SKYPE, MS Teams, etc.)

Strengths

- Much of our public records work was already done electronically, so transitioning to telework full-time was eased in many ways.

Areas for Improvement

- Allow faxes to be received electronically.
- Expand the number of file share websites staff can use for electronic record transmission.
- Clearer Public Records Act exemptions that help agencies determine how to properly protect highly sensitive information about its employees and visitors to our offices.

Office of the Secretary - Government and Community Relations Office (GCRO) – Legislative Relations and Constituent Services

Representative: Mark Eliason, Senior Director

Agency Impact

Internally (How did the pandemic impact the agency's internal operations/administration?)

- Face-to-face meetings with DSHS colleagues and employees transitioned to virtual meetings. Required new tools for communication purposes (Cell phones, Zoom, SKYPE, MS Teams, etc.)

- Required employees to send email to their supervisor when they log on and log off each day. For first year of Pandemic, required employees to provide brief (high level) summary of daily work when they would send email at end of their shift.
- We no longer use paper to convey information. This is now done with electronic documents.
- All employees given state issued mobile phone to be able to continue to perform their duties.
- Implemented telework for all employees

Externally (How did the pandemic impact the agency's operations with its customers?)

- Face-to-face meetings with residents of SCC transitioned to phone calls. Required new tools for communication purposes (Cell phones, Zoom, SKYPE, MS Teams, etc.)
- Resident advocates\Ombuds at SCC reduced on-site presence at SCC facility depending on facility access restriction measures implemented to mitigate spread of COVID. They were accessible to residents by phone during these times when quarantine measures to access facility were restricted.

Interagency (What was the impact to interagency operations?)

- Face-to-face meetings with DSHS colleagues and employees transitioned to virtual meetings. Required new tools for communication purposes (Cell phones, Zoom, SKYPE, MS Teams, etc.)
- We no longer use paper to convey information. This is now done with electronic documents.

Office of the Secretary - Enterprise Technology

Representative: Alex Weeks

Agency Impact

Internally (How did the pandemic impact the internal operations of ET?)

- (S) ET has been able to respond and have stayed engaged very effectively.
- (S) ET achieved efficiencies by using digital forms and routing versus in-person which advanced our processes.
- (I) One impact to ET will be the annual *physical* inventory. Last year, due to the pandemic, it was canceled. It will be conducted by all purchase and maintenance staff for OOS in 2022.
- (S) ET has been able to complete tasks assigned as designated by leadership.
- (S) All ET units have been highly responsive via telework resources (VPN, Citrix, Teams)
- (S) Telework capabilities has been a significant improvement to reduce pandemic related stress and to act as a control measure for workplace exposures. See graphic.
- (S) ET team members exhibited a high level of professionalism and have proved to be highly dependable during extended periods of teleworking.
- (I) (F) Appropriate hardware to conduct telework business is sorely lacking. Many staff purchase their own audio/video devices out of pocket to get the job done. Many staff have the minimal

hardware requirements (laptops/desktop pc's). There needs to be a hardware standard to conduct business effectively and an easy way to acquire hardware resources across the telework platform. Often, it has taken months to resolve a hardware deficiency. (very much a sore spot)

- (I) (F) Having two lines of technical support (ET vs. TSD) has proven to be a problematic support model as their lines of support are sometimes blurred.

<u>Externally</u> (How did the pandemic impact the operations with ET's customers?)

- External to ET there can be varying levels of availability and room for improvement (support, SME's, PM, BA)
- For ET's Telecom division, getting softphones installed did entail additional coordination time.
- (S) From an overall ET perspective, the administrations security professionals exhibit an extraordinary level of availability, even after core business hours.

<u>Interagency</u> (What was the impact to ET's inter-agency and intra-agency operations?)

- No reportable impacts.
- Utilize one standardized collaboration platform.
- Ensure that DSHS has the ability to use collaboration tools external to the agency.

Facilities Finance and Analytics Administration - Contracts, Legal and Background Checks Services

Strengths

<u>Internal Impacts</u>

- Transition to primarily telework was only possible because of the new Background Check System going live in June 2018. With over a year of ongoing development and modifications since go-live, BCS was stable and operating reliably as needed when the pandemic hit.
- Being able to continue to make modifications to the Background Check System ensured certain processes could be modified to work better in a telework environment and allowed more BCCU staff to work remotely rather than go into the office to process documents and hard copies. For example, the development team was able to prioritize system functionality to enable emailing of results to applicants, rather than sending hard copies through mail. The development team was able to implement this functionality within a couple months of the start of the pandemic.
- Contract management for the electronic fingerprint contract was well managed which ensured prompt and clear communications to BCCU customers regarding impacts to statewide fingerprint sites and appointment availability.
- Everything done by DSHS units and this division *prior to* the pandemic to increase electronic data collection, retention, organization, communications, etc. enabled a faster and smoother transition to telework. For contracts and procurement, this included imaging contract files in

MODIS, moving competitive solicitation evaluations to an online environment and receiving and transmitting proposals via email.

- DSHS TSD IT support for setting up "soft phones" was critical to BCCU's ability to open phone lines within a couple months of transitioning to telework. (Initially, BCCU had to specify email support only would be available to customers and applicants.)
- Staffing – being mostly fully staffed prior to the start of the pandemic was important to ongoing services and operations success since hiring and onboarding became more difficult to accomplish remotely.
- The almost immediate availability of Zoom was critically important to maintaining communications and ability to have group meetings.
- Prompt issuance by Central Contracts and Legal Services (CCLS) of guidance on how to sign contracts electronically in the absence of either a contracts-specific or an enterprise-wide electronic signature solution. (But note that CCLS had requested IT support to develop electronic signature solutions in the ACD several years before the pandemic started – having an ACD solution in place could have made this even more seamless for contracts staff throughout the agency.)

External Impacts

- N/A for CLBCS

Interagency Impacts

- The prompt issuance by DES of a competitive solicitation waiver for purchases and contracts required for COVID-19 response was critically important to ensuring expedited contracting and purchases were possible.
- Prompt issuance by Governor Inslee of multiple proclamations and orders suspending certain requirements that became difficult to impossible to meet under pandemic circumstances – e.g. suspension of fingerprint requirements for certain background checks.
- From our perspective, it seemed like the Governor's staff and DSHS leaders had strong communications in place to support public safety and DSHS client safety.
- Generally, the cultural shift to online collaboration that has taken place during the pandemic has been very positive. To elaborate: almost everyone is now willing to jump onto a Teams call, share screens and work together in that environment. Working this way has now become routine, cross-agency, cross-administrations, and cross-workgroups, which has had very positive impacts on collaboration and communication overall.

Areas for Improvement

Internal

- IT support. IT support was overwhelmed by the sudden move to ensure folks could telework, causing backlogs and delays in in response to requests for support. They did an amazing job all things considered.

- Hiring processes required some adjustments to allow for remote interviews via Zoom and were slightly more burdensome to hiring staff.

External

- Understanding that concerns about revenue made this necessary at the time, the workload impacts created by the hiring and contracts/purchasing freezes were extremely difficult for contracts and purchasing staff. Not being able to hire replacement staff results in work backlogs and slowing or stoppage of critical work while also overloading existing staff, increasing stress, and hurting morale. Since DSHS rarely makes any contracts or equipment purchases that are not absolutely mission-critical, the contracting/equipment purchase freeze simply adds significant additional work at a time when staff vacancies can't be filled.

Interagency

- N/A for CLBCS

Facilities Finance and Analytics Administration - Financial Services Division

Representative: Jay Minton

Strengths

Internal

- Partnered with ESA and used the employee pipeline to hire staff.
- Consolidated the procurement of the PPE at DSHS to a single unit. This included both DSHS PPE and Provider PPE.
- Staff converted several processes that were manual to electronic means.
- FFA hired a logistics manager.
- Repurposed the ESA maintenance staff to LFMO so they could assist with PPE distribution.
- Reduced use of motor pool vehicles, which reduced expenses.
- Began conducting training to our customers virtually rather than in person.
- Majority of the FSD offices closed and transitioned to telework.
- Created three consolidated warehouses for PPE storage and inventory:
    - Western side of state
    - Eastern side of state
    - IP PPE Warehouse

Internal – Impacts

- Recruitment has been affected greatly as we're not receiving many candidates to interview.
- Supply chain was/is disrupted and costs increased due to:

- Increased demand for products
- Lack of product availability because of lack of materials and employees
- Shipping distribution issues

Areas for Improvement

Internal

- IT Desk support. FSD had issues regarding -
  - Difficulty contacting TSD while **they** were teleworking
  - Reponses times to requests taking longer
  - Equipment distributed to staff being delayed
- Equipment and technology access/issues with regard to teleworking –
  - Not all staff understood how to connect remotely with VPN/Citrix as there was inadequate training
  - Internet connection at staff homes as some staff did not have internet or had/have insufficient bandwidth
- Telework guidance. Managers/supervisors have been navigating through the pandemic with minimal guidance with regard to teleworking and what should like in the pandemic and what it will look like in the future.
- HR customer service was impacted as turnaround times and response rates were slow.
- ePMX system – The DSHS inventory system needs to be upgraded to handle identification of inventory form the various sources.
- Chain of command was not clearly identified when the emergency was first called. It appeared DSHS did not follow the emergency procedures regarding the chain command or follow the financial procedures for identifying and tracking purchases made under the emergency declaration. There was confusion and at the start duplication of efforts.
- Documentation of expenditures. The need for detailed documentation on why an expenditure was incurred did not always occur.
- Communication was not centralized. Communication seemed to be distributed from various sources (e.g. HR, Emergency Management, Administrations, etc.) and at times that information had conflicting guidance or was outdated.
- Warehouse space. Because of the immediate need for additional Personal Protective Equipment (PPE), DSHS needed to adjust and identify space to hold these new items that were purchased in bulk.
- Damaged Donated Inventory items. Lack of guidance/procedures about receiving items at the warehouse from other “State of WA” agencies such as DOH, Military Department (i.e. FEMA) or private donations that were either damaged or we cannot use. What do we do with them? How can we return them?
- FSD is losing staff to other organizations/agencies because they offer 100% telework.

Interagency

- Interagency communication was unclear. For example:

- Communication from DOH regarding PPE was inconsistent, thus resulting in administrations doing things differently.
- Authorization of COVID related funding from OFM came into the agency by different means and it was hard to track down what we received and for what.
- Information on what agencies should charge to FEMA was coming from both the Military Department and OFM. At time the agencies are instructed what to charge to the FEMA funding source rather than rely on the agency's experience.

Follow up Actions (intent to change plans, policies, or procedures)

Internal

- Telework issues need to be addressed:
  - There is a need for telework guidance and policies. When will further guidance be provided?
  - If we are losing staff to other agencies or organizations as they are permitting out of state telework. Can DSHS and other agencies collaborate to add other state taxes into our payroll system?
  - Will DSHS develop camera protocols in support of a hybrid telework work model?
  - With the rollout of additional technological platforms, such as Microsoft Teams and Zoom, will the agency have a better 'education plan' to train staff on how to install/use these platforms?
  - Will DSHS develop standards for shared stations in a DSHS office for those staff that telework part time?
  - Surplus – What are we supposed to do with all of the surplus (i.e. PPE, hand sanitizer) at the warehouses?
  - Laptop deployments. Will the agency have a better plan going forward with deploying laptops out to all staff, especially in support of the hybrid work environment?
  - Inventory System – identify weaknesses in ePMX and provide that information to OneWA project team to determine if Workday can address those items.

Facilities Finance and Analytics Administration - Logistics Program

Representative: Mark Beerbower

Strengths

Internal

- The Logistic Section Chief partnered with Consolidated Business Services and Leased Facilities & Maintenance Operations to develop a centralized department-wide logistics function for the procurement, inventorying, and delivery of PPE and infection control supplies.

    - Provided general oversight of all shipments and deliveries to all administrations.
    - Supported better planning of shipment timelines and customer service with administration stakeholders.
    - Provided efficient and economical support utilizing existing infrastructure and processes.
    - Prevented resource competition within the department, streamlined procurement process, tracked shortages of certain resources and timelines for their availability.
    - Allowed for better tracking of reimbursable costs for submission to federal entities.
- Stayed informed of worldwide impacts to supply chains that could impact timely delivery of resources. Orders were placed ahead of time or different vendors were considered.
- The procurement unit designated personnel to track all COVID-19 response related purchases to ensure proper coding in the financial system. COVID-19 designated funds were thus spent accordingly and shortfalls were identified in a timely manner and addressed.
- Establishment of the online PPE ordering site simplified the ordering process across DSHS and improved customer service and expectations.
- Development and implementation of the Logistics Program Manager position.

Interagency (what was the impact to interagency operations)

- DSHS worked with multiple departments across the state to acquire, distribute, and provide PPE across the state. EMD, DES, and DOH were close partners for acquiring and providing FEMA PPE to our department.
- The development of professional relationships between DSHS, EMD, DOH, and DES enhances the states response efforts for future incidents.

Areas for Improvement

- Systems rapidly evolved and improved throughout the pandemic response. During the early days, limited visibility and shipping delays from DOH caused shortages at our 24/7 institutions.
- During the initial stages of response each administration:
    - Conducted its own PPE procurement creating unnecessary competition for resources within the department. No centralized resource request system existed.
    - Attempted to obtain their own resources without communicating with the rest of the department their needs. This created duplication of effort and competition for the same resource.
- Explore technology upgrades to the inventory management systems to increase productivity, reduce inefficiencies, and save costs.

Follow up Actions

- Provide logistics technical support to DOH for warehousing and delivery of PPE.
- Continue to support interagency partnerships.
- Push for increased transparency and visibility of partnering and support activities between departments.

- Encourage digital options for providing updates on orders to reduce impacts to manpower requirements.

Economic Services Administration

Representative: Kyle Lapastora

Strengths

- Transition from mostly in-office work to nearly all telework within a few months. Kudos to IT and HR. Clear mandate from leadership that 100% telework WAS required for everyone whose job allowed it.
- Development of several layers of COVID response crews that met regularly.
    - Active participation in the DSHS recovery effort
    - A core ESA team
    - An expanded ESA team
- Early development of reporting and tracking key metrics
- Creation of SharePoint site to store and share documents
- Frequent communication (daily Situation Reports), ESA-wide communication
- Frequent, timely check-in, information sharing, and discussions with ESA leadership. This facilitated consistent application of "required" telework (and associated exceptions), HR-related information sharing, and issue resolution – if one division wasn't immediately experiencing an issue that another division reported, this proactive information sharing ensured quick, consistent resolution when the issue arose.
- Creation of templates for various forms of communication (e.g. Notifications to offices, SITREP, etc.)
- Shared resources from one administration to another i.e. N95 masks in field offices for wildfires were gathered and shared with 24/7 facilities when they had a shortage in the beginning

Areas for Improvement

- Set up an emergency response team that would be prepared for their roles in advance.
- It was a bit confusing for DSHS to have multiple platforms for virtual meetings and communication (Zoom, WebEx, Skype, Teams, GoTo Meeting).
- Need information sharing to occur much more quickly from the top down – specific to OFM/SHR providing critical HR guidance to agencies, which agencies must quickly utilize to direct internal HR operations.
- No references to pandemic, finance in COOP – and there was confusion around emergent staff – and it was all paper
- Coordination among co-located facilities
- IT coordination in purchasing equipment

Follow up Actions (intent to change plans, policies, or procedures)

- Set up procedures for virtual signatures
- COOP has been updated and is not paper and on thumb drive
- Greater focus on preparedness in the event of another emergency or incident by creating an ESA incident management team.
- Increase support for telework and strengthening of the infrastructure required to maintain an increasingly mobile workforce.
- Increase coordination among collocated facilities and IT

Developmental Disabilities Administration

Representative: Charlie Weedin

Identify the impacts in these main areas:

Internally (how did the pandemic impact the Administration's internal operations/Agency)

- As an administration, DDA experienced significant impacts across all operations. Despite the unprecedented challenges, staff have risen to the call, performed professionally and compassionately, and remained focused on the more than 35,000 people DDA serves.
- Staff also supported each other and lead the way in designing and improving the new ways DDA helps people get the services they choose.

DDA Headquarters

- DDA headquarters moved immediately to an incident command structure in conjunction with the state Emergency Operations Center (EOC).
- Staff switched to telework in less than two weeks.
- Senior management worked with the Secretary's Office to relay important information that continually evolved as we learned more about Covid-19. Leadership made every effort to share information about changes in a timely manner.
- Extra focus went into having video meetings with staff to provide opportunities for support and asking leadership questions.
- As part of a delivery infrastructure developed within DDA and DSHS, many headquarters employees filled mailing packages with masks to help protect individual providers and the clients they support.
- DDA implemented a biweekly incident command structure. In the first year of the pandemic, the incident command effort was jointly undertaken by DDA and BHA. Currently DDA undertakes a weekly incident command meeting with DDA Field Services, SOCR programs, and the RHCs. These virtual incident command meetings were essential to support: effective communication;

consistent interventions, practices, and responses; and PPE use and availability. Currently the RHCs operate local incident command structures that have been in place since early 2020.

Field Services

- In less than two weeks DDA field staff pivoted from working in an office environment to teleworking. Field staff had to learn: how to conduct assessments by phone or computer with only a brief home visit; how to talk with clients and their representatives about Covid-19; protocol for addressing suspected and confirmed cases; and how to properly wear personal protective equipment (PPE).
- DDA developed a system for ordering and delivering PPE to these state employees as well. Training was given to contracted providers regarding where to find information from the Department of Health (DOH), The Centers for Disease Control, and their local health jurisdiction.
- In addition to their regular jobs, a number of DDA field staff are also volunteering to cover shifts in residential habilitation centers and state-operated community residential programs.

Residential Habilitation Centers (RHCs) & State-Operated Community Residential (SOCR) Programs

- Both the RHCs and DDA's SOCR programs quickly implemented their Continuity of Operations plans and they continue to update their plans and procedures as new guidance comes out.
- PPE is being provided to all staff, contractors, and visitors of RHC campuses and SOCR programs. They worked with DDA headquarters to build an ordering system for PPE to help maintain an adequate supply chain.
- Staff at these locations worked with clients and their advocates to understand and comply with limitations on visits due to new rules set by the Centers for Medicare and Medicaid Services (CMS) or orders issued by the Governor. The limitations included restrictions on visitation, limited family contact, and the creation of outdoor and other dedicated visiting areas.
- With the new restrictions came an increased emphasis on infection control and cleaning requirements. Staff worked with contractors and agencies operating on campus grounds to ensure compliance with screening protocols, proper use of PPE, changes in vaccination requirements, and how to handle a potential exposure. Some staff even participated in FEMA training and DDA plans to extend those opportunities to others in the coming year.
- Screening began immediately and continues today where all staff, contractors, and visitors must be screened for temperature each day and asked to complete a series of attestation questions regarding their current health status and exposures.
- RHCs and SOCR programs are experiencing severe staffing shortages that impede staff's ability to provide services. Often DDA had to switch to maintaining basic health and safety – which was achieved by management staff covering direct support staff shifts. Despite frequent staffing challenges, many employees continue to cover shifts when the staffing is most critical.
- The RHCs and SOCR programs have engaged in a variety of efforts to bolster recruitment and hiring, including raising entry-level salaries; increasing job fairs and pre-employment videos; speaking at schools and churches; and increasing social media efforts, radio ads, billboards, etc.

- Vaccine clinics were set up on campuses and in partnership with local pharmacies. Vaccine clinics occurred monthly or twice monthly beginning in January of 2021 and extended through October 2021. Booster shot clinics began in October 2021 and continue today.

<u>Externally</u> (how did the pandemic impact the Administration's operations with its customers)

Field Services

- In the beginning of the pandemic home visits were halted. DDA moved to remote assessments with a 15-minute home visit to help monitor client health and safety. Many clients and their advocates disliked the shorter duration of in person visits. Alternatively, some families declined in-person visits, which created challenges in how DDA responds to each individual request.
- Due to frequently changing guidance, clients receiving services from contracted providers also had less in-person contact. These providers also faced staffing shortages, which not only presented challenges to maintaining basic health and safety but prevented the providers from adding more clients to their contracts.

Individual Providers

- Individual providers (IPs)had to learn to do business in a virtual world. The contracting sessions that help IPs understand their contractual and statutory requirements are provided remotely by DDA staff, which is a challenge for some individual providers. The curriculum for required training had to be modified to allow for a portion – and in some cases all – of the content to be completed on virtual platforms. The suspension of training and certification requirements helped some clients and providers begin services quickly and maintain them through the course of the pandemic.
- As training requirements resume, getting providers trained and certified has proven to be problematic due to: all providers seeking certification at the same time; not enough space in training classrooms; and providers learning how to virtually assist clients with personal care tasks.

<u>Interagency</u> (what was the impact to inter-agency operations)

- Enhanced relations with the Department of Health
- Enhanced collaboration between DSHS administrations
- Increased connectivity with local health jurisdictions

<u>Agency's involvement in areas specifically listed in the legislation [SB 5092 (9)(d)(i) (A)-(H)]:</u>

- Aspects of the COVID-19 response that may inform future pandemic and all-hazards responses.
  - Improved communication on how to implement new requirements
  - Greater access to PPE, vaccinations, and test kits
  - Greater access to emergency staffing and greater ability to implement it
- Emergency responses that would benefit the business community and workers during a pandemic.

- Same as above
- Standards regarding flexible rent and repayment plans for residential and commercial tenants during a pandemic.
    - Many DDA clients and their families benefited from eviction moratoriums.
- Whether establishing regional emergency management agencies would benefit Washington state emergency response to future pandemics
    - Yes, we also support this concept to improve communication and efficiency.
- Gaps and needs for volunteers to support medical professionals in performing their pandemic emergency response functions within Washington state.
    - Greater access to a pool of volunteers is essential to plan for, given the impacts across DDA's support systems
- Gaps and needs for tools to measure the scale of an impact caused by a pandemic and tailoring the pandemic response to affected regions based on the scale of the impact in those regions.
    - Improvement in reporting data response times at the state level is needed.
- Gaps and needs in health care system capacity and case tracking, monitoring, control, isolation and quarantine, and deploying medical supplies and personnel;
    - Health care system was and is severely impacted in capacity.
    - Increased capacity for the deployment of medical supplies and personnel is also needed.

Strengths

- DDA management's ability to support staff for 24/7 operations, field operations, and adjusting to an increased workload of changing guidance and circumstances.
- Staffs' ability to adjust to new working conditions, in particular teleworking and a revision of expectations for in-person visits, and to continue to perform at a high level for meeting client needs and responsiveness.
- Significant impacts were mitigated by supervisors and senior leadership assisting by filling staffing needs to support client health and safety needs.
- Additionally, volunteer pools were established to help support critical staffing needs and continue to be utilized.
- Appointing authorities and their designees continue to provide direct/frontline support to mitigate staffing impacts.
- The development and consolidation of on-line ordering systems for PPE.
- Swift transition to on-line trainings for staff and providers.
- Partnerships with the unions in supporting staffing challenges, addressing concerns raised and ensuring care for the people we support.

Areas for Improvement

- Communication was not centralized and often provided conflicting information. It was distributed from various sources (i.e. HR, Emergency Management, Administrations, etc.) and at times that information had conflicting guidance and/or was outdated.
- Enhancing rates for health care workers to increase the available labor pool.
- Rapid Response teams did not have the capacity to support needs in state operated 24/7 operations.

- Equipment and technology access/issues about teleworking:
  - Some staff needed additional support in how to connect remotely with VPN/Citrix as there was inadequate training
  - Internet connection at staff homes as some staff did not have internet or had/have insufficient bandwidth

Follow up Actions (intent to change plans, policies, or procedures)

- Many of our plans and procedures have already been updated and continue to be as new direction comes out.

Behavioral Health Administration

Representative: Nate Savage

Executive Summary

The Behavioral Health Administration (BHA) initiated the Headquarters level Emergency Operations Center (EOC) in response to COVID-19 since March 8th, 2020. The EOC enabled effective and consistent coordination of mitigation and response steps taken at BHA/DDA facilities statewide (Initially this was a joint BHA/DDA EOC). Having the EOC activated opened dialogue between facilities and their leadership that may have otherwise never been utilized. The coordination and collaboration established early in the pandemic remains in place today. The BHA EOC continues to; coordinate with all stakeholders involved in decision-making processes regarding COVID, enable a venue for sharing best practices, discuss strategies as well as policies or procedures that may have any impact to the daily operations' of 24/7 facilities.

Consolidating the logistical process for all BHA/DDA facilities greatly improved our ability to provide infection prevention and control supplies to DSHS facilities and agencies statewide. This process remains in effect and has improved to become even more efficient over the course of the pandemic.

Established the BHA Safe Start Plan and the BHA Statement of Practice to mitigate and respond more effectively to the pandemic and to address the specific areas that would impact continuity of care in a psychiatric setting and daily operations. This was done in coordination with all relevant stakeholders and the WADOH. The BHA Safe Start plan is designed to adapt and incorporate any new state and/or federal guidance issued to include regulatory requirements.

Incorporating the best practices and guidance of infection control and prevention while providing care in a psychiatric setting has proven challenging. Unique challenges specific to BHA facilities should be considered more extensively by outside emergency management representatives in future emergent circumstances of this scale.

Agency Impact

Significant impacts to the internal and external operations of the 24/7 facilities have (over the course of the pandemic) included but not limited to:

- The establishment of and staffing of multiple screening stations at all facilities
  - This included the screening of all patients and residents prior to entry
- Utilized telephone conferences as opposed to in person
- Cancelled all off campus non-essential trips when the severity of an outbreak warranted it.
- Physical distancing (social distancing): Adherence to physical distancing proved exceptionally challenging to maintain in a psychiatric setting however, is still in effect to this day.
- Stopping visitation (an impact to both clientele and their families) when the severity of an outbreak warranted it (approved by the Governor's Office 03/16/20)
- Rigorous cleaning schedules established and documented at all facilities.
- Restrictions on large group activities.
- Communication to facilities to include a video message from the assistant secretary on loop in the lobbies and signage campus wide.
- Establishment of COVID isolation wards and/or areas. This has continued to be a challenge to staff.
- Contact tracing and testing programs
- Vaccination at facilities to include the establishment of a mobile vaccination team for outlying facilities, booster shot clinics moving forward.

Interagency (what was the impact to interagency operations)

- Interagency collaboration has been a huge strong point from this pandemic and continues to evolve daily. Over the curse of the pandemic, the practices, approaches, and strategies are shared between agencies and their respective facilities/areas. This allows for a consistent approach DSHS wide based on best practices and current guidance.

Agency's involvement in areas specifically listed in the legislation [SB 5092 (9)(d)(i) (A)-(H)]:

(A) Aspects of the COVID-19 response that may inform future pandemic and all-hazards responses.

- Working collaboratively with other agencies and their facilities and/or representatives opened the door for a coordinated response to the pandemic. We were able to adapt to strategies and utilize resources that we were not aware we had through communication, shared experiences and best practices.

Key takeaways that would inform future pandemic and all hazard responses:

Structured Leadership

- A skilled and well-informed team of individuals in a position to make timely decisions that best meet or exceed the needs of the administration was a critical component. The leadership structure and decision-making process must be clearly communicated and understood to all stakeholders.

- Designated Pandemic Representatives from each administration, gather all pertinent information and needs to relay to executive leadership on a regular basis.
- Having dedicated pandemic representatives would allow people that may be assisting with the pandemic response to return to their normal operations and rely on the designated COVID team/unit.

Communication and collaboration

- Getting all stakeholders and subject matter experts (SME's) involved, having them involved in the plan and ensuring they understand the plan moving forward.
- Communicating any process, expectation, change/update, via all forms of communication, i.e. email, phone, text, social media if necessary.
- Designated Pandemic Representatives from each administration to proactively field inquiries from the media.
- Clear communication and collaboration with and to our Labor partners.
- Aggressive procurement strategies as well as an adept logistics team. Having people dedicated to attaining and distributing COVID specific infection control and prevention equipment greatly assisted in keeping our warehouses stocked and transportation teams notified of deliveries/pickups needed.

Accountability

- Keeping all facilities consistent with their wants and needs as opposed to unique requests was a very helpful step toward a sustainable response. In the beginning many facilities would make requests and demands that were unique or unreasonable, without regard to inventory or what we had available.
- Having the right people at the table to make immediate decisions if needed.
- Having systems in place that would hold all employees accountable to the infection prevention and mitigation steps that are in place.

Process

- Creating overarching procedures and policies that are related to COVID-19 as well as mitigation and prevention of future pandemics.
- Establishing a centralized supply system and COVID response warehouses separate of warehouses for normal daily operations at our facilities allowed the ability for rapid deployment of COVID specific supplies statewide when requested.
- Have delegation and contact information/methods for key personnel readily available to emergency management staff or staff setting up the emergency operations center.
- Updating the delegation of authority and succession plans for headquarters and facilities, this of course should be done often however, it was found that during the pandemic it should be updated more often due to retention and illness. Creating further than three levels of delegation is recommended.
- Having a designated COVID team or unit helped to eliminate duplicate duties and crossover of responsibility. This also allowed staff to focus on their assigned job rather than trying to wear several hats.

(B) Emergency responses that would benefit the business community and workers during a pandemic.

- Deviation from the "one size fits all" approach when dealing with businesses such as hospitals would help the various types of hospitals such as mental health hospitals and their unique settings.

(C) Standards regarding flexible rent and repayment plans for residential and commercial tenants during a pandemic.

(D) Whether establishing regional emergency management agencies would benefit Washington state emergency response to future pandemics

Yes. We didn't get much of a chance to work with county emergency management agencies due to them being tasked elsewhere. Having a regional agency would help to delegate on a smaller scale. The majority of the info being pushed from the state wasn't addressed to any specific business or setting, rather a broad stroke issuance of information. Having a regional agency would help to tailor the information to better meets the needs of the area.

(E) Gaps and needs for volunteers to support medical professionals in performing their pandemic emergency response functions within Washington state.

Volunteers were never fully utilized. This was due to not so much to intrastate licensure but lack of contractual commitment. Moving forward it is recommended that medical volunteer pools attend employee orientation for unique setting such as a psychiatric setting where the possibility of personal injury via patient to staff assault is much greater than a medical hospital. Attending the employee orientation will save time in getting them to the assigned area to assist. Also, having contracts for a pre-designated period would help the administrations incorporate volunteers when they are needed most.

Aging and Long-term Support Administration

Representative: Serena Segura

Strengths

<u>Internally</u>

- ALTSA established an internal response team to coordinate communication, PPE distribution, and staffing resources to work with internal and external stakeholders who protect those that we serve.
- The Long-Term Care Advisory Committee, LTCFs, and Home Care has been a great advocate for making sure we protect those who we serve.
- ALTSA established a permanent Emergency Management and Risk Officer position to manage the COVID-19 response for ALTSA, and created a project position to assist with the response with PPE management, distribution, analytics, and customer service.

- Integration and coordination throughout the agency for a common response to COVID-19 was successful through the use of ICS, communication and information sharing, and flexibility.

<u>Interagency</u>

- Integration and participation in the Multi-Agency Coordination Group has been successful. Long-term care and DSHS as a whole are represented.

Areas for Improvement

- Duplication of communication and work efforts due to unclear roles and responsibility.
- There was a lot of confusion during the first several months of the response on who was running what part of the response due to unclear roles and responsibilities.
- Response operations for this type of incident are proving to be long lasting. Funding needs to be identified for longer periods of time at the state and federal levels to support operations.
- Multiple conduits, and undefined roles and responsibilities, cause work duplications especially when working with other agencies. Defining communications channels for response that may differ from day-to-day also causes confusion.
- Moving the agency from administration focused purchasing to a central purchasing process for the response has been challenging.
- PPE coordination between ALTSA/DSHS and DES/DOH for the state backstop draw down was cumbersome. A lack of clear communication with the workgroup and customers, lack of clear leadership throughout the process, and lack of clear process continues to cause confusion.

Follow up Actions (intent to change plans, policies, or procedures)

- ALTSA will continue to build out, train, and exercise a dedicated incident response team made up of representatives from all ALTSA Divisions.