



COVID-19 After Action Review Task Force Meeting Summary

March 23, 2023 | 9:00 AM – 12:00 PM | Virtual

Attendees are included in Attachment A.

Opening Remarks & Review of Agenda:

Kevin Harris welcomed the participants to the meeting. Kevin reviewed the meeting's agenda.

Focus Area E Recommendations:

Travis Linares-Hengen shared the recommendations around Focus Area E:

- Establish sustainable volunteer management programs. These programs are needed to help ease the burden on small agencies and organizations that lack the capacity to recruit and train volunteer management personnel.
- Establish standardized tools and jurisdictions to manage volunteers. Tools available to all jurisdictions could be used to onboard, deploy, and track volunteers.
- Create mechanisms for organizations to convert volunteers to paid staff during long-term emergencies. Organizations need these mechanisms to ensure equity.
- Develop training programs for volunteers to work remotely when possible. These training programs could help bolster the availability of volunteers.
- Develop volunteer programs that establish equity in volunteerism. Programs that encourage volunteerism in marginalized communities could build trust.

The participants engaged in discussion around the recommendations:

- Chandra Fox: What type of organizations are you referring to?
- Travis Linares-Hengen: I'm referring to organizations that manage volunteers. Some organizations could convert volunteers to paid staff, but some could not.
- Chandra Fox: This recommendation is "in the weeds." Hiring policies are agency-specific. We can't make a recommendation around agency-specific policies.



- Angie Hinojos: There are power imbalances between volunteers, organizations, and institutions. If people of color are the only people providing certain skills, a burden is placed on those people and their communities. We should acknowledge the possibility of exploitation. For example, volunteers were setting up vaccination clinics without pay. Existing institutions and structures should fund volunteers.
- Stacy Dym: Before the next pandemic, we should create more paid positions. Volunteers should become paid employees.
- Nathan Weed: We should clarify the different types of volunteers. Some volunteers should receive compensation. Other volunteers, such as firefighters and emergency responders, fit the traditional definition of “volunteers.”
- Rayanna Evans: The government should provide funding to convert volunteers to paid staff. When funding arrives, the state government will prioritize. The state should think about reserving funding for volunteers during long-term emergencies.
- Nomi Peaks: There is a cost associated with volunteering. In pharmacy, the cost and time associated with licensure is a deterrent.
- Chandra Fox: Language access is a concern. The Governor should create an Office of Languages to provide language and translation services.
- Angie Hinojos: Language access isn’t the only issue. Community organizations and nonprofits are trusted entities. When my organization had no funding, everyone was a volunteer. This issue transcends language and culture.
- Nathan Weed: When we are compensating some people doing work, we should be compensating everyone doing that same work.

Focus Area G Recommendations:

Rosalinda Turk shared the recommendations around Focus Area G:

- Develop and enhance systems and policies that sustain rural healthcare facilities and Critical Access Hospitals to ensure appropriate care for Washington State residents.
- Evaluate the healthcare facilities and resources that are needed to support Washington State’s growing population. Evaluate the system incentives that are needed to support the wise creation of additional healthcare capacity.



- Update medical surge plans to better reflect agreed-upon strategies that mitigate surge across Washington’s healthcare system during emergencies.
- Strengthen partnerships between long-term care facilities, local health jurisdictions, public health organizations, and emergency management organizations.
- Implement coordination channels between long-term care facilities, public health authorities, the social sector, and the broader healthcare system.
- Temporarily cover medication costs for individuals who experience a short-term suspension of benefits. Create partnerships between hospitals and pharmacies to ensure that individuals have access to their medication.
- Provide hazard pay to staff working in healthcare during a pandemic. Stafford Act funding should be evaluated as a means to finance this recommendation.
- Identify the forces and influences that affect healthcare staffing in Washington State. Explore new and innovative recruitment and retention practices.
- Invest in workforce development programs specific to long-term care. Develop a strong, resilient system that protects vulnerable populations and treats no one as expendable.
- Allow qualified family members to care for loved ones at home. Provide competitive prevailing wages to alleviate home healthcare staffing shortages.
- Prioritize support for social workers. Address staffing shortages, purchase necessary technology, and improve the process of transferring cases between social workers.
- Hire more social workers. Provide incentives for retention, including increased salaries and opportunities for professional growth.
- Enhance coordination between emergency managers, regulatory teams, subject matter experts, and long-term care associations to refine the optimal response measures provided in regulatory assessments of preparedness in long-term care facilities.
- Provide training for regulatory compliance officials that focuses on infections disease preparedness. Training should include the use of PPE and other key components.
- Ensure long-term care facilities have staff dedicated to infection prevention. Regularly provide training that focuses on infection prevention and control.



- Improve coordination between the Department of Social and Health Services and the Department of Health to ensure that long-term care facilities are prepared for public health emergencies and are compliant with relevant regulations.
- Request expanded access to cremation services during fatality surges. Provide 24/7 access to mobile crematories to process decedents.
- Increase transport and storage facilities for human remains. Allow for alternate transport options and streamlined approval processes. Expedite release to Tribal Nations for customary crematories to take place.
- Allow for scalability of descendent storage. This recommendation will alleviate the strain on funeral homes and other storage facilities.
- Outline protocols and standards for coroners and medical examiners to follow. Ensure coroners and medical examiners have access to necessary information and guidance.
- Provide guidance regarding decedents who are positive for highly-infectious disease. Clarify rules and guidelines around surges in funeral homes, hospitals, and crematories.
- Require hospitals to regularly report bed capacity to the Department of Health. This recommendation will resolve data discrepancies.
- Create a centralized data system to collect, analyze, share, and report data regarding epidemiological trends and surges. The data system should meet federal cybersecurity protocols. It is recommended to consolidate existing data, such as WATrac, WAHealth, Electronic Health Record, and Health and Human Services.
- Launch a communications campaign to differentiate the Department of Health's regulatory role from its supportive role.

The participants engaged in discussion around the recommendations:

- Angie Hinojos: Thank you for highlighting equity. Are multi-generational households included? How can we ensure that people being cared for at home receive vaccines alongside people being cared for in nursing homes?
- Rosalinda Turk: This will be addressed in the Department of Health's AAR.
- Stacy Dym: Many individuals with developmental disabilities live with their families. Group homes for these individuals were not prioritized for vaccination.



- Nathan Weed: We've been preparing for a pandemic since 2006. The challenges we've faced have been highlighted for 15 years. The areas that were not prioritized were the areas where we saw "gaps." Many of these recommendations are not new.
- Stacy Dym: We are missing a population (seniors and people with disabilities). We need to acknowledge that we don't institutionalize people as often. A segment of the population wasn't prioritized for vaccination and care. I don't see a recommendation that acknowledges this point.
- Rosalinda Turk: This will be addressed in the final report.
- Winona Hollins-Hauge: There seem to be gaps in the recommendations. Are these recommendations included with the final report?
- Rosalinda Turk: I pulled out specific recommendations. The final report is being reviewed to ensure that the recommendations are actionable.
- Winona Hollins-Hauge: We should address cultural and equitable values. Many families don't have access to long-term care. There are also inequities surrounding people who provide care and then go home to their families.
- Rayanna Evans: There is a concern that folks cannot take time away from work to quarantine. The legislature created the Pandemic Leave Assistance Program to allow folks to quarantine. People didn't know about this program. We need to ensure that people and their healthcare providers are aware of this program and others.

Equity Gatherings Recommendations:

Kevin Baker shared the recommendations from the Equity Gatherings:

- Provide more trainings and resources for schools. Provide universal meals for all students across Washington State.
- Systematize food bank services. Food is a system that needs design and cohesion.
- Look to the Association of Black Psychologists and Social Workers to provide solutions for Black/African American wellness.
- Invest in the Black/African American Community, including reparations.
- Create collaborative funding models that support organizations working for the betterment of all. Current funding models prompt competition, not collaboration.



- Consider equity implications when making decisions.
- Build space and opportunity for cross-agency collaboration.
- Include community support systems as essential long-term infrastructure.
- Engage direct service staff to understand how differences in telework ability impacted communities. Not all direct service staff were able to telework.
- Continue to upgrade technology deserts.

The participants engaged in discussion around the recommendations:

- Carina Elsenboss: The equity recommendations should be included throughout the report. The recommendations should not be separated.
- Nathan Weed: The equity recommendations will be included throughout.
- Nomi Peaks: Thank you for your work. As an African American healthcare practitioner, it's so valuable to be seen and heard today. George Floyd wasn't the only African American man who was targeted during that particular season. We can't always talk about feelings of devastation at work. The things we've experienced take a "back seat." Thank you for your advocacy.
- Winona Hollins-Hauge: I would like to acknowledge Nomi's remarks. Kevin's work is representative of the collective thoughts we've expressed. If we thread equity throughout the report, we will be successful in producing a better plan.

Focus Area D Options:

Phyllis Shulman shared the options around Focus Area D:

- During the pandemic, state communication was fragmented and inconsistent. A regional approach to emergency management could improve communication and coordination between state agencies and local agencies. A regional approach could also promote resource equity by amplifying the voices of smaller jurisdictions.
- A regional approach to emergency management could reduce duplicative efforts by increasing connections to local emergency managers and policymakers. A regional approach could also bolster the "feedback loop" when making decisions.



- Different perspectives are sometimes contradictory. For example, some people believe a regional approach to emergency management would reduce complexity. Other people believe a regional approach would increase bureaucracy.
- A regional approach to emergency management could result in duplicative efforts. Some regional networks and relationships already exist. A regional approach could also result in reduced funding for local jurisdictions, as funding would be needed for the regions.
- A regional approach to emergency management would only be effective with stable, consistent support from the state. A regional approach should not reduce the decision-making authority of local jurisdictions.
- The Emergency Management Department could be moved from the Military Department to the Governor's Office. The Emergency Management Department could also stand alone as its own department.
- A regional approach to emergency management should follow several principles:
 - Support local communities.
 - Build trusted relationships with local communities.
 - Prioritize the unique needs of local communities.
 - Prioritize flexibility and adaptivity.
 - Ensure stability and support.
 - Add value to Washington State, as a whole.
 - Promote resource equity between communities of different sizes.
- Washington State should consider expanding regional management without threatening local emergency management. Washington State should consider the following options:
 - Enhance and expand existing regional structures.
 - Create community liaisons (based in Olympia).
 - Create field representatives (based throughout the state).
 - Adopt a regional approach in times of statewide emergency.



The participants engaged in discussion around the options:

- Chandra Fox: During the pandemic, standard policies and procedures were not followed, leading to misinformation. A regional approach would not address the root cause of the misinformation problem. The pandemic was the first time that emergency managers had to compete globally for resources.
- Phyllis Shulman: These are potential options, not recommendations.
- Chandra Fox: If you haven't defined "regionality," people cannot decide whether regionality would be helpful. Everyone who provided input had different ideas of what "regionality" meant.
- Tristan Allen: Every agency has different regional constructs. The regional model already exists. If the proviso language intends to address issues of coordination between state and local agencies, I'm not sure why regionalization is the answer.
- Winona Hollins-Hauge: We loosely defined "regionality." The definition of "regionality" seems very vague. Equity is being hijacked. Equity became about community size with no consideration for race or gender. Equity needs to be defined across the board. I want the idea of equity to be strong throughout this report.

Adjourn:

Kevin Harris thanked the participants for attending the meeting. Kevin reminded the participants of the next meeting on Thursday, April 27 from 9:00 – 12:00.



Attachment A: Attendees

Last Name	First Name	Organization
Allen	Tristan	Washington State Department of Commerce
Bacon	Melanie	Island County
Corry	Chris	Washington State House of Representatives
Dolack	Kerstyn	Washington State Military Department
Dym	Stacy	Arc of Washington
Elsenboss	Carina	Seattle & King County Public Health
Evans	Rayanna	Washington State Office of Financial Management
Fox	Chandra	Spokane County Emergency Management
Heshmati	Nariman	Everett Clinic
Hinojos	Angie	Centro Cultural Mexicano
Hollins Hauge	Winona	Central Area Senior Center
Jaffe	Darcy	Washington State Hospital Association
Linares-Hengen	Travis	Washington State Department of Health
McCluskey	Brendan	King County Emergency Management
McKee	Jessica	American Indian Health Commission
McPherson	Amber	Washington State Department of Health
Mueller	Martin	Washington State Office of Superintendent of Public Instruction
Peaks	Nomi	Washington State Department of Health
Probasco	Brianne	Washington Association for Community Health
Stoutenburg	Matt	Washington State Office of the Insurance Commissioner
Turk	Rosalinda	Washington State Department of Health
Wasserman	Adam	Washington State Military Department
Weaver	Ron	Washington State Department of Health
Weed	Nathan	Washington State Department of Health
Wilburn	Hazel	The William D. Ruckelshaus Center

Facilitators:

Kevin Baker, Kevin Baker Consulting
Kevin Harris, The William D. Ruckelshaus Center
Phyllis Shulman, The William D. Ruckelshaus Center