

Children and Youth Behavioral Health Work Group (CYBHWG)  
**Prenatal through Five Relational Health Subgroup (P5RHS)**  
*November 2, 2023 Meeting Notes*

**Glossary of Terms**

ARL: Agency Requested Legislation

BHI: Behavioral Health Integration subgroup

CHIP: Children's Health Insurance Program (WA State)

CHW: Community Health Worker

CMS: Centers for Medicaid and Medicare Services

CYBHWG: Children and Youth Behavioral Health Work Group

DCYF: WA State Department of Children, Youth & Families

DP: Agency Decision Package

DSHS: WA State Department of Social and Health Services

ECEAP: Early Childhood Education and Assistance Program

ESIT: Early Support for Infants and Toddlers

HCA: Washington State Health Care Authority

IECMH-C: Infant and Early Childhood Mental Health Consultation

MSS: Maternal Support Services

PPCL: Perinatal Psychiatric Consultation Line

WCCC: Working Connections Childcare

**Meeting Topics**

- Review results of the October 23 CYBHWG vote  
*(see page 9 for slide)*
- Presentation from Mary Sprute Garland on relevant DCYF decision packages  
*(see page 10 for slides)*
- Presentation from Christine Cole and Beth Tinker on relevant HCA decision packages  
*(see page 18 for slides)*
- Presentation from Meagan Veith on Building Changes MSS update
- Presentation from Anne Stone on supporting father engagement in P5RH spaces and DSHS decision package  
*(see page 28 for slides)*
- Presentation from Katy Warren on Working Connections Childcare subsidy eligibility with ECEAP
- Open call for, discussion of, and consensus with statements of support to submit to CYBHWG
- Discussion of timeline and next steps

**P5RH recommendations advanced by CYBHWG:**

Recommendation	Description
<p>Expansion of the Early ECEAP (birth to three ECEAP) program  <i>ECEAP (pronounced "e-cap") = Early Childhood Education and Assistance Program</i></p> <p>Increase Investment in Infant and Early Childhood Mental Health Consultation (IECMH-C) (Holding Hope)</p>	<p>P5RH recommends both a fiscal allocation and policy change to expand Early ECEAP (Early Childhood Education and Assistance Program) services.</p> <p>Budget request: We recommend an expansion of the Early ECEAP (aka birth to three ECEAP) program, a comprehensive childcare partnership model for high-need children 0-3 who need both classroom and family support services. Early ECEAP is modeled after the federal Early Head Start childcare partnership program that has been shown to reduce families' involvement with child protective services (CPS). It combines robust trauma-informed approaches with children and parents with high quality early learning (ECEAP evaluative brief).</p> <p>Policy request: We also recommend a policy change to allow continued eligibility for Working Connections Child Care (WCCC), our state's childcare subsidy program, for ECEAP/Early ECEAP, counting the intensive family partnership requirement as 'work activity.'</p> <p>Increase investment in Infant and early Childhood Mental Health consultants (IECMH-C) by \$1.75 million annually to address unmet need and increase equitable access to IECMH-C for WA's children, families, and adult caregivers in childcare. Funds would be used to:</p> <ul style="list-style-type: none"> <li>Expand capacity to provide individualized mental health consultation services to more providers;</li> <li>Provide IECMH-C services by linguistically and culturally matched consultants; and</li> <li>Address ongoing program needs to maintain quality and increase access.</li> </ul>

**Discussion Summary**

1. Background on statements of support and decision packages
  - a. Statements of support: These are items that are of interest to the P5RH space that were not included in the set of recommendations (E-ECEAP and IECMH-C) that the CYBHWG voted to

include in the workgroup's annual report. The CYBHWG will also be including 'support items' in their report. These items are those which a state agency or community partner has already developed into a recommendation to be carried forward, but that the subgroup would like to see support from the CYBHWG during session.

- b. Agency Decision Packages (DPs): Agencies submit requested legislation (ARL) and budget proposals in early Fall for consideration by the Governor's Office. In mid-December agencies are notified which DPs will be funded in the governor's budget proposal which is typically released in mid-December. Once notified, agencies are authorized to work on and advocate for the items included in the governor's budget. Agencies are limited to educating or sharing technical background on items that are not picked up.
  - i. Advocates have the opportunity to attend public hearings held by the fiscal committees at the start of session to show support for specific items. There is another opportunity for public hearings after the House and Senate release their budget proposals mid-session.
- 2. Presentations on issues important to the P5RH subgroup
  - a. DCYF decision packages and agency requested legislation (ARLs) relevant to P5RH
    - i. Stipends for Lived Experience DP
      - 1. In 2022, [Senate Bill 5793](#) passed which allowed state agencies to compensate those with lived experience who participate in advisory groups. However, it wasn't paired with the resources to enable agencies to actually provide compensation. Individual agencies must request the funding to provide stipends for the groups they coordinate.
      - 2. Developed a method with guidance from the Office of Equity to pay members, with considerations of childcare costs, transportation costs, etc as well as just compensating them for their time.
      - 3. The DP includes a \$2,042,000 ask, and requests for two FTEs: one to facilitate a quality payment experience for members, and one to fulfill all fiscal needs associated with tracking and processing payments
    - ii. Making Child Care Work for Families DP
      - 1. \$12,597,000 budget ask to support employing a multi-pronged approach to simplify and standardize child care subsidy and Early Learning programs to ensure that our most vulnerable children have access to high quality care.
      - 2. Allows participation in ECEAP, Early ECEAP, Head Start and Early Head Start as an approved activity for WCCC, which would support about 166 additional families.
      - 3. Provides households with a child who was receiving protective services one full WCCC eligibility period following permanency by adoption or guardianship, supporting about 1,000 families.
      - 4. Excludes child support, Social Security, and Supplemental Security Income (SSI) payments for income determination for eligibility for ECEAP and WCCC, supporting about 1,542 children.
      - 5. Funds 4.75 FTE to further support families with access to high quality early learning programs.

- iii. Supporting Providers for Child Care Access DP
  - 1. DCYF is proposing to simplify some administrative processes to reduce provider burden and provide targeted support to make it feasible for providers to provide high-quality care, especially those serving infants and toddlers, and children on WCCC.
  - 2. \$23,758,000 budget request to improve quality and availability of provider services, including:
    - a. Expanding infant access through providing contracted slots for infants receiving protective services
    - b. Increasing infant rate enhancement to \$500, from the current approx. \$90 rate
    - c. Increasing nonstandard hours (nights and weekends) rate bonus to \$500, from the current approx. \$120 rate
    - d. Aligning overpayment collection with federal requirements
    - e. Providing shared services and technical assistance to access funding and resources
- iv. ECEAP Entitlement DP
  - 1. A \$37,039,000 budget ask building on the 2023 session allocations, to cover:
    - a. Sustainable ECEAP Slot Rate: A 19% increase in School Day ECEAP slot rates and 28% increase in Working Day ECEAP slot rates to reach the full rate increase recommended in the ECEAP Cost Study (2022).
    - b. Expansion of Slots: 200 School Day and 50 Working Day slots in addition to the 500 School Day slots already allocated in the 2023-25 Biennial Budget
    - c. Quality Supports Funding: Funding to cover quality requirements related to expanding slots
- v. Early Support for Infants and Toddlers (ESIT) ARL
  - 1. This is a request for \$4,185,000 allocation and revision of RCW 43.216.580 to define children to be receiving early intervention services “...if the child has received services within the same month as the monthly count day, which is the last business day of the month”.
  - 2. The current law limits DCYF and local ESIT provider agencies from counting eligible children for the full number of months they receive services. If this proposal is funded, ESIT providers will receive payment for the true amount of services they provide to eligible children and families.
  - 3. ESIT an entitlement, meaning services are open to those who qualify. ESIT involves occupational therapy, physical therapy, and speech language pathology support. It is a home visiting based service team that also includes a family resources coordinator and an educator as well as access to mental health/social-emotional support. Per a note in chat, several ESIT providers also offer CHERISH <https://cherish.kinderling.org/>

- vi. DCYF additional DPs: <https://www.dcyf.wa.gov/sites/default/files/pdf/DP-ARL-2024Webinar.pdf>
- b. HCA informational updates
  - i. Information on Screening and Treatment for Maternal Mental Health & Substance Use Disorders Program
    - 1. While this initiative was not awarded the HRSA grant (HRSA-23-085), HCA was given permission by its collaborative partners, perinatal psychiatric consultant line (PCL) and Perinatal Support (PS) Washington, to share concepts and details of this work if P5RH Subgroup is interested in supporting its objectives and activities focused on perinatal population who might be facing mental health or substance use disorders. It received 16 letters of support from various state agencies and partner organizations. This initiative includes:
      - a. Statewide education on perinatal mental health and substance use disorders for providers
      - b. Building regional referral networks and resources
      - c. Pilot individual and in-depth technical assistance for incorporation of screening and referral into clinics
  - ii. Screening Rate Increase: The BHI subgroup's recommendation to build upon HCA's 23-25 request to increase screening rates was adopted by CYBHWG. The BHI recommendation is to increase rates to cover the additional costs for coordination following a positive screening indicating need for additional support, services or other follow-up.
  - iii. Community Health Worker Grant
    - 1. As per the 2023 proviso, HCA was directed to:
      - a. Administer the two-year grant to primary care settings serving children, youth and their families
      - b. Determine if the grant program is eligible for federal matching funds
      - c. Report on the impact and health outcomes
        - i. Two legislative reports are being produced, publishing January 2024 and January 2025. Quantitative analysis is being conducted in partnership with HCA data team, with qualitative analysis contracts with partners conducting surveys and interviews.
      - d. Explore reimbursement options
        - i. [MTP 1115 Waiver](#): Includes goal around building community-based workforce. In the planning phase with Accountable Communities for Health (ACH).
        - ii. State Plan Amendment: CMS has allowed for state plans to be amended to include CHWs, but funding is needed. Necessary resources to implement included in legislative report.
    - 2. The grant is currently underway; 36 CHWs are employed in 24 clinics

3. With Federal matching dollars, HCA was able to expand the program to tribes whereby 10 CHWs are employed in 6 Tribal health programs.
  4. Tribal engagement improved after implementing the parallel process using the federal match funds able to be drawn down on the CHW grant. 7 Tribes in total are participating, 1 through the initial grant program.
- c. HCA 2024 decision packages
- i. Clinical Contract Increases
    1. Increase budget allocation for Perinatal PCL, PAL Carrier Assessment, Pharmacy-related contracts, and Orthodontic services prior authorization
      - a. Perinatal PCL offer consultation for the perinatal population, including when there is co-occurring substance use and mental health concerns.
    2. Increase program coordinator capacity and provide perinatal mental health professional development to providers
    3. Budget ask \$36,000,000 per year for PPCL
  - ii. Reimbursement for initial OB visit
    1. HCA is recommending paying for the initial OB visit separately, outside of the bundled visits and reimbursement (both fee-for-service and managed care (MC))
    2. Under the current bundled payment billing mode, OB visits are billed away at the end of pregnancy, leaving a gap in providing clinical care standards such as a mental health assessment at the initial visit and throughout pregnancy.
    3. Require best practice and evidence-based clinical care for initial OB visit. Identify pregnant Apple Health population
    4. Would improve clinical whole person care for pregnant population, identifying pregnancies earlier to offer additional supports throughout the perinatal period and ensure seamless transition to After Pregnancy Coverage, driving better outcomes.
    5. Budget ask
      - a. \$3,850,000 (2023-25)
      - b. \$15,064,000 (2025-27)
      - c. 1.3 FTE
  - iii. Continuous eligibility for the State Children’s Health Insurance Program (CHIP), Birth-5
    1. Budget ask
      - a. \$3,337,000 (2023-25)
      - b. \$6,674,000 (2025-27)
    2. HCA is recommending continuous eligibility for children up to age 6 who are enrolled in CHIP.
    3. Currently, there is a large disruption of services for youth enrolled in CHIP
    4. The legislature has already approved and funded continuous eligibility for children enrolled in Apple Health (Medicaid).

5. CMS has already approved under the MTP 115 Waiver renewal, HCA needs the budget authority to implement.
  6. This recommendation improves continuity of care, promoting access to preventive and primary care by reducing churn where children are disenrolled then re-enrolled into the program.
- d. Maternity Support Services (MSS) update
    - i. MSS is the state program under Medicaid that funds for pregnant and postpartum persons to have certain clinic hours with providers to ensure that they have a health pregnancy and health baby.
    - ii. Last session, [SB 5580](#) was put forward but not passed, and is being pursued again this year, to support MSS specifically for incorporating equity in MSS and focuses on social determinants of health, and correcting scoring on how clinical hours are appropriated.
  - e. DSHS Washington Fatherhood Council decision package
    - i. Building community capacity with grants to community-based services (CBS) to provide father involvement whole-family services and local father councils
    - ii. Pregnancy Risk Assessment Monitoring Services (PRAMS) for Dads pilot as part of a five-state pilot to better learn how fathers are doing in the first year of life
    - iii. Increase awareness and collective strategy development including co-generating approaches with fathers and families with lived experience
  - f. Open call for support items
    - i. There was support expressed for work being pursued by the Doulas4All Coalition. They are meeting on November 16 to share more information on upcoming legislation, but it will be directed at HCA to implement a Medicaid doula benefit and associated supports that are needed for doulas to be successful in Washington in Medicaid servicing.
  - g. Statements of Support
    - i. It was agreed that P5RH will be submitting two statements of support to CYBHWG for consideration, being:
      1. Making child care and intensive birth to 5 year services more accessible for working families
        - a. Support the policy change of making participating in Early ECEAP, ECEAP, Early Head Start, and Head Start an approved 'work activity' for Working Connections Child Care (WCCC). This aligns with the Department of Children, Youth, and Families decision package to increase family access and stability of care for layered programs (i.e. the cost of a child's full time, year round slot requires the layering with WCCC funding). In the Early ECEAP expansion recommendation the Children and Youth Behavioral Health Work Group prioritized in this year's report, this policy change for Early ECEAP is included. This support item recognizes that the policy change is also important for families participating in ECEAP, Early Head Start, and Head Start which have comparable intensive services as Early ECEAP. These

programs serve children ages birth to 4 years old and parents often experience changes in their job status which jeopardizes their WCCC eligibility and therefore their participation Early ECEAP, ECEAP, Early Head Start, and Head Start. (ECEAP = Early Childhood Education and Assistance Program)

2. ESIT monthly count

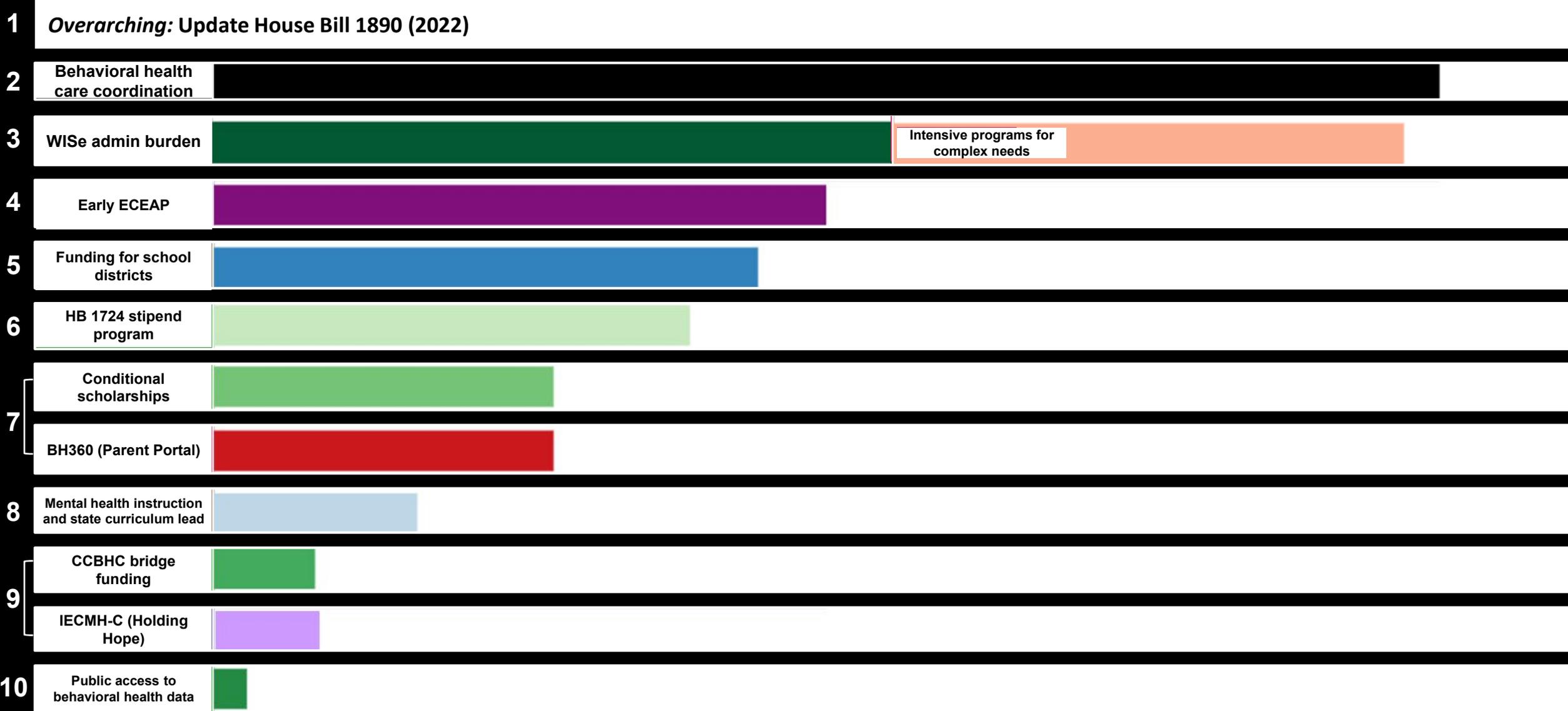
- a. Adjust the Early Support for Infants and Toddlers (ESIT) monthly count date to ensure ESIT programs receive funding for the full months of service provided to infants and toddlers eligible for early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA Part C). This is consistent with the Department of Children, Youth, and Families decision package about the ESIT monthly count. The annual cost is \$4.185M GF-S.

3. Timeline and Next steps

- a. Writers will submit statements of support to Behavioral Health Catalyst by 11/7.
- b. CYBHWG will agree on which statements to include at the 11/17 meeting
- c. 11/29 Parent & Provider Panel
- d. 12/14 P5RH Subgroup Meeting

# Ranked recommendations

The CYBHWG will put forward a total of 12 recommendations for the 2024 legislative session



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# DCYF 2024 DP & ARL

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Mary Sprute Garlant  
*Senior Policy Advisor*

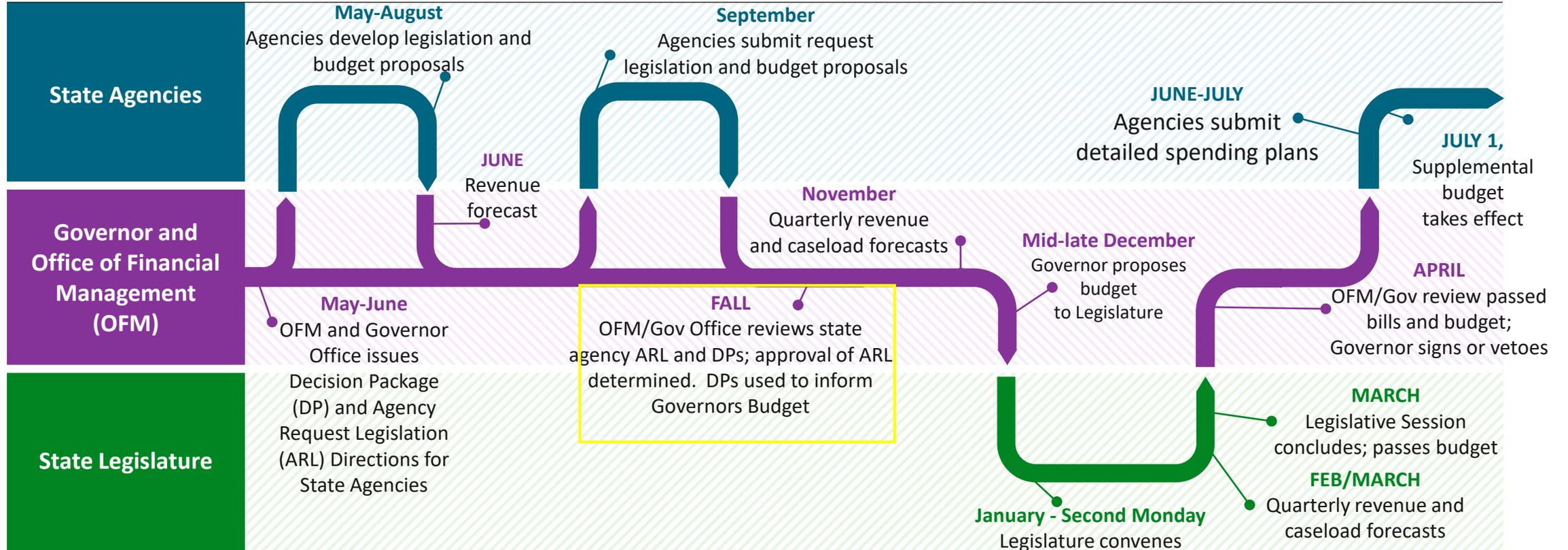
*November 2, 2023*  
*P5 Relational Health Subgroup*



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**



# Preparing for Session Supplemental Budget Year Timeline



# Stipends for Lived Experience

*Decision Package*  
*\$2,042,000*

## DCYF Strategic Priority Alignment

- This request supports all six of DCYF strategic priorities

## What?

Engaging and supporting lived experts who are members of existing and planned advisory groups, per SB 5793 (2022).

## Why?

- To ensure the participation of lived experts in an advisory capacity and to allow DCYF to acknowledge their contributions and expertise.
- Dedicated, sufficient resources for effective engagement, consistent compensation, and the reduction of barriers to meeting participation.

## Components Include:

- Resources for compensation of lived experts who participate in agency workgroups and advisory boards
- One FTE to facilitate a quality payment experience for members including timeliness, responsiveness, and reporting to the Office of Equity
- One FTE to fulfill all fiscal needs associated with tracking and processing payments

Original Date: Month XX, 20XX

# Making Child Care Work for Families

*Decision Package*  
*\$12,597,000*

## DCYF Strategic Priority Alignment

- Eliminate racial disproportionalities and advance racial equity
- Create a high-quality integrated B-8 system
- Improve quality and intention of our practice
- Improve quality and availability of provider services

## What?

A multi-pronged approach to simplify and standardize child care subsidy and Early Learning programs.

## Why?

- Ensure that our most vulnerable children have access to high quality care.
- Simplify provider and family experience with the subsidy system.
- This proposal aligns eligibility rules across ECEAP and WCCC while also further supporting WCCC eligibility when families are participating in ECEAP, Early ECEAP, Head Start, and Early Head Start.

## Components:

- Allows participation in ECEAP, Early ECEAP, Head Start, and Early Head Start as an approved activity for WCCC (*Supports ~166 Families*)
- Provides households with a child who was receiving protective services one full WCCC eligibility period following permanency by adoption or guardianship (*Supports ~1,000 families*)
- Excludes child support, Social Security, and Supplemental Security Income payments for ECEAP and WCCC. (*Supports ~1542 Children*)
- Funds and 4.75 FTE to further support families with access to high quality early learning programs

# Supporting Providers for Child Care Access

*Decision Package*  
*\$23,758,000*

## DCYF Strategic Priority Alignment

- Improve quality and availability of provider services
- Improve quality and intention of our practice
- Eliminate racial disproportionalities and advance racial equity
- Create a high-quality integrated B-8 system

## What?

DCYF is proposing to simplify some administrative processes to reduce the burden for providers who participate in subsidy and to provide targeted supports to make it feasible for providers to serve specific populations of children.

## Why?

Access to high-quality childcare for families can be limited by structural constraints on providers. This is especially true for providers serving children on WCCC and those serving infants and toddlers.

## Components:

- Expand infant access through providing contracted slots for infants receiving protective services
- Increasing the infant rate enhancement to \$500
- Increasing the nonstandard hours rate bonus to \$500
- Aligning overpayment collection with federal requirements
- Shared services and technical assistance to access funding and resources

# ECEAP Entitlement

*Decision Package*  
*\$37,039,000*

## DCYF Strategic Priority Alignment

- Eliminate racial disproportionalities and advance racial equity
- Create a high-quality integrated B-8 system
- Improve quality and intention of our practice
- Improve quality and availability of provider services

## What?

DCYF requires increased investments to continue building a flexible, responsive, and robust system that better supports ECEAP and other early learning providers to meet entitlement.

## Why?

- ECEAP is proven to get kids furthest from opportunity ready for kindergarten.
- Enables the next phase of ECEAP expansion toward meeting entitlement in the 2026-27 school year as required by FSKA.

## Components:

- **Sustainable ECEAP Slot Rate:** A 19% increase in School Day ECEAP slot rates and a 28% increase in Working Day ECEAP slot rates to reach the full rate increase recommended in the ECEAP Cost Study
- **Expansion of Slots:** 200 School Day and 50 Working Day slots in addition to the 500 School Day slots already allocated in the 2023-25 Biennial Budget
- **Quality Supports Funding:** Funding to cover quality requirements related to expanding slots

# Early Support for Infants and Toddlers

*Agency Request Legislation  
\$4,185,000*

## DCYF Strategic Priority Alignment

- Create a high-quality B-8 system

## What?

To support the use of the Early Support for Infants and Toddlers (ESIT) State Special Education 0-3 funding for the full months of service provided to eligible infants and toddlers.

## Why?

- Current law limits DCYF and local ESIT provider agencies from counting eligible children for the full number of months they receive services.
- If this proposal is funded, ESIT providers will receive payment for the true amount of services they provide to eligible children and families.

## Components Include:

- A request to revise RCW 43.216.580 to define children to be receiving early intervention services “...if the child has received services within the same month as the monthly count day, which is the last business day of the month”.

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# THANK YOU

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**Mary Sprute Garlant**

[Mary.SpruteGarlant@dcyf.wa.gov](mailto:Mary.SpruteGarlant@dcyf.wa.gov)



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

A photograph of a white rectangular card with the words "Thank you" written in a blue, cursive script. The card is placed on top of a brown, textured envelope. The background is a plain, light-colored surface.

*Thank you*



# Pregnancy, Infancy, and Early Childhood

Updates for agency updates and  
decision packages

Prenatal through 5 Relational  
Health Subgroup  
November 2, 2023

# Agency Updates

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# Screening & Treatment for Maternal Mental Health & Substance Use Disorders Program

## Background

- In collaboration with perinatal PCL and Perinatal Support Washington, HCA submitted an application for the HRSA grant (HRSA-23-085)
  - Statewide **education on perinatal mental health and substance use disorders** for providers
  - Build regional **referral networks** and resources
  - Pilot individual and **in-depth technical assistance** for incorporation of screening and referral into clinics
- Received **16 letters of support** from state agencies and partner organizations

## Implementation status

- **Not awarded**; pending application feedback

## Future opportunities

- Permission to share concepts and details if P5RHS interested in objectives and activities to reach goals

# Screening Rate Increase (23-25 agency request)

## Background

- Requested funding to support **100% rate increase** to encourage physical health providers to consistently screen during well-child visits
- Funding was allocated in the 2023-2025 Operating Budget

## Implementation status

- **Effective January 1, 2024:** HCA will increase the fee schedule for Fee-for-service and direct MCOs to pay no less than the updated fee schedule
- Implement use of modifier to indicate screening outcome (positive vs negative)

## Future opportunities

- **BHI subgroup recommendation:** increase rate to cover the additional costs for coordination following a positive screening indicating need for additional support, services, or other follow up.

# Community Health Worker Grant

## Background

- Recommended by BHI subgroup and Washington Chapter for the American Academy of Pediatrics First Year Families steering committee
- Funding was allocated for a 2-year grant administered by HCA from January 2023 through December 2024

## Implementation status

- 24 clinics with 36 CHWs and 6 Tribes with 9 CHWs or CHRs (**approximately half focus on Early Relational Health**)
- Planning a mixed method evaluation to assess impact, outcomes, and experiences

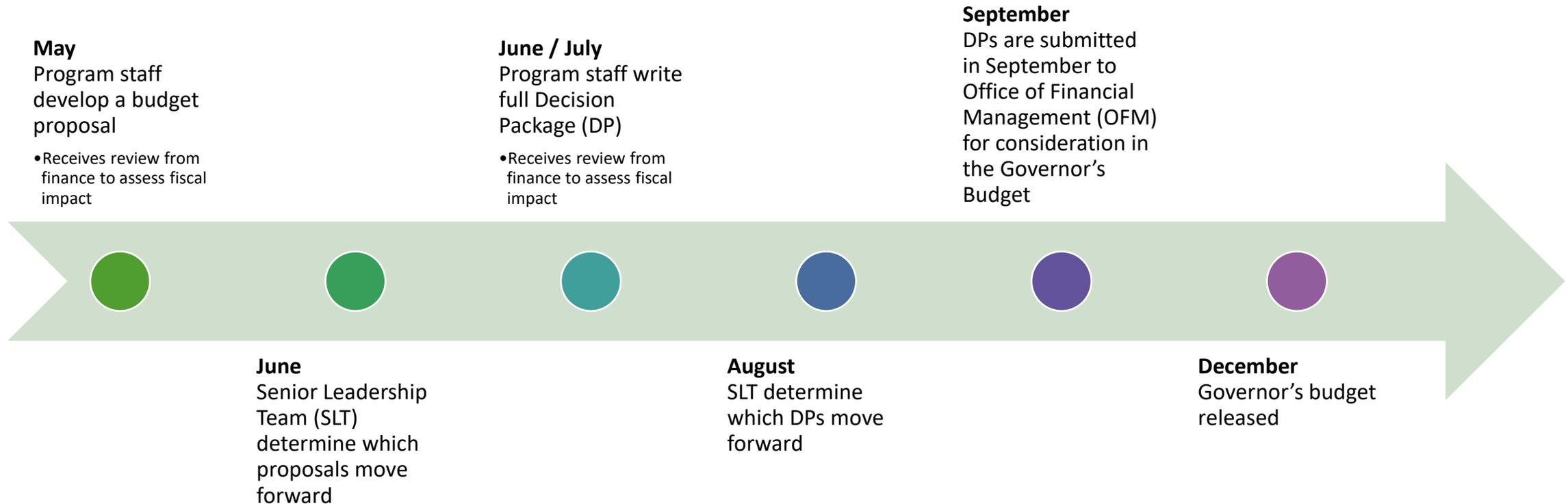
## Future opportunities

- Information gathered about approaches and resources necessary to implement Medicaid reimbursement for CHWs to be included in the annual legislative report
- **BHI subgroup recommendation:** Extend funding to continue the CHW grant for an additional 2-years

# Agency Decision Packages

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# Agency Decision Package Process



# Clinical Contract Increases

## Recommendation

- Increase budget allocation for **Perinatal Psychiatric Consultation Line**, PAL Carrier Assessment, Pharmacy-related contracts, and Orthodontic services prior authorization

## Fiscal impact (Dollars in Thousands)

- \$36,000 per year for PPCL  
*\*See DP for full fiscal impact*

## Relevance to P5RHS

- Increase program coordinator capacity and provide perinatal mental health professional development to providers

# Reimbursement for Initial OB Visit

## Recommendation

- Pay for the initial OB visit separately, outside of the bundled visits and reimbursement (both fee-for-service and MC)
- Require best practice and evidence-based clinical care for initial OB visit. Identify pregnant Apple Health population.

## Fiscal impact (Dollars in Thousands)

- 1.3 FTE
- \$3,850 (2023-2025)
- \$15,064 (2025-2027)

## Relevance to P5RHS

- Improve clinical, whole person care for pregnant population, driving better outcomes.
- Identify pregnancies earlier to offer additional supports throughout the perinatal period, ensure seamless transition to After Pregnancy Coverage (APC- 12mo of comprehensive post end of pregnancy coverage)

# Continuous Eligibility for CHIP, Birth-5

## Recommendation

- Provide continuous health care eligibility for children younger than six years of age enrolled in the State Children's Health Insurance Program (SCHIP, Title 21 of the Social Security Act)
- The Legislature already approved and funded continuous eligibility for Apple Health children younger than six years of age enrolled in the Medicaid program (Title 19)
- CMS approved as part of the 1115 MTP waiver renewal, HCA now needs the budget authority to implement

## Fiscal impact (Dollars in Thousands)

- \$3,337 (2023-2025)
- \$6,674 (2025-2027)

## Relevance to P5RHS

- Improve continuity of care, promote access to preventive and primary care by reducing churn where children are disenrolled then re-enrolled into the program (CHIP covers children in families with income between 211-312% FPL)



## WA Fatherhood: State of the State Project Overview

October 24, 2023



# Why do we need to focus on Fathering why not just Parenting?

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**We  
know  
that:**

Child and family well-being improve when fathers are positively engaged in their children's lives.

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Fathers play a unique and important role in children's development.

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Fathers should have support and resources to become the fathers they aspire to be.

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**Washington  
Fatherhood  
Council**



# At Eight Weeks Old...

When a baby sees daddy, the eyes widen, shoulders raise, the heartbeat and breathing increases.

The infant becomes excited in the presence of dad.



When a baby sees mommy, the eyes narrow, the shoulders relax, heartbeat and breathing decrease. The infant becomes calm in the presence of mom.



# Shared Physical Custody: Summary of 40 Studies on Outcomes for Children

Transforming  
Lives

## Shared Physical Study:

Shared parenting with noncohabiting parents is a difficult challenge and can cause tremendous trauma. If a child is receiving services/treatment how can we better support both households in carry over into the home.

- Shared parenting is linked to better outcomes for children of all ages – Grades, cognitive, development –depression, anxiety, self-esteem –Aggression, SUD, hyperactivity - physical health, stress, illnesses-father and mother attachment.
- 1) No convincing evidence that overnighting or shared parenting was linked to negative outcomes for infants or toddlers
  - 2) Outcomes were not positive if there is a history of violence or when the children don't like or get along with their father.

*Journal of Divorce & Remarriage*, 55:613–635, 2014

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DOI: 10.1080/10502556.2014.965578



# Fatherhood Study Objectives and Methodology

<b>Purpose</b>	<p>The <b>Fatherhood Council</b> made up of state agencies and partners in Washington State has commissioned Camber Collective, a consulting firm, to conduct a 9-month study to conduct a landscape of current policies, funding, programs and experiences of fathers and fatherhood figures in WA-state, with a focus on identifying gaps and needs to inform strategic and policy recommendations</p>
<b>Objectives</b>	<ul style="list-style-type: none"><li>• To develop <b>an initial fact base and landscape with graphical and narrative representation</b> of the ecosystem for fathers and fatherhood figures in WA-state (including bright spots &amp; successes, and challenges &amp; opportunities)</li><li>• To conduct <b>an environmental scan</b> of the existing resources, programs, and services available to fathers, and specifically engaging and supporting fathers</li><li>• To create a <b>sustainable process</b> for maintaining, updating, and utilizing the dashboards, scorecards, and visualizations to continue making strategic and policy related decisions</li><li>• To develop a <b>final report to be submitted to the Washington State Legislature</b>, and other key state agencies &amp; partners detailing key opportunities and areas of needs &amp; gaps to inform policies and funding decisions</li></ul>
<b>Methodology</b>	<ul style="list-style-type: none"><li>• <b>Literature &amp; Policy Review:</b> a desk review of existing policies, data, and programmatic information related to programs, services, and funding available for fathers and fatherhood figures</li><li>• <b>Stakeholder Engagement:</b> group discussions and interviews with stakeholders across the community, regions, agencies and partners in WA-state, specifically in those with lived experiences, and with agency partners at DCYF, DOH, HCA, DOC, DSHS, ESA, OSPI, Department of Commerce, family court, criminal court, education systems (early learning, K-12, post-secondary, etc.), policymakers, foundations, Tribes, Poverty Reduction 10-year plan, Early Learning Coordination Plan (ELCP), advocacy, National Fatherhood Roundtable, etc.. With stakeholders, we will validate, and collect additional data and information, discuss areas of gaps, needs, and opportunity</li><li>• <b>Development of Graphics:</b> based on interviews and data/information collected &amp; validated, develop dashboards, metric scorecards, visualization graphics that are accompanied by narratives and human representations of key issues and stories</li><li>• <b>Development of Report:</b> identify areas of opportunity, potential for policy or practice changes, and co-develop key recommendations, narratives, and ongoing dashboards and reporting to further deepen understanding</li></ul>



# 10 Topical Areas

## 6 State Agencies, 12 Depts

- Basic Needs and Health**
  - Mental health and behavioral health
  - Food and financial security
  - Physical health (family planning, maternal, newborn, child health)
  - Shelter, housing, and homelessness
- Education, Employment, and Supports**
  - Family supports, relational health, co-parenting support
  - Early education, early childhood systems, K-12 education (Child Ed) & Education (post-secondary Ed)
  - Employment, post-secondary Ed, technical vocational Ed
- Safety, Legal, and Justice**
  - Child welfare
  - Family court, custody, child voice, child support, parentage
  - Criminal justice & corrections (adult) & Juvenile rehabilitation (youth)



Behavioral Health, Mental Health, and Substance Use

Medicaid

Office of Family and Community Health Improvement

Office of Nutrition Services (WIC)

TBD for Commerce

Juvenile Rehabilitation

Child Welfare

Strengthening Families

Early Learning

Division of Child Support

Community Services Division

Incarceration, Re-entry, Visitation, Legal



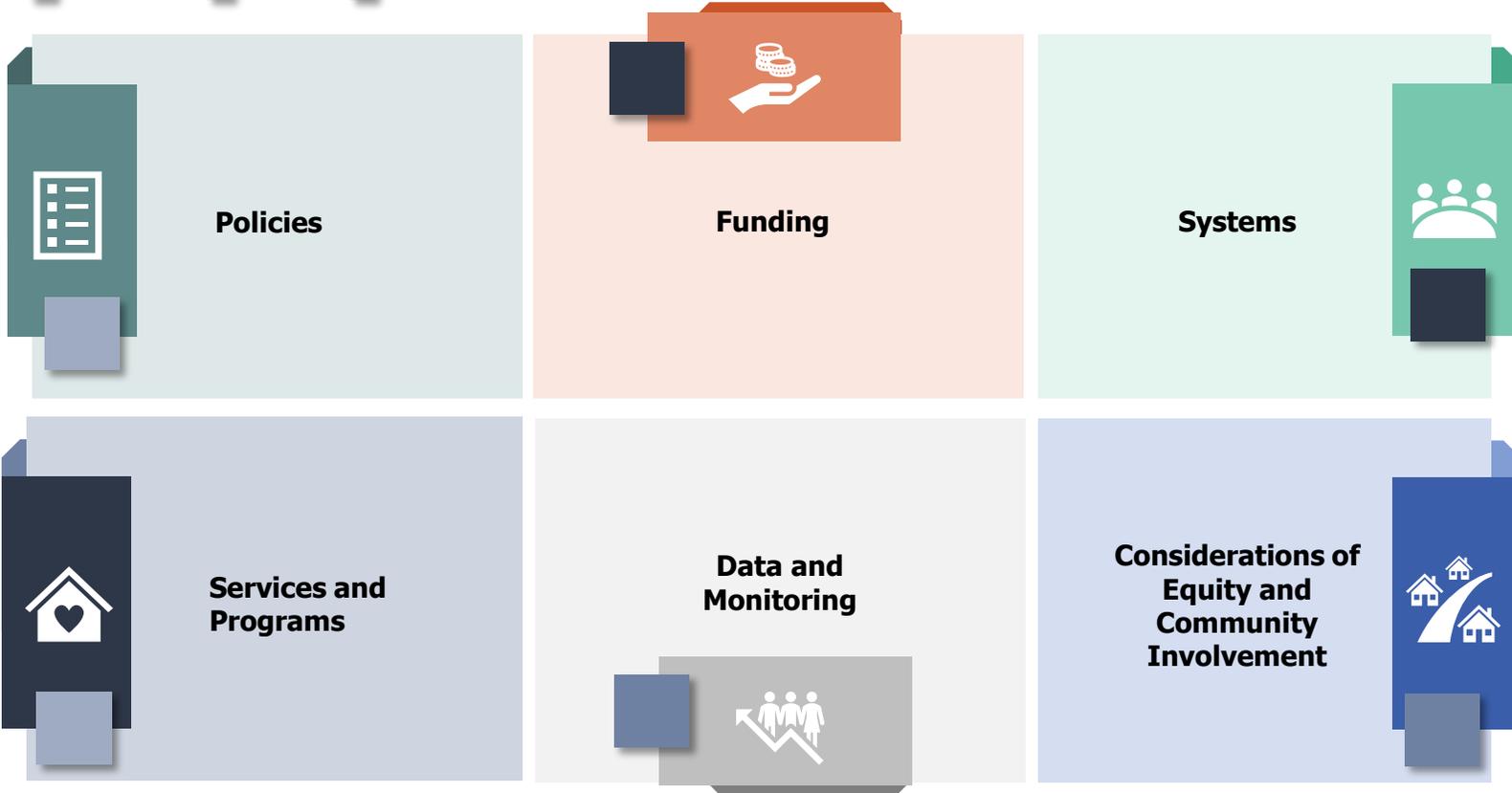
# EXAMPLE

## Topical Area: Mental Health and Behavioral Health

Brief summary on overall state of father-inclusive policies, programs, and infrastructure

### Scorecard of Key Dimensions – outlining availability, gaps, and links where available

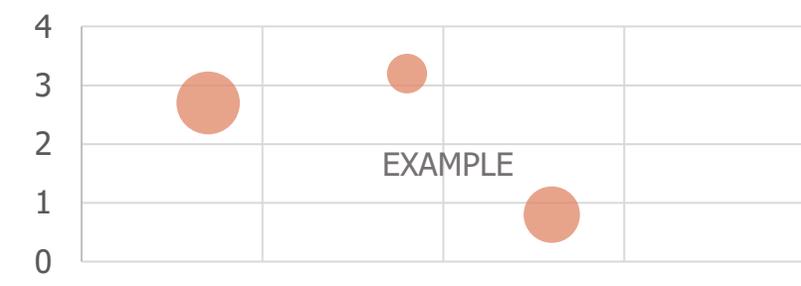
Awareness   Action   Integration



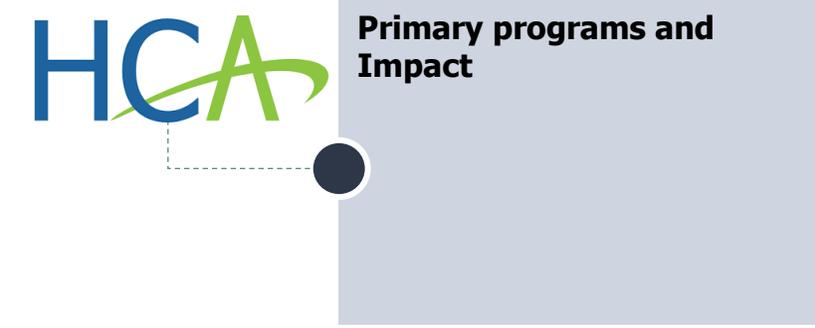
### Key Recommendations to Strengthen Topical Area for Serving Fathers

Quote from Fatherhood Narratives, emphasizing impact

### Key Impact Outcomes – “% Fathers w/ SUD in WA”



### Key Agencies serving Fathers



Add in cross-agency partnerships, workgroups (e.g., children and youth behavioral work group prenatal to five sub committee)

# DSHS Washington Fatherhood Council - Decision Package

## Proposed Elements

Building Community Capacity with grants to CBS to provide father involvement whole family services and local father councils

PRAMS for Dads pilot as part of a 5 State Pilot to better learn how fathers are doing in the first year of life.

Increase awareness and collective strategy development including co-generating approaches with our fathers and families with lived experience.

Washington  
Fatherhood  
Council



## Decision Packages related to Prenatal through 5 Relational Health (P5RH) Subgroup

### Stipends for Lived Experience

DCYF requests \$2,042,000 and 2.0 FTE to engage and support lived experts who are members of existing and planned advisory groups. Providing stipends to those with lived experience ensures they can participate in an advisory capacity and allows DCYF to acknowledge their contributions and expertise. The request will support agency-wide consistency in implementing SB 5793 (2022) with dedicated, sufficient resources for effective engagement, consistent compensation, and the reduction of barriers to meeting participation.

#### Components Include:

- Resources for compensation of lived experts who participate in DCYF's workgroups and advisory boards.
- One FTE to facilitate a quality payment experience for members including timeliness, responsiveness, and reporting to the Office of Equity.
- One FTE to fulfill all fiscal needs associated with tracking and processing payments

### Making Child Care Work for Families

DCYF requests \$12,597,000 (\$12,586,000 GFS) and 4.75 FTE to further support families with access to high quality early learning programs. Families with low income rely on Head Start, ECEAP, and Working Connections Child Care (WCCC) to access high quality early learning programs. This proposal aligns eligibility rules across ECEAP and WCCC while also further supporting WCCC eligibility when families are participating in ECEAP, Early ECEAP, Head Start, and Early Head Start.

#### Components:

- Allows participation in ECEAP, Early ECEAP, Head Start, and Early Head Start as an approved activity for WCCC (*Supports ~166 Families*).
- Provides households with a child who was receiving protective services one full WCCC eligibility period following permanency by adoption or guardianship (*Supports ~1,000 families*).
- Excludes child support, Social Security, and Supplemental Security Income payments for ECEAP and WCCC. (*Supports ~1542 Children*).
- Funds 4.75 FTE to further support families with access to high quality early learning programs.

### Supporting Providers for Child Care Access

DCYF requests \$23,758,000 (\$23,747,000 GFS) and 4.0 FTE to support increased provider participation in Working Connections Child Care (WCCC) and to support increased family eligibility in FY25 and again in FY 27. Providers must receive equivalent compensation for children receiving subsidized child care for them not to take a financial loss by participating in subsidy. This is especially true for providers serving children on WCCC and those serving infants and toddlers. This proposal will simplify some administrative processes to reduce the burden for providers who participate in subsidy and to provide targeted supports to make it feasible for providers to serve specific populations of children.

#### Components:

- Expand infant access through providing contracted slots for infants receiving protective services.
- Increasing the infant rate enhancement to \$500.
- Increasing the nonstandard hours rate bonus to \$500.
- Aligning overpayment collection with federal requirements.

- Shared services and technical assistance to access funding and resources.

### Early Childhood Education Assistance Program

DCYF requests \$37,039,000 (\$37,038,000 GFS) and 0.50 FTE to prepare for Early Childhood Education and Assistance Program (ECEAP) entitlement as required by SB 5237 (2021). ECEAP will reach entitlement level in FY 2027, and DCYF needs additional funding to be able to meet entitlement.

#### Components:

- Sustainable ECEAP Slot Rate: A 19% increase in School Day ECEAP slot rates and a 28% increase in Working Day ECEAP slot rates to reach the full rate increase recommended in the ECEAP Cost Study.
- Expansion of Slots: 200 School Day and 50 Working Day slots in addition to the 500 School Day slots already allocated in the 2023-25 Biennial Budget.
- Quality Supports Funding: Funding to cover quality requirements related to expanding slots.

### Early Support for Infants and Toddlers (ESIT) – Agency Request Legislation

DCYF requests \$4,185,000 GFS to support the use of Early Support for Infants and Toddlers (ESIT) State Special Education 0-3 funding for the full months of service provided to infants and toddlers eligible for early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA Part C). Current law limits DCYF and local ESIT provider agencies from counting eligible children for the full number of months they receive services. If this proposal is funded, ESIT providers will receive payment for the true amount of services they provide to eligible children and families.

#### Components Include:

- A request to revise RCW 43.216.580 to define children to be receiving early intervention services “...if the child has received services within the same month as the monthly count day, which is the last business day of the month.”

### Clinical contract cost increases

HCA seeks \$404,000 total (\$129,000 GF-S) to *raise the program capacity of the Perinatal Psychiatry Consultation Line (italics added)*, ensure timely billing, collection, and remit assessments by the KidsVax Partnership Access Line (PAL) Carrier Assessment, offset contractor-negotiated price increases for the essential services and products in pharmacy-related contracts, and compensate for the increased workload of orthodontic services prior authorization.