



Children and Youth Behavioral Health Work Group – Prenatal through Five Relational Health (P5RH) Subgroup

October 9, 2024

Glossary of Terms

ARL: Agency-Related Legislation
CCDF: Child Care Development Fund
CPS: Child Protective Services
CDC: Centers for Disease Control and Prevention
DCYF: Department of Children, Youth, and Families
DOH: Washington Department of Health
DP: Decision Package
ECEAP: Early Childhood Education and Assistance Program
FPHS: Foundational Public Health Services
GF-S: General State Funds
HCA: Health Care Authority
HVSA: Home Visiting Services Account
IECMH: Infant and Early Childhood Mental Health
IECMH-C: Infant and Early Childhood Mental Health Consultation
MHII: Maternal Health Improvement Implementation
MSS: Maternal Support Services
OFM: Office of Financial Management
PIHC: Perinatal and Infant Health Capacity
SEIU: Service Employees International Union (SEIU).
WCCC: Working Connections Child Care
WIC: Women, Infants, and Children

Meeting Topics

WA Health Care Authority (HCA) P5RH Decision Packages (DPs) & Agency-Related Legislation (ARLs)
WA Department of Health (DOH) P5RH DPs & ARLs
WA Department of Children, Youth and Families (DCYF) P5RH DPs & ARLs
Open Discussion for Support Items
Review final recommendation voting results

Discussion Summary

WA Health Care Authority (HCA) P5RH Decision Packages (DPs) & Agency-Related Legislation (ARLs)

1. The presentation on the HCA P5RH-specific DPs and ARLs included the following (see slides for details):

Commented [EO1]: There was a comment from Nucha: The People Powered Workforce Proviso Project is now recruiting direct service providers for focus groups. Affinity group options available. Register at: <https://www.peoplepoweredwork.org/>

I'm not sure where/if to put this in here



- a. Agency DP process:
 - i. HCA starts developing proposals in the springtime.
 - ii. In June, HCA determines which proposals move forward.
 - iii. In June and July, program staff write full DPs.
 - iv. In August, HCA determines which DPs move forward.
 - v. In September, DPs are submitted to the Office of Financial Management (OFM) for consideration for the Governor's budget.
 1. Once DPs are submitted, HCA is allowed to discuss the DPs and answer questions.
 - vi. In December, the Governor's budget is released.
 1. At this point, HCA can no longer discuss items that were not included in the budget.
- b. DPs that HCA wants to highlight for this subgroup are the following:
 - i. Family therapy rates for young children:
 1. Recommendation: Increase budget family therapy rates for children birth through 5 years old to address the discrepancy with individual therapy rates and recognize the complexity of care.
 2. Fiscal impact: \$645k per year, general state funds (GF-S).
 3. Relevance to P5RHS: Alignment with best practices for infant-early childhood mental health dyadic services.
 - ii. Staff supports for maternal access:
 1. Recommendation: Seek funding to support staffing to continue and expand high-priority maternal access and services designed to reduce health inequities.
 1. Maternal health improvement implementation (MHII).
 2. Perinatal and Infant Health Capacity (PIHC).
 2. Fiscal impact:
 1. MHII: 4 new full-time equivalent (FTE) positions, at \$836k GF-S.
 2. PIHC: 3 existing FTE positions, at \$620k GF-S.
 3. Relevance to P5RHS:
 1. Implement [SB 5580](#) (2023): Improving maternal health outcomes.
 2. Prevent loss of staff currently driving clinical policy advancements for maternal services and early childhood supports.
 - iii. [HCA budget and legislation proposals.](#)

WA Department of Health (DOH) P5RH DPs & ARLs

1. The presentation on DOH P5RH DPs and ARLs included the following (see slides for details):
 - a. DOH proposed ARLs include:
 - i. Safe medication return.
 - ii. Women, Infants, and Children (WIC) Medical Assistants Registered Exemption.
 - iii. Protecting workers from pesticide exposure.
 - iv. Aligning definitions with Centers for Disease Control and Prevention (CDC) Model Aquatic Health Code to ensure authority.



- b. DOH proposed budget requests: Prevention and Community Health:
 - i. Behavioral Health/Mental Health:
 - 1. There is an umbrella request for funding of four different initiatives that address behavioral and mental health, primarily in strengthening suicide prevention response, work with Tribal communities, support for pregnant and parenting individuals, and building strong communities for young people.
 - ii. Community-Led Health Equity Initiatives: Health Equity Zones:
 - 1. This is a request for funds that can be flexibly used by community projects to reduce the health disparity of their choice, and also support for the department to staff the Zone for Native Communities and for partnership with federally recognized Tribes.
 - iii. School-Based Health Centers:
 - 1. DOH received applications from approximately half of the school based health centers in Washington state, and were only able to fund about one third of those requests.
 - a. This request would help fund more school based health centers across the state, in partnership with community partners.
 - iv. Foundational Public Health Services (FPHS):
 - 1. This package includes a request to equitably fund Tribal nations, preserve existing FPHS investments, and expand existing FPHS capacity among partners.
 - v. Chronic Disease Prevention:
 - 1. This is an umbrella package that focuses on ensuring the fruit and vegetables incentives program is able to maintain current services levels, and increasing access to oral health and physical activity and nutrition programs.
 - vi. 988:
 - 1. This request is to meet statutory obligations as the 988 program continues to be built out.
 - vii. Equitable Access to Care for Medically Underserved Populations:
 - 1. This is funding to sustain and integrate several key health and social care programs that were stood up during the COVID-19 pandemic – including Care-a-Van and Power of Providers.
 - viii. Maintaining Immunization and Assessment Capacity:
 - 1. This is a response to reduction in federal funding, to make the Office of Immunizations program whole with state funding.

WA Department of Children, Youth and Families P5RH DPs & ARLs

- 1. The presentation on DOH P5RH DPs and ARLs included the following (see slides for details):
 - a. DCYF priorities for 2025:
 - i. Stabilize Juvenile Rehabilitation
 - ii. Prevention Services
 - iii. Adolescent Service Enhancements



- iv. Legally Required Early Learning Expansions
- v. Effective and Efficient Government
- b. In the current tight budget environment, DCYF is focusing in the early learning space on what was legally required to implement fair start for kids.
 - i. There were a lot of good ideas that have been surfaced through the P5Rh subgroup others that DCYF would have liked to include, but they are being narrow and specific in the early learning space, given the amount of resources that are necessary to continue fair starts for kids.
- c. Community Pathways:
 - i. DP: \$9.622 million
 - ii. This is a request for funding to implement community-based prevention through Family Resource Centers and the Plan of Safe Care.
 - 1. Family Resource Centers: DCYF is targeting investments into five of these centers across the state, providing direct funding to these centers for resource navigation, concrete supports for families, and to provide evidence-based practices to support families.
 - 2. Plan of Safe Care: This serves infants with prenatal substance exposure, as well as pregnant people with substance use.
 - 1. DCYF has partners in DOH and hospitals to help implement the Plan of Safe Care.
 - 2. There have been policy changes that differentiate how infants with substance exposure get connected to Child Protective Services (CPS) or not - either way, DCYF wants to connect them to community-based resources.
 - 3. Additionally, DCYF would like to ensure that pregnant people who have child welfare intakes are connected to services and necessary supports.
- d. Home Visiting Rates:
 - i. This is a DP placeholder.
 - ii. This request is for funding to implement rates for Home Visiting models, Nurse-Family Partnerships and Parents as Teachers.
 - 1. DCYF also requests to maintain additional slots established through [SB 6109 \(2024\)](#).
 - iii. DCYF is hoping to implement rates into the home visiting service line to standardize and create equity among providers who have historically had varied budgets.
 - iv. [The Home Visiting Services Account \(HVSA\) procurements for this fiscal year have been released.](#)
- e. Child Care Subsidy Base Rates:
 - i. DP: \$298.273 million
 - ii. This is a request for funding to maintain child care subsidy base rates at the 85th percentile of the most current market for child care centers, resulting in a rate increase based on the 2024 market rate survey (MRS).



Notes

- iii. DCYF also has a rate increase for family child care as part of the collective bargaining agreement between the state and Service Employees International Union (SEIU).
- iv. Working Connections Child Care (WCCC) eligibility and language
 - 1. DP: \$256.925 million
- v. This is a request for funding to increase WCCC eligibility to 75% of the State Median Income (SMI), and also to increase dual language rates to adjust for inflation.
- vi. Additionally, DCYF has funding for outreach to make sure families know that the eligibility has changed and ensure families know they are eligible.
- f. Early Childhood Education and Assistance Program (ECEAP) Entitlement:
 - i. DP: \$451.416 million
 - ii. This request is for funding to prepare for the ECEAP to meet entitlement, including rate increases for ECEAP providers, slot expansion, and slot conversion of Part Day slots to School day slots and Working day slots, in addition to quality supports for curriculum and ongoing assessments.
- g. Comply with New Child Care Development Fund (CCDF) Requirements:
 - i. DP: \$94.914 million
 - ii. This is a request for funding to comply with the 2024 CCDF Final Rule change that became effective in April 2024.
 - iii. This will support families for a full 12 months of WCCC and some other technical requirements.

Open Discussion for Support Items

1. The work group submits a legislative report to the Governor with all of the recommendations for the year, which includes:
 - a. Overarching recommendations of the CYBH Work Group (that span the whole Prenatal through age 25 continuum of care).
 - b. Legacy items: Those that are continuously supported and put forward by the subgroup(s) and also have had continual support at the work group level, having been adopted as recommendations and having had significant legislative support.
 - c. New Recommendations: Items new to P5RH subgroup discussion, or those which have been previously proposed but not advanced. To be voted on by Work Group.
 - d. Additional recommendations: This includes all of the recommendations that were put forward, but weren't voted on as a prioritized item to take forward (i.e., subgroup recommendations that don't make it through Work Group vote).
 - e. Support items: Recommendations that don't necessarily come through the avenue of the subgroups, but are put forward by the agencies in DPs or ARLs, or pursued and supported by external organizations, and the subgroup wants to show support for these initiatives to be successful in the legislature.
2. Discussion of support items included the following:
 - a. There can be overlap between DPs and the subgroup recommendations, which just means that those items are in alignment and have more support going into session.



- i. In these cases, the subgroup would likely not put forward a support item for the same topic, since it already has a related recommendation and agency packages for consideration from the Governor.
- b. The November 6th subgroup meeting will be fully dedicated to support items.
- c. On November 12th, the Work Group will do a consensus vote on support items.

Review final recommendation voting results

1. Legacy items were prioritized by the subgroup because the work group will be prioritizing legacy items in the order they will be presented in the report.
2. Votes only include one person per organization and does not include agency partners.
3. Each subgroup has at least one new recommendation guaranteed to be included by work group.
4. Results of the prioritization vote are as follows:
 - a. #1 Increasing investment in Infant and Early Childhood Mental Health Consultation (IECMH-C)
 - b. #2 Expanding early ECEAP
 - c. #3 Expanding ECEAP complex needs fund
5. New items prioritization:
 - a. #1 Enhancing family therapy provider reimbursement rates
 - b. #2 Sustainable funding to enhance BH capacity for home visiting providers
 - c. #3 Infant and Early Childhood Mental Health (IECMH) alternative payment model pilot
 - d. #4 Expand Maternal Support Services (MSS) regional coverage and provision of wraparound support
 - e. Exploring sustainable funding mechanisms for childcare and IECMH related initiatives did not receive majority vote to move forward.
6. Discussion regarding final voting included the following:
 - a. There will be opportunities for gathering feedback from subgroup participants about the process.
 - b. The Work Group will be voting on the recommendations on October 14th.
 - c. For the recommendation to explore sustainable funding mechanisms for childcare and IECMH related initiatives to move forward as a support item, it needs to be held and advocated for by an external entity.



DOH'S 2025 LEGISLATIVE AND BUDGET PRIORITIES: PREVENTION AND COMMUNITY HEALTH

October 9, 2024

2025 DOH Proposed Agency Request Legislation

- Safe Medication Return
- Women, Infants, and Children (WIC) Medical Assistants Registered Exemption
- Protecting workers from pesticide exposure
- Aligning definitions with CDC Model Aquatic Health Code to ensure authority

2025 DOH Proposed Budget Requests: Prevention and Community Health

○ ***Behavioral Health/Mental Health***

- Promote upstream prevention of mental health and substance use issues and root causes across the lifespan in collaboration with community and local partners, work to reduce stigmas around mental health, and identify barriers and increase access to behavioral health services. This funding will support services like suicide prevention, support for pregnant and parenting individuals, and building strong communities for young people, including:
 - Resources for Tribal communities to implement culturally specific suicide prevention activities in their communities
 - Be Well WA Social Connectedness and Emotional Well-Being DOH campaign
 - Doula and community-based partnership support for improving quality of care
 - Health Systems Quality Assurance: fully fund the Behavioral Health Stipend Program (*help offset the expenses associated with supervising associates completing their supervised experience requirements*)

2025 DOH Proposed Budget Requests: Prevention and Community Health

● ***Community-Led Health Equity Initiatives: Health Equity Zones***

- Funds will be used to implement community projects to reduce health disparities, and staffing to support the Zone for Native Communities and for partnership with federally recognized Tribes.

● ***School-Based Health Centers***

- Today, there are over 70 SBHCs sponsored by more than 25 health care organizations throughout the state. When the DOH grant program was established in 2022, the Department received 32 applications for the grant program. The Department was only able to fund 12 of the 32 applications.
- The grant program supports the development of integrated physical and behavioral health care through school-based health centers, eliminating many barriers to much-needed care for youth.

2025 DOH Proposed Budget Requests: Prevention and Community Health

● ***Foundational Public Health Services***

- This package includes a request to equitably fund Tribal nations, preserve existing FPHS investments, and expand existing FPHS capacity among state, local, and Tribal partners.

● ***Chronic Disease Prevention***

- DOH is requesting funding to address inequities through increasing access to fruit and vegetable incentive, oral health, and physical activity and nutrition programs.

● **988**

- Statute requires that the Department provide adequate funding for Washington's crisis call centers to have an in-state call response rate of at least 90% to meet the increase in demand since the launch of the 988 Suicide and Crisis Lifeline.

2025 DOH Proposed Budget Requests: Prevention and Community Health

- ***Equitable Access to Care for Medically Underserved Populations***
 - Funding to sustain and integrate health and social care programs stood up during the COVID-19 pandemic (including Care-a-Van mobile health services and Power of Providers).
 - Proposed programs include community care hubs, provider engagement and support, mobile health clinics, and health systems intelligence (increased data infrastructure to identify gaps).
- ***Maintaining Immunization and Assessment Capacity***
 - Allow Office of Immunizations to maintain core functions despite reductions and eliminations of federal funding sources. Funding will support an adequate workforce to describe, understand, and address gaps in immunization coverage relating to geography, race/ethnicity, gender, social vulnerability, and disability status.

Questions?



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