Department of Health

2023-25 First Supplemental Budget Session

Policy Level - HH - Public Health and Community Hubs

## Agency Recommendation Summary

The Department of Health (DOH) requests funds to contribute to shared maintenance of a statewide community-based infrastructure to support community-based workforce, address social drivers of health, and contribute to meeting goals of the 10 Year Plan to Dismantle Poverty.

## Fiscal Summary

| Fiscal Summary<br>*Dollars in Thousands* | Fiscal Years | | Biennial | Fiscal Years | | Biennial |
|---|---|---|---|---|---|---|
| | 2024 | 2025 | 2023-25 | 2026 | 2027 | 2025-27 |
| **Staffing** | | | | | | |
| FTEs | 0.0 | 9.3 | **4.65** | 9.3 | 9.3 | **9.3** |
| **Operating Expenditures** | | | | | | |
| Fund 001 - 1 | $0 | $3,001 | **$3,001** | $3,001 | $3,001 | **$6,002** |
| Total Expenditures | **$0** | **$3,001** | **$3,001** | **$3,001** | **$3,001** | **$6,002** |

## Decision Package Description

**DESCRIPTION**

Disconnected health and social service programs are difficult for individuals, families, and the workforce supporting them to access and navigate. A strategy of Washington State's 10-year plan for reducing poverty and inequality is to "build an integrated human service continuum of care that addresses the holistic needs of children, adults, and families." Current program components are duplicative and inefficient (multiple call centers, multiple resources directories, multiple care coordinators for one family, no way of making connections between components); programs don't get the engagement they need from eligible individuals and families and benefits are underutilized (access is difficult, services are not delivered by workforce who are trusted and culturally/linguistically concordant); data are not collected and presented to support accountability and illuminate gaps in community resources; and programs do not respond to community priorities.

DOH invested in new and augmented existing regional Community Hubs in Accountable Communities of Health to support individuals and families with and impacted by COVID in accessing health, public health, and social services provided by a variety of state agencies and local organizations. These Community Hubs offer the opportunity for state agencies to deliver services to communities in ways that are more streamlined, cost effective and responsive to community needs. With Medicaid transformation resources, Health Care Authority is investing in Community Hubs for delivery of new services and connection of existing services to eligible populations. DOH would like resources to continue to support and invest in regional Community Hubs post-COVID, in a way that is shared with other state agencies. These resources would allow public health to continue to participate in regional networks that access diverse community-based organizations and community-based workforce and allow for scale up of programs that support public health goals (prevention, behavioral health, chronic disease, maternal and child health, social drivers of health), prepare for future emergencies (wildfires, floods, infectious disease outbreaks and pandemics), and reduce health inequities.

Background of Care Connect WA (CCWA)

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In July 2020, DOH initiated a program to support people to stay home for COVID isolation/quarantine by providing them with food, PPE, medications, and assistance with utilities, rent and mortgage; it was clear that without meeting social/economic needs, people would not be able to adhere to public health instructions. This program, called Care Connect Washington, was modeled on community-based care coordination work that was already happening in some Accountable Communities of Health (ACHs) as a part of Medicaid waiver work. Since then, DOH scaled up CCWA so that every ACH region in the state had a Community Hub, augmenting Community Hubs that already existed in some

ACHs and initiating them in others. At the state level, resources were used (and continue to be used) to support the state backbone for regional and local partners – DOH provides a call center, a statewide resource directory, surge support, a technology platform that allows for creation of a community health record, and training. The Community Hub model helps solve the problem of fragmented care coordination programs that result in duplication of efforts and poor access to services for community members. It is important for individuals and families to have one trusted care coordinator from the community to navigate government programs and services. DOH also resources Community Hubs to create networks of diverse community-based organizations so that services are provided in culturally and linguistically appropriate ways by trusted a community-based workforce.

CCWA's Hubs include:

- Action Health Partners (North Central Region, working in partnership with Thriving Together)
- Better Health Together (East Region)
- Cascade Pacific Action Alliance (West Region)
- Elevate Health (Pierce Region)
- HealthierHere (King Region)
- North Sound Accountable Community of Health (N. Region)
- Olympic Community of Health (Northwest Region)*
- Greater Health Now (South Central Region)
- Southwest Accountable Community of Health (SW Region)

*Olympic Community of Health will not be continuing as a CCWA Hub as of July 1, 2023, though it will be a Community Hub for Medicaid waiver work.

The work of DOH and these Hubs allowed for development of state-regional-local coordinated programs that invested significant braided resources into communities, employed community-based workforce, and supported individuals and families in reaching public health goals related to COVID isolation and quarantine. Because CCWA provided concrete help during a pandemic, when people were afraid and at their most vulnerable, the program and local care coordinators have become a trusted resource in communities.

Community Hubs existed in some parts of the state before COVID, and because of COVID investments and additional Medicaid waiver investments, now exist in all parts of the state. As more resources become available from federal and state agencies for individuals and families that need them, connection of people to these resources will become more complex if state agencies continue to build their own programs for delivering resources and don't build on and connect what already exists. Community Hubs do not replace 211 or existing care coordination efforts by other state agencies like Help Me Grow or Health Homes. They are vehicles to augment no-wrong-door approaches for all populations and programs (not limited by eligibility, population, health issue), with the ability to braid resources from various funding sources, provide capacity-building support to community-based organizations, and provide training and career paths for the community-based workforce.

The resources provided during COVID allowed for DOH to contribute to state-regional-local coordinated programs that serve broad population needs. Having state agencies work together to contribute to coordinated, connected programs is challenging work but will ultimately result in better use of state dollars and more simplified, comprehensive access to services by individuals and families. DOH wants to continue to contribute to and engage with Community Hubs so that the coordinated/connected program structure remains available to meet public health

goals (prevention, chronic disease, behavioral health, maternal and child health, emergency preparedness, social drivers of health).

Building on the Transformational Potential of Community Hubs in Washington

The disproportionate impact of COVID-19, particularly on communities of color, has exposed the impact of racism, poverty, and other structural and system inequities on health, amplifying the call to rethink how the health, public health, and social services sectors can work together to improve health and advance health equity.

Community Hubs were strengthened with the investment of COVID resources from DOH. Some state and federal agencies invest in Community Hubs: Department of Commerce, the WA Health Benefits Exchange, and the federal Health Resources and Services Administration (HRSA). Community Hubs will now be the recipients of new Medicaid waiver dollars.

Community-based care coordination, where individuals and families can partner with community-based workforce to be connected to health and social needs, has the possibility to transform health outcomes. Challenges remain – organizations outside of the health care delivery system need to play a significant role so that meeting social needs does not become "medicalized" and communities can retain a focus on prevention and social drivers of health. Many care coordination efforts address the needs of more narrowly defined populations, by age or by health issues. These efforts are valuable and should not be replaced, but augmented through connection to infrastructure that allows for a broader population approach. The Community Hubs in ACHs are able to refer individuals and families to other care coordination structures/programs in their communities as appropriate (Health Homes, Help Me Grow, AAAs, LHJs), potentially increasing their uptake, while also finding the right resources for those who do not meet specific eligibility criteria for these programs.

A decision package was put forward in the last legislative session to support the Care Connect WA program. The request was much larger ($50M for the biennium) and was intended to support ongoing COVID work, funding all of the state infrastructure components (data system, intake and referral, strategic planning, surge capacity), 19 state FTE, and funding for all nine Community Hubs. The decision package was not successful. This decision package is significantly reduced, supporting 6 state FTE, money to contribute to but not solely support state infrastructure components, and funding for limited investments in Community Hubs to maintain public health programming and a broader population approach.

**PROPOSAL**

DOH built new and enhanced existing Community Hub infrastructure with federal COVID dollars to quickly get resources out to community-based organizations and community-based workforce in order to meet public health goals.

Public health is well-positioned to continue to support Community Hubs post-COVID and continue to make investments in Community Hubs to sustain valuable emergency response infrastructure, scale up public health and prevention programs, connect individuals and families to health and social needs and contribute to important state-supported infrastructure. This will require maintenance of some funding to DOH to continue with this work when federal COVID dollars have ended. While the agency will continue to pursue other sources of funding for the work, state funding is important to maintain a minimal level of staffing needed to provide support to Community Hubs, connect prevention and public health

initiatives to Community Hubs, run competitive processes to get public health funding out to Community Hubs to invest in community-based workforce, and use data to demonstrate outcomes and improve processes.

What we are purchasing:

DOH staff support (6 FTE) for community-based care coordination and Community Hubs.

Capacity to contribute to shared enterprise investments like call center, resource directory, strategic planning, and access to data.

Capacity to invest in Community Hubs for the purposes of building up community-based workforce to address prevention, emergency preparedness, social drivers of health, and other programs that align with public health goals and allow for a broader population focus outside of eligibility-only programs.

**ALTERNATIVES**

At this time, we are not aware of any other funding options after COVID dollars are no longer available. It is possible that there will be other opportunities to apply for dollars to support this type of work, particularly as federal agencies potentially make more funding available to support work on social drivers of health. Washington is unique in having a statewide system of Community Hubs. In the meantime, we need resources to support the existing work with these Hubs and staffing to pursue other sources of funding.

The funding proposed here is a vast reduction to the federal COVID resources put into Care Connect WA and Community Hubs during COVID response and recovery. If this proposal is not funded, the future of public health work in community-based care coordination is uncertain. The expertise developed by staff will not be available to the Community Hubs and the chances that these Hubs will focus on narrower populations as required by their funders may not allow for broad population approaches or a focus on prevention. Funds would be unavailable to communities and their workforce to engage in public health work; it is this flexible funding that will allow Community Hubs and public health to test models and financing strategies related to prevention work. The Community Hubs, losing their connections to public health, may not be as readily available to activate for public health emergencies. The state may also lose the ability to streamline community-based care coordination work with other agencies. Public health's "big picture" approach helps to combat fragmentation of state programs and services, fragmentation that contributes to inequitable access to services and increases health disparities. To create a truly holistic human services continuum of services, there need to be opportunities for all state agencies to contribute and participate. Sharing a community infrastructure creates efficiencies for government and ease of use by individuals, families, and the community-based workforce who are helping them navigate.

## Assumptions and Calculations

***Expansion, Reduction, Elimination or Alteration of a current program or service:***

The following shows the expenses for 2021-2023 biennium for CCWA.

| Funding Sources | FY22 | FY23 |
|---|---|---|
| Box in the Virus - COVID ED Care Coordination | 2,558,146 | 0 |
| Epidemiology and Laboratory Capacity Grant | 17,299,515 | 20,589,927 |
| Other Federal Grants | 3,598,981 | 8,025,044 |
| GFS | 0 | 0 |
| **TOTAL** | **23,456,642** | **28,614,971** |

***Detailed Assumptions and Calculations:***

Assumptions – based on what we learned and have been funding during COVID

- Using four regional hubs instead of eight

- Salary for community-based workforce (CBW) = $65K each

- To support supervision of CBWs, 1 supervisor per 5 CBWs = $85 K each

- Each CBW can support about 50 people per month

- Individuals and families need different lengths of support, but the maximum engagement is 6 months

- Support means working with individuals/families to assess needs for social and health services and connect them to these services, as well as support them to pursue health goals.

- DOH will be conducting competitive processes in order to distribute resources to Community Hubs to meet public health goals (for example, communities may express needs for additional CBW workforce to support access to chronic disease programs or housing).

- Travel = $6K for each regional hub

- Indirect= $42K for each regional hub

-Total for each regional hub = $458K x 4 hubs = $1,832,000

Compared to what DOH has supported with federal COVID resources, this request represents a reduction of care coordination services. For the dollars requested to put into contracts with Community Hubs to support community-based workforce, this request supports approximately 15 CBWs and the 3 supervisors needed to support them per year. If each CBW supported 50 individuals/families per month, and those clients needed only one month of support, these resources would support 9,000 individuals/families per year. Many clients need ongoing support. If each CBW supported 50 individuals/families for 6 months, they would have capacity to support 1,500 individuals/families per year. It is likely that the number of individuals/families that could be supported by this workforce is between 1,500 and 9,000.

In addition to supporting community-based workforce in the Community Hubs, DOH wants to contribute to the state-supported infrastructure that allows for building efficiencies so that every state agency doesn't have to create its own supports. These include access to data that the Community Hubs are collecting about how successfully individuals and families are connected to services, resource directories, call centers, and strategic support. The requests presented in the budget are estimates of what DOH would contribute in a system that is shared with other state agencies and in which Community Hubs are making investments. For example, DOH covered the costs of the data system being used by the Hubs with COVID dollars. Moving forward, the Community Hubs and/or other state agencies will be making data system investments, and

DOH will contribute resources to have access to data for the purposes of supporting Hub work.

***Workforce Assumptions:***

| | Workforce Assumptions | | | | |
|---|---|---|---|---|---|
| | | | | | |
| **FTE** | **Job Classification** | **Salary** | **Benefits** | **Startup Costs** | **FTE Related Costs** |
| 1.0 | WMS03 | $138,543.00 | $47,243.00 | $0.00 | $9,336.00 |
| 1.0 | NURSING CONSULTANT, PUBLIC HEALTH | $129,545.00 | $44,175.00 | $0.00 | $9,336.00 |
| 1.0 | Health Services Consultant 4 | $84,518.00 | $28,821.00 | $0.00 | $9,336.00 |
| 3.0 | Health Services Consultant 3 | $241,391.00 | $82,574.00 | $0.00 | $28,008.00 |
| **6.0** | | **$593,997.00** | **$202,813.00** | **$0.00** | **$56,016.00** |
| | | | | | |

$240,000/FY WMS3 –Director of Community-Based Care Coordination (salary, benefits, rent, etc…)

- Strategy; liaison to other state agencies and associations, including the Coalition of ACHs; partnership development; communications; resource identification.

$162,000/FY HSC4 – Operations, Contracts/Grants Lead (salary, benefits, rent, etc…)

- Manage grants and contracts; support identification and application for other resources.

$231,000/FY Nursing Consultant, Project Manager (salary, benefits, rent, etc…)

- Lead work on Community Hub development, including workflows/data systems; integration of public health programming; testing of financing models with healthcare and payer partners; oversee staff (3)

$476,000/FY HSC 3 (3) (salary, benefits, rent, etc…)

- Work with Community Hubs on integration of public health work – For all public health program work that is included in the care models for the Community Hubs, staff need to be available to work with the program (chronic disease, maternal and child health, emergency preparedness, opioids, etc) to understand need; identify resources to support the work; work with the nine Communities Hubs to establish capacity and interest; establish workflows (how are individuals and families identified and referred to the Hubs, what assessment needs to happen, what community-based organizations are the best fit for program delivery, how can work be standardized across Community Hubs).

- Support for data/reporting/evaluation - For every public health program that gets included into Community Hubs, work is needed to establish if the appropriate data are being captured and if not, augment data collection; means of reporting out for the purposes of communication and quality assurance/improvement need to be established; and data need to be analyzed for the purposes of evaluating outcomes. These approaches need to be standardized across Community Hubs.
- Community-based workforce (CBW) and community engagement – The work of Community Hubs is driven by CBWs and community voice. Staff are needed to identify training needs of CBWs and deliver the training; obtain regular input from CBWs about work processes, data collection, and resources in order to improve the system; and apply these improvements in standardized ways across Hubs. Community engagement involves working with Community Hubs to share data with communities to identify successes and gaps in services and use data and stories to advocate for resources and policies that will improve health equity.

All of these bodies of work involve working with programs in DOH, Community Hubs and their networks of community-based organizations and workforce, and other state agencies to see if there are ways to align work.

Estimated expenditures include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

## Strategic and Performance Outcomes

***Strategic Framework:***

The package relates to the Governor's Results Washington goal areas as follows:

Goal 2 – Prosperous Economy Metrics. DOH's investments in Community Hubs for the purposes of employing a community-based workforce will create employment opportunities in the communities that most need them.

Goal 4 – Healthy and Safe Communities Metrics. DOH's investments in Community Hubs will allow for increased employment of community-based workforce whose job is to connect their communities to services such as health insurance and housing. In the current funding period, care coordinators have been instrumental in making sure people on Medicaid could retain their insurance coverage.

The Governor's Office has also prioritized work on Poverty Reduction, and the Poverty Reduction Work Group (PRWG) developed a 10-year strategic plan to dismantle poverty. Generally, Community Hubs as they are positioned in the Accountable Communities of Health present numerous opportunities to work on the strategies of this plan, with their multisectoral participation and their focus on community voice. The specific work to be funded via this decision package for community-based care coordination will most directly contribute to Strategy 6 - "Build an integrated human service continuum of care that addresses the holistic needs of children, adults, and families." The work to be funded by this decision package builds on infrastructure that was augmented with DOH COVID funding and is supported by Medicaid waiver funding moving forward. It is infrastructure that is being used by other state agencies, and there are additional opportunities for underutilized state programs to get more engagement through this hub infrastructure.

As related to DOH's Transformational Plan, Care Connect Washington is one of the plan's featured initiatives. The work described in this decision package most closely aligns with the Health Workforce and System Transformation objective. However, keeping public health engaged and co-investing in sustaining this infrastructure will give DOH and public health avenues to get prevention programming to hard-to-reach populations and to stand up rapid responses to emergencies, which fall under other objectives of the Transformational Plan.

***Performance Outcomes:***

DOH staff are currently working with Community Hubs, which are using a common data system, to gain experience in capturing and reporting the following information for the statewide system. If this decision package is funded, DOH will be able to continue to support Community Hubs in this type of reporting and other reporting required by the funding invested by other agencies, payers, foundations, etc. This support will come via staff to dedicate to the work and an investment by DOH to participate in/have access to whatever data system(s) Community Hubs choose to use.

Overarching impacts for Community Hub work are as follows:

**Impact 1. Community Centered** – Community voice and diverse partners guide state and regional needs to foster trust and change.

**Impact 2. Useful and Cost-Effective Care** – Ensure community services provided to individuals and families are efficient and cost-effective to improve health, well-being and respond to emergency needs.

**Impact 3. Community Workforce Opportunity** – Grow economic and professional opportunity for the community-based workforce.

**Impact 4. Transformed Community Investment** – Demonstrate regional and government change to ensure funding addresses community-identified needs.

Performance metrics that Community Hubs will be working on in this next year to measure progress to these impacts. Since we are just starting work on these performance metrics, reports are not available.

**Client experience -**

% of clients who report getting support needed,

% of clients who were connected to ongoing care coordination support at program close.

**Network adequacy -**

# of community partners by type contracted with the Hub reported in the active quarter (by sector type – housing, behavioral health, BIPOC CBO, youth CBO, etc.)

# of care coordinators providing services in the Hub network within the active quarter

# of care coordinators by language spoken

# of care coordinators trained to provide services reported in the active quarter

**Recruitment and reach metrics -**

# of unique clients who are referred to the Hub for enrollment

# of calls received by the call center with intake assigned to a Hub

# of calls received by the Care Connect WA hotline

# of Care Connect WA intake forms completed

# of Care Connect WA calls referred to Hub

# of Care Connect WA calls referred to 211

# of Care Connect WA calls referred to 988

% of referred clients who are successfully enrolled by the Hub

**Implementation and fidelity metrics -**

% of referrals with at least 3 outreach attempts

% of clients referred and connected to a care coordinator within 3 business days

% of calls successfully routed from call center to the Hub

% of clients with improved confidence to self-manage health change

% of clients with more than 4 social and health needs successfully addressed

% of social and health referrals completed within 60 days

# of page views accessing the resource directory

# of requests for changes/additions submitted for the resource directory

**Health and social status -**

# of unique clients with a social, health, or behavioral health risk factor (for social service referral)

# of unique clients with a health condition (for medical referral)

**Success metrics (impact) -**

Percent of requests for support successfully completed compared to incomplete (separate measures for housing, transportation, employment assistance, food assistance, physical health, behavioral health)

**Sociodemographic** -

Race, ethnicity, language, financial status, housing status, employment status, age, gender

**Social and health risk factors** -

# of clients enrolled by reported physical health status

# of clients enrolled by reported behavioral health status

# of clients enrolled by social health status

We anticipate that these measures will demonstrate that Community Hubs are continuing to build out their networks of diverse community partners, deploying and training diverse community-based workforce, and enrolling people most underserved by health and social services programs to increase their access to services available. Importantly, these data will also allow Community Hubs to identify where there are gaps in services or ability to reach certain populations so that they can turn their attention to filling those gaps.

## Equity Impacts

***Community outreach and engagement:***

DOH recognizes community-based workforce often reflects the diversity of the community itself, meaning greater assurance of culturally relevant and accessible services in a way that community members trust more deeply than a traditional provider relationship. In the last year of COVID funding for the Care Connect program, DOH is working with community-based workforce to continue to shape the program and articulate workforce needs. While community voice influences what happens at the regional and local level, we also continue to think about how we could use already-existing community input mechanisms at the state level to influence the work of community-based care coordination.

***Disproportional Impact Considerations:***

Creating the opportunity for DOH to keep interacting with and investing in Community Hubs, including the critical community-based workforce, will allow the Hubs and the Accountable Communities of Health to have ongoing dialogue with public health about goals related to reducing health disparities and achieving health equity and measuring progress towards these goals.

***Target Populations or Communities:***

Regional Community Hubs engage with their community-based organizations and community-based workforce and know their communities best. They can work with their communities to best optimize how local organizations receive resources, support organizations and workforce in training and capacity development, and assure that community voice drives all aspects of the work. Having public health continue to be a partner to Community Hubs will increase opportunities to develop work that serves broader prevention and population needs; retains a structure that can easily be activated for emergencies; and provides a route by which community voices help to shape state health policy. Accountable Communities of Health and their nine Community Hubs that cover the state have mechanisms in place to engage with diverse sectors and community members to prioritize community needs for populations that include but are not limited to:

- Historically marginalized groups (including racial and ethnic minorities)
- Individuals and families impacted by experience with the criminal legal system (people being released from incarceration, formerly incarcerated, and their families – the first population of focus for the Medicaid waiver renewal is people being released from jail)
- Individuals experiencing homelessness and housing instability
- Individuals with complex and/or intersecting physical and behavioral health conditions, including Substance Use Disorder (SUD)
- Seasonal migrant workers
- Persons living in poverty
- Older adults
- Rural
- People with limited English proficiency (LEP)

Those with no access to healthcare or lack of a primary care provider

## Other Collateral Connections

***Puget Sound Recovery:***

N/A

***State Workforce Impacts:***

N/A

***Intergovernmental:***

**Health Care Authority (HCA):** Through its COVID investments in Hub infrastructure in Accountable Communities of Health (ACHs), DOH

learned much about the value of working in a a state-regional-local partnership, the components most efficiently and effectively supported in each part of the partnership, and the importance of community voice to influence each part of the system. As HCA composed their Medicaid waiver renewal, and as Community Hubs have been identified as important investments for the waiver work, DOH and HCA continue to work closely to strengthen this community infrastructure. It is anticipated that HCA will be supportive of DOH continuing to engage in this work and making public health investments into the infrastructure.

**Tribal governments:** As this work moves forward, tribal consultations will be needed. During COVID, some Tribes responded to offers of direct investments of COVID dollars for care coordination; others have been included in the work as network partners of the ACHs. As part of the Medicaid waiver renewal, there is funding for a unique Native Hub that was developed with tribal engagement and consultation. DOH will need to work through tribal consultation to get input on how its potential future investments in community-based care coordination will work best for tribes.

**Local Health Jurisdictions (LHJs)**: To different extents, depending on region, local health jurisdictions have been working with their Community Hubs through COVID, some contracted as network partners to their Hub. Overall, they have appreciated the availability of resources in their communities to support COVID isolation and quarantine and recognize the continuing important role that public health plays in assuring the availability of health and social services in their communities. They also recognize the critical role that diverse community-based organizations and workforce play in their communities. It is anticipated that they will be supportive.

**Department of Social and Health Services (DSHS), Department of Children, Youth and Families (DCYF), and Department of Commerce.** Support from these agencies is anticipated for several reasons. First, these three agencies are members of the state's sub-cabinet for Intergenerational Poverty and Care Connect WA was originally included in its omnibus package of work that aligns with poverty reduction goals described in the 10-year plan. Second, the Medicaid Waiver application was submitted by HCA and DSHS, and there is recognition that the Community Hubs will not duplicate efforts. For instance, entities like Area Agencies on Aging (AAAs), that in part function as hubs for specific populations, will continue to be partners in community networks, and they will likely benefit from increases in referrals from the Community Hubs that have a broader engagement strategy. In some ACH Community Hubs, there are already close working relationships. The same is true for other programs with strong care coordination components like Health Homes and Help Me Grow. These programs serve specific populations and will be referral destinations for Community Hubs.

***Stakeholder Response:***

The Coalition of Accountable Communities of Health (ACHs)

- Better Health Together (East Region) and their Care Coordination Agencies
- Cascade Pacific Action Alliance (West Region) and their Care Coordination Agencies
- Elevate Health (Pierce Region) and their Care Coordination Agencies
- Greater Health Now (South Central Region) and their Care Coordination Agencies
- HealthierHere (King Region) and their Care Coordination Agencies
- North Sound Accountable Community of Health (N. Region) and their Care Coordination Agencies
- Olympic Community of Health (Northwest Region) and their Care Coordination Agencies
- Thriving Together (North Central) and their Care Coordination Agencies
- Southwest Accountable Community of Health (SW Region) and their Care Coordination Agencies

Housing Organizations

Community-Based Organizations (AAAs, Immigrant/refugee, social services)

Behavioral Health Systems

Social Justice/ Grassroots Organizations

EMS / Fire and Rescue

Physical Health Systems

Education Organizations

Within Reach

Federally-Qualified Health Centers, Hospital Systems

Community Health Centers

Volunteer Corps

Coordinated Entry Agencies

Food Banks

Community Service Offices

Crisis Connections

WA211

988 partners

DOH anticipates that these partners will be supportive of this proposal for one of several reasons:

- DOH expertise and investments as part of a collective effort will increase the chances that useful community infrastructure will become sustainable.

- There are state programs that struggle with engagement of eligible individuals and families, and making this work more responsive to communities and their goals will increase engagement.

- For places where there are gaps in services, DOH will have data and community input to better describe these gaps so we can address them in community-driven ways.

***State Facilities Impacts:***

N/A

***Changes from Current Law:***

N/A

***Legal or Administrative Mandates:***

N/A

***HEAL Act Agencies Supplemental Questions***

1. Please describe specific likely or probable environmental harms and/or benefits and their associated health impacts to overburdened communities and vulnerable populations.

N/A

2. Please describe any potential significant impacts to Indian tribes' rights and interest in their tribal lands.

N/A.

3. Describe how your agency engaged with Tribes in developing this proposal, including offers for tribal consultation, and any direction provided by Tribes through this engagement.

N/A

4. Has an Environmental Justice Assessment been completed? If so, please submit the assessment as an attachment in ABS.

N/A

5. Describe how your agency used the Environmental Justice Assessment process to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits? If your agency determined that you were unable to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits, please provide a justification for not doing so.

N/A

## IT Addendum

***Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?***

No

## Objects of Expenditure

| Objects of Expenditure<br>*Dollars in Thousands* | Fiscal Years | | Biennial | Fiscal Years | | Biennial |
|---|---|---|---|---|---|---|
| | 2024 | 2025 | 2023-25 | 2026 | 2027 | 2025-27 |
| Obj. A | $0 | $770 | **$770** | $770 | $770 | **$1,540** |
| Obj. B | $0 | $285 | **$285** | $285 | $285 | **$570** |
| Obj. C | $0 | $1,832 | **$1,832** | $1,832 | $1,832 | **$3,664** |
| Obj. E | $0 | $48 | **$48** | $48 | $48 | **$96** |
| Obj. G | $0 | $10 | **$10** | $10 | $10 | **$20** |
| Obj. T | $0 | $56 | **$56** | $56 | $56 | **$112** |

## Agency Contact Information

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