2023 AGENCY BUDGET PROPOSALS (DECISION PACKAGES) & AGENCY REQUEST LEGISLATION
Table of Contents

Department of Children, Youth and Families (DCYF) ........................................................................ 4
Department of Health (DOH) ............................................................................................................. 19
Department of Social and Health Services (DSHS) ......................................................................... 22
Health Care Authority (HCA) .......................................................................................................... 25
Office of Homeless Youth (OHY) ..................................................................................................... 29

Note: The Office of Superintendent of Instruction (OSPI) does not have any behavioral health-related decision packages for the 2023 legislative session.
DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES (DCYF)
2023 DECISION PACKAGES
DCYF 2023-25 ARL & DP Overview for CYBHWG

Allison Krutsinger
Director of Public Affairs
allison.krutsinger@dcyf.wa.gov
Guiding Principles for Development

- Prioritize programs and services that reduce racial and ethnic disparities in outcomes and access to services across all DCYF systems of care.
- Prioritize resources that focus on core responsibilities outlined in DCYF’s vision and strategic plan.
- Prioritize prevention services and intervention solutions to keep children, youth and families safe in their community and not going deeper into the DCYF system.
- Prioritize funding for programs and policies that have demonstrated their effectiveness in improving outcomes through evidence-based and promising practices.
- Think big, bold, and with innovation in mind.
<table>
<thead>
<tr>
<th>EQUITY</th>
<th>Eliminate racial disproportionalities and advance racial equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTENTION</td>
<td>Safely reduce the number/rate of children in out-of-home care by half</td>
</tr>
<tr>
<td></td>
<td>Create successful transitions into adulthood for youth and youngadults in our care</td>
</tr>
<tr>
<td></td>
<td>Create high quality, integrated B-8 system</td>
</tr>
<tr>
<td>CAPACITY</td>
<td>Improve quality and intention of our practice</td>
</tr>
<tr>
<td></td>
<td>Improve quality and availability of provider services</td>
</tr>
</tbody>
</table>
Relevant ARL and DPs

- Prevention
- Rising Strong West Capital
- Combined In Home & Transition Services
- Caregiver Placement Supports
- D.S. Compliance

- Licensed Kinship Placements
- CCWIS
- JR Community Capacity Expansion
- Housing Access and Supports
- Supporting Providers for Child Care Access
- Preparing for ECEAP Entitlement
What?
Investment in prevention services and interventions to reduce the number of families entering into child welfare and to promote child and family well-being.

Why?
- DCYF is charged with preventing harm to children and youth and implementing services and supports upstream
- Changing the trajectory of rates of child maltreatment and promoting well-being for children and families requires universal, targeted, and individualized approaches

Components:
- Services and supports for substance use disorder treatment
  - Network of substance use disorder professionals across the state
  - Expanding Plan of Safe Care Statewide
  - Expanding Pregnant and Parenting Intake Pilot
  - Support for HCA DPs: treatment beds for families and PCAP expansion
- Continuation and expansion of Strengthening Families Locally, a community-based prevention initiative
- Home visiting expansion, workforce investments, and infrastructure investments such as professional development and data system improvements
- Re-design of DCYF’s Family Reconciliation Services
What?
Capital funding for the construction of a site for the Rising Strong model on the west side of the state. Rising Strong is a holistic, family-centered drug treatment and housing program supporting families in staying together while they begin to recover from addiction and heal from trauma.

Why?

- Substance use disorder is a top contributing factor for the placement of children into out-of-home care, especially young children
- Western Washington currently does not have any program where families can stay together while recovering from Substance Use Disorder

Components:

- Funding for capital costs to build a new residential treatment program on the west side of the state
Combined In Home & Transition Services
$15.376M

What?
Investments in combined in-home and transition services allowing for increased access to services for DCYF clients across divisions.

Why?
- DCYF is seeking to lay the foundation for a robust continuum of services and move toward service integration
- Recent legislation and court cases continue to create demand for additional services to be provided to DCYF clients

Components:
- In-Home Services Expansion and Quality Improvement
  - Combined in-home service expansion, including culturally responsive services
  - Capacity building grants to bring on new providers and provide quality improvement supports to providers
- Transition Services
  - Independent Living expansion to additional young people exiting foster care and young people in the Juvenile Rehabilitation system
  - LifeSet expansion statewide and maintenance of current programming

DCYF Strategic Priority Alignment
- Eliminate racial disproportionality and advance racial equity
- Safely reduce the number of children and youth in out of home care
- Improve quality and availability of provider services
- Create successful transitions to adulthood for youth and young adults in our care

Approved for distribution by Name,
Title www.dcyf.wa.gov

Washington State Department of CHILDREN, YOUTH & FAMILIES
Caregiver Placement Supports  
$53.94M

What?
Support for kinship caregivers and family foster homes to meet the needs of children/youth in foster care. This will result in more equitable redistribution of financial assistance and support services to kinship caregivers.

Why?
- The current foster care rate system directs more resources to non-relative, mostly white family foster homes
- This has been a multi-year project to address placement instability
- A root cause of placement instability in the foster care placement continuum is inadequate supports for caregivers
- This is particularly true when children have high levels of behavioral and mental health support needs

Components:
- New foster care maintenance payment
- New placement supports to all caregivers
- Expand access to educational support
- Increase rates to Child Placing Agencies for certifying foster parents
- 1 FTE to implement this work
What?
Investment to meet the agency's obligations under the settlement agreement in the D.S. lawsuit on behalf of youth experiencing placement instability through night-to-night placements and hotel and overnight stays in DCYF offices.

Why?
- In June 2022, DCYF reached a settlement agreement which DCYF to make system improvements and offer services and supports to class members

Components Include:
- Emerging adulthood housing program/Adolescent transitional living pilot expansion
- Professional therapeutic foster care
- Statewide hub home model program
- Revision of licensing standards
- Family group planning
- Referrals and transitions
- Qualified residential treatment program
- Monitoring and implementation

D.C.F.
Compliance
$35.052M

DCYF Strategic Priority Alignment
- Reducing the number of children in out-of-home care by half
- Improving quality and intention of practice
What?
Resources to support increased licensed kinship placements. Placements with licensed kin are increasing and will continue to increase with the implementation of the Keeping Families Together Act (HB 1227) and various court cases. This package seeks to lay out the first phase of a strategy to accomplish these goals.

Why?
- Relative placement promotes stability, decreases likelihood of re-abuse and institutional abuse, and leads to better behavioral and mental health outcomes. Relatives/kin need supports to care for unexpected household members
- The D.S. settlement and vocal advocacy from stakeholders are pushing DCYF to reframe its approach to placing children with kin and supporting those kin families through the life of the placement

Components:
- Kinship Caregiver Engagement Unit
- Maintain licensing staff ratios as more kin placements become licensed
JR Community Capacity Expansion

Capital Budget DP
$20M

What?
Expansion of JR’s community capacity and support of a trauma-informed, culturally relevant, racial equity-based, developmentally appropriate, community-based approach with therapeutic supports to support the successful reentry of youth and young adults into community.

Why?
- Reduce bottleneck of youth/young adults in DCYF’s JR institutions, and enhance community-based, less restrictive options
- Address gap in JR continuum
- Increase community capacity for independent living transitions for improved reentry outcomes for individuals up to 25
- Serve increasing number of youth with acute behavioral health needs

Components:
- Capital Funding for minimum security Transitional Living Centers (TLCs) at Echo Glen and Green Hill
- Pre-design funding for the construction of two new 16 bed CFs in Clark and Snohomish Counties

DCYF Strategic Priority Alignment
- Eliminate racial disproportionalities and advance racial equity
- Create successful transitions to adulthood for youth and young adults in our care
- Improve quality and intention of our practice
What?
Supportive housing services for youth exiting child welfare and juvenile rehabilitation, as well as statewide support for families to obtain housing when there is an imminent risk of an out-of-home placement or to aid in reunification.

Why?
- Young people exiting foster care and juvenile rehabilitation continue to enter homelessness within 12 months after exit, even after the passage of HB 6560
- Stable housing can support a speedier reunification and prevent entry to child welfare where housing instability is a factor in removal

Components:
- Contracted provision of housing support services to young people exiting foster care and juvenile rehabilitation
  - Housing support services include housing navigation, housing location assistance, individual case management, etc.
- SB 5718: Child Welfare Housing Pilot Expansion
  - 5718 also provides housing support services to families
- Regional Housing Capacity – regional staff to engage in housing initiatives and efforts

DCYF Strategic Priority Alignment
- Safely reduce the number/rate of children in out-of-home care
- Create successful transitions to adulthood for youth and young adults in our care

Housing Access and Supports
$17.3M
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 child care for families can be limited by structural constraints on providers. This is especially true for providers serving children on WCCC and those serving infants/toddlers.

Components:
- Sustainable and Predictable Subsidy Payment
- Non-Standard Hours Bonus Increase
- Child Care Complex Needs Fund Expansion
- Early Childhood Equity Grants Expansion
- Expand Early ECEAP in areas of most need
- Contracted slots to secure access for children involved in protective services
- Increase infant rate enhancement for child care subsidy from $90/month to $500/month
- Align Overpayment Collection with Federal Requirements
**Preparing for ECEAP Entitlement**

$264.7M

**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?**
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:**
- Rate increase for school day and working day slots
- Slot increases to meet entitlement – 6,000 new slots (85% SD, 15% WD)
- Slot conversion to meet child and family needs – 5,000 PD to SD
- **ECEAP Complex Needs Fund expansion**
- Scholarships for workforce development
- Entitlement infrastructure – readiness TA, quality supports, DCYF program supports
DEPARTMENT OF HEALTH (DOH)
2023 DECISION PACKAGES
Department of Health Youth BH Decision Packages Fall 2022

Young Adult BH-Stepped Care Project ($1.7M) The Department requests continued funding to maintain this project as funded in the 2022 legislative session to expand access to behavioral healthcare through the Young Adult Behavioral Health Access Project, aka Stepped Care. This project was developed in response to Emergency Proclamation of the Governor 21-05, mandating to address the youth behavioral health crisis in Washington. Using the community approach (FEMA 2006), the coordination of behavioral health response is accomplished by engaging partners from community, private sector and all levels of governmental agencies. Continuing funding would help respond to the demand for treatment services, to assist Washingtonians who were adversely impacted by the COVID 19 pandemic, particularly the youth.

Birth Equity Project ($9M) The Department requests funds for expanding the Birth Equity Project and other initiatives that support prenatal and perinatal health, with a focus on culturally appropriate, community-led, evidence-based, and evidence-informed projects that enhance prenatal and postpartum health and parent social support for communities experiencing the most extreme perinatal health disparities.

This proposal includes the following five strategies to reduce disparities in birth and health outcomes:

1. Fund additional culturally appropriate, community-based programs geared towards reducing disparities in birth outcomes, reaching more new parents at greatest risk of adverse health outcomes (Birth Equity Project).
2. Improve understanding of the scope of gaps to perinatal care for populations in Washington from a quantitative perspective through existing datasets and literature review.
3. Improve qualitative understanding of the experience of patients who are Black, Indigenous and People of Color (BIPOC) who are birthing and their experience with a variety of providers, including midwives.
4. Build capacity for community health workers to engage with the needs of BIPOC communities experiencing disparate perinatal behavioral health access through training and mobilization,
5. Invest in community rooted group prenatal care by distributing 10 start-up funding group prenatal care grants to clinical and community partners across the state.

Maternal Infant Health ($400K) The Department requests unspent funds from fiscal year 2022 be reappropriated for fiscal year 2024. Funding was provided in the 2021 legislative session to support strategies identified in the state opioid response plan that address the needs of pregnant and parenting people with opioid use disorder and for the treatment of infants born with neonatal abstinence syndrome. Program implementation delays prevented full use of funds within the funding timeline.

Behavioral Health Agency Regulation ($794k) The Department requests general fund state to address the increase in licensure and regulatory activities for the behavioral health agency program (BHA) and help cover the gap between the fee revenue and the costs to adequately run the
This request will sustain program needs and support the growth of these critical services. If funded, this proposal will:

- Address the immediate funding gap, the department requests additional GF-S to support the required oversight activity and maintain timely inspections, complaint investigations, and enforcement actions.
- Fund an additional 1.3 FTE to maintain behavioral health agency regulatory work.
- Allow the Department to review current license fees for behavioral health agencies and consider potential fee increases to support the regulatory work. The program is currently supported by a blend of fee revenue and GF-S.
- Avoid delays in routine inspections, complaint investigations, and enforcement actions, leading to decreased compliance and patient risk.

**Commercial Tobacco Prevention & Cessation ($10.2M)** The Department requests ongoing funds to address the inequities related to tobacco use. Sustainable funding will allow more intentional and thoughtful spending to those with higher needs. This includes a focus on individuals with behavioral health disorders as this population has higher rates of tobacco use and there is a large intersection with communities of different race or ethnicity, sexual orientation or gender identity, disability, and veteran status. Additionally, the pandemic has led to increased symptoms, including anxiety, depression, substance use, and suicidal ideation, only heightening the need to address this issue. Expected outcomes are reductions in tobacco use, especially those facing inequities related to the substance.

$5 million for Commercial Tobacco Prevention and Cessation annually:
- 50% for regional and community grants to support commercial tobacco prevention, behavioral health resources and education, and programs to reduce health inequities
- 30% for media campaigns tailored for tobacco cessation, youth, and American Indian/Alaskan Natives.
- 16% for work to reduce inequities in Alaskan Native/American Indian and Black communities by funding Tribal Roundtables, investing in tribal communities, and menthol projects in Black communities
- 6% for cessation activities including the Quitline, medical provider education, and health apps.
- 2.5 FTE for Department of Health staff to support programs, contracts, and build capacity.

For further questions regarding any of these proposals please contact:
**Travis Sugarman**, Director of Behavioral Health
[Travis.sugarman@doh.wa.gov](mailto:Travis.sugarman@doh.wa.gov)
DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS) - DEVELOPMENTAL DISABILITIES ADMINISTRATION
2023 DECISION PACKAGES
1. Funded Program Implementation

DDA requested 7.8 FTEs and $14.5 ($7.7 million GF State) in the 23 – 25 biennial budget to continue phase-in of programs initially funded by the Legislature that are increasing or beginning services in the 2023-25 biennium for:

- **Youth Inpatient Navigators**: DDA has 1.0 FTE Program Manager to participate in Youth Inpatient Navigator meetings led by HCA. DDA is requesting an additional 3.0 FTEs in FY24 and 4.0 FTEs in FY25 to align with the phasing-in of the program and teams at HCA.

- **Community Supports for Children**: Continued expansion funded in the 2021-23 biennium. DDA is requesting 1. FTE and continued phase-in of the IHS and E-OHS programs in FY24 and FY 25. These programs serve children and youth 8 – 21 who are DDA clients and will continue capacity building needed to prevent unnecessary hospitalization.
  - One 3 bed facility for IHS
  - Five 3 bed facilities for longer term E-OHS to support children and youth 12 – 21 who are discharged from inpatient care.

- **Transition from using IQ scores for DDA eligibility (HB2008)**: DDA requested 2.0 FTEs in FY24 to implement changes to eligibility determinations required under HB2008. A program manager and a psychologist are needed for successful implementation including extensive changes to intake rule, policy and practice.

2. Children and Adults in Hospitals

Providers frequently state they cannot support clients with complex physical and behavioral health needs due to staff turnover and staff who do not have training to meet the needs of individuals with complex care needs. This can result in DDA clients who remain hospitalized in acute care hospitals even when medically cleared for discharge.

There is a critical need for DDA contracted residential providers to have specially trained DSPs who can meet the unique needs of DDA clients.

DDA requested 6 FTEs to:

- Centralize marketing efforts and support resource development for Children’s Out-of-Home Services, Adult Supported Living, Companion Homes, Alternative Living, and waiver service providers. (1.0 FTE)
- Expand DDAs ability to conduct outreach to clients, families, and developers – specifically, regional housing specialists and help navigate housing support services to DDA clients and families. (3.0 FTEs)
- Manage DDA’s certification evaluations. DDA has 6 residential setting types and over 120 providers. DDA will increase oversight of the certification process, evaluators and providers and expand training efforts of the providers. Many of
these providers do not fall under another regulatory agency so increased oversight is crucial to ensure client health and welfare and provider integrity and compliance. (1.0 FTE)

- Expand existing and identify new residential provider training programs and identify additional opportunities for community residential providers and DSPs related to training and credentialing. (1.0 FTE)

$11,537,000 ($5,768,000 GFState) was requested for a pilot program to incentivize and resource community residential providers by offering an enhanced rate for providers whose staff receive additional training to support DDA clients with complex physical and behavioral health needs. DDA clients in the Hospital Tracking database will be the focus and referral source to test the pilot’s “proof of concept.” The pilot will also use applicable data provided by the Rate Study for Community Residential Services that was funded in the 2022 Supplemental Budget to inform the pilot and determine efficacy of further implementation.

3. Financial Eligibility Staff

DDA requested $5.3 million ($3 million GFState) and 25.5 FTEs to improve the timeliness and accuracy of application processing, eligibility reviews, and case maintenance updates for DDA clients. This is a request to continue the one year of funding provided by the Legislature in the 2022 Supplemental budget for this purpose.

The DDA Long-Term Care (LTC) Specialty Unit processes Medicaid applications for DDA home and community-based services (HCBS), such as waiver, Community First Choice, and Roads to Community Living. The current caseload ratio of 1 to 1,187 is insufficient to meet processing requirements and the timely administration of benefits.

Maintaining the recent staff additions will improve the timeliness and accuracy of application processing, eligibility reviews, and case maintenance updates for DDA clients, and reduce call wait times for clients, particularly once the new workers are fully trained and have some experience with this complex work. The end goal is that eligible clients will receive appropriate services much sooner than they do now.

For further questions regarding any of these proposals please contact:

Shelley Bogart
Respite and Crisis Services Unit Manager, Developmental Disabilities Administration
Shelley.bogart@dshs.wa.gov
HEALTH CARE AUTHORITY (HCA)
2023 DECISION PACKAGES
HCA budget requests for 2022 legislative session

Children, youth and families’ behavioral health

For more information, contact Evan Klein (evan.klein@hca.wa.gov) or Shawn O’Neill (shawn.oneill@hca.wa.gov).

Requests aimed at improving behavioral health services for children, youth and young adults

Related to Children & Youth Behavioral Health Work Group recommendations

Certified Community Behavioral Health Clinics (CCBHC)

Last session, the Legislature directed HCA to explore development and implementation of an alternative payment model for community behavioral health services. Earlier this summer Congress passed the Bipartisan Safer Communities Act, extending the opportunity for up to 10 additional states to apply for funding to become CCBHC model demonstration states. HCA seeks authority to pursue a $1 million planning grant, with the goal of applying for demonstration state status by 2024. Demonstration states are eligible for enhanced federal match during the pilot, to build new clinic capacity and to sustain clinics that are currently underfunded.

Children’s Long-term Inpatient Program (CLIP)

HCA seeks $21,954,000 ($10,977,000 General Funds-State [GF-S]) to increase the capacity of CLIP beds in the state. This package will support recruitment, retention, and a rate increase at CLIP community facilities that are currently struggling to hire staff. CLIP is the most intensive psychiatric treatment available to children and youth.

The package will also support Habilitative Mental Health (HMH) CLIP beds, a specialty program that supports children and youth with intellectual developmental delay. The HMH CLIP project is currently funded to support a 12-bed facility, but additional funding is needed to address a workforce shortage, capital, and rates.

Other requests aimed at improving behavioral health services for children and youth

Peers in Schools

HCA is seeking $811,200 GF-S to conduct research and gather information to inform whether to embed behavioral health peers within schools to further ensure that Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements are being met. Part of this funding would also support an FTE at HCA to develop a deeper connection with school districts to understand their needs and current student barriers to accessing behavioral health care.

October 18, 2022
Supporting those with complex behavioral health needs

HCA seeks $10,728,000 total ($5,492,000 GF-S) to increase reimbursement rates for applied behavior analysis (ABA), staff supports of ABA clinical policies and programs, and developing a model that improves the quality and effectiveness of services for people with co-occurring intellectual or developmental disabilities (IDD). This proposal would increase ABA rates by 20% for codes specific to people with complex behavioral health care needs, and 15% for most all other billing codes.

Other requests aimed at improving behavioral health services

Requests to support people of all ages

988 crisis system enhancements

In 2021, the Legislature enacted broad legislation to develop a statewide behavioral health crisis response and suicide prevention system to deploy the national 988 suicide prevention and mental health crisis hotline system. HCA was directed to develop and submit a technical and operational plan to the Legislature in 2022, and now brings a package forward to support implementation of the technical and service requirements incorporated in that plan: $141,870,000 for creating an enhancing crisis service, improving system function, and workforce training in line with SAMHSA best practices; and $25,644,000 for a technology platform for expansion of BH crisis response and suicide prevention services.

Fee-for-service behavioral health rates

HCA seeks $2,414,000 total ($686,000 GF-S) to support a rate increase for fee-for-service (FFS) substance use disorder and mental health treatment facilities to support parity with Apple Health managed care, with a focus on supporting those American Indian and Alaska Native (AI/AN) populations served through FFS.

Improvements to adult behavioral health services that may benefit young adults

Residential treatment facility (RTF) investments

The Legislature funded DSHS to build three RTFs in Clark County. Separately, Washington entered into a compact with the Tulalip Tribes to invest $35 million to build an RTF in Snohomish County. All facilities will provide 24-hour inpatient behavioral health care in the community that better meet patient needs. HCA is responsible for procuring providers for two of the Clark County facilities and the Snohomish County facility. HCA seeks $15,907,000 ($9,557,000 GF-S) to cover the service, operating, and startup costs of these facilities. HCA is also seeking funding for ongoing project management and FTEs to support this new line of work for the agency.

Trueblood resources

The Trueblood Settlement Agreement required the state to negotiate with Disability Rights Washington (DRW) to determine how and where Trueblood will expand in Phase 3, which begins July 2023. The state has agreed to seek funding as a component of the negotiations. While the current request is a placeholder, a quantified request for necessary funds will be submitted to OFM and the Legislature when negotiations have concluded.
Apple Health: Improving access to care and care coordination

Access to care

Apple Health integration 2.0
HCA seeks $7,466,100 total ($2,822,100 GF-S) to expand the existing agency quality structure to impact areas of quality oversight, network adequacy, and managed care contract accountability. These enhancements would adjust managed care performance measures to improve services and use population health metrics to reduce unnecessary care and expenditures, focus on health equity and tribal populations, and apply learnings to improve outcomes for Apple Health clients.

Apple Health coverage
Align Federal Poverty Level (FPL) requirements for pregnancy and postpartum programs (currently up to 193% FPL) with income eligibility for children (currently 210% FPL).

Compassionate maternity
HCA seeks $1,106,000 GF-S to cover additional inpatient hospital days for Apple Health clients who may need additional parenting assistance, a safe plan for discharge, and possible transition to long-term treatment facilities when necessary.

Non-emergency ambulance rates
HCA seeks $22,086,698 ($7,067,744 GF-S) to increase ambulance service and mileage rates for non-emergency transportation as well as mileage rates for emergency transports for Apple Health clients to maintain access to essential services. This proposal would increase rates to the Medicare average equivalent in Washington.

Continuing authority for the Medicaid Transformation Project
HCA has applied for a five-year renewal and seeks appropriation authority to continue this work through 2027. The renewal seeks to continue services, as well as add new programs addressing continuous enrollment for children, reentry coverage, and expansion of postpartum coverage.

Care coordination

Cross-sector Community Information Exchange (CIE)
A CIE supports cross-sector care coordination so that people have better access to the care and supports they need. In 2022, the Legislature funded HCA to plan for a Washington State CIE including stakeholder consultation, identifying existing platforms, exploring interoperability needs, and determining fiscal impacts. HCA is working with its contractors to refine a funding request for implementing a statewide CIE platform to enable community-based organizations, health plans, Accountable Communities of Health (ACHs), and safety net providers to better coordinate and support the non-clinical health needs of our communities.

Electronic health records as a service
Behavioral health, rural, Tribal, and long-term care providers can be challenged with the costs and complexity of owning and operating an electronic health record solution, which creates barriers to clinical care coordination and overall treatment. In 2022, the Legislature provided HCA with initial funding to explore EHR expansion. HCA seeks $48,327,000 total ($39,705,000 GF-S) to procure a lead organization to implement and operate EHR software as a service.

October 18, 2022
OFFICE OF HOMELESS YOUTH (OHY)
2023 DECISION PACKAGES
Office of Homeless Youth (OHY)

2023 Decision Packages

Kim Justice
EXECUTIVE DIRECTOR
Maintain current funding levels

Ensure that $6,500,000 in funding continues at existing levels. Funding supports the following:

• **Youth Behavioral Health Grant ($2 mil):** This grant allows licensed youth shelters to provide behavioral health services onsite to youth in crisis.

• **Homeless Youth Program Model ($250k):** Also referred to as “System of Care grants,” this funding supports the state’s goal in SSB 6560 (2018) that young people exit public systems of care to stable housing.

• **Homeless Youth Campus ($4.25 mil):** This funding supports 58 apartment units for young adults and 12 crisis residential beds for youth on the Arlington Drive campus in Tacoma.
Continue 5% inflationary cost increase

• The 2022 Supplemental Budget included funding for a 5% increase to grants to homeless service providers contracted through Commerce’s Housing Division.

• This **Decision Package requests $13 million** to continue the increase over the biennium, providing a 5% increase in each fiscal year.

• The increase will help homeless service providers keep up with increased costs of wages, rent, services, and goods.
Thank you!

Kim Justice
EXECUTIVE DIRECTOR
Kim.justice@commerce.wa.gov

www.commerce.wa.gov