

Advocating for children, adolescents, families, and all who care for kids.

### the issue: **STRONG STARTS AND BEHAVIORAL HEALTH FOR ALL FAMILIES**

Supporting a child’s family in the first years of life sets the path for a lifetime of health and wellness. The pediatric medical home empowers families to provide for their babies, toddlers, and preschoolers. Yet the current model must do more to identify and impact social determinants of health (SDoH). Strong relational health in the first years of life promotes good mental health in later childhood and adolescence.

With the pandemic, families face even deeper structural barriers to giving their children what they need to develop. And our state’s already serious mental health crisis for school-aged children has only worsened in the past two years. Both our families and the complex behavioral health system they must navigate are now under unprecedented strain.

- 1 in 5 moms suffer from mood disorders after birth, 40-60% of whom are living at low incomes, and only 16% receive any treatment
- 80% do not report symptoms to a provider

- 44.7% of middle schoolers and 57.7% of high schoolers in WA reported feeling depressed most days in the past year
- 78% of primary care doctors receive no further information or coordination after they refer kids for behavioral health care

### the response: **AN ESSENTIAL BRIDGE FOR FAMILIES TO OUR HEALTH SYSTEMS**

Non-licensed staff, such as community health workers and health navigators, provide a family-focused, culturally responsive, and evidence-based link for our families in need. As members of the communities they serve and the care team, they can breakdown cultural, linguistic, and historical barriers to care faced by families. Their shared experience and authentic connections to families enable them to identify needs too often missed by our current screening mechanisms. Their inclusion in the pediatric medical home

enables them to communicate these insights directly to providers. And their intimate knowledge of community resources makes them invaluable in connecting families to the established services and organizations often lost in our complex referral systems. Providing sustainable funding for this community-focused model is a proven way to dismantle systemic barriers for families at two critical points in our children’s development:

-  Community members trusted by families
-  Communication and coordination with broader care team
-  Link to established resources, services,

- **Birth-to-3:** supporting families to overcome barriers to healthy development and connecting to early intervention services
- **K-12:** assisting school-aged children with behavioral health coordination

### the ask: **FUNDING COMMUNITY HEALTH WORKERS & HEALTH NAVIGATORS**

Fund community health workers / health navigators as part of team-based primary care to help families address SDoH and ensure children receive the most timely and appropriate care. MA, NC, OR and CA Medicaid programs already provide CHW-delivered services. We propose these two mechanisms:

1. Establish Quality Training Enhancement funding for primary care clinics to recruit, hire, and prepare staff for these roles July – December 2022.
2. Determine appropriate value-based payment mechanism to fund these roles for implementation in the January 1, 2023 contract year. Provide adequate funding for this value-based payment in the 2022 supplemental session for financing January 1, 2023-June 30, 2023.