



Department of Health
2023-25 Regular Budget Session
Policy Level - PZ - Maternal Infant Health

Agency Recommendation Summary

The Department of Health 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.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	1.7	0.0	0.85	0.0	0.0	0.0
Operating Expenditures						
Fund 001 - 1	\$400	\$0	\$400	\$0	\$0	\$0
Total Expenditures	\$400	\$0	\$400	\$0	\$0	\$0

Decision Package Description

	FY22	FY23	FY24	TOTAL
Current Appropriation	1,659,000	1,207,000	0	2,866,000
Revised Plan	959,000	1,507,000	400,000	2,866,000
Net Change	(700,000)	300,000	400,000	0

Addressing the opioid epidemic is extremely complex and requires collaboration and coordination with multiple stakeholders. These partnerships with agencies, local governments, healthcare systems, and community organizations are necessary to address both prevention and treatment of overdose deaths. To be effective, additional time is needed to build and amplify the work into SFY24. Extending the timeline for fund usage will allow DOH and partners to train additional providers in hospitals and primary care, support further integration of peer and community health workers into the care continuum, and continue collaboration with academic and community partners to improve our understanding of individual and community-level resiliencies that mitigate the risk of substance use. We also require additional times to reduce stigma and discrimination around substance use so clinical and social service providers become safer places of care for individuals struggling with addiction.

This proposal is to cover Perinatal Unit staff time with the substance use disorder (SUD) partners and other agencies and consulting on perinatal SUD, as well as academic partners helping to build our understanding of the role of resiliency in reducing risk for substance use disorder. The staff will work on learning collaborative and updated clinical guidelines as well as support program monitoring and assessment activities relevant to this work.

Assumptions and Calculations

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

Currently, these funds allow for dedicated staff time to act swiftly and carefully to address the opioid epidemic for pregnant and parenting people. This work requires many sectors coming together in innovative ways, to address not only the complex behavioral health needs of individuals living with addiction, but also the stigma and bias they experience in the health care system. This requires working cross organizationally to create systems change that destigmatizes substance use, health and undoes the historical and present trauma caused to people of color through the criminalization of substance use, integrates harm reduction strategies, stratifies race/ethnicity and transforms the provisions of perinatal substance use care across all sectors of care providers. This coordination is done by clinical and public health Department of Health staff, who are knowledgeable of the many systems needed to achieve these goals.

There is also a continued need for better data to understand the impacts of opioids geographically and by race/ethnicity. Dedicated time from epidemiologists will support a clearer picture of where programs and policies are needed, and how this epidemic is transforming the state.

Fentanyl related deaths continue to spike in Washington state. Continuing to utilize these funds to ensures that all the systems that patients encounter are working together to address their needs and reduce stigma.

Finally, community, academic and subject matter expert partners have indicated the need to deepen the data around individual and community level resiliency factors as we explore strengths- based approaches to preventing substance use disorder.

Detailed Assumptions and Calculations:

0.01 FTE HSC4 - Perinatal Unit staff to work with Substance Use Disorder (SUD) partners and other agencies and Consulting on perinatal SUD.

0.1 FTE HSC3 - will work on learning collaborative and updated clinical guidelines.

0.9 FTE Nurse Consultant Manager- to monitor and advise contractors on their development of resiliency indicator and other SUD related work.

0.1 BA 3-will provide fiscal support and monitoring and tracking of expenditures.

\$200,000 contract for resiliency indicators project implementation

SFY24 \$400,000

Salaries - \$141,000

Benefits - \$54,000

Good & Services - \$8,000

Intra-Agency - \$8,000

Contracts: \$189,000

Workforce Assumptions:

Workforce Assumptions					
FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
0.0	HEALTH SERVICES CONSULTANT 4	\$1,000.00	\$0.00	\$0.00	\$0.00
0.1	HEALTH SERVICES CONSULTANT 3	\$8,000.00	\$3,000.00	\$0.00	\$1,000.00
-	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$0.00	\$0.00	\$0.00	\$0.00
0.9	HEALTH NURSING CONSULTANT, PUBLIC	\$96,000.00	\$34,000.00	\$4,000.00	\$7,000.00
0.1	BUDGET ANALYST 3	\$7,000.00	\$3,000.00	\$0.00	\$1,000.00
0.3	FISCAL ANALYST 2	\$16,000.00	\$8,000.00	\$0.00	\$0.00
0.2	HEALTH SERVICES CONSULTANT 3	\$13,000.00	\$6,000.00	\$0.00	\$0.00
1.7		\$141,000.00	\$54,000.00	\$4,000.00	\$9,000.00

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:

[This proposal] aligns with the departments Transformational Plan initiatives:

I. Health and Wellness - All Washingtonians have the opportunity to attain their full potential of physical, mental, and social health and well-being. This work uniquely aligns with the data innovation foundational transformation, as it investigates new data factors and validated tools to measure and understand resiliency – needed to improve data-driven solutions to substance use prevention and mitigation.

Performance Outcomes:

The Perinatal unit will work with substance use disorders partners and has developed an evaluation plan through the Substance Use Disorder Learning Collaborative. Learning collaboratives are an effective learning style for healthcare professionals and hospital settings to improve on specific areas through quality improvement methodology. The Perinatal Unit aims to recruit 43 hospitals and approximately 86 providers or nurses in the labor and delivery wards of the hospitals to participate in the learning collaborative.

The primary aims of the learning collaborative are the following:

By December 31, 2023, >30% of participating hospitals will have a protocol in place to screen everyone giving birth for substance use disorder with a validated screening tool.

By December 31, 2023, >30% of participating hospitals will have a process in place to refer pregnant or postpartum people with a SUD to outpatient treatment.

By December 31, 2024, > 50% of hospitals that participated in the SUD Collaborative will apply to become a Center of Excellence for Perinatal Substance Use.

Through this work the expected outcomes are the following:

Reduced maternal deaths due to substance use which includes accidental overdose and suicide

Reduced number of hospital stays for newborns with neonatal abstinence syndrome which will lead to healthier outcomes for newborns, parents, and cost savings for healthcare facilities and the state

Increased pregnant and postpartum people with SUD referred for treatment

Increased Center of Excellence for Perinatal Substance Use certification for Washington state hospital facilities. Certification is recognition for outstanding birth care for gestational parents with a substance use disorder.

In relation to our resiliency index study, we plan to have a validated tool to assess resiliency factors to expand our data-driven understanding of how protective factors mitigate risk for opioid use across the life course, especially those factors most beneficial to pregnant individuals and parents.

Equity Impacts

Community outreach and engagement:

This proposal is informed by strategic partnerships that span many sectors. All of the following entities have provided input on the ongoing substance use prevention work DOH staff support:

The Washington State Hospital Association: representing hospital nursing staff to provide input on clinical quality improvement strategies
Washington Health Care Authority: provides billing guidance to clinical quality improvement work, proposes Medicaid billing changes to support improved care impacted by people with substance use

FIRST Clinic: coordinates listening sessions and key informant interviews with pregnant and parenting people with substance use disorder. Listening sessions focus on the development of clinical guidelines and trainings, input on policy and systems initiatives, priorities for future spending. FIRST Clinic provides free legal care for this population, and also provided consultation on alignment between public health systems and the court system.

American Indian Health Commission: coordinates listening sessions and key informant interviews with American Indian/Alaska Native families. These findings support updated policy and programs work

Essentials for Childhood: a statewide child abuse and neglect prevention network of state and local partners host a data workgroup, which is guiding exploration of the role of resiliency in substance use prevention across the life course

DOH coordinates two state workgroups that provide input on this work:

Pregnant and Parenting Opioid Workgroup: subcommittee of the state opioid workgroup, to focus policy and systems initiatives on the pregnant and parenting population. Ensures alignment with community advocates and between state agencies.

Washington State Perinatal Collaborative: a volunteer group of public and private organizations, agencies, and individuals committed to improving care and outcomes for the state's pregnant women and people, newborns, and infants.??

Disproportional Impact Considerations:

This work centers people and communities who are often marginalized by the health care system, and seeks to improve the care they receive, reduce marginalization and the existing power dynamics in medical care. However, often midwives, doulas, and peer recovery do not feel included, and it is a continuing effort on DOH to ensure those providers, and the families they care for, are welcome in this work. Currently, out of hospital births are not included in this work. However, individuals using substances or taking medication for substance use may seek out community birth providers.

Target Populations or Communities:

Equity, innovation and engagement are at the center of this project as it is focused on rebuilding systems of care and trust in communities experiencing persistent inequities in birth outcomes by interrupting bias and discrimination in the perinatal health care system. This approach is in line with the Office of Equity's Pro-Equity Anti-Racism framework, which places community at the center of decision making around solutions to health inequities.

This work will most benefit pregnant and parenting people impacted by substance use and behavioral health conditions. The Washington State Maternal Mortality Review Panel (MMRP) found that, between 2014 and 2016, 60 percent of deaths related to pregnancy were preventable. These deaths disproportionately affected non-Hispanic Black people, American Indian and Alaska Native (AI/AN) people, and people with Medicaid coverage. The leading underlying cause of pregnancy-related deaths were behavioral health conditions related to suicide and accidental substance overdose; opioids were involved in most of the pregnancy-associated accidental overdoses. Reducing perinatal deaths from suicide and accidental overdose are priorities for improvement in Washington state.?

Weighted to represent the population of Washington, PRAMS data indicates 25% of non-Hispanic Black people, 32% of AI/AN people, and 31% of multiracial people reported depressive symptoms before, during, or after their pregnancy. Those who experienced substance use and depression were also more likely to be enrolled in Medicaid (WA PRAMS, 2015-2019).??

Some of this funding will also be invested in deepening our understanding in collaboration with academic and community partners of the role of resiliency in mitigating the risk and severity of substance use. We plan to identify a subset of modifiable community-level "resilience" factors (such as community capacity, social cohesion, collective efficacy) that contribute to the prevention and/or mitigation of the harmful impacts of substance use disorder and other sources of adversity on family functioning and child well-being, and b) to develop a validated and feasible approach (such as survey or other methodology) to measure and monitor these factors within communities and state overall. Funds will be used to convene key stakeholders, including researchers, public health professionals, policy makers, community partners, and families to understand the current landscape and community/state data needs, followed by an agreement with an academic partner or partners to complete the study.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

N/A

Stakeholder Response:

The following agencies and organizations are anticipated to support this proposal:

- Washington State Hospital Association
- Washington State Healthcare Authority
- FIRST Clinic
- American Indian Health Commission
- University of Washington
- Alliance for Innovation on Maternal Health
- Department of Children, Youth and Families
- The Maternal Data Center
- Washington Office of Public Defense
- Washington Chapter of the American Academy of Pediatrics
- Essentials for Childhood

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

Reference Documents

- [MIH Opioid - DP Revised 9-12-22.docx](#)
- [MIH OPIOID FnCal updated 24.3 version 9.14.2022.xlsm](#)

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 <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$141	\$0	\$141	\$0	\$0	\$0
Obj. B	\$54	\$0	\$54	\$0	\$0	\$0
Obj. E	\$8	\$0	\$8	\$0	\$0	\$0
Obj. N	\$189	\$0	\$189	\$0	\$0	\$0
Obj. T	\$8	\$0	\$8	\$0	\$0	\$0

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