

# Washington State Action Plan for Removing Barriers to Health and Human Services



**HHS Coalition**  
**April 2023**

# Acknowledgements

The HHS Coalition would like to thank the many staff from all HHS Coalition organizations, who gave their time and expertise to the development of this plan. The HHS Coalition appreciates the guidance from Benefits Data Trust, a national nonprofit that improves health and financial security by harnessing the power of data, technology, and policy to provide dignified and equitable access to assistance, and support from The Studio @ Blue Meridian.



# Executive Summary

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In 2021, the multi-organization collaboration known as the Washington Health and Human Services Enterprise Coalition (HHS Coalition) entered a partnership with Benefits Data Trust (BDT), a national nonprofit which harnesses the power of data, technology, and policy to provide efficient and dignified access to assistance that will improve people's health and financial security. The vision of the partnership is to make comprehensive improvements in how Washington delivers benefits, thereby increasing residents' access to opportunity, improving health outcomes, and driving toward an equitable post-COVID recovery.

The initial work undertaken by Washington State in this partnership was to develop this State Action Plan for Removing Barriers to Health and Human Services that outlines specific goals, strategies, and measures that will guide the HHS Coalition to achieving the vision.

**Goal one:** Remove client barriers to accessing benefits. We envision a future where clients can seamlessly apply for multiple programs in less than 20 minutes and immediately know their eligibility status:

- **Strategy 1.1:** Develop an action plan to identify the minimum question set needed to determine financial eligibility for Washington's Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Working Connections Child Care (WCCC) programs. This strategy will include analysis and prioritization of policy flexibilities at the state and federal level to align data collection.
- **Strategy 1.2:** Establish a human-centered design (HCD) community of practice, (CoP) within the HHS Coalition organizations.

**Goal two:** State programs have a comprehensive view of clients and share information across organizational boundaries to proactively offer other benefits the client may qualify to receive.

- **Strategy 2.1:** Establish and execute ongoing processes to analyze program data for Medicaid, SNAP, and WIC and then proactively promote enrollment to potentially eligible Washingtonians.

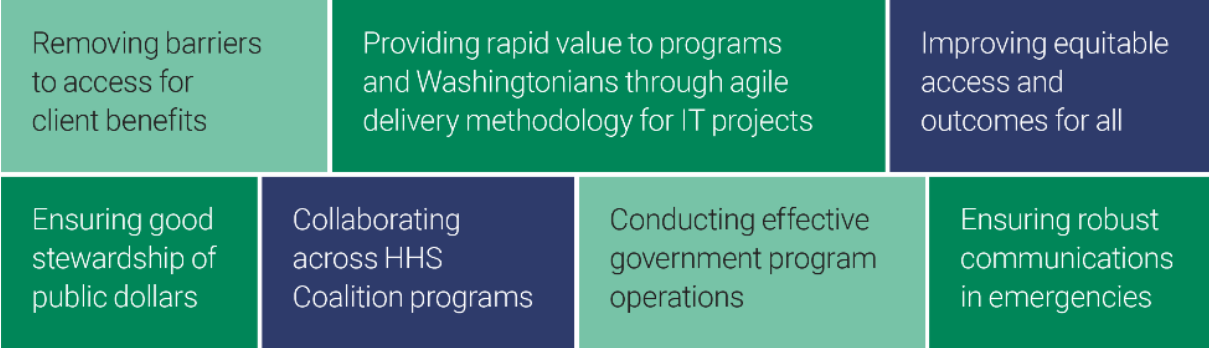
This plan also includes next steps for iterative planning and implementing the activities described that will lead to achieving the overarching goals.

# Introduction

In 2018, to promote service coordination, the leaders of Washington State’s health and human services organizations decided that increased collaboration on IT investments is critical to improving the health and well-being of the people, families, and communities of Washington. The decision established the HHS Coalition as a collaborative to govern IT project investments across Washington’s state HHS organizations, and the Washington Legislature formally recognized the HHS Coalition in the 2019 legislative session. The HHS Coalition includes the Department of Children, Youth & Families, Department of Health, Department of Social and Health Services, Health Benefit Exchange, Health Care Authority, and Washington Technology Solutions. The Office of Financial Management is an ex-officio member advising on issues around state financial budget and legislative processes.

In summer 2021, the HHS Coalition leaders finalized an [IT strategy for 2021 to 2024](#).<sup>1</sup> This strategy provides a common vision for IT project alignment and direction. The IT strategy includes seven vision goals for what the leaders want to achieve out of this organizational collaboration. The State Action Plan is grounded in the goals summarized below.

*Image 1: HHS Coalition Vision*



More than 75 health and human services programs in Washington deliver vital services supporting almost 3 million Washingtonians in reaching their full human potential through cash assistance, childcare subsidy, food assistance, health insurance programs, immigrant and refugee assistance, and medical assistance. Of those nearly 3 million Washingtonians, more than 1 million are served by programs in at least two of the HHS Coalition organizations, and more than 200,000 are served by at least three of the organizations. Clients, particularly those served by multiple organizations, are faced with providing the

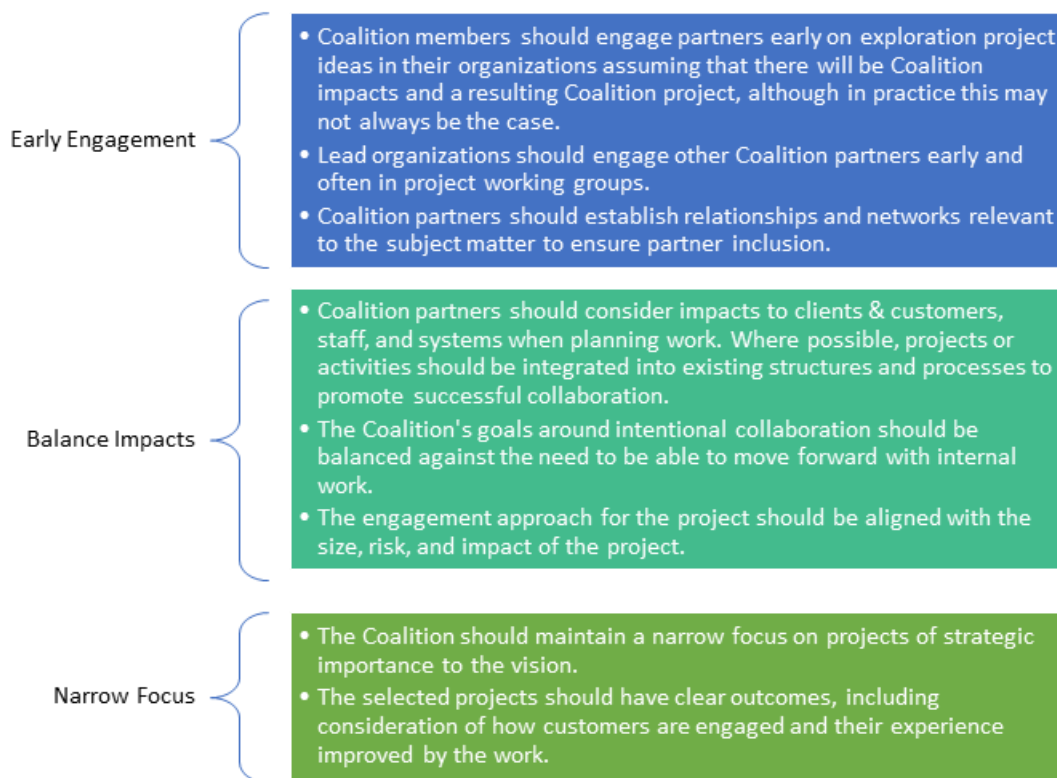
<sup>1</sup> Washington State Health and Human Services Enterprise Coalition, “HHS Coalition IT Strategy 2021-2024,” 2021, <https://www.hca.wa.gov/assets/program/HHS-coalition-it-strategy-2021-2024.pdf>.

same information to multiple organizations through lengthy applications that are not all currently available online or in mobile-responsive formats.

In 2021, the HHS Coalition entered a partnership with Benefits Data Trust (BDT), a national nonprofit which harnesses the power of data, technology, and policy to provide efficient and dignified access to assistance that will improve people's health and financial security. The vision of the partnership, funded by a grant from BDT, is to make comprehensive improvements in how Washington delivers benefits, thereby increasing residents' access to opportunity, improving health outcomes, and driving toward an equitable post-COVID recovery.

This publication represents work undertaken by diverse staff across all HHS Coalition organizations, with technical assistance and extensive collaboration provided by BDT staff. Completion of this state action plan required navigating the complexity inherent in working within the different organizational environments, programs, and governance structures.

The SAP project drew upon the HHS Coalition's Framework of Collaboration Standards. This framework seeks to balance the value delivered to and the burden on organizations and projects. The Anchoring principles of the framework include:





The teams working on the SAP also incorporated the common set of ground rules, developed by the HHS Coalition:



**One team** – Coalition partners come together within and across organization boundaries as “one team” working toward the same goal.



**Active and meaningful engagement** – All team members will actively engage in the team and will participate in a material fashion.



**Communicate, communicate, communicate** – It is difficult to “over-communicate.” Teams will communicate proactively and frequently at all levels within and across organizations.



**Be transparent** – Sharing ideas and information provides the opportunity for strategic connections and partnerships.



**Respect contributions** – Engagement at all levels will be conducted in a spirit of appreciative inquiry to support constructive working relationships.



**Team-oriented problem solving** – Concerns or issues will first be addressed within the team before escalation to governance committees.



**Assume good intent** – We are all moving quickly, and connections, communications, and opportunities may be missed.



**Give space** – Organizations may sometimes need time to internally gather and organize prior to Coalition team engagement.

## Connection to other HHS Coalition and Washington initiatives

One significant consideration in committing to the BDT partnership was to plan and perform this work in a way that supports existing goals and activities of the HHS Coalition and aligns with other Washington goals and activities related to health and human services.

## Integrated Eligibility & Enrollment Modernization Program

The primary intersection is with the HHS Coalition’s approach for a health and human services integrated eligibility and enrollment (IE&E) solution that will better meet the needs of Washingtonians, be more responsive to state and federal policy goals, and be more efficient and cost-effective to operate and maintain, driven by guiding principles around equity and human-centered design. This approach is described in a [multi-year roadmap](#)<sup>2</sup> for incremental replacement and transition to a modern IE&E experience for Washingtonians. The program will address barriers Washingtonians face in accessing health and human services programs including having to provide the same information across multiple organizations to support their eligibility and enrollment, and limited hours to apply for benefits even with an online application. A driving goal for IE&E Modernization Program is to facilitate eligibility determinations and benefits enrollment for multiple programs in a streamlined fashion.

This state action plan’s work is being performed outside of the IE&E Modernization Program, but the strategies and outcomes that will be executed will benefit and contribute to the program, including streamlining the information that is requested as part of benefits applications.

## Project Simplify

In 2022 and 2023, the HHS Coalition conducted a project named Project Simplify, focused on researching and designing a human-centered benefits delivery process. Related to the IE&E Modernization Program, this project was conducted in partnership with Civilla, a nonprofit design studio dedicated to changing the way public-serving institutions work. The project engaged residents and frontline staff to research and design solutions around their needs. The project proposed solutions that aim to remove barriers to benefits, improve equitable access and outcomes for customers, and strengthen the overall experience. Throughout this work, the Civilla team conducted 246 interviews of frontline staff, clients, subject matter experts, HHS Coalition leadership and community organizations. In addition, Civilla conducted 68 client observations in offices to inform the research.

This state action plan will leverage the work of Project Simplify and the Civilla team as described in a number of areas throughout the plan.

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<sup>2</sup> Washington State Health and Human Services Enterprise Coalition, “Integrated Eligibility and Enrollment Modernization Roadmap Report,” 2022, <https://www.wahbexchange.org/content/dam/wahbe-assets/legislation/WA%20IEE%20Modernization%20Roadmap%20Report.pdf>

## Poverty Reduction Work Group

In November of 2017, Governor Jay Inslee created the Poverty Reduction Work Group (PRWG). The PRWG was co-led by the state’s Department of Commerce, Employment Security Department, and the Department of Social & Health Services, in partnership with tribal and urban Indians, state racial and ethnic commissions, employers, community-based organizations, legislators, advocates, and philanthropy organizations. A steering committee, made up of 22 people reflecting the diverse demographic and geographic experience of poverty, set priorities and direction for the development of strategies and recommendations.

In 2021 the PRWG published the [Blueprint for a Just and Equitable Future: The 10-Year Plan to Dismantle Poverty in Washington](#).<sup>3</sup> Developed with the collaboration, guidance, and input of our customers, staff, and stakeholders, it is a bold document full of hope and a vision for meaningful change.

Strategy 6 of the plan is one of eight strategies and focuses on the customer’s experience navigating the array of public benefit programs available in Washington. This strategy challenges us to create an integrated human service continuum of care that addresses the holistic needs of children, adults, and families. Our clients told us that the programs serving children, adults, and families experiencing poverty in Washington State are siloed and spread across many different agencies. Feedback points overwhelmingly to the inadequate, onerous, and fragmented nature of programs, which are like “a full-time job to navigate” ([Blueprint for a Just and Equitable Future](#), p.35).

The strategies and outcomes described in this state action plan will support two elements of the Blueprint for a Just and Equitable Future:

- Strategy 2: Make equal space for the power and influence of people and communities disproportionately affected by poverty and inequality in decision-making.
- Strategy 6: Build an integrated human service continuum of care that addresses the holistic needs of children, adults, and families.

## Project vision

Washington is committed to an application process that ensures all applicants are aware of and have access to the full range of supports available to them without increasing the application burden or adding to the trauma already experienced in their lives.

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<sup>3</sup> Washington State Poverty Reduction Work Group, “Blueprint for a Just and Equitable Future: The 10-Year Plan to Dismantle Poverty in Washington,” 2021, <https://dismantlepovertyinwa.com/wp-content/uploads/2020/12/Final10yearPlan.pdf>



We will accomplish this by:

- Learning from the experiences of customers and staff through the creation of a robust community of practice focused on human centered design,
- Reducing the application burden by eliminating the collection of duplicative or unnecessary data, and
- Proactively promoting enrollment in Medicaid, SNAP, TANF, WIC, and WCCC to potentially eligible Washingtonians.

## Programs addressed in this state action plan

This publication addresses five foundational well-being programs that help Washingtonians reach their full potential.<sup>4</sup>

### Medicaid (Apple Health)<sup>5</sup>

Apple Health programs cover health care costs for families, children, childless adults, pregnant individuals, people with disabilities, seniors and those needing long-term care services and supports. Medicaid also covers the costs of Medicare premiums for many clients, allowing them to keep more of their income to meet their basic needs. These programs are life changing and lifesaving to many and provide critical access to medical treatment, behavioral health support, vision, and some dental services. In Washington, Medicaid serves more than 2.2 million clients.

### Supplemental Nutrition Assistance Program (SNAP)

SNAP, formerly known as Food Stamps, provides food assistance to eligible low-income individuals and families. Washington also provides a state-funded food assistance program that mirrors SNAP for legal immigrants who are not yet eligible for federal SNAP benefits. In state fiscal year 2022, SNAP served 11.1 percent of the state's population. The average monthly caseload for both programs in that year was 499,625 households serving 873,078 people.

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<sup>4</sup> Signe-Mary McKernan, Caroline Ratcliffe, Breno Braga, "The effect of the US safety net on material hardship over two decades," *Journal of Public Economics* (Vol. 197), May 2021, [The effect of the US safety net on material hardship over two decades - ScienceDirect](#).

<sup>5</sup> This State Action Plan focuses on classic Medicaid (Apple Health) programs that serve seniors, people with disabilities, and those who need long-term services and supports.

## Temporary Assistance for Needy Families (TANF)

TANF provides cash grants for families in need as well as people who are caring for a child not their own. The TANF program also includes *WorkFirst*, an employment and training program designed to help grant recipients resolve barriers and prepare for and find jobs. Washington also provides a state-funded cash assistance program that mirrors TANF for families who are legally residing in the country but not eligible for federal benefits. The average monthly caseload in state fiscal year 2022 was 28,839 households serving 69,465 people.

## Women, Infants, and Children Nutrition Program (WIC)

The WIC Program serves low-income people who are pregnant, postpartum or breast/chest feeding, and infants and children under five. WIC services support eligible families to have healthier pregnancies, improve birth outcomes, and improve child health and cognitive development. In 2022 WIC served more than 195,000 people.

## Working Connections Child Care (WCCC)

WCCC subsidies help families pay for high-quality childcare, allowing children to access early education while parents work or participate in other activities. Currently childcare providers receive payment on behalf of about 23,000 families each month and about 32,000 families are eligible.

# Goals and strategies

The goals and strategies of the plan support the work of the IE&E Roadmap which envisions a world where Washingtonians tell their story once when applying for health and human services programs. Currently, there are multiple applications and application processes that are not integrated across programs and do not share client information. The SAP employs two goals and three supporting strategies integral to achieving the vision of the IE&E Roadmap.

## Goal one

**Remove client barriers to accessing benefits.** We envision a future where clients can seamlessly apply for multiple programs in less than 20 minutes and immediately know their eligibility status.

Currently, clients must file multiple applications which often ask duplicative questions and request information and documentation that they have already provided to other agencies. It can take nearly an hour to complete the application process and applicants may get sent from one part of the system to another without finding the answers they need.

Goal one seeks to streamline and simplify the application process by conducting a policy analysis of the application forms for essential human services programs, cash, food assistance, medical coverage, and childcare. By eliminating unnecessary or duplicative questions, leveraging state and federal policy flexibilities to align and streamline eligibility standards, addressing onerous verification requirements - and other technological changes driven by the IE&E Roadmap - we hope to reduce the time to file an application to 20 minutes or less, and reduce the stress and burden on our clients of repeatedly retelling their stories multiple times. It also leverages the voice of lived experience of our customers by incorporating human-centered design (HCD) principles and asks HHS Coalition partners to invest in a HCD Community of practice.

### **Strategy 1.1**

**Develop an action plan to identify the minimum question set needed to determine financial eligibility for Washington’s Medicaid, SNAP, TANF, and childcare subsidy programs.** This strategy will include analysis and prioritization of policy flexibilities at the state and federal level to align data collection.

Currently, applicants must complete separate applications for each of the assistance programs identified in Strategy 1.1. Many of the questions are duplicative, some are confusing, and others might not truly be needed to determine financial eligibility. As expressed in the interviews done by the Civilla team through Project Simplify, clients are often frustrated by the various applications and how easy it can be to omit needed information.

Strategy 1.1 focuses on reducing the application questions across Medicaid, SNAP, TANF, and Childcare subsidy programs to only those questions needed to determine financial eligibility for the needs-based programs, or are required by federal or state regulations. This process, including rigorous policy analysis and exploration of potential flexibilities, will lead to a streamlined application process, which will reduce frustration for clients and improve efficiencies for the HHS Coalition organizations. An important consideration when streamlining the application is balancing efficiencies achieved by reducing application questions with the work subsequently conducted by staff during client intake interviews.

Reduced application information must not shift work from the application process to the intake process. In addition to a policy analysis that builds upon the Project Simplify effort, the state will consider staff feedback gathered in a value-stream exercise when evaluating potential impacts of reducing the question set. The state will approach this work using an agile framework by incorporating user testing of early prototypes, and piloting changes where possible.

### Action steps

#### **1. Conduct policy analysis across program applications to determine ability to reduce questions and/or streamline verification process**

- a. Map each application question from Washington’s Medicaid, SNAP, TANF, and childcare programs to determine if it is a state or federal requirement.
- b. May include deeper focus and analysis on data verification, including systems currently used and opportunities for efficiencies.

### Milestone

- i. Complete the policy analysis by October 31, 2023

### Metrics

- i. Number of policies and applications analyzed to determine recommendations for improvement
- ii. Number of questions (across all four programs) currently used to assess financial eligibility (baseline)
- iii. Number of duplicate questions identified
- iv. Minimum number of questions needed to assess financial eligibility across the four programs is identified

#### **2. Develop recommendations for streamlining the application process**

- a. Assess the most viable way to approach changes at state and federal level (administrative and legislative), including rule changes, requirement changes, exemptions, waivers, or exceptions available on the state or federal level
- b. Identify the potential state-level impacts to streamlining application data collection and removing questions. This should include user testing of prototypes.
- c. Consider staff feedback gathered in a value stream exercise when evaluating potential impacts of reducing the question set

### Milestones

- i. Develop and deploy user testing and pilot of simplified forms and correspondence by August 31, 2023
- ii. Finalize recommendations for streamlining the application by December 31, 2023

- iii. Complete an estimated cross-organizational fiscal impact analysis by December 31, 2023

#### Metric

- i. Demonstrated increase in client satisfaction related to the application process
- ii. Demonstrated increase in staff satisfaction

### **3. Where needed, obtain state and federal approval to make changes to the application question set**

#### Milestones

- i. If state statute changes are needed, work with appropriate organizational legislative coordinators to draft RCW amendments by June 30, 2024\*
- ii. If state statute changes create a fiscal impact to the state, work with appropriate Appointing Authorities to draft decisions packages by June 30, 2024
- iii. If federal changes are needed, determine appropriate federal agency and, after coordination with other HHS Coalition partners, initiate negotiations to submit specific policy questions or request guidance \*Note Different HHS Coalition organizations may have earlier or later deadlines to submit RCW amendment requests.

### **4. Implement changes to remove duplicate or unnecessary questions**

#### Milestones

- i. Complete a plan and timeline, leveraging the Project Simplify analysis which outlines immediate changes that must be in place prior to implementation
- ii. Prioritize changes based upon client impact, cost, and technical complexity
- iii. Test, pilot and implement changes that can be made rapidly with minimal cost
- iv. Identify a minimum of three high impact policy changes that can be made within one year of completing the plan

#### Metrics

- i. The number and percentage of questions eliminated from the current question set
- ii. The average number of minutes saved when completing the reduced question set
- ii. Number of potential enhancements that can be implemented rapidly
- iii. Decrease in number of applications pended for additional verification information
- iv. Maintain or improve case accuracy

### **5. The state will also explore shorter-term opportunities and steps that can be taken to reduce the time to apply for applications and determine eligibility status.**

- a. Develop and deploy user testing, pilots and or changes in policy as opportunities are discovered that could result in positive impacts to the client experience

## Strategy 1.2

### **Establish a human-centered design (HCD) community of practice (CoP) within the HHS Coalition organizations**

Washington values the voices and lived experiences of our clients, staff, and community partners. We are committed to intentionally building a culture of HCD throughout HHS Coalition organizations. Practicing human-centered design means involving those most impacted by a given product or service in the design of that product or service. It is embodied in the expression “nothing about me, without me.” The HHS Coalition is committed to applying human-centered principles to solutions designed to improve client access to benefits.

To foster a culture of human-centered design across state organizations, we are standing up an HCD Community of Practice (CoP), to support the needs of HHS Coalition organizations and the IE&E Roadmap work. The CoP will serve as a shared space where individuals can engage in peer and social learning, practice applying HCD concepts to the work they do, share best practice methodology, and foster cross-organizational comradery. The CoP will extend beyond the needs of any single project. We intend to develop HCD champions who will engage in change management and further train colleagues in each organization. The focus on human-centered design ensures the state is listening to its constituents and providing solutions that best meet their needs and preferences.

Training on HCD builds broad knowledge and a common understanding of this practice. Participants will increase their competence and comfort applying these practices within HHS Coalition projects as well as other organizational needs. Providing training to participants gathered from among all HHS Coalition organizations will build bridges with other organizations that practice HCD and create momentum for a community of practice. Training will enable participants to learn new and helpful approaches to this work and substantiate that knowledge through practical application.

#### Action steps

- 1. Create a shared space in which Community of Practice participants can collaborate effectively**

#### Milestones



- i. Internally available resources will be used to establish an interim cross-organizational communication / collaboration solution by June 30, 2023
- ii. Conduct research to match the needs and preferences of CoP participants with viable collaboration options by January 1, 2024
- iii. Determine necessary funding sources and gain buy-in for long-term cross-organizational collaboration solution by April 1, 2024

**2. Coordinate opportunities for HHS Coalition organizations to participate in and test two trainings to develop recommendations related to ongoing training investments**

- a. Research Participatory Leadership Workshop(s) facilitated by the University of Washington
- b. Research cohort based HCD Foundations training facilitated by Civilla
- c. Promote ongoing completion of Civilla’s free online learning (Civilla Practica)
- d. Promote completion of the University of Washington's post-graduate certification:
  - i. Redesigning Public Service available through the Evans School of Public Policy and Governance
- e. Share awareness of new training opportunities with the COP attendees as they become available

**Milestones**

- i. Provide the UW Participatory Leadership Workshops for cross-organization staff who want to learn more about human-centered design. Twenty-six staff participated and completed this training on December 31, 2022.
- ii. Gain buy-in for additional training recommendations and funding approval by April 30, 2023
- iii. Determine organizations scholarship and tuition reimbursement options for post-grad HCD certification program prior to certification rollout by September 30, 2023.

**Metric**

- i. Twenty-five additional participants representing all HHS Coalition organizations will complete a series of two comparable HCD training programs by August 31, 2023

**3. Operationalize the Community of Practice**

**Milestones**

- i. Form the CoP governance structure by July 31, 2023

- ii. Develop presentations, threaded discussions, and practice activities to engage CoP participants in meaningful conversation and active learning opportunities by July 31, 2023
- iii. Develop and administer a survey to participants to ensure the CoP is meeting established success criteria. Analyze survey results by December 31, 2023

#### Metric

- i. Achieve an equitable distribution of cross organizations participation in the CoP by December 31, 2023

#### 4. Develop strategies for scalability and sustainability

- a. Select supra-organizations owner for ongoing oversight
- b. Develop succession plans for HCD champions
- c. Develop a portfolio of success stories and application examples
- d. Develop policy and procedure for platform and community maintenance
- e. Procure or develop HCD curriculum
- f. Develop a train-the-trainer program
- g. Extend invitations beyond current HHS Coalition members

## Goal two

**Remove barriers to access for client benefits – State programs have a comprehensive view of clients and share information across organizations boundaries to proactively offer other benefits the client may qualify to receive.**

Currently, many Washingtonians enrolled in one benefit are not receiving the others that they might be eligible for. Many individuals don't know about these additional programs, are unaware that they are eligible for these programs, or don't recognize how these programs may add value to their lives.

Goal Two focuses on developing data sharing, referral, and outreach systems to help increase cross-enrollment across programs. Strategy 2.1 specifically focuses on connecting individuals on Medicaid to WIC and increasing WIC participation. The focused is intended to increase enrollment in these services, which promote health and food security for those most in need of these supports<sup>6</sup>.

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<sup>6</sup> Steven Carlson, Zoe Neuberger, "WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades", Center on Budget and Policy Priorities, January 2021, [WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades | Center on Budget and Policy Priorities \(cbpp.org\)](https://www.cbpp.org/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families-for-more-than-four-decades)

## Strategy 2.1

### **Establish and execute ongoing processes to analyze program data for Medicaid, SNAP, and WIC and then proactively promote enrollment to potentially eligible Washingtonians.**

The initial focus of this plan is directed at people enrolled in Medicaid who are likely eligible for, but not yet enrolled in, the WIC program. Over time, the state will incorporate the lessons learned from WIC outreach strategies to expand to increase participation in SNAP as well.

In Washington State, clients learn about and are referred to WIC in a wide variety of ways. Most clients report learning about WIC through family and friends. Other referral sources include health care providers, community health workers, staff at the Help Me Grow Hotline, and staff at Community Services Offices. Both state WIC offices and local WIC agencies provide outreach to entities such as early learning centers, food banks, schools, health care and day care providers and at community events. Outreach strategies include mailings to households in low-income areas, public service announcements on radio and TV, and the use of social media. The Washington WIC Program participates in a national recruitment and retention campaign sponsored by the National WIC Association.

Currently just 44 percent of Medicaid participants in Washington who are eligible for WIC services are enrolled in the WIC program. Strategy 2.1 focuses on key action steps intended to increase referrals and enrollment in the WIC program from 44 percent to 50 percent of eligible Medicaid participants. King, Pierce, and Snohomish counties have the highest numbers of potential WIC enrollees; targeted emphasis will be applied in these areas. The WIC program has set a target of 50 percent enrollment of eligible Medicaid participants in the WIC program by April 30, 2024. Strategy 2.1 approaches increasing enrollment in WIC through the following five action areas.

### **Interviews and surveys**

Washington WIC service delivery has changed dramatically in the last four years, with food benefits now purchased with EBT cards versus paper checks, the shopping experience aided and streamlined using the WIC Shopper app, and all enrollment and educational encounters done remotely due to the COVID-19 pandemic. These changes and changes to the allowed food list may not be known by likely participants and caregivers. Gaining an understanding of what they see as barriers will help the Washington WIC Program develop strategies for mitigation.

The one-hour interviews in English and other languages, with current or likely participants and caregivers about their experience with WIC services, ask in-depth questions that include inquiries about barriers or perceived barriers. Interviewees are compensated for their time. In addition to interviews, a randomly selected group of current or likely participants and caregivers will be asked to complete a survey that gathers similar types of information.

## Texting

Text outreach to likely eligible WIC participants, conducted in other parts of the country, has proved successful in increasing enrollment in the WIC program. These states report that once processes are implemented and incorporated into existing state agency procedures, they are cost-effective and relatively easy to administer<sup>7</sup>.

Drawing on the success by other states, Washington is pilot-testing this approach by sending texts to people who are on Medicaid and eligible for WIC. These people are pregnant, breast/chest feeding, or non-breast/chest feeding postpartum, or the parents/caregivers of children under age 5. Likely participants will receive one or more text messages encouraging them to enroll in WIC. Two-way texting gives them the option to text “Yes” for more information, or “No” if they do not wish to receive more texts messages. The text message provides a phone number that can be used to contact the WIC program. Washington will draw upon the results of this work to inform future outreach efforts.

## Referral sources

Individuals learn about or are referred to WIC through the many avenues described in this plan. In addition, information about how to contact WIC is available through the 2-1-1 website and services and websites associated with maternal and child health. Strategy 2.1 includes taking a closer look at referral sources by identifying them and providing them with training and accurate program information if needed.

## Statewide outreach campaign

In 2024, Washington will launch an outreach campaign that will use social marketing services including media-based communication, education, and advertising to increase WIC enrollment and retention rates. The campaign will draw on research and science-based behavioral change tools to increase awareness and knowledge of WIC services. The campaign

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<sup>7</sup> Benefits Data Trust, Center on Budget and Policy Priorities, Using Data Matching and Targeted Outreach to Enroll Families with Young Children in WIC, Lessons Learned From State Pilots, January 5, 2021, [Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC \(cbpp.org\)](https://www.cbpp.org/using-data-matching-and-targeted-outreach-to-enroll-families-with-young-children-in-wic)

is targeted to prospective and current participants, the broader population, especially hard-to-reach populations, and those with limited English proficiency.

## Managed care organizations (MCOs)

In Washington, 2 million Medicaid enrollees receive health care through five contracted MCOs. These MCOs subcontract services to hospitals and/or practitioner groups and require them to meet all standards outlined in the State's contracts with the MCO. The Health Care Authority (HCA), which manages contracts with the MCOs, meets regularly with MCO representatives. Strategy 2.1 seeks to leverage HCA's relationships with the MCOs and the power of these health care plans to increase WIC referrals.

### Action steps

- 1. Interview and/or survey likely and current WIC participants about barriers to WIC participation. The results of these activities will be used to inform additional strategies and mitigate barriers to access.**

#### Metric

- i. Interview 100 current and potential WIC participants and survey 500 more by September 30, 2023

- 2. Test mobile phone texting as an outreach strategy**

- a. Pilot two-way texting to likely WIC participants: The WIC program will continue piloting two-way texting in two counties from April through June 2023

#### Milestone

- i. The two-way texting pilot will be completed December 31, 2023

#### Metrics

- ii. Number of texts sent
- iii. Number of responses received
- iv. Number of enrollment appointments scheduled, or number of enrollment appointments kept (as available)
- v. Number of successful enrollments into WIC of those who received outreach

- b. Conduct message texting with likely participants to improve response rates

#### Milestone

- i. Testing will be completed December 31, 2023

#### Metrics

- ii. Number of interviews/surveys administered to clients about messages used

- iii. Analyze the response rate to outreach messages compared to a small group who will receive messages later (control group)

### **3. Ensure referral sources provide accurate information**

- a. Identify all entities making referrals to the WIC program
- b. Provide training and accurate referral information to referral specialists as needed
- c. Revise links to direct users to the best WIC clinic information

#### **Milestone**

- i. Identify all referring entities by June 30, 2023

### **4. Conduct a statewide WIC campaign to increase awareness and enrollment in WIC**

- a. The WIC program will develop a request for proposals (RFP) to procure a contractor to administer the campaign
- b. The WIC Program will work with the contractor to develop messaging and strategies for the campaign

#### **Milestones**

- i. The RFP will be published by May 31, 2023
- ii. The campaign plan will be developed and implemented by June 30, 2024

### **5. Leverage Medicaid MCOs to increase referrals to the WIC program**

- a. Review current Medicaid Code of Federal Regulations (CFR) requirements as well as Washington's current practices to meet these requirements. (Completed February 2023)
- b. Review MCO contract language regarding the WIC referral requirement. (Completed February 2023)
- c. Share best practices with MCOs about ways they can improve WIC participation, as seen in other states and within the WA MCOs
- d. Develop best practice protocols for referring MCO members to the WIC program
- e. Amend Managed Care contracts to require MCOs to report the number of referrals to WIC made for eligible members. This information will be used to set additional goals and inform outreach and referrals approaches with the MCOs.

#### **Milestone**

- i. Share best practice protocols with MCOs by September 30, 2023.

#### **Metrics**

- ii. Develop a baseline number of referrals made to WIC by each MCO of members who are likely eligible for the WIC program



- iii. Develop a baseline count/average of people enrolled in WIC by each MCO by established time frame
- iv. Develop a baseline count/average of Medicaid population that are WIC eligible by each MCO by established time frame

## Next steps

The HHS Coalition will communicate with community partners and stakeholders about the plan and seek input into the plan's goals, strategies, and implementation. The HHS Coalition will implement a communications/feedback process to provide accessible information about the plan directly to partners and stakeholders. Tribes will receive information about the SAP, potential benefits and impacts to tribal members and have opportunities to provide feedback and collaboration on the plan's goals, strategies, and implementation. The state will continue to rely on Tribal relations staff within HHS Coalition organizations to exchange information and seek input and collaboration for subsequent updates to the plan.

By accomplishing the goals and strategies in this plan, HHS Coalition organizations will bring much needed simplicity and ease to the application process and increase enrollment in safety net services. Clients will no longer wade through repetitive and lengthy sets of application questions. Instead, they will quickly know their financial eligibility status and will access needed benefits in a timely manner. Embedding human centered design within HHS Coalition projects and practices makes the client experience and perspective the focal point of the process from which decisions are made. The successes gained through increasing WIC enrollment from 44 percent to 50 percent of eligible individuals will be leveraged in future work with SNAP eligibility and food security for those who need that support.

This state action plan is intended to be an iterative planning and implementation process. As plan implementation continues, the action step milestones and metrics will be tracked to measure their success and viability in achieving progress toward the SAP goals. The HHS Coalition will build on those successes to develop new strategies and targets to strengthen enrollment in HHS Coalition programs and services. As data become available and results are measured, adjustments to action steps and metrics will be made. Feedback received from tribes, community partners, and stakeholders will be incorporated into planning and implementing future directions. Progress on the SAP goals will be reported to the public annually.