THE COMMUNITY COLLABORATIVE

Washington State Department of HEALTH

November 12, 2025
Community Collaborative Meeting

Agenda

3:32 Welcome with Ndudi Chuku, Mission Africa (Learn more)
3:35 Brittany Tybo, Nutrition Services Director and Brice Montgomery, DSHS
3:50 Tiana Woods-Sims, Marriam Oliver, and Cyril Walrond - The Health Harms of Incarceration
4:10 Announcements and Close

Meeting slides are available on WaPortal: https://waportal.org/partners/community-collaborative/meeting-notes-and-slides

Meeting Recap

Welcome

Participants joined the November session with the song "Lean on Me." Ndudi Chuku of Mission Africa welcomed attendees and guided the opening, inviting everyone to share their names, pronouns, and shout-outs to veterans in honor of the recent Veterans Day observance.

Nutrition and Food Security

The November session began with timely updates on food access and nutrition support programs from Brittany Tybo, DOH's Washington WIC Director, and Brice Montgomery from DSHS. Brittany shared encouraging news about sustained federal funding for WIC amid the national budget uncertainty and emphasized that all WIC clinics remain open and fully operational. Brice followed with a detailed overview of the current status of SNAP and the significant changes introduced under H.R.1, including work requirements, eligibility shifts, and administrative cost implications. Together, their updates provided a clear picture of both immediate stabilization efforts and the long-term adjustments Washington families and partners should anticipate.

Key Points from the discussion:

WIC (Brittany Tybo)

- Washington received supplemental funding allowing all WIC clinics to remain open and benefits to remain available through November and into December.

- The bill that was passed by the Senate and is currently being voted on by the House includes full funding for WIC through 2026 and to maintain the higher fruit and vegetable benefit that was approved during COVID, which has been a substantial and meaningful support for families.
- At this point, we remain fully operational. All new families are welcome to enroll in the program. Please encourage families to make use of their benefits are open and working hard to keep access available.
- DOH, DSHS, Department of Agriculture, and HCA are coordinating on improving infant-care and food access planning based on lessons from recent crises.

SNAP / Basic Food (Brice Montgomery)

- Brice started by sharing that Washington's basic food program is made up of two components. The first is the federally funded program, Supplemental Nutrition Assistance Program (SNAP), and the state-funded FAP Family Assistance Program. FAP supports legal immigrants who are not eligible for the SNAP program.
- In Washington SNAP is distributed over the first 20 days of the month. No benefits were issued from the 1st to the 6th, but on the 6th, we issued full benefits. Washington so all those who had delayed benefits received their benefits prior to this meeting.
- There are some new applications and some changes that we need to work on but in general, Washington is doing well in meeting current need. If the House passes the current bill, SNAP will remain fully funded for the next fiscal year (through September 2026) reducing the risk of benefit disruption for a little while.
- H.R. 1 is expected to affect more than more than 100,000 Washington residents. This includes changes to work requirements (e.g. requires work participation for parents with children ages 14 and above), removing some exemptions (e.g. homeless veterans and former foster children) and adding others (Urban Indians and Native Americans). DSHS is trying to figure out how to address Waivers for work exemptions.
- The Low Income Home and Energy Act payment (LIHEAP) will limit the new bill to standard utility allowance only to households with an elderly or disabled member. Under previous rules, households that receive more than $20 annually in LIHEAP benefits could be given automatically the highest utility allowance and that increases their current deduction for shelter costs, resulting in a higher food assistance allotment. That will change and impact approximately 75,000 Washingtonians.
- Approximately 30,000 immigrants will lose benefits and will move to the state system, increasing costs to the state.
- Additionally, moving forward the federal government will only pay 25% of administrative costs (instead of 50%). Also, depending on the state benefit error rate

- the state may have to pay a portion of SNAP benefits (which was historically covered in full by the federal government) - increased costs for error rates can be up to $300M! creating future budget pressure. (Washington's error rate the last time we measured it was 6.06%, and that rate would have cost us about $100 million.)
- DSHS anticipates significant updates to program operations, IT systems, and staff guidance as H.R.1 provisions roll out.

Community Questions:

"Is WIC funded through September 2026?" Brittany confirmed yes, noting that the Senate bill includes full WIC funding through FY 2026 (Sept. 2026).

"Is the state still distributing the additional $2.2 million per week to food banks?" Brice clarified no, explaining that the emergency funding was only issued during the first week because SNAP benefits resumed shortly after.

"Where was that $2.2 million coming from?"
In reference to the **Governor's Emergency Food Bank Funding Announcement,** this money was directed to come from DSHS.

"Where can we read or review the impacts to SNAP, particularly the new work requirements?" Participants were directed to the DSHS H.R.1 webpage and H.R.1 impact infographics shared in the chat.

"Will volunteer work qualify toward the new monthly work requirement?" Yes, Sharon (DSHS) confirmed that volunteer hours can count toward the required 80 hours per month; in contracted workfare programs, hours are tied to the local minimum wage.

"Is the DSHS benefits and HR 1 page still the correct place to get updated information?"
Yes, participants affirmed this remains the official state resource for SNAP/H.R.1 guidance.

"We know things won't go back to normal overnight, and with HR1 causing additional cuts not only to SNAP, but to Medicaid and beyond, so can share any insights regarding what we're doing at the state level to address longer-term concerns?" (DSHS) The Governor's budget will come out in December, and we'll have a better sense of what is included in that - given how important food security is, I'm hoping it receives some priority. There are also several potential pieces of legislation in the works that could create a more systematized or standard process for what food security looks like from farm to table. Washington has many farmers who provide for the retail market, food banks, charities, and farmers markets, and we are working with that group to get things organized and to map out the system so improvements can be made. There are a lot of things in motion, and hopefully we'll start to see progress on several fronts relatively soon.

From the DOH side we're placing a strong emphasis on examining our emergency response system for food access and identifying what safety nets need to be in place so we're not scrambling during the next crisis. We want to make sure we're all aligned, sharing information, and supporting these efforts collectively.

Resources Shared:

- **H.R.1 Impact Infographics for DSHS:** Infographics on requirements and eligibility changes.
- **DSHS Benefits & H.R.1 Official Webpage:** Updated SNAP and Basic Food information including links to infographics above.
- **H.R. 1 Impacts on Washington State People and Budget** is a summary of impacts from Washington's Office of Financial Management)
- Deep dive into **Medicaid Work Requirements – CHCS Resource Series** and understanding the **difference between SNAP and Medicaid Work Requirements** in H.R.1

The Health Harms of Incarceration

The Collaborative shifted to a deeply moving segment facilitated by the Carceral Health Equity Workgroup, featuring Cyril Walrond, Marriam Oliver, and Tiana Wood-Sims, along with recorded testimonials from currently incarcerated individuals. This highlighted long-standing disparities in access to healthcare, racialized treatment differences, and the emotional and physical harm created by delays or denial of care. Recorded testimonials from incarcerated individuals described untreated hernias, delayed cancer diagnoses, and COVID-19 care disparities, underscoring how racial bias and systemic neglect shape health outcomes.

Cyril noted that disparities are not incidental but "*architectural*," with BIPOC individuals often experiencing slower or denied medical attention compared to white counterparts. He emphasized that "none of us are free until we're all free," and that carceral health inequities must be understood as community health inequities.

Tiana spoke to the emotional and psychological toll of returning home after 11 years of incarceration, describing the disorientation of reintegration after less than 60 days outside and the need for patient, intentional community support. Her reflections highlighted how isolation, loss of autonomy, and chronic stress inside continue to shape daily life after release.

Marriam described how incarceration leaves deep psychological effects that follow people long after release, including untreated trauma, difficulty trusting systems, and the strain it places on family relationships. Marriam also clarified the distinction between trauma-informed approaches and trauma-care, noting that "trauma-informed is passive," while trauma care "is

when we act" to ensure individuals have the right resources and support for their own well-being.

Together, the speakers emphasized that health extends beyond clinical settings- calling for active care to address the immediate and long-term impacts of incarceration, community accountability, and systemic change grounded in dignity. Participants highlighted how incarcerated populations are frequently excluded from broader public health initiatives, despite having some of the highest healthcare needs.

Community Questions:

"How common are these care delays across facilities?" Presenters explained that delays in screenings, diagnostics, and follow-up care are widespread and often tied to staffing shortages, inconsistent policies, and facility-level discretion.

"Are there data sources we can refer to for statewide trends?" Washington does not have a unified public dataset on carceral health outcomes, which is part of the challenge; most insights come from community surveys and direct lived experience.

"How can communities support people reentering from incarceration?" Tiana emphasized simple, human-centered gestures including welcoming them back, sustained encouragement, and supporting community connection.

"What steps can public health partners take?" Cyril encouraged partners to uplift the voices of directly impacted people, advocate for policy oversight, and intentionally include carceral populations in health planning efforts.

Resources and Follow Up

- **Carceral Health Equity Workgroup – WA Portal Page** - email Community.Collaborative@doh.wa.gov with interest in learning more about the workgroup.
- **Washington Office of the Corrections Ombuds (OCO) – 2025 Annual Report** reviews statewide patterns in health harms across facilities.
- **Prison Policy Initiative – "States of Incarceration: The Global Context 2024"** how Washington compares with other U.S. states and countries.
- **Molina Jail Transitions Program (PDF):** a resource to support people transitioning from jail.

Announcements and Close

Melissa noted that the December 10 Collaborative meeting will feature a SHIP discussion and a focus on the Governor's Immigration Sub-Cabinet and encouraged partners to attend the upcoming listening sessions or share with their networks.

Closing Quote

"The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy."

— Martin Luther King, Jr.