



Department of Health
2021-23 First Supplemental Budget Session
Maintenance Level - M2 - UDS System

Agency Recommendation Summary

The Department of Health (DOH) requests the remaining funds for the Universal Developmental Screening (UDS) program to support the statewide roll-out of the new, centralized data system designed to improve screening rates and referral activities for children and their families within Washington state. Programmatic funding is required to ensure that the UDS data system is effectively used, and that promotion of screening is culturally appropriate, as communities of color currently experience disparate early screening and diagnosis rates that can impede timely access to care.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	1.4	2.8	2.1	2.8	2.8	2.8
Operating Expenditures						
Fund 001 - 1	\$205	\$315	\$520	\$315	\$315	\$630
Total Expenditures	\$205	\$315	\$520	\$315	\$315	\$630

Decision Package Description

In the 2019-2021 biennium, the legislature funded the development of the Universal Developmental Screening (UDS) data system, which is set to be completed on time in 2021. This decision package is not related to the UDS IT project funding, and requests the remaining project funding from the previous Program funding request from last year which was only partially funded to support the program staffing required to ensure the data system is widely and effectively used, and that promotion of screening is culturally appropriate, as communities of color currently experience disparate early screening and diagnosis rates that can impede timely access to care.??

Washington has faced several obstacles to ensuring all children are appropriately screened for developmental delays and provided early intervention services so that they enter kindergarten healthy and ready to learn. Screening and prevention or early intervention are important investments for long term health outcomes. The return on investment is highest in the early years of life. Every \$1 spent on early childhood development screening and treatment saves \$17 in health and societal costs¹.

Families struggle to find resources and connect to services that improve developmental outcomes. Washington's Medicaid program continues to align with the American Academy of Pediatrics (AAP) Bright Futures recommendations for age-appropriate screenings. Washington's Medicaid program began reimbursing providers who bill for screening in January 2016. Projects to train health care providers in using validated screening tools have spread across the state, but there is no statewide method to capture the screening data. Nor does the state have a centralized system for communication and referrals across the system to ensure all children who are screened are also referred to early intervention services.

Ongoing analytics of data from the system will help inform quality measures to improve universal developmental screening. The importance of operational support for this system is heightened during the pandemic, where disruptions to well-child visits and early learning systems are significant.

Stakeholder engagement is critical to the broader operationalization of the system. The DOH has invested in outreach to parents, healthcare providers, childcare providers, and key partners to inform the development of the system. The DOH has also maintained close communication with the state Help Me Grow network, to align and coordinate our respective efforts. Maintaining adequate stakeholder engagement as DOH operationalizes will require dedicated staff time.

This work will be made possible by staff providing ongoing customer service for system users, including coordination and follow-up services, cleaning of data and data analysis support, database management, and an epidemiologist for data analysis and program evaluation.

Alternatives and Consequences

The UDS data system builds on several years of work to increase screening, referral, and early intervention services for developmental and behavioral conditions among young children. Work to prepare for this system has included hiring staff, convening stakeholders, gathering input, and designing the data system.

The UDS program will not adequately meet the needs of children in Washington without additional funds to help connect systems of care to coordinate with the DOH in using the database, as identified in the system's initial funding request. As a new system it requires funds to operationalize with stakeholders and families to improve coordination of care.

This work requires skilled community engagement specialists for the outreach to be effective, especially in Black, Indigenous, and People of Color (BIPOC) communities. It also requires centralized staff to focus on coordination with Help Me Grow.

If not funded, the DOH will focus programmatic work first on communities with more established infrastructure systems that are ready to implement, in order to have maximum impact with minimal staffing, which would not adequately address barriers to access that currently exist for marginalized communities. Communities that typically have less access to early childhood screening and intervention services would continue to experience delays in access to care with sporadic support, without staffing to build that infrastructure.

Equity Considerations

Early periodic screening assists in identifying delays that may be mitigated by early interventions. Analysis of varied data resources indicate that Latino and African American children are less likely to be diagnosed early or at all for attention deficit hyperactivity disorder and autism spectrum disorder when compared to White children with similar symptoms. Children with reduced access to a primary care provider, including racial and ethnic communities, have by extension, less access to developmental screening. Experts advise that early evaluation and treatment through a coordinated effort can reduce disparity gaps and improve outcomes for priority populations. The UDS data system will serve all infants and children in Washington state, and implementation supports to promote the use of the system by health and social service providers will emphasize outreach to benefit communities of color. Ensuring all children are screened will help close that diagnosis gap and facilitate support to link those identified with early intervention services will help children achieve their greatest potential.

Ongoing analytics of data from the system will help identify health disparities to better address them, including informing the design of quality measures to improve universal developmental screening and referral.

Support and assistance to providers using the system will be a core component of the proposed work so that the system as operationalized will help address identified care needs and benefit families and their children.

Assumptions and Calculations

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

Expansion of a program that was authorized in the 2021 legislative session: no previous biennium information is available.

Current Funding levels:

SFY21 = 4.8 FTE and \$612,000

SFY22 = 9.6 FTE and \$938,000

Detailed Assumptions and Calculations:

These staff would be focused on outreach and education activities, specifically in communities that have historically experienced health disparities including communities of color, rural, tribal and immigrant/refugee communities. They would utilize best practices for authentic community engagement, including convening parent and community partner groups to provide training and familiarity with the operation of the UDS system and how the system could benefit their families as well as garnering community input on improving education and outreach activities to ensure they are culturally appropriate and effective.

(Note: the department has received the requested FTE allocation, however, did not receive the funding necessary to hire.)

See the attached financial calculator (FNCa) for additional details.

Workforce Assumptions:

2.0 FTE Health Services Consultant 3 (HSC3), Salaries/Benefits and associated staffing costs - \$106,000

How is your proposal impacting equity in the state?

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Strategic and Performance Outcomes

Strategic Framework:

- This proposal will support Results Washington Goal 1.1c: Increase the percentage of infants and toddlers with developmental delays who substantially increase their rate of growth in social-emotional skills.
- This proposal is linked to the Governor's priority for healthy and safe communities by ensuring children are screened for developmental conditions. Data suggest that screening and early interventions improve health outcomes and mitigate the negative impacts of developmental delays.
- The proposal also relates to the priority for a world class education because a successful screening, referral, and early intervention system improves children's school readiness and education outcomes.
- The proposal also supports the agency strategic plan of the Healthiest Next Generation (HNG). HNG aims to "ensure all children have appropriate developmental screenings and access to services."

Performance Outcomes:

- After one (1) year of stakeholder engagement DOH expects:
- * 50 percent of first-time users return to the system a second time.
 - * Number of provider screenings, year over year increase.
 - * Number of parents entering screening data, year over year increase.
 - * DOH is able to respond to childcare screening requests within one business day.
 - * Decrease in the screening and referral rate disparity among communities of color.

Other Collateral Connections

Puget Sound Recovery:

This request is not related to Puget Sound Recovery efforts.

State Workforce Impacts:

This request does not impact existing collective bargaining agreements.

Intergovernmental:

This effort is also closely aligned and supported by the Department of Children, Youth and Families (DCYF) Help Me Grow program. Continued collaboration with this state/community group will help to provide more effective whole person services for children and families in Washington State.

The additional staffing will allow a focus on partnering with our tribal communities to ensure that outreach and education materials are culturally appropriate in these communities. Our Local Health Jurisdictions (LHJs) have been trying to improve screening and referral rates in their communities for years through funding received through the federal Maternal Child Health Block grant. This work would assist them in that effort. DOH has received enthusiastic support from the LHJs for this effort.

Legal or Administrative Mandates:

This request does not a response to legal or administrative mandates.

Stakeholder Response:

- Help Me Grow Washington – Support, Childcare centers – Support, Washington Chapter of the American Academy of Pediatrics (WCAAP) – Support

Changes from Current Law:

This request does not require any changes to statutes or rules.

State Facilities Impacts:

This request does not impact facilities and workplace needs.

Reference Documents

[UDS 2022 Legislation and DP Briefing.pptx](#)

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
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$94	\$185	\$279	\$185	\$185	\$370
Obj. B	\$36	\$70	\$106	\$70	\$70	\$140
Obj. C	\$55	\$30	\$85	\$30	\$30	\$60
Obj. E	\$8	\$15	\$23	\$15	\$15	\$30
Obj. J	\$4	\$0	\$4	\$0	\$0	\$0
Obj. T	\$8	\$15	\$23	\$15	\$15	\$30

Agency Contact Information

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