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ISSUE BRIEF

A Pathway for Sustaining Community Health Workers In Pediatric Primary Care In Washington

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Prepared For

Introduction

Zero to Three engaged Health Management Associates (HMA) as part of its technical assistance to Pediatrics Supporting Parents demonstration sites. **Pediatrics Supporting Parents (PSP)** is a national model that transforms the well-child visit—a non-stigmatizing platform and universal access point—into a comprehensive resource and support that encourages healthy social and emotional development, ensuring that all families are supported, regardless of where they receive care. Zero to Three coordinates bidirectional learning among the five community partners[1] leading this work nationally. HMA specifically supported the First Year Families project, sponsored by the Washington Chapter of the American Academy of Pediatrics and Pediatrics Northwest in Pierce County.

Background

Community Health Workers (CHWs) are increasingly recognized as an essential component of the healthcare workforce. CHWs are frontline workers in the communities they serve and possess critical insights into the social and structural factors that influence health outcomes.[2] In addition, CHWs can be valuable in de-stigmatizing accessing resources resulting in increased engagement in care and addressing critical gaps in access to behavioral health services, food and housing resources, transportation assistance, and culturally and linguistically appropriate care.[3] Their involvement alleviates administrative burden on clinical staff, enhances patient engagement, and contributes to improved outcomes, especially for Medicaid (Apple Health[4]) beneficiaries and other populations with unmet health and social service needs.

In Washington, the Health Care Authority (HCA) and the Department of Health (DOH) have formally recognized CHWs as a vital component of the public health and healthcare workforce. Both agencies have invested in infrastructure to support their growth through standardized training, certification pathways, and statewide regional networks and have leveraged funding opportunities to support uptake in different settings. DOH has been largely responsible for establishing training and certification, while HCA has been responsible for providing funding opportunities that support the uptake of CHWs throughout the healthcare system.

[1] A complete listing of the five PSP community partners is available at: HOME | PSP (pediatricssupportingparents.org)

[2] Centers for Disease Control and Prevention. (2021). Community health workers (CHWs). https://www.cdc.gov/communityhealth

[3] Wennerstrom, A., et al. (2015). Lessons on community health worker integration from the health care innovation awards. Journal of Ambulatory Care Management, 38(2), 109–116.

[4] Apple Health is Washington State's Medicaid program.

DOH has established the Washington Community Health Worker Training Program, which offers core competency and continuing education for CHWs across various settings, including clinics, schools, and community-based organizations (CBOs). In addition, DOH supports the Washington State Community Health Worker Task Force and regional Community Health Worker Networks, which promote integration of CHWs into local health systems, address workforce development, and advance equity-focused practices.[5]

HCA has focused on identifying and securing funding opportunities to support the uptake of CHWs into various healthcare settings. HCA began exploring the use of CHWs to support community-based care coordination through the Medicaid Transformation Project and its Accountable Communities of Health (ACHs), funded by an 1115 Medicaid waiver since 2017. This work has continued through the 1115 Medicaid waiver renewal in 2024, through each ACH's care coordination hub and a regional network of CBOs and healthcare providers.[6]

More recently, HCA has explored the integration of CHWs into healthcare teams with the goal of making them eligible to bill Apple Health for services provided. This effort began with a grant initiative funded by the state legislature and launched by HCA in 2022, which was designed to embed CHWs in pediatric primary care settings.[7] The grant provided funding for CHWs while generating data that informs the eventual inclusion of CHW services as a reimbursable provider for the broad scope of Apple Health members. Participating pediatric practices adopted collaborative, team-based models of care centered on early intervention and family engagement and were responsible for collecting and sharing data with the HCA.

Pediatrics Northwest's Experience

Pediatrics Northwest, a four-site pediatric practice associated with Mary Bridge Children's Hospital and MultiCare Health System that provides service to approximately 40,000 patients, was one of the grantees in HCA's pilot program. The practice has served the South Puget Sound community for more than 45 years and has made several significant investments in delivery system changes, including the use of the Collaborative Care Model (CoCM)[8] to provide integrated behavioral health to all children ages 2 and older who receive care through the practices, regardless of Apple Health coverage. Pediatrics Northwest also participates as a community-level "proof point" in the PSP's national model for transforming the well-child visit—a non-stigmatizing platform and universal access point—into a comprehensive resource and support tool that encourages healthy social and emotional development and ensures that all families are supported, regardless of where they receive care.[9]

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[5] Washington State Department of Health. (2025). *Community Health Worker Program*. https://doh.wa.gov/you-and-your-family/community-health-worker-program

[6] Washington State Health Care Authority. (2025). *Community Health Workers*. https://www.hca.wa.gov/billers-providers-partners/program-information-providers/community-health-workers-chw

[7] Washington State Health Care Authority. (2025) *Community Health Worker Grant FAQ*. https://www.hca.wa.gov/assets/billers-and-providers/community-health-worker-grant-faq.pdf

[8] Collaborative Care (CoCM) is a model of integrated care developed at the University of Washington to treat common mental health conditions in medical settings, like a pediatric clinic. It is based on principles of effective chronic illness care, which focuses on defined patient populations who are tracked in a registry to monitor treatment progression. AIMS Center, University of Washington. (2025). *About Collaborative Care*.

[9] Pediatrics Supporting Parents. (2025). https://www.pediatricssupportingparents.org/

> "Having community health workers as part of our team has made a tremendous impact on the work we do in Collaborative Care. Their involvement has lifted such a weight for us as clinicians and has provided peace of mind in knowing that there's someone who understands our families and can quickly connect them to the resources they need. It has been especially helpful having CHW join our Psychiatric Consultation to collaborate in real time, hear weekly, important updates on the patients we serve, and discuss complex situations face-to-face. Their knowledge of available community services, referral processes, school programs, and specialized outpatient clinics helps streamline what can otherwise be an overwhelming process for a family to face on their own. It's incredibly reassuring to know that when I hand something off to a CHW, the family will receive timely, responsive, and compassionate support."
>
> – Zoey, Integrated Therapist, Pediatrics Northwest

Pediatrics Northwest has a tiered approach to supporting children and families with mental health concerns, from universal preventive offerings, to CoCM for mild to moderate mental health concerns, to subacute and urgent needs. The CHW team accompanies all families seeking support for mental health concerns, is keenly aware of available resources, and substantially reduces the time from request to receipt of care. The responsibility lies with the practice to facilitate connections to additional resources such as behavioral health providers, support for housing assistance, rather than simply provide a list of phone numbers and hope for follow through. CoCM is offered to children and families when a positive screening occurs at the wellness visit that is in the mild to moderate range for behavioral concerns, anxiety, and low mood.

At Pediatrics Northwest, CHWs became integral members of the multidisciplinary care teams that provide CoCM, including promotion and prevention activities for children's whole health needs, screening for social needs, follow-up on behavioral health screening and referrals, resource referral, relational healthcare, and longitudinal follow-up (in an accompaniment model).[10] Following implementation of the CHW grant program in conjunction with the CoCM, only a few children out of 3,000 enrolled in CoCM visited the emergency department for a mental health concern, compared with before the CHW program was implemented in 2020.

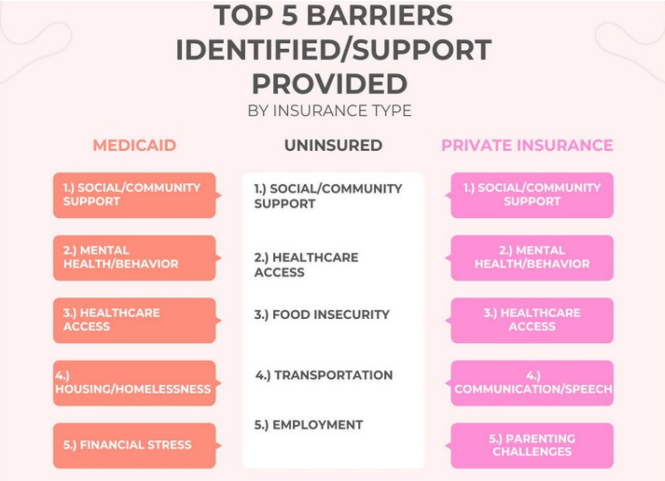
CHW grantees were required to collect and share data with HCA, to inform the development of efforts to establish CHWs as a benefit under Apple Health. These data also provide valuable information about the needs of the population served and how CHWs could be useful in addressing them.

[10] Palazuelos D, Farmer PE, Mukherjee J. (2018). *Community health and equity of outcomes: the partners in health experience*. Lancet Glob Health. http://www.ncbi.nlm.nih.gov/pubmed/29653618

In 2023, CHWs at Pediatrics Northwest served 2,200 families, and in 2024, they provided services to 2,800 families. On average, the CHWs provided care to 72 families per month, with the average time spent with each family being approximately 27 minutes.[11]

Figure 1 shows the identified needs of children served in the clinic by payer (i.e., Apple Health, private/commercial insurance, and uninsured). Notably, across all groups with a source of health coverage, the top two barriers identified were the need for social/community support and mental and behavioral health resources.

Figure 1. Top Barriers and Supports Provided by CHWs: Pediatrics Northwest's Experience



The pilot underscored the efficacy of CHW services in managing non-medical drivers of health and increasing the capacity for pediatric practices to serve the population and provide a higher quality of care through completed screenings and referrals to behavioral, developmental, social, and material needs. Pediatrics Northwest has seen the connection rate from primary care pediatric referrals into the CoCM increase to 93 percent, largely due to the addition of the CHWs. The involvement of CHWs contributed to an 8 percent increase in well-child visits for children aged 3-21 by the end of 2023 and the increase in appointment adherence continued to rise in 2024.[12]

Other state's efforts to implement CHW programs have had similar experiences because physicians and other advanced practice providers can concentrate on delivering clinical interventions and work at the top of their licensure.[13]

[11] Data provided by Pediatrics Northwest.

[12] Ibid.

[13] Center for Health Care Strategies. (2015). *Integrating Community Health Workers into Complex Care Teams.* https://www.chcs.org/media/CHW-Brief-5-10-17.pdf

Pediatrics Northwest is now exploring additional ways for the CHWs to apply the relational aspects of their work to expand promotion and prevention efforts for younger children (i.e., group settings, Seattle Children's First Approach Skills Training [FAST] Early Childhood curriculum model[14]).

Washington's New Apple Health CHW Benefit

As of 2025, 20 states have obtained approval from the Centers for Medicare & Medicaid Services (CMS) to offer CHW services as a new benefit through their state Medicaid program.[15] Washington's State Plan Amendment (SPA) application to CMS, as well as related state rules and regulations, were informed by data and experience from the CHW grant program and the state's earlier efforts to deliver CHW services through the ACHs. Washington obtained CMS approval to incorporate CHW services as a benefit in late 2024,[16] which authorizes HCA to incorporate CHW services into its contracts with the five Medicaid Managed Care Organizations (MCOs) serving Washington's Apple Health members.

A draft of Washington's billing guidance was shared with the provider partners that participated in the grant program in April 2025. The draft guidance included several elements that resulted in many grantees deciding to end their CHW programs. The two reasons for their withdrawal were: 1) the administrative burden associated with implementation, and 2) full implementation would have yielded insufficient revenue to sustain their CHW workforces. Similar challenges have also been noted in California and New York's implementation of its CHW benefit.

The issues identified in the draft billing guidance were surprising to grantees given their involvement in the state's efforts to obtain CMS approval and to draft state rules and regulations. Pediatrics Northwest communicated directly with HCA leadership about concerns with the billing guidance and was successful in obtaining several changes that make implementation more feasible for pediatric practices. The changes that were made to the draft billing guidance because of these efforts were significant and are outlined in Table 1 on the following page.

[14] First Approach Skills Training (FAST) programs provide brief, evidence-based behavioral therapy for youth and families, in settings such as primary care clinics or schools where longer-term treatment is infrequently provided. https://www.seattlechildrens.org/healthcare-professionals/community-providers/fast/

[15] National Academy for State Health Policy. (2025). *State Community Health Worker Policies.* https://nashp.org/state-tracker/state-community-health-worker-policies/

[16] Centers for Medicare & Medicaid Services (2024). *Washington State Plan Amendment 24: 0026.* https://www.medicaid.gov/medicaid/spa/downloads/WA-24-0026.pdf

Table 1. Comparison of Draft and Updated Billing Guidance

Draft Billing Guidance (April 10, 2025)[17]	Updated Billing Guidance (Updated June 12, 2025)[18]
Required the first visit of the month be in-person to receive prior authorization for all CHW services provided to the patient during the month.	The in-person requirement has been removed. CHW services may be authorized and provided either in-person or via telemedicine.
Only time spent and activities performed in the presence of the patient were considered billable.	Clarified that time and activities that a CHW provided directly or on behalf of the patient (without the patient present) are considered billable. This change is critical because much of the work on referrals and connections to services happens outside of the visit.

While HCA should be commended for making these changes to the billing guidance so quickly, remaining issues with the guidance will make implementation challenging and potentially infeasible for pediatric practices, specifically with respect to the time that CHWs must initially spend with a patient to bill for the services. The most recent version of the billing guidance requires that, to bill Apple Health plans for services that a CHW provides to a patient, the CHW must spend **at least 60 minutes** on activities with or on behalf of the patient per month.

Data collected by Pediatrics Northwest during the grant period show that, **on average, CHWs spend 27 minutes per month performing activities with or on behalf of a patient**. Under the current guidance, most services that CHWs provide would fall short of meeting this requirement and would therefore be ineligible for reimbursement from Apple Health MCOs. It is also worth noting that the 60-minute threshold is problematic for clinics implementing integrated physical and behavioral health (a key goal of Washington's Medicaid Transformation efforts), where room turnover and efficiency are key and meaningful connections can be made with families quickly.

As noted, several other states have obtained approval from CMS and are reimbursing for CHW services provided to their Medicaid enrollees. A review of the billing requirements from other states shows that Washington's 60-minute threshold requirement is an outlier and differs from the times required in other states and overall approach.[19] A closer analysis of Washington's billing guide in comparison with other states helps explain this difference.

[17] Email Communication from HCA Staff. April 10, 2024

[18] Washington State Health Care Authority. (2025) *Community Health Worker Billing Guidance.* https://www.hca.wa.gov/assets/billers-and-providers/community-health-workers-bg-20250701.pdf

[19] Connecticut Health Foundation. (2024). *50-State Scan of Medicaid Payment for Community Health Workers.* https://www.cthealth.org/publication/50-state-scan-of-medicaid-payment-for-community-health-workers/

In the billing guide, Washington only allows activities performed by CHWs to be billed under the Healthcare Common Procedure Coding System Codes (HCPCS) for Community Health Integration services provided by CHWs. This differs from other states that allow activities performed by CHWs to be billed using Common Procedure Terminology (CPT) in addition to HCPCS. In general, HCPCS codes are designed for non-clinical services and equipment that a patient receives and the selected codes; the codes that Washington has selected can only be billed beginning at the 60-minute level, with an option for a 30-minute add-on. In general, CPT codes refer to a clinical activities and offer more options to bill in smaller increments. Washington's approach might have been appropriate for CHWs in non-clinical settings where CHWs are exclusively focused on supporting patients to access community services and not as part of clinical care teams. However, the approach of Pediatrics Northwest is to utilize the CHW as part of the overall integrated care team providing integrated behavioral health. Other states use of the CPT codes allows the CHW to bill in smaller increments under the supervising provider in the clinical setting. Table 2 on the next page shows the different codes that are being used in Washington compared with the three most common codes being used in California[20] and other states. Notably, Oregon has identified additional CPT codes that are eligible for reimbursement for CHW services provided in primary care settings, many of which can be billed in less than 60-minute increments, also seen in Table 2.[21]

[20] California's approach recognizes that CHWs are valuable members of the care team and are included in Enhanced Care Management teams charged with coordinating care for highest need populations of focus. In fact, seeing the value as part of the care team, some plans in CA are paying above the published minimum FFS rates.

[21] All Care CCO. (2025). Community Health Worker Billing and Reimbursement Guide. https://www.allcarehealth.com/media/d22nw1uf/2023accco-chw-billing-reimbursement-guide-web.pdf

Table 2. Comparison of Billing Codes Available for CHW Services in Washington vs. California and Oregon

Code	Washington [22]	California [23]	Oregon[24]
G0019	✓	✓	
G0022	✓	✓	
G0023	✓		
G0024	✓		
G0176			✓
G0177			✓
H0032			✓
H0033			✓
H0048			✓
H2014			✓
H2016			✓
H2032			✓
S9446	✓		
S97535			✓
S98960		✓	✓
S98961		✓	✓
S98962		✓	✓
S99211			✓
S99401			✓
S99403			✓
S99404			✓
S99406			✓
S99407			✓
S99408			✓

[22] Washington Health Care Authority. (2025). *Community Health Worker Billing Guide.* https://www.hca.wa.gov/assets/billers-and-providers/community-health-workers-bg-20250701.pdf

[23] Department of Health Care and Services. (2025). *Community Health Worker Preventive Services.* https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYylPyP5ULO

[24] All Care CCO. (2025). *Community Health Worker Billing and Reimbursement Guide.* https://www.allcarehealth.com/media/d22nw1uf/2023accco-chw-billing-reimbursement-guide-web.pdf

An important next step for HCA is to review the 60-minute threshold and the limited use of HCPCS rather than a combination of HCPCS and CPT codes. Neither the SPA nor any state regulations require the state to only use HCPCS rather than both HCPCS and CPT codes. This more expansive approach would allow CHWs to provide and bill services as part of integrated clinical care teams or as a referral for community health integration services provided by an individual CHW that isn't part of a clinical care team. This review should include engaging a wider array of partners in the state, including the CHW grantees, Apple Health MCOs, and other states to consider changes that will encourage additional uptake of the services and be of benefit in the clinical setting.

Other Funding Sources for Community Health Workers in Pediatric Practices

Although Medicaid reimbursement for CHWs is an important source of sustainable funding for this workforce, Pediatrics Northwest is exploring several additional funding channels that could be leveraged to maintain CHWs as part of the pediatric primary care team and to sustain the progress made toward providing integrated care.

1. Enhanced Payment Rates for Behavioral and Developmental Screenings Through Apple Health

Recognizing the value of early developmental and behavioral screenings and intervention for children[25], as part of the 2023–2025 Operating Budget, Washington's Apple Health program was directed to increase rates for comprehensive developmental and behavioral health screenings.[26] The payment enhancements happened in two phases, in January of 2024 and 2025. Unfortunately, the HCA will roll back the second phase of the rate increase for behavioral health screenings that began in January 2025 beginning January 1, 2026.[27]

As noted earlier, including CHWs as part of the care team allows providers to increase the volume of patients seen in the clinic, an experience that has been noted in other CHW programs across the country, including at Pediatrics Northwest. Another CHW program grantee, Harborview (part of the University of Washington health care system), reported that developmental screenings increased from 20 percent to 92 percent and successful connection to services increased from 49 percent to 86 percent of referred children from 2019 to 2024.

[25] Thornton M, DiGiovanni S. *The Role of Behavioral-Developmental Health Screening and Response for Children Ages 0-5 in Pediatric Primary Care*. Rockville, MD: Agency for Healthcare Research and Quality; September 2024. https://integrationacademy.ahrq.gov/products/topic-briefs/age-0-5-behavioral-development.

[26] Washington State Operating Budget. Engrossed Substitute Senate Bill 5187 Chapter 475, Laws of 2023 (2023). https://lawfilesext.leg.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/Senate/5187-S.SL.pdf

[27] Washington State Health Care Authority. (2025) *Managed Care Rate Reductions FAQ*. https://www.hca.wa.gov/assets/program/managed-care-rate-reductions-guidance-faq.pdf

Many clinics are unaware of this new billing opportunity and, for those that are part of larger hospital systems, the additional revenue may not have been attributed to those clinics. In turn, additional revenue is not allocated to covering salary and benefits for CHWs, especially if they were hired with grant or pilot funds initially and the position is not visible in the clinic's budget. Moreover, when accessing the additional payment and submitting claims for these services through Apple Health, clinics must use specific billing modifiers to indicate the outcome of specific screenings and preventive actions.

Recommended Actions

- Restore the second phase of the rate enhancement for behavioral health screenings approved by the legislature for these services.
- Promote how the new CHW benefit can maximize opportunities for clinics to complete screenings and earn available revenue funds accompanied by technical assistance and training on how to bill for these services. These additional revenues could be used to help pay for CHW personnel.

2. Commercial/Private Insurance Plans

Although reimbursement for CHW services is commonly available through publicly funded sources of health coverage (including Apple Health and Medicare), reimbursement opportunities from commercial/private plans remains limited. Pediatrics Northwest's implementation of the CHW grant made their services available to the entire clinic population, regardless of the source of health coverage. The organization's implementation experience offers important data about how the services provided are valuable to the clinic's population and offer another potential funding source to support the overall sustainability of the CHW workforce. Two potential funding options worth exploring that Pediatrics Northwest has begun investigating include:

- **An assessment of all health plans in the state to fund the CHW services provided in a clinic.** This approach is similar to how Washington's Partnership Access Line (PAL) is funded. The PAL line was originally funded by a grant from HCA to support primary care providers (doctors, nurse practitioners, and physician assistants) with questions about mental healthcare, such as diagnostic clarification, medication adjustment, or treatment planning. Following the initial implementation of the PAL line and data collection, which showed the benefits that were seen across the entire pediatric population, state policymakers passed legislation that levied an assessment on all health plans. Data collected by Pediatrics Northwest has shown similar impacts on population outcomes, regardless of whether the child is covered by commercial insurance or Apple Health. Sharing this information with commercial plans is an important first step to pursuing this strategy.

- **Make CHWs a recognized provider type in the state.** In the past, many commercial/private plans have not reimbursed for CHWs because they are a relatively new addition to the health and social services workforce. It is only within the past decade that state Medicaid programs—and more recently Medicare—have recognized CHWs as a provider type. At the same time, DOH has developed training and certification pathways, marking another crucial step toward bringing additional sources of workforce funding to the table. In pursing this pathway, it will also be important to ensure that in doing so that this distinguishes between "provider type" and "billable provider" this allows for the services provided by CHWs to be billable under already recognized providers to ease the administrative burdens associated with billing and would support the team-based care model that Pediatrics Northwest is using.[28]

Recommended Action

- HCA, OIC, DOH, private/commercial health plans, the Association of Washington Health Plans, HCA grantees, and other interested partners should collaborate to understand the value of providing CHW services to the overall pediatric population and identify a path forward.

3. Quality Payments for the Use of Evidence-Based Practice Models for Children

The billing issues associated with the implementation of the CHW benefit and the limited awareness and uptake of the enhanced payments for pediatric developmental and behavioral health screenings demonstrate the challenges of achieving widespread system transformation focused on improving the quality of care for the overall pediatric population. A simpler, less administratively burdensome approach more aligned with Washington's value-based payment goals could involve higher payments for clinics that maintain fidelity to evidenced-based models such as HealthySteps, the CoCM, or Centering Pregnancy. Both Maryland and Massachusetts have implemented these types of approaches and could serve as examples for Washington to follow.[29,30] As noted, Washington has focused on value-based contracting to promote population health, improve health outcomes and minimize the administrative burden on providers; a place to start could be to build on this work with an explicit focus on the physical, developmental, mental and social needs of children.

[28] This is related to the current issue of providers only being able to bill Apple Health under the HCPCS codes rather than under CPT and HCPCS codes described earlier in this report.

[29] Maryland Department of Health. (2022). *Maryland Medical Assistance Program MCO Transmittal No. 162 Physician Transmittal No. 156 Nurse Practitioner Transmittal No. 27 Obstetrician Transmittal No. 5.* https://health.maryland.gov/mmcp/medicaid-mch-initiatives/Documents/CenteringPregnancy/PT%2030-23%20Coverage%20of%20CenteringPregnancy%20and%20HealthySteps%20Services.pdf

[30] Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid. (2021). https://www.mass.gov/doc/mental-health-center-bulletin-35-preventive-behavioral-health-services-for-members-younger-than-21-0/download?_ga=2.5017594.892505141.1693068486-205680406.1691038263&_gl=1*c4cird*_ga*MjA1NjgwNDA2LjE2OTEwMzgyNjM.*_ga_MCLPEGW7WM*MTY5MzA2ODUxMy4xLjAuMTY5MzA2ODUxMy4wLjAuMA.

Recommended Action

- HCA, Apple Health MCOs, and other interested partners should explore experiences from other states that have taken this approach to improving the quality of care children receive and how to pay for overall health outcomes through value-based payment arrangements. These arrangements could be incorporated into how the state develops future contracts with Apple Health MCOs.

4. Accountable Communities of Health Funding

Washington's regional ACHs are a key component of Washington's efforts to leverage healthcare dollars to address underlying social determinants of health. One of the tools that ACHs are responsible for is operating care coordination hubs supported by a network of CHWs that assist the region's population in connecting with resources to meet their needs. Each ACH has its own process for building its CHW network and allocating its resources to support care coordination activities. Pediatrics Northwest has been successful in conversations with its local ACH, Elevate Health, to obtain funding for two CHWs in their clinic. Importantly, the CHWs funded by Elevate Health grant funds are prohibited from billing their time to Apple Health MCOs. California is also pursuing the use of CHWs in Community Care Hubs which share similarities to Washington's ACHs and could offer some important lessons to Washington's efforts.[31]

Recommended Action

- As noted, ACHs each have their own approach to building care coordination hubs and a CHW network in their region. HCA should provide more statewide guidance about how different funding mechanisms available to support CHWs in a region can be combined. These efforts should include information about experiences and best practices from other states.

Conclusion

Community health workers play a transformative role in advancing whole-child, whole-family care within pediatric primary care environments. Their contributions span social needs navigation, health education, and care coordination—areas essential to achieving health equity and improving long-term outcomes for the state's pediatric population. Washington's investment in making CHWs a growing part of the health and social services workforce through grant funding, and the new Apple Health benefit sets a strong precedent for sustainable practice transformation.

Sustaining and growing this new workforce will require a combination of advocacy, partnership, and innovation. Pediatrics Northwest's experience offers potential strategies that other clinics should begin exploring to secure support and provide more team-based integrated care that addresses whole-child needs. Given the potentially devastating cuts coming because of federal policy changes and clinician workforce shortages, CHWs should be recognized as a key resource to address these challenges by improving capacity, addressing provider burnout, and providing better, more comprehensive care that addresses whole-child needs.

[31] California Health Care Foundation. (2024) *Exploring Emerging Medi-Cal Community Care Hubs.* https://www.chcf.org/wp-content/uploads/2024/10/ExploringEmergingMediCalCommunityCareHubs2024.pdf