

CYBHWG Behavioral Health Integration (BHI) subgroup May 9, 2023

Leads: Kristin Houser and Sarah Rafton

Early Childhood Relational Health Care

Christine Cole, Health Care Authority (HCA), Dr. Abigail Grant, Harborview Pediatric Clinic, & Fernanda Martinez Nova, Childhaven

See page 3 for slides

Highlights

- Relational health is defined as the state of emotional well-being that grows from the positive emotional connection between babies, toddlers, and their caregivers when they experience strong, positive, and nurturing relationships with each other.
- These relationships, built in the first 3 years of life are foundational, and they also are enduring and protective for families as they encounter stress.
- The standard experience that a family has when they come to clinic to receive screening and then referrals to both developmental and behavioral programs is both challenging and sometimes inequitable.
- Sometimes the screening questions themselves are often very culturally limited in deficit focus, as well as families not familiar with the concepts of developmental milestones or screening.
- There are large inequalities along the whole course, from diagnosis to receipt of services.

Update on BHI Start-up Grants

Becky Carroll, *Health Care Authority (HCA)*

Highlights

- There are 8 people, or clinics, that will be awarded grant funding.
- Funding total is \$2 million dollars, with the initial design concept of 10 clinics at \$200,000 per applicant but not all the clinics that applied asked for full amount therefore, the program ended up with left over money.
- Currently asking the legal department if the first wave of grant awardees can be announced and then repost grant application for the additional dollars.
- The current plan will allow for most of the money to be awarded prior to the end of the fiscal year.

Legislative Updates

Highlights

- Continued funding for community health workers was received, funding at Health Care Authority (HCA) sustainable path and / proviso at Department of Health (DOH) to continue training of learning collaborative to support workers.

- Continued funding for Partnership Access Lines (PAL) at the University of Washington (UW) staffing needs and First Approach Skills Training (FAST) program needs, an evidence-based program that provides education to providers that are supporting children with chronic conditions with evidence-based interventions.
 - Full funding for PAL – \$1.6 million.
- 15% increase for Medicaid behavioral health provider rates.
- Workforce support for grants and loans passed with \$20 million in funding.
- [HB 1580](#) offers funding to help with care coordinators for youth stuck in hospitals; this work will be done by the governor’s office.
- [HB 1407](#) allows youth to maintaining eligibility for developmental disability services if they have been getting them since the age of 3.
- The PAL request was in three parts. 1.) PAL psychiatrists to support clinics building behavioral health integration. 2.) Support for WA Mental Health Referral Service to support teens and families finding counselors. 3.) Funding for FAST to train MH professionals to support kids and families w/ time-limited evidence informed interventions. We received funding for items 2 & 3 with funding of \$1.6 million.

Discussion of Future Topics & Priorities for Subgroup

Highlights

- Reduction of administrative burdens, process alignment.
- Primary care payment transformation – receive money to achieve outcomes.
- Additional funding for integration, current funding is not sufficient.
- Money in primary care without all the monitoring and tracking.
- Collaborative agreement between agencies, or at the state level that allows access to information for children and youth with behavioral health service needs could reduce data barriers and limitations. What are other states doing?

Attendees

Nikki Banks, Health Care Authority (HCA)
Rachel Burke, HCA
Becky Carrell, HCA
Phyllis Cavens, Child and Adolescent Clinic
Stella Chang, HCA
Christine Cole, HCA
Megan Gillis, Molina Healthcare
Andrew Hill, Excelsior Wellness
Libby Hein, Molina Healthcare

Bob Hilt, Seattle Children’s Hospital
Connie Mom-Chhing, Community Health Plan of
Washington (CHPW)
Julia O’Connor, The Washington Council
Liz Perez, HCA
Wendy Pringle, HopeSparks
Beth Tinker, HCA
Amber Ulvenes, Advocate
Cindi Wiek, HCA

Childhaven-Harborview Early Relational Health Program

Farhiyo Ahmed

Daisy Vexlund

Fernanda Martinez Novoa

Rachel Dumanian

Jon Gould

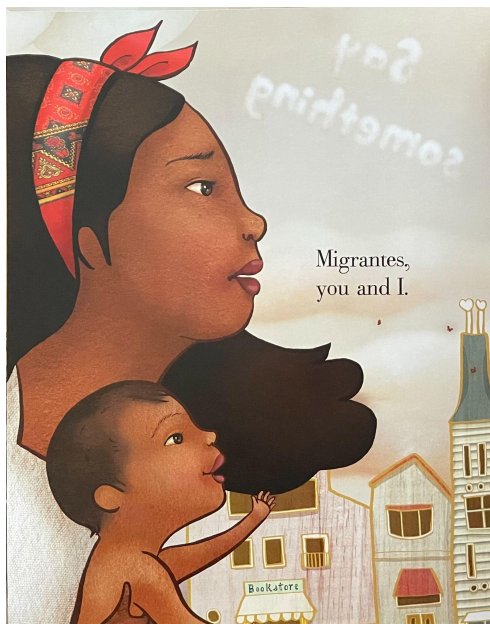
Abigail Grant



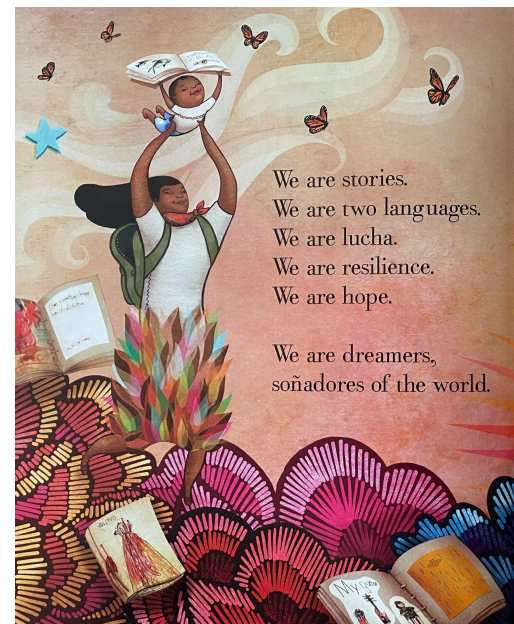
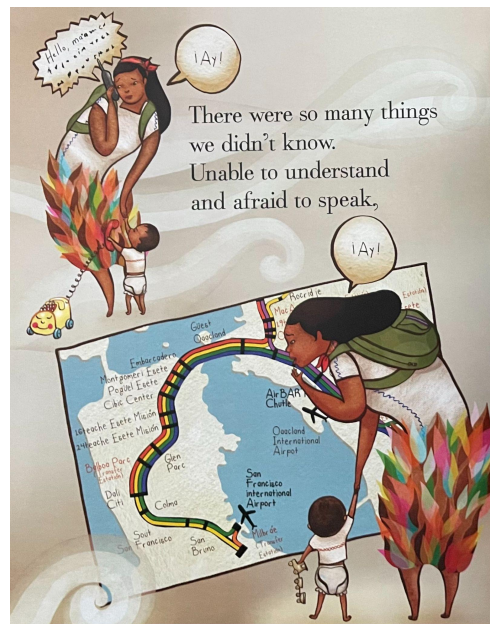
HARBORVIEW
MEDICAL CENTER

UW Medicine  King County

Harborview Pediatric Clinic



Dreamers -Yuyi Morales



Early Relational Health Definition



Baby Dance - Ann Taylor

State of emotional well-being that grows from the positive emotional connection between babies and toddlers and their parents/caregivers when they experience **strong, positive, and nurturing relationships** with each other.

Early Relational Health Definition



It Feels Good to Be Yourself - Theresa Thorn

The relationships children build in the first 3 years of life lay the foundation for healthy development which supports their health, learning and behavior into adulthood.

Early Relational Health Definition



These resilient and enduring relationships also help to protect the family from the harmful effects of stress.

Last Stop on Market Street - Matt De La Peña

Early Relational Health Starts at the Beginning

Social-emotional well-being for babies is rooted in the well-being of families and communities.



We are Water Protectors - Carole Lindstrom



Inequities in Early Relational Health

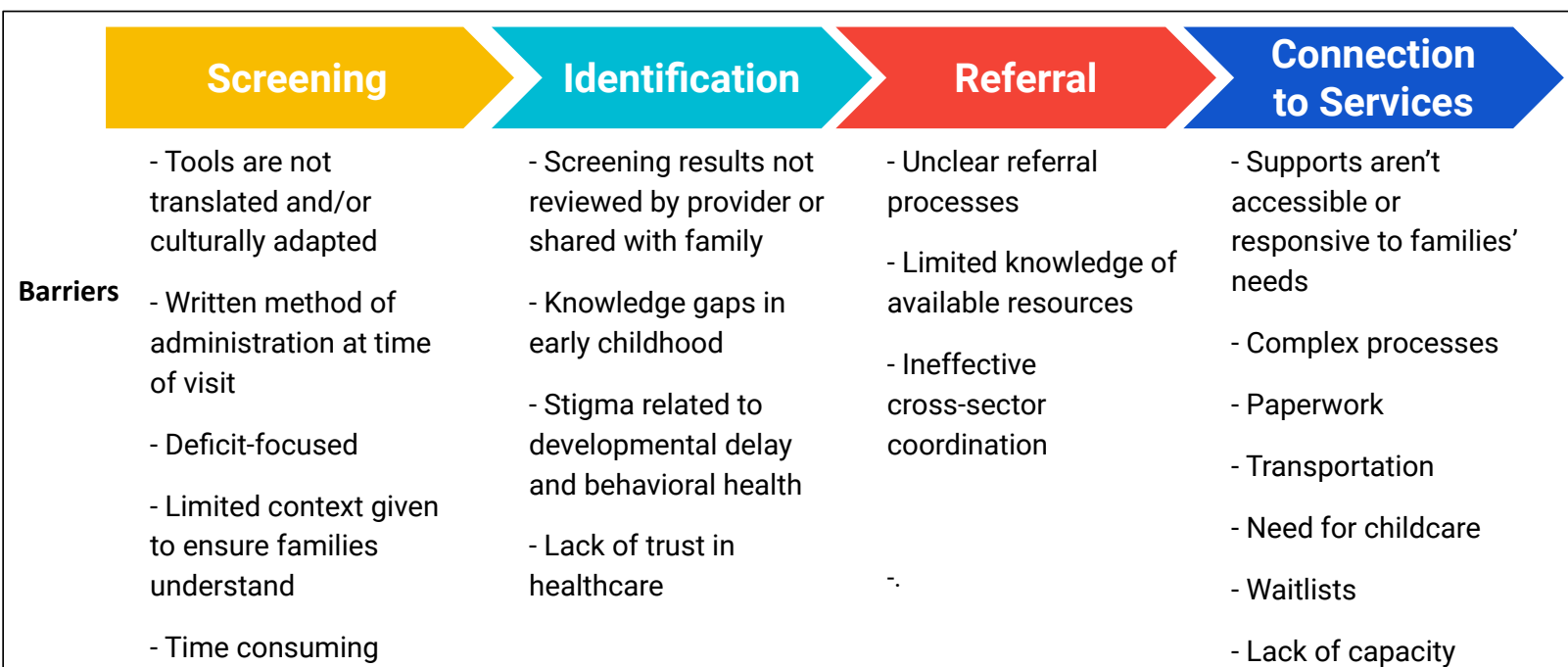
Everyone should have what they need to experience healthy relationships but many families and children do not.

Early identification is CRITICAL to optimize language, cognitive, motor and socioemotional development, yet only 10% of children with delays are identified and receive intervention.

Compared with children living in an English primary language household, those in **non-English parent** language households **40% less likely** to have received screening in the past year.

Source: Hirai et al. JAMA Pediatr. Prevalence and Variation of Developmental Screening and Surveillance in Early Childhood. 2018;172(9):857-866.

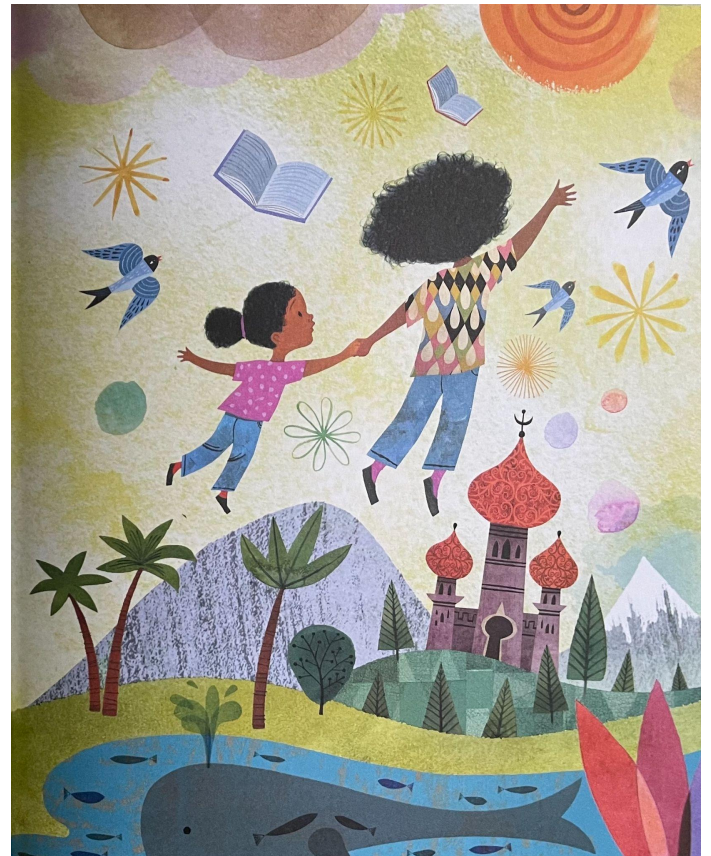
Standard Developmental and Behavioral Screening & Referrals



How can we do things differently?

“You never change things by fighting the existing reality. To change something, build a new model that makes the existing model obsolete.”

- R. Buckminster Fuller



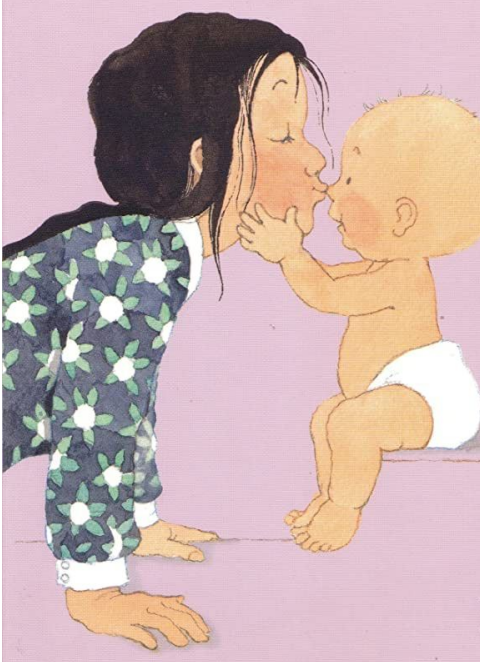
The Day You Begin - Jacqueline Woodson



Loves Makes a Family - Sophie Beer

- Build relationships over time
- Celebrate and build upon strengths
- Support social-emotional/behavioral health from the beginning
- Identify needs - parents must be partners in identifying their unmet needs
- When needs are identified, provide meaningful support through connection to services
- Reflect the family's language and/or culture

Family at the Center of Care



Caregivers feel:

- trusted to make the best choices for their families
- supported in raising their children
- connected to our team
- valued and respected

Caregivers experience and recognize joy and delight in moments of mutual connection with their children

Ten Little Fingers and Ten Little Toes - Mem Fox

Work in Partnership



**Wraparound With
Intensive Services**

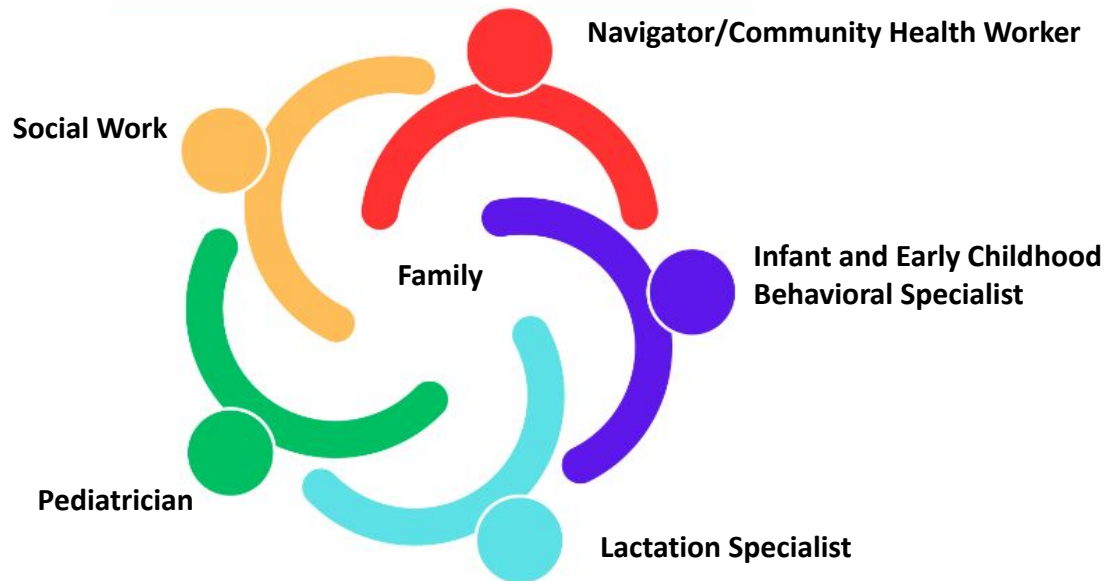
**Early Support for
Infants & Toddlers**

Early Learning

**Child & Family
Counseling**

**Community
Based
Programs**

Create the Right Team



Support the Team

- Team working together
- Scope of work - right thing for the patient, creativity & joy
- Reflective practice
- Professional development



Mama, Do You Love Me? Barbara M. Joesse



Pathways WA Early Childhood Fellowship is an employment-based Fellowship focused on increasing the representation and power of people of color in early childhood policy spaces.



Fernanda Martinez Novoa



Early Childhood Developmental Navigators



Farhiyo Ahmed



Daisy Vexlund

Start with Relationships

Relationships are at the heart of human development and thriving

- Universally connect with each family from birth to 5 years of age
- Continuity - 14 visits with each child and family in first 5 years
- Responsive, flexible, accessible
- Strengths-based
- Cultural and linguistic concordance



The Proudest Blue - Ibtihaj Muhammad

Support Social Emotional Development

Staying Connected During Difficult Moments

What am I feeling?

- I notice and accept my own feelings of anger, embarrassment, frustration . . .
- I pause—and take a moment (e.g. a breath) so I can be calm and flexible about how I respond.



What is my child feeling?

- I wonder what my child is feeling and what might be motivating his/her behavior.
- I accept the feelings, whatever they are.



How can I help?

Now, I can think about what my child needs and how I can respond so we stay connected.

I help my child calm and learn about strong feelings.

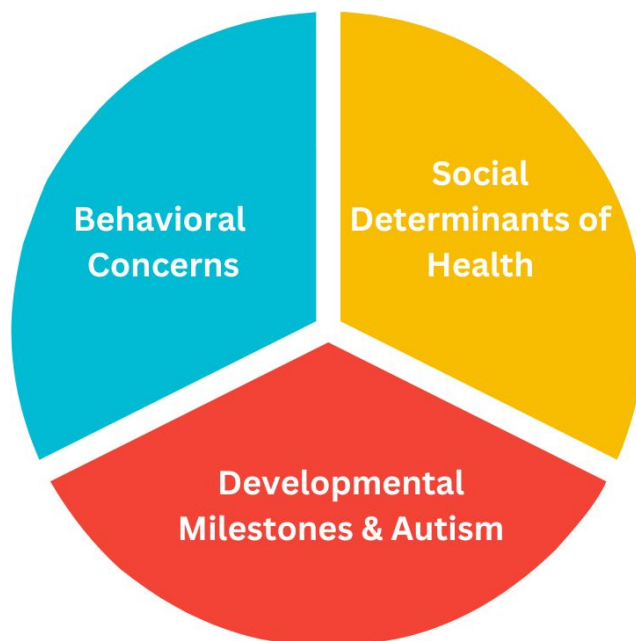


I help my child learn to move on.



Partner with Families to Identify Unmet Needs

- Conversation
- Provide context
- Culturally adapt
- Ensure understanding



When Needs are Identified, Provide Meaningful Support

- Warm connections and follow-up
- Support & ongoing navigation to overcome barriers and ensure meaningful receipt of services
- Coordinate across sectors
- Advocate to improve systems



Infant and Early Childhood Specialist

Direct Support to Individual Families

- Short-term, strengths-based, healing-centered dyadic therapy to caregivers & their young children
- Help caregivers understand and support their child's social and emotional development, developmental concerns, and challenging behaviors.

Care Transformation and Capacity Building

- Build capacity of the clinic team to support Early Relational Health
- Focus on prenatal to 6 months including caregiver behavioral health



Families Served

Over **1,300 individual children** whose families speak > 38 unique languages have received support through this program.

Amharic, Arabic, Bambara, Bengali,, Burmese, Cambodian/Khmer, Cantonese, Dari, English, Farsi, French, Fulani, Greek, Haitian Creole, Hindi, Japanese, Korean Lingala, Mandarin, Mandinka, Nepalese, Nuer, Oromo, Punjabi, Pashto, Quiche/K'iche, Russian, Sign Language, Somali, Soninke, Spanish, Swahili, Tagalog, Tigrinya, Turkish, Urdu, Vietnamese, Wolof,

86% of referrals to Early Childhood Services were completed to the family's desired outcome.

Prior to the start of the program at Harborview < 50% of families referred to Early Services for Infants and Toddlers were successfully connected.



Families Value

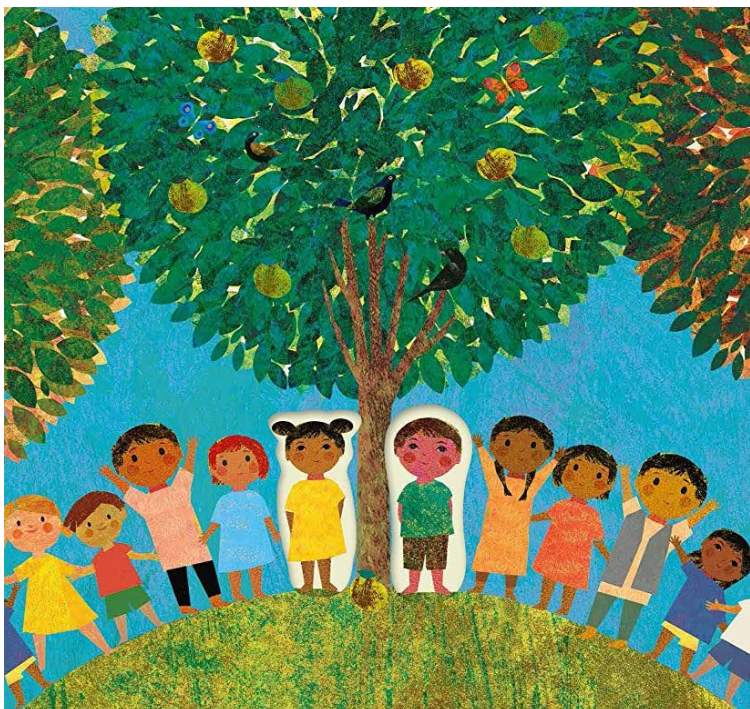
Key Themes of 25 Caregiver Interviews

- Sharing language and culture with the navigators are important to families
- Facilitating accessibility- Families value the navigator's approach to screening
- Promoting Development - Focusing on development is meaningful to families

Engages - listens to my needs – respects my decision – explains things – takes her time – accessible – asks about all family relationships – knowledgeable – made me feel comfortable – we could relate to each other – understanding – personable – provides useful information about my child's development – cares about the wellness of the mother and the child – kind – reassured me my daughter was developing okay – explained in a language we understand – caring



Grow & Learn Together



We Are Together - Britta Teckentrup



Funding

Health Care Authority

Best Starts for Kids

Premera

Cigna Foundation

Cambia Health Foundation

Pacific Hospital Public Developmental
Authority

Remala Family Foundation



Transforming Child Health Care Through Anti-Racist, Family-Driven Approaches



1. Adopting anti-racist practices and policies to advance health equity.



2. Co-creating equitable partnerships with patients, families, and providers.



3. Identifying family strengths and addressing health-related social needs to promote resilience.

DEFINING INFANT AND EARLY CHILDHOOD MENTAL HEALTH

Relationships are at the heart of our quest to be happy, healthy, safe, and thriving. For infants, toddlers, and young children, all development occurs within the context of relationships with parents and other caregivers. These relationships nurture the foundational social and emotional development needed to learn and thrive. Healthy social-emotional development is also known as infant and early childhood mental health (IECMH). In an affirmative sense, IECMH is *the capacity of children ages 0-5 to experience, express, and regulate emotions, to form close relationships with peers and adult caregivers, and to explore and learn in the context of family, community, and cultural expectations.*¹ Building this social-emotional capacity is essential to strong early development and to success and well-being in life.

PROMOTION



Promotion services are universal and focused on distributing information and resources to support strong child-caregiver relationships, healthy development, and early learning.

PREVENTION



Prevention services identify and reduce conditions that lead to disruptions in social-emotional well-being and strengthen the capacities of young children and their families.

TREATMENT



Treatment services are designed to alleviate distress and facilitate healthy development and behavior for young children and families who are experiencing trauma and other mental health challenges.