

P5RHS

Prenatal through 5 Relational Health Subgroup

June 28, 2023 | 12:30-2:00pm | Zoom meeting

Welcome & Meeting Agenda

- Welcome (Kelli, 12:30-12:35)
- Today's objectives (Kristin, 12:35-12:40)
 - P5RHS charge & shared work ahead
- Partner updates (Kristin with partners, 12:40-12:55)
 - Perinatal Support WA parent warm line implementation update (Victoria, 5-minutes)
 - Pregnant and parenting people (Avreayl, 5-minutes)
 - Health Care Authority (Christine, Kiki, &/or Beth, 5-minutes)
- Rep. Callan, CYBHWG co-chair (around 1:15-1:25, pause DCYF's section)
- DCYF deep dive (Kristin to Mary and others, 12:55-1:50)
- Close (Kelli, 1:50-2:00)

P5RHS charge & Shared work moving forward

- One of 6 subgroups under CYBHWG
 - CYBHWG spans P-25 years
 - Many years of recommendations and implementation; P25 behavioral health strategic plan
- Timeline & group charge
 - Charge: make policy &/or budget recommendations that will make positive impact for families in the perinatal stage and children ages prenatal-5 years and their families
 - July-September: as a group work on idea generation, idea refinement, write issue briefs, and write recommendations to be presented to the CYBHWG
 - October-November: increase awareness on recommendations, prepare for parent and provider panel
 - December: beginning of advocacy
 - January-March: advocacy, lobbying
- Staffing, meeting
 - Changes to staffing
 - Meetings will likely be one 90-minute Zoom meeting per month and small group, work-intensive meetings
 - Meeting schedule TBD – We aim to have a regular schedule starting in July

Partner updates

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 - Perinatal Support WA parent warm line implementation update (Victoria, 5-minutes)
 - Pregnant and parenting people (Avreayl, 5-minutes)
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Review: Perinatal Support WA Warm Line recommendation for 2022 legislative session

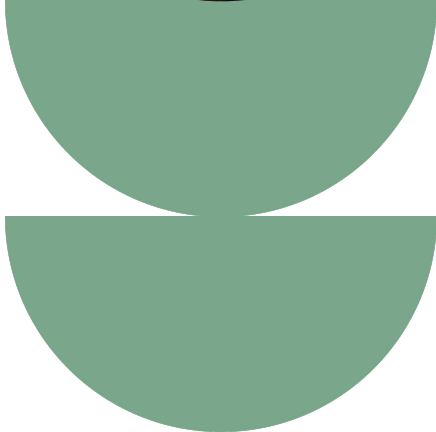
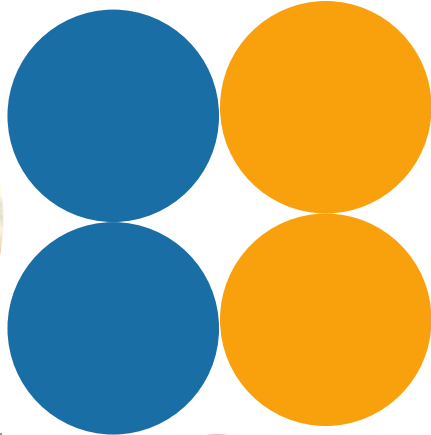
- Budget recommendation
- Successful in securing \$500K/year on-going

The [Children and Youth Behavioral Health Workgroup](#), together with the Prenatal through 5 Relational Health Subgroup, recommends investments to expand [Perinatal Support Washington's successful Warm Line](#) so un- and underserved expectant and new parents have greater and more equitable access to mental health services through peer-to-peer engagement and increased public awareness.



Department of Children, Youth, and Families

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Thank You!



Prenatal through 5 Relational
Health Subgroup (P5RHS)



Prenatal through 5 Relational Health Subgroup

June 28, 2023



Washington State Department of
CHILDREN, YOUTH & FAMILIES





Agenda

- Implementation Updates
 - Complex Needs Fund Awards
 - IECMHC
 - Prenatal SUD Pilot
 - Plan of Safe Care
- 2024 Decision Package and Legislative Updates

Complex Needs Funds

Complex Needs Fund Awards 21-23 Biennium

Complex Needs Fund	# of Applications	# of Awardees	Provider Type Awarded	Total Amount Awarded To Date
ECEAP	2022-23: 43 2023-24: 47	2022-23: 43 2023-24: 47	ECEAP/Early ECEAP Contractors	2022-23: \$4,622,103.56 2023-24: \$6,964,943.51
Child Care	Round 1: 1,400 Round 2: 1,153	Round 1: 131 Round 2: 101	Round 1: Centers 80, LFH 51 Round 2: Centers 58, LFH 35, FFN 4, Tribal 4	Round 1: \$7,378,952.74 Round 2: \$5,290,975.00

Complex Needs Fund Awards in the 21-23 biennium supported adding staff or increasing staff hours; therapeutic services; facility improvements to comply with ADA accessibility or behavioral needs; and supportive and adaptive materials and equipment. Staffing remains the most requested funding category.

Ongoing Funding: Complex Needs Fund

ECEAP Complex Needs Fund:

- The legislature added a one-time increase in funding for the ECEAP Complex Needs Fund for the 2023-25 biennium. This is a one-time increase of \$5,787,000.
- The total amount of ECEAP Complex Needs Funding for 2023-25 is \$11,035,000

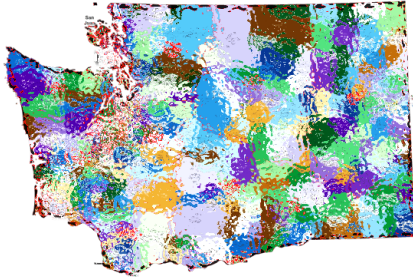
Child Care Complex Needs Fund:

- The legislature has increased the maintenance level funding for the Child Care Complex Needs Fund by \$15,396,000. This is an ongoing increase.
- The total amount of Child Care Complex Needs Funding for the 2023-25 biennium is \$20,000,000.

When is the next round of funding?

- The 2023-24 Child Care Complex Needs Fund will open in Fall 2023
- The ECEAP Complex Needs Fund for FY24 is complete and included in ECEAP Contracts. There will not be another round available until FY25

IECMHCS



Building an Equitable and Responsive Infant and Early Childhood Mental Health Consultant System for Washington

Prenatal through 5 Relational Health Subgroup

June 28, 2023

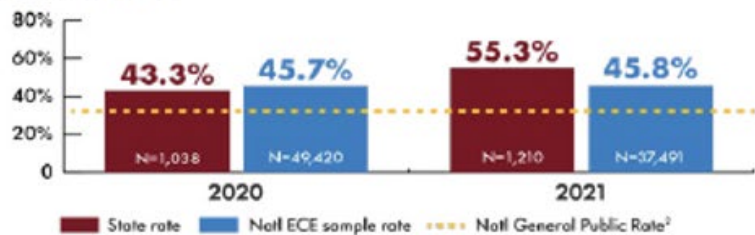
www.dcyf.wa.gov



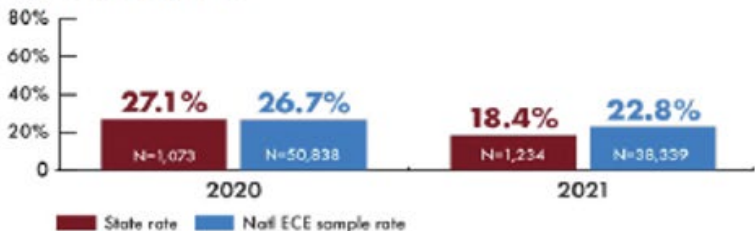
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Mental Health in WA ECE Professionals

DEPRESSION¹



ELEVATED STRESS¹



CONTEXTUAL FACTORS

Home-based ECE provider
average yearly salary (2021)³

\$31,392.00



SNAP
eligible⁴

Center-based ECE provider
average yearly salary (2021)³

\$34,195.20



SNAP
eligible⁴

ECE professionals who tested
positive for COVID-19

20.8%

ECE professionals without
health insurance

8.8%



Growing Infant and Early Childhood Mental Health Consultants in Washington

- 2019: 6 consultants through Initial investment from Senate Bill 5903
- 2020: Program director added through Perigee grant
- 2021: 6 more consultants through Fair Start for Kids Act
- 2022: 3 more consultants through the Preschool Development Grant
- 2023: Tribal Infant Early Childhood Mental Health Proviso –and ongoing
- 2024: IECMHC budget increase for biennium.



Photo by [BBC Creative](#) on [Unsplash](#)



Holding Hope at CCA of WA

- Provide Mental Health Consultation services licensed child care sites.
- Provide resources, information and support for coaches to support providers
- Engage with regional/community/tribal early learning and behavioral health partners toward a coordinated approach in IECMHC.



Data Review - April 2022-March 2023

	April 22- September 22	October 22- March 23
Sites Served	235	225
Average Hours Consultation per site*	28.3	31.2**
Average visit length	1.5***	1.5
Total Referrals to Additional Services	349	424
Child and Family Referrals	256	336
Provider Referrals	93	88

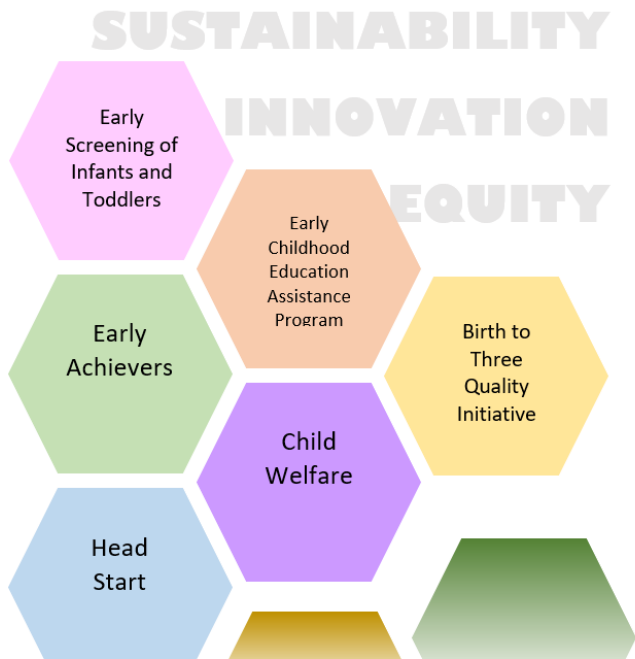
*Average consultation time for sites receiving more than 10 hours of service over six months

**ranged from 1 hour to 90 hours; 20 sites received over 50 hours over 6 months

***reflects both on-site and virtual services (which tend to be shorter)



IECMHC Workforce Development Team: Building a diverse and thriving workforce



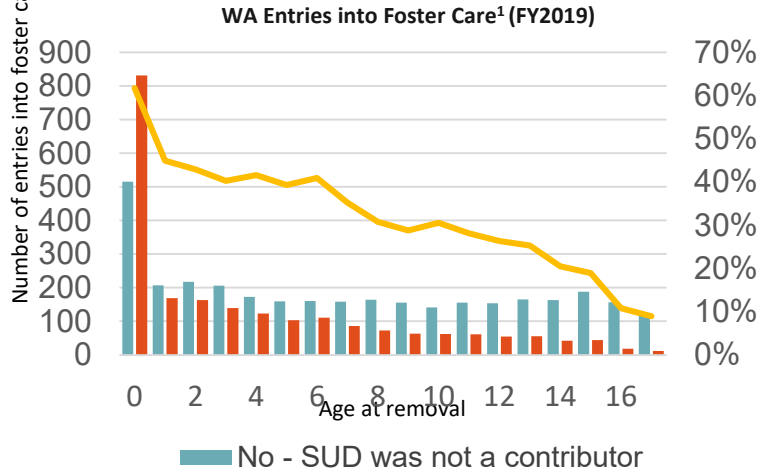
- Identify pathways to increase representation of professionals in the field who are BIPOC.
- Scale up successful models already in place.
- Coordinate IECMHC efforts among subsystems.
- Grow IECMHC service capacity.
- Build system-wide infrastructure and identify dedicated funding to sustain the IECMHC workforce.



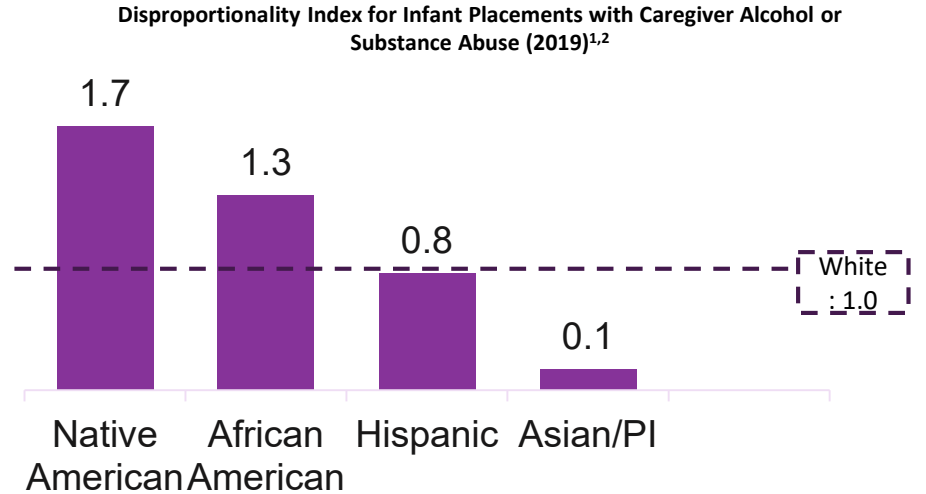
Prenatal SUD Pilot

SUD is a major driver of removals for young families, with Black and Native American families experiencing disproportionately worse outcomes

Parental substance use is a major contributing factor of child placements and has risen in recent years.

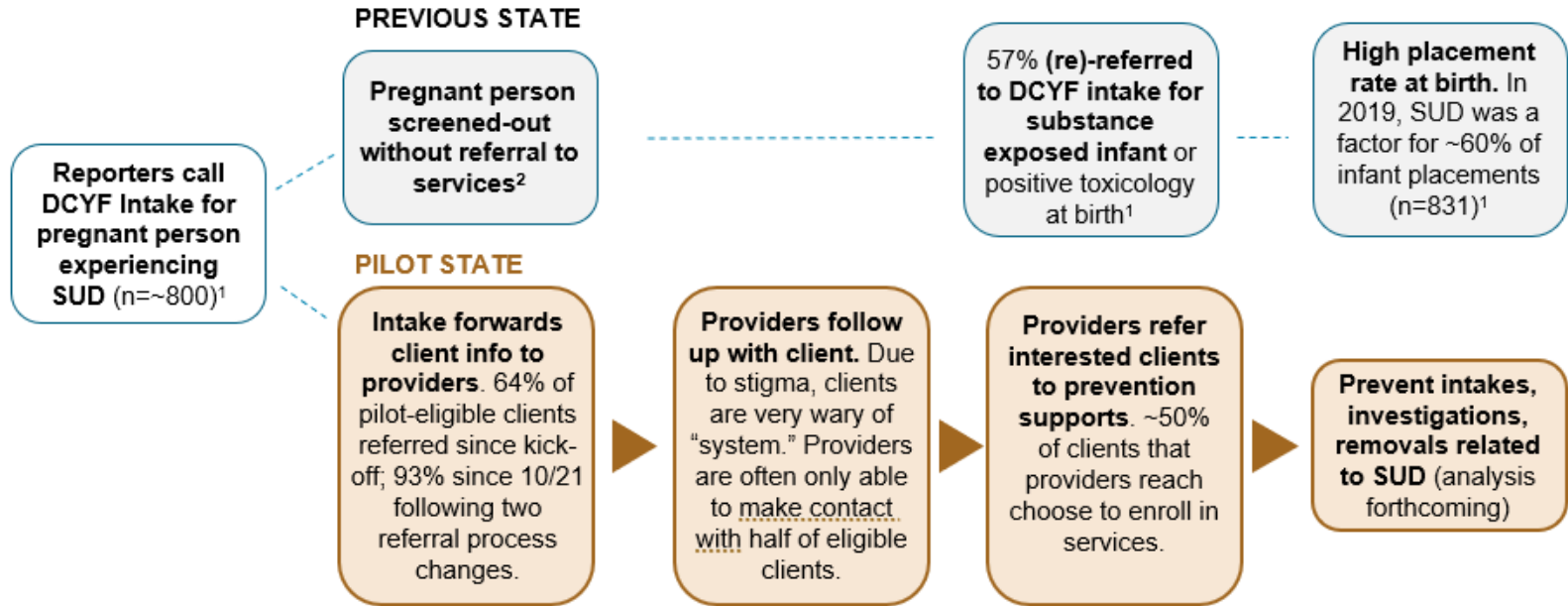


Black and Native American communities disproportionately experience placements related to SUD



1) FamLink Infant Removals for Caregiver Alcohol or Drug Abuse FY2019; 2) Population data derived from OFM via Integrated Client Databases via Chris Graham (2018)

Current Pilot Overview: Prevention supports for substance-using pregnant people coming to DCYF's attention



1) DCYF FFPSA Plan; 2) GPL hand-review of 10% of intakes in Regions 1, 5



We are working with 5 partners who connect clients with voluntary prevention services in 9 counties

Whatcom, Skagit, Snohomish, Island, San Juan Counties

F.I.R.S.T. Clinic helps mothers avoid CPS removal and the filing of a dependency petition in court. This interdisciplinary and cross-discipline upstream approach to child welfare combines legal advocacy with connecting a family first-hand with services to prevent not only a removal now, but future involvement with CPS as well.

Kitsap County

PCAP is an award winning, evidence-informed home visitation case-management model for pregnant and parenting women with substance use disorders. PCAP goals are to help mothers build healthy families and prevent future births of children exposed prenatally to alcohol and drugs.

Family
Intervention
Response to
Stop Trauma

WithinReach /
Help Me Grow

Parent-Child
Assistance
Program

You're Not Alone

American Indian
Community
Center

Pierce and King Counties

HMG is not a stand-alone program, but rather a system model that utilizes and builds on existing resources in order to develop and enhance a comprehensive approach to early childhood system-building in any given community. HMG maintains a directory of available services and connecting service providers to each other to create an interconnected system. Families benefit as HMG listens to them, links them to services, and provides ongoing support.

Spokane County

YNA, a program within SRHD, provides PPW with access to a case manager to help identify resources to support them as parents. YNA also refers to Nurse-Family Partnership, which provides clients with a personal nurse to partner with them throughout pregnancy through the child's second birthday.

AICC is a recognized American Indian Organization offering resources including crisis intervention and behavioral health services.



Plan of Safe Care

CARA's Primary Changes to CAPTA

1. Further clarified population to infants “born with and affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder,” **specifically removing “illegal”**
2. Specified **data to be reported** by States
3. Required **Plan of Safe Care** to include needs of **both infant and family/caregiver**
4. Specified increased monitoring and oversight by States to ensure that **Plans of Safe Care** are implemented and **that families have access to appropriate services**



POSC - Family Centered Plan

- Home Visiting
- SUD Assessment/Treatment & Relapse Prevention Plan
- Mental Health Resources
- Intimate Partner Violence Resources
- Early Intervention Services
- Housing Resources
- Parenting Supports and Childcare
- Infant Supplies
- Safe Sleep
- PURPLE Crying



Who Needs a Plan of Safe Care in Washington? - CAPTA Definitions

Prenatal Substance Exposure: The presence of alcohol or any controlled substance verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.

Affected by Withdrawal: A group of behavioral and physiological features in an infant that follows the abrupt discontinuation of a substance that has the capability of producing physical dependence. No potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.

Fetal Alcohol Spectrum Disorder: The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.





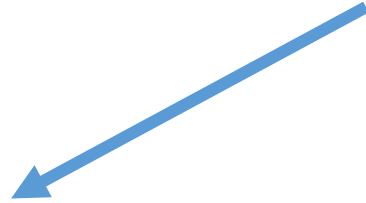
The Healthcare Provider identifies an infant as substance exposed. Via the online portal, the provider provides de-identified data related to every instance of prenatal substance exposure.



If a **notification** is required, the online portal's algorithm will then direct the provider to complete the POSC referral, which is sent to Help Me Grow.



Help Me Grow will reach out to the family and refer them to services based on the POSC, as well as other wrap-around supports.



If a **report** is needed, the online portal's algorithm will then direct the provider to call DCYF Intake. DCYF will complete the POSC.



Distinguishing Between Pathways

The following situations require a report to DCYF and a POSC

- Any case of a newborn with safety concerns
- A newborn has a positive toxicology with confirmatory testing for an illegal substance or a non-prescribed substance(s), except marijuana
- Other situations

The following situations require a notification and a POSC

- A healthcare provider verifies that the birthing parent is taking methadone or buprenorphine as prescribed and there are no safety concerns
- A healthcare provider verifies that the birthing parent is taking opioids as prescribed by her clinician, and there are no safety concerns
- A newborn is prenatally exposed to marijuana and there are no safety concerns



What is Help Me Grow Washington?

Help Me Grow Washington is a comprehensive system, based in community, to connect young children and their families to the resources they need. Help Me Grow Connects WA Families to:

- Health Insurance Applications
- Food Stamps Applications & Food Resources
- WIC
- Early Intervention
- Home Visiting Programs
- Ages & Stages Questionnaire
- Immunizations & Child Profile
- Parent Support & Early Childhood Resources
- Post-Partum Mental Health
- Newborn Baby Supplies



Implementation Updates

- First pilot sites were launched in 2021, 15 birthing hospitals are active currently
- DCYF received additional funding for this work in the 2023 legislative session and is moving towards statewide implementation
- Working on additional training and engagement with birthing hospitals
- Strong coordination with Washington State Hospital Association



DCYF 2024 Legislative Proposal Development



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DCYF Major Focuses for Next Biennium

Overarching framework:

- Support access, affordability, and quality

Major Projects – implement existing mandates

- FSKA elements coming online
- 85th percentile rate increase
- ECEAP entitlement
- Cost of Quality Care rate model setting

2024 Supplemental Ideas

Making Child Care Work for Families



Allow participation in ECEAP, Early ECEAP, Head Start and Early Head Start as an approved activity for WCCC.

- Approx. \$4M: Supporting access for about 165 families.



Provide households with a child who was receiving protective services one year of WCCC eligibility following adoption or guardianship.

- Approx. \$24M: Supporting access for about 1000 families.



Exclude child support, Social Security, and Supplemental Security payments as countable income for Working Connections Child Care and ECEAP

- Approx. \$12.7M: Supporting access for about 1,542 children ³⁴

**Dollars are annual figures for the purpose of the supplemental ask, all are ongoing*

2024 Supplemental Ideas

Supporting Providers for Child Care Access



Expand Infant/Toddler Access

- Provide contracted slots for child welfare child care.
 - \$150K/year for 1 FTE to manage 100 contracted slots
- Increase infant rate enhancement to \$500/month.
 - Approx. \$12M: Supporting access for 2,500 children
- Create a toddler rate enhancement of \$200/month.
 - Approx. \$18M: Supporting access for 7,500 children
- Expand Early ECEAP in areas of most need.
 - Approx. \$4.2M: Adding 172 slots and 1 FTE
- Increase the Non-Standard Hour Bonus to \$500
 - Approx. \$13M: Supporting access for 220 children

**Dollars are annual figures for the purpose of the supplemental ask, all are ongoing*

2024 Supplemental Ideas

Supporting Providers for Child Care Access



Align Overpayment Collection with Federal Requirements

- Approx. \$215K: amount less in overpayments collected, representing about 330 overpayments not collected on



Shared Services and Technical Assistance to Access Funding and Resources

- Approx. \$1.7M: maintain availability of both Shared Services and Technical Assistance, providing responsive and scalable services statewide
- Includes contracted supports and 5 FTE to provide culturally responsive direct service, to providers accessing various DCYF systems and business opportunities.

2024 Supplemental Ideas

Preparing for ECEAP Entitlement



Rate increases

- Slot rate increases that get us to the 43% slot rate increase for school day



Slot increases

- 200 additional School Day slots and 50 additional Work Day slots



Quality infrastructure

- Funding for DCYF ECEAP to provide classrooms with continued access to Creative Curriculum® and GOLD® Assessment and training.

2024 Supplemental Ideas

TTK Coordinated Recruitment and Enrollment



HB 1550 mandated that DCYF work with OSPI on Coordinated Recruitment and Enrollment

- Approx. \$1-1.5M will fund:
 - FTE in the CCA of WA regions
 - Communications support
 - A consultant for state level planning with OSPI and communities.

Early Support for Infants and Toddlers (ESIT)

Overview

- Early intervention services for children birth to 3 with developmental delays or disabilities.
- Washington's Part C of the Individuals with Disabilities Education Act (IDEA) is ESIT and was formally established in October 1986.



93% of children served through ESIT receive services in their family home.



20,466 children were enrolled between July 2021 and June 2022.



ESIT is provided by community based providers.



2024 Supplemental Ideas

Early Supports for Infants and Toddlers



Ensure ESIT providers are adequately compensated for their services

ESIT providers currently are not receiving reimbursement for all children served in the month, DCYF is proposing a change to the “monthly count date” to ensure all services are properly paid for.

Looking Ahead to the Next Biennial Budget

DCYF is always working looking out 2 sessions in the future.

2025 asks are likely to include:

- Cost of quality care rate model funding
- ECEAP entitlement
- Expanding subsidy eligibility to higher income brackets
- Eligibility alignment

DISCUSSION

Questions for us?

Thank You!



Warm Line Update

Victoria Cherniak, MSW
Warm Line Program Manager

Warm Line



- Call, text & email
- Live Answer Monday-Friday 9am-4:30pm
- Respond to voicemail messages evenings and weekends
- Bi-lingual/Bi-cultural Spanish speaking staff
- For parents, family and providers
- Dad's too! (via our Dad Specialist)

888.404.7763



Warm Line Expansion Year 1

- Full Time Bilingual Spanish Speaking Peer Specialist
- Full Time Admin & Peer Specialist
- Part Time Dad Peer Specialist
- Part Time Community Outreach Manager
- Communication Support
- Grew our use of MSW Interns from 1 to 3 students



Warm Line Expansion in the Works

- Hiring a Full Time Peer Specialist for Black/African American parents
- Hiring 1-2 Part Time Peer Specialists to provide culturally matched care
- Providing Interpretation services
- More statewide outreach!



Warm Line in the First Year

- 950 individuals have reached out (9% increase)
 - 70% moms
 - 5% dads
- 98 Spanish speakers (75% increase)
- 26% received Extended Peer Support (up from 14% in previous years)

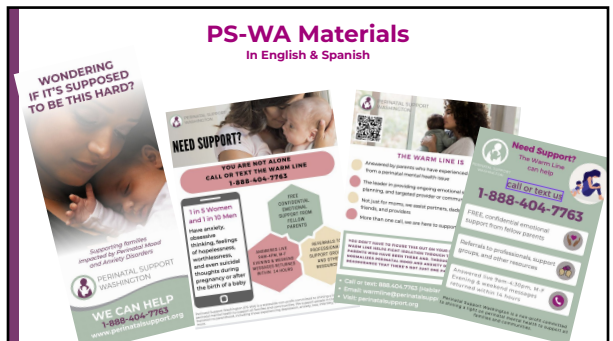
The peer "... made a consistent effort to check in following our initial call. I always felt that she was someone I could speak with candidly about my experience with PPD. I truly think that [she] and the Warm Line made the biggest impact in my recovery."

-Warm Line Caller



PS-WA Materials

In English & Spanish



Warm Line Links

Order materials: <https://perinatalsupport.org/for-providers/>

Warm Line Information: <https://perinatalsupport.org/warm-line/>

To refer parents: call or text 888.404.7763
warmline@perinatalsupport.org

Questions: victoria.cherniak@perinatalsupport.org
888.404.7763 ext 506

Thank you!

victoria.cherniak@perinatalsupport.org