

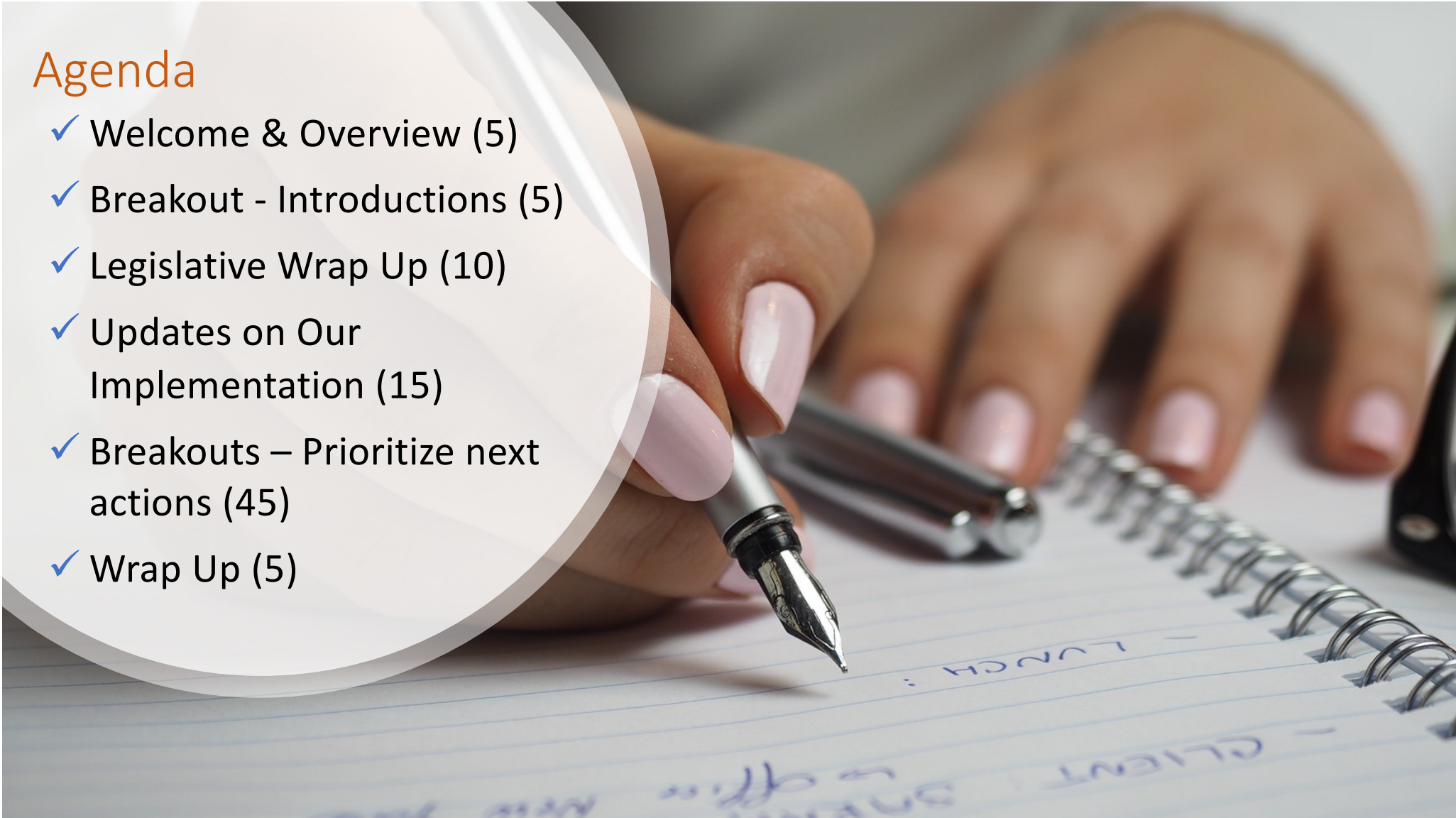


June 15, 2021
Monthly Meeting

Prenatal to 5 Relational Health Subgroup

Agenda

- ✓ Welcome & Overview (5)
- ✓ Breakout - Introductions (5)
- ✓ Legislative Wrap Up (10)
- ✓ Updates on Our Implementation (15)
- ✓ Breakouts – Prioritize next actions (45)
- ✓ Wrap Up (5)



Color Brave Space Norms From [Equity Matters Northwest](#)

- 1. Put Relationships First** – *Work to build community and trust with an awareness of power dynamics.*
- 2. Keep Focused on Our Common Goal** – *We care deeply about [insert your mission], especially those who are directly impacted by racism.*
- 3. Notice Power Dynamics in the Room** – *Be aware of how you use your privilege: From taking up too much emotional and airtime space or disengaging.*
- 4. Create Spaces for Multiple Truths and Norms** – *Speak your truth, and seek understanding of truths that differ from yours, with awareness of power dynamics.*
- 5. Be Kind & Brave** – *Remember relationships first and work to be explicit with your language about race, class, gender, immigration, etc.*
- 6. Practice Examining Racially Biased Systems and Processes** – *Individual actions are important, and systems are what are left after all the people in this room leave.*
- 7. Look for Learning** – *Show what you're learning, not what you already know. Avoid playing devil's advocate, the devil has enough advocates.*

Breakout - Introductions

*What are you looking forward
to over the summer?*





Participants at Today's Meeting

1. Meeghan Bergman
2. Dr. Stephan Blanford
3. Sarah Brady
4. Rachel Burke
5. Rep. Lisa Callan
6. Haruko Watanabe Choosakul
7. Christine Cole
8. Rachel Dumanian
9. Mia Edidin
10. Ayan Elmi
11. Rep. Debra Entenman
12. Andrea Estes
13. Kim Gilsdorf
14. Erica Hallock
15. Kim Harris
16. Julie Hoffman
17. Dr. Nucha Isarowong
18. Judy King
19. Elizabeth Krause
20. Garrison Kurtz
21. Bridget Lecheile
22. Edna Maddalena
23. Lou Olson
24. Sharon Shadwell
25. Beth Tinker
26. Haruko Watanabe
27. Kristin Wiggins
28. Lillian Williamson
29. Dr. Mary Ann Woodruff

Zoom Tip
Share your name and organization

1. Click on "Participants" from the black menu at the bottom of your Zoom window
2. Find your name
3. Click "More"
4. Click "Rename"
5. Enter your name

Children and Youth Behavioral Health Work Group

Vision: Washington's children, youth, and young adults have access to high-quality behavioral health care.

Mission: Identify barriers to and opportunities for accessing behavioral health services for children, youth and young adults (prenatal to 25 years old) and their families that are accessible, effective, timely, culturally and linguistically relevant, supported by evidence, and incorporate tailored innovations as needed; and to advise the Legislature on statewide behavioral health services and supports for this population.

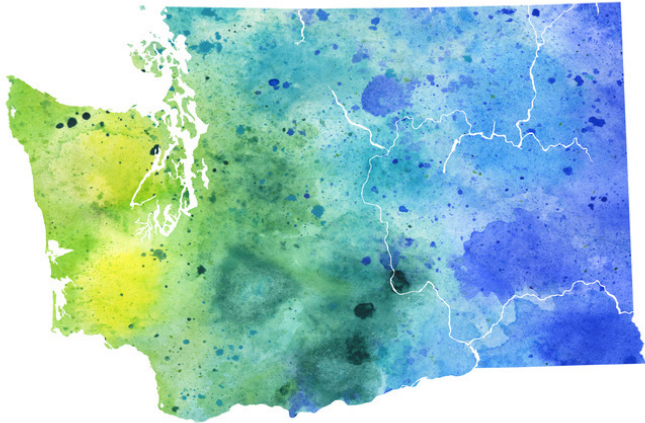
Important Elements of Work Group Charge:

- Support the unique needs of children and youth (prenatally through age 25), including promoting health and social and emotional development in the context of children's family, community, and culture
- Develop and sustain system improvements to support the 15 behavioral health needs of children and youth

P5RHS Calendar

Date	Actions
June 14	<ul style="list-style-type: none">• First subgroup report
June 15 2-3:30	P5RHS meeting <ul style="list-style-type: none">• Recap last session & follow-up implementation• Identify potential priorities
July 20 2-3:30	P5RHS meeting <ul style="list-style-type: none">• Issue groups refine prioritized recommendations & P5RHS further refine
August 17 2-3:30	P5RHS meeting <ul style="list-style-type: none">• Issue groups refine prioritized recommendations• Subgroup members help with outreach and vetting
September 12 2-3:30	P5RHS meeting <ul style="list-style-type: none">• P5RHS finalizes prioritized recommendations• Generate message content for recommendation FAQs and talking points
September 17	Draft P5RHS recommendations due to CYBHWG
October 14 2-3:30	P5RHS meeting – Finalize recommendations – Meeting may be rescheduled
October 15	Final P5RHS recommendations due to CYBHWG
November 1	CYBHWG report due to the Legislature
November 9 2-3:30	P5RHS meeting
December 14	P5RHS meeting

Legislative Wrap Up



CYBHWG Recommendations

Fair Start for Kids

Our Principles

Hear the voices of families

Close health disparities for families of color

Provide immediate relief for behavioral health needs for families, especially those who are most vulnerable

Focus on the urgent needs of children ages 0-5, and their families, during this time of great potential and vulnerability

Legislative Wrap-Up – Update on Our Final Recommendations

- 1. Budget Request 1 - Developmentally Appropriate Diagnosis & Treatment (for CYBHWG legacy item):** Change Medicaid policy so that best practices for mental health assessment and diagnosis of children birth through 5 years old can be implemented and diagnosis and treatment disparities reduced.
- 2. Budget Request 2 – Complex Needs Fund:** Establish a complex needs fund to address the behavioral health challenges experienced by children ages 0-5 and their families so that children, families, and early learning providers can experience reduced bias and have immediate relief.
- 3. Policy Request 1 - Telehealth:** Ensure responsive and effective access to telehealth services so that immediate relief can be provided to families and behavioral health disparities eliminated
- 4. Support/Preservation Request 1 - Infant & Early Childhood Mental Health Consultation (for CYBHWG legacy item):** Support existing investments in infant and early childhood mental health consultation so that children in early care and education experience reduced bias that leads to expulsions and suspensions.
- 5. Support Request 2: - Postpartum Mood and Anxiety Screening:** Remove clinical barriers to postpartum mood and anxiety screening so that health disparities can be eliminated.

Implementation Update / Time for Questions

- Complex needs fund
- Infant & early childhood mental health consultation



DC:0-5™

Diagnostic Classification
of Mental Health and
Developmental Disorders of
Infancy and Early Childhood

ZERO TO THREE



Implementation Update / Time for Questions

- HR 1325 – Developmentally-appropriate diagnosis & treatment
- Telehealth



Thank you
for the
updates!



Prioritized Issues

Criteria

- 1. REALISTIC** – Size and scope are appropriate for Washington’s budget context
- 2. CAPACITY** – Implementation could be described and executed well and quickly
- 3. ADVANCES EQUITY** – Closes gaps in health access and outcomes
- 4. STRENGTHENS/ TRANSFORMS** – Helps to build, sustain, or transform foundational systems
- 5. FIT** - Within the P5RHS and CYBHWG scope, and does not duplicate the work of other Subgroups or coalitions

1. Develop Workforce that Reflects Communities Served – Create pathways for more types of professionals (e.g., peers and community-embedded professionals) and organizations to provide and bill for culturally relevant IECMH services.
2. Perinatal & Infant Mental Health Training – Fund comprehensive education of providers and staff about perinatal and infant mental health.
3. IECMH Consultation – Fund expansion of mental health consultation and workforce support in early learning settings.
4. Doula Funding – Advance the legislative ask for Medicaid reimbursement for doula care (credentialed/non-credentialed).
5. Prenatal Care Funding – Increase funding and routine access to prenatal care.
6. Post-Partum Medicaid Reimbursement – Extend period for post-partum Medicaid reimbursement to 12 months.
7. Post-Natal Parent PMAD Screening – Increase reimbursement rate for routine postnatal mood disorder screening of parents (currently \$1.84). Explore policies, funding levers, and/or coordination mechanisms to facilitate referral and feedback loops.
8. Infant Mental Health Endorsement Funding - Provide funding to assist Early Achievers participating providers in meeting training and supervision requirements for an Infant Mental Health Endorsement (IMH-E).
9. Enhanced Funding for Developmentally Appropriate Assessment & Care – Implement HCA findings to increase billing rates to allow up to 3 sessions to complete DC:0-5 assessments and fund resilience-focused dyadic care at a higher rate.
10. Social/Emotional Development Inclusion in B-5 Screening – Fund B-5 social emotional development screening (e.g., ASQ is used in many early childhood settings, but often not the ASQ-SE).
11. Intentionally Support Culturally Responsive Approaches – Fund interpretation. Fund research. Fund training. Fund desired strategies of communities of color and tribal communities.
12. Customized Support for Identified Communities - Fund development of customized supports for specific populations such as: adoptive parents, teen parents, parents with special needs, specific cultural communities, refugees, etc.
13. Customized Support for Fathers – Fund development of customized supports for fathers, including workforce development that considers gender and life path. Advocate for a bias toward co-parenting.
14. Telehealth Capabilities – Fund improved high-speed Internet and tools for telehealth. Fund development of standards of practice for telehealth services.
15. Build Support for Infant Early Childhood Mental Health – Fund a campaign to educate and raise awareness about perinatal and IECMH across the state (prevalence, support, social norming, community support).
16. IECMH Capacity – Require health care systems to provide IECMH services on par with adults and on par with the burgeoning need in response to Covid-19.
17. Data Collection – Require establishment of data definitions, system alignment, and analysis expectations in service to perinatal and early childhood mental health.
18. Trauma Informed Care – Fund pilot of the DCYF child care model with all components in 2 communities.
19. Family Peer Support – Secure funds for expansion of peer connection and support (e.g., PEPS, MOPS, etc.)
20. Washington Listens and Other Requests for Federal Money to Address Emergent BH Needs

Small Groups

Questions

1. *Will these 5 criteria work as guard rails for this year?*
2. *Which policy priorities best help us build and strengthen our work in the coming year?*



Developmentally-appropriate diagnosis & treatment

- Study → Requirements & Training \$ → ??

Infant & early childhood mental health consultation

- 6 regionally-focused consultants → 15 consultants → ??
- Complex needs fund → ??

Suggested Revisions to Issue Prioritization Criteria

1. **COMMUNITY INFORMED** - Prioritizes approaches and ideas that strengthen child and family well-being, as shared by members of impacted communities and those that serve them
2. **CENTERS & ADVANCES EQUITY** – Holds the promise to measurably close the gaps in health access and outcomes
3. **REALISTIC ACHIEVABLE** – Size and scope are appropriate for Washington’s budget-context-policy landscape
4. **CAPACITY** – Implementation could be described and executed well and quickly
5. **STRENGTHENS/ TRANSFORMS** – Helps to build, sustain, or transform foundational systems
6. **FIT** – Fits within the P5RHS and CYBHWG scope, and avoids duplicating the work of other groups





Potential Priorities this Year

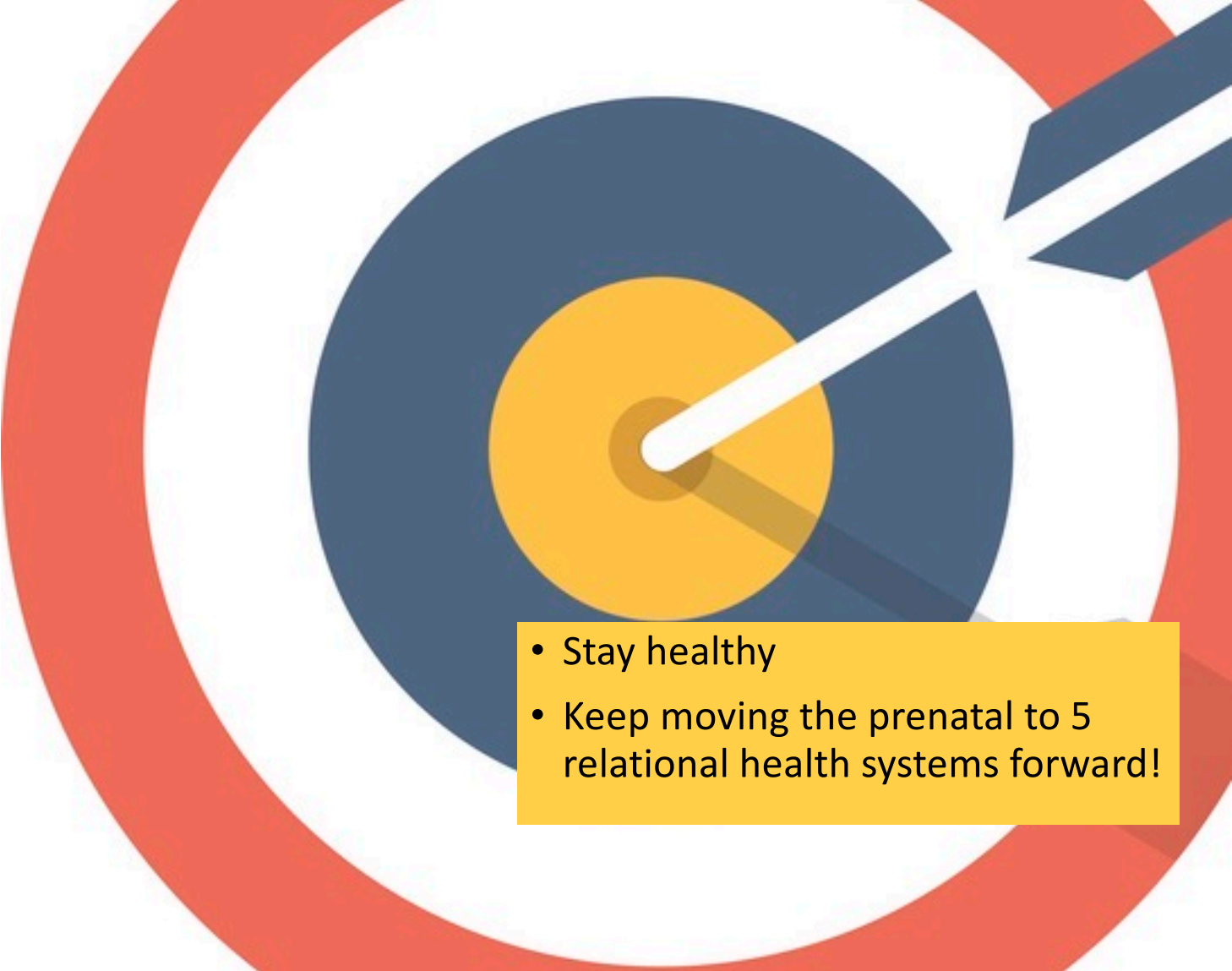
1. Funding for therapy, training/education, and professional development for BIPOC parents seeking to provide trauma-informed peer support
2. Enhanced reimbursement rates for therapists to take on prioritized clients (BIPOC, non-English, etc.)
3. Change Medicaid and insurer policy to fund preventive peer relational health supports
4. Address any unintended consequence from recent policy changes and federal fund investments
5. Additional perinatal mental health services (focused on the parent and home) connected to infant and early childhood mental health services (focused on the child and care settings)
6. Additional work on relational health competencies woven through services and settings

Wrap Up

Next steps

1. Next meeting –

July 20 2:00p-3:30p

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- A large graphic of a target with concentric circles in red, white, and blue, and a yellow bullseye. A white arrow is shown hitting the center. A yellow box is overlaid on the bottom right of the target.
- Stay healthy
 - Keep moving the prenatal to 5 relational health systems forward!