



July 20, 2021

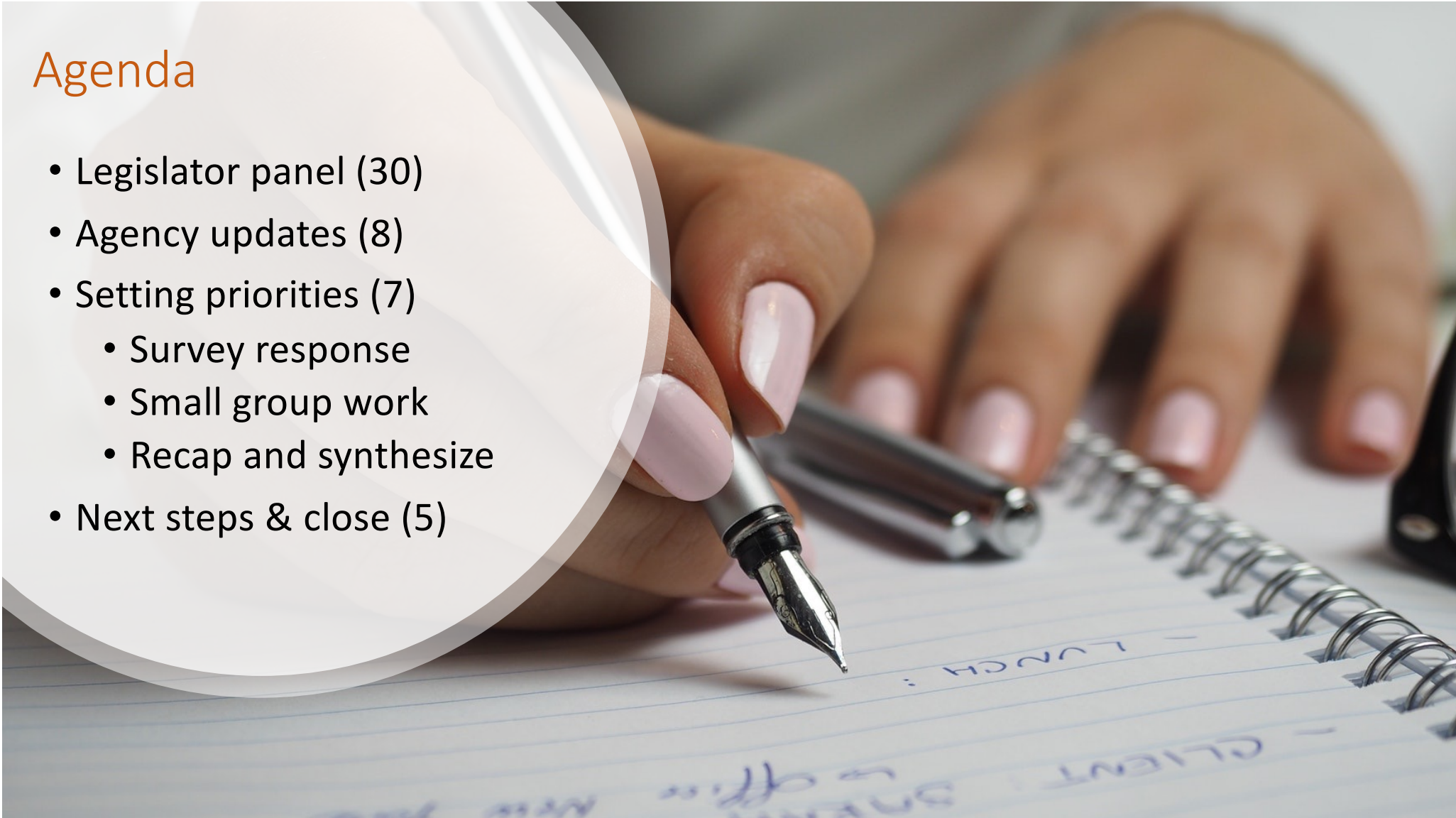
Monthly Meeting

# Prenatal to 5 Relational Health Subgroup

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## Agenda

- Legislator panel (30)
- Agency updates (8)
- Setting priorities (7)
  - Survey response
  - Small group work
  - Recap and synthesize
- Next steps & close (5)





## Participants

1. Jessica Agi
2. Michael Althausen
3. Meeghan Bergman
4. Sarah Brady
5. Rachel Burke
6. Rep. Lisa Callan
7. Diana Cockrell
8. Christine Cole
9. Mia Edidin
10. Rep. Debra Entenman
11. Christal Eshelman
12. Andrea Estes
13. Kiki Fabian
14. Molly Firth
15. Jess Galvez
16. Kim Gilsdorf
17. Kate Ginn
18. Erica Hallock
19. Libby Hein
20. Dr. Sheri Hill
21. Dr. Nucha Isarowong
22. Byron Jackson
23. Avreayl Jacobson
24. Judy King
25. Elizabeth Krause
26. Garrison Kurtz
27. Bridget Lecheile
28. Laurie Lippold
29. Edna Maddalena
30. Monica Oxford
31. Avery Park
32. Jennifer Rees
33. Rep. Tana Senn
34. Sharon Shadwell
35. Lucas Springstead
36. Anne Stone
37. Beth Tinker
38. Kristin Wiggins
39. Lillian Williamson
40. Dr. Mary Ann Woodruff
41. Cesar Zatarain, Jr.

# Children and Youth Behavioral Health Work Group

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**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

**Racial equity norms** – The P5RHS has spent years addressing issues of racial equity

## P5RHS Calendar

Date	Actions
June 14	<ul style="list-style-type: none"><li>• First subgroup report</li></ul>
June 15 2-3:30	P5RHS meeting <ul style="list-style-type: none"><li>• Recap last session &amp; follow-up implementation</li><li>• Identify potential priorities</li></ul>
July 20 2-3:30	P5RHS meeting <ul style="list-style-type: none"><li>• Issue groups refine prioritized recommendations &amp; P5RHS further refine</li></ul>
August 17 2-3:30	P5RHS meeting <ul style="list-style-type: none"><li>• Issue groups refine prioritized recommendations</li><li>• Subgroup members help with outreach and vetting</li></ul>
September 12 2-3:30	P5RHS meeting <ul style="list-style-type: none"><li>• P5RHS finalizes prioritized recommendations</li><li>• Generate message content for recommendation FAQs and talking points</li></ul>
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 Panel

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Big parts of our efforts for economic recovery:

- Expanded services
- Increase child care subsidy eligibility and outreach
- More resources
  - Equity grants
  - Dual language learners
  - Trauma-informed care
  - Statewide referral mechanism
  - Mental health services
  - Supports for children with special needs
  - Complex needs fund
- ECEAP rate increase
- Early ECEAP
- [DCYF recap of the Fair Start for Kids Act](#)
- Send questions about ECEAP expansion to: [eceap@dcyf.wa.gov](mailto:eceap@dcyf.wa.gov)



**Sen. Claire Wilson, Vice Chair - Early Learning & K12**



**Rep. Tana Senn, Chair – Children, Youth & Families**



**Rep. Lisa Callan, CYBHWG Co-chair, member of Children, Youth & Families and Education committees**

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## Questions from P5RHS

### *How can we help with implementation?*

- Senn: Recruit people into the early learning field
- Senn: Publicize/help expand parent use of WCCC subsidies
- Wilson: Help increase access to services in home language

### *What can advocates do to help new programs secure sustainable funding?*

- Senn: Be patient. A lot of things will be phased in over time, due to the need to hire staff, promulgate rules, change IT, etc.
- Callan: Make sure to collect the data and build the case as we roll out program expansion
- Callan: Be prepared for technical fixes
- Wilson: Hold on asking for a lot more money as we have to prove that these historic investments will make a difference
- Wilson: Be prepared to tell our story of the difference these investments make



Thank you  
to our  
legislative  
champions!



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# Implementation Update

## Complex needs methodology

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- Experience with the 2020-2021 ECEAP complex needs fund will inform this one for child care
- Funds will be available for providers to focus on gaps in child development and learning, and reducing bias that can lead to expulsion by paying for things like:
  - Adaptive materials
  - Staffing support
  - Training





## Implementation Update

### IECMH Consultation Expansion

- Twice as many consultants (12) + 3 funded through federal funds
- Several speak multiple languages
- One (at CCA-WA) is available to support providers statewide in English or Spanish
- 4 staff positions are open (click link for recruitment announcements)
  - [IECMH consultant \(Olympic Peninsula\)](#)
  - [IECMH consultant \(Central\)](#)
  - [IECMH consultant \(Southwest\)](#)
  - [Supervisor for the Holding Hope Infant Early Childhood Mental Health Consultation \(Statewide\)](#)

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# DC:0-5™

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

ZERO TO THREE



## Implementation Update

Developmentally  
appropriate mental health  
assessment and diagnosis  
for birth through age 5

- Reimbursement – Assessment, diagnosis & travel
- Requirement for use of DC:-0-5™
- DC:-0-5™ training
- Crosswalk of DC:0-5™ diagnoses & ICD-10 Medicaid billing codes

Thank you  
for the  
updates!





# Prioritized Issues

## 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 gaps in health access and outcomes
3. **ACHIEVABLE** – Size and scope are appropriate for Washington’s 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

1. <b>Develop Workforce that Reflects Communities Served</b> – 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. <b>Perinatal &amp; Infant Mental Health Training</b> – Fund comprehensive education of providers and staff about perinatal and infant mental health.
3. <b>IECMH Consultation</b> – Fund expansion of mental health consultation and workforce support in early learning settings.
4. <b>Doula Funding</b> – Advance the legislative ask for Medicaid reimbursement for doula care (credentialed/non-credentialed).
5. <b>Prenatal Care Funding</b> – Increase funding and routine access to prenatal care.
6. <b>Post-Partum Medicaid Reimbursement</b> – Extend period for post-partum Medicaid reimbursement to 12 months.
7. <b>Post-Natal Parent PMAD Screening</b> – 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. <b>Infant Mental Health Endorsement Funding</b> - Provide funding to assist Early Achievers participating providers in meeting training and supervision requirements for an Infant Mental Health Endorsement (IMH-E).
9. <b>Enhanced Funding for Developmentally Appropriate Assessment &amp; Care</b> – 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. <b>Social/Emotional Development Inclusion in B-5 Screening</b> – Fund B-5 social emotional development screening (e.g., ASQ is used in many early childhood settings, but often not the ASQ-SE).
11. <b>Intentionally Support Culturally Responsive Approaches</b> – Fund interpretation. Fund research. Fund training. Fund desired strategies of communities of color and tribal communities.
12. <b>Customized Support for Identified Communities</b> - Fund development of customized supports for specific populations such as: adoptive parents, teen parents, parents with special needs, specific cultural communities, refugees, etc.
13. <b>Customized Support for Fathers</b> – Fund development of customized supports for fathers, including workforce development that considers gender and life path. Advocate for a bias toward co-parenting.
14. <b>Telehealth Capabilities</b> – Fund improved high-speed Internet and tools for telehealth. Fund development of standards of practice for telehealth services.
15. <b>Build Support for Infant Early Childhood Mental Health</b> – Fund a campaign to educate and raise awareness about perinatal and IECMH across the state (prevalence, support, social norming, community support).
16. <b>IECMH Capacity</b> – 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. <b>Data Collection</b> – Require establishment of data definitions, system alignment, and analysis expectations in service to perinatal and early childhood mental health.
18. <b>Trauma Informed Care</b> – Fund pilot of the DCYF child care model with all components in 2 communities.
19. <b>Family Peer Support</b> – Secure funds for expansion of peer connection and support (e.g., PEPS, MOPS, etc.)
20. <b>Washington Listens and Other Requests for Federal Money to Address Emergent BH Needs</b>

# Survey Response

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Recommended Policy Change	1	2	3	4	5	6	7	Total	Ranking
A. Expand Medicaid, MCO, health plan funding for perinatal mental health services	37.50% 9	20.83% 5	25.00% 6	8.33% 2	4.17% 1	4.17% 1	0.00% 0	24	5.67
B. Funding for therapy, training/education, and professional development for BIPOC parents seeking to provide trauma-informed peer support	16.67% 4	25.00% 6	25.00% 6	16.67% 4	12.50% 3	4.17% 1	0.00% 0	24	5.04
C. Enhance integration of 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)	20.83% 5	8.33% 2	25.00% 6	20.83% 5	20.83% 5	0.00% 0	4.17% 1	24	4.71
D. Enhance reimbursement rates for therapists to take on prioritized clients (BIPOC, non-English, etc.)	8.70% 2	21.74% 5	4.35% 1	21.74% 5	17.39% 4	26.09% 6	0.00% 0	23	4.04
E. Funding for preventive peer relational health support services	13.04% 3	8.70% 2	13.04% 3	21.74% 5	13.04% 3	26.09% 6	4.35% 1	23	3.91
F. Adopt relational health competencies to be implemented across services and settings	4.35% 1	13.04% 3	4.35% 1	8.70% 2	26.09% 6	34.78% 8	8.70% 2	23	3.22
G. Other	12.50% 1	12.50% 1	12.50% 1	0.00% 0	0.00% 0	0.00% 0	62.50% 5	8	2.88
1. Increasing EPSDT periodicity to match Bright Futures recommended (adds 2 additional visits under 3) Increase training & awareness for P-5 behavioral health professionals re: PMAD									
2. Secure sustainable funding for IECMHCs funded through Preschool Development Grant (expires 12/22)									

## Small Group Work

*What is the issue or problem? How does it affect different groups (children, families, communities, and society)?*

*What is the recommendation?  
(Example: Secure funding for training in the use of the DC:0-5 manual for infant & early childhood mental health)*

*Why is this a smart move now?*



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## Recap and Synthesize

Key themes that may be researched and developed include:

1. Establish/enhance funding mechanisms for peer supports (preventive and/or not requiring a diagnosis or treatment plan)
2. Expand access to preventive and responsive perinatal services and supports



# Wrap Up

## Next steps

1. **Next meeting** – August 17<sup>th</sup> 2:00p-3:30p
2. Targeted asks to research and help write
3. Request for vetting with your colleagues

- Stay healthy
- Keep moving the prenatal to 5 relational health systems forward!

