

This slide deck was annotated after the meeting

Prenatal through 5 Relational Health Subgroup (P5RHS)

October 12, 2021

**Monthly Meeting |
2-3:30pm**





Agenda

- **Welcome & overview (4)**
- **Small group breakouts (5)**
- **Implementation updates (15)**
- **Review recommendations (35)**
- **Health Care Authority* presentation on Second Substitute House Bill* 1325 implementation (30)**
- **Next steps (1):**
 - Our next meeting is Tuesday November 9 from 2-3:30 and we'll be joined by parent speakers and a panel of legislative guests to share about the importance of addressing prenatal mental health, including through expansion of the Warm Line.

* *Health Care Authority (HCA)*

* *Second Substitute House Bill (2SHB)*

This slide deck was annotated after the meeting

Small group introductions

What is your favorite soup?



Implementation Update from Department of Children, Youth, and Families*



Complex needs methodology and relevant updates

- DCYF will join the November 9 Prenatal through 5 Relational Health Subgroup meeting to share more details about the Complex Needs Fund (one for state preK called ECEAP and one for child care).
- The House Children, Youth, and Families Committee will hold a work session on Tuesday, 10/19, 11:00am-1:00pm on children and youth behavioral health. The work session will include updates from DCYF about infant and early childhood mental health consultation and other relevant topics. See committee agendas, documents, and link for viewing the committee with a search [here](https://app.leg.wa.gov/committeeschedules) (<https://app.leg.wa.gov/committeeschedules>). You can view documents [here](https://app.leg.wa.gov/committeeschedules/Home/Documents/29224?/0/10-18-2021/10-22-2021/Schedule//Bill/) (<https://app.leg.wa.gov/committeeschedules/Home/Documents/29224?/0/10-18-2021/10-22-2021/Schedule//Bill/>).
- On 9/28 the Senate Behavioral Health Subcommittee held an informative work session including a session on the behavioral health needs for students in the K-12 education system. See meeting materials [here](https://app.leg.wa.gov/committeeschedules/Home/Documents/29233?Senate/29190/09-27-2021/10-17-2021/Schedule//Bill/) (<https://app.leg.wa.gov/committeeschedules/Home/Documents/29233?Senate/29190/09-27-2021/10-17-2021/Schedule//Bill/>). Watch the committee on TVW [here](https://www.tvw.org/watch/?eventID=2021091093) (<https://www.tvw.org/watch/?eventID=2021091093>).

**Department of Children, Youth, and Families (DCYF)*



Implementation Update: Infant and Early Childhood Mental Health Consultation* Expansion

• Current Status

- As a reminder, there is state funding for 12 consultants and federal funding (through the Preschool Development Grant) for three more consultants. Federal funding through the Preschool Development Grant ends in the middle of the State Fiscal Year, so we will seek state funding to keep the three additional consultants in place. This request is happening outside of the Prenatal through 5 Relational Health Subgroup process.

• Hiring update

- 14 of 15 total positions have been filled and 8 of 14 staff are bicultural, bilingual, or both bicultural and bilingual. Staff are onboarding and building caseloads.
- Still hiring for one open position in Central Washington through Catholic Charities: Job description [here](https://www.indeed.com/viewjob?jk=dfbd24dcfb691a9f&l=Washington+State&tk=1falqh5o8u7oo802&from=ja&alid=5fc69aa976e59401795e24e1&utm_campaign=job_alerts&utm_medium=email&utm_source=jobseeker_emails&rgtk=1falqh5o8u7oo802)
(https://www.indeed.com/viewjob?jk=dfbd24dcfb691a9f&l=Washington+State&tk=1falqh5o8u7oo802&from=ja&alid=5fc69aa976e59401795e24e1&utm_campaign=job_alerts&utm_medium=email&utm_source=jobseeker_emails&rgtk=1falqh5o8u7oo802)

* Infant and Early Childhood Mental Health Consultation (IECMH-C)

DC:0-5™

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

ZERO TO THREE

Implementation Update from Health Care Authority*

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

- DC:0-5™* training
 - The goal is for providers to have access to new reimbursement policies by January 1. Staff are currently analyzing potential changes to Washington Administrative Code for the Health Care Authority and/or the Department of Health. Proposed rule changes will be shared for public comment.
 - There will be room for 650 clinicians and 500 allied professionals to attend training.
- Crosswalk of DC:0-5™ diagnoses & ICD-10* Medicaid billing codes, following last month's update
 - Health Care Authority will be forming a work group to gather feedback on a final version of the crosswalk. The work group will be operational in the new year, but Health Care Authority will begin outreach in November or December to recruit participants.
 - In November, Health Care Authority will launch a webpage to share information and updates including links to training schedules.

* Health Care Authority (HCA)

* Second Substitute House Bill (2SHB)

* Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5™)

* ICD-10: A medical classification list by the World Health Organization

This slide deck was annotated after the meeting



Thank you for the updates!

Review of Prenatal through 5 Relational Health Subgroup* Recommendation

Expand the Parent Support Warm Line

Invest in the Parent Support 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.

- As a reminder, we began discussion on two topics last spring -- peer supports and perinatal supports. At the last meeting, we agreed that peer supports needs further refinement. The group identified some research questions and will continue exploring potential investigation topics for this work (for leading into the 2022 recommendation process). At the last meeting, we also spent time refining the Prenatal through 5 Relational Health Subgroup's recommendation to expand the Parent Support Warm Line.
- After numerous rounds of feedback from members of the Prenatal Through 5 Relational Health Subgroup, we shared a toolkit with members to collect feedback from their networks too. We also gathered feedback from individuals and groups directly impacted by the proposed recommendation, especially parents who have experience with perinatal mood and anxiety disorder, parents who are knowledgeable about the experience of others in their communities, and stakeholders who identify as Black, Indigenous, and People of Color. The final recommendation submitted to the Children and Youth Behavioral Health Workgroup is shaped by that feedback.

* Prenatal through 5 Relational Health Subgroup (P5RHS)

* Children and Youth Behavioral Health Work Group (CYBHWG)

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

Expand the Parent Support Warm Line

Prenatal through 5 Relational Health Subgroup's 2021 recommendation to the Children and Youth Behavioral Health Work Group (for the 2022 legislative session)

- Investments in the Warm Line would increase access to mental health services for parents in un- and underserved racial, ethnic, linguistic, and geographic communities by:
 - Adding staff coordinators for the Warm Line from priority communities
 - Increasing public awareness through outreach and education to be sure priority communities know about the Warm Line and related services





PERINATAL SUPPORT
WASHINGTON

Warm Line Overview

Mia Edidin, LICSW
Clinical Director

Victoria Cherniak, MSW
Warm Line Program Manager

This slide deck was annotated after the meeting

Recent Warm Line Caller Experience



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
- Parents, family and providers

888.404.7763



Peer Support On the Warm Line

- Peer-to-peer: parents who have recovered from a perinatal mental health complication
- Offer Emotional Support
- Education on Perinatal Mental Health
- Wellness & Self Care Planning
- Provide Targeted Referrals
 - Therapists
 - Med Prescribers
 - Support Groups
 - Other services

The volunteer “... 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



Peer Support On the Warm Line

We make it as easy as possible for parents to take the next step:

- Follow up emails and with all the details.
- Every parent gets a check in call 1 week later!
- Extended peer support is available for any parent who want to stay connected:
 - Helps parents with unexpected barriers
 - Checks in on mental health self care and wellness activities
 - Provides support and connection
 - Parents don't fall through the cracks.



Expanding the Warm Line

Hire more staff to meet the demand and grow intentionally

- Full time Warm Line Manager
- Resource and Referral Coordinator- manage our statewide referral database
- Parent Support Specialists- direct service staff

Outreach and Awareness:

- Geographic areas with low call rates
- Communities systemically underserved
- Providers and programs serving childbearing people.

Language Interpretation

- Real time Interpretation via phone

888.404.7763



Thank you!

victoria.cherniak@perinataalsupport.org
mia.edidin@perinataalsupport.org

Group Discussion



This slide deck was annotated after the meeting



Foundational Understanding of the State Plan

September 2021

A Foundational Understanding of the Washington State Plan

- Official agreement with CMS, describing the nature and scope of Washington's Medicaid physical and behavioral health benefit.
- Scope of care and types of services:
<https://www.hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf>

A Foundational Understanding of the Washington State Plan

- Behavioral health benefit – Behavioral Health Agency (BHA) side (historically called higher acuity)
 - Mental health and substance use disorder services described in 13d. Rehabilitative Services section
 - Can only be provided by licensed BHAs
 - Provider types are diverse, ranging from fully licensed clinicians to agency affiliated counselors (i.e. peer counselors, below MA level mental health care providers)
 - Under managed care, services correspond to the Service Encounter Reporting Instruction (SERI) Guide
 - Under fee for service and tribal providers, services correspond to the HCA MH Billing Guide Part 2 and SUD Billing Guide.

A Foundational Understanding of the Washington State Plan

- **Physical health benefit – mental health services (historically called lower acuity or mild/moderate)**
 - Includes mental health outpatient services described in “5a. Physician Services” and “6. Other Practitioners’ Services”
 - Practitioners need to be independently licensed with DOH
 - Benefit corresponds to the HCA MH Billing Guide, Part I

Mental Health Diagnostic Assessment: Definitions & Limitations

Community Behavioral Health/Section 13d

- Intake Evaluation: An evaluation that is culturally and age relevant initiated prior to the provision of any other mental health services, except crisis services, services, stabilization services and free-standing evaluation and treatment. The intake evaluation must be initiated within ten (10) working days of the request for services, establish the medical necessity for treatment and be completed within thirty (30) working days. Routine services may begin before the completion of the intake once medical necessity is established. This service is provided by a mental health professional.

Physical Health/Section 5a

- Psychiatric services outpatient care are limited to: One psychiatric diagnostic interview examination per provider in a calendar year unless an additional evaluation is medically necessary.

References

- Medicaid State Plan

<https://www.hca.wa.gov/assets/program/SP-Att-3-Services-General-Provisions.pdf>

- Service Encounter Reporting Instructions (SERI)

<https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri>

- HCA Billing Guides

<https://www.hca.wa.gov/billers-providers-partners/prior-authorization-claims-and-billing/provider-billing-guides-and-fee-schedules>

This slide deck was annotated after the meeting

Discussion

This slide deck was annotated after the meeting



Thank you

Teresa Claycamp, MA LMHC
Program Manager,
Integrated Managed Care

Teresa.Claycamp@hca.wa.gov

Wrap Up

Our next meeting is November 9 from 2-3:30 and we'll be joined by parent speakers and a legislative panel. Hope to see you then!

Thank you!