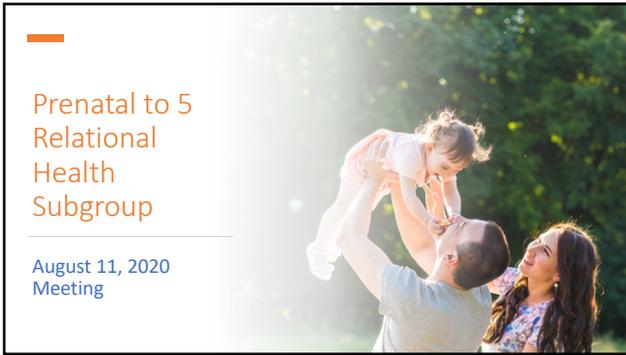


Prenatal through Five Relational Health subgroup meeting

August 11, 2020

Notes

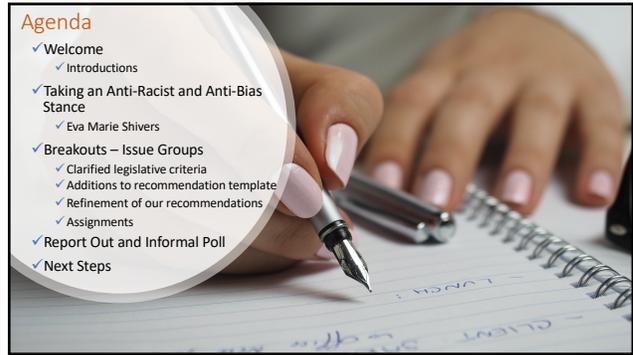
Agenda Items	Summary Meeting Notes
<p>Equity and leadership in early childhood: <i>What have we learned?</i></p>	<p>Dr Eva Marie Shivers, Indigo Cultural Center <i>See attachment, page 2.</i></p> <ul style="list-style-type: none"> <li>• Business as usual is not working - we have to shift so we can make collective change.</li> <li>• Situating ourselves in the conversation- <i>What do you believe?</i></li> <li>• <i>Why are we gathered here today?</i> To change things for children and families!</li> <li>• <i>How do we enter into this conversation?</i> Establishing group norms.</li> <li>• Four-Fold Way (Angeles Arrien): 1. Show up, 2. Tell your truth, 3. Pay attention to what has heart and meaning for you. 4. Be open to outcome but not attached.</li> <li>• Equity from the inside-out: Individual, Intergroup, and institutional levels</li> <li>• Leading equity in early childhood systems - 5 key strategies:               <ol style="list-style-type: none"> <li>1. Initiating courageous conversations.</li> <li>2. Making meaning and connecting</li> <li>3. Raising awareness - shifting the discourse</li> <li>4. Inclusive leadership</li> <li>5. Recognizing and addressing resistance to change</li> </ol> </li> <li>• Moment of reflection..</li> </ul>
<p>Issue Groups Report Out</p>	<p>Telehealth:</p> <ul style="list-style-type: none"> <li>• Access to telehealth is a life and death situation for some families</li> <li>• Telehealth opens up access</li> <li>• Reduces carbon foot print</li> <li>• Providers can see more patients via telehealth</li> </ul> <p>IECMH-C:</p> <ul style="list-style-type: none"> <li>• Being more clear about defining infant early childhood consultation</li> <li>• Determine what the last legislature did/their goals</li> <li>• Leveraging some community work with the legislature- can we connect our work with legislation work?</li> <li>• Access</li> <li>• Diversification of the workforce- helps make access better/breaks down language barriers</li> </ul> <p>Developmentally Appropriate Assessment &amp; Care:</p> <ul style="list-style-type: none"> <li>• Assess via HCA and Mercer</li> <li>• Bias against children of color - those in authority seeing those children as much older/more mature than they actually are</li> <li>• Kids of color are disproportionately diagnosed with ADHD and then medicated</li> <li>• Representation matters</li> <li>• Early Childhood workers are poorly paid- how do we get these people better paid?</li> <li>• How do we encourage people to join a poorly paid workforce?</li> </ul>



# Prenatal to 5 Relational Health Subgroup

August 11, 2020  
Meeting

1



## Agenda

- ✓ Welcome
  - ✓ Introductions
- ✓ Taking an Anti-Racist and Anti-Bias Stance
  - ✓ Eva Marie Shivers
- ✓ Breakouts – Issue Groups
  - ✓ Clarified legislative criteria
  - ✓ Additions to recommendation template
  - ✓ Refinement of our recommendations
  - ✓ Assignments
- ✓ Report Out and Informal Poll
- ✓ Next Steps

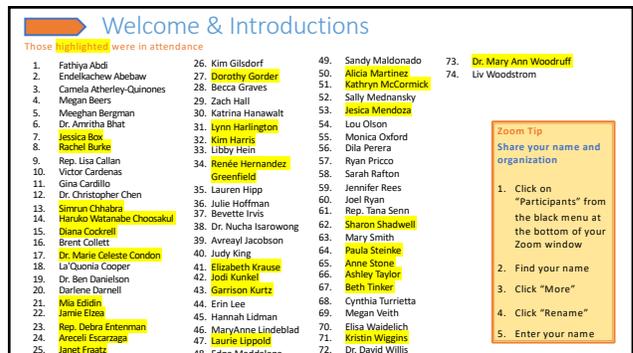
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## Welcome our new members

- Megan Beers - Childhaven
- Meeghan Bergmann – Wellspring
- Gina Cardillo – Kindering
- Marie-Celeste Condon - UW
- Renée Hernandez Greenfield – Tacoma CC
- Jesica Mendoza - Kindering
- Elisa Waidelich - Ounce Washington
- Katy Warren – WA Assn for Head Start/ECEAP

3



## Welcome & Introductions

Those **highlighted** were in attendance

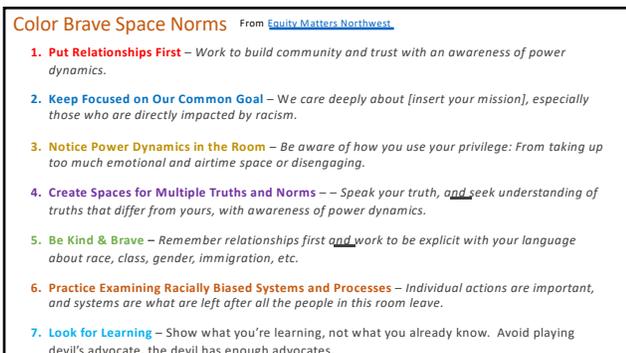
- |                                      |                                       |                            |                           |
|--------------------------------------|---------------------------------------|----------------------------|---------------------------|
| 1. Fathiya Abdi                      | 26. Kim Gilsdorf                      | 49. Sandy Maldonado        | 73. Dr. Mary Ann Woodruff |
| 2. Endelkachew Abebaw                | 27. Dorothy Gorder                    | 50. Alicia Martinez        | 74. Liv Woodstrom         |
| 3. Camela Atherley-Quinones          | 28. Becca Graves                      | 51. Kathryn McCormick      |                           |
| 4. Megan Beers                       | 29. Zach Hall                         | 52. Sally Medransky        |                           |
| 5. Meeghan Bergman                   | 30. Katrina Hanawalt                  | 53. <b>Jesica Mendoza</b>  |                           |
| 6. Dr. Amritha Bhat                  | 31. Lynn Harlington                   | 54. Lou Olson              |                           |
| 7. <b>Jesica Box</b>                 | 32. Kim Harris                        | 55. Monica Oxford          |                           |
| 8. <b>Rachel Burke</b>               | 33. Libby Hein                        | 56. Dia Perera             |                           |
| 9. Rep. Lisa Callan                  | 34. <b>Renée Hernandez Greenfield</b> | 57. Ryan Pricco            |                           |
| 10. Victor Cardenas                  | 35. Lauren Hipp                       | 58. Sarah Rafton           |                           |
| 11. Gina Cardillo                    | 36. Julie Hoffman                     | 59. Jennifer Rees          |                           |
| 12. Dr. Christopher Chen             | 37. Bevette Ivis                      | 60. Joel Ryan              |                           |
| 13. <b>Sirrun Chhabra</b>            | 38. Dr. Nucha Isarowong               | 61. Rep. Tana Senn         |                           |
| 14. <b>Haruko Watanabe Choosakul</b> | 39. Avreayl Jacobson                  | 62. <b>Sharon Shadwell</b> |                           |
| 15. <b>Diana Cockrell</b>            | 40. Judy King                         | 63. Mary Smith             |                           |
| 16. Brent Collett                    | 41. Elizabeth Krause                  | 64. <b>Paula Steinke</b>   |                           |
| 17. <b>Dr. Marie Celeste Condon</b>  | 42. Jodi Kunkel                       | 65. Anne Stone             |                           |
| 18. La'Duonia Cooper                 | 43. <b>Sarrison Kurtz</b>             | 66. Ashley Taylor          |                           |
| 19. Dr. Ben Danielson                | 44. Erin Lee                          | 67. Beth Tinker            |                           |
| 20. Darlene Darnell                  | 45. Hannah Lidman                     | 68. Cynthia Turrietta      |                           |
| 21. <b>Mia Eddin</b>                 | 46. <b>MaryAnne Lindeblad</b>         | 69. Megan Veith            |                           |
| 22. <b>Jamie Elzea</b>               | 47. <b>Launie Lippold</b>             | 70. <b>Elsa Waidelich</b>  |                           |
| 23. <b>Rep. Debra Entenman</b>       | 48. <b>Janet Eratz</b>                | 71. <b>Kristin Wiggins</b> |                           |
| 24. <b>Arceli Escarosa</b>           |                                       | 72. Dr. David Willis       |                           |
| 25. <b>Janet Eratz</b>               |                                       |                            |                           |

### 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

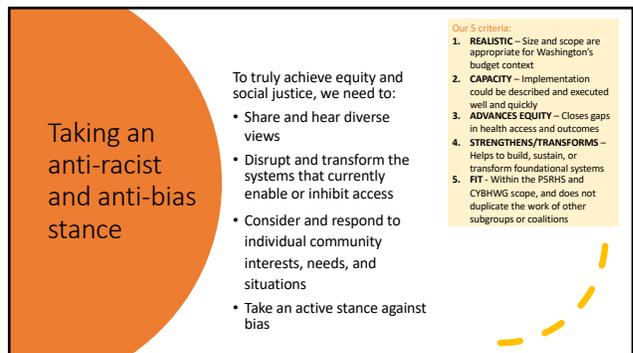
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## Color Brave Space Norms From [Equity Matters Northwest](#)

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.

5



## Taking an anti-racist and anti-bias stance

To truly achieve equity and social justice, we need to:

- Share and hear diverse views
- Disrupt and transform the systems that currently enable or inhibit access
- Consider and respond to individual community interests, needs, and situations
- Take an active stance against bias

### Our 5 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 PSRHS and CYHWG scope, and does not duplicate the work of other subgroups or coalitions

6



**Dr. Eva Marie Shivers**, Indigo Cultural Center  
[www.indigoculturalcenter.org](http://www.indigoculturalcenter.org)

- For the past twenty years, Dr. Shivers has been conducting research on effective professional development approaches for early care and education providers.
- The predominant theoretical lenses influencing all research at the *Indigo Cultural Center* includes an attachment and infant mental health lens; systems lens; and socio-cultural and racial equity lens.
- Dr. Shivers is a Zero to Three Leadership Fellow (Class 2005) and served as faculty in the Harris Infant and Early Childhood Mental Health Training Institute at Southwest Human Development for 5 years.
- For the past seventeen years, Dr. Shivers has provided child care policy consultation to national, state and local government agencies and administrators.

7

Discussion



8

**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 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 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

9

**P5RHS Calendar**

Date	Actions
August 11	P5RHS meeting
From Sept 1	• Issue groups refine prioritized recommendations
September 8	P5RHS meeting
	• P5RHS finalizes prioritized recommendations
September 18	Draft P5RHS recommendations due to CYBHWG
October 13	P5RHS meeting – Finalize recommendations
October 13	Final P5RHS recommendations due to CYBHWG
October-November	Advocacy agendas finalized
November 1	CYBHWG report due to the Legislature
November 10	P5RHS – Outreach and engagement with advocacy partners
December 8	P5RHS – Outreach and engagement with advocacy partners
January 11, 2021	Legislature starts

10

**Guidance from CYBHWG Co-Chairs**

- Focus on families experiencing the most significant disparities as the pandemic continues
- Make the case for what it will take to mitigate the deepest pain and hurt
- Demonstrate how any cost will save dollars in the very near future (and long-term if possible)
- For revenue asks or to lessen budget cuts → tell the story of the human cost
- Leverage if possible, noting how investments can create multiple outcomes and/or draw on/refocus diverse revenue streams

**Ways to Make the Case**  
*Investments in childcare deliver a quadruple bottom line:*

- Allowing employees to work
- Allowing providers to offer care for families and pay business taxes
- Families can earn a living and reduce stress
- Children grow and learn

**Ways to Make the Case**

- This is a life and death situation for a lot of people – particularly Black, Indigenous, and/or people of color who are disproportionately affected by COVID-19.
- Telehealth limits additional exposure and reduces the need to take time off work and find transportation.

11

**2021 Recommendation Brief**

**Request:** Brief detailed description of the legislative or agency request.

**Issue/Problem/Challenge:** Add footnotes

- What is the issue?
- What is the problem and how does it affect specific groups of children, families, and communities?
- What is the impact on the state budget and society?
- How does this change address equity and health disparities?
- Is this a previous priority of the work group, or is it new?
- What options do we have to change this?
- Given current limitations, why is this something we should pay attention at this time?

12

**Issue Groups**

1. Telehealth (Garrison)
2. IECMH-C (Kristin)
3. Developmentally Appropriate Assessment & Care (Jamie)

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- Review your notes from last time
- “Round Robin” to share initial thoughts if you like
- Using Google Docs (“+” to add a comment in margin)
  - ✓ How will children and families of different races, ethnicities, and cultures be positively and negatively affected by these proposed changes?
  - ✓ How can these prioritized changes make the most difference to close health disparities?
  - ✓ What more do we need to learn to make our case?
- Make assignments

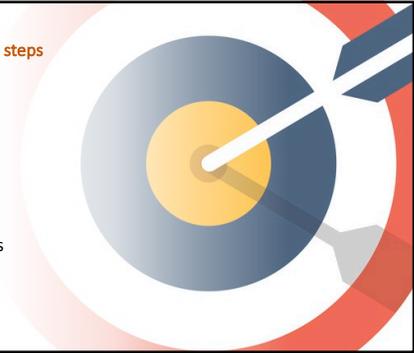
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**Wrap Up**

➡ Articulate our next steps

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1. Convene issue groups
2. Develop drafts of recommendation briefs



14

**Thank You!**

- Stay healthy
- Reach out to others → “Distant socializing”, not “social distancing”
- Support our heroes in child care, emergency services, health care, food production, and retail
- Keep moving the prenatal to 5 relational health systems forward!



15