

Children and Youth Behavioral Health Work Group (CYBHWG)  
**Prenatal through Five Relational Health Subgroup (P5RHS)**  
*September 19, 2023 Meeting Notes*

**Glossary of Terms**

- BHI: Behavioral Health Integration subgroup
- CHW: Community Health Worker
- CYBHWG: Children and Youth Behavioral Health Work Group
- ECEAP: Early Childhood Education and Assistance Program
- HCA: Washington State Health Care Authority
- IECMH-C: Infant and Early Childhood Mental Health Consultation
- MHAYC: Mental health assessment for young children
- QRIS: Quality Rating and Improvement System
- WCCC: Working Connections Childcare

**Meeting Topics**

- Reviewing the P5RHS process to date including collaboration, outreach and key decisions made
- Reviewing updates on Mental health assessment for young children (MHAYC) and Community Health Workers (CHWs)
- Presentation from Kristin Houser, Behavioral Health Integration (BHI) subgroup co-lead, on their proposed recommendation
- Updates and review of P5RHS proposed recommendations and outreach
- Discussion of timeline and next steps

**Draft recommendations:**

Recommendation	Description
Expanding Early ECEAP (Early Childhood Education and Assistance Program) Slots	Early ECEAP is modeled after the federal Early Head Start childcare partnership program that has been shown to reduce families’ rates of involvement with Child Protective Services (CPS) and other known risk factors. It is recommended that the legislature 1) expand the Early ECEAP program and 2) allow continued eligibility for Working Connections Child Care (WCCC), Washington State’s child care subsidy program, for ECEAP/Early ECEAP, counting the intensive family partnership requirement as ‘work activity’.

Increase Investment in Infant and Early Childhood Mental Health Consultation (IECMH-C) (Holding Hope)

The Infant-Early Childhood Mental Health Consultation (IECMH-C) program provides individualized mental health consultation services to childcare providers. At current funding levels, the program can provide support to just 2% of Washington’s childcare providers. It is recommended that the legislature allocate additional funds to address unmet needs and increase equitable accessibility. These funds would be used to: (1) expand capacity to provide individualized mental health consultation services to more providers; (2) provide IECMH-C services by linguistically and culturally matched consultants, and (3) address ongoing program needs to maintain quality and increase access.

### Discussion Summary

1. Updates on ideas important to the P5RHS. Two concepts (MHAYC and community health workers) were explored by P5RHS members and updates were provided. Notes are below on what was discussed. The decision was made not to pursue any recommendations related to MHAYC and community health workers this year.
  - a. Follow-up items on implementation of [House Bill 1325](#) (passed in 2021), aka MHAYC (pronounced “Macy” = mental health assessment for young children)
    - i. HB 1325 is a result of multiple years of work by the P5RHS. The bill included three elements as recommended by the P5RHS:
      1. Required the use of DC 0-5, an age-appropriate diagnostic manual
      2. Made reimbursements eligible for three to five assessments
      3. Provided reimbursement for travel to those assessments in natural environments, such as in-home or at childcare settings.
    - ii. Learnings from outreach
      1. Many non-clinicians, including early childhood educators and early interventionists in a variety of disciplines, are entering into serving children birth to 5 through the DC 0-5 training. This is important growth for equitable access and workforce issues, however many of these individuals also need training on how to actually assess and gather information for diagnostic purposes.
        - a. Allowing mental health clinicians and non-clinicians serving young children on Apple Health Medicaid to have access to infant and early childhood mental health assessment training and related topics is a crucial unmet need.

- b. Would like to explore access to scholarships for existing DC 0-5 training programs and consultation to ensure assessments are done correctly according to the developmental needs of young children
            - i. This training needs to focus not just on correctly assessing the child but the entire dyad including child and parent interaction to properly diagnose and provide a developmentally appropriate treatment plan.
2. Feedback from behavioral health organizations also emphasizes the administrative burdens, time and cost in providing clinical training, which is increasing due to a reduction in funding, making it less feasible.
3. Parent feedback at P5RHS over the years has emphasized the barriers to assessment and diagnosis because of different cultural and language issues.
4. Washington State does not have an infant and early childhood mental health strategic plan. Systems-level conversations need to be had to determine whether all clinicians are going to be trained in a particular assessment tool or if ‘assessment’ needs to be disaggregated and appropriate associated trainings need to be made.
- iii. Resources
  - 1. One-pager on the history of advocacy on MHAYC:
    - a. <https://www.hca.wa.gov/assets/program/timeline-of-advocacy-mental-health-assessment-for-young-children.pdf>
  - 2. MHAYC webpage
    - a. <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/mental-health-assessment-young-children>
- b. Community Health Workers
  - i. Collaboration is needed to address the workforce shortage and explore solutions to meet the social, cultural, and linguistic needs of communities needing services.
    - 1. Expanding the workforce in a way that reflects families served.
  - ii. Outreach has been conducted with a variety of stakeholders, including the Association of the Accountable Communities of Health, which includes the 9 ACHs and one specific ACH. CHWs are central to their work. Keeping an eye out for the release of the association’s agenda items related to CHWs and discuss ways of support.
  - iii. Behavioral Health Integration (BHI) subgroup’s proposed recommendation
    - 1. The subgroup is focused on building a ‘medical home’ for clients through care coordination across the spectrum of behavioral health. However, it is not sufficiently funded, particularly for clinics that don’t fit the mold of collaborative care as it is currently defined.
    - 2. The BHI subgroup had previously recommended funding for two years of CHWs in which about 39 positions were created. Washington State currently does not have a stream of funding to continue the grant. BHI is exploring how to make this a sustainable function.
    - 3. The BHI subgroup is proposing two items:

- a. Funding screening at higher levels by increasing Medicaid reimbursement rates to fully fund the cost of pediatric screening in primary care settings to include the cost of necessary follow-up when behavioral health issues are identified, such as helping children and families connect to services.
    - b. Directing the HCA to adopt General Behavioral Health Integration code 99484 (at Medicaid rate) to adequately fund reimbursement for care coordination activities performed by both clinicians and non-licensed professionals, including CHWs, on behalf of children and teens with behavioral health diagnoses.
- 2. Elaborating on prioritized P5RHS recommendations
  - a. Expanding Early ECEAP
    - i. Proposed recommendation:
      - 1. P5RHS recommends an expansion of the Early ECEAP program, a comprehensive, childcare partnership model for high-need children 0-3 who need both classroom and family support services. Early ECEAP is modeled after the federal Early Head Start childcare partnership program that has been shown to reduce families' involvement with child protective services (CPS) and combines robust trauma-informed approaches with high quality early learning (ECEAP evaluative brief). We also recommend a policy change to allow continued eligibility for Working Connections Childcare (WCCC, our state's childcare subsidy program) for ECEAP/Early ECEAP, counting the intensive family partnership requirement as 'work activity'.
    - ii. While this recommendation is not technically considered a 'legacy' item for the P5RHS, the program has been well socialized with partners and the legislature since 2018.
    - iii. In 2018 Early ECEAP was a pilot program but it has since been made a permanent program in the state. It is comprehensive wraparound care for 0-3. Less than 5% of eligible children are currently getting the service.
    - iv. Initial pilot slots were funded through a time-limited federal grant, which has since ended. Additional slots were added when the legislature passed the Fair Start for Kids Act in tandem with capital gains funding in 2021, bringing the total to 178 slots across the state for birth to three.
    - v. In 2023 the 178 slots were stabilized and a 20% per child rate increase was put into effect.
    - vi. A DCYF (Department of Children, Youth, and Families) decision package was recently released and includes a policy element, included in this proposal, emphasizing intensive family support and two-generation approach, and ensuring that is counted as a work activity for the purposes of Working Connections Childcare.
      - 1. The policy change would ensure that participation in Early ECEAP satisfies the requirements for WCCC to reduce disruptions in care.

- 2. The recommendation is a scalable investment, meaning that the number of slots added can be adjusted depending on the feedback from budgeters and the legislature.
    - vii. The P5RHS heard from two parents who shared their experience with Early ECEAP and how it positively affected their, and their children's, well-being.
  - b. Increased Investment in IECMH-C (Holding Hope)
    - i. Proposed recommendation:
      - 1. Increase investment in Infant and Early Childhood Mental Health Consultation (IECMH-C) by \$1.75 million annually to address unmet need and increase equitable access to IECMH-C for WA's children, families, and adult caregivers in childcare. Funds would be used to (1) expand capacity to provide individualized mental health consultation services to more providers; (2) provide IECMH-C services by linguistically and culturally matched consultants, and (3) address ongoing program needs to maintain quality and increase access.
    - ii. This is considered a legacy item for the P5RHS because the subgroup has pursued, year after year, increased access to those consultation services by adding more funding.
3. Outreach
  - a. Kristin Wiggins delivered a presentation at the parent ambassadors group on September 11. 8-10 parents from this group subsequently joined P5RHS.
  - b. Conversations were also had with multiple family home providers, two who speak Spanish and one who speaks Somali and work with their respective communities. They are childcare providers licensed to serve up to 12 children in their family home, and they shared about the importance and immediate need for infant and early childhood mental health support. Both providers noted that they had never heard of IECMH-C, which alludes back to the issues of access to the consultants.
  - c. Kristin will visit with the current parent ambassador class again, meet with the parent ambassadors alumni, and meet with MomsRising MomForce fellows to gather parent and caregiver input before the end of September.
  - d. In early October, Kristin will meet with more childcare providers at the Childcare Voices meeting which is coordinated by the Washington Communities for Children, the network of regional early learning coalitions.
4. Timeline and Next steps
  - a. P5RHS will present the two draft recommendations, Early ECEAP and Increased IECMH-C Investment (Holding Hope), at the CYBHWG meeting on September 22. Subgroup members have the opportunity to provide feedback on the recommendations until 09/30.
  - b. Final recommendations will be submitted to HCA October 11.
  - c. A P5RHS meeting will be scheduled for November 2 to discuss support items.
  - d. The parent & provider panel will be held on November 29. Invitations to come.
  - e. A P5RHS meeting will be scheduled for December to reflect on P5RHS collaboration past and present, align on goals and values, and create a strategic direction moving forward.

**Next Meeting: November 2<sup>nd</sup>, 10a-12p**

- Discuss P5RHS support items.