



## Children and Youth Behavioral Health Work Group – Prenatal through Five Relational Health (P5RH) Subgroup

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August 28, 2024

### Glossary of Terms

BHA: Behavioral Health Agency

CMS: Centers for Medicare and Medicaid Services

DCYF: Department of Children, Youth and Families

DP: Decision Package

ECEAP: Early Childhood Education and Assistance Program

HCA: Health Care Authority

IECMH: Infant and Early Childhood Mental Health

IECMH-C: Infant and Early Childhood Mental Health Consultation

MSS: Maternity Support Services

SPA: State Plan Amendment

WISe: Wraparound with Intensive Services

### Meeting Topics

Group Discussion & Alignment on 2025 Proposals

### Discussion Summary

#### Group Discussion & Alignment on 2025 Proposals

Recommendations and supporting discussion, listed below in the order in which they were discussed. Please see previous meetings' notes for more extensive background details for each issue.

1. Sustain and increase investment in Infant and Early Childhood Mental Health Consultation (IECMH-C). (15 votes) *[legacy item] Janet Fraatz*
  - a. This policy sits within the Department of Children, Youth and Families (DCYF).
  - b. The budget request is for increased investment by \$1.5 million annually to address unmet needs and increase equitable access to IECMH-C for Washington's children, family and adult caregivers. This includes:
    - i. Expanding capacity for individualized mental health (MH) consultation services to child care providers, children and families.
    - ii. Providing IECMH-C services by linguistically and culturally matched consultants.
    - iii. Initiating a community engaged program evaluation and planning effort to determine access and effectiveness of the consultation approach in our diverse communities.
  - c. This request is specific to the Holding Hope consultation program.
2. Alternative-payment model to Infant and Early Childhood Mental Health (IECMH) (12 votes)



- a. Two people have stepped forward with interest for drafting something for this.
  - b. There is work underway within the Health Care Authority (HCA) to pursue further information surrounding moving this topic forward.
  - c. There is a need for someone to work on this recommendation between now and Monday.
    - i. Sarah Pulliam and Katrina Hanawalt volunteered to work on this.
3. Family therapy provider rate enhancement. (11 votes) Sharon Shadwell
  - a. This is a request for an increase to family psychotherapy rates to better reflect the complexity of providing relationship-focused treatment.
  - b. Current family psychotherapy rates are up to 36% lower than the rate for a comparable amount of time for individual therapy.
  - c. It is best practice for clients of the birth to five population to receive services along with a caregiver, and yet only about 46% of licensed behavioral health agencies (BHAs) report providing this type of dyadic treatment service.
  - d. The recommendation is that HCA go through their internal processes to develop a proposal for increasing the family therapy reimbursement rates for young children, to support the developmentally appropriate treatment.
    - i. Then they would seek approval from Centers for Medicare and Medicaid Services (CMS) to implement that increase in rates.
  - e. Discussion surrounding this recommendation included the following:
    - i. It is important to decide and clarify the role for HCA –
      - a. If the ask is for HCA to use their own internal process, this will lead to submitting a decision package (DP) next year.
      - b. If the group would like the legislature to tell HCA to do something, it should be framed as telling HCA to explore and work with CMS to accomplish it.
    - ii. It can be an ethical dilemma and data disruption for clinicians surrounding billing for these services, due to the disparity in reimbursement rates, and systems and organizational pressure.
4. Expand perinatal supports per maternal mortality review recommendations. (9 votes) Molly Firth + Nucha Isarowong
  - a. Behavioral Health is the leading cause of pregnancy related deaths in our state, and these deaths occur between the prenatal stage and one-year post-pregnancy.
  - b. The issue leads discussed two options for this issue:
    - i. The possibility to expand Wraparound with Intensive Services (WiSe) to make it available to pregnant Apple Health enrollees.
      - a. WiSe is a program for targeted wraparound intensive services for children up to age 20, and the idea is to bring the child services together with maternal services.
        - a. This would be an expansion of a continuum of care – to help support the prenatal stage services for caregivers and families.
        - b. WiSe also addresses social determinants of health for families, which would go a long way to alleviate some of the stressors during the prenatal period and identify further intensive needs for behavioral health support for pregnant individuals.
    - ii. Expanding maternity support services (MSS) to all counties.



- a. These services are available prenatally and up to two months postpartum.
    - b. MSS is only available in 25 counties currently and was drastically reduced during the recession, but hasn't been expanded back to what it was prior.
    - c. There is an opportunity and desire in the community to expand the program again, but no leadership thus far.
  - c. Discussion surrounding this recommendation included the following:
    - i. WiSE is a very sensitive topic – it is the result of litigation in our state and people get activated around that specific program.
      - a. Christina Cole recommends describing the specific services and rationale for these services.
      - b. This would likely require a state plan amendment (SPA).
      - c. It is important to consider if there is the workforce to support this – are there enough providers serving perinatal mental health needs in general, before we ask for additional, more intensive services to be provided to that population?
      - d. WiSe is not a developmentally sensitive, culturally appropriate, trauma informed program for infants, toddlers and parents in Washington.
        - a. It would be a heavy lift to tailor WiSe to the prenatal to postpartum population.
    - ii. Christina Cole can share a DP related to MSS with the issue leads.
5. Enhance coordination between providers & community-based navigators & coordinators, & connection to Early- Early Childhood Education and Assistance Program (ECEAP) services, IECMH & family supports. (9 votes)
  - a. Nobody volunteered to be an issue lead, but Carrie Glover with Within Reach has offered the subgroup some help to flesh out this recommendation in the next year and beyond.
6. Expanding Early ECEAP slots. *Building off of DCYF DP. [legacy item]* (7 votes)
  - a. Nobody volunteered to be an issue lead, but let the subgroup leads know if anyone wants to put together an issue paper for this.
    - i. Katy Warren volunteered to take this on.
7. Sustain & increase investment in ECEAP & Child Care Complex Needs Funds. (7 votes)
  - a. Nobody volunteered to be an issue lead, but let the subgroup leads know if anyone wants to put together an issue paper for this.
    - i. Katy Warren and Maura Baker volunteered to take this on.
8. Sustain & expand community-based whole-family supports as part of the WA Plan of Safe Care. (6 votes)
  - a. DCYF discussed the work they have been doing on the WA Plan of Safe Care that focuses on supporting families impacted by substance use disorder (SUD).
    - i. This recommendation is about continuing the expansion of this.
    - ii. There is legislation around this through DCYF.
  - b. Nobody volunteered to be an issue lead, but let the subgroup leads know if anyone wants to put together an issue paper for this.
  - c. The BloomWorks team presented to the subgroup on their discovery sprints process, including one about pregnancy and SUD, so this could be a combined effort in looking at the recommendations.
9. Fund & perform a landscape analysis of early childhood navigators. (5 votes)



- a. This is somewhat connected to the recommendation “Enhance coordination between providers & community-based navigators & coordinators, & connection to Early- Early Childhood Education and Assistance Program (ECEAP) services, IECMH & family supports.”
  - b. Nobody volunteered to be an issue lead, but let the subgroup leads know if anyone wants to put together an issue paper for this.
10. Hospital-to-Home perinatal MH supports. (4 votes) *Tiffany Elliott + Sara Circelli*
  - a. This proposal is for funding to help build the workforce capacity to support the emotional wellbeing of parents of infants who have had a NICU stay and/or have developmental delays.
    - i. These parents are at high risk for MH challenges related to parenthood.
  - b. The ask is specifically related to training to build the capacity of providers who are already in the home supporting these families with infant development, such as:
    - i. Home visitors
    - ii. ESIT providers
11. Expand inclusion of fathers in the early childhood workforce. (3 votes)
  - a. The subgroup heard about the Landscape of Fatherhood study and the work of the Fatherhood Council in Washington.
  - b. Nobody volunteered to be an issue lead, but let the subgroup leads know if anyone wants to put together an issue paper for this.
12. Explore consumer tax on alcohol and smoking products to secure sustainable funding to support P5 initiatives. (3 votes) *Avery Park*
  - a. Currently, there is no sustainable funding mechanism to support P5 initiatives in the state of Washington.
    - i. There are disparities in resources and funding, especially in King County.
  - b. The proposal is to develop a legislative task force to explore consumer tax models and other financial strategies and create a tax policy on smoking products such as tobacco and marijuana.
    - i. This sustainable funding mechanism will ensure that funding can be independent, longterm, predictable, equitable and sufficient.
  - c. There are two states (California and Arizona) that passed a consumer tax on tobacco, which allows them to support facets of their P5 initiatives.
  - d. The specific recommendation is to:
    - i. Determine an estimated fiscal impact associated with developing a legislative task force.
    - ii. Determine a timeline for implementation.
    - iii. Develop the legislative task force to create, edit, share and complete objectives for this particular proposal.
    - iv. Focus on specific priorities such as, but not limited to, child care allowances for low and lower middle income families, child care workforce and development and IECMH workforce and development
  - e. Why is this a smart move?
    - i. HCA and the UW Barnard Center have their own projects to support workforce development for IECMH workers and sustain childcare for Washington’s workforce as a whole.



- ii. Last year, employee turnover, absenteeism, and lost family income associated with childcare cost \$6.9 billion.
  - f. Discussion surrounding this recommendation included the following:
    - i. Connecting with the Balance Our Tax Code and/or Budget and Policy Center folks.
      - a. It is important not to reinvent the wheel if there is already a lot of work being done in this area.
      - b. <https://budgetandpolicy.org/>
    - ii. There are already extensive taxes on tobacco products.
    - iii. Maggie Humphreys and Molly Firth offered to connect on this issue.
- 13. Next steps:
  - a. If we haven't heard from someone on an intent to submit a recommendation, please let the subgroup leads and support staff know.
    - i. If you are new to drafting a recommendation and/or want help facilitating collaboration on a topic, please reach out.
  - b. Deadline to submit: Monday, September 2<sup>nd</sup>
  - c. The recommendations will be sent to full work group on September 3<sup>rd</sup>

## Look Ahead: 24/25 Schedule

Next Meeting: September 11