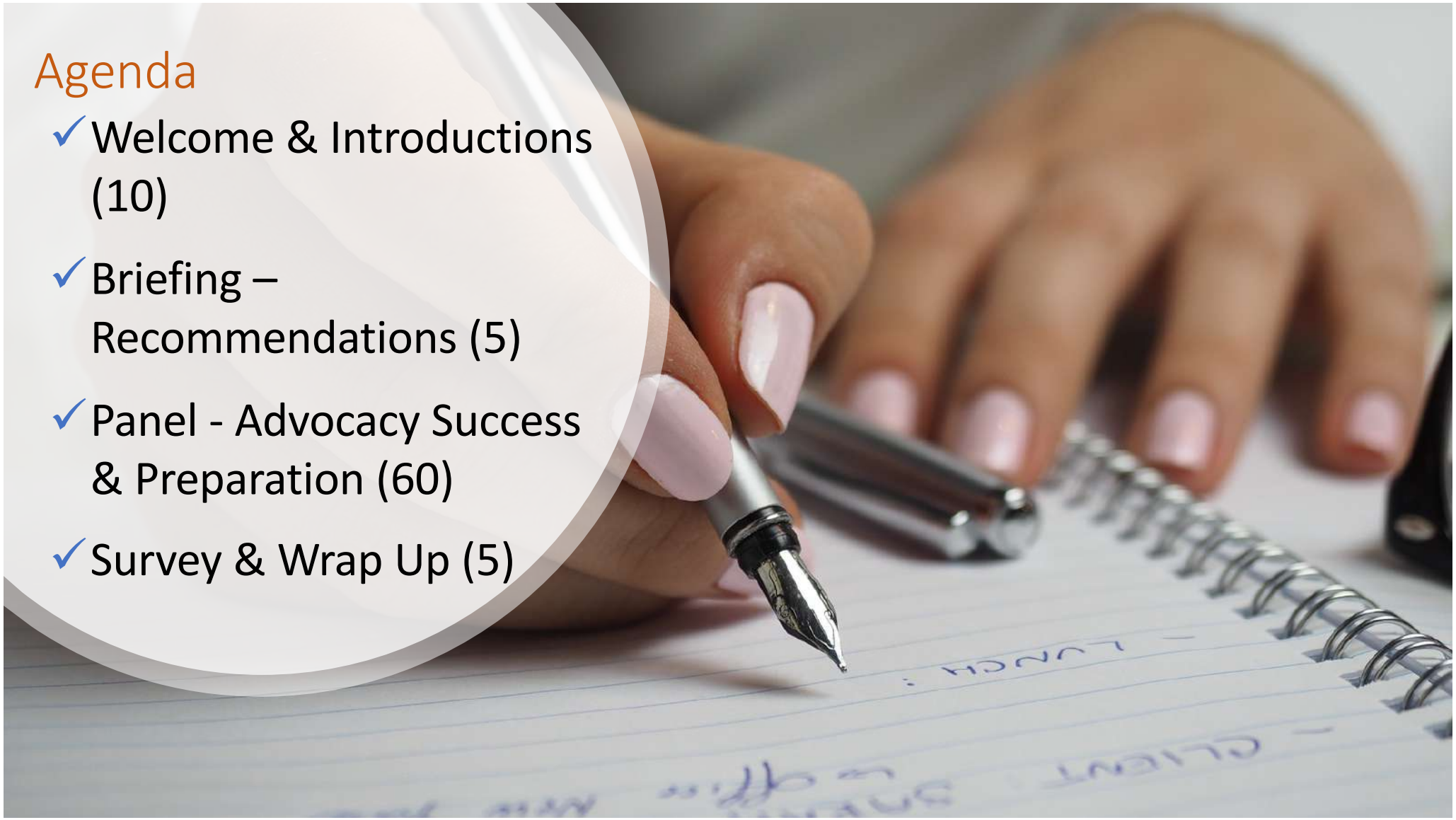
Prenatal to 5 Relational Health Subgroup

November 10, 2020

Monthly Meeting

Agenda

- ✓ Welcome & Introductions (10)
- ✓ Briefing – Recommendations (5)
- ✓ Panel - Advocacy Success & Preparation (60)
- ✓ Survey & Wrap Up (5)



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.

Welcome & Introductions

Members in attendance:

1. Dr. Amritha Bhat
2. Jessica Box
3. Ayan Elmi
4. Jamie Elzea
5. Rep. Debra Entenman
6. Janet Fraatz
7. Dorothy Gorder
8. Renée Hernandez Greenfield
9. Byron Jackson
10. Avreayl Jacobson
11. Elizabeth Krause
12. Jodi Kunkel
13. Garrison Kurtz
14. Edna Maddalena
15. Alicia Martinez
16. Sharon Shadwell
17. Paula Steinke
18. Beth Tinker
19. Elisa Waidelich
20. Katy Warren
21. Kristin Wiggins
22. Dr. Mary Ann Woodruff

Special guests:

- Rep. Carolyn Eslick
- Rep. My-Link Thai
- Sen. Judy Warnick
- Sen. Claire Wilson
- Kevin Black, Senate non-partisan staff for the Behavior Health Subcommittee
- Charlotte Janovyak, staff for Rep. Lauren Davis

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

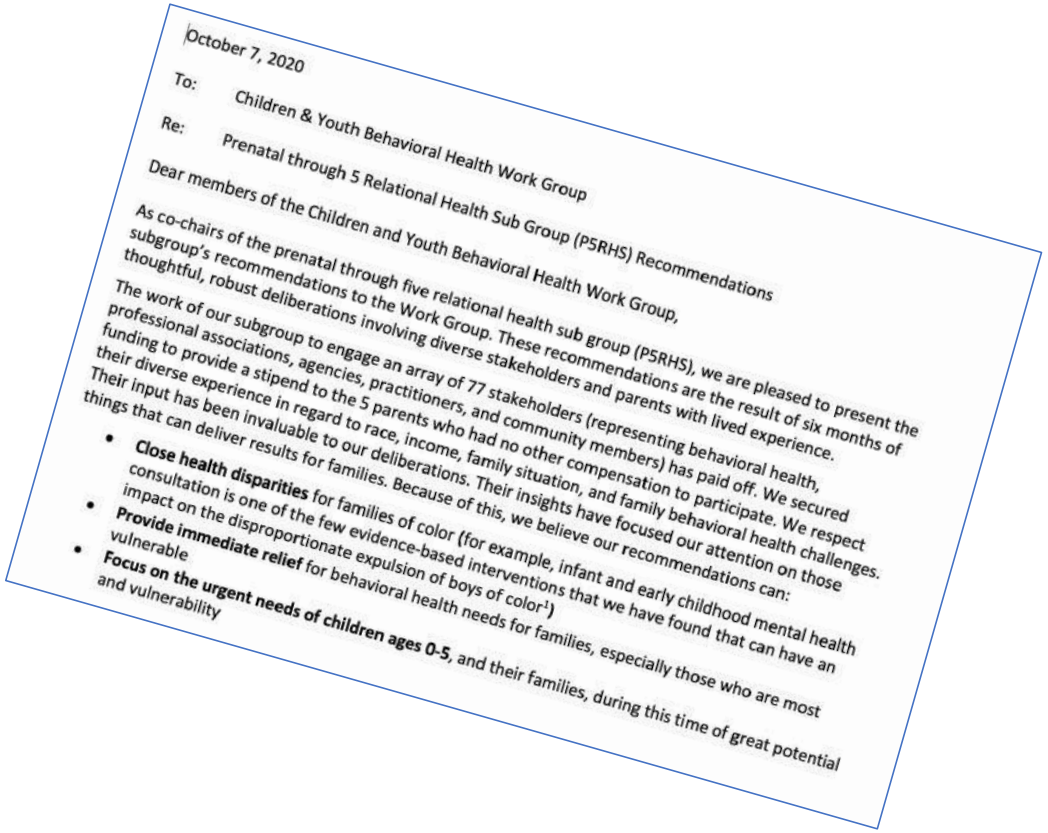
Breakout - Introductions

How would you describe your current "battery level" today?

What could help charge it?

Our Final Recommendations Reflect Our Focus

- **Hear the voices of families**
- **Close health disparities for families of color**
- **Provide immediate relief** for behavioral health needs for families, especially those who are most vulnerable
- **Focus on the urgent needs** of children ages 0-5, and their families, during this time of great potential and vulnerability



October 7, 2020

To: Children & Youth Behavioral Health Work Group

Re: Prenatal through 5 Relational Health Sub Group (P5RHS) Recommendations

Dear members of the Children and Youth Behavioral Health Work Group,

As co-chairs of the prenatal through five relational health sub group (P5RHS), we are pleased to present the subgroup's recommendations to the Work Group. These recommendations are the result of six months of thoughtful, robust deliberations involving diverse stakeholders and parents with lived experience.

The work of our subgroup to engage an array of 77 stakeholders (representing behavioral health, professional associations, agencies, practitioners, and community members) has paid off. We secured funding to provide a stipend to the 5 parents who had no other compensation to participate. We respect their diverse experience in regard to race, income, family situation, and family behavioral health challenges. Their input has been invaluable to our deliberations. Their insights have focused our attention on those things that can deliver results for families. Because of this, we believe our recommendations can:

- **Close health disparities** for families of color (for example, infant and early childhood mental health consultation is one of the few evidence-based interventions that we have found that can have an impact on the disproportionate expulsion of boys of color[1])
- **Provide immediate relief** for behavioral health needs for families, especially those who are most vulnerable
- **Focus on the urgent needs of children ages 0-5**, and their families, during this time of great potential and vulnerability

Panel Presentation – Hearing from Parents and Practitioners

We asked parents and practitioners what would be different for them and their family or the families that they serve if this recommendation were to be implemented?

Our Final Recommendations

1. **Budget Request 1 - Developmentally Appropriate Diagnosis & Treatment (for CYBHWG legacy item):** Change Medicaid policy so that best practices for mental health assessment and diagnosis of children birth through 5 years old can be implemented and diagnosis and treatment disparities reduced.

2. **Budget Request 2 - Infant & Early Childhood Mental Health Consultation:** Establish a complex needs fund to address the behavioral health challenges experienced by children ages 0-5 and their families so that children, families, and early learning providers can experience reduced bias and have immediate relief.

3. **Policy Request 1 - Telehealth:** Ensure responsive and effective access to telehealth services so that immediate relief can be provided to families and behavioral health disparities eliminated

4. **Support/Preservation Request 1 - Infant & Early Childhood Mental Health Consultation (for CYBHWG legacy item):** Support existing investments in infant and early childhood mental health consultation so that children in early care and education experience reduced bias that leads to expulsions and suspensions.

5. **Support Request 2: - Postpartum Mood and Anxiety Screening:** Remove clinical barriers to postpartum mood and anxiety screening so that health disparities can be eliminated.

Our Final Recommendations

Budget Request 1 - Developmentally Appropriate Diagnosis & Treatment (for CYBHWG legacy item): Change Medicaid policy *so that* best practices for mental health assessment and diagnosis of children birth through 5 years old can be implemented and diagnosis and treatment disparities reduced.

Currently only 1 assessment session is reimbursable, this policy change would allow 3-5 assessment sessions to be reimbursed (which are necessary to fully assess the child, parent, and the caregiving relationship) and reimbursement for sessions done and travel to natural environments for more developmentally appropriate care.

Another feature of this recommendation includes the adoption of the DC:0-5, the only diagnostic manual that has developmentally appropriate symptom profiles and assessment approaches tailored to children from birth to age five. Currently many professionals are using the Diagnostic and Statistical Manual (DSM), which is a diagnostic manual created with adults and children age 6 in mind.

BENEFITS - *What would be different for you and your family or the families that you serve if this recommendation were to be implemented?*

Parent Perspective:

- As a parent, I knew something was not typical for my son (he was non-verbal), though I did not know what autism was. I felt I was getting blamed rather than helped and was told different things by each physician. One doctor wanted to medicate him. One wanted to try an experimental treatment. Some thought his non-verbal behavior was due to Somali and English being spoken at home. No one took the time to understand and diagnose him appropriately. Fortunately, at a WIC appointment, a Somali woman noticed my son's behaviors and approached me and shared what she knew. She referred me to Denise Louie and Northwest Center and they were able to get an autism diagnosis and address the cultural (female/male doctor), language, and other considerations when he was 7 ½ years old. Having more assessment sessions and some assessment in children's natural environments can help to better understand what is happening for the child and build a relationship between the parents and the pediatrician for a better diagnosis and treatment.
- My son was not diagnosed with autism until he was 8. He was non-verbal and exhibited repetitive behaviors and had sensory issues. He was thought to be on the spectrum, but no one was sure. It took until he was 4-years-old and was participating in Head Start for someone to notice what was not typical. It still took 4 more years or an autism diagnosis. It finally happened when we moved back to Washington. We could have had this resolved years ago.

Professional Perspective:

- It's very important that the person presenting to the family that they are as unbiased as they can possibly be. If we miss this evaluation when they are younger, it could lead to potential expulsions moving forward. What we want to do is make our first interaction a positive one for children and families. Especially when you may potentially be telling them that they have a delay.
- When I see parents in the perinatal period, the parent and child are always together (and the child is pre-verbal). Since the needs of the parent and the child are interrelated, there are potential great benefits to having children appropriately assessed and diagnosed early and parents appropriately supported.
- Infant and early childhood mental health is really a 2-generation approach to support BOTH the mental of parents and children, giving the opportunity to have great impact on each member of that dyad and in many circumstances interrupting intergenerational cycles of trauma.
- Practitioners are currently experiencing constraints (only one assessment session is fully reimbursed now), yet best practice requires multiple sessions (parent interview, observation, natural settings). Now, it is often rushed, not comprehensive, and potentially resulting in ineffective treatment.
- One consideration is that action in this area is dialable and can be implemented in a phased approach.

Our Final Recommendations

Budget Request 2 - Infant & Early Childhood Mental Health Consultation: Establish a complex needs fund to address the behavioral health challenges experienced by children ages 0-5 and their families *so that* children, families, and early learning providers can experience reduced bias and have immediate relief.

BENEFITS - *What would be different for you and your family or the families that you serve if this recommendation were to be implemented?*

Professional Perspective:

- Providing infant & early childhood mental health consultation to those who nurture children is one of the only known and validated ways to address racial bias among providers that leads to suspension and expulsion.
- As of September 2020, the 6 IECMH-Cs situated at Child Care Aware WA serve nearly 3,300 providers who are caring for nearly 108,000 children. That leaves about 1,700 providers who care for nearly 55,000 children who do not have access to that program alone. Additionally, the current program funding does not support the needs of non-EA providers or family, friend, and neighbor caregivers.
- These funds can create an opportunity to provide evidence-based way of supporting the infant and early childhood mental health professionals and child care/preschool providers to provide appropriate care, help families navigate what is needed, and retain staff, through better support. (e.g., an extra person in the classroom, special training for teachers about trauma-informed care and/or early childhood mental health).
- Though providers are resilient, the additional multiple stressors of the pandemic (provider anxiety, stress, worry about health and safety protocols, business survival, interference of health requirement on developmentally appropriate practice, sudden influx of school-aged children, need to integrate multiple online learning platforms without adequate Internet speed, multiple mental health needs of children, parents, and teachers, etc.) take a heavy toll and providers need support to be their best for children and families.
- During Covid, we know that early learning and care providers are on the front lines of supporting the social emotional wellbeing of very young children during these of great stress. It is SUCH an essential time for care givers to get access to consultation to help them support the wellbeing of the children in their care. We are grateful that the CYBHWG has long been champions for the Infant and Early Childhood Mental Health Consultation field. They serve that essential bridge bringing mental health expertise to support early care and learning providers. This opportunity to support children where they are provides a powerful opportunity to keep very young children well cared for in their classrooms, create pathways for early identification referrals, and for upstream interventions.

Our Final Recommendations

Policy Request 1 - Telehealth: Ensure responsive and effective access to telehealth services *so that* immediate relief can be provided to families and behavioral health disparities eliminated.

A) Charge a current or new committee to develop standards of practice for audio and video telehealth services *so that* racial and income disparities in behavioral health service access are eliminated and virtual services provided clinically effective relief for children and families.

B) Require state-funded programs to publicize the availability of Washington Lifeline, ask families about the need for digital access, and make appropriate referrals *so that* low-income families can effectively access appropriate virtual behavioral health services.

BENEFITS - *What would be different for you and your family or the families that you serve if this recommendation were to be implemented?*

Parent Perspective:

- Many families have limited transportation options which are made worse by the current health challenges. These all inhibit access to services. When I had my first child, I only had a small folding stroller and no car or car seat. I did not realize this created some potential risk to my child during those first few weeks. My primary care provider was very judgmental rather than helpful, which set us on a poor trajectory – despite the importance of this relationship. None of this would have happened if I could have had a telehealth session, which would have avoided the difficult logistics of getting to the doctor just a few weeks after my baby was born. I recently tried a telehealth appointment for myself and it was great. All of my needs and questions were addressed. It showed me this is an important option for families.
- Many people of color and low-income families and those in specific locations without high-speed Internet are at a disadvantage. Many families do not have a smart phone or Internet that allows them to appropriately access telehealth.
- Many families are in high-risk categories for Covid-19 and other health concerns and telehealth provides a safer way to access services that they might not otherwise have.

Professional Perspective:

- Many patients find the telehealth option is highly beneficial (especially during(pregnancy and postpartum)
- Ensuring that telehealth does not widen existing disparities is important.
- In some situations, if you do not see that patient in person, you might miss some important cues. Some might access services that are audio only. However, we do not really know what is clinically effective in deciding what works well for families, when, how often, etc. As physicians, we need guidance in this area.
- No current telehealth group is charged with engaging a broad set of stakeholders, establishing standards of practice, and including the prenatal through 5 age period and focusing on behavioral health (within and outside of the healthcare industry).

Our Final Recommendations

Support/Preservation Request 1 - Infant & Early Childhood Mental Health Consultation (IECMH-C) (for CYBHWG legacy item): Support the existing 2019 $773,000 GF-S/year investment in the 6 infant and early childhood mental health consultants (funds 6 consultants; one per Child Care Aware region) *so that* children in early care and education experience reduced bias that currently leads to expulsions and suspensions.

BENEFITS - *What would be different for you and your family or the families that you serve if this recommendation were to be implemented?*

Parent Perspective:

- Mental health consultation brought the adults (parents, teachers, administrators) together to develop an approach that worked for my child (it changed behaviors of adults). It also built an important foundation of relationships among adults that understood that our child's behavior was communication and that our job was to understand it. Tribally-funded services also made a difference for us as a family.

Professional Perspective:

- Families are experiencing many stressors (9%+ unemployment, DOH projections of acute stress, anxiety, and depression, child care closure/business/income loss, 120%+ additional costs of running a child care business). IECMH-C can be instrumental in helping parents and caregivers to "self regulate" as they address these stressors (and the people who are supporting them), they can have more capacity to respond appropriately. Containing these adult concerns so they can be their best selves and respond in constructive ways – self care is so important.
- Providing infant & early childhood mental health consultation to those who nurture children is one of the only known and validated ways to address racial bias among providers that leads to suspension and expulsion.
- Categorical eligibility (child care, special education, ECEAP/Head Start, etc.) creates very different access to appropriate consultation.
- Child care budgets cannot afford these highly-qualified folks, so it is always when in crisis, and never preventative.
- As a provider, it is always unclear how to pay for what children and families are needing. When there is a good consultation experience, there is a foundation of good adult relationships to consider how we learn and adapt to support the child.
- It is currently difficult to find and fund gifted infant and early childhood mental health consultants.
- In addition to access to consultation, there is a need for support and tools to help professionals to do their best work responding to the needs of individual children and families.
- IECMH-C is a really important service that needs to be available throughout infant, children and family serving programs.
- There are other partners and elements that can support the expansion of this important system (e.g., upcoming Infant and early childhood landscape report, King County child care health consultation efforts, ECLIPSE [Medicaid treatment child care], etc.).

Our Final Recommendations

Support Request 2: - Postpartum Mood and Anxiety Screening: Remove clinical barriers to postpartum mood and anxiety screening so that health disparities can be eliminated

Support the exploration of the Washington Chapter of the American Academy of Pediatrics' (WCAAP) "learning collaborative" (held September 2020-June 2021) *so that* we can identify and prepare to remove clinical barriers and eliminate racial disparities in routine postpartum mood and anxiety disorder screening and treatment.

BENEFITS - *What would be different for you and your family or the families that you serve if this recommendation were to be implemented?*

Parent Perspective:

- As a parent participating in my well child exam with my last son, they handed me a paper with 10 questions, but there was no searching conversation. I did not get what I needed because I did not share how I was feeling as I did not want to open the door or create a challenge. Later, I got some support for how I was feeling and it made a big difference.
- When my boys were born, my wife and I did not have any type of postpartum screening. On a personal level, with my oldest son I had no signs of depression. But, it really ramped up after my other two sons were born as I was having a lot of death In the family and my health was starting to worsen, so I think If both the mother and the father both have screenings after birth, the possible issues with depression and anxiety could be hit early.
- With my first 2 kids I didn't have a screening for postpartum depression even though I had severe depression each time. With my last child, I was able to have a doula and Open Arms sent a therapist to my home and I was able to speak about my emotions without judgement. I was grateful to have had that opportunity and services. I wish many parents had access to this services.
- Parents involved in the child welfare system have their own additional concerns and interests in regard to mental health and the approach of the physicians.

Professional Perspective:

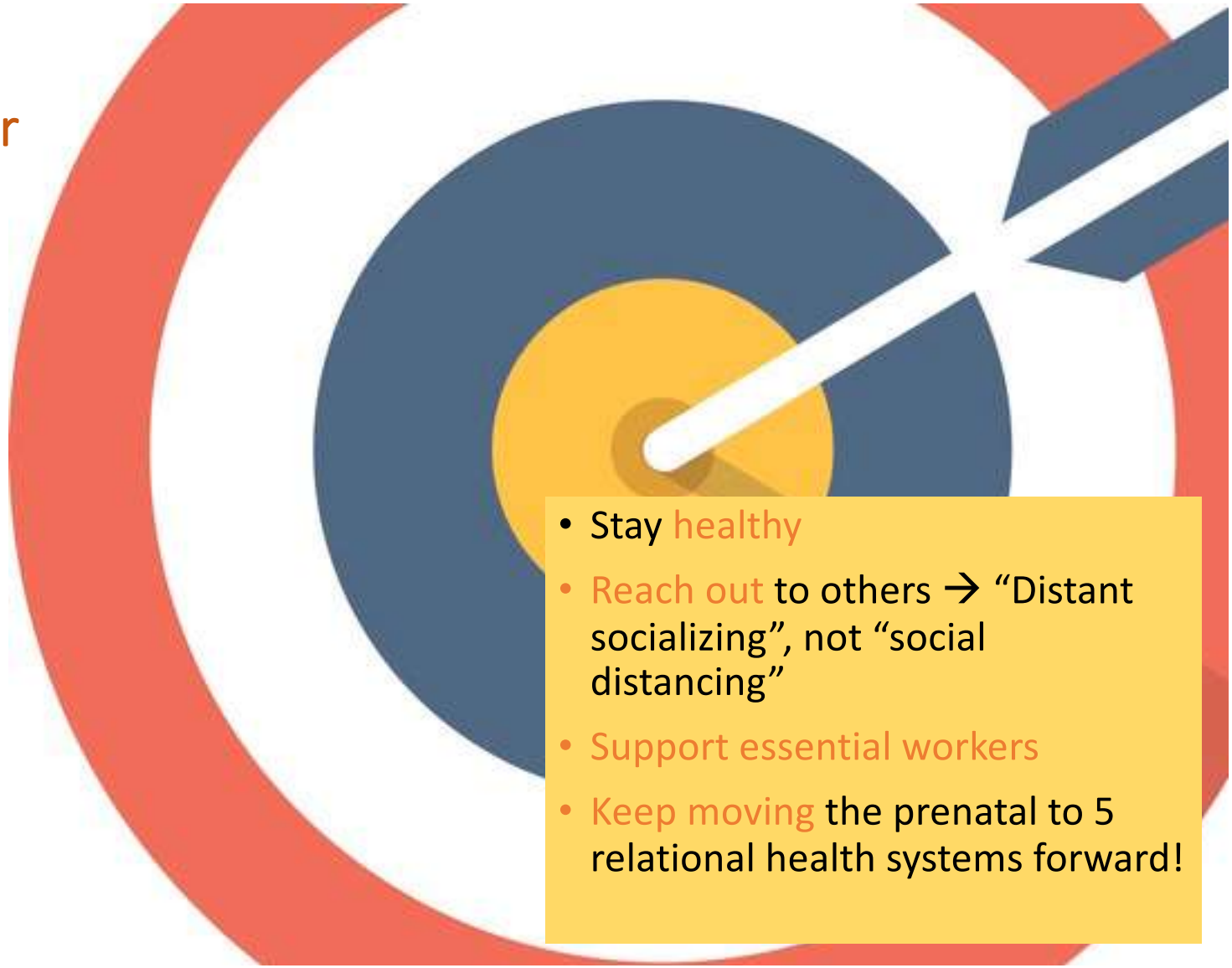
- While PMAD screening during well-child exams is required, only a small fraction of families are reported as having the screen. They could be happening but not recorded since the reimbursement rate is low ($1.84), or there could be practice considerations like scheduling flexibility and appropriate places to refer families.
- 1 in 7 new moms, 1 in 10 dads, and 1 in 8 adoptive mothers experience post-partum depression. There are also many racial disparities in incidence, diagnosis , and treatment.
- Parents and children develop together, and research shows that depression and anxiety are more common among children whose parent experiences PMAD, but it is undiagnosed/untreated.
- WCAAP is exploring (in a learning collaborative) some of the barriers to routine postpartum mood and anxiety disorder screening. The learning collaborative hopes to learn about how screening can be reliable/routine, as well as provide a warm handoff to providers for treatment.
- Many providers are so gratified to be able to offer discrete help and make this relationship-based work an integral part of a pediatrician visit. Parent quotes from Pediatrics NW patients:
    - "No one has ever asked me these questions before, I thought I was all alone, thank you for caring about me."
    - "May I get up and hug you? Thank you for caring this much."
    - "My doctor has not asked me these questions before, thank you for asking."
- Changing the course of what practice looks like will be necessary. *How do we screen? To whom do we refer? How do the pediatrician, parents, and mental health caregivers interact?*
- Because the obstetric relationship wanes after delivery but the pediatrician relationship continues, pediatricians are in a good position to screen and help support long-term treatment/support.

Thank you, panelists!

Wrap Up

Articulate our next steps

1. Cancel December meeting
2. Respond to CYBHWG prioritization exercise
3. Strengthen advocacy preparations
4. Survey – Reflect on our past work



- Stay healthy
- Reach out to others → "Distant socializing", not "social distancing"
- Support essential workers
- Keep moving the prenatal to 5 relational health systems forward!