### Agenda Items

<table>
<thead>
<tr>
<th>CYBHWG Updates</th>
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| • DOH’s Behavioral Health Strike Team generated an analysis of the impact COVID-19 has on behavioral health. The analysis was created with the intent to provide a brief, initial forecast of behavioral health impacts. Among its findings: 2-3 million Washingtonians could experience behavioral health symptoms consistent with acute stress, anxiety, or depression within the next 6 month.  

The presentation PowerPoint is available at: [https://www.hca.wa.gov/assets/program/cybhwg_agenda_and_materials_200605.pdf](https://www.hca.wa.gov/assets/program/cybhwg_agenda_and_materials_200605.pdf) |

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<th>Agency Updates (savings options)</th>
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| Overview:  

Judy King, Department of Children, Youth and Families (DCYF)  
• 15% cut: $155 million.  
• This exercise was difficult as a larger agency with so many areas of work being carried out across Juvenile Rehabilitation, Child Welfare, and Early Learning.  
• DCYF’s criteria emphasized programs/services that reduce racial disparities across systems of care, looking at both prevention and intervention services that keep children, youth, and families – including prenatal to 5 – in their communities and ensuring children start off with as much support as they can have. Much discussion was had about evidence based programs and practices.  
• A particular interest was the ongoing development of the infant mental health consultation system – it did end up getting a small reduction (out of the $773,000 per year, there was a $155,000 cut or “savings option”).  
• There are a lot of legislative requirement steps that must occur before anything can happen.  
• Still working on decision packages and keeping in mind what funding is available. Agency request legislation is due in September; we will focus on what families really need in communities.  
• We are looking into federal funding opportunities.  
• Refer to the following link: [https://ofm.wa.gov/sites/default/files/public/budget/statebudget/savings/307DCYF.pdf](https://ofm.wa.gov/sites/default/files/public/budget/statebudget/savings/307DCYF.pdf)  

Please direct questions regarding Tribal relations and cuts/budgets to Tleena Ives, Director of Tribal Relations (tleena.ives@dcyf.wa.gov). |

| Diana Cockrell, Health Care Authority (HCA)  

• There are general/overall areas of “cuts”/saving options that do not come out of DBHR specifically. The lion’s share of children and youth behavioral health dollars are not state |
dollars. The two areas we absorbed were two staffing positions; (1) FTE for 0-5 analysis work, (2) FTE tasked with staffing the CYBHWG.

- We have experienced a delay in starting any new actuarial work that was funded in the supplemental budget; we are seeking an exemption to keep that work moving forward. This includes IOP, behavioral health 0-5, and transparency and rates.
- Refer to the following link: https://ofm.wa.gov/sites/default/files/public/budget/statebudget/savings/107HCA-HBE.pdf
- Decisions will be made by the Legislature and the Governor.

| Behavioral health assessment study | • Initial language in the proviso will go to the actuaries. Actuaries will develop a report, including all the things they considered. Then we will pull people in from this group to see if they have included all of the items people think should be in there to achieve outcomes. Also to see if you think the costs are right. Actuaries create information for agency to provide a proposal. See page 12 for more information. |
| Prioritized recommendations | See pages 13-16. |
| Recruitment and representation | See pages 17-20. |
| Wrap Up/Next Steps | |

**Attendees**
See page 4.
Prenatal to 5 Relational Health Subgroup

June 9th Monthly Meeting
Welcome & Introductions

Present during the meeting were:

1. Amritha Bhat
2. Rachel Burke
3. Victor Cardenas
4. Haruko Watanabe Choosakul
5. Diana Cockrell
6. Brent Collett
7. Ben Danielson
8. Darlene Darnell
9. Mia Edidin
10. Jamie Elzea
11. Janet Fraatz
12. Kim Gilsdorf
13. Becca Graves
14. Erica Hallock
15. Katrina Hanawalt
16. Kim Harris
17. Libby Hein
18. Katie Hess
19. Lauren Hipp
20. Julie Hoffman
21. Nucha Isarowong
22. Avreayl Jacobson
23. Judy King
24. Elizabeth Krause
25. Garrison Kurtz
26. Hannah Lidman
27. MaryAnne Lindeblad
28. Laurie Lippold
29. Edna Maddalena
30. Sandy Maldonado
31. Alicia Martinez
32. Kathryn McCormick
33. Sally Mednansky
34. Lou Olson
35. Monica Oxford
36. Dila Perera
37. Ryan Pricco
38. Sarah Rafton
39. Jennifer Rees
40. Joel Ryan
41. Tana Senn
42. Sharon Shadwell
43. Mary Smith
44. Paula Steinke
45. Anne Stone
46. Beth Tinker
47. Cynthia Turrietta
48. David Willis
49. Kristin Wiggins
50. Mary Ann Woodruff
51. Liv Woodstrom
52. Endelkachew Abebaw

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 and organization
Agenda

- Welcome & Introductions
- Breakout Room Mixer – Brave Space Norms
- Changes to Context
- Prioritization of Issues – Multiple small and large group discussions
- Representation & Recruitment
  - Engagement methods
  - Missing voices
Breakout Groups

Get to know colleagues & strengthen our voice for racial equity

- You’ll be automatically assigned to a breakout room
- Take 8 minutes to review the *Brave Space Norms*
- Use Google Docs “+” to add a comment
  - *What resonates with you?*
  - *What do you want to highlight?*
- Zoom will bring you back to the main room
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 (prenatal to 25 years old) 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 the 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
# P5RHS Calendar

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| **June 9** | P5RHS meeting  
• Issue groups explore prioritized issues and potential recommendations  
• Plan outreach to other coalitions                                                                                       |
| ~ **June 30** | Deadline for initial internal state agency decision package submittal                                                                 |
| **July 14** | P5RHS meeting  
• Issue groups refine prioritized recommendations & P5RHS further refines  
• Report on outreach to other coalitions and refine approach                                                                    |
| **August 11** | P5RHS meeting  
• Issue groups refine prioritized recommendations  
• Report on outreach to other coalitions and refine approach                                                                       |
| **September 8** | P5RHS meeting  
• P5RHS finalizes prioritized recommendations  
• Generate message content for recommendation FAQs and talking points  
• Report on outreach to other coalitions and refine approach                                                                        |
| **September 18** | Draft P5RHS recommendations due to CYBHWG                                                                                         |
| **October 13** | P5RHS meeting – Finalize recommendations – Meeting may be rescheduled                                                                |
| **October 13** | Final P5RHS recommendations due to CYBHWG                                                                                          |
| **October-November** | Advocacy agendas finalized                                                                                                           |
| **November 1** | CYBHWG report due to the Legislature                                                                                               |
Agency Perspective - DCYF

Hearing how agencies are proceeding

- Budget reduction exercises (15% was $155M)
- Criteria:
  - Central to DCYF core mission – as stated in the draft *DCYF Strategic Plan*
  - Reduces racial disproportionality
  - Prioritizes prevention and retains community capacity
  - Careful look at the impact of eliminating, pausing, or scaling back
- “Potential savings”
- Agency → OFM → Public → requires action to implement
- Infant early childhood mental health consultation would have a small reduction if proposed “savings” are taken.
- For impact on tribal service budgets - Tleena Ives, Director of Tribal Relations at DCYF  
  - [tleena.ives@dcyf.wa.gov](mailto:tleena.ives@dcyf.wa.gov)
Agency Perspective - HCA

Hearing how agencies are proceeding

- Budget reduction exercises
  - [Link](https://ofm.wa.gov/sites/default/files/public/budget/state_budget/savings/107HCA-HBE.pdf)

- Agency → OFM → Public → requires action to implement

- Statewide Behavioral Health Forecast
  - [Link](https://www.hca.wa.gov/assets/program/cybhwg_agenda_and_materials_200605.pdf)
Legislative Focus – Rep. Senn

Hearing how the Legislature is proceeding

- There is little appetite for new programs – no cost policy changes are ideal
- Things that improve equity are a priority
- Things that can provide immediate relief are a priority
- Things that will create a disaster if eliminated are prioritized to be retained
Behavioral health assessment study 2019-2021

$125,000 for SFY 20 ($31,000 GFS; $94,000 federal); and $125,000 for SFY 21 ($125,000 GFS).

“The analysis must include cost estimates from the authority and the actuaries responsible for establishing Medicaid managed care rates on the annual impact associated with policy changes in assessment and diagnosis of infants and children from birth through age five that at a minimum: (a) Allow reimbursement for three to five sessions for intake and assessment; (b) allow reimbursement for assessments in home or community settings, including reimbursement for clinician travel; and (c) require clinician use of the diagnostic classification of mental health and developmental disorders of infancy and early childhood. The authority must submit a report to the office of financial management and the appropriate committees of the legislature summarizing the results of the analysis and cost estimates by December 1, 2020.”

Diana asked the P5RHS:

1. In thinking about the three items the analysis must include, are there any notes or considerations you want the HCA team to be aware of?

2. Are there any topics beyond the three items the analysis must include that you hope the HCA team will consider?

Questions/Comments:

• Can you include the cost of community-based assessment?
• Can you include racial disparities in the analysis? (Seeking further clarification)
• Can the analysis include exploration of existing data sets and how we can build on them?
Prioritized Recommendations to Explore

This year we agreed to rate issues on 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 P5RHS and CYBHWG scope, and does not duplicate the work of other Subgroups or coalitions
Prioritized Issues, Challenges & Recommendations

P5RHS staff have highlighted 9 topics to explore that meet the two first criteria which seem like threshold criteria:

1. **Develop Workforce that Reflects Communities Served** – Create pathways for more types of professionals (e.g., peers and community-embedded professionals) and organizations to provide and bill for culturally relevant IECMH services.

2. **Perinatal & Infant Mental Health Training** – Fund comprehensive education of providers and staff about perinatal and infant mental health.

3. **IECMH Consultation** – Fund expansion of mental health consultation and workforce support in early learning settings.

4. **Doula Funding** – Advance the legislative ask for Medicaid reimbursement for doula care (credentialed/non-credentialed).

5. **Prenatal Care Funding** – Increase funding and routine access to prenatal care.

6. **Post-Partum Medicaid Reimbursement** – Extend period for post-partum Medicaid reimbursement to 12 months.

7. **Post-Natal Parent PMAD Screening** – Increase reimbursement rate for routine postnatal mood disorder screening of parents (currently $1.84). Explore policies, funding levers, and/or coordination mechanisms to facilitate referral and feedback loops.

8. **Infant Mental Health Endorsement Funding** - Provide funding to assist Early Achievers participating providers in meeting training and supervision requirements for an Infant Mental Health Endorsement (IMH-E).

9. **Enhanced Funding for Developmentally Appropriate Assessment & Care** – Implement HCA findings to increase billing rates to allow up to 3 sessions to complete DC:0-5 assessments and fund resilience-focused dyadic care at a higher rate.

10. **Social/Emotional Development Inclusion in B-5 Screening** – Fund B-5 social emotional development screening (e.g., ASQ is used in many early childhood settings, but often not the ASQ-SE).


12. **Customized Support for Identified Communities** - Fund development of customized supports for specific populations such as: adoptive parents, teen parents, parents with special needs, specific cultural communities, refugees, etc.

13. **Customized Support for Fathers** – Fund development of customized supports for fathers, including workforce development that considers gender and life path. Advocate for a bias toward co-parenting.

14. **Telehealth Capabilities** – Fund improved high-speed Internet and tools for telehealth. Fund development of standards of practice for telehealth services.

15. **Build Support for Infant Early Childhood Mental Health** – Fund a campaign to educate and raise awareness about perinatal and IECMH across the state (prevalence, support, social norming, community support).

16. **IECMH Capacity** – Require health care systems to provide IECMH services on par with adults and on par with the burgeoning need in response to Covid-19.

17. **Data Collection** – Require establishment of data definitions, system alignment, and analysis expectations in service to perinatal and early childhood mental health.

18. **Trauma Informed Care** – Fund pilot of the DCYF child care model with all components in 2 communities.

19. **Family Peer Support** – Secure funds for expansion of peer connection and support (e.g., PEPS, MOPS, etc.)

20. **Washington Listens and Other Requests for Federal Money to Address Emergent BH Needs**
Exploring Issues

1. Explore your three issues
2. Using Google Docs (“+” to add a comment in the margin)
3. Add & discuss individual and group comments
   - Questions/Comments/Exploration Needs
   - Opportunities/Special Session Requests
   - Who Should Be Involved
   - Next Steps/Assignments
Exploring Issues

- Poll
- Next steps

**First Choice (15 votes – including Laurie and Kathryn)**
IECMH-C 4
1. IECMH-C 4
2. Advance Doula Funding Request 1
3. Fund TIC CC Pilot 0
4. Postnatal Parent PMAD Screening 1
5. Enhance $ for DA Assessment & Treatment 4
6. SED/SEL Screening 0
7. Telehealth Capabilities 5
8. Focused Data Collection 0
9. Washington Listens & Other Federal Requests 0
10. Other 0

**Second Choice (15 – including Laurie and Kathryn)**
IECMH-C 6
1. IECMH-C 6
2. Advance Doula Funding Request 0
3. Fund TIC CC Pilot 2
4. Postnatal Parent PMAD Screening 2
5. Enhance $ for DA Assessment & Treatment 0
6. SED/SEL Screening 0
7. Telehealth Capabilities 4
8. Focused Data Collection 0
9. Washington Listens & Other Federal Requests 0
10. Other 1
Recruitment & Representation

- The Children & Youth Behavioral Health Work Group is still seeking members:
  - 2 parents/caregivers of children who have received behavioral health services, one of which has a child < six
  - 1 representative of an organization representing the interests of individuals with developmental disabilities
  - Legislator participation in our subgroup
  - Expanded representation in this group, particularly tribal, black, indigenous and people of color
In addition to participating in monthly two-hour meetings, what are some other ways that we might engage the voice of needed stakeholders?

1. Participation in issue groups
2. Document review and comment
3. P5RHS presentation and conversation with existing networks
We’ve named a few ways of the demographic groups that we have not yet regularly engaged in our work to draft recommendations. Are there important other groups to engage?

1. Parental figures [Diverse: LGBTQIA, culture, adoptive, grandparents, siblings, etc.]
2. Black, Indigenous, and People of Color (BIPOC), and People of Color (POC) [Related barriers – ELL, compensation for time and child care, etc. – Community-based organization funding sources or bodies?]
3. ESIT participants
4. Children’s advocacy centers
5. Child welfare
6. NICU/Hospital or child life specialists
7. People with disabilities
8. People who have experienced complex trauma
9. Public health nurses/home visitors
10. Tribal nations
11. Other bridging sub-specialties (family medicine, obstetrical practitioners [adjunct])
12. Children’s Museums (Trike)
13. Librarians
14. Transportation systems and access/digital access
Representation & Recruitment
Groups to Engage

Some organizations or individuals have been named as potential members of our subgroup. Do you have additional ideas?

1. Childhaven
2. Educare
3. PFR - Promoting First Relationships experts
4. PCAP providers
5. Rising Strong - Spokane
6. Yakima Valley Farmworkers Clinic
7. Urban Indian health centers
8. IPEL
9. State Early Learning Plan 2.0 sources
10. Kaiser work in CA re: transportation access
11. Community health workers/cultural navigators as conduits
12. Neighborhood House
13. WSA Parent Ambassadors (under way)
14. CCHC leads and consultants
Wrap Up

Articulate our next steps

1. Explore prioritized issues
2. Convene issue groups
3. Recruit new members
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!