

Prenatal to Five Relational Health Subgroup Meeting

June 9, 2020

Agenda Items	Summary Meeting Notes
CYBHWG Updates	<ul style="list-style-type: none"> 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. <p>The presentation PowerPoint is available at: https://www.hca.wa.gov/assets/program/cybhgw_agenda_and_materials_200605.pdf</p> <ul style="list-style-type: none"> The legislative co-chair for the CYBHWG will transition from Representative Noel Frame to Representative Lisa Callan, beginning this month.
Agency Updates (savings options)	<p>Overview:</p> <ul style="list-style-type: none"> The Office of Financial Management (OFM) has put forth a memo for state agencies to undergo a budget reduction exercise of 15%. <p>Judy King, Department of Children, Youth and Families (DCYF)</p> <ul style="list-style-type: none"> 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 Please direction questions regarding Tribal relations and cuts/budgets to Tleena Ives, Director of Tribal Relations (tleena.ives@dcyf.wa.gov). <p>Diana Cockrell, Health Care Authority (HCA)</p> <ul style="list-style-type: none"> 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

	<p>dollars. The two areas we absorbed were two staffing positions; (1) FTE for 0-5 analysis work, (2) FTE tasked with staffing the CYBHWG.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. <p><i>See page 12 for more information.</i></p>
Prioritized recommendations	<i>See pages 13-16.</i>
Recruitment and representation	<i>See pages 17-20.</i>
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 | 19. Lauren Hipp | 37. Ryan Pricco |
| 2. Rachel Burke | 20. Julie Hoffman | 38. Sarah Rafton |
| 3. Victor Cardenas | 21. Nucha Isarowong | 39. Jennifer Rees |
| 4. Haruko Watanabe Choosakul | 22. Avreayl Jacobson | 40. Joel Ryan |
| 5. Diana Cockrell | 23. Judy King | 41. Tana Senn |
| 6. Brent Collett | 24. Elizabeth Krause | 42. Sharon Shadwell |
| 7. Ben Danielson | 25. Garrison Kurtz | 43. Mary Smith |
| 8. Darlene Darnell | 26. Hannah Lidman | 44. Paula Steinke |
| 9. Mia Edidin | 27. MaryAnne Lindeblad | 45. Anne Stone |
| 10. Jamie Elzea | 28. Laurie Lippold | 46. Beth Tinker |
| 11. Janet Fraatz | 29. Edna Maddalena | 47. Cynthia Turrietta |
| 12. Kim Gilsdorf | 30. Sandy Maldonado | 48. David Willis |
| 13. Becca Graves | 31. Alicia Martinez | 49. Kristin Wiggins |
| 14. Erica Hallock | 32. Kathryn McCormick | 50. Mary Ann Woodruff |
| 15. Katrina Hanawalt | 33. Sally Mednansky | 51. Liv Woodstrom |
| 16. Kim Harris | 34. Lou Olson | 52. Endelkachew Abebaw |
| 17. Libby Hein | 35. Monica Oxford | |
| 18. Katie Hess | 36. Dila Perera | |

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

Date	Actions
June 9	P5RHS meeting <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Issue groups refine prioritized recommendations & P5RHS further refines • Report on outreach to other coalitions and refine approach
August 11	P5RHS meeting <ul style="list-style-type: none"> • Issue groups refine prioritized recommendations • Report on outreach to other coalitions and refine approach
September 8	P5RHS meeting <ul style="list-style-type: none"> • 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”
<https://ofm.wa.gov/sites/default/files/public/budget/statebudget/savings/307DCYF.pdf>
- 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

Agency Perspective - HCA

➔ Hearing how agencies are proceeding

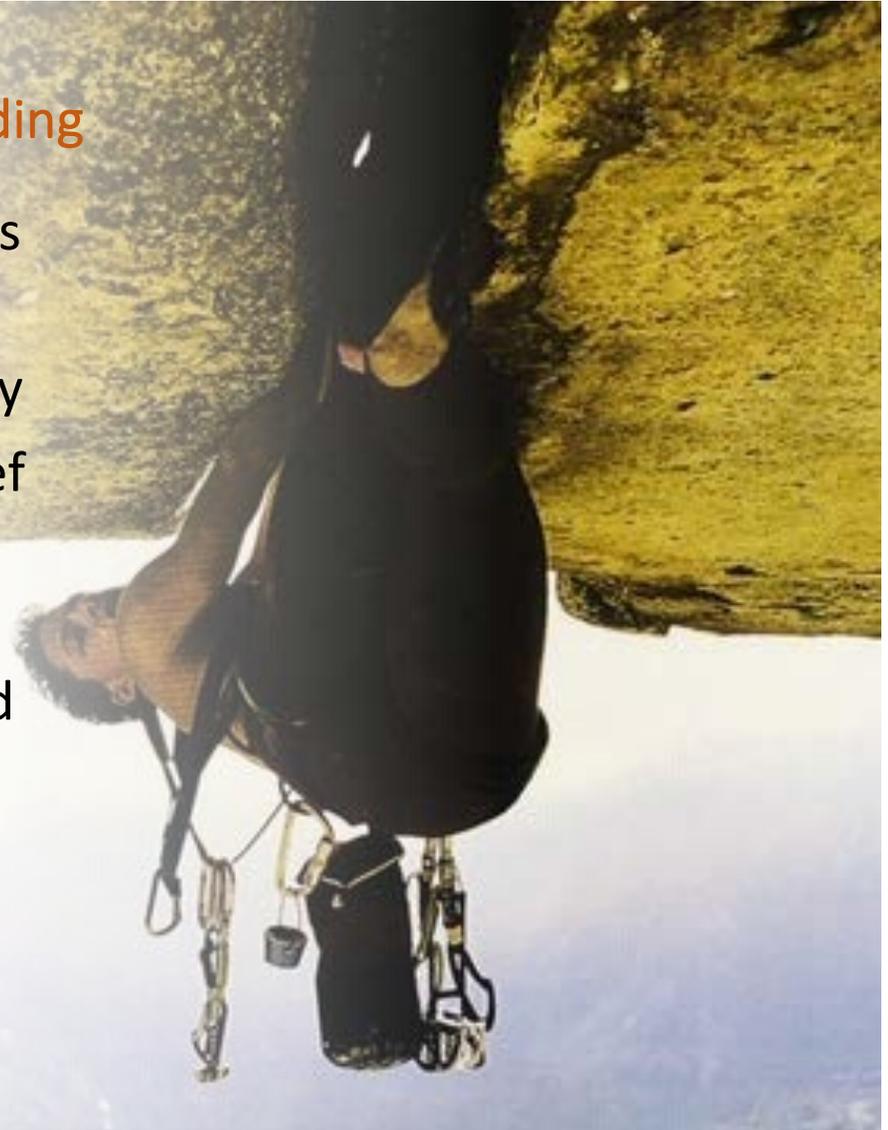
- Budget reduction exercises
 - https://ofm.wa.gov/sites/default/files/public/budget/state_budget/savings/107HCA-HBE.pdf
- Agency → OFM → Public → requires action to implement
- Statewide Behavioral Health Forecast
 - https://www.hca.wa.gov/assets/program/cybhgw_agenda_and_materials_200605.pdf



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



HCA Analysis

➤ Naming useful elements to consider

Behavioral health assessment study 2019-2021

\$125,000 for SFY 20 (\$31,000 GFS; \$94,000 federal); and \$125,000 for SYF 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).
- 11. Intentionally Support Culturally Responsive Approaches** – Fund interpretation. Fund research. Fund training. Fund desired strategies of communities of color and tribal communities.
- 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*





Brief discussion to be refined at future meetings

Representation & Recruitment Methods of Engagement

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

Representation & Recruitment

Sources of Engagement

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!

