

Notes

Agenda Items	Summary Meeting Notes
CYBHWG membership	Seeking nominations for two new positions: (1) A parent of a child under age six who has received behavioral health services, and (2) A representative of an organization representing the interests of individuals with developmental disabilities. Send nominations to cmhwg@hca.wa.gov .
Recap state situation	<p>Kristin Wiggins <i>Highlights:</i></p> <ul style="list-style-type: none"> • Federal aid: Where are offsets to and gaps in state budget? • Rainy day fund balance is \$3B. Economic impacts exceed that balance. • Anticipating special session at some time this summer or fall.
Landscape analysis	<p>Samantha Gray Keen and Mimi Howard (School Readiness Consulting) <i>Highlights:</i></p> <ul style="list-style-type: none"> • Primary focus: Addressing inequities in race and place • Extensive efforts to gather family and provider voice –in King County and WA State overall – 24 family focus groups in King County. • Drafting reports now.
CYBHWG recommendations	<ul style="list-style-type: none"> • <i>See meeting materials for CYBHWG mission, vision, and framework (pp 24 and 25).</i> <p><i>Decision</i></p> <ul style="list-style-type: none"> • Group approved draft prioritization criteria (<i>see p 28</i>).
P5RHS priorities	<p><i>Highlights</i></p> <ul style="list-style-type: none"> • <i>See p. 30 of post-meeting materials for 2019 priorities, refined at meeting.</i> • A straw poll at the meeting surfaced these issues as top priorities: Postpartum Medicaid reimbursement, perinatal and infant mental health training, build support for iECMH advocacy. <p><i>Discussion</i></p> <ul style="list-style-type: none"> • Where possible, highlighting existing assets. • Culturally responsive approaches – comes up in each of the CYBHWG subgroups and has been very hard to move on; perhaps an issue for the work group as a whole? • Given current stressors in system, will community behavioral health providers add addressing the needs of the prenatal to five population if parity is not required?
Subgroup capacity	<ul style="list-style-type: none"> • Representation and recruitment questions will be included in survey following meeting.
Wrap Up/Next Steps	<ul style="list-style-type: none"> • Sending out survey on priorities, and representation and recruitment.

Attendees

See page 3 of post-meeting materials.



Prenatal to 5
Relational
Health
Subgroup

May 12th Monthly Meeting
ANNOTATED in MEETING

Introductions



Present during the meeting were:

1. Rachel Burke
2. Diana Cockrell
3. Mia Edidin
4. Jamie Elzea
5. Kim Gilsdorf
6. Kim Harris
7. Julie Hoffman
8. Nucha Isarowong
9. Avreayl Jacobson
10. Judy King
11. Garrison Kurtz
12. Laurie Lippold
13. Edna Maddalena
14. Alicia Martinez
15. Monica Oxford
16. Ryan Pricco
17. Joel Ryan
18. Sharon Shadwell
19. Paula Steinke
20. Anne Stone
21. Beth Tinker
22. Kristin Wiggins
23. Mary Ann Woodruff

Zoom Tip

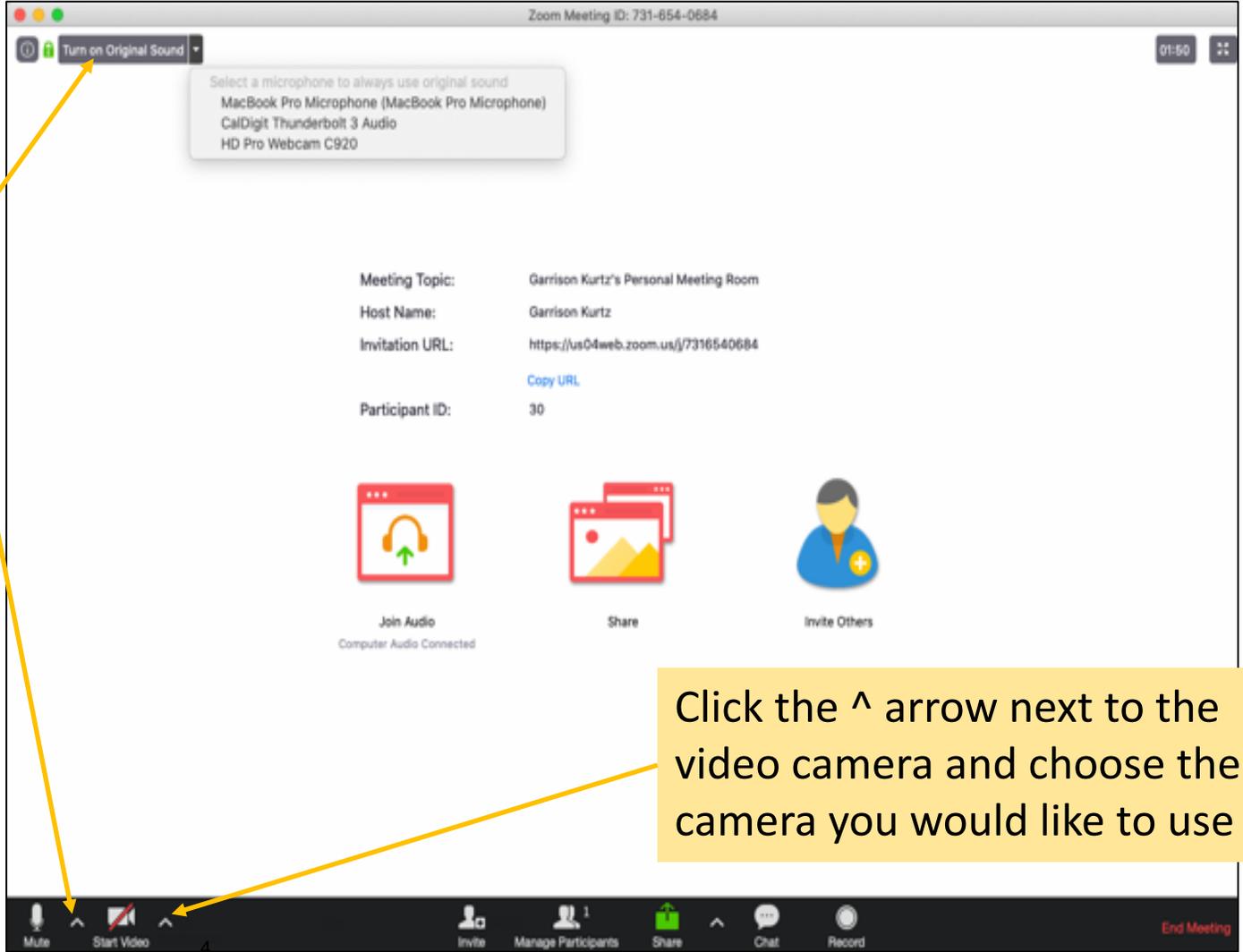
Share your name and organization

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

Let's Zoom Together!

Configure Your Audio and Video Settings

Turn on your sound by selecting your computer/phone microphone to use Internet audio without calling in on a phone



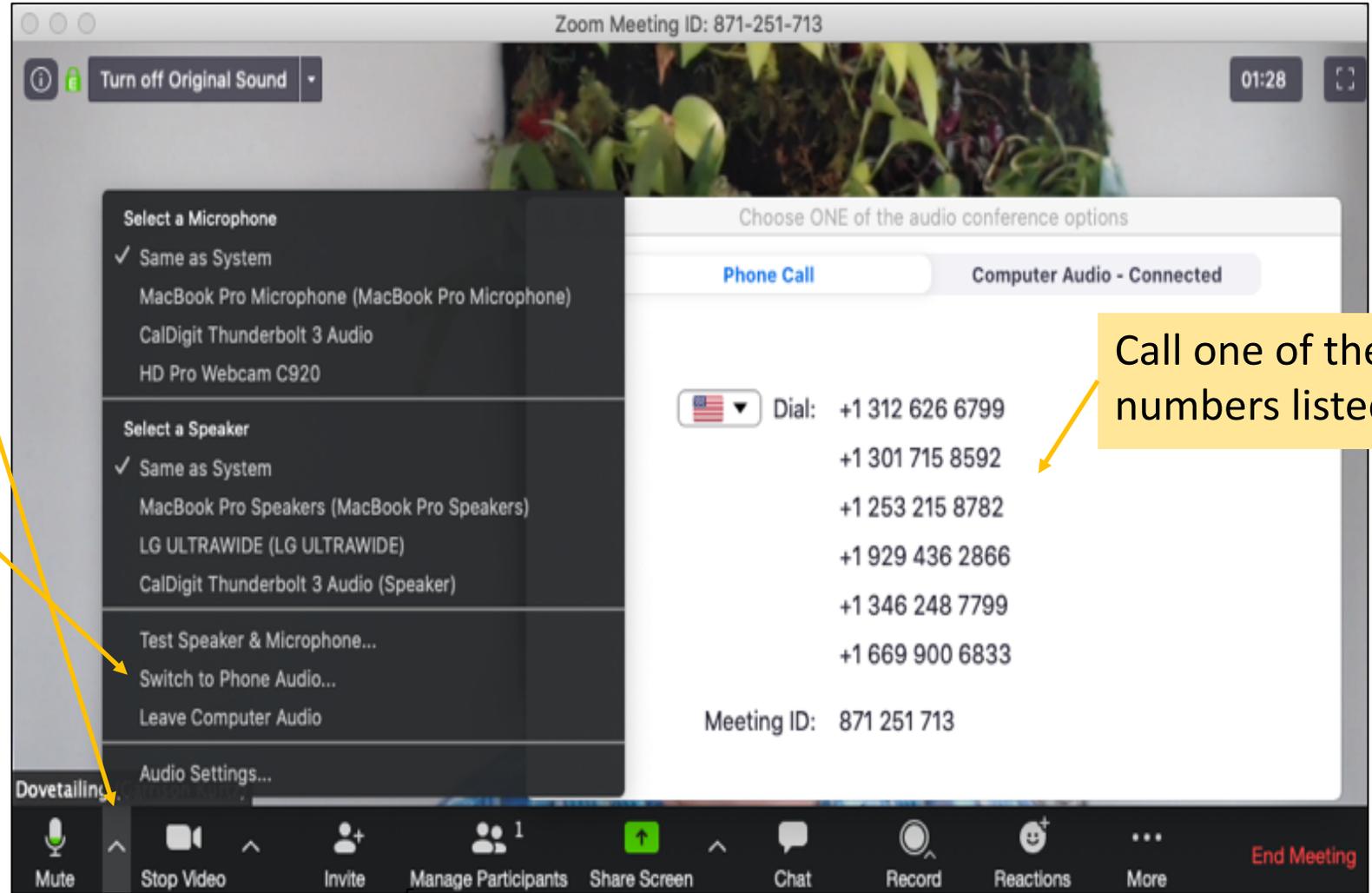
Click the ^ arrow next to the video camera and choose the camera you would like to use

Let's Zoom Together!

Switching to Audio by Phone

Click the ^ arrow next to the microphone. Choose "Switch to Phone Audio".

Make sure to note the "Meeting ID", which should also be listed at the top of your Zoom window.

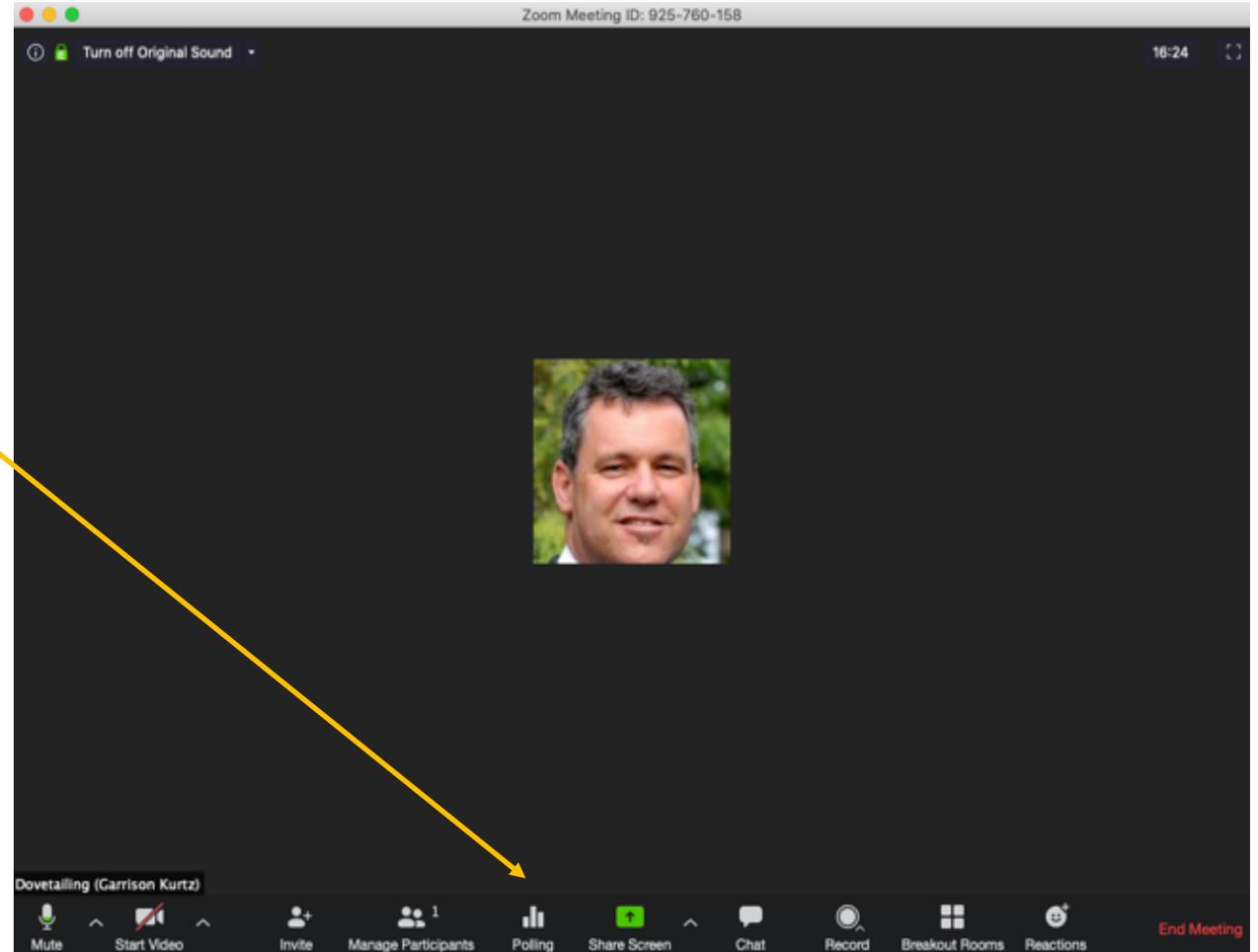


Call one of the numbers listed.

Let's Zoom Together!

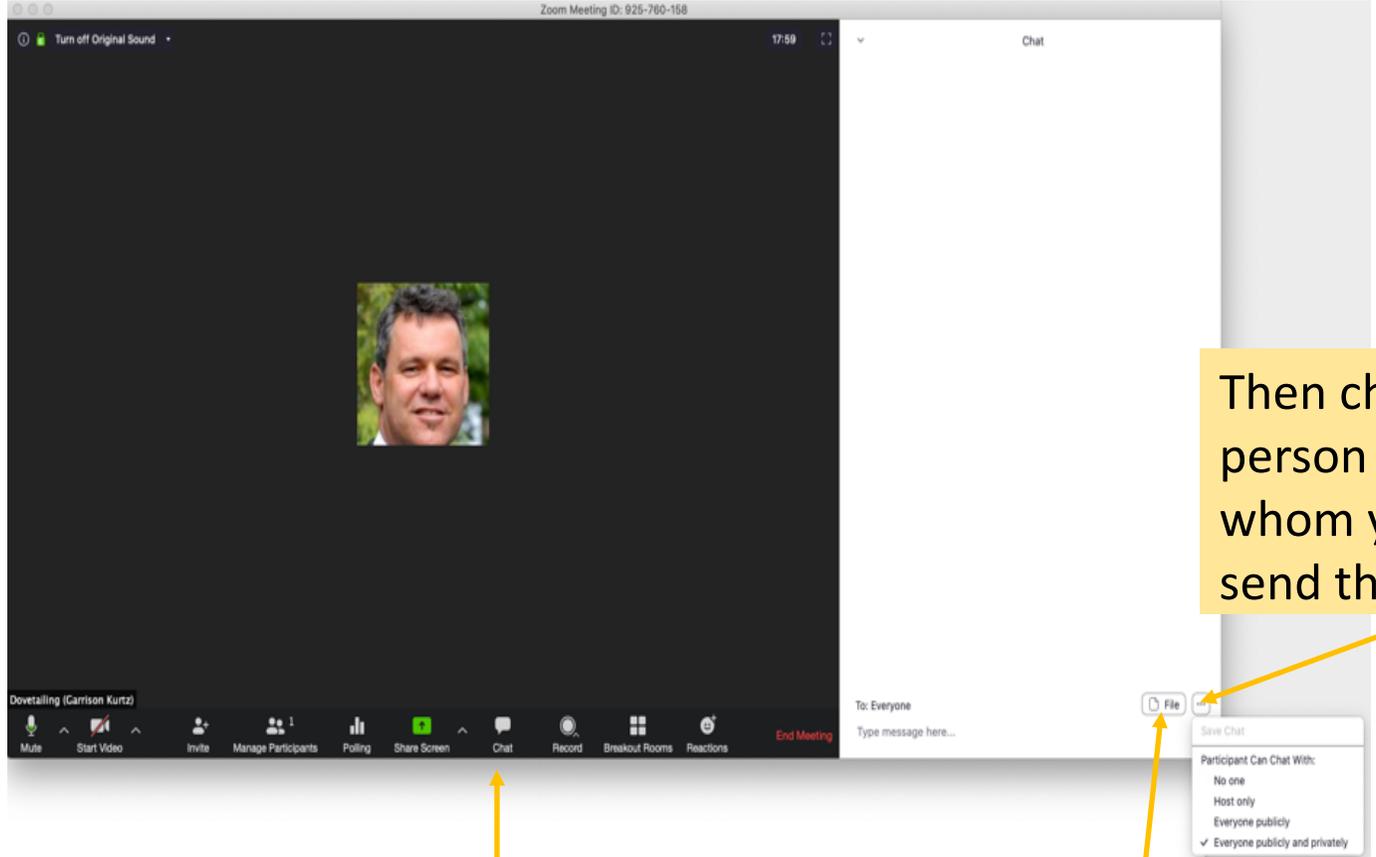
Accessing Zoom Menus

To use features of Zoom while in a meeting, click on your Zoom window or hover your cursor over the lower part of the window to see the black toolbar.



Let's Zoom Together!

Share Your Thoughts in a Chat



Then chose the person or group to whom you want to send the message

Click "Chat"

You can share a file too!

CYBHWG membership

Nominations

The Children & Youth Behavioral Health Work Group is seeking to add:

- *Two parents or caregivers of children who have received behavioral health services, one of which must have a child under the age of six*
- *One representative of an organization representing the interests of individuals with developmental disabilities*



Breakout Groups



Get to know two of your colleagues

- You'll be automatically assigned to a breakout room
- You'll have 5 minutes to chat
- Zoom will bring you back to the main room automatically



Given our new current reality, what is your hope for what we can do for the field next?

Online Tools

Children & Youth Behavioral Health Work Group (CYBHWG) Website

The Health Care Authority is providing staffing support for the CYBHWG and its subcommittees and is posting materials at [their website](#). At this site, you can find:



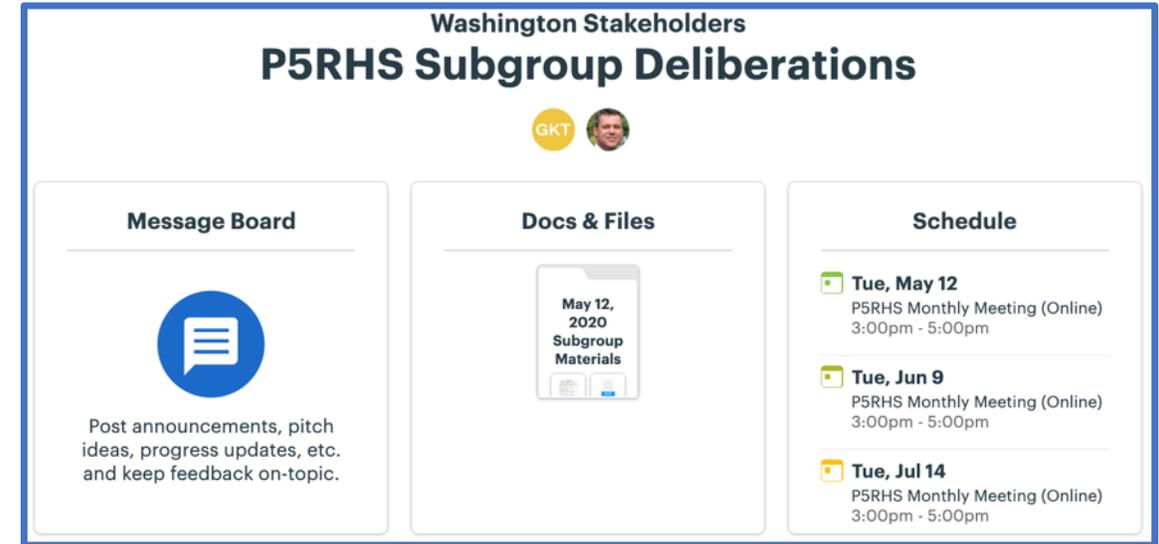
- ✓ Schedule of CYBHWG and subgroup meetings and associated agendas, discussion materials and summaries
- ✓ Member list of the CYBHWG
- ✓ Events and training notices
- ✓ Resources & supports

Online Tools

Prenatal through 5 Relational Health Subgroup BaseCamp Site

WA-AIMH is hosting a BaseCamp site for P5RHS monthly meetings and issue groups. At this site, you can find:

- ✓ Member list of the P5RHS
- ✓ Schedule of P5RHS meetings and associated agendas, discussion materials and summaries
- ✓ A message board to raise issues for monthly meetings
- ✓ Documents & files for issue group materials
- ✓ Draft documents for comment and editing between meetings



The screenshot shows the interface for the Washington Stakeholders P5RHS Subgroup Deliberations BaseCamp site. At the top, it says "Washington Stakeholders" and "P5RHS Subgroup Deliberations". Below this is a profile picture of a person with the initials "GKT". The main content area is divided into three columns: "Message Board", "Docs & Files", and "Schedule".

- Message Board:** Features a blue speech bubble icon and the text: "Post announcements, pitch ideas, progress updates, etc. and keep feedback on-topic."
- Docs & Files:** Shows a document icon with the text: "May 12, 2020 Subgroup Materials".
- Schedule:** Lists three upcoming meetings:
 - Tue, May 12:** P5RHS Monthly Meeting (Online) 3:00pm - 5:00pm
 - Tue, Jun 9:** P5RHS Monthly Meeting (Online) 3:00pm - 5:00pm
 - Tue, Jul 14:** P5RHS Monthly Meeting (Online) 3:00pm - 5:00pm

The Situation in Washington

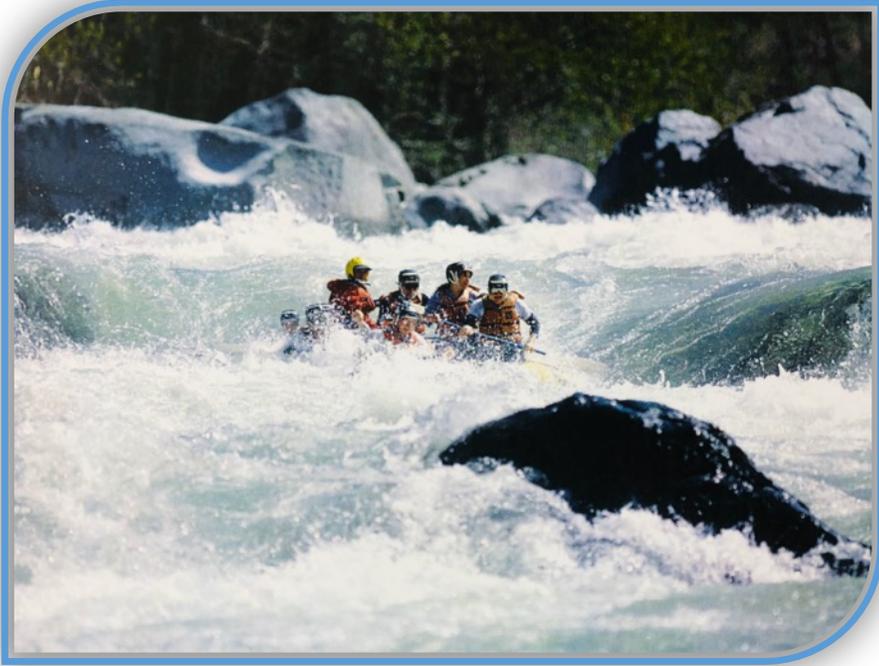
 Grounding ourselves in the context for our decisions

- Major economic impacts of COVID 19 pandemic
 - Near-term: \$235M in 2020 supplemental budget line-item vetoes
 - Longer-term: Revenue forecast out in June
 - Federal aid: Where are offsets to and gaps in state budget?
 - Rainy-day fund: Balance is \$3B. Economic impacts exceed that balance
- Special session
- Various recovery efforts (House, Senate, Governor)

Volatility
Uncertainty
Complexity
Ambiguity

The Situation in Washington

Grounding ourselves in the context for our decisions



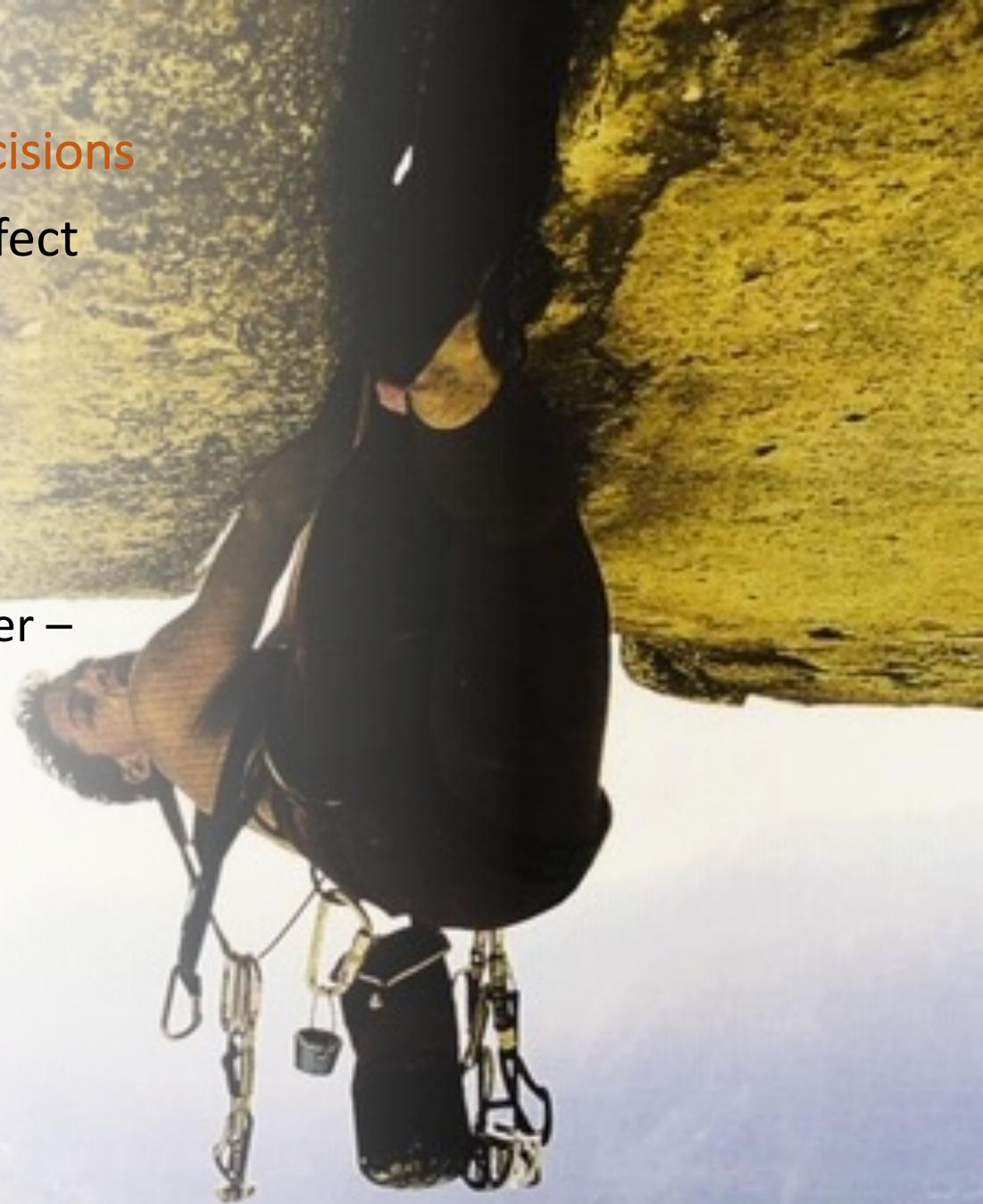
- Budget process
 - June *Revenue Forecast*
 - Agency decision packages
 - Nov 1 - P5RHS/CYBHWG recommendations
 - Dec 1 - HCA analysis
 - Governor's budget proposal
 - House and Senate budget proposals released during 2021 legislative session
- Elections
 - Governor
 - All House seats up for election
 - Half of Senate seats up for election
- Regular session¹³

The Situation in Washington

➤ Grounding ourselves in the context for our decisions

What are some other contextual variables that will affect our choices?

- Considerations about private pay dynamics that foster reduced access
- We will need drastically expanded capacity, funding and workforce to meet the building need
- Not much appetite for “rebuild what was lost”, but rather – reinvention/efficiency/outcomes – long-term benefit
- Telehealth – practice, privacy, policy, and other consideration
- X
- X





P-5 Relational Health Subcommittee (P5RHS)

May 12, 2020 Meeting

Commitment to Equity



Centering on Existing Relationships

Increasing Accessibility

Examining Power & Privilege

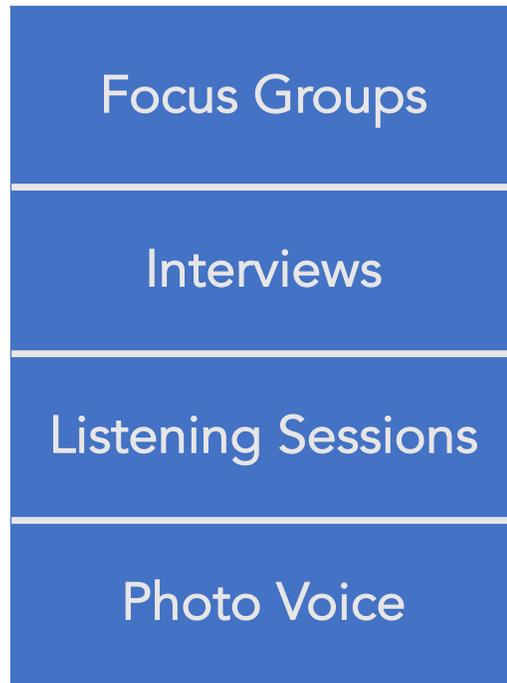
Recognizing & Responding to All Bodies of Knowledge

Acknowledging the Complexity of Mental Health

Understanding the Power of Language

Stakeholder Engagement

King County



Washington State



Deliverables

Deliverable 1

King
County
Landscape

Deliverable 2

Washington
State
Landscape

Deliverable 3

King
County
Strategic Plan

Cultural Context – Emerging Themes

- Parenting is hard and *all* families want and need additional supports.
 - Families who have children with special needs are particularly challenged.
- The impacts of systemic racism make it challenging for families to get the support and care they need.
- Families understand the complex interaction between their own mental health and their ability to connect with and respond to their children's needs.
- Families want to be connected both to formal systems of support, but also to other families to help them feel less isolated and alone.

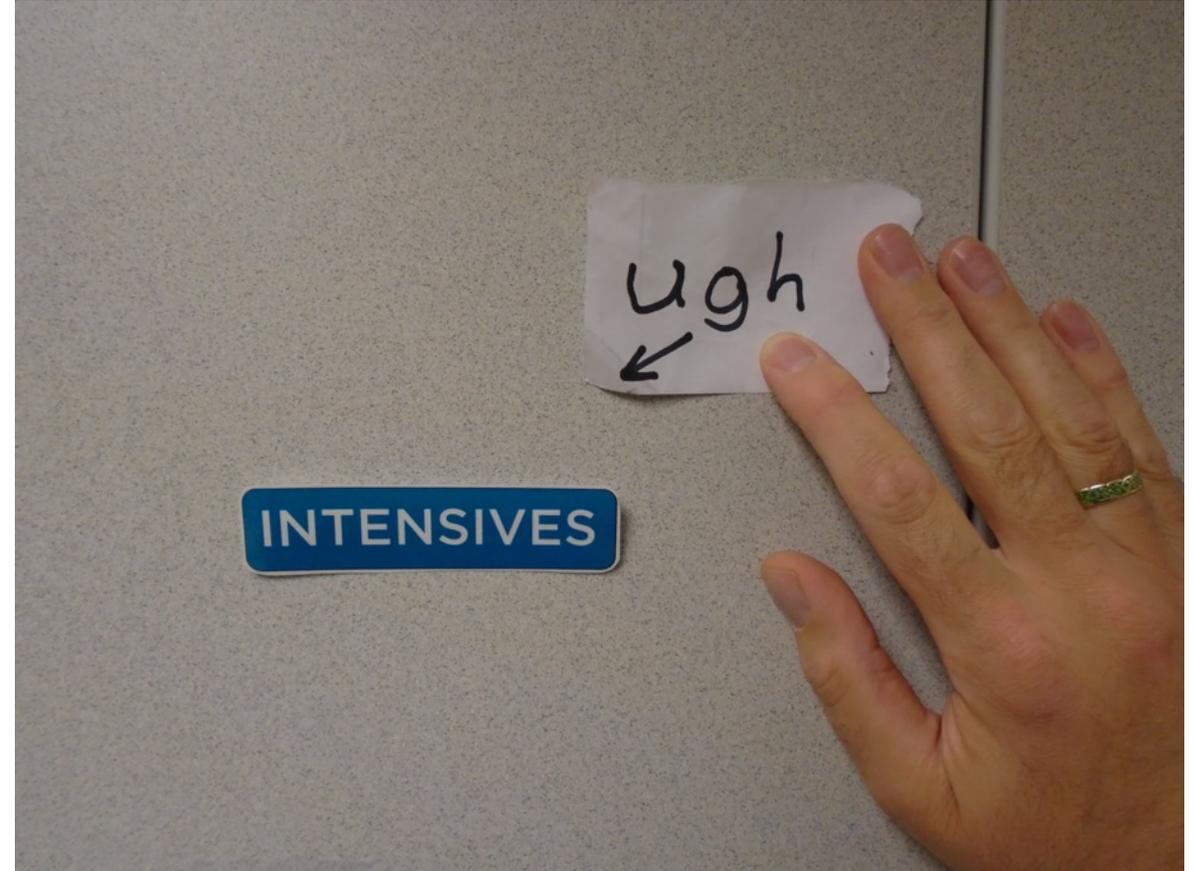


Photo Credit: Community Council Member

Supply– Emerging Themes

- Access to family-centered supports can help reduce parental stress and build efficacy.
- Use of translators and trusted community members can help ensure linguistically diverse families have a resource who can help build relationships.
- The referral process is often complicated, and uncoordinated & It is not clear how children who are referred are being linked to services.
- Families are facing multiple life stressors that may get in the way of being able to engage in specialized services for their children.
- Services must be provided in a way that affirms and celebrates the identity of each service recipient and focuses on the capacities and assets of families.



Photo Credit: Community Council Member

Provider Overview – Emerging Themes



Photo Credit: Community Council Member

- While there is a gap in collecting provider demographic data, there is an identified need for a more diverse workforce.
 - Support for growing non-clinical service providers with knowledge of child development and early relational health.
 - Hiring from within communities and hiring providers of color in positions of leadership.
 - Tangible supports to assist diverse and non-traditional learners to enter graduate level programs
- Addressing provider well-being is an important part workforce development.
 - Reflective supervision
 - Vicarious trauma
 - Caseloads
 - ²¹ ○ Compensation

System Supports –Emerging Themes

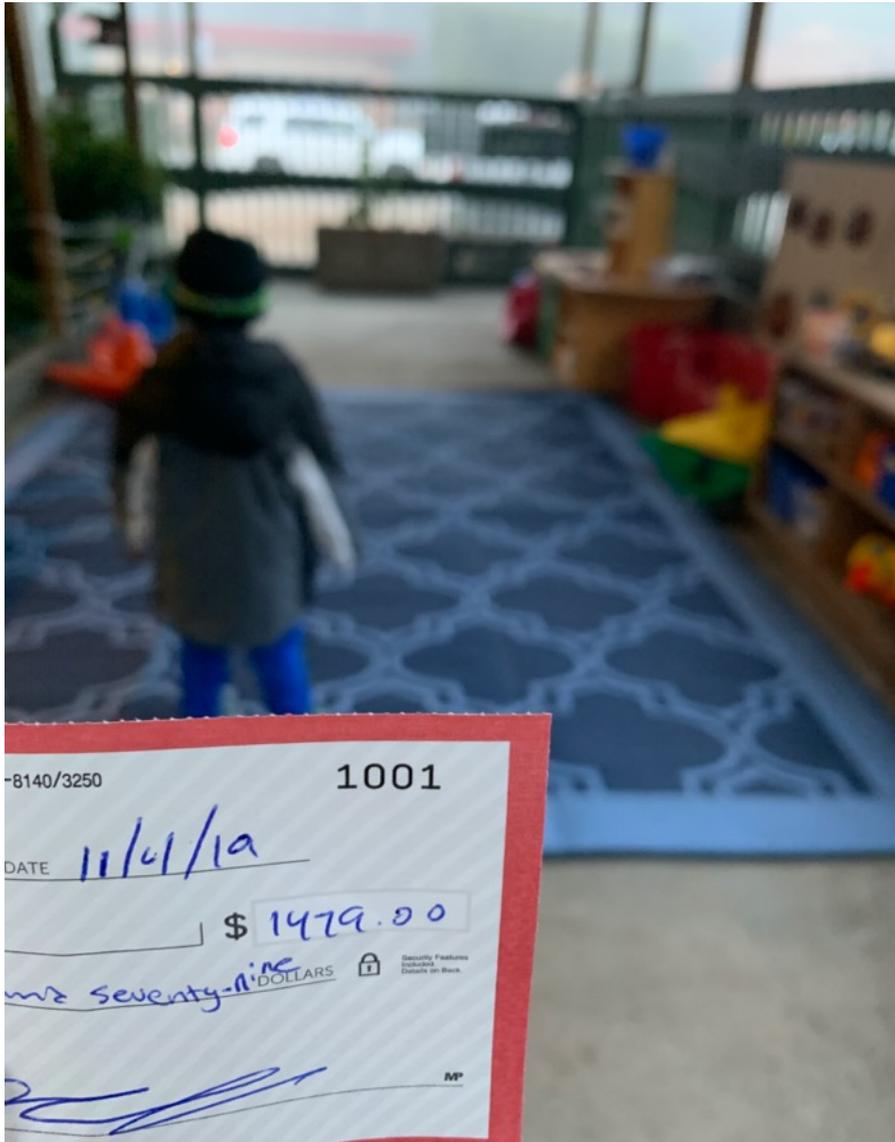


Photo Credit: Community Council Member

- Envisioning what integration and alignment could look like must happen through an equity lens that ensures new structures do not perpetuate old constructs and policies.
- Within service sectors, efforts to create more alignment and communication across service providers are recognized as important for ensuring more universal and equitable service delivery.
- There is growing recognition of the importance of establishing strong policies in support of IECMH supported by strong leadership both inside and outside government
- Stakeholders report having to juggle multiple funding streams and identify a lack of sustainable funding as barriers to building strong IECMH systems.
- Data is not discreet and cannot be disaggregated to a level where it can inform policy and decision making or understand community conditions nor does it provide the information needed.

THANK YOU!



SCHOOL READINESS CONSULTING

23 www.schoolreadinessconsulting.com

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

2021 Legislative Session – CYBHWG Recommendations Framework

Service continuum

- Prevention
- Identification
- Screening
- Assessment
- Treatment & Supports

Age continuum

- Prenatal - 5
- 6-12
- 13-17
- 18 up to 25

Strategies to increase access & parity

- Workforce
- Payment and funding
- Quality of services and supports
- Cross-system navigation and coordination
- Trauma informed care

CYBHWG Calendar

May
Jun
Jul
Aug
Sept
Oct

June 5, 2020
1st subgroup report—
Membership, plans

September 3, 2020
Tentative
2nd subgroup report—
Draft recommendations

October 6, 2020
Tentative
3rd subgroup report—
Final recommendations

Recommendation: 1st meeting held/
meeting schedule determined and publicized

**June 1: Info for June CMHWG meeting
submitted to HCA staff**

Recommendation development

Recommendations drafted

**August 26: Draft recommendations submitted
to HCA staff**

Final recommendations drafted
Subgroup review and consensus on recs

**Sept. 28: Recommendations finalized and
submitted to HCA staff.**

Support subgroup leads:

- Meeting notices*
- Conference calls*
- Note taking*
- Help draft recommendations*

Prepare and post meeting materials, including
subgroup recommendations

Prepare and post meeting materials, including
subgroup recommendations

P5RHS Calendar

Date	Actions
Late May	Issue groups convened
June 9	P5RHS meeting <ul style="list-style-type: none">• Issue groups explore prioritized issues and potential recommendations• Plan outreach to other coalitions
June 5	First subgroup report due to CYBHWG - Disposition of last year's recommendations
~ 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
August 26	Draft P5RHS recommendations due to CYBHWG
September 28	Final P5RHS recommendations due to CYBHWG
October-November	Advocacy agendas finalized

Draft Prioritization Criteria

0- Not at all 1- Small degree 2- Considerably 3- To a great degree

Approved at
5/12/20 meeting

This year we propose that issues be rated on 5 criteria (**THREE** from last year & **2 NEW**):

1. **FIT** - Within the P5RHS and CYBHWG scope, and does not duplicate the work of other Subgroups or coalitions
2. **ADVANCES EQUITY** – Closes gaps in health access and outcomes
3. **REALISTIC** – Size and scope are appropriate for Washington’s budget context
4. **STRENGTHENS/TRANSFORMS** – Helps to build, sustain, or transform foundational systems
5. **CAPACITY** – Implementation could be described and executed well and quickly

Zoom Tip
Mute/Unmute Audio

- **PC:** Alt + A
- **Mac:** Command + Shift + A

Break



Prioritized Issues, Challenges & Recommendations

 We refined our list of topics to explore and took a quick straw poll (noted in red).

Refined at 5/12/20
meeting

- 1. Enhance Reimbursement & Remove Barriers to Develop a Broader and More Reflective IECMH Workforce** – Increase the ability of more types of professionals (e.g., peers and community-embedded professionals) and organizations to provide relevant IECMH services and bill for them. **1**
 - 2. Perinatal & Infant Mental Health Training** - Comprehensive education of providers and staff about perinatal and infant mental health. **3**
 - 3. Doula Funding** - Medicaid reimbursement for doula care (perhaps non-credentialed as well). 12/20 -recommendations due to the Legislature. Likely a legislative ask for credentialing.
 - 4. Prenatal Care Funding** – Increasing funding and routine access to prenatal care. (What is the legislative/agency ask?)
 - 5. Post-Partum Medicaid Reimbursement** - Continued support for post-partum Medicaid reimbursement. **3**
 - 6. Post-Natal Parent PMAD Screening** - Routine postnatal mood disorder screening of parents. It is required [since 2018] in billing guides for pediatric visits [birth to 6 months]. Reimbursement rate is low (\$1.84). Constantly creating stop gap coordination, referral and feedback loops. Communication gaps between Obs and Peds. Barriers to reaching fathers and other parenting figures [in addition to re-thinking about the approach for those who are not at well child appointments] [Cowlitz first 1000 days effort]. Counties and systems are doing this differently. Inadequate supply/workforce to which families can be referred. North Carolina has a potential model. Mary Ann is part of a 27-site pilot.
 - 7. Dyadic Care** – Fund dyadic care at a different rate. **2**
 - 8. Infant Mental Health Endorsement Funding** - Early Achievers program to provide funding to assist participating providers in meeting training and supervision requirements for an Infant Mental Health Endorsement (IMH-E).
 - 9. Enhanced Funding for Developmentally Appropriate Assessment & Care** - Billing rates to allow up to 3 sessions to complete assessments and fund dyadic care at a higher rate. **2**
 - 10. Increased Support for Child Behavioral Health** - Anticipate and prepare for the behavioral health curve that attends child physical development. (What is the legislative/agency ask?) **2**
 - 11. DC:0-5 Payment** – Create Medicaid billing codes for DC:0-5 assessment. Crosswalking is needed [is that an implementation issue or policy change?]. This will also be addressed in the HCA analysis due 12/01/20. **1**
 - 12. Social/Emotional Development Inclusion in B-5 Screening** - Inclusion of social emotional development in B-5 screening. Everywhere screening occurs (e.g., ASQ is used in many early childhood settings, but often not the ASQ-SE) **1**
 - 13. Culturally Responsive Approaches** - Implementing desired strategies of communities of color and tribal communities. Intent - Use as a tool for connection and recruitment of P5RHS members and for identification of individual recommendations. Try to inform the deliberations in the CYBHWG. **2**
 - 14. Customized Support for Fathers and Adoptive Parents** - Increase supports for fathers and adoptive parents. Check in with the Fatherhood Council and/or look at their strategic plan. Workforce efforts to be reflective of gender and life path. Build support for a bias toward co-parenting. **1**
 - 15. Support for Family Resilience** - Support families and caregivers to weather the disruptions that influence child-parent interactions. (What is legislative ask?)
 - 16. Telehealth Capabilities** – Improved tools, policy, and practices for telehealth services. **2**
 - 17. Behavioral Health Integration** - Behavioral health integration birth to young adulthood. Requirement for health care systems to provide IECMH services on par with adults and on par with the burgeoning need.
 - 18. Build Support for Infant Early Childhood Mental Health** - Increase education, awareness raising, advocacy about perinatal and IECMH across the state (prevalence, support, social norming, community support). (What is the legislative or agency ask? Funding specific programs? Funding an awareness campaign?) **3**
 - 19. Trauma Informed Care** – Pilot DCYF child care model with all components in 2 communities. **1**
 - 20. Response to Covid-19-Related Behavioral Health Issues** – Increase/design behavioral health-related issues and inequities that are being magnified by COVID19. (What is the legislative or agency ask?) **2**
- IECMH Consultation – Protect and build on our initial investment. **2**

Education & Advocacy

Developing our “elevator speeches”

We did not have time to yet spend a few minutes generating ideas for these six categories

INFORMATION YOU KNOW/GLEAN ABOUT THE PERSON TO WHOM YOU ARE SPEAKING	YOUR PASSION – Why are you passionate about your effort?	SPECIFIC ACTIONS – What specific things are happening next with your effort?	SPECIFIC BENEFIT – What will be better because of these current plans?	YOUR SPECIFIC ACTION – What will you be doing to help your effort move into the future?	GENERAL BENEFIT – What is better (and for whom) as a result?
Ex: “Health disparities working session”	Ex: “Ensuring that all children have healthy starts like mine have had”	Ex: “Develop potential 2021 legislative recommendations”	Ex: “A great and equitable start in their lives”	Ex: “Lead an issue group focused on ways to prepare professionals who interact with young children and their families to be prepared to address mental health needs”	Ex: “I’m looking forward to taking some immediate steps to save children and families a lifetime of preventable challenges and save the taxpayers billions of dollars each year”

Wrap Up

Articulate our next steps

-
1. Revisit CYBHWG nominations
 2. Explore prioritized issues
 3. Convene issue groups
 4. Poll subgroup members (issues, and issue group participation)
 5. 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!

