

AGENDA
Prenatal through 5 Relational Health Subgroup
May 12, 3p-5p 2020

Online Zoom Meeting: <https://zoom.us/j/945992434> (if online audio fails, call: 929 436 2866 Meeting ID: 945 992 434)

Meeting Purposes:

- Consider the changed budgetary and political situation and how it influences our options/priorities
- Review the timeline and process for CYBHWG adoption of recommendations to the Legislature
- Review and continue exploration of challenges/opportunities/recommendations to build the P5 behavioral health system

Timeframe	Elements	Goals	Materials
3:00-3:10 (10 minutes)	Welcome	<ul style="list-style-type: none"> • Get to know each other • Set the tone for our meeting 	<ul style="list-style-type: none"> ▪ <i>Participant list</i>
3:10-3:12 (2 minutes)	Online Meeting Logistics	<ul style="list-style-type: none"> • Review the tools that can help is to have effective meetings 	<ul style="list-style-type: none"> ▪ <i>Online Meeting Tips</i>
3:12-3:30 (18 minutes)	Recap the Situation of the State	<ul style="list-style-type: none"> • Ground ourselves in the context for our decisions 	<ul style="list-style-type: none"> ▪ <i>Budgetary and Political Context Update</i>
3:30-3:45 (15 minutes)	Landscape Analysis	<ul style="list-style-type: none"> • Review some preliminary landscape analysis data 	<ul style="list-style-type: none"> ▪ <i>Landscape Analysis slides</i>
3:45-4:00 (15 minutes)	CYBHWG Recommendation Adoption Process	<ul style="list-style-type: none"> • Understand the steps, processes and timeline for WG adoption 	<ul style="list-style-type: none"> ▪ <i>CYBHWG Framework</i> ▪ <i>P5RHS Calendar</i> ▪ <i>Draft P5RHS Prioritization Criteria</i>
4:00-4:05 (5 minutes)	Break	<ul style="list-style-type: none"> • Take a break 	
4:05-4:25 (20 minutes)	P5RHS Priorities	<ul style="list-style-type: none"> • Set some initial priorities to be explored for 2021 session recommendations 	<ul style="list-style-type: none"> ▪ <i>Prioritization Criteria</i> ▪ <i>Preliminary P5RHS Issue, Challenge, and Recommendation Options</i> ▪ <i>Poll</i>
4:25-4:45 (20 minutes)	Subgroup Capacity	<ul style="list-style-type: none"> • Explore the capacities that can best support the subgroups 	<ul style="list-style-type: none"> ▪ <i>Slide/Roster of active participants</i>
4:45-4:58 (13 minutes)	Advocacy 202	<ul style="list-style-type: none"> • Consider our individual elevator speech 	<ul style="list-style-type: none"> ▪ <i>Elevator Speech Tool</i>
4:58-5:00 (2 minutes)	Wrap Up/Next Steps	<ul style="list-style-type: none"> • Describe next steps 	

**Prenatal through 5 Relational Health Subgroup (P5RHS)
Online Tools
(05-07-20)**

The Prenatal through 5 Relational Health Subgroup (P5RHS) has two resources to support our deliberations.

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

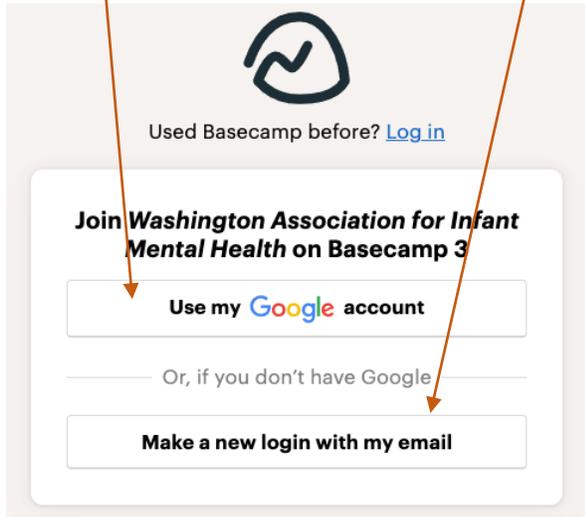
Prenatal through 5 Relational Health Subgroup BaseCamp Site

The Washington Association for Infant Mental Health is hosting a BaseCamp site for P5RHS monthly meetings and issue groups that will work to explore and flesh out potential recommendations to be referred to the CYBHWG. At this site, you can find:

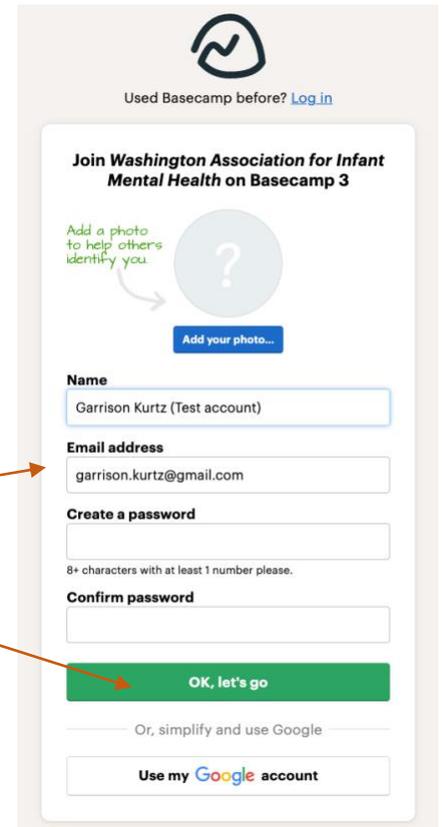
- Schedule of P5RHS meetings and associated agendas, discussion materials and summaries
- Member list of the P5RHS
- A message board to raise issues for monthly meetings
- Documents & files for issue group materials
- Draft documents for comment and editing between meetings

You will be invited to join this BaseCamp site by Garrison.

1. To join BaseCamp, click the “Join Garrison in BaseCamp” button in your invitation email.
2. If you already have a BaseCamp account, click “Log In”
3. If you are new to BaseCamp, you can login with a Google account (if you have one). Otherwise, click “Make a new login with my email”.



4. Create an account, providing your name, e-mail address, and a new password. Add a picture if you like, then click “Ok, let’s go”
5. You now have your connection to the P5RHS BaseCamp folder set up



6. Click on P5RHS Subgroup Deliberations
7. You can post a message to the message board to raise an issue for a meeting
8. Check the schedule of meetings
9. Or, view documents

10. You can click on your name or picture in the upper right corner and “Turn on Focus Mode” if you want to limit the types of changes to documents for which you prefer an email alert. Without adjusting this, you will be notified of **all changes**.

11. If you would like to comment on a particular document, select that document and then add a note to the discussion or upload a reference file.

**P-5 Relational Health Subcommittee (P5RHS)
Preliminary 2021 P5RHS Prioritized Issues, Challenges & Recommendations**

The follow list of issues, challenges, and recommendations was developed by compiling the list of outstanding recommendations made by the P5RHS to the Child & Youth Behavioral Health Work Group (CYBHWG), 2020 recommendations vetoed by the Governor, items named in response to the pre-meeting survey in March, and ideas named during the April P5RHS meeting. This list forms a foundation from which the P5RHS can work to identify the issues we will explore starting in May and ultimately develop into recommendations to the CYBHWG.

PRIMARY FOCUS – The CYBHWG asks subcommittees to note the primary strategy area for submitted recommendations to focus attention in increased access and parity. Issues listed below are sorted in this same order (denoted by the **orange numeral 1** -secondary foci are noted with a “2”):

- Workforce (e.g., development, enhancement, inclusive of diversity and cultural relevance)
- Payment and funding (e.g. rates, structures, requests, adjustments to improve effectiveness)
- Quality of services and supports (e.g., evidence-based and supported strategies, culturally relevant, young person- and family-centered)
- Cross-system navigation and coordination (e.g., improve/address efficiencies between state agencies, innovative approaches, community partners, young person serving entities to move toward service options that are young person- and family-centered)
- Trauma informed care (e.g. trauma informed approach – creating physical and psychological safety in how services are delivered; and trauma services – interventions that directly address trauma, such as trauma-informed CBT [TF-CBT] among others)

SERVICE CONTINUUM – The CYBHWG asks subcommittees to note the parts of the service continuum affected by the recommendation. Issues listed below have these designations noted with a **green X**:

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

Issue/Challenge/Recommendation	When Identified				Primary Focus					Part of the Service Continuum				
	2016-2019	2020	Survey	April Meeting	Workforce	Payment	Quality	Coordination	Trauma-Informed	Prevention	Identification	Screening	Assessment	Treatment & Supports
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.			X	X	1		2	2	2	X	X	X	X	X
2. Perinatal & Infant Mental Health Training - Comprehensive education of providers and staff about perinatal and infant mental health.	X	X	X	X	1		2	2	2	X	X	X	X	X
3. Doula Funding - Medicaid reimbursement for doula care.			X		2	1		2		X	X	X	X	X
4. Prenatal Care Funding – Increasing funding and routine access to prenatal care. <i>(Is this different from #10 below? What is the legislative/agency ask?)</i>			X			1	2	2	2	X				
5. Post-Partum Medicaid Reimbursement - Continued support for post-partum Medicaid reimbursement.			X			1	2		2	X	X	X	X	X
6. Post-Natal Parent PMAD Screening - Routine postnatal mood disorder screening of parents. <i>(What is the obstacle? Reimbursement rate too low? No way to refer for services?)</i>			X			1	2		2			X		
7. Dyadic Care – Fund dyadic care at a different rate.		X	X			1	2							X
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).	X				2	1	2		2					X

Issue/Challenge/Recommendation	When Identified				Primary Focus					Part of the Service Continuum				
	2016-2019	2020	Survey	April Meeting	Workforce	Payment	Quality	Coordination	Trauma-Informed	Prevention	Identification	Screening	Assessment	Treatment & Supports
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)		X	X			1	2			X	X	X	X	
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?)				X		1	2	2		X	X	X	X	X
11. DC:0-5 Payment – Create Medicaid billing codes for DC:0-5 assessment.			X			1				X	X	X	X	
12. Social/Emotional Development Inclusion in B-5 Screening - Inclusion of social emotional development in B-5 screening. (Is this in medical practices or early intervention assessment or where?)			X				1	2				X		
13. Culturally Responsive Approaches - Implementing desired strategies of communities of color and tribal communities. (What is the legislative or agency ask?)			X		2		1	2	2	X	X	X	X	X
14. Customized Support for Fathers and Adoptive Parents - Increase supports for fathers and adoptive parents. (What is the legislative or agency ask? Funding specific programs?)			X		2		1			X	X	X	X	X
15. Support for Family Resilience - Support families and caregivers to weather the disruptions that influence child-parent interactions. (What is the legislative or agency ask? Funding specific programs?)				X	2		1		2	X				X
16. Telehealth Capabilities – Improved tools, policy, and practices for telehealth services.			X		2		1			X	X	X	X	X
17. Behavioral Health Integration - Behavioral health integration birth to young adulthood. (What is the legislative/agency ask?)			X		2	2		1	2					X
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?)				X				1		X	X	X	X	X
19. Trauma Informed Care – Pilot DCYF child care model with all components in 2 communities.	X				2	2	2		1	X	X	X	X	X
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? Funding intervention?)				X	2	2			1	X	X	X	X	X

Draft Criteria for P-5 Relational Health Subgroup
Recommendations to the Children & Youth Behavioral Health Work Group
(05-07-20)

PROPOSED Criteria for 2021 Recommendations (the two items in orange are “new” since last year)

The subgroup will limit its recommendations to two or three, with at least one recommendation specifically focused on behavioral health.

Additionally, any recommendation must meet the following criteria:

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

ISSUE	Prioritization Criteria					CYBHWG Access & Parity Focus					Notes
	FIT	EQUITY	REALISTIC	STRENGTHENS/ TRANSFORMS	CAPACITY	Workforce	Payment	Quality	Coordination	Trauma- Informed	
1.											

2020 Recommendations Criteria (for reference)

- Fit within the P-5 Relational Health Subgroup’s scope and align with Children’s Behavioral Health Work Group scope of work
- Address/seek to reduce racial disproportionality
- Acknowledge realistic/“right-sized” ask for a supplemental budget year
- Is not duplicative of other CBHWG subgroup recommendations or of other work happening in other coalition/groups (group may consider if there is an issue that has shared interest/momentum that the P5RHS could strengthen with a recommendation)
- Issue has advocacy capacity so that recommendations can be shepherded through the legislative process

Elevator Speech Tool – WAIMH (05-06-20)

This tool is designed to help you generate a very brief personal speech you could share with someone. The idea is to provide enough information and enthusiasm/urgency to engage people you think have similar interests. “Elevator Speech” refers to the fact that it should be short enough to fit in the time an elevator moves from top to bottom floor and engaging enough to cause someone to ask more if they are interested. Start by answering the questions below with some words that express how YOU feel in Section A. Then consider the rough formula in Section B below to think about how you might piece your comments together. A space for you to practice your own speech is in Section C.

A. 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:

B. Draft two versions of an “Elevator Speech”. Personal is best. Some people like to start with “excitement”, some to start with “dismayed” (to convey urgency). Your speech should fit with your way of speaking and engaging. The format below is a guide to weave together elements people need to know to decide if they want to learn more about your effort:

- I notice that you are here for the **health disparities working session** (INFORMATION YOU KNOW/GLEAN ABOUT THE PERSON TO WHOM YOU ARE SPEAKING).
- What are you hoping will be discussed today?
- I can see why you feel that way. I have been working hard as a as a member of the **state prenatal to five relational health subcommittee** (YOUR ROLE).
- I was already excited about the fact that so many people share my passion for **ensuring that all children have healthy starts like mine have had** (YOUR PASSION).
- Right now, the **subcommittee** (YOUR EFFORT) is getting ready to **develop potential legislative recommendations for next session** (SPECIFIC ACTIONS) so that young children and their families have **a great and equitable start in their lives** (SPECIFIC BENEFIT).
- That’s why I have agreed to 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 (YOUR SPECIFIC ACTION).
- 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 (GENERAL BENEFIT).

C. DRAFT ELEVATOR SPEECH: