Prenatal through 5 Relational Health Subgroup (P5RHS)
June 9, 2020 3p-5p
AGENDA

Preparation before Meeting
1. *Prioritization Criteria & P5RHS Prioritized Issues*
2. *Agenda*
Meeting Agenda
1. Welcome
2. Breakout Room Mixer – *Brave Space Norms. How might these help this group focus on those things that make the most difference in advancing racial equity?*
3. Changes to Context
4. Prioritization of Issues – Multiple small and large group discussions to hone priorities
5. Representation & Recruitment
a. <u>Brainstorm engagement methods</u> - *In addition to participating in monthly two-hour meetings, what are some other ways that we might engage the voice of needed stakeholders?*
b. <u>Identify missing voices</u> - *Which important demographic groups (e.g., parents who have received MH/BH services, child care providers, people of color, etc.) do you think we need to engage to see the full picture and make choices that advance equitable action?*
c. <u>Naming stakeholders to engage</u> - *What individuals or organizations do you suggest we engage to make connections with our issue prioritization and advocacy?*
6. BaseCamp Site Demonstration
7. Advocacy Practice

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), 2019 CYBHWG recommendations that were successful in the 2020 legislative session then vetoed by the Governor, items named in response to the pre-meeting survey in March, and ideas named during the April and May P5RHS meetings. This list forms a foundation from which the P5RHS will identify issues to explore and 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 **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 PRIORITIZATION CRITERIA – The subgroup has identified the following criteria for selecting which issues should be addressed next.

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

Given the current economic climate and the need to have a "protection" orientation more than a "building" orientation, P5RHS staff have highlighted 9 issues as a starting point for the subgroup's deliberation. We will continue to investigate and vet priorities at the 6/09 meeting and beyond with additional stakeholders. These 9 have been highlighted based on the perception that they may have "footing" to survive anticipated cuts (realistic + capacity). During our meeting we will also consider the importance of advancing racial equity with our prioritized actions as well.

Issue/Challenge/Recommendation	When Identified				Primary Focus					Part of the Service Continuum				
	2016-2019	2020	Survey	P5RHS Meetings	Workforce	Payment	Quality	Coordination	Trauma-Informed	Prevention	Identification	Screening	Assessment	Treatment & Supports
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.			X	X	1		2	2	2	X	X	X	X	X
2. **Perinatal & Infant Mental Health Training** – Fund 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. **IECMH Consultation** – Fund expansion of mental health consultation and workforce support in early learning settings.				X	1		2	2	2	X	X	X		X
4. **Doula Funding** – Advance the legislative ask for Medicaid reimbursement for doula care (credentialed/non-credentialed).			X		2	1		2		X	X	X	X	X
5. **Prenatal Care Funding** – Increase funding and routine access to prenatal care.			X			1	2	2	2	X				
6. **Post-Partum Medicaid Reimbursement** – Extend period for post-partum Medicaid reimbursement to 12 months.			X			1	2		2	X	X	X	X	X
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.			X			1	2	2	2				X	
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).	X				2	1	2		2					X
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.		X	X			1	2			X	X	X	X	X
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).			X				1		2			X		
11. **Intentionally Support Culturally Responsive Approaches** – Fund interpretation. Fund research. Fund training. Fund desired strategies of communities of color and tribal communities.			X		2	1	2	2		X	X	X	X	X
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.			X		2	1				X	X	X	X	X
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.			X		2	1				X	X	X	X	X
14. **Telehealth Capabilities** – Fund improved high-speed Internet and tools for telehealth. Fund development of standards of practice for telehealth services.			X		2	1				X	X	X	X	X
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).				X			1	2		X	X	X	X	X
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.			X	X	2	2	1	2						X
17. **Data Collection** – Require establishment of data definitions, system alignment, and analysis expectations in service to perinatal and early childhood mental health.				X	2		2	1		X	X	X	X	X
18. **Trauma Informed Care** – Fund pilot of the DCYF child care model with all components in 2 communities.	X				2		2	2	1	X	X	X	X	X
19. **Family Peer Support** – Secure funds for expansion of peer connection and support (e.g., PEPS, MOPS, etc.)				X	2				1	X				X
20. **Washington Listens and other Requests for Federal Money to Address Emergent BH Needs**														