

Children and Youth Behavioral Health Work Group (CYBHWG) – P5 Relational Health (P5RH) subgroup
July 25, 2023

Meeting Context

- **Review of 2023 Priorities**
 - Expansion of early childhood mental health consultation: This was expanded yearly but fell short of the 2023 request.
 - Expansion of the ECEAP and Childcare complex needs funds: This request was satisfied. DCYF provided an overview of these needs.
 - Awareness and navigation support for parents and caregivers: There was little appetite for this, and not much to return to. Parents worked hard on explaining why these matters, but the parent piloting is moving out of state. There is a conversation around strategy in the supplemental year.
- **Context: How to approach this short legislative session?**
 - Championing/recommending issue vs. socializing the issue: It may be better to recommend low-lift items given the supplemental year and then socialize/generate buy-in the “bigger” items for years with more funding to allocate.
- **Key Takeaways:**
 - Expanding early childhood mental health consultation is a priority, but funding is limited.
 - The expansion of the ECEAP and Childcare complex needs funds was satisfied.
 - There is little appetite for awareness and navigation support for parents and caregivers.
 - It may be better to recommend low-lift items in the supplemental year and then socialize the bigger ticket items for years with more funding to allocate.

Key ideas surfaced in the meeting:

Key Ideas Surfaced	Description
Outdoor Preschool Initiative	Pilot licensing program for outdoor preschools
IECMH-C Investment	Increase investment in outdoor childcare programs
Medicaid Reimbursement	Explore Medicaid reimbursement for outdoor childcare
Supporting CBOs	Support smaller Community-Based Organizations
Language Development Support	Provide support for language development in providers
30-Million-Word Gap	Address impact of word gap on Early Childhood Dev.
Guaranteed Basic Income (GBI)	Work on implementing GBI in P-5 space
Maternal Eligibility in HB 1045	Support maternal eligibility in HB 1045
Doula Reimbursement	Support doula reimbursement for birthing mothers
Community Health Workers	Provide support for Community Health Workers in primary care
Medicaid Reimbursement for MH	Expand Medicaid reimbursement for MH clinicians
Maternal Mortality Review	Address maternal and prenatal supports

Group Discussion Summary ¹

- **How can we build upon our success from the last few legislative sessions ?**
 - The Washington State Department of Children, Youth, and Families (DCYF) successfully established a pilot licensing program for outdoor preschools, providing high-quality early learning experiences in a natural setting. Additionally, the Interagency Early Childhood Mental Health Council (IECMH-C) increased investment in outdoor childcare to develop new programs and expand existing ones. The IECMH-C is also exploring the possibility of Medicaid reimbursement for outdoor childcare, aiming to make it more accessible to qualifying families.
- **Identify 2-3 problems/issues/inequities that haven't been adequately addressed in previous sessions and propose solutions.**
 - Some issues not adequately addressed in past legislative sessions include supporting smaller Community-Based Organizations (CBOs), providing help with startup costs and infrastructure, enabling Medicaid billing for specific services, language development support for providers who speak relevant languages, and addressing the 30-million-word gap and its impact on Early Childhood Development (ECD). There is also ongoing work around guaranteed basic income (GBI) and the importance of maternal eligibility in HB 1045, as well as the need for doula reimbursement and support for Community Health Workers in primary care.
- **What do we need to know more about in order to finalize our recommendations ?**
 - To expand Medicaid reimbursement for Mental Health (MH) clinicians in Washington State, strong advocacy from MH providers and families, political will to improve access to mental health services, and flexible Medicaid reimbursement policies will be crucial. Model changes are required to ensure successful reimbursement, including a focus on prevention and early intervention, collaboration with other health care providers, and utilizing technology for service delivery. Additionally, reviewing statewide data on maternal mortality and available support for the prenatal and postpartum period is essential.

Next Steps

- **Continue to generate ideas to formalize recommendations by September.**
 - Brainstorming new ideas, researching existing policies, and gathering feedback from stakeholders.
- **Review proposed ideas for recommendations for discussion.**
 - This will involve closely examining the generated ideas and discussing them with the group.
- **Next Meeting: August 11.**
 - This meeting will be an opportunity to continue the discussion of the proposed ideas for recommendations and to make any necessary revisions.
- **Engage volunteers to help draft policy recommendations.**
 - This will involve recruiting volunteers with expertise in policy drafting and implementation.
- **Explore joint ask with Workforce and Rates** – remember the need for multilingual providers with lived experience.

¹ [Extended Version in Appendix A](#)

- This means working with the Workforce and Rates team to develop a joint ask for funding to support the recruitment and retention of multilingual providers with lived experience.
- **Explore the needs of CBOs and the likelihood of Medicaid funding.**
 - Understanding the needs of community-based organizations (CBOs) and the likelihood of securing Medicaid funding for their programs.
- **Stay current on the progress of the IECMH-C's efforts to secure Medicaid reimbursement for MH clinicians.**
 - Tracking the progress of the IECMH-C's efforts and providing feedback as needed.

Appendix A

Raw notes from the Zoom Breakout Sessions

Question 1: How can we build upon our success from the last few legislative sessions?

- Building on DCYF Outdoor Preschool Initiative: The Washington State Department of Children, Youth, and Families (DCYF) has established a pilot licensing program for outdoor preschools. This program has been successful in providing high-quality early learning experiences in a natural setting.
- IECMH-C Increased Investment: The IECMH-C (Interagency Early Childhood Mental Health Council) has increased its investment in outdoor childcare. This investment has supported the development of new outdoor preschool programs and the expansion of existing programs.
- Medicaid Reimbursement for This by MH Clinicians at the Child-Level: The IECMH-C is exploring the possibility of Medicaid reimbursement for outdoor childcare. This would make outdoor childcare more accessible to families who qualify for Medicaid.

Question 2: What are 2-3 problems/issues/inequities not addressed in the past legislative sessions?

What are your proposed accompanied solutions?

- Supporting smaller CBOs
 - Help with startup costs and building infrastructure.
 - Enable Medicaid billing.
 - These are the organizations that P5 demographic seeks support from (not BHAs)
 - Much of this is currently grant funded – or braided.
- Language Development
 - Ensure providers who speak relevant languages by potentially providing scholarship support.
 - Potentially use REACH to get information out to parents (parenthelf123.org)
- Dr. Woodruff: Papers being released soon about the 30-million-word gap. Significant impacts. Parents use words like “stop,” “don’t,” etc. Words being used at the end of month when there are financial stressors, it impacts ECD. Work of Nurture Connection (David Willis). The paper will be released next month.
- From Kiki: Poverty and Language Development: Roles of Parenting and Stress (2013)
- Work happening around guaranteed basic income (GBI)
- Conversation has been focused on socializing the idea, less focus on families in P-5 space, but there is synergy. Unique two generations opportunity.
- Opportunity to support the maternal eligibility demographic in HB 1045 (there is a GBI coalition that leads on the GBI statewide pilot work)
- Doula reimbursement.
- Opportunity to support next year.
- (CA’s new dyadic billing)- CA work wasn’t through legislature.
- Evergreens has a residential facility for birthing mothers with an infant mental health specialist. What if residential SUD treatments allow moms and babies to have infant mental health treatment?
- Topic also comes up during HCA’s IECMH Statewide Tour – provider listening sessions.
- HCA exploring what is/not included in PPW rates to understand billing/reimbursement for dyadic services.
- Would love to brainstorm about support for the Community Health Workers in primary care.

- <https://www.hca.wa.gov/about-hca/programs-and-initiatives/clinical-collaboration-and-initiatives/community-health-worker-chw-grant>
 - Potentially explore joint ask with Workforce and Rates to expand capacity (not enough providers, particularly with lived experience).
 - Important that the legislature gets behind need.
- ½ focus on B-5.
- Supports for Parents and Infants Impacted by SUD. Some of the supports that are available include:
 - Inpatient and outpatient treatment for SUD: This can help parents to get the treatment they need to overcome their addiction.
 - Case management: This can help parents to access the other supports that they need, such as housing, food, and childcare.
 - Parenting education: This can help parents to learn how to care for their infants in a healthy way.
 - Infant mental health services: This can help infants who have been exposed to SUD to develop properly.
- Including Social Determinants of Health (Including Housing Instability) in MSS Screening
 - Social determinants of health (SDOH) are the factors that influence a person's health, such as their housing, education, and employment status.
 - Housing instability is a significant SDOH that can have a negative impact on a person's health. It can lead to stress, anxiety, and depression.
 - MSS screening is a process that is used to identify infants who are at risk of developmental delays.
 - It is important to include SDOH, such as housing instability, in MSS screening. This will help to ensure that infants who are at risk of developmental delays are identified and receive the services they need.
- Continue to Look for Policy Recs that Focus on Maternal and Prenatal Supports (Specifically Look at Maternal Mortality Review Panel Report)
 - The Maternal Mortality Review Panel Report is a report that was released in 2020. The report found that there were several factors that contributed to maternal mortality in Washington State.
 - One of the factors that the report identified was the lack of maternal and prenatal support. The report recommended that the state develop several policy recommendations to improve maternal and prenatal support.
 - It is important to continue to look for policy recommendations that focus on maternal and prenatal support. This will help to reduce maternal mortality and improve the health of mothers and infants in Washington State.

Question 3: What do we need to know more about to finalize our recommendations?

- Medicaid Reimbursement for MH Clinicians
 - There are several states that have successfully expanded Medicaid reimbursement for MH clinicians. These states include California, Colorado, and Oregon.
 - The success of these states can be attributed to several factors, including:
 - Strong advocacy from MH providers and families.
 - The political will to expand access to mental health services.
 - Flexible Medicaid reimbursement policies.
 - To expand Medicaid reimbursement for MH clinicians in Washington State, we will need to:

- Increase advocacy from MH providers and families.
 - Build political will to expand access to mental health services.
 - Work with the state to develop flexible Medicaid reimbursement policies!
- Model Changes
 - To be successful, Medicaid reimbursement for MH clinicians will require some model changes. These changes could include:
 - A focus on prevention and early intervention.
 - Collaboration with other health care providers.
 - Use of technology to deliver services.
 - Making it easier for providers to bill Medicaid: Washington State would need to make the process for billing Medicaid more streamlined in order to make it easier for providers to bill.
- Review of statewide data on maternal mortality and available support for pre-natal/postpartum period.