

## Children and Youth Behavioral Health Work Group - Prenatal through Five Relational Health (P5RH)

August 11, 2023

### Glossary of Terms

CBO: Community-Based Organization

CPS: Child Protective Services

ECEAP: Early Childhood Education and Assistance Program

ECLIPSE: Early Childhood Intervention Prevention Services

ESIT: Early Support for Infants and Toddlers

FFN: Family, Friend, and Neighbor providers

HCA: Washington State Health Care Authority

IECMH-C: Infant and Early Childhood Mental Health Consultation

MSS: Maternity Support Services

RCW: Revised Code of Washington

### Meeting Topics

- Clarification and review of July 2023 emerging ideas and introduction of new ideas utilizing a collaboration tool for individual and group participation.
- Introduction to the prioritization process.

### Ideas surfaced in the meeting:

Ideas Surfaced	Description
Outdoor Preschool Initiative	Build on success of outdoor preschool and make stronger connection to benefits of IECMH.
Expand IECMH-C Investment	Increase investment in IECMH-C.
Medicaid Reimbursement for clinicians serving children in health care settings	Explore Medicaid reimbursement for clinicians serving children 0-5 in childcare and early learning programs.
Supporting CBOs	Support smaller Community-Based Organizations.
Language Development Support & Word Gap	Provide support for language development in providers and explore current evaluations of the word gap and ties to poverty.

Guaranteed Basic Income (GBI)	Potential support item for GBI for demographic of parents in perinatal phase (support maternal eligibility in HB 1045 <sup>1</sup> ).
Doula Reimbursement	Support doula reimbursement for birthing mothers (this effort is led by Doulas 4 All coalition).
Community Health Workers	Provide support for Community Health Workers in primary care.
Maternal Mortality Review	Address maternal and prenatal supports.

## Discussion Summary

### 1. Outdoor Preschool Initiative

- a. The primary reason for licensing outdoor programs for ages 3-12 was to increase equitable opportunity for communities in greatest need by allowing outdoor childcare to take subsidies.
- b. Any licensed childcare can have an outdoor program. There is interest in studying interactively how outdoor childcare can enhance healing and equity and how it can be utilized with ECEAP and other providers to assist families using subsidies.
- c. There is strong evidence about the health benefits of outdoor activity and the tie to mental wellness.
- d. For consideration:
  - i. Asking for limited funding to train ECEAP and childcare providers who take subsidies on how to provide outdoor learning opportunities/and move towards an outdoor classroom, leveraging two areas that have already passed.
  - ii. Expanding Early ECEAP slots. The program is now permanent after beginning in a pilot phase. In 2023, the 178 statewide slots were sustained plus a 20% rate increase (and 1.8% inflation adjustment in year two of the biennium) was secured. The next focus of Early ECEAP advocates is expansion of slots and potentially a policy fix to address Working Connections Child Care subsidy authorization to last the duration of Early ECEAP eligibility (which was included as a decision package from DCYF heading into 2023 but there was no momentum for a bill). Most of Early ECEAP is center-based partnership with licensed childcare, modeled after the federal Head Start childcare partnership model. It provides wrap-around supports like ECEAP for 3- and 40-year-olds. There is also layering and partnership with ECLIPSE in some cases.

### 2. Increase investment in IECMH-C

- a. A recent study by Children's Equity Project shows that 53% of Washington childcare providers have symptoms of depression.

<sup>1</sup> [House Bill 1045](#) (introduced 2023)

- b. Consider what consultation looks like within and beyond Holding Hope. Expanding on the consultation recommendation, beyond how Holding Hope is implemented currently, is potentially an item for next year's consideration.
  - c. IECMH-C (Holding Hope) is currently restricted to serving licensed providers participating in Early Achievers, our state's Quality Rating and Improvement System. However, calls are now also being received from parents and outside providers such as FFN. This affirms P5RHS's previous conversations that flexibility to be responsive to diverse early learning providers is worth exploring more deeply. In the short term, does this suggest that a warm line like a 1-800 number has a role? This would need to be further discussed given the other lines P5RHS has been involved in supporting (e.g., Perinatal Support WA warm line, PALS for Moms, etc.).
  - d. For expanding service, examine the RCW 43.210.0902 IECMH-C and Fair Start for Kids Act ([SB 5237](#) from 2021).
  - e. For consideration:
    - i. The budget increase secured in 2023 was \$500,000 for the biennium in *one-time* funding. What does an on-going, or maintenance level, investment look like?
    - ii. Expand the IECMH clinical and consultative workforce to address shortage in services across systems, such as with Child Protective Services (CPS), Early Support for Infants and Toddlers (ESIT), and Early Learning).
3. Expand Medicaid Reimbursement
- a. More information is needed in order to put the idea forward. When considering Medicaid reimbursement, it needs to be clear what the service is, who is providing it, (mental health professionals, ESIT providers, providers, etc.), and to whom. This is necessary for HCA to offer technical assistance on whether services are covered/allowable and what level of change is needed, whether it be a State Plan Amendment, rule change, and/or billing guidance.
4. Supporting Community-Based Organizations
- a. This idea requires more clarity. Initial small group conversation suggests it could be a distinction on an existing grant program such as a carve out or specific demographic eligible for grant funds. This has come up in the past for P5RHS on a variety of topics as a means to address some specific issues.
  - b. Potential for consideration next session or beyond.
5. Language Development Support
- a. Explore current data on the 30-Million-Word Gap, links to poverty, and gaps in service provision.
  - b. Potential for consideration for a future session.
  - c. Supporting research:
    - i. [Home | Baby's First Years \(babysfirstyears.com\)](#)
    - ii. [Generic home page for Google \(lena.org\)](#)
    - iii. [INSTITUTE FOR RESEARCH ON POVERTY – Research | Training | Policy | Practice – UW–Madison \(wisc.edu\)](#)

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<sup>2</sup> [Revised Code of Washington \(RCW\) 43.216.090.](#)

6. Guaranteed Basic Income and [House Bill 1045](#) (introduced 2023, remains alive in 2024).
  - a. Agreed to defer to the GBI coalition to take the lead on this item.
  - b. How about shifting support to focus to Maternity Support Services (MSS). Senate Bill [5580](#) introduced in 2023, highlighted MSS and raised discussion on issues related to equity and healthier birth outcomes.
7. Doula Reimbursement
  - a. Agreed to defer to Doulas 4 All Coalition to take the lead on this item, but the subgroup could potentially add support of the coalition's efforts.
8. Community Health Workers
  - a. What does collaboration with the Behavioral Health Integration (BHI) subgroup look like on this item? It has come up in the past.
  - b. This is an existing system that potentially has the capability to reach more ethnically, culturally, and language-diverse children and families. Could use more issue analysis and consultation.
9. Maternal Mortality Review
  - a. Need to figure out avenues to support the panel's recommendations. This could include enhanced reimbursement for mental health and/or substance-use disorder screenings, such as: additional depression screenings in year 1, routine screening for alcohol and drugs in pregnancy and postpartum, and depression screening in well-child visits.
  - b. There will be a 100% increase in rates for caregiver depression screening, to a rate of \$3.40 per screen.
  - c. There are federal limitations that only allow for one caregiver depression screening per visit, meaning only one screen can be paid for even if more than one caregiver is present.
    - i. HCA could pull numbers on screening rates.
    - ii. HCA policy allows for caregiver depression screenings up to 12 months postpartum in alignment with 12 months postpartum coverage.
    - iii. The BHI subgroup is exploring a screening recommendation to include follow-up post-screening including caregiver depression screening. Potential to collaborate.

### Next Meeting: August 29

- Determine leverage criteria and which emerging ideas are poised for the greatest impact.
- Narrow potential ideas.
- Preliminary prioritization discussion.