



Children and Youth Behavioral Health Work Group – Prenatal through Five Relational Health (P5RH) Subgroup

June 7, 2024

Glossary of Terms

APM: Alternative Payment Model

DOH: Washington State Department of Health

ECEAP: Early Childhood Education and Assistance Program

EMR: Electronic Medical Record

HCA: Washington State Health Care Authority

IECMH: Infant and Early Childhood Mental Health

MCO: Managed Care Organization

SUD: Substance Use Disorder

Meeting Topics

- Presentation: Infant-Early Childhood Mental Health (IECMH) Statewide Tour Report
- Presentation: Update on IECMH workforce proviso
- All – Discuss P5RH priorities

Discussion Summary

Infant-Early Childhood Mental Health (IECMH) Statewide Tour Report

Christine Cole and Kiki Fabian

Full Report: <https://www.hca.wa.gov/assets/program/iechm-statewide-tour-report-2024.pdf>

Shared Presentation:

- Statewide tour specifically focused on mental health professionals in treatment/assessment care only even though workforce does involve more roles.
- Professional development/higher education folks don't feel comfortable serving this age group because of lack of special training and support.
- Mental health assessment: Apple health has children's version, interest in an early childhood specific assessment.
- Cost pain-points:
 - Reconfiguring spaces for child care/observations
 - Child care
 - Parents experiencing own mental health while overseeing their children's care
 - Travel
- Caregiver involvement can be strengthened by increasing awareness, ongoing participation, address financial/logistical barriers, building capacity for allied services.
- IECMH Financing is desired, but difficult to understand Apple Health billing, especially because of the differences with commercial and Managed Care Organizations (MCOs).



- Alternative Payment Model (APM) could provide structure and incentive with the goal of transforming the health care system and improving outcomes.
- State policy and system partners focusing on caregiver engagement, allied professional collaboration, financing.
 - Higher reimbursement rate needed for family therapy rates, currently de incentivised due to low reimbursement rate.

Discussion:

- Quality assurance of practice/assessment/treatment: Where does this fall under HCA's priorities? Many unaddressed legal and ethical issues in WA state.
 - HCA has some measures but technical experts can share back with the group at another meeting.
- State access: Evidence-based dyadic services; in the presentation, when talking about building and sustaining, does this refer to policies or to providing grants without policy changes?
 - 'Taking action at HCA' slides are what HCA is moving forward, the next 2 slides are what other agencies are considering and doing.
 - Data from state was from all types of child clinical care not just behavioral health clinics.
 - What does this group think of needed for infrastructure? Grants.

Update on IECMH workforce proviso

Nucha Isarowong

[People Powered Workforce website](#)

- Proviso: This past (2024) legislative session, the legislature appropriated \$250k for the UW Barnard Center for Infant and Early Childhood Mental Health to identify existing IECMH workforce initiatives and activities in consultation with HCA and community stakeholders.
- Proviso doesn't kick in until July, but work on what are the committees and who is involved is happening now.
 - Sign up for Newsletter.
 - Provide any documents to help create a public document library for workforce issues surrounding birth to five families.
- Driven by the Tenets and Liberatory Design, has team page as well.
 - Considering a focus group on cultural relevancy and liberatory process.
- June: Identification and project set up
- July: begin stakeholder engagement
- Nucha also involved in P-25 Strategic Plan Advisory Group – want to remain in conversation and partnership with other subgroups.
- Susan Barbeau helped determining who was on the small group and then internal push for diverse makeup and who has time – through a nomination process and skill set matching.
- Who considering for stakeholder engagement and what rubric?
 - Not identified yet, ongoing process, only had 1 meeting so far.
- Recruiting for next ACT Program cohort for Jan 2025, visiting regions (Vancouver, Yakima, Spokane).
 - Applications open in July: <https://barnardcenter.nursing.uw.edu/advanced-clinical-training-act/>



- Question: Does ACT follow grads on staying in WA state? Employed in way they can use the learned knowledge? There is optional connection to program cohort post-graduation.

All – Discuss P5RH priorities via Breakout Groups

Workforce and Rates Breakout Group – Primary Topics:

1. Alternative payment models: WISE wraparound program model potential to adopt to IECMH which is primarily Medicaid funded?
2. Maximum time for licensing: currently can take a year for agency credentialing with private insurance companies, especially getting providers onto payment panels that enable billing.
3. Family therapy rates.
4. Workforce burnout and attrition: need support and funding, operating at a deficit to keep caseloads at a reasonable rate loses workforce.
5. Training, willingness to pay for agencies to send staff to training.
6. How can providers/capacity in one geo be shared and support others across the state?
7. System around reflective supervision requires endorsement, ethical concerns with recent change to statewide host as a direct competitor of CHS.

General Breakout Group – Primary Topics:

1. Early childhood healthcare paired with education/at school sites.
2. Legislation space: education and retention of knowledge.
3. Primer on maternal mortality review report, perinatal recommendations that exist but no one has moved the needle on delivery.
 - a. Postpartum medicaid 12 month extension not a lot of people are using but likely to not have anything ready to help support that this year, follow up next year.
 - b. Need easier access to perinatal psychiatric support by all birthing people.
4. Peer support and community MH workers:
 - a. Robust peer group support system so other places to go outside of hospital, psych care.
5. Coordination among allied professionals - like when is it too early to refer a family in Early Childhood Education and Assistance Program (ECEAP)?
 - a. Broaden to childcare because services are referred out of childcare space, kids need to adjust to multiple settings over longer span of time.
6. Support for MH professionals outside of community based MH clinics - ie ECE intensive services.
 - a. Expanding what can be offered in the primary care medical home utilizing First Approach Skills Training (FAST) curriculum, specifically the FAST Early Childhood work, for families ages 1-4, a coaching model for parents. Being utilized in Behavioral Health Integration.
7. Make permanent roles for HCA P-25, finding great value in those positions.
8. MH caregiver screening - California potentially reimburses for referral to services and at a higher rate.

Look Ahead: 24/25 Schedule

Next meeting: July 10, 10:00 – 11:30 AM

Increase recruitment: feel free to invite members to this subgroup!

Hopeful to have Department of Health (DOH) and Department of Children Youth and Families provide update on work (support to pregnant and parenting people with SUD) next meeting