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

September 11, 2024

Glossary of Terms

BH: Behavioral Health
DCYF: Department of Children, Youth, and Families
ECEAP: Early Childhood Education and Assistance Program
ESIT: Early Support or Infants and Toddlers
HCA: Health Care Authority
IECMH: Infant and Early Childhood Mental Health
IECMH-C: Infant and Early Childhood Mental Health Consultation
NICU: Neonative Intensive Care Unit
MH: Mental Health
MSS: Maternity Support Services
UW: University of Washington

Meeting Topics

Setting the stage for P5RH priorities within legislative context & broader advocacy considerations, Kristin Wiggins
Group Discussion of P5RH recommendations utilizing P5RH subgroup criteria & framework

Discussion Summary

Setting the stage for P5RH priorities within legislative context & broader advocacy considerations

1. The presentation on setting the stage within legislative context and broader advocacy considerations included the following:
    a. An overview of the legislative structure, including the following:
        i. House and Senate
        ii. Executive branch
        iii. An overview of the budget, including the following:
            1. There are three budgets – operating, captial, and transportation
            2. A two-year, or biennial budget will be developed during the 2025 legislative session.
            3. The legislature must consider the four-year costs. The Executive Branch/Governor's budget proposal and state agency proposals.
                a. Each state agency puts forward proposals and ideas they want the Governor to consider for inclusion in the Governor's

proposed budget. Those proposals are released this week: https://abr.ofm.wa.gov/

iv. Brief discussion following the presentation, including the following topics:
    1. The elements that impact the budget and fiscal environment.

Group Discussion of P5RH recommendations utilizing P5RH subgroup criteria & framework

Recommendations and supporting discussion, listed below in the order in which they were discussed. Please see previous meetings' notes for more extensive background details for each issue.

1. Legacy items clarifications:
    a. Legacy items are being considered separately from new recommendations this year.
    b. A legacy item is something that the work group has put forward before and previously chose to prioritize.
        i. If the subgroup put forward an item that did not get prioritized by the work group, this is not considered a legacy item.
        ii. Legacy items are those that have existing support and momentum within the work group.
    c. Both legacy and new items will be prioritized and included in the report, with a cover letter to contextualize how the work group is thinking about these categories of items.

<u>Legacy items:</u>

2. Sustain and increase investment in Infant and Early Childhood Mental Health Consultation (IECMH-C) (Holding Hope program)
    a. This item was highly prioritized by the subgroup.
    b. The ask is to increase investment by $1.5 million.
3. Expand Early ECEAP slots:
    a. This is a request for $5 million and 200 additional slots.
    b. The Department of Children, Youth and Families (DCYF) has included the expansion of early ECEAP slots in their application to the federal preschool development grant.
        i. If this is approved, this ask could be reduced.
4. Sustain and increase investment in ECEAP and Child Care Complex Needs Funds.
    a. The ask says $34.8 million, but the bulk of that is in maintenance.
        i. DCYF is including this in their decision package.
    b. The subgroup suggests changing the wording of this ask to $5.8 million.

<u>New items:</u>

5. Alternative payment models & reimbursement rates for P-5 providers.
    a. Pathway 1: Alternative payment model for Infant and Early Childhood Mental Health (IECMH).
        i. Nobody grabbed onto the IECMH pathway part of this recommendation – so it needs some volunteers to work on and refine this item to move it forward.
        ii. In IECMH there are challenges with having the same reimbursement model as any other Medicaid funded MH.
            1. IECMH involves preparing toys, traveling to someone's home, working with a dyad, and a complex treatment model.

2. It is really hard to sustain these program in a public behavioral health (BH) setting, because it is not financially sustainable and is overwhelming to direct service providers.

iii. An alternative payment model might look like the following:
1. Accountability for best practices.
2. Adequate training and appropriate reflective consultation and supervision.
3. Taking into account the time considerations for travel and preparation, the complexity working with dyads, and other factors.

iv. Having an alternative payment model (like above) would help with workforce retention, quality of services, and incentivize agencies to invest in this model around the state.
1. With oversight, support, and standardization of a sustainable payment model, the services could be expanded and provide equitable access across the state.

v. The IECMH Statewide Tour report includes information about provider perspectives on these issues.
1. The finance section includes information about funding and alternative payment models.

b. Pathway 2: Reimbursement for non-licensed providers in home visiting and early childhood services.
i. The perinatal MH work is largely being done by home visitors, rather than MH providers.
ii. Families want to stay within a team that they know, feel comfortable with, and have the home-visiting model.
iii. The ask is for more resources to be put into extremely underfunded home visiting programs, acknowledging that they need to do more training in these areas.
iv. Discussion surrounding this topic included the following:
1. Clarifying the ask – the ask is for payment for these home visiting teams, including eventually establishing an outside connection to a MH counselor.
a. This might be something to look at for next year, as it requires a lot of development and support.
2. Home visiting has a couple different ways that it's being funded in the state right now:
a. Maternity support services (MSS) is Medicaid funded.
i. There was a bill last year that provided funding to increase rates and units, but the bill didn't offer staffing for HCA to implement screening and evaluation.
ii. There is a public decision package from last year around MSS.
iii. Part of the cost modeling work for this needs to include the administrative staff required to implement this work.
b. Other home visiting models are not funded through Medicaid.

        i. There is a lot of historical work in the state on home visiting, and it did not result in having a sustainable Medicaid reimbursement solution.
    3. Start Early WA is the state's partner in providing technical assistance to home visitors and they are interested in seeing how they can be supportive.
    4. Engrossed Second Substitute Senate Bill 6109 (E2SSB 6109) (2024) will be supporting home visiting programs with workforce development around substance use as specific slots for families become available for families in child welfare.
        a. In some cases, the connections between perinatal MH and substance use are also of interest to community-based programs.
6. Enhancing family therapy provider reimbursement rates.
    a. Current family psychotherapy rates are up to 36% lower than individual psychotherapy rates.
    b. Working with parents is essential, but when payment rates disincentivize working with families it creates a huge problem for quality of services.
    c. This recommendation is surrounding an approach to reimbursing family psychotherapy codes at a more equitable rate.
    d. The specifics of this are still uncertain – do we want to recommend that the Health Care Authority (HCA) figure this out, or do people want to connect to figure out what is done in other states and what we want to occur in Washington?
        i. Should we recommend that the rate be within a certain percentage of the individual rates?
        ii. What approach makes the most sense?
    e. The rates for the family psychotherapy code for without having the child present (90846) specifically needs to be addressed.
    f. The HCA decision package on this topic:
        i. https://abr.ofm.wa.gov/api/public/decision-package/summary/63661
        ii. https://abr.ofm.wa.gov/api/public/decision-package/summary/63625
7. Expand Maternity Support Services (MSS) regional coverage and provision of wraparound supports.
    a. The MSS program was cut dramatically in the last recession and has not been restored.
    b. The ask is to restore the program back in all counties in the state.
    c. The program did have some enhancements made last year, but not substantial enough to expand the program in a way to address maternal mortality and morbidity.
    d. Discussion of this topic included:
        i. This is a good example for having an opening bid with a default.
            1. This is a well-known program with good rationale.
            2. The opening bid: We want to expand to all 39 counties.
            3. Default: If you have to default (slim it down), you can create a logical methodology to which counties you would choose due to different data points.

4. Then you can expand to the remaining counties going forward in the next year.

e. The HCA decision package on this topic:
   i. https://abr.ofm.wa.gov/api/public/decision-package/summary/63625

8. Sustainable funding to expand and enhance community providers supporting the parent-infant dyad following Neonative Intensive Care Unit (NICU) stay and/or diagnosis of developmental delays.
   a. This issue surrounds home visiting providers' ability to support the dyad, specifically, in Early Support or Infants and Toddlers (ESIT) and NICU families.
      i. This is a huge equity issue across the state.
   b. Without funding, the trainings for these providers are disrupted, and that impacts the BH outcomes of these dyads, with trickle down effects throughout the years of development.
   c. There is a good model in place to be able to continue to provide these services and for building capacity.
9. Explore consumer tax models to create sustainable financing for P-5 initiatives.
   a. This ask is for the legislature to create a legislative task force to review current models and consumer tax on marijuana and tobacco and looking at additional financing strategies to provide an equitable and sustainable financing strategy for workforce development, specifically for IECMH and childcare.
      i. There is a lot of research showing that parents who have a child with an infant MH condition tend to have lower productivity, therefore reducing the workforce long term.
      ii. This recommendation is looking for ways to sustain the current projects that are being done through the University of Washington (UW) Barnard Center and the HCA.
   b. Discussion on this topic included the following:
      i. There are a number of political and strategic considerations when looking at a dedicated revenue source at a topical table.

Look Ahead: 24/25 Schedule

- The subgroup is moving towards final recommendations for the meeting on September 25th, when the group will vote on the final recommendations to move forward to the full work group.
  - People should continue to work on refinements for the existing issues that were discussed today and reach out for any technical assistance.
- Please send final proposals by September 23rd to be sent out ahead of the meeting on the 25th.
- It is recommended that people consider outreach.
  - Krisitin Wiggins has offered to be a resource around outreach.

Next meeting:
September 25th 11AM-12:30PM