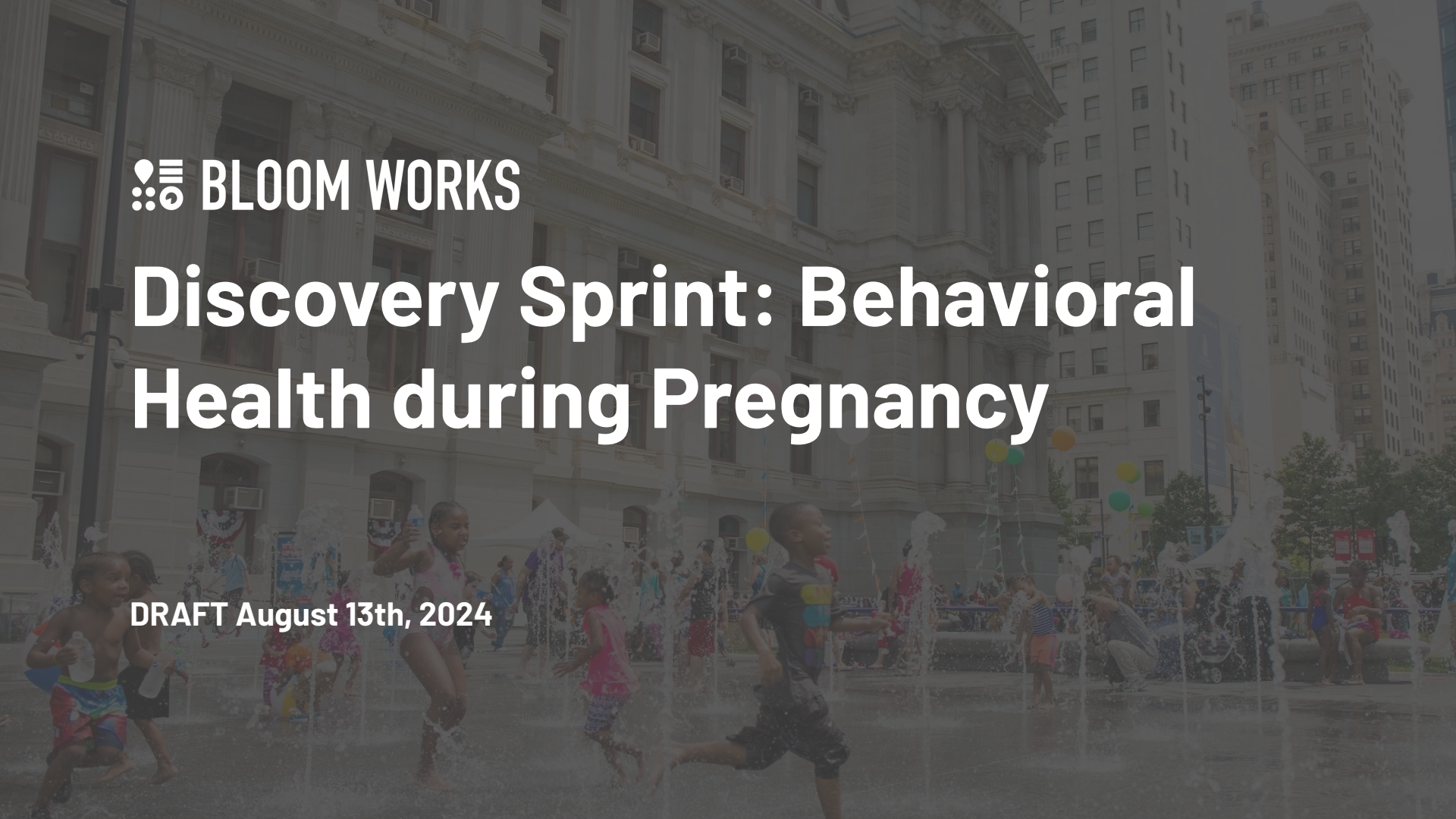


BLOOM WORKS

Discovery Sprint: Behavioral Health during Pregnancy

DRAFT August 13th, 2024

Discovery sprint team

Daniel Honker
(he / him)
Product & Delivery Manager

Holly Harridan
(she / they)
User Researcher

Stephanie Cain
(she / her)
User Researcher

Agenda

- Research scope and approach
- Insights and recommendations
  - Decouple CPS from getting help
  - Expand pathways to whole-family care
  - Continue to expand opportunities for peer navigator/ally roles
  - Increase support for direct service organizations
- Conclusion

BLOOM WORKS

Research scope and approach

Discovery sprint scope

Sponsors

Co-chairs of the Prenatal through 25 Behavioral Health Strategic Plan Advisory Group

Focus

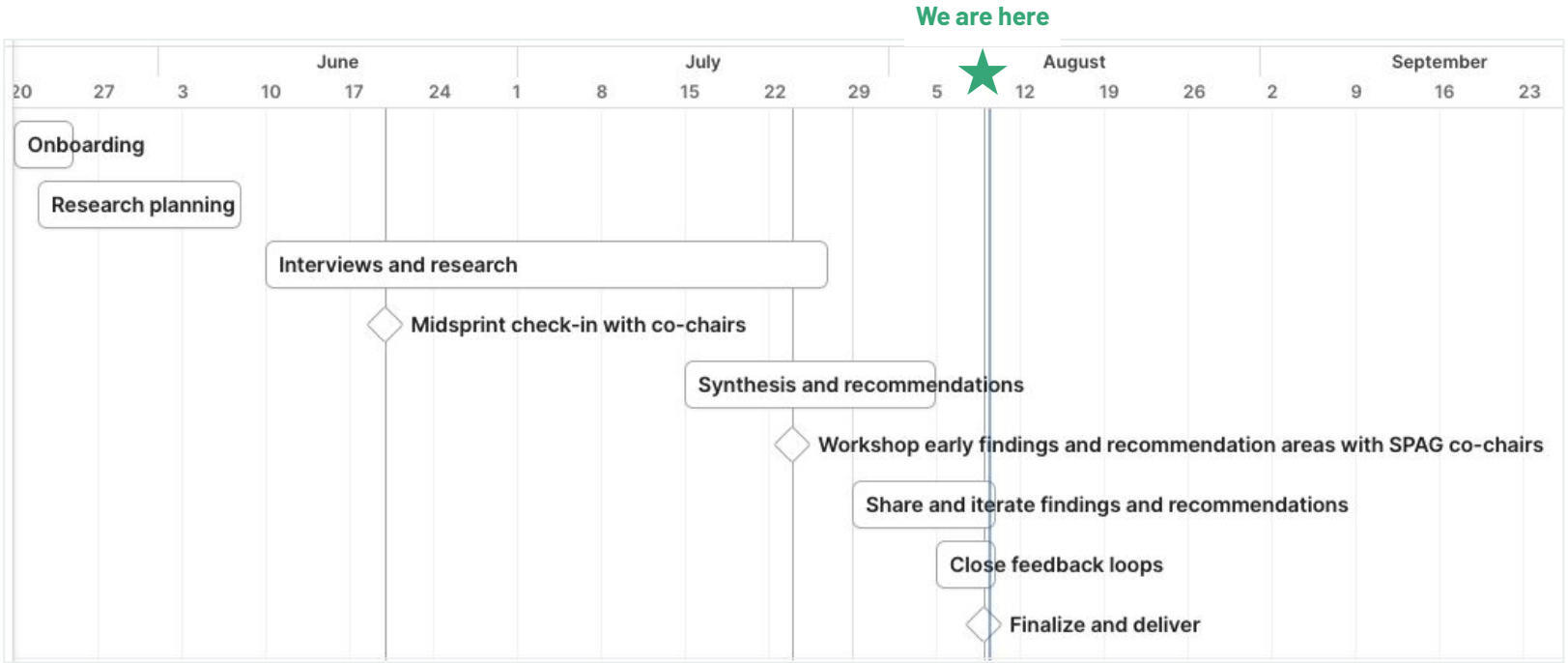
How might we provide more successful behavioral health supports for pregnant and parenting people to keep families together?

Goals

1/ Develop a shared understanding of how pregnant people access behavioral health services and supports including key barriers and challenges that might be overlooked

2/ Propose actionable opportunities to improve access to behavioral health services for pregnant people

Timeline of activities



Discovery sprint approach

Method

- Short, qualitative research project
- Semi-structured interviews with people with lived experience, front-line workers, and system stakeholders
- Desk research (news media, legislation, policy briefs, reports, handbooks, training, peer-reviewed journal articles)

Benefits

- Understand why certain issues exist, how existing processes happen, and root causes of outcomes
- Uncover actionable opportunities for improvement

Considerations

- Not comprehensive
- Likely to generate more questions for exploration

Centering “lived experience”

“People with lived experience” = People who are pregnant and using substances

We deliberately heard from individuals with lived experience that connected to meaningful support and were able to reunify with their (younger) children.

We acknowledge that this approach does not include people that are currently facing struggles with addiction, have not reunited with their children, are incarcerated, or have died.

Research participants

State system
Agencies and partners that administer the state's healthcare and behavioral health systems

Advocacy/association
Professional advocacy organizations

BH + medical providers
Direct service providers, healthcare, mental health

Support and navigation
Non-clinical supports, navigators, counselors, allies

People with lived experience

**Incl participants with lived experience that spoke with us in their professional roles*

Groups engaged

- P5RH subgroup (July 10)
- W&R subgroup (July 17)

Not represented

- Tribal system perspectives
- Workforce state agencies

Total: 45 interviews, 65+ people

Landscape

Numerous large-scale systems have contributed to these challenges and may be beyond direct control, including:

- High rates, severity, and newness of fentanyl
- Workforce shortage for all healthcare professionals
- Housing crisis that disproportionately impacts low-income and historically disadvantaged communities
- Medical care and systems that reinforce specialization and treatment silos
- Insurance companies' heavy-handedness with treatment options

What this work is and is *not*

Our focus on pregnancy is to **maximize opportunities for preventing the most harmful outcomes** that people with lived experience face.

This work is ***not* intended to speak to all the critical needs and current efforts** to augment behavioral health supports in Washington state, nor devalue any other phases of the perinatal journey.

BLOOM WORKS

How might we better connect people who are pregnant and experiencing behavioral health concerns including, use of substances, to services while pregnant?

DRAFT: 8/13/2024

BLOOM WORKS

Recommendations

Recommendations summary

Overarching recommendation: Increase focus on prenatal substance use as a strategic priority

1. Decouple CPS from getting help

A. Iterate on Plan of Safe Care (POSC)

B. Provide essential information to families involved with CPS

C. Expand decision support resources for people who are reporting to CPS

D. Develop a "harm reduction" model for doula reimbursement

E. Emphasize local administration and independence from DCYF in CPS prevention efforts

2. Expand pathways to whole-family care

3. Continue to expand opportunities for peer navigation/ally roles

4. Increase support for direct service organizations

A. Encourage behavior change through information sharing and networking

B. Increase support for emerging or expanding providers

RECOMMENDATION

Increase focus on prenatal substance use as a strategic priority

- Prenatal substance use services and supports are crucial for improving outcomes post-birth
- This topic is generally overlooked in Washington's behavioral health discussions due to the complexity and time-sensitive nature of pregnancy
- Strategy discussions recognize the need for interconnected care since systems have developed to separating phases of perinatal journeys
- **Potential path forward**: The P-25 strategic plan should include prenatal substance use as an early intervention opportunity

Timeframe: Future

Potentially responsible:

CYBHWG and Strategic Plan

Recommendation #1

Decouple CPS from getting help

INSIGHT

Fear of CPS can prevent people who are pregnant and using substances from seeking help

- Deep rooted skepticism and fear
- No sense of what to expect, their rights, or how to proceed unless previous experience
    - Separation or termination of parental rights, or survived a previous case from their own childhoods
- Afraid of sharing information with anyone that could trigger a report to CPS

As a result, they likely won't seek out prenatal care

> I was really scared when I heard CPS was going to be a thing because I know **some people get really bad CPS workers and even though they're doing really good, some stupid little thing will affect everything**.

Person with lived experience, Subject matter expert

INSIGHT

Engaging with services through CPS can be fraught

- Doing well can mean *losing* services, (rather than be rewarded for succeeding)
- Trust is never reliable - the looming threat of mandated reporting prevents honesty, making it difficult to know what's actually needed
- Fathers/partners are largely unrecognized as active participants who need their own support
- Experiences with CPS can be inconsistent and very dependent on the person assigned
- If CPS is the only referrer to programs and services, then avoiding CPS involvement for support is nearly impossible

BLOOM WORKS

"I'm banging my head against the wall currently with some of the contract managers at the county over housing programs and over treatment resources that will only take referrals from DCYF....I'm contracted with [a public agency], I'm involved in this case, yet I cannot submit a referral.' ...I have parents who will not sign an ROI with DCYF and you know, it's a really tricky spot to be in **because the same people that are offering you the care and support to get your kids back are also the ones that are trying to or have taken your children away**."

Person with lived experience, Subject matter expert

INSIGHT

Difficult to know when to report to CPS

- There isn't enough guidance on when a circumstance warrants a report to CPS
- Mandatory reporters are more likely to file a report due to the risk of losing their license or being charged with a gross misdemeanor
- Plan of Safe Care (POSC) is a step in the right direction but still requires contact with CPS only to be screened out of CPS
- Providers who best model when to call CPS show that:
    - It's a last resort
    - Calls are made in collaboration with the client, with a commitment to safety

RECOMMENDATION

Iterate on Plan of Safe Care (POSC)

Consider adding a trained third-party to triage potential cases. This is in contrast to a healthcare professional making a determination based on the POSC portal.

Timeframe: Near-term

Potentially responsible: DCYF

BLOOM WORKS

"

It is very difficult to get a hold of Plan of Safe Care community based pathway clients even though they've given consent. And there is **so much fear and stigma even though this is diversion and prevention away from CPS, that fear is so strong within clients in this community that we still can't get a hold of them after they've had a baby.**

"

Subject matter expert

RECOMMENDATION

Provide essential information to families involved with CPS

- Assign a non-CPS person to help families navigate the process (e.g., similar to First Clinic)
- Distribute digital and **physical** copies of rights, expectations, and resources to every family involved with CPS. Including:
  - What might trigger a CPS report
  - How screened-out reports are managed and used
  - Information on Voluntary Placement and Voluntary Services
- Make all information accessible online and in locations frequented by people that might need it (e.g., needle exchange sites)

Timeframe: Near-term

Potentially responsible:

DCYF + Legislature

RECOMMENDATION

Expand decision support resources for anyone who calls CPS

- Publish clear, accessible CPS reporting guidelines, including alternative ways to support families, in both digital and print formats for callers
    - Market information in any setting where someone might be compelled to report about a family
- Create a warmline to function as decision support for people who aren't sure whether or not a report to CPS is warranted
    - Staff the warm line with people with lived experience and share resources that may be helpful to a family that do not require a CPS referral
- Explore what other states are doing to provide guidance to CPS reporters (see NPR article: States find a downside to mandatory reporting laws meant to protect children)

Timeframe: Near/long-term

Potentially responsible:

DCYF + Legislature

RECOMMENDATION

Develop a "harm reduction" model for doula reimbursement

- Explore how other states have approached doula certification and mandated reporting
  - *(e.g., Only the State of Nevada has specifically named doulas as mandated reporters (see report from the Colorado Protection Ombudsman)*
- Consider ways to subsidize doula support for people with lived experience without qualifying them as "medical providers" so that they are not automatically mandated reporters
- Find ways to ensure children's safety without increasing the difficulties faced by their birth parents due to mandated reporting

Timeframe: Near-term

Potentially responsible:

HCA + DCYF + DOH

RECOMMENDATION

Emphasize local administration and independence from DCYF in CPS prevention efforts.

- Increase trust among people with lived experience and providers that prevention resources are there to be helpful and will not trigger CPS
- Consider shifting funding of state programs to local initiatives and community-based organizations (some of which is already ongoing)
- Understand how people with lived experience perceive and engage with DCYF's prevention services
    - Evaluate who the programs are serving and what populations are not being reached

Timeframe: Long-term

Potentially responsible:

DCYF + TBD

Recommendation #2

Expand pathways to whole-family care

INSIGHT

Barriers to whole family care result in impossible choices

When whole family care is <u>possible</u> families have:

- More sustainable recovery and/or lower rates of recidivism
- Fewer negative outcomes from family separation and the high costs of 'revolving door' scenarios
- Save providers money and resources
- Care that is more culturally appropriate

<u>Without</u> whole family care, people must choose between:

- Getting treatment and being separated from their children or not getting treatment and being separated from their children
- Doing treatment alone, only to return to a relationship and/or home that hasn't changed
- Being asked by a program to leave children with other parents in recovery, rather than with childcare staff

"

One of the dads said, ‘I feel like I'm in a position where they're slipping me services on the side like they're gonna get in trouble if they support me.’ This is a CPS involved family where both parents were using, but CPS was working really heavily with Mom to get her clean and sober. And Dad was saying, ‘But I want to be a resource. I want to support her. I want to support the baby. I want to be here for my child.’ And the worker would say, ‘Well, here's some things you could do…You know, don't tell anybody that I'm doing this.’ He said **it was just incredibly clear that he wasn't the focus**.

"

Subject matter expert

INSIGHT

Operational barriers prevent whole-family care

Providers generally agree that whole-family services result in better and more sustainable outcomes. Barriers to offering whole-family care tend to be logistical:

- Supporting multiple genders:
  - Genders are often separated which can be challenging when a parent and child unit are of different genders
  - Difficult to give families privacy
- Hosting childcare on-site, with unique requirements for licensing, physical structures, and staff
- Expensive
  - Rising Strong is often cited as “a unicorn”, but with a model that is difficult to scale or replicate due to heavy reliance on private and community-based funding
  - State funds for whole-family care have at times been difficult to access and use

RECOMMENDATION

Expand pathways to whole-family care

- Encourage programs to scale *incrementally* towards whole-family care (rather than all at once)
- Further investigate challenges related to childcare in existing program settings
- Continue to investigate ways in which legislation, rules, and guidance might be marginalizing fathers / partners
- Encourage program development that treats fathers / partners specifically.
- Investigate increasing minimum length of stay requirements through legislation that are longer for people who have used substances during birth
- Investigate ways to keep birth parent and baby together in a hospital setting (rather than holding the baby for observation and discharging parent that has just given birth)
- Investigate how to encourage whole-family care through grants issued to Certified Community Behavioral Health Clinics (CCBHC)

Timeframe: Long-term

Potentially responsible:

CYBHWG + Strategic Plan

Recommendation #3

Continue to expand opportunities for peer navigation/ally roles

INSIGHT

Peer navigation work is critical and under-resourced

- Peer navigators and allies play critical roles in building trust with people who are pregnant or recently parenting with SUD, in order to help them access, navigate, and stay in treatment
- Peer navigators serve as motivation for people who are earlier on their journey (represents a future career path)
- Peer navigators are only accessible through certain pathways
- Much of the work of a peer navigator is unpaid or underpaid

"But what if there was certified peer counselors within Medicaid…So, **if somebody is pregnant they automatically get a certified peer counselor through Medicaid that goes through all of it with them and never has to stop**."

Person with lived experience

INSIGHT

Growing recognition of people with lived experience

- Direct service organizations are often employing people that have been through their programming to serve as peer advocates
- People with lived experience tend to be more successful at building trust and keeping people engaged in programs or services
- Many direct service organizations cite the importance of hearing directly from people with lived experience in improving programs and services

When you hear that from the people you're actually engaged with and stop, like, looking up stuff online or reading it in like a medical report, it's like, 'hey, people are telling you what they need and how they would like to be engaged with and what was helpful or not helpful. **We could just take a pause and like, they could teach us like, we don't need to have these panels, we don't need to have these big, like, you know, conventions where we talk about addiction medicine unless we just have panels of experienced people**, who have engaged with these systems and they can tell you what worked and what didn't and **we make sure that they get paid every time.**

Person with lived experience, Subject matter expert

RECOMMENDATION

Continue to expand opportunities for peer navigation/ally roles

- Encourage different skilled pathways for peer advocates (both medical and non-medical) that enable more programs and services to employ people with lived experience
- Encourage programs and services to employ peer support throughout the delivery of services, and especially at the point of outreach and entry
- Increase access to prenatal peer support, particularly for the Medicaid population
- Formalize the support peer navigators already often provide
- Support peer advocates with mental health support and training

Timeframe: Long-term

Potentially responsible:

CYBHWG + Strategic Plan

Recommendation #4

Increase support for direct service organizations

INSIGHT

People experience barriers before receiving help

Before accessing help

- Community / personal connections that might abandon them when they become pregnant, increasing risk of withdrawal which is harmful for the parent and the baby

Accessing help

- Fear of judgment, shame, and that the person will report them to CPS or the police
- Severe lack of programs and services (especially in certain areas)
- Few options that are willing to accommodate a pregnant person or accept Medicaid
- Few options that are culturally competent or have support for multiple languages
- Burden is placed on the person who needs help: (might need a referral, restrive service hours, long waitlists, strict entry criteria)

INSIGHT

People experience barriers while receiving help

While getting help

- Lack of support for: transportation, housing, childcare, pet care, storage, treatment that is inclusive of additional children or partners/fathers
- Judgment and shame, treatment that is dismissive and/or disempowering
- Help that does not address underlying issues (e.g., behavioral or mental health, access to stable housing, food, material goods, transportation, stable income)

After getting help

- A program might end abruptly without warning when it's no longer medically necessary, even if that person is still dealing with houselessness
- Warm hand-off does not always occur consistently

BLOOM WORKS

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I think that home visits provide kind of a unique opportunity to literally meet people where they are. Our healthcare system is not designed to have facilities where they are most needed, but instead our facilities are where they are convenient for us, and that **asks our most vulnerable populations to make the greatest sacrifice in order to receive the care that they need**.

"

Subject matter expert

> Imagine if we treated diabetics like we do [people who are using substances]. Like, ‘we'll give you insulin when you stop eating all carbs and exercise every day for an hour.’

Person with lived experience, Subject matter expert

INSIGHT

Direct service organizations are operating in a resource constrained environment

- Funding opportunities that are hard to navigate, cover only partial costs, and don't support program growth or maintenance
- Limited and restrictive funding that promotes competition rather than collaboration
- Chronic understaffing, high staff burnout, and turnover
- Operating at full capacity, limiting the ability to expand services or engage in outreach

INSIGHT

Direct service organizations are operating in a resource constrained environment

- Lack of specialized staff expertise to support
  - Many direct service organizations reported they value of being able to call the Perinatal Psychiatry Consultation Line (Perinatal PCL) in order to get specialized support
- Limited time and resources to build relationships or find relevant local organizations
  - The direct service orgs who do this work, largely do it for free
- Immediate needs often prevent long-term investments like staff training
  - Lack of training for non-medical roles
- Navigating rules and regulations can be complex, especially for new programs
- Hard to identify those in need until they self-disclose; programs and services must be ready to offer support immediately

> ...**when there is not enough funding, you tend to be really competitive**. So everybody's trying to do what they can to maintain those programs. So if there were more funding, we can collaborate more and not being worried about losing our program. So it's basic social justice.

Subject matter expert

RECOMMENDATION

Encourage behavior change through information sharing and networking

- Employ people with lived experience to tell their stories and train people in support roles (not just healthcare)
- Publish a best practice playbook with guidance on how to best reach and treat this population
- Encourage training in relation to treatment for fentanyl
- Facilitate relationship-building through state and regional convenings
- Expand successful programs to broaden access to specialized care in pregnancy and substance use (e.g., Perinatal Psychiatry Consultation Line aka "PPCL", ECHO model)

Timeframe: Long-term

Potentially responsible:

CYBHWG + Strategic Plan

RECOMMENDATION

Increase support for emerging or expanding providers

Increase support for new or small providers to establish or grow programs and services:

- Staff a person who is responsible for the provider experience (e.g., Chief Experience Officer for providers)
- Pilot a navigation service to educate about funding, insurance, regulations and policies
- State hosted "integrated service incubator" to connect and co-locate new and small behavioral health programs and services for comprehensive care. Could provide seed-funding, connection to other providers, while delivering care to people

Timeframe: Long-term

Potentially responsible:

CYBHWG + Strategic Plan

Recommendations summary

Overarching recommendation: Increase focus on prenatal substance use as a strategic priority

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A. Encourage behavior change through information sharing and networking

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Thank you!

Contact the team at bloom-wa-pregnancy@bloomworks.digital.

Submit feedback or comments through the form: https://tinyurl.com/WABH-discovery