



## Maternal and Child Health (ACEs) Work Group

Meeting Summary, January 29<sup>th</sup>, 2019

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**Support and Backbone Staff:** Caroline Sedano – *CHOICE*, Madi Tanbara – *CHOICE*, Abby Schroff – *CHOICE*

**In Attendance:** Monica Anney – *YWCA*, Lesli Scharbrough – *Molina Healthcare*, Julie Nye – *Child and Adolescent Clinic*, Karla Cain – *ANSWERS Counseling*, Elizabeth Custis – *Mason County Public Health*, Jennifer Helseth – *Washington State DCYF*, Katie Strozyk – *Lewis County Public Health*, Gretchen Thaller – *Thurston County Public Health*, Tiffany Griffin – *Thurston County Public Health*, Corie Dow-Kramer – *Youth & Family LINK*, Olivia Aumiller – *Youth & Family LINK*, Reneé Smith – *Summit Pacific Medical Center*

### I. Welcome, Introductions, CPAA Updates

Caroline welcomed the group, facilitated introductions, and reviewed meeting objectives:

- CPAA Events & Updates
- Help Me Grow Program Update – Jennifer Helseth, MPH
- Youth & Family LINK: Program Overview and Perinatal Mental Health Info
- Discussion: ACEs Screening Tools
- Next Steps & Closing

### II. CPAA Events & Updates

Caroline provided the group with an overview of RMCH-specific MTP partner projects, as well as updates on CPAA and upcoming events.

- Partners requested a brief, two-sentence summary of project areas to provide a high-level overview, include counties that each organization is involved in.
- Contact Caroline Sedano ([SedanoC@crhn.org](mailto:SedanoC@crhn.org)) with any thoughts or ideas for future ACEs work.

#### CPAA Updates

- CPAA Council meetings have shifted to every other month, beginning in February.
- To register for the CPAA Networking Event, [please click here](#).
- To register for the Oral Health Trauma Informed Care Training, [please click here](#).
- One Key Question (OKQ) Training is open to community members, as well as office staff & providers – engage people at different levels of the organization for different stages (planning, implementation).
  - Currently in the process of obtaining CE credits for the training. Contact Caroline if you have experience with OKQ and would like to have certain points included.

**Q:** What are your thoughts on the shift from workgroups to a regional learning collaborative?

- Helpful for organizations learn about other partner's work that might not otherwise be known.
- Have regional- specific workgroups by county; not all projects in a particular area have overlap.
- The learning collaborative has the potential to build program growth & development, and provide links to community resources.
- This structure will be useful to gather experience and information from smaller counties.



### III. Help Me Grow Program Update

Jennifer Helseth, MPH, Health Systems Analyst at the Washington State Department of Children, Youth, and Families (DCYF), provided an overview and update on the Help Me Grow (HMG) program.

- Engage families in HMG through hospital nurses, follow-up to see if family would be interested.
- Even with one home visit, the family connects model is has been shown to improve maternal & child health outcomes, including mental health and postpartum care.
- HMG expansion is included in a senate bill “Welcome to Washington Baby Act 2019,” and it is moving forward in the state legislature.

#### **Discussion:**

**Q:** What steps does an organization take to be listed as a community resource through HMG?

**A:** Each region in WA State (tentatively a 9-region structure), will have a community and medical organizer to attend local meetings and connect with a community member who has comprehensive knowledge of local resources.

**Q:** Will the organizers be state employees or state-identified organizations/individuals?

**A:** Designation of roles will depend on the funding, and it can be done either way. The funding proposal indicates 2 state employees in each region. Another option would be to contract with local organizations to take on a leadership role for HMG.

**Q:** What is the budget ask for Washington State’s HMG program?

**A:** The two year ask is \$18 million, and an additional \$19 million if the expansion in intensive home visiting (dual act) is granted. HMG and a home visiting program will pilot in 2 regions, with the goal of implementation throughout the state by 2027.

**Q:** Is there potential for a partnership between HMG and Medicare home visiting programs for senior citizens? Would MCOs/providers be able to connect HMG to Medicare reimbursements?

**A:** Not in the short-term, however there is a small home visit program through HCA that could run in tandem to HMG. There is potential for HMG partnerships in the long-term.

### IV. Youth & Family LINK

Guest presenters Corie Dow-Kramer and Olivia Aumiller, from Youth & Family LINK, shared an overview of services, as well as information on the organization’s perinatal mental health program.

#### **LINK Program Overview**

- **Goal:** Engage the entire household in the client’s care for a holistic approach to care.
- LINK coordinates a warm hand off with clinical referrals, providing in-person follow up, and staff continually works to meet clients where they’re at.
- Quick response time makes the most significant difference in high levels of client response. LINK reaches out to clients until they explicitly decline services.
- Transportation has been identified as a major barriers for clients. LINK initially provides rides to appointments and services, and provides counsel for long-term solutions.
- LINK is only in Cowlitz County, and serves both men & women.
- Clients are never exited from LINK, always considered inactive and can return for services.



### **Perinatal Mental Health**

- Identify current services that exist in the community and address gaps in care.
- Inclusion of everyday struggles that a family may face, which may not get the same response as a crisis situation.
- Facilitators can be professionals or peers, and must be experience-based.

**Q:** Will structures be in place for facilitators to reduce burnout and provide support while they work with clients that may have experienced similar trauma?

**A:** LINK plans to meet weekly with facilitators to check-in, staff available for support, plans to include boundary setting in facilitator training. Facilitators have shared that working with clients & having lived their experiences is often cathartic.

## **V. Discussion: ACEs Screening Tools**

Caroline facilitated discussion on ACEs screening, and what tools partners are currently utilizing.

- Started as a basic questionnaire, now developed into more extensive screenings.
- Both Thurston & Mason County Public Health have used ACEs resilience cards with clients to identify experiences and resilience factors.
- Clients identify what tools they would have wished for, and what they would like to implement in raising their own children.
- Public health staff work with families to provide education on ACEs, and the family dynamics that contribute to traumatic experiences.
- Track clients' ongoing mental health status and concerns that arise.
- Empowering starting point, create ongoing conversation in which clear goals are identified.
- Focus on resiliency, Science of Hope (Jon Tuneheim), print-outs available online.
- Organizations such as Spokane Regional Health District have done thorough work on ACEs, in the [1-2-3 Care Toolkit](#).

## **VI. Next Steps & Closing**

- Send out links to learn more & register for upcoming CPAA events.
- Look into providing a call-in option for the OKQ training.
- Send out a link to order the ACEs card decks online.
- **Next meeting:** CPAA Networking Event, February 27<sup>th</sup>, 11:00-3:00 PM.
- CPAA Learning Collaborative structure to begin in May, more details to come
- Submit any requests for meeting topics or collaborations to Caroline Sedano ([sedanoc@crhn.org](mailto:sedanoc@crhn.org)).