

LAUNCH Young Child Wellness Council

March 13, 2013

MEETING NOTES

YCWC Attendees: Beth Gebstadt, Molly Roman, Leslee Barnes, Jeanne Lemieux, Bruce Spilde, Amanda Peden, Elizabeth Carroll, Barbara Ferre, Sherri Alderman, Alise Sanchez, Erin Fairchild, Pam Greenough Corrie, Helen Bellanca, Nancy Martin, Denise Johnson

Working Group (staff & contractors): Beth Green, Bill Baney, Cate Drinan & Callie Lambarth (PSU), Joan Marquis (Parent Group Facilitator), Peg King (OPS), Kathryn Falkenstern (Morrison), Elana Emlen (Young Child Wellness Coordinator)

Special visitors: Tara Parra (SAMHSA – our grant officer), Steve Shuman (our LAUNCH Technical Assistance Specialist), Roxane Kaufman (LAUNCH technical assistance team)

Federal Project Officer update

First, an update on The Affordable Care Act (called Obamacare, or health reform) which expands access to health insurance – Oregon has chosen to expand Medicaid under the law. What this means is that:

- All legal residents who earn less than 138% of the federal poverty level (currently this is \$15,856* for a household of one or \$32,499* for a household of four) will be eligible to receive health insurance through Medicaid. Currently, eligibility criteria is more complex and includes factors other than income. It is important to recognize that those who are incarcerated and those who are in state hospitals are ineligible for Medicaid until after they are released.
- Subsidies to purchase private insurance will be provided to those who earn under 400% of the federal poverty level (\$45,960 for a household of one and \$94,200 for a household of four) and who are not otherwise eligible for Medicaid. These subsidies will be larger for those who earn closer to the federal poverty level and less for the more affluent. The law also limits the amount of out of pocket spending that the individual will be required to spend by providing subsidies to cover out of pocket costs (such as deductibles and coinsurance).
- Navigators and enrollment support staff will be available to explain insurance options and to make enrollment easier. The goal is for this to be a “no wrong door” to enrollment. An individual could go to Oregon’s health exchange, to a social services office or to a non-profit and would be assisted with enrollment.
- Requires that all legal residents (with small exceptions) have and maintain health insurance coverage.
- Requires that newly written health insurance policies contain coverage for pre and most natal care, for mental health and substance abuse care. It is important to recognize that this coverage may not be completely comprehensive, but at least some coverage is required. The amount of coverage will be based on the most commonly sold insurance plan for small employers (Pacific Care). It covers the following categories, which will be relevant to Project LAUNCH grantees:
 - Pre- & postnatal care
 - Delivery & inpatient maternity services
 - Newborn child coverage
 - Inpatient hospital - mental/behavioral health - limit 45 days / yr for residential treatment

- Outpatient hospital - mental/behavioral health
- Inpatient hospital - chemical dependency
- Outpatient hospital - chemical dependency
- Detoxification
- Counseling or training in connection with family, sexual, marital, or occupational issues
- Eliminates certain insurance company practices (such as pre-existing condition limitations to coverage, cancellation of coverage if one gets ill)
- Narrows the range of rates charged (this lowers rates for women as opposed to men, for older people as opposed to younger people, for people who have been or are ill as opposed to the healthy). The one exception to this is that there is up to a 50% increase in rates for those who use tobacco products and don't participate in a smoking cessation program.
- Increases the capacity of federally qualified health centers (which often provide the care of launch participants).

Oregon has reached agreement with the federal government for changes in its Medicaid program to promote health. The YCWC will be familiar with this since the Governor has made this a signature initiative of his administration. The focus is on promoting and restoring health rather than on providing more deep-end services. This fits well into the LAUNCH early intervention approach.

Tara also let the YCWC know that SAMHSA just awarded a 5th cohort of LAUNCH grants, bringing the total to 40 grants. The newest ones went to New Jersey, Tennessee, Oklahoma, Louisiana, and the Sioux Tribe.

We watched the new LAUNCH video, also available through this link.
<http://projectlaunch.promoteprevent.org/project-launch-video>

What is happening in other LAUNCH grants around the country

Steve Shuman presented a PowerPoint on what other sites are doing around the country. The LAUNCH website is a tremendous resource for information about all of the grantees as well as information on best practice and information on young child wellness. See <http://projectlaunch.promoteprevent.org> Also, please see Steve's PowerPoint, which is *front and center* at www.multnomahlaunch.org

Roxane added that in CT there is an Infant Mental Health Association. NC and MA are concentrating on medical homes, Parents as Partners, and mental health consultation. Two sites have adapted ACEs screening tool for use in pediatric care as a way to talk about adverse childhood experiences.

Sustainability exercise and report out

Three groups worked on sustainability planning for the 5 LAUNCH strategies. This is what they reported out and discussed all together.

Developmental Screening and Integration of Behavioral Health into Primary Care

There are a lot of various efforts and funded initiatives. We should meet with Transformation Center. Evaluation needs to tell the story we want to tell with the data. This is an opportunity to promote modules. Look at CCOs as partners – health, mental health, and early education

together. There are some behavioral health specialists in clinics – they could do cross training with Early Childhood Mental Health and PBIS.

Parent Education and Family Strengthening

211 Family Info is a way to incorporate family education into hubs (maybe jointly funded by CCO and early learning hub?) Look at Portland Children’s Levy and Oregon Parenting Education Collaborative (OPEC) for new grant opportunities now. There is increased community support among pediatrics and others. Build the connection to schools. 211info tracks demographics, and can capture “needs and gaps”. Incredible Years - other parenting programs refer families to IY. Reach out and bring parenting education groups together. Morrison conducts IY groups, but it is not available to all families. Maybe use OPEC funds?

Mental Health Consultation and Home Visiting (and ECPBIS)

Include MHC in the early learning hub proposal. MIECHV – Early Head Start uses MHC, and Head Start is moving more services into its HV component, and MHC is part of that. The home visiting network is starting. Share information on MHC and get their input. PBIS workforce development needs to be sustained. PSU has the Infant Toddler Mental Health Certificate 0-3. The program is being redesigned to be more accessible. Point out to the early learning hub how MHC helps culturally specific organizations.

Wrap up and Next Steps

Steve said that the YCWC should have a retreat or devote a few meetings to completing the sustainability planning worksheets.