

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

May 8, 2024

# **Glossary of Terms**

DOH: Washington State Department of Health

ECEAP: Early Childhood Education and Assistance Program

HCA: Washington State Health Care Authority IECMH: Infant and Early Childhood Mental Health

IECMH-C: Infant and Early Childhood Mental Health Consultation program (Holding Hope)

W&R: Workforce & Rates Subgroup

# **Meeting Topics**

Planning for 2025 session and aligning on shared language

- Brainstorming 2024-2025 subgroup priorities
- Discussing 'P5RH Subgroup Primer'
- Discussing 'P5RH Subgroup Issue Framework'

# **Discussion Summary**

## **Context setting**

- 1. This year, members of the P5RH Subgroup spent time during session developing a P5RH subgroup 'primer' and 'issue framework' to ground members in a shared language and understanding of the landscape of P5RH issues, and the scope of this subgroup.
- 2. Leadership added and lengthened meetings for this cycle to deepen collaborative conversation on recommendation development and prioritization.
- 3. Timeline at a glance:
  - a. From April through July, the subgroup will hear from experience and expertise across the spectrum of early relational health and infant and early childhood mental health and discuss together what issues are of priority pursuit for the subgroup, within the current political context.
  - b. The subgroup will advance any workforce and rates issues to the W&R subgroup for collaboration and consideration by mid-June.
  - c. Throughout this period, members are also invited to collaborate on the P-25 statewide strategic plan discovery sprints.
  - d. From August-September, the P5RH Subgroup will work on developing out and prioritizing key recommendations to submit to the full CYBH work group.

### Group discussion on P5RH Subgroup primer

1. The primer serves to bring together the multi-faceted expertise and experiences of members of the subgroup within the multi-faced landscape of relational health to develop a shared understanding of the focus and scope of this group on both prenatal/perinatal, early relational



- health and wraparound supports for parents, caregivers and families; and infant and early childhood mental health.
- 2. It also describes the subgroup's grounding principles, criteria for recommendations, and process to identify, develop and prioritize recommendations.
- 3. P5RH leadership hosted an ad-hoc meeting on May 6 to gather input from participants on the primer and framework developed over legislative session (December-April) by a small working group of P5RH participants. Input has also been gathered from participants via email.
- 4. Leadership walked through the document and opened the discussion for any additional feedback, not already captured.

### Brainstorming 2024-2025 subgroup priorities

- 1. Participants were given the primer and other grounding documents to help foster discussion on priorities for this year.
- 2. Participants had 25 minutes in small group breakouts to brainstorm their priorities for the 2025 session, with the following prompts:
  - a. Introduce yourself to your fellow participants with your name, title, and your 'why' for early relational health
  - b. Considering last year's topics of interest, and progress made this session, what do you see as areas for continued growth?
  - c. What are your priorities for early relational health not yet (or not recently) discussed that you think are important for this subgroup to address?
    - i. For this issue(s), is there more information required? If so, what are you curious about? And/or, are you able to offer technical assistance?
  - d. Is there anyone not involved in this conversation today that you think should be to help develop a recommendation on this topic?
- 3. Large group discussion
  - a. Participants emphasized the importance of:
    - i. 'centering the P' part of Prenatal-through Five whether that's prenatal, pregnancy, post-partum (0 weeks-1 year), in both issue focus and participants of the group.
    - ii. Co-creation with families and communities.
    - iii. Thinking about gaps in the system and including recommendations that both strengthen/or expand the existing system, center equity of access and the relational experience of health.
    - iv. Continuing work on previous priorities:
      - Continuing to invest in Infant and Early Childhood Mental Health Consultation (IECMH-C) (Holding Hope program)
      - 2. Continuing to support and stabilize community health workers
      - 3. Revisiting the maternal mortality review recommendations
      - Continue expanding and investing in Early ECEAP/ECEAP
    - v. Creating a multi-level, diverse, supportive and supported workforce, with an emphasis on reflective supervision consultation and informal networks mentoring, peer work, etc.
  - b. The group would like to hear more on:



- i. The Apple Health after-pregnancy coverage, otherwise known as the 12-month postpartum expansion, and DOH's listening sessions on low-utilization.
- ii. Perinatal mood screening
- iii. Developing pathways to fund community health workers' services sustainably
- iv. The people-powered workforce initiative, funded in 2024.
- v. Developmentally appropriate assessments and diagnostics
- vi. HCA's IECMH Statewide Tour report
- vii. Supports for fathers

### Discussing priorities through the lens of the framework

- 1. The framework serves as a visual representation of the subgroup's scope and provides a catalyst for how the subgroup will collaborate to prioritize recommendations.
- 2. We hope to use this framework as a tool to ground us in the landscape of early relational health as we consider our priorities this year.
- 3. The group walked through mapping a previous priority on the framework to begin thinking through how we would use it to identify gaps and build robust, system-informed recommendations.

### Looking ahead

Next meeting: June 7, 2024, 10:00 - 11:30 AM