



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

July 9, 2025

Glossary of Terms

CNF: Complex Needs Fund

CPP: Child Parent Psychotherapy

DC:0-5: Diagnostic Classification (of Mental Health and Developmental Disorders of Infancy and Early Childhood)

EBP: Evidence Based Practice

Early ECEAP: (Birth to three) Early Childhood Education and Assistance Program

ECEAP: Early Childhood Education and Assistance Program

HCA: WA Health Care Authority

IECMH: Infant and Early Childhood Mental Health

IECMH-C: Infant and Early Childhood Mental Health Consultation

PERC: Perinatal Mental Health & Substance Use Education, Research & Clinical Consultation (PERC) Center

UW: University of Washington

W&R: Workforce and Rates Subgroup

WSA: Washington State Association of Head Start and ECEAP

Meeting Topics

Recap of in-person Perinatal Event

Inputs and Recommendations for the Strategic Plan Discussion

Close out, Next Steps

Discussion Summary

Recap of in-person Perinatal Event

Danae Borgess, Behavioral Health Catalyst, shared about the June 26th event that was hosted by Washington Thriving, Behavioral Health Catalyst, and the Perinatal Mental Health & Substance Use Education, Research & Clinical Consultation (PERC) Center at the University of Washington with sponsorship from the Perigree Fund. The objective of this convening was to generate complementary inputs to what P5RH is drafting for the P-25 Strategic Plan.

1. A diverse group from across Washington State convened to align on actionable recommendations for how to improve perinatal mental health and substance use supports. It was attended by approximately 40 participants.
2. Focused on Infant and Early Childhood Mental Health and Early Relational Health from the perspective of the pregnant and birthing person, as well as their partners or other expectant parents.



- a. Discussions addressed needs before, during, and after pregnancy (up to 1 year postpartum). Discussion Framework:
 - i. Used the “All, Some, Few” public health model:
 - ii. All: Universal supports needed for every pregnant person.
 - iii. Some: Targeted interventions for those at risk.
 - iv. Few: Intensive support for individuals with significant behavioral health needs.
- b. Themes and Next Steps:
 - i. Discussions included high-level visioning and policy goal setting.
 - ii. Work is underway (through September) to determine what ideas may be developed into policy proposals for the 2026 legislative session.
- c. The write-up will be submitted as input for the Washington Thriving Behavioral Health Strategic Plan.
- d. Relevance to P5 Group:
 - i. The convening complements P5 subgroup discussions, offering a pregnant and birthing person-centered lens.
 - ii. The final write-up will be shared with the P5 subgroup to encourage feedback and identify alignment opportunities between both groups' work.

Inputs and Recommendations for the Strategic Plan

The group reviewed topics in the following Priority Containers, discussed, and voted on prioritization of drafting write ups for the Strategic Plan. Individuals volunteered to contribute to the drafting process on some of the topics which are denoted below with an asterisk(). Please see the presentation deck [linked here](#) for more info.*

1. Outcomes of the discussion:
 - a. Determined which of the previously identified recommendation topics rise to the level of “strategic system-level changes or improvements” via live survey.
 - b. The group identified which of the topic recommendations are sufficiently developed from previous meetings to be included in the official write-up (P5RH Recommendations for the Strategic Plan)
 - c. Determined whether individuals have bandwidth to work on underdeveloped topics
 - d. Topics that were identified for further development (volunteers will be developing these for contribution to the P5RH Recommendations for the Strategic Plan):
 - i. Priority 1: Consistent Messaging and Awareness About the Importance of ERH (Promotion/Prevention)
 1. Develop a statewide strategy to integrate IECMH, ERH, and trauma/healing-informed principles. * Nucha Isarowong and Sarah Pulliam volunteered to write on this.
 - ii. Priority 2: Strengthen Early Identification System
 1. Strengthen referral infrastructure to support early identification and treatment. * Sharon Shadwell and Kristina Mendieta volunteered to write on this.
 2. Advocate for billing and policy alignment across payors. * Mary Ann Woodruff and Haruko Watanabe volunteered to write on this.



- iii. Priority 3: Menu of Services Across the Continuum (including Promotion/Prevention/Treatment)
 - 1. Simplify Medicaid Reimbursement Pathways. * Mary Ann Woodruff and Haruko Watanabe and Sarah Pulliam volunteered to write on this.
- iv. Priority 4: Recruit and retain workforce
 - 1. Note: This is still a priority, due to time constraints in the meeting, no volunteers were identified to write up on any of the topics within this Priority Container.
- 2. Flagged for future P5RH discussions: Identify which, if any, of the Strategic Plan recommendations should be pursued in the 2026 legislative session
 - a. Determine individuals to take the lead in getting those recommendations session-ready.

Next Steps & Wrap

- 1. Following the meeting, the subgroup received an email with instructions on how to best approach drafting recommendations for the Strategic Plan along with due dates for submission and feedback.
- 2. We're utilizing a [new google drive](#) to collaborate outside of meeting hours. You can find [the current Primer document](#), as well as the [Early Life Priorities document](#) under the 2025 materials section, please use comments to provide feedback as you see fit.
- 3. Next P5RH Subgroup meeting: July 22nd, 10-11:30AM. *If you are not already on the P5RH mailing list and would like to be added, you can email cybhwg@hca.wa.gov indicating your preference.*