



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

July 22, 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

Welcome & Agenda & Icebreaker (randomized breakout rooms)

Sharing of write ups + Q&A from the group:

1. Develop a statewide strategy to integrate IECMH, ERH, and trauma/healing-informed principles
2. Strengthen referral infrastructure to support early identification and treatment
3. Advocate for billing and policy alignment across payors
4. Simplify Medicaid Reimbursement Pathways

Updates on Timeline

Open Discussion- Community Share

Next Steps and Close

Discussion Summary

Welcome, Agenda and Icebreaker (Randomized Breakout Rooms)

Kelli Bohanon, BHI Lead, began the meeting with an overview of the agenda, as well as an icebreaker prompt: "The relationship that's been most important to me at work..." Participants shared about meaningful workplace relationships and partnerships in small breakout groups.

Sharing of Write-ups and Q&A from the Group

Volunteers from the subgroup gave overviews on what they have been drafting for submission to the Washington Thriving Strategic Plan. Questions and answer time was held for each topic shared.

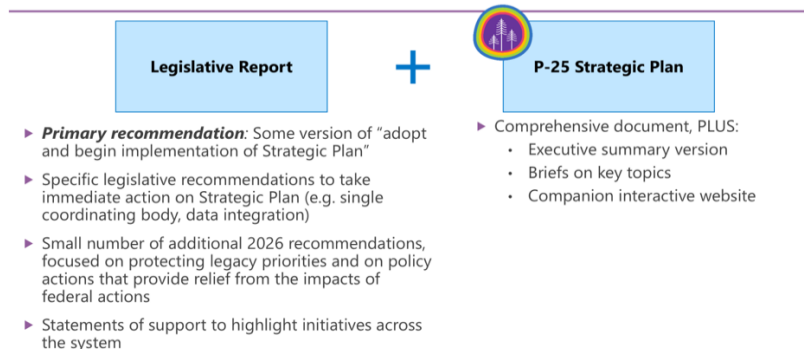


1. Develop a Statewide Strategy to Integrate IECMH, ERH, and Trauma/Healing-Informed Principles

Presenters: *Nucha Isarowong and Sarah Pulliam*

- a. Key points in the draft
 - i. Focus on integrating infant/early childhood mental health principles into the broader behavioral health system.
 - ii. Emphasis on promotion and prevention work, recognizing early childhood interventions as prevention for later life outcomes.
 - iii. Solution centers on building relational approaches with trauma-informed and trauma-reducing principles.
 - iv. Success includes partnership with parents, caregivers, families, and communities, focusing on collective rather than individual approaches.
 - v. Implementation involves attuning to caregivers' dreams, concerns, worldviews, and cultural perspectives.
 - vi. Framework draws from the People Powered Workforce report, emphasizing relationships first, emergent thinking, and proactive approaches.
- b. Feedback, Discussion, and Questions from the group
 - i. Questions were raised about the level of detail needed and whether recommendations should be concrete legislative priorities or broader strategic frameworks.
 - ii. Clarification was needed on CYBHWG deliverables (Washington Thriving strategic plan vs. annual workgroup report). See "CYBHWG Deliverables" slide.

Deliverables



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- iii. Emphasis on targeting legislative rather than direct service providers for systems-level change.
- iv. Connection made to existing DCYF trauma-informed work and materials already developed to avoid reinventing the wheel.

2. Strengthen Referral Infrastructure to Support Early identification and Treatment

Presenters: *Sharon Shadwell and Kristina Mendieta*

- a. Key Points of draft:
 - i. Recommendation 1: Strengthen statewide IECMH early identification infrastructure by ensuring all ERH and IECMH providers are aware of and



educated about Strong Start (Washington's universal developmental screening database).

- ii. Recommendation 2: Integrate IECMH across universal developmental screening and perinatal/early childhood developmental referral systems by:

1. Enabling all screening providers to enter referral data into Strong Start
2. Building comprehensive statewide directory of perinatal and IECMH intensive intervention providers
3. Integrating provider directory information into existing referral networks (Help Me Grow Washington, Perinatal Support Washington)
4. Implementing user profile options for families to share developmental screening data and reduce duplicative intake processes

- b. Feedback, Discussion, and Questions from the group

- i. Questions about including perinatal mood and anxiety disorder (PMAD) screenings for parents within developmental screenings.

1. Department of Health clarified Strong Start's scope is limited to developmental screening due to current funding and authority.
2. HCA representatives (Kiki Fabian and Christine Cole) confirmed alignment with their provider directory work and offered partnership.

- ii. Help Me Grow representatives emphasized the need for direct consultation to avoid duplication and ensure resource allocation.

- iii. Discussion of long-term scaffolding approach and need for logic model connecting universal developmental screening to referrals.

3. **Advocate for Billing and Policy Alignment Across Payors**

Presenters: Haruko Watanabe (Mary Ann Woodruff absent)

- a. Key Points of the draft:

- i. Benefits seen from House Bill 1325 allowing up to 5 intake appointments before diagnosis for Medicaid providers.
- ii. Gap exists as this practice is not generalized to all payors, creating confusion about best practices.
- iii. Need for alignment in billing practices and assessment processes across all payors to prevent undermining of [HB 1325](#) benefits.
- iv. Family therapy code reimbursement rates identified as critical issue, with significant gaps between reimbursement rates affecting private practice providers.
- v. Discrepancies noted between Medicaid billing in private practice versus behavioral health organizations.
- vi. Case management services reimbursement varies by provider setting.
- vii. Recommendation to incentivize home-based and community-based practices for infant/early childhood work.

- b. Feedback, Discussion, and Questions from the group

- i. HCA offered technical assistance around Medicaid space and clarification of different administrative burden categories (enrollment, documentation, prior authorizations).
- ii. HCA working internally on family therapy rates and caregiver inclusion guidance.
- iii. Questions raised about scope and specificity of administrative simplification recommendations.



- iv. Discussion of federal policy environment challenges and need for strategic approach to problem statements.
- 4. **Simplify Medicaid Reimbursement Pathways**
Presenters: Haruko Watanabe and Sarah Pulliam (Mary Ann Woodruff absent)
 - a. Key Points of the draft:
 - i. Administrative burden identified as major barrier, with providers stopping Medicaid participation due to paperwork complexity.
 - ii. Specific issues include:
 - 1. Difficulty navigating online portal systems.
 - 2. Cumbersome mileage reimbursement documentation for assessments.
 - 3. Administrative time costs exceeding reimbursement benefits.
 - 4. Lack of administrative support for sole practitioners.
 - 5. Need to identify the reality of clinician barriers to retain providers in system.
 - b. Feedback, Discussion, and Questions from the group
 - i. Recognition that administrative simplification is a broad, complex issue requiring focused approach.
 - ii. HCA acknowledged challenges and offered support in clarifying different types of administrative burdens.
 - iii. Discussion of balancing immediate actionable items with longer-term strategic priorities.
 - iv. Emphasis on documenting clinician realities for future strategic planning.

Timeline Updates

- 1. Kelli shared important upcoming deadlines and milestones for the subgroup.
 - a. July 28: Priority area write-ups from volunteers due to Washington Thriving team.
 - b. August 6: Draft strategic plan materials returned to P5RH from Washington Thriving team for review.
 - c. August 13: Feedback from P5RH on draft materials due to Washington Thriving.
 - d. August 27: Next P5RH subgroup meeting (pivot to legislative session focus).
 - e. September (Dates TBA): Additional subgroup meeting.
 - f. October 6: Legislative recommendations due.
- 2. Current priority work feeds into Washington Thriving strategic plan, separate from legislative recommendations.
- 3. P5RH begins to focus on recommendations for 2026 (short) legislative session on August 27.
- 4. Survey deadline for perinatal mental health provider survey: approximately August 8.

Open Discussion - Community Share

- 1. Community Updates from the group:
 - a. **ACT Program Recruitment:** Nucha shared recruitment information for next cohort launching April 2026, including outreach presentations on "Why Do They Do That? Behaviors in Relationship".
 - b. **Community Health Workers:** Christine shared that HCA is developing resources specific to CHW work in prenatal-to-five space.



- c. DAD Project: Nick announced ongoing groups for dads with toddlers (9-11 AM) and dads with infants (11 AM-1 PM) at Swedish Cherry Hill, with sliding scale fees available (see digital flyer for more info).

Next Steps and Close

1. Action Items for the subgroup:
 - a. Priority area volunteers to finalize write-ups by July 28
 - b. All participants to review strategic plan draft materials when received August 6
 - c. Submit feedback on draft materials by August 13
 - d. Prepare for legislative focus pivot at the August 27 meeting
2. We're utilizing a [google drive](#) to collaborate outside of meeting hours. You can find [most recent meeting documentation](#), as well as the [P5RH Consolidated Write Ups document](#) under the 2025 materials section, please use comments to provide feedback as you see fit. Thank you to everyone who has contributed thus far!
3. Next P5RH Subgroup meeting: August 27th, 10:30AM-12:00PM. *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.*