Notes

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

October 28, 2025

Glossary of Terms

ASD: Autism Spectrum Disorder
CCBHC: Certified Community Behavioral Health Center
CHW: Community Health Worker
DC:0-5: Diagnostic Classification Age 0-5
DCYF: Department of Children, Youth, & Families
DOH: Department of Health
Early ECEAP: (Birth to three) Early Childhood Education and Assistance Program
ECEAP: Early Childhood Education and Assistance Program
FIT: Family Initiated Treatment
HCA: WA Health Care Authority
IDD: Intellectual and Developmental Disabilities
IECMH: Infant and Early Childhood Mental Health
IECMH-C: Infant and Early Childhood Mental Health Consultation
ITA: Involuntary Treatment Act
MHAYC: Mental Health Assessment for Young Children
PAL: Partnership Access Line
WSA: Washington State Association of Head Start and ECEAP

Meeting Topics

Welcome, Introductions & Agenda
Recap CYBHWG Meeting
Statements of Support
Next Steps and Close

Discussion Summary

Recap CYBHWG Meeting

Kelli Bohanon and Sandy Diaz (P5RH leads) shared updates on CYBHWG 10/14 Meeting. The full work group voted on 2026 legislative priorities and recommendations on October 14th. The recommendations were organized into several categories:

Final Decisions on Recommendations:

1. Members approved the Washington Thriving Strategic Plan for submission to the Legislature on Nov 3rd, 2025.
2. Members approved advancing the recommendations below in the following categories:
    a. Primary Recommendation: Washington Thriving Strategic Plan

b. Overarching Legacy Recommendations
    i. Fund CCBHC implementation
    ii. Restore PAL funding
c. Protecting and Building on Legacy Recommendations
    i. Maintain state investments in school BH
    ii. Preserve existing Bridge Housing sites
    iii. Conditional scholarships and longitudinal study
    iv. Commercial coverage for pediatric CHWs
    v. Behavioral health teaching clinic designation and enhancement rate
d. Top Priority New Recommendations – *These were consistently ranked as the top 3 recommendations across three different voting approaches*.
    i. Strengthen statewide guidance on school BH
    ii. Suspend consideration of leg impacting DOH credentialing
    iii. Mandatory training for WISe to support youth with ASD/IDD
e. Additional Recommendations
    i. Technical Assistance & Training Network
    ii. Convene an Advisory Group to improve FIT and ITA implementation

Statements of Support

Five potential statements of support were presented to the P5RH Subgroup.

The Subgroup reviewed the following potential Statements of Support to submit to the Children Youth Behavioral Health Work Group by November 3rd. A preliminary poll was conducted during the meeting, with plans to send a formal poll via email to all subgroup members for final voting.

Healthcare Authority Infant-Early Childhood Mental Health Priorities

Christine Cole and Kiki Fabian presented HCA's five key priorities for infant and early childhood mental health:

1. Priority 1: Workforce Development
    a. Continue supporting the Infant and Early Childhood Mental Health Workforce Collaborative
    b. Provide DC:0-5 clinical training and professional development
    c. Explore tailored supports for agency leaders and supervisors
    d. Partner with Barnard Center on Child-Parent Psychotherapy implementation analysis
2. Priority 2: Equitable Access to Services
    a. Clarify Apple Health billing and clinical policy
    b. Define "caregiver" terminology in billing
    c. Update multi/interdisciplinary assessment reimbursement guidance
    d. Improve referral pathways through partnerships with Within Reach, Help Me Grow, and early childhood courts
    e. Support perinatal mental health workforce
3. Priority 3: Centering People and Community
    a. Partner with tribal nations (including Coleville Tribe-specific DC:0-5 trainings)
    b. Host provider spotlights
    c. Maintain monthly newsletter

4. Priority 4: Value-Based Payment
    a. Recent evaluation showed Mental Health Assessment for Young Children (MHAYC) policy successfully increased multi-session assessments without over-diagnosis
    b. Continue exploring family therapy rate improvements
    c. Partner with Washington State Institute for Public Policy on cost-benefit analysis for perinatal and infant mental health treatment models
    d. Explore alternative payment models
5. Priority 5: Cross-System Alignment
    a. Regular convening with sister state agencies
    b. Technical assistance from Zero to Three Financing Policy Project
    c. Memorandum of understanding for fiscal mapping through Children's Funding Project

Keeping Families Together Coalition

Laurie Lippold and Kim Justice presented on behalf of the Keeping Families Together coalition, which formed in 2020 to address disproportionality in the child welfare system.

1. Background on House Bill 1227
    a. Passed in 2021 with bipartisan support
    b. Changed removal standard to "imminent physical harm"
    c. Implemented July 1, 2023
    d. Focus on kinship care placement
2. Current Focus: Addressing Critical Incidents
    a. The coalition is addressing the rise in critical incidents (fatalities and near-fatalities) with emphasis on families affected by substance use disorder, particularly opioid-related cases.
3. Items included in the Decision Package:
    a. Coordination for Treatment Access:
        i. Joint coordination across DCYF, Healthcare Authority, DSHS, and Department of Health
        ii. Identify all available treatment options
        iii. Create pathways for families to readily access services
    b. Sustainable Funding for Family-Centered Treatment:
        i. Develop funding model for residential treatment centers serving pregnant and parenting adults with substance use disorder alongside their children
    c. Expansion of Pre-Filing Representation:
        i. Support Office of Public Defense decision package to expand pre-filing representation models for pregnant and parenting adults with substance use disorder
    d. Parent-Child Assistance Program (PCAP) Expansion:
        i. Provides intensive case management for pregnant and parenting women with substance use disorders
    e. Medication-Assisted Treatment Access:
        i. Ensure access to medication for opioid use disorder (MOUD)

DCYF Critical Incidents Response Decision Package

An advocate presented on behalf of Akin and Help Me Grow regarding the DCYF Critical Incidents Response Decision Package, highlighting:

1. Family Resource Centers (FRCs): Provide community-based support and concrete goods (diapers, formula, car seats)
2. Plan of Safe Care Community Pathways: Support coordination and referrals

Prenatal Peer Support for Foster Alumni

Angela Cruze Boldt, founder of I Am Foster Kid, presented a proposal to co-pilot a prenatal peer support program for foster care alumni.

1. Key Points:
    a. Collecting data across three age groups: teens (13-18), young adults (18-26), and adults (27-35)
    b. Partnership with Youth Era for infrastructure
    c. Focus on intimate partner violence (IPV), which 100% of foster alumni interviewed have experienced
    d. National data shows 71% of foster alumni are more likely to become pregnant by age 21 compared to peers
    e. Emphasis on lived experience in data collection and program design
    f. Harm reduction and healing-focused approach

Legacy Items for Preservation

1. The subgroup discussed preserving and protecting key legacy items:
    a. Complex Needs Fund for Child Care and ECAP
    b. Infant-Early Childhood Mental Health Consultation (IECMHC)
    c. Mental Health Assessment for Young Children (MHAYC) - included in HCA priorities

Next Steps and Close

1. Statements of support will be compiled and sent to the full subgroup for voting
2. Final statements will be submitted to the Children Youth Behavioral Health Work Group by November 3rd
3. Meeting materials and presentations are uploaded in the google drive and publicly available for viewing.
4. No additional P5RH meetings are scheduled for 2025; updates will be shared via email. *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.*