



Children & Youth with Special Health Care Needs

www.doh.wa.gov/cyshcn

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COMMUNICATION NETWORK MEETING

July 10, 2025

CYSHCN Communication Network Purpose:

Provide for exchange of information among those programs and entities that serve children with special health care needs and their families and facilitate an opportunity to learn more about statewide policies, programs and issues critical to this unique population.

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Attendees

Due to continued social distancing requirements enacted by Governor Inslee, Communication Network will be conducted entirely in an online format.

Attendee	Phone	Email Address
Albert Yuen		
Alina Zollfrank		
Ama Owusu-Madrigan, DOH		
Amanda Simon, Process Improvement Specialist, DOH		
Angie Funairole, Child Health, DOH		
Annie Hetzel, OSPI		
Astrid Newel, TCY Section Manager, DOH		
Ayan Elmi		
Becky Van Pelt, RD, Benton Franklin Health District, CYSHCN & WIC		
Bonnie Peterson, CYSHCN Coordinator, Thurston County		
Brianne Cline, CYSHCN Coordinator, Pacific County		
Cassie, United Health Care, MCO		
Charla Morrow, Wellpoint		
Christin Seo		
Christine Griffin, WA Hands and Voices		
Clara Cogollos, Providence Autism Center		
D'Andrea Floyd		
De Anna Winterrose		
Diana Costillo		
Elizabeth Stringer, CYSHCN Coordinator, Garfield County Public Health		
Ellie Harrison		
Emily Bianconi		
Emily Gilmore		
Emily Martinez, CYSHCN Coordinator, Tacoma-Pierce County Health Department		
Erika Parada		
Estasia Collins, Columbia County Public Health Nurse	509-382-2181	estasia_collins@co.columbia.wa.us
Faire Holliday, DOH		
Gabriella Connell		
Gayle Reid, Cowlitz County		
Geanine Frost, Children's Developmental Center		
Gina Cabiddu, KMHPC		

Attendee	Phone	Email Address
Haskit Hall, Holly Ridge		
Iana Bezman, ONC RN, HCA		
Jan Schmalenberger, CYSHCN Coordinator, Clark County		
Janet Vaupel, CYSHCN Coordinator, Walla Walla County		
Janette Garza, CYSHCN Coordinator, Grant County Health District		
Jen Chong Jewell, SnoCoDD		
Jennifer Hieb, DSHS		
Jennifer Sass-Walton, Skagit County Public Health	360-416-1529	jennis@co.skagit.wa.us
Jillian Bingham		
Jordan Labayen, CYSHCN Coordinator, TPCHD		
Joy Gehner, Seattle Children's Autism Center		
Kari Tanta, Mary Bridge Children's Hospital		
Kate Orville, Medical Home Partnerships for CYSHCN , UW Center on Human Development and Disability	206-685-1279	orville@uw.edu
Katheryn, Compass WISe		
Katheryn Howell		
Kathryn Defilippo, CYSHCN Coordinator		
Katrina Davis, HUB, Parent Advocates & Resource Case Manager		
Kelly Anderson		
Khim Schoenacker, DOH CYSHCN Nutrition Consultant	360-236-3573	Khimberly.Schoenacker@doh.wa.gov
Kim Oliver, LPN, Pacific County Health		
Kristen Evans, Dietetic Intern		
Kristen Rezabek, San Juan County	360-370-7518	kristenr@sanjuanco.com
Kristin Lester, RN, Spokane Regional Health District		klester@srhd.org
Kristy Scheidt, Joya Child and Family Development		
Kyser Corcoran, DSHS/ALTSA/Fostering Well-Being		
Laurie Holt, KCPHD		
Lianne Caster		
Linda Ramirez, Communication and Early Childhood Specialist, DOH		
Lindsey Topping-Shuetz		
Lisa Santana		
Lynda Krisowaty		
Lynnea Rimando, Arc of SnoCo		
Maddie Jensen, Columbia Co Public Health		

Attendee	Phone	Email Address
Mandi Goodman, Great Rivers BH-ASO		
Mari Mazon, University of Washington, Nutrition Program	206-598-3025	lilmaro@uw.edu
MarSue C., RN for Maxillofacial Team Spokane		
Mary Jo Schatz, Tacoma-Pierce County Health Department	360-728-2235	mindi.outhwaite@kitsappublichealth.org
Matilda Sampson, Excelsior Wellness Spokane WA		
Matthew Rickmon, Washington State Fathers Network		
Megan Works, RN, CYSHCN Coordinator, Island County Public Health		
Meredith P.		
Michelle Hill		
Michelle, Issaquah Parent of Child with Disabilities		
Minnette Mason, DCYF		
Monica Burke, DOH CYSHCN Director	360-236-3504	monica.burke@doh.wa.gov
Nathalyn Dagdagan		
Nikki Dyer, DOH/Children and Youth with Special Health Care Needs	360-236-3536	nikki.dyer@doh.wa.gov
Nini Shridhar, DOH/Screening and Genetics Unit	253-395-6743	nirupama.shridhar@doh.wa.gov
Ollie Kuo, AMCHP		
Pam Phillips		
Rebecca Ericson		
Rene Denman, Steps		
Sarah Bunney		
Sarah Forster		
Shari Depaulo		
Shawnda Hicks, PAVE		
Sherry Bennatts, Coordinated Care	253-442-1543	sbennatts@coordinatedcarehealth.com
Stephanie Larsen, PHN, MCH, Cowlitz HHS		
Stephanie White, NETCHD		
Steve Orton		
Susan Adelman		
Susan Stewart		
Susan Wendel		
Suzie Tallar, Coordinated Care		
Taryn Kovac		
Tracie Hoppis, Children's Village/P2P	509-574-3263	

Attendee	Phone	Email Address
Trista Mason, Family Education and Support Services		
Vanessa McCollum, BFHD		
Whitney Wheelock, Kittitas County Public Health		
Yvette Fierce, CYSHCN Coordinator, Seattle King County Public Health		

<i>Guests:</i>		
Sarah Holdener, DCYF		sarah.holdener@dcyf.wa.gov
Lark Kesterke, WithinReach		LarkK@withinreachwa.org
COIIN Team Members		

Children and Youth with Special Health Care Needs (CYSHCN) Program Update

www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/ChildrenwithSpecialHealthCareNeeds.aspx

Staff Updates

Child Health Intake Form (CHIF) Database

No updates at this time.

For more information, contact Amanda Simon at Amanda.Simon@doh.wa.gov

Washington Statewide Leadership Initiative (WSLI) and DOH Family Engagement

No updates at this time.

For more WSLI or DOH Family Engagement information, contact Nikki Dyer at 360-236-3536 or nikki.dyer@doh.wa.gov.

CYSHCN Program Nutrition Updates

No updates at this time.

For more information, please contact Khimberly Schoenacker at 360-236-3573 or khimberly.schoenacker@doh.wa.gov.

CYSHCN Communication and Early Childhood

No updates at this time.

For more information, contact Linda Ramirez at Linda.Ramirez@doh.wa.gov

Guest Presentations

CYSHCN Care Coordination

Monica Burke, Washington State Department of Health

Care Coordination Definition:

- Patient – and family-centered, assessment-driven, team-based activities designed to meet the needs of children and youth.
- Care coordination addresses interrelated medical, social, developmental, behavioral, educational and financial needs to achieve optimal health and wellness outcomes, and efficient delivery of health-related services and resources within and across systems
- Care Coordination is something Washington State struggles with, as WA State is one of the lowest states in terms of families reporting that they are able to get the care coordination that they need.

National Care Coordination Standards: Team-based activity but with a care coordinator that's a single point of contact for child and family.

Care Coordination Blueprint Implementation Project:

- Care Coordination → Peer Support → Ace Kids Act
- Blueprint Aim
 - We aim to align cross-sector systems to support multi/interdisciplinary care coordination that includes use of shared plans of care with a peer support component because family centered care coordination increases equity in access and well-being of families.

What have we learned?

- Many care coordination resources, but barriers exist:
 - Tied to specific eligibility requirements
 - Many focus on one program/condition and not all areas
 - Hard to find out where to go
 - May not have knowledge of local resources (especially for rural areas)
- Peer support is key
- Coordinated care reduces the need for care coordination

Next Steps:

- Continue Care Coordination Workgroup (MCHBG Strategy)
- Refine Care Coordination Toolkit and offer trainings (MCHBG Strategy)
- Work with Medicaid on innovative models (CMMP)
- Define local /state CYSHCN roles and strategies (Learning Journey, MCHBG Strategy)
- Increase network cohesion and communication (CommNet)

- Develop referral pathways between state agencies
- Enhance domain specific coordination (e.g., SMART, Nutrition Network, T1D)
- Integrate peer support

Skipping the Phone Tree and Streamlining Communication

Ian Scott, Washington Chapter of American Academy of Pediatrics (WCAAP)

Washington Chapter American Academy of Pediatrics: Skipping the Phone Tree and Streamlining Communication

- Ian Scott
 - o Program Coordinator at the WCAAP
- Partners in Student Health: Supporting school, LHJ, and provider collaboration
- How do we foster relationship and trust in times of transition?

Model: Lewis County

- Weekly Zoom meetings starting September with local health officer, public health director, pediatricians, superintendents.
- Streamlined communication between clinic and schools, quicker return to in-person learning.
- School-based Covid vaccine clinics and testing sites.
- Letter to community encouraging continued vigilance as community cases of Covid increased.

Current Partnerships

- Thurston County
 - o Twice monthly meetings with school nurse workgroup, in partnership with ESD 113
 - o School nurse and provider surveys
 - o Meet and greet event held on March 12, 2024
 - o Back to school planning event- May 15, 2024
 - o Measles and Infectious Disease- March 25, 2025
- NE Tri County Region
 - o Planning group convening 2nd week of July 21, 2025
 - o June 5th, 6th meetings share about PISH and Immunization Toolkit
- Clallam County
 - o Formation of workgroup- ESD 114 North Olympic Health Network, Clallam Public Health
 - o Meet and Greet event held on May 6, 2025

Location Expansion

- Lewis County

- Restart project where it all started (with new faces)
- Jefferson County
 - Closely affiliated with Clallam County
- Others?
 - Highly effective way to provide basic services through community led design in a funding landscape strapped for money

This Program allowed for our community's genius to thrive*

Impact

- Local partnerships help streamline communication, promote collaborative problem-solving, and prevent siloing of work.
- Digital Directory
- WCAAP is positioned to share strategies and learnings from around the state, offer resources, and make connections.

Back-To-School

- Story from Clallam County: One of the school nurses from Sequim previously had a program that came and did all her back-to-school immunization program, but the funding program got cut for all of her August and September back to school. Well, eventually she was looking for someone to do that and literally a day after we had the meet and greet. She connected with one of the public health officials and they set up three back-to-school immunization programs. This is just a testament to the power of collaboration! Basically, it helped the public health get immunizations into arms and then also prevents measles and other infectious diseases from spreading in the school.
- “Advocating for kids, adolescents, families, and all who care for kids”

If you would like to learn more or discuss the current needs in your community, please contact:

- Maria Huang, MD (mchuang8@gmail.com)
- Ian Scott (iscott@wcaap.org)
- Lori Gosselin (lgosselin@wcaap.org)

Questions & Answers:

Q: Who was involved in Lewis County?

A: Pediatrician Maria Huang but she isn't in Lewis County now.

Q: Can you share the forms you created with the schools?

A: Email Ian Scott for these forms at iscott@wcaap.org

Q: Have you connected with OSPI and/or School Nurse Corps?

A: The School Nurse Corps Nurse Administrators were the ones who helped coordinate with nurses at each ESD

Care Coordination Strategy Session

Amanda Simon & Monica Burke, DOH

- Network activity for breakout groups

- What perspective(s) are you bringing to this space?
- What do you hope to give to this meeting?
- What do you hope to get from this meeting?

■ Key take aways

- People had a lot of the same barriers and issues and the importance of this work
- Eagerness to share and valuing the networking with others from all across the state of Washington.
- Making connections to better the lives for families we work with
- Finding how to navigate the system, especially with laws and regulations changes
- How do we reach people? How do we build trust? As this is a current struggle.



Figure 1: National Care Coordination Standards for CYSHCN

- National Care Coordination Standards for CYSHCN

- We have been looking at the best practices for CYSHCN and what the system looks like
- Care Coordination is a team-based activity

- Multidisciplinary care team that a child and family have and really the child and family are core members of that team
 - From your behavioral health specialist, education partners, medical specialist, and primary care provider all those are part the team and should be coordinating for a CYSHCN family.
- It is helpful for families to have access to a care coordinator, that is a single point of contact for that family.
 - That is one person that they know they can go to that can help them figure out where they need to go or connect with the other partners on the team
- As part of this model there is screening identification and assessment as part of it
 - Identifying the need for additional care coordination
 - Doing an assessment with the family on what their needs are and what do they need support with
- Care coordination workforce
 - Trainings for care coordinators
 - HCA has been doing work around reimbursement and how that looks like. For example, with the new community health worker reimbursement and peer support reimbursement.
- Care transitions
 - Key part of care coordination because a lot of the times you don't need necessarily ongoing care coordination all the time. Key transition points are when families need a lot of extra support. Especially making a transition, for instance, from birth to 3.
- Team-based Communication
 - How members of the team are able to communicate with each other
- Child and Family Empowerment and Skills Development
 - Making sure the family has the information and support they need to really understand the system and be able to navigate it effectively
- Shared Plan of Care
 - This is shared between different organizations that are working with the family so that everybody's on the same page about what is happening with the care for this child and what supports are already in place and what might need to be done.

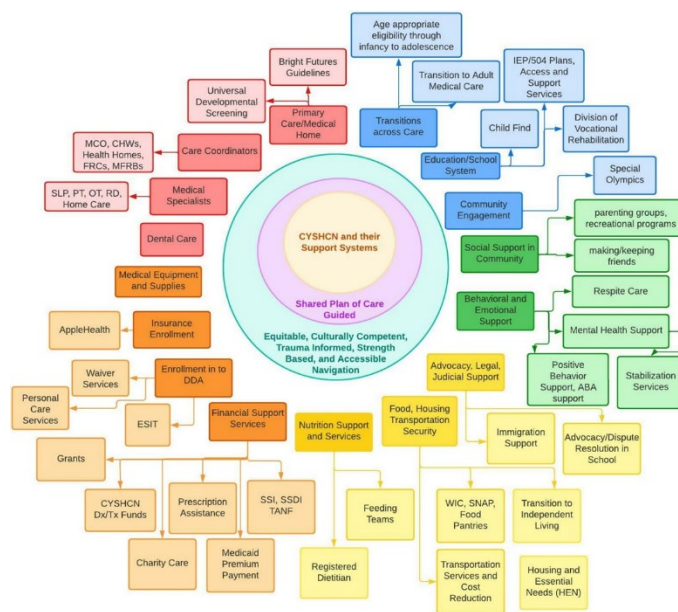


Figure 2: CYSHCN and their Support Systems Map

- One of the reasons why care coordination is so important is knowing you have someone that you can rely on. This is critical for the child and their family.
- These are complex systems that families are having to navigate every day that's why care coordination is so important
- [CYSHCN Care Coordination Toolkit](#)

- Care Coordination Map from Family Advisory Council

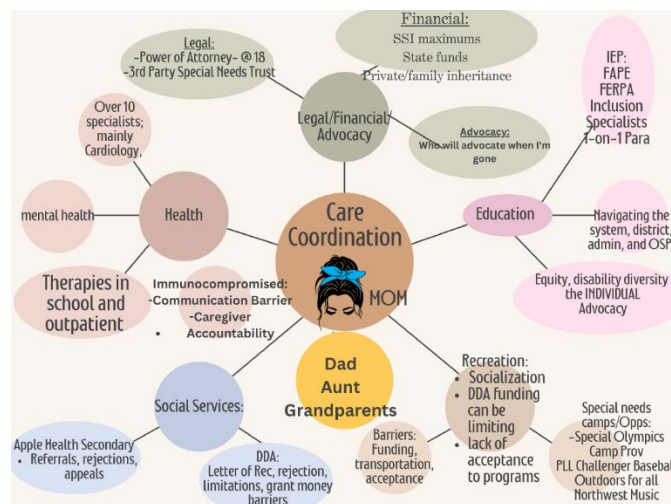


Figure 3: Care Coordination Map from Family Advisory Council Member



Figure 4: Care Coordination Map from Family Advisory Council Member

- At one of the meeting the family advisory council members created their own care mapping.
- The parent is doing a lot of the care coordination tasks, trying to navigate all these different systems and get connected to all these different types of supports.

Rose, Thorn, Bud Activity

- What do see in the images? The Roses, thorns, and buds seen in these images.
 - Rose: For observations of what is going well or is a strength of current system
 - Thorn: For observations of what is not going well or is a barrier/challenge
 - Bud: For observations of something that is emerging and but that could be built upon to become a ROSE with a little care and attention.
- What is really happening in the system? What are key takeaways from looking at these images?
- How does it relate to Our lives? How is that impacting you?
- Why does this issue exist?
- Group 1:
 - There is increasing awareness of the complexity of the systems
 - ESIT is strong in many areas
 - Every state and county has different resources and systems
 - We don't have enough providers
 - Even if a specialist is doing a lot of care coordination, PCP should still be involved
- Group 2:
 - The outreach efforts to generate such a diverse group
 - The compassion and advocacy of individual working with our families

- Not enough funding to provide the capacity for in person care coordination with CYSHCN program
- Lack of affordable insurance options in the marketplace
- Efforts to improve systems
- Watering well idea is a good one

- Group 3:

- Passionate professional, experienced provides and partners
- More cross-collaboration in state agencies
- Lack of follow-up from agency family is referred to for assistance
- Everyone working in silos
- Resources are disappearing or being scaled back

- Group 4:

- There are a lot of people who care about this work
- Lack of awareness/knowledge of certain services/tools
- Identifying champions
- Focus on making sure children/youth are able to get what they need
- Funding cuts and changing rules from federal level

- Group 5:

- Eagerness and awareness in start of identifying barriers for families
- Washington HCA has peer support specialist program
- They are fragmented and difficult to access unless you have been guided to them
- System sharing navigation have too many barriers for families to access easily
- Connecting with successful outreach models and replicating them elsewhere is a positive step forward
- Not enough data!

- Group 6:

- Many options for care coordination available
- Supporting pediatric clinics with sensory kits
- Dire to improve systems of care
- Very few care coordination options are comprehensive and cover all systems families are in DDA, schools medical, etc.
- Pulling involving parties together to collaborate and work on addressing the problem
- Expanding care map workshop to families of school age children

What can we Do about it?

- Group Discussion:

- What would coordinated care that works for families look like?
 - A single care coordinator
 - Shared access to a common record keeping platform
- What are the key bright spots we want to enhance?
 - Complex scheduling line at SCH
 - Care Conferences where variety of providers meet about one patient
- What are the key barriers that need to be removed?
 - Families need food, housing, transportation or nothing else works
 - Overstretched ESIT providers not getting as much care
 - Access to ABA
- What are best next steps:
 - ESIT and other agencies request access to their local EpicCare link
 - ESIT providers go through CYSHCN care coordinator training

CSHCN Coordinator Updates by County

Gathered from counties and shared on a quarterly basis.

Grays Harbor County Public Health

Stefani Joesten, CYSHCN Coordinator

Grant County Health District

Janette Garza, CYSHCN Coordinator

Island County Public Health

Megan Works, CYSHCN Coordinator

Jefferson County Public Health

Cynde Marx, CYSHCN Coordinator

Pacific County Children and Youth with Special Health Care Needs

Brianne Cline, CYSHCN Coordinator

San Juan County

Kristen Rezabek, MS, RDN, CD, CDE

Spokane Regional Health District

Kristen Lester, CYSHCN Coordinator

Thurston County Public Health and Social Services

Bonnie Peterson, CYSHCN Coordinator

Yakima County- Children's Village

Tracie Hoppis

Neurodevelopmental Center (NDC) Updates

Peace Health Children's Therapy - Whatcom County
Kris Gaggero Clinic Manager

Children's Therapy Skagit Valley Hospital
Erin Kavi Lead Therapist

www.skagitvalleyhospital.org

Children's Therapy Valley Medical Center
Kari Tanta, Rehab Manager

www.valleymed.org

Kinderling
Kathy Fortner Director of Operations

www.kinderling.org

HOLLY RIDGE

Children's Therapy Center
Karen Smith Steadman Early Intervention Program Director and Jodi Van Vleet Center (3-18) Program Director

Health Plan Updates

Amerigroup-Washington
Jackie Matter

www.amerigroupcorp.com

[Coverage Area Includes: All Counties except Adams, Chelan, Clallam, Clark, Cowlitz, Douglas, Ferry, Grant, Kittitas, Lincoln, Okanogan, Skamania, and Wahkiakum]

No updates at this time.

Community Health Plan of Washington (CHPW)

www.chpw.org

[Coverage Area Includes All Counties except Clallam, Columbia, Garfield, Jefferson, Klickitat, Lincoln, Mason, Skamania, and Whitman]

No updates at this time.

Coordinated Care

Sherry Bennatts and Azka Bashir

www.coordinatedcarehealth.com

Molina Healthcare of Washington

Mary Blakeman and Margaret Whaley

www.molinahealthcare.com

No updates at this time.

UnitedHealthcare

Cindy Spain and Mandy Herreid

www.uhc.com

[Coverage Area Incudes: All Counties except Clallam, Cowlitz, Garfield, Pend Oreille, San Juan, Skagit, and Whatcom]

No updates at this time.

Partner Updates

Washington State Parent to Parent Network

Tracie Hoppis

Washington State Medical Home Partnerships Project for CYSHCN

Kate Orville

www.medicalhome.org

University of Washington CSHCN Nutrition Project at CHDD

Mari Mazon, MS, RDN, CD and Sarah Harsh, MS, RDN, CD

University of Washington – Center on Human Development and Disability (CHDD)

Nutrition Training Contract <http://depts.washington.edu/cshcnnut/>

Mari Mazon, MS, RDN, CD and Sarah Harsh, MS, RDN, CD

Washington State Fathers Network (WSFN)

Louis Mendoza

www.fathersnetwork.org

Family to Family Health Information Center (F2FHIC)

Jill McCormick

www.familyvoicesofwashington.com

No updates at this time.

Open Doors for Multicultural Families

Hodan Mohamad

www.multiculturalfamilies.org

No updates at this time.

Washington Autism Alliance & Advocacy (WAAA)

Arzu Forough

www.washingtonautismadvocacy.org

No updates at this time.

Office of Superintendent of Public Instruction (OSPI)

Nicole Klein, Health Services Program Supervisor

www.k12.wa.us/HealthServices/default.aspx

Seattle Children's Hospital

Paula Holmes

www.seattlechildrens.org

No updates at this time.

Lifespan Respite Washington (LRW)

Linda Porter

www.lifespanrespitewa.org

No updates at this time.

WithinReach

Chris Gray

www.withinreachwa.org

No updates at this time.

State Updates

Department of Children, Youth, and Families

Early Support for Infants and Toddlers (DCYF-ESIT)

Lori Holbrook

www.dcyf.wa.gov/esit

DSHS, Developmental Disabilities Administration (DDA), Waiver Unit
Kari Freer

No updates at this time.

DSHS / DDA, Medically Intensive Children's Program
Doris Barret

DSHS, Fostering Well-Being Care Coordination Unit (FWB CCU)
Autumn Wade and Amanda McCleskey

DSHS / ALISA, Kinship Care and Lifespan Respite
Rosalyn Alber

www.dshs.wa.gov/kinshipcare

No updates at this time.

DOH Screening and Genetics Unit
Nini Shridhar

www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/GeneticServices.aspx

No updates at this time.

Health Care Authority
No updates at this time.

Attachments

- Agenda (PDF) (wa.gov)
- Meeting presentation slides (PDF) (wa.gov)
- Meeting recording (youtu.be)

Next Meeting

October 9, 2025

Virtual Meeting