

**Behavioral Health Integration subgroup**

**Tuesday, December 14  
10:00 – 11:30 a.m.**

Agenda Items	Notes
<p>Welcome and overview update</p>	<p>First year families: prenatal-3 y/o stakeholders and parents</p> <ul style="list-style-type: none"> <li>• Their priority is advancing community health care workers in primary care</li> </ul>
<p>Update: Health Care Authority (HCA)</p>	<p><b>Jason McGill &amp; Michele Wilsie</b>, Health Care Authority</p> <p>Medicaid principles/rules</p> <ul style="list-style-type: none"> <li>• Medicaid cannot pay a non-licensed or certified provider in primary care.</li> </ul> <p>Work Underway</p> <ul style="list-style-type: none"> <li>• Decision Package (DP) for Certified Community Behavioral Health Clinic’s (CCBHC) – intersection on Behavioral Health side.</li> <li>• Primary Care pediatric care: multi-year effort to look at primary care transformation.</li> </ul> <p>Alternative Payment models:</p> <ul style="list-style-type: none"> <li>• Start with Primary Care transformation; then look at Value Based Purchase (VBP) model, particularly with Managed Care approach (more flexibility than FFS). Then working through Managed Care Organizations (MCO) through directed payment for a defined, limited set of services statewide. Our subgroup needs to connect with this work.</li> <li>• Directed payment primer.</li> <li>• We can incentivize plans to do VBP but can’t direct them.</li> <li>• Non-Medicaid \$ for certain services, potentially including training.</li> <li>• Model similar to Program of Assertive Community Treatment (PACT); team developed model for team-based approach, develop payment, ask for \$ for startup.</li> <li>• State funding for the start up and the ramp up period is projected and requested, as well as those services for Medicaid individuals that are not Medicaid allowable.</li> <li>• State Plan Amendment (SPA) required to make a change – example of this is WISe services.</li> <li>• Directed payments – require SPA and application for directed payment.</li> <li>• Startup \$ - possible match with Medicaid \$ through grant program.</li> <li>• 1115 waiver renewal – working on meeting people’s Social Determinants of Health (SDOH) needs through Accountable Communities of Health (ACH) (next 5-year period); connecting MCOs with ACHs.</li> <li>• Quality care withholds allowable under current plans, through contracts with MCOs, must be reasonable performance goals – can’t be directive (on how).</li> <li>• To certify CMHW/Navigators, will need State Plan Amendment and legislative approval.</li> </ul> <p>Chat:</p> <ul style="list-style-type: none"> <li>• <a href="#">Workgroup 2021 recommendations report</a></li> </ul>

	<ul style="list-style-type: none"> <li>• Recommendations report update coming out in the next 2 weeks, with statements of support for recommendations/initiatives from other organizations.</li> <li>• Another benefit of the directed payment approach may be that these services would not need to be based on a diagnosis or medical necessity, thereby opening up opportunities for prevention or other nimble upstream support for families.</li> <li>• Community Health Plan of Washington has created in 2016 a job description for Community Health Workers.</li> <li>• Community organization reference: <a href="#">Latinos Civic United</a>.</li> <li>• It may be worthwhile to look into using quality funds under Medicaid to set up center(s) to provide training to clinics in integrated care.</li> </ul>
<p>Development of Community Health Workers (CHWs) for mental health for children in King County</p>	<p><b>Dr. Larry Wissow</b>, University of Washington</p> <p><i>See page 4</i></p> <p>Highlights / Q &amp; A:</p> <ul style="list-style-type: none"> <li>• Development of Community Health Workers (CHWs) for mental health for children in King County.             <ul style="list-style-type: none"> <li>○ Role of CHWs covers a lot but the real hope is that we can find people to be cultural bridgers who know the communities they are serving and speak the languages.</li> <li>○ CHWs provide a combination of supports to parents and children.</li> <li>○ How do you find people like this?                 <ul style="list-style-type: none"> <li>▪ Usually natural healers in community, or community known people that are willing to undergo some training for this.</li> </ul> </li> <li>○ What do you train the people in?                 <ul style="list-style-type: none"> <li>▪ Mental Health First aid, behavioral activation, coach the use of self-help, etc.</li> </ul> </li> <li>○ How is daily work supported if they move into the clinical space?                 <ul style="list-style-type: none"> <li>▪ They work closely with licensed clinicians and their job is care coordination and support.</li> <li>▪ They can be referring back to the care plan from counselor, doctor, etc. They are there to bridge the gap, and offer resources.</li> <li>▪ The more they know about the treatment that is being described, the better they can help families access the proper needs and services.</li> </ul> </li> </ul> </li> </ul> <p>Discussion</p> <ul style="list-style-type: none"> <li>• Elevate people for community expertise, educate them on early childhood, children’s MH, without going down licensure pathway.</li> <li>• Past successes – partnerships - ABC dental.</li> <li>• ACH’s are getting waiver funds for BHI and navigation/care coordination – should we try to see if some could be used for pediatric practices</li> </ul>

**Attendees**

Rachel Burke, Health Care Authority  
 Dr. Phyllis Cavens, Child and Adolescent Clinic  
 Megan Gillis, Molina Healthcare  
 Dr. Robert Hilt, Seattle Children’s Hospital  
 Kristin Houser, Parent

Barb Jones, Office of Insurance Commissioner (OIC)  
 Nat Jungbluth, The Seattle Clinic  
 Laurie Lippold, Partners for Our Children  
 Jason McGill, HCA  
 Connie Mom-Chhing, NAMI

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*Children and Youth Behavioral Health Work Group – Behavioral Health Integration subgroup*

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Liz Perez, Community Health Plan of Washington (CHPW)  
Wendy Pringle, HopeSparks  
Sarah Rafton, Washington Chapter of the American  
Academy of Pediatrics (WCAAP)  
Mary Stone-Smith, Catholic Community Services of

Western Washington (CCSWW)  
Cynthia Wiek, HCA  
Willow, Lawrence, University of Washington (UW)  
Michele Wilsie, HCA  
Cesar Zatarain, HCA

## COMMUNITY HEALTH WORKERS FOR RELATIONAL HEALTH ON APPLE HEALTH

The pediatric medical home can advance health equity for families with young children when the health team includes community health workers. A team-based approach, with an integrated community-based lens, is critical to improving children and families' well-being.

Community Health Workers play a critical role in the health of their communities, linking diverse and underserved populations to health and social service systems. Based on their life experiences and roles as health influencers within their communities, Community Health Workers work to reduce social and racial disparities in health care. They can improve health outcomes and the quality of care while achieving significant cost savings. We propose Community Health Workers as an essential part of such a primary care team to advance Relational Health.

Relational Health refers to the quality of foundational relationships between a young child and their primary caregivers, and the capacity of these relationships to advance physical health and development, social well-being and emotional resilience. Relational Health models of care seek to strengthen the bond between children and their primary caregivers during the first years of life to promote healthy social-emotional development and reduce future mental health burden. Social-emotional development is the foundation for all future development and drives better outcomes in all the domains we care about – physical and mental health, cognitive development/learning, forming and sustaining responsive and secure relationships.

Relational Health can flourish only when parents' own mental health needs and families' concrete needs are supported. Creating partnerships between families, community organizations and the pediatric medical home ensures that services are more family-focused, culturally responsive, strengths-based and evidence-based. Supporting this team-based, family centered model is one way for policymakers to dismantle systemic barriers that have prevented families from equal opportunity to the resources and knowledge they need to give their young children the strongest start in life.

Community Health Workers for Relational Health reflect the communities they serve and have shared lived experiences that promote the trust and effectiveness of working with the diverse families of Washington State. Community Health Workers for Relational Health possess critical knowledge of community resources and connections to organizations which can improve health care delivery (i.e. help navigate complex health systems, improve engagement in preventative services) and support families' concrete needs (e.g. food insecurity, housing instability). Sustainably funding Community Health Workers for relational health in pediatric primary care will accelerate health care transformation toward greater health equity.

### BACKGROUND

1. Isolation increases risk. Lack of community engagement and social supports are major risk factors for parental stress and postnatal mortality, and negatively impact the quality of a parent's relationship with their child during the first years of life. The COVID-19 pandemic has further exacerbated this risk.
2. Peer and community supports can help. Knowledgeable individuals from parents' own communities can better engage parents around reflective parenting strategies and problem-solving skills, promote information sharing, and provide needed validation and social-emotional support during

stressful times. Families find it useful to have support from racially and culturally reflective peers, who have children of their own, and share similar socio-economic life experiences. Families often report greater comfort reaching out, calling, or expressing needs to a team-member who is not a highly trained physician, nurse or social worker.

3. Community Health Workers for Relational Health can help improve equity in pediatric health care. Exemplary programs and practices incorporate Community Health Workers as an integral part of the medical home team, serving as a bridge between the practice and the community and as a foundational point of trust and engagement with families and their children from historically marginalized backgrounds.
4. Funding Community Health Workers for Relational Health will maximize our workforce to make a meaningful impact on primary care capacity which is overstressed. Community health workers supporting connection to services is the most appropriate resource for this task – a nursing shortage and maxed primary care workforce mean clinics do not have adequate team members to appropriately support families’ needs.

### COMMUNITY HEALTH WORKERS FOR RELATIONAL HEALTH PERFORM THESE SERVICES:

- **Build trust:**
  - Promote resiliency to strengthen parent-child relationships
  - Act as a bridge between the family, their primary medical provider, and other service providers or agencies.
  - Are typically more accessible to families via phone or text
  - Provide limited case coordination to support engagement in well-child-care
  - Promote positive family relationships and secure parent-child attachment
- **Assess and support family needs:**
  - Support completion of standardized measurements of emotional and relational well-being (e.g. perinatal mood disorder screening, social-emotional development screening)
  - Postpartum resources
  - WIC and newborn resources
  - Insurance coverage enrolling/reenrolling
  - ABA, birth to three referrals, early intervention
  - Identify gaps in preventive services (e.g. vaccinations)
  - Childcare, Child Find, ECAEP, Head Start, school district services
  - Financial, food, housing, employment, legal services, and other social determinants of health resources
- **Provide limited case management:**
  - Facilitate indicated referrals, prioritizing linguistic and cultural congruence
  - Follow-up with family and referral service providers to ensure services have been delivered
  - Document services delivered in the patient’s electronic health record (EHR)
  - Coordinate scheduling for appointments and services
  - Connect with patients after appointments to determine next steps, as needed
  - Collaborate with patients to access primary care or mental health care and address barriers and concerns

- Collaborate with DDA case managers to help families seek resources for children with special needs.
- Follow-up on birth-to-three referrals to ensure connection for children needing early intervention.

## QUALIFICATIONS

- Community Health Workers for Relational Health must have deep knowledge of and relationships with their local communities.
- Community Health Workers for Relational Health must have completed training with an existing health care or behavioral health organization and/or other acceptable training programs identified by the State. This training should include content around perinatal mental health, child development in the first years of life, and promotion of relational health.
- Community Health Workers for Relational Health are non-licensed team members and are supervised by licensed providers.
- Community Health Workers for Relational Health must have sufficient cultural competency to serve the diverse families of Washington state, often specific to the community they are serving.

## ADDITIONAL CONSIDERATIONS

- Identification of minimum training requirements.
- Development of ongoing training opportunities to promote retention and career development.
- Infrastructure:
  - Reflective supervision, learning communities, professional preparation for health promotion.
  - Prevention, and early intervention during the perinatal period (e.g., peer counselor directly supervised by a mental health professional, peer support groups, etc.).
  - Decrease isolation and promote peer support, collaboration, and retention by funding two positions per site.
  - Opportunity for collaboration with behavioral health integration efforts.

## REFERENCES

1. Garner A, Yogman M. Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health. *Pediatrics*. 2021;148(2):e2021052582.
2. Schor EL, Bergman D. Pediatric Preventive Care: Population Health and Individualized Care. *Pediatrics*. 2021;148(3):e2020049877.
3. Community Health Workers. Washington State Department of Health. Accessed October 1, 2021. <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/CommunityHealthWorkerTrainingProgram>