Notes

Children and Youth Behavioral Health Work Group – Behavioral Health Integration (BHI) Subgroup

April 10, 2025

Glossary of Terms

ARNP: Advanced Registered Nurse Practitioner
CHW: Community Health Worker
CYBHWG: Children and Youth Behavioral Health Work Group
MHP: Mental health professional
W&R: Workforce and Rates subgroup

Meeting Topics

Washington Thriving: Updates & Cohesion
Review and Discussion of Input To-Date
Next Steps & Wrap Up

Discussion Summary

Washington Thriving: Updates & Cohesion

1. Julia Kemner (Behavioral Health Catalyst) discussed Washington Thriving and its relationship with the Children and Youth Behavioral Health Work Group (CYBHWG), including the following (see slides for more detailed information):
    a. A review of Washington Thriving – the effort to develop a statewide prenatal-through-age-25 behavioral health strategic plan, due to the Legislature on November 1st.
    b. Current context around the constrained fiscal environment, and federal and local administration and policy changes.
    c. The proposed approach for the CYBHWG's priority this year – to provide input to and approval of the P-25 Strategic Plan.
    d. The preliminary session goals:
        i. Identifying and narrowing the BHI subgroup scope to focus on the highest priorities
        ii. Identifying opportunities for expanded community engagement to inform the development of inputs to Washington Thriving
    e. The goals for the year:
        i. Contributing 1-3 key BHI issues critical to the P-25 Strategic Plan
        ii. Identifying other continuing and urgent issues to be considered as overarching recommendations or support items of the CYBHWG
    f. An overview of the 2025 subgroup process and timeline.
    g. An overview of the Strategic Plan framework, including the services and supports that will be provided, and drivers and enablers of the system.

h. A review of the structure of the Strategic Plan, which includes a number of recommendations and sub-recommendations under 7 categories for behavioral health system improvement.
i. Key themes emerging for BHI-specific Strategic Plan recommendations include the following:
    i. Expanding integrated primary care as the foundation of a coordinated, tiered system of care
    ii. Implementing integrated care to reduce fragmentation of services for families whose children have co-occurring needs
    iii. Implementing universal early screening and supports at the onset or early stages of symptoms with appropriate technology/protocols
    iv. Establishing a system of measurement/outcomes for behavioral health integration quality assurance, scale and implementation modeling without creating heavy administrative burden
    v. Increasing access to and capacity of diversified cross-system navigation supports
    vi. Strengthen cross-system coordination between pediatric care, families, community supports, and schools

Review and Discussion of Input To-Date

1. Subgroup leads reviewed the following (see slides for more detailed information):
    a. The core assumptions about BHI in primary care for children, teens and families.
    b. The process for stakeholder interviews that occurred in March and early April to inform top recommendations to advance BHI, inclusive of exploring barriers, potential outcome measures, and regional & cultural attunement.
    c. Foundational BHI concepts and common themes that emerged from these interviews.
2. Subgroup leads facilitated discussion surrounding the input that was received from stakeholders. This feedback and associated subgroup discussion are noted below by topic area:
    a. Stepped Care Model:
        i. It is important to focus on early, targeted, brief, evidence-based treatment, which includes:
            1. A full continuum of services, with a special focus on prevention
            2. Secondary prevention/early intervention for multi-faceted subthreshold problems that don't have a place in the mental health care system but strong possibility of evolving into diagnostic-level problems
            3. Helping families address social drivers of health and mental health
            4. Brief and targeted treatment for focused problems, and support for addressing subthreshold symptoms as/before they emerge
            5. Evidence-based care: Technical assistance and guidance for clinics needs to be embedded in what truly works
            6. Coordination between primary care and specialty care, and integration with the larger mental health system
        ii. Discussion on this topic included the following:
            1. Early engagement should occur in the primary care setting (or another known setting) to encourage better buy-in for the higher steps in the model.

2. Concerns about workforce capacity to provide pre-diagnostic care when there are existing workforce shortages at the diagnostic level, potentially mitigated by the fact that early intervention may be less intensive and lead to less need for care at the diagnostic level.
3. It is important to account for efficient and equitable access to these supports and services, which may include:
    a. Coordination with families about where they would want to receive supports (such as groups, navigation support) and how/where educational support and early intervention should be provided (e.g., preschool, school)
    b. Coordination with existing preventive efforts addressing access disparities, such as Akin family resource centers, where primary care capacity can't meet the need.
4. It is important for families to feel safe with providers, especially for BIPOC and immigrant communities.
5. The need for "closed-loop" communication for behavioral health issues, similar to other referrals for specialty care.
6. The need to connect behavioral health providers with shared electronic health record systems (EHRs).

b. Team-Based, Family-Centered Care:

i. True team-based care is vital – where every member of the team is equally valued, respected, and part of the care – allowing families to have support from a variety of professionals as they need it.
ii. Community Health Workers (CHWs) are vital to navigating the complex health care system and teaching families how to utilize care appropriately.
iii. Family-centered approaches in primary care are key, including CHWs, navigators and peers.
iv. Discussion on this topic included the following:
    1. Team-based care should be the standard of care, rather than a "nicety"
    2. A recent report on transforming child and youth health care from National Academies, related to behavioral health integration within the broader perspective of transforming the broader care system for children and families.
    3. The need for a larger conversation about how to coordinate with other-regulated entities, such as behavioral health screening and prevention, promotion, and service provision in schools.
    4. Community hubs, which largely focus on CHWs in settings outside of primary care (at this time), such as churches and other community-based organizations – as well as the uncertain future with federal funding for hubs.
    5. The need to discern where CHWs should be located and how to integrate them into the care team.

c. Supported Workforce:

i. There is a need for support for a diverse care team, including CHWs and mental health professionals (MHPs) to reduce isolation. This could be done through

pairing, ensuring a backbone organization, or creating networks for folks doing integration to work together.

ii. There are tools that are effective and easy to implement to support clinics and build sound care.
iii. There is a need for more support for care coordination and navigation.
iv. The system needs more child psychiatrists and Advanced Registered Nurse Practitioners (ARNPs) trained in behavioral health.
v. Discussion on this topic included the following:
    1. The need to support behavioral health professionals in ability to do brief interventions within practices or in the local community to allow therapists to see more new patients.
    2. The need for supportive care coordination roles as part of a care team, including CHWs to help connect families to services and referrals, and behavioral health care managers who can do fast evidence-based treatments prior to stepped up care with a therapist.
    3. The difficult balance between expanding the roles of CHWs within behavioral health care and ensuring people are comfortable and trained to do the work.
    4. Ensuring that people in supportive care roles are supported as well – and applying appropriate scope and clarity to roles.
    5. The need for BHI to connect to the Workforce and Rates (W&R) Subgroup and look at other examples of interprofessional education on role clarity and connection.
    6. The potential for a liaison that can connect families across resources, services, and clinics to make initial contact with the right people/places for the next steps in care.

d. Financing:

i. There are upfront costs to get integration underway.
ii. It is a reality that value-based care may be necessary to fund the care team, with incentive payments to encourage practice to implement key aspects of integration.
iii. There must be pay and pay-incentives for team-based care (such as CHWs and child psychiatrist roles).
iv. There is not a clear understanding how to finance BHI – there is a need for technical assistance for payers.
v. Discussion on this topic included the following:
    1. There are practices that understand the value of this work, but have no runways to hire or train CHWs, set up billing codes for collaborative care codes within the revenue cycle, or other details required to get a practice running.
    2. The need for financing at the correct and sustainable level of work.
    3. The hub model could provide a potential solution – providing people who have expertise in setting up clinics and could be deployed to help practices in this process.

4. Financing technology to establish registry, billing and EHR systems is vital across all recommendations.

Next Steps & Wrap Up

1. Next BHI Meeting: May 6, 2025, at 1pm.
2. Subgroup members should continue to reflect on the Summary of Input and Shared Model document that was sent via email and begin thinking through the key components of recommendations this subgroup will be making for the strategic plan.