



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

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June 3, 2025

### Glossary of Terms

B&O: Business and Occupation

CHW: Community Health Worker

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment

HCA: Health Care Authority

MCO: Managed Care Organization

PAL: Partnership Access Line

### Meeting Topics

BHI Overview for Washington Thriving

Identify intersections of BH integration with topline Strategic Plan Recommendations

Next Steps & Wrap Up

### Discussion Summary

#### BHI Overview for Washington Thriving

1. The group provided feedback on the document that was shared as a pre-read. This document is a first draft of what the BHI subgroup will submit to Washington Thriving as input to the Prenatal-through-Age-25 Behavioral Health Strategic Plan.
  - a. Discussion of the definition of Behavioral Health Integration (BHI) included:
    - i. Appreciation for the description of BHI being family-centered / person-centered.
    - ii. Consensus on the importance of including “family” as a member of the care team in the definition of BHI
    - iii. Feedback given about including language on how current state (siloed systems, siloed funding) negatively impacts care.
  - b. Discussed how primary care would ideally be a constant for families, though this is not the case (widely) today. There is a need for sustainable funding for navigation and coordination role in primary care.
  - c. Discussion on how the existing Washington State Medicaid “Health Homes” program and broader context of the medical home could be used as an example for BHI in regard to the multidisciplinary collaboration between providers, families, and caregivers. The medical home model aligns with state-level Maternal and Child health goals.
  - d. Feedback to describe all children as having behavioral health needs for healthy growth and development.

#### BHI in the P-25 Strategic Plan

1. The group briefly discussed how integration of behavioral health into pediatric primary care relates to the emerging recommendations in the “first imperative” of the P-25 Strategic Plan, which focuses on infrastructure. Topline emerging recommendations, thus far, include:



- a. System Infrastructure: What structures, powers, and guides the system
  - b. Comprehensive Offerings: What the system will offer, where and how offerings will be provided
  - c. Embedded Principles: What core values frame and unify the system
2. Discussion points that came up through the presentation of the emerging recommendations
  - a. Sustainable Funding: Discussed challenges in integrating funding sources and sustainable payment models, with a goal of achieving more holistic, value-based payment.
  - b. Also discussed the financing currently possible in Washington state Medicaid which offers a strong foundation for Behavioral Health Integration, including Collaborative Care, new codes for Community Health Workers and health related social needs, and increased payment for BH screens.
  - c. Group consensus that BHI needs to provide both time-limited, goal-oriented treatment as well as strong care coordination for varying services and needs for children who may need specialty care and for families with health-related social needs.
  - d. Early Intervention and Prevention: Highlighted the significance of early support, particularly in perinatal and early childhood development phases.
  - e. Dedicated Navigators / Community Health Workers: Identified the role of dedicated navigators / community health workers in helping children through key milestones and transitions.
  - f. Community Challenges and Opportunities: Experiences shared by a parent with the challenges faced in accessing resources and services for children with disabilities and the critical importance of primary care clinics understanding available services and resources appropriate to patients' unique needs.
  - g. Highlighted the necessity of correct diagnosis for providing effective care.

## Next Steps & Wrap Up

1. Next BHI Meeting: June 17, 2025, at 1pm.
2. Subgroup members should continue to provide feedback on the BHI Input to WT document—which provides supportive information for each input to the Strategic Plan.
  - a. The main inputs the subgroup should provide for Washington Thriving are the following:
    - i. A cohesive narrative description of integrative care.
    - ii. What it will take to actualize the subgroup's highest priority components.
    - iii. What pathways can be established to make these components part of an inherent and sustainable mental health care system, that is able to transcend fluctuating budgets and decisions each session.
3. A discussion will be led on significant gaps and further insights provided on BHI for kids in the following areas.
  - a. Developmental
  - b. Multigenerational
  - c. Caring for children with significant BH needs