Behavioral Health Integration (BHI) Subgroup

April 30, 2024

Glossary of Terms

CHW's – Community Health Workers

CYBHWG – Children and Youth Behavioral Health Work Group

Meeting Topics

- Grounding in BHI subgroup history, mission, and vision
- Landscape of BHI
- 2025 Session
- Look-Ahead: Planning a map to session

Grounding in BHI subgroup history, mission, and vision

BHI History

- BHI is a subgroup of the CYBHWG
- The Behavioral Health Integration subgroup was formed in 2021 to respond to the large unmet need for behavioral health services early on when children and teens first present with needs.
    - Primary care clinics can identify behavioral health issues early in a child's life and provide effective treatment before problems become more severe.
- There was a consensus within BHI subgroup that behavioral health integration, which embeds behavioral health counselors in primary care clinics and provides a team-based approach to care actively involving the primary care provider, is an effective means of leveraging scarce behavioral health resources to provide such early identification and treatment.

BHI Mission

- Support the implementation of integrated care for children and youth in Washington State to promote behavioral health and early identification and treatment for behavioral health issues.
- Support the development of best practices in integrated care for children and youth with consideration of national and local, culturally-appropriate, evidence-based practices.
- Identify barriers to implementing integrated care in WA State and create equity-centered policy recommendations to remove barriers.
- Support the development of an integrated system of care, in which primary care is foundational and helps ensure that behavioral health care is accessible, effective, and patient and family-centered.

BHI Vision

- Create an integrated system of behavioral health care for children and youth in Washington State that is:
    - Sustainably funded.

    - Accessible in primary care, in an environment that is free from stigma and promotes engagement with children, youth, and families.
    - Coordinated with other providers of behavioral health care, including behavioral health centers, schools, and hospitals.
    - Supportive of a diverse and well-trained workforce.
    - Considerate of relational needs of children, youth, and their families.
    - Able to provide adequate and evidence-based care for children and their families, beginning in early childhood.
    - Advancing equitable services and outcomes for the most under-resourced and historically marginalized communities.
- Consider: What do we want for children, youth, and families?

Comments

- Would love to see more support for families, especially girls, in their journey through mental health and diagnosis; it is important that someone is seeing these little girls and getting them help.
- School aged girls may have more internalized behaviors that aren't recognized as quickly and may be overlooked if not overt.
- We can't assume that integration in primary care is working for BIPOC communities; even if the literature says primary care is beneficial to groups with stigma.
- We don't have good supervision for trained therapists. People are working isolated.
- Still fighting to convince people that we can't just apply an adult model. People taking this on are reinventing the wheel by themselves.
- Young providers straight out of college don't know how to set boundaries. Has to do population health; can't do what Hope Sparks is doing.
- Early intervention; youth mobile crisis team helps prevent staff from feeling isolated; we lose money in our pediatric clinics, but it's the right thing to do.

Landscape of BHI

- There are three forms of integrated care
    - Co-location
    - Co-management
    - Full integration

2025 Session

- Address clinical supervision rates (including mental health rates) and opportunities.
- Workforce issues fundamental to BHI.
    - When you don't have enough workforce, you compromise fidelity.
    - We do not have enough providers, need more in rural areas and for BIPOC populations.
- CHW's will be a priority for this session to keep increasing the Therapist role with appropriate supervision.
- Possibly look at kids in the "wrong" settings.
- Investigate the process for those where pediatrics, or primary care settings are not the best access point.
- Frame recommendations this year in the context of continuum of care/stepped care:
    - Workforce ratio

- Supervision
- Communication across settings

Look Ahead: Planning a map to session

- As we look ahead to the 2025 session and the BHI recommendation process, we have key target dates to keep in mind.
  - Draft recommendations are due by August 28th and will be shared at the September 5th CYBHWG meeting.
  - Final recommendations are due October 1st and will be shared at the October 14th CYBHWG meeting.
- CYBHWG timeline shared with attendees.