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

June 18, 2024

Meeting Topics
- First Approach Skills Training – Early Childhood Program (Nat Jungbluth, Cindy Trevino, Seattle Children's)
- CHW State Plan Amendment (Chris Chen & Christine Cole)
- And G0136 code for Health-Related Social Needs Risk Assessment
- Developing workforce & rates priorities

Discussion Summary

First Approach Skills Training – Early Childhood Program (FAST-E)
Nat Jungbluth, Cindy Trevino & Erin Gonzalez, Seattle Children's

For additional information, see presentation or contact presenters.

Presentation touched on:
- Early childhood program is the most recent addition to FAST; FAST has ongoing funding through Partnership Access Line (PAL).
- FAST takes evidence-based strategies and best practices and distill them into brief porgrams that are easy to learn and deliver and are adapted to relevant care setting.
- A range of programs focused on developing early relational health have been integrated into the FAST early childhood program.
- The modules that are part of the workbook, organized as a roadmap that follows the parent's journey.
- It is challenging to bill for services without a diagnosis. There is a crosswalk from the DSM[1] to the 0-5 population that providers can use to diagnose; but diagnosis isn't always appropriate at this stage of life.

Discussion touched on:
- The assessment process through with funding gets allocated to FAST programs each year from the state and from commercial insurance.
- The need for coordination in pediatric primary care and the lack of funding for this function.
- The frustration of having to diagnose to bill, when we want to avoid premature diagnosis.

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[1] DSM: Diagnostic and Statistical Manual of Mental Disorders

- The importance of establishing medical necessity, even if not a diagnosis; there is a relationship specific disorder within the DC 0-5[2] that recognizes when an issue is specific to the caregiver-child relationship.

CHW State Plan Amendment and Code for Social Needs Screening
Chris Chen & Christine Cole, Health Care Authority (HCA)

For additional information, see presentation or contact presenters.

Presentation touched on:
- Screening proviso that includes social determinants of health (SDOH) assessment and the timeline for rollout (January 2025).
  - There will not be a mandated tool; folks will be asked to use standardized risk assessment tools, of which there are many.
  - There is a lot of definition in the billing code to be referenced; the basic definition is "administration of a standardized evidence-based social determinants risk assessment tool that's been validated through research.
  - Discussion touched on whether subsequent social determinant assessments and other resulting services will be paid for; across the board, screening rates are being increased; there is not a differential for whether the screening is positive or negative.
- CHW benefit
  - Grant was extended from Jan 1 to June 30, 2024.
  - Program evelution is in progress.
  - Aiming to have the Apple Health CHW benefit in place before grant funding works out.
  - Other states' coding isn't suitable for our case because of licensing differences; HCA did a review of all codes globally to identify appropriate codes for our case.

Initial discussion of BHI priorities related to workforce and rates
- Subgroups will have an opportunity to share any workforce and rates related recommendations with that subgroup for their support in developing them further.
- BHI leads already identified two, one of which is fee for service rates
- Concern was raised about community behavioral health losing staff to other settings; are we just moving the deck chairs? Or actually increasing workforce capacity?
- EHRs make it difficult to share staff across different settings
- Can there be a prototypical model for community behavioral health like there is for schools?

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[2] **DC 0-5**: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood