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## Bree Collaborative | Behavioral Health Early Interventions for Youth

August 14<sup>th</sup> 2024 | 8-9:30AM

Hybrid

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### MEMBERS PRESENT VIRTUAL

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Terry Lee, MD, Community Health Plan of Washington (Chair)  
Diana Cockrell, MA, SUDP, HCA  
Katie Eilers, MPH, MSN, RN, DOH  
Brittany Weiner, MS, LMFT, CPPS, Washington State Hospital Association  
Santi Wibawantini, LMFT, CMHS, Kaiser Permanente (KP)

McKenna F Parnes, PhD, UW Department of Psychiatry and Behavioral Sciences  
Jeffery Greene, MD, Seattle Children's  
Sarah Rafton, MSW, WCAAP  
Thatcher Felt, MD, Seattle Children's  
Wendy Skarra – for Christine Cole HCA

### STAFF AND MEMBERS OF THE PUBLIC

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Beth Bojkov, MPH, RN, Bree Collaborative  
Emily Nudelman, DNP, RN, Bree Collaborative  
Karie Nicholas, MA, GC, Bree Collaborative

### WELCOME

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Beth Bojkov, Bree Collaborative, welcomed everyone to the Behavioral Health Early Intervention for Youth and provided an overview of for the meeting. Beth welcomed a moment to approve the minutes from July.

**Motion to approve July meeting minutes:** motion approved.

### EXPANDED CAPACITY ROLES: BEHAVIORAL HEALTH SUPPORT SPECIALIST AND COMMUNITY HEALTH WORKERS

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**Behavioral Health Support Specialist Role:** Beth and Terry discussed the new role of Behavioral Health Support Specialists (BHSS) in Washington state, highlighting its focus on providing brief evidence-based interventions for behavioral health conditions, particularly anxiety and depression. The role is designed to expand workforce capacity and is being developed with a competency framework and curricular resources by the University of Washington. The healthcare authority is also working on ensuring services are supported under the Medicaid state plan.

### Comments/Questions

- Sarah: Will there be training specific to child and adolescent needs? Lots of confusion about multiple roles, need to be cognizant of how these roles are different. Community behavioral health is better set up to support ambiguous roles, but I'm a proponent of expanded roles and support staff.
- Brittany: BHSS is going to have tons of support in community BH, but in our settings it's going to be tough. Do we know if there's potential reimbursement?
  - Terry: Not determined yet?
  - Brittany: peers are super underutilized in settings, and having really clear billing pathways for BHSS would help bridge the gap

- Terry: peers could be part of the discussion as well, both for this group and other discussions it keeps coming up that we need to have other pathways for people to become licensed to provide care
- Sarah: Sarah Walker has been working on wellness specialists in community mental health and reimbursement for that, but that isn't relevant to the settings we're talking about
- Thatcher: Are there other issues upstream that the behavioral health support specialist can address things like behavior problems, bullying etc?
  - Terry: for now they are starting with anxiety and depression, and focused on integrated care but idea would be to develop these positions, and curricula for children and adolescents
  - Sarah: when a child doesn't merit a diagnosis, we should not diagnose them and maybe family doesn't want a full assessment, they just want some tools and coaching, but that's not worth the squeeze for the provider, so there's a gap in our system.
  - Terry: the intervention would be parent management training, is there a way to provide the group or even individual coaching before crossing this arbitrary line of being diagnosed? This we should call that out in this report
    - Thatcher: We have a BH consultant where I work, if they could see families before a diagnosis that would be great
    - Beth: Does that have anything to do with the EPSDT benefit?
      - Sarah: Could look into that, but with the way we pay for healthcare, the physician needs to move on to the next patient, and money is nowhere near as good as seeing a new patient. Many BH staff rely on a diagnosis to be paid
- Terry: makes me think we have a lot of people in the school systems that have embraced a multitiered system preventative approach, is there any comment?
  - Denise: Schools are using multitiered systems of support, still working on getting those evidence-based practices instilled. Kids should be identified and receive services in targeted groups if they are showing behavior issues. With the expansion of the affiliated counselor role we're able to bring in more staff where before we were limited to masters level staff who could diagnose.
  - Terry: plan right now is for the affiliate and associate counselors to be more limited to BHAs but expand into primary care eventually
- Terry: Several countries have a public health tiered approach to mental health interventions, anywhere from universal to targeted to selective.
- Katie: in line with the Medicaid expansion proposal to support prevention and even home visiting type care, and some of us may want to comment on the rule for the definition of behavioral health to include more upstream work

Community Health Workers (CHW): Beth transitioned the group to discussing the role of community health workers in extending the workforce. Beth reviewed the PARENT intervention study where investigators in Washington tested the effectiveness of an intervention whose core component was using a team-based model of care with community health workers as a sort of coach or health educator. They found receipt of anticipatory guidance, psychological screening, developmental screening and patient reported experience of care improved. Sarah briefly reviewed the pilot for CHWs, there are roles in over 30 clinics and for several tribes.

- Sarah: Medicaid agency is working on a state plan amendment right now, should be released imminently for our comment, working on applying to the federal government that it should be a Medicaid benefit. The role folks are playing is two-fold – being a connector to get families into

behavioral health care services and to keep families engaged. Something we are worried about is the rate being offered not covering the salaries needed.

- Thatcher: community health workers is an awesome model, for clinics that already have a BH consultant, what role do you see CHWs having, and not duplicating efforts?
  - Sarah: Split the work a bit based on a tiered system, so licensed SW can work on the complex things like navigating the child welfare system and the CHW can help support those coordinating roles like tracking down teachers/parents or supporting them through FAST tools, etc
  - Terry: what sort of qualifications are being considered for these positions?
    - Sarah: had many discussions, been very clear not to overprofessionalize, DOH has lots of information available for CHWs but its not a certified position. Org formally known as Child Haven has helped develop these roles previously
    - Katie: workforce has made it super clear they don't want to be credentialed. As we think about reimbursement for CHWs we have to think about them in two different spaces: clinic and community.
- Santi: Curious about starting a program for parents and caregivers even during pregnancy or after birth about attachment and coregulation because children learn regulation from their parents or caregivers, and providing psychoeducation early on can help prevent issues, also in social media and screen use
- Thatcher: There's great evidence out there especially on screen use and kids under 4, how impactful that can be on behavioral dysregulation later on, social media game issues are topics that are often discussed in well visits
  - Sarah: number one thing with teens is sleep hygiene, and device management around that. AAP is working on regulations to make social media a safer space for teens, and
  - McKena: I do some research on social media and have been talking with lots of peds providers at children's, there seems like there's space for routine follow up visits for having conversation with kids about these issues,
- Beth: were any CHWs part of School based health centers?
  - Sarah: no, that is emerging though, King County is going to be pursuing CHW in school based settings coming up

## REVIEW DRAFT GUIDELINESE

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Beth transitioned the group to begin reviewing the draft guideline document. The draft guidelines are meant to be core components/actions that we want audiences to act on..=The following comments were made:

- Make sure our language on CHW reflect the HCA's language
- Thatcher: ADHD is not universally screened for, it's addressed when the issue arises
  - Brittany: Is there a conversation about moving towards more universal screening? Know many were being missed
  - Thatcher: we don't have a universal screening tool for ADHD outside of the diagnostic tool, it's based on individual parent concerns
  - Terry: think we could research this a little more, concern becomes how sensitive and specific to tools are for identifying these things. For trauma, we screen for exposure but that's different than symptoms of PTSD.
- Thatcher: we have a lot of great information here, but it's a lot to do in the 20 minute visit. Think it would be good to identify what we expect to happen in the visit versus what can happen at other times. Otherwise it will get very overwhelming and not feasible for providers.

- Sarah: I want to figure out how we can reflect a stair step in this document, like the kids we were talking about earlier not needing a diagnosis but needing some coaching support not treatment, when I see at a minimum provide brief intervention, to me that means a small course of therapy.
- Thatcher: need to make a concerted effort to utilize early preventative measures because they are so effective at preventing problems later on

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Beth invited final comments or public comments, then thanked all for attending. At the next workgroup, the group will review the theory of change for the report and guidelines and review the next version of the draft together.

#### **Upcoming events:**

- Aug. 22nd 12-1:15 PM PT– Learning Lab: Pre-diabetes Care Pathways to Connect Patients with Community Support Webinar
- Sept. 11th 12-1:30 PM PT – Catalyst for Change Webinar Series: Navigating Barriers and Sustaining Health Equity Amidst Transformation
- Sept. 17th 12-1:30 PM PT – Learning Lab: Nurturing Bonds – Solution to Integrating Newborn Administrative Day Rates for Parent-Child Well-being

The workgroup's next meeting will be on **Wednesday, August 14th, 2024 from 8-9:30AM.**