**Summary YBH Public Comments**

General

* Definition of BH is too narrow, Children’s BH is developmental and symptoms include behaviors that may not be included within scope of MH and substance use disorders
	+ Rewrite using the following definition of behavioral health from the Washington Thriving work of parents, youth and provider stakeholders over the last 6 months:
	+ **Behavioral health involves the interaction between a person’s body, brain, and the people and places around them and includes the feelings and actions that can affect one’s overall well-being.**
		- Behavioral health can:
			* Impact how a person relates to and interacts with their families and communities and maintain long-term positive relationships that are vital for well-being
			* Affects a person’s physical body and overall well-being in the same way that a short-term or long-term illness might
			* Stem from many things, including the stress and trauma they have experienced or experiencing or challenges with substances or other ways of coping that get in the way of overall well-being
			* Can include a broad range of diagnoses and can change or be exacerbated by lack of intervention
			* Coincide with other things, including the impacts of communities’ being under-resourced, homelessness, disruption of schooling, challenges finding employment, and youth being at risk of incarceration. These other things can be both a “cause of” or “result of” behavioral health challenges
* Recognize that we are model agnostic up front, but there is a lack of integration with integrated care frameworks, common approaches to integrated care are all in WA, PCBH and Collaborative Care

Background

* Highlight that primary care should not be expected to be the sole provider for youth experiencing severe mental health or substance use concerns
* Request to include behavioral addictions or just addictive disorders in general
* Call attention to other evidence of early developing behavioral health concern such as sleeping difficulties, school issues, stomach aches, language delays, etc and incorporate into screening recommendations
* Early psychological educational assessment in school settings
* Lack of literature on integrated care, WA providers are ahead of just screening, brief intervention and referral – add literature around BHI

All organizations

* Work together to better integrate services

Primary Care

* Incorporate other screenings for young children? Not specific about what other screening they are talking about
	+ Vanderbilt, SCARED, SMFQ – screening for children under 12,
* More detailed description of a comprehensive assessment and what that entails for pediatric primary care providers
* Emphasize ADHD/Disruptive behavior and/or neurodivergent patients more, many children come to PCP failing out of school and struggling to manage behaviors (FAST B)
	+ More interaction with IEPs and emphasis on collaboration with school
* Further emphasis on cognitive and behavioral health developmental milestones and how to assess them in pediatric primary care setting
* Consider inquiring about school-based assessments of psychological educational assessments
* Have licensed mental health counselors who know how to work with children and parents on staff, teach how to appropriately respond to suicidal/homicidal/sexually abused youth and other youth in crisis
* Reference Bree BHI recommendations, Primary Care learning modules and collaborative care guide developed with Healthier Here Funding; screen and refer approach is outdated compared to where we are as a state on integrated care
* Medication management should never be prescribed without accompanying behavioral health parenting, executive functioning skills

SBHC

* Clear guidelines with use of releases and privacy etc.
* All staff, children and their parents need to learn how to identify and respond appropriately to triggers, cues and sequences and using a self care plan that includes mood management skill (if families feel comfortable sharing care plan with the school, that is fine)
* Direct link between the health center and the IEP team in assessment process *(Section 504) if kids are getting extra support social emotional behavioral support in school, whether or not families should be comfortable sharing care plans*

Health Plans

* Difficult for health plans to reimburse for services provide by a non licensed professional – pathway would be for state agencies to mirror the steps taken to certify peer support specialists for CHWs to allow for health plan reimbursement
* Isn’t possible for commercial plans to bill for services without being assigned to specific dependents or members – may be some potential for health plans with alternative payment models to make this work but appreciate that the recommendation is around “exploring”
* Since SBHCs are often larger organizations coming into school settings, they have negotiated contracts with health plans that provide them certain rates already – no guarantee that raising the rates would be funneled back into the school setting systems. Not standard to charge different amounts based on physical location. SBHCs have access to the same premier commercial rates as negotiated by their provider organizations (e.g., Seattle Children’s or Swedish)
* Practices can only use the Collaborative Care Codes if they are meeting the Collaborative Care Guidelines outlined in WAC – maybe change to “incentivizing providers to provide collaborative care?”
* Health plans should be paying for early screenings to identify developmental issues that impact learning and social functioning

State Agencies

* Why support ESDs and SDs over established BH agencies? – maybe need to make clear that this report is in addition to existing BH agency work?
* Include feedback from people these agencies serve to improve services rendered

Schools

* Lack of mention of school based psychological educational assessments

Measurement

* Graduation rates should be included as a measurement relevant to the BH field
* Several suggestions for additional measures (PROMIS)

Technology Section

* Additional comments should be made about video games
* More psychoeducation about sleep hygiene and helping parents understand impact with guilt and shame