**Bree Collaborative | Behavioral Health Early Intervention for Youth**
January 10th, 2023| 8-9:30AM
**Hybrid**

**MEMBERS PRESENT VIRTUAL**

Terry Lee, MD, CHPW (**chair**)
Sarah Rafton, MSW, WCAAP
Christine Cole, IECMH, HCA
Sally McDaniel, Greater Lakes Mental Health
Thatcher Felt, DO, YVFWC
Jeffery Greene, MD, Seattle Children's
Margaret Soukup, Youth, Family and Prevention Manager, DCHS, Behavioral Health & Recovery Division
Brittany Weiner, WSHA
Christine Cole, HCA
Linda Coombs, United Healthcare
McKenna Parnes, UW CoLab
Santi Wibawantini, MA, LMFT, CMHS, KP Everett
Nicole Hamberger, SWACH

**MEMBERS PRESENT IN PERSON**

Kevin Mangat, Multicare/Navos

**STAFF AND MEMBERS OF THE PUBLIC**

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GC, Bree Collaborative
Ginny Weir, MPH, CEO, Foundation for Health Care Quality
Shelby Weidmann, WSMA Policy Analyst

**WELCOME**

Beth Bojkov, Bree Collaborative, welcomed everyone to the first Bree Treatment for OUD Revision workgroup. Those present introduced themselves, their organizations, and their current experience with youth behavioral health.

**DISCUSS: BREE BACKGROUND AND WORKGROUP PROCESS**

Beth introduced the Bree and the workgroup process. The Bree Collaborative is a program of the Foundation for Health Care Quality. The Bree was established by the state legislature in 2011 in response to health care services with high variation and utilization that do not produce better outcomes. Each year, Bree members (drawn from public and private healthcare stakeholders) choose three to four topics to develop recommendations. Behavioral Health Early Interventions for Youth is one of three topics for 2024.
The workgroup will meet monthly throughout 2024 to define the purpose and scope, identify focus areas, review existing guidelines, . The report will include recommendations for specific health care stakeholders and will be sent to the WA Health Care Authority. The workgroup must follow Open Public Meetings Act regulations. This includes workgroup member training and conflict of interest disclosure.
Following the presentation, Beth opened the floor for comments, but there were no questions.

**PRESENT& DISCUSS: WORKGROUP MEMBERS AND SCOPE**

Beth opened the brainstorming conversation with a discussion on additional stakeholders to consider inviting to participate or speak:

- Some additional stakeholders to consider for participation or inviting to speak, including:

- UW SMART Center
- Youth with lived experience
- Madrona Recovery Center
- Emergency Departments
- DDA
- Child Welfare
- Children's Advocacy Center WA

Beth asked for contact information for individuals to ask for participation or to invite to speak. Beth then provided. Beth then reviewed potential focus areas, including focusing on high risk populations, narrowing own on age ranges,

- Terry: School settings play an important role, want to lean on areas where people interact with kids, also want to consider where do parents go when they need help or where we can connect with parents where they can easily turn for help
  - Age range: thinking of early childhood, glad to have some representation; also research on different transition points such as school transition elementary to middle and middle to high school
  - With identification we of course need a range of services to refer kids and families to, and there's been efforts to increase access but we need further growth
- Sarah: understanding is that our job is to find evidence-based or evidence-informed strategies for all these buckets?
  - Terry: that would be ideal, but of course for some areas there are not evidence
  - Sarah: keenly interested in expanding mental health therapists/professionals trained in evidence-based time-limited interventions for relational health (attachment) and most common needs seen in school age children so workforce is using what works
    - Group of psychologists at Seattle Children's – it works
    - What part of these interventions can lay people deliver? How can we safely prepare non-professionals to support children and families. E.g., parenting tip sheets
    - Behavioral Health Council says there are 30% vacancy rates
- Kevin: Really important to pilot these techniques in schools – Emily supports translating the report and guidelines into practice
- Emily: if there are promising practices relevant to different cultural groups, we can try our best to incorporate that, but members are mainly interested in evidence-informed recommendations
- Karie: some ideas of pilot studies are good things to put into a logic model, as the mechanism of change, how do we expect change to happen. Thinking about those ahead of time are not inappropriate but might consider
- Terry: other states and other countries that developed systems for early intervention, not waiting for things on the deep end – potentially looking at other systems that have thought to take an early intervention/public health approach to these needs
- Margaret: at king county been doing school based SBIRT for last 5 years through best starts for kids local funding, screened over 40,000 students, half gotten services, had really good outcomes, anxiety and depression are the most prevalent, been in high schools for the last year
  - We've set up multitiered systems of support, worked with SMART center as well, it's not just one thing sometimes they need telehealth
  - Lots of risk politically talking about what we're talking about
  - Recommended practice in Children's Health Alliance

    - Seattle public schools don't have mental health therapists doing brief intervention, motivational interviewing works really well
    - Prevention and early intervention dollars are rare so had to start this program locally
    - Cari McCarty, PhD with Seattle Children's Research Institute
- Jeff: wanted reiterate importance of telemedicine, stress the importance of expedited treatment, decreasing gaps between diagnosis and treatment; there were some pluses to the pandemic pushing telehealth forward. Improving follow-up needs a lot of focus, may be prescribed but lost in transition. Asking patients and families to commit to the treatment plan can be overwhelming, so telehealth is so important to make it more accessible.
- Thatcher: telemedicine has been critical in his practice setting, it is better to have people in person, but should have it as an option.

**PRESENT: EVALUATION PLANNING**

Beth turned it over to Karie, highlighting that the group will be developing tools concurrently with the workgroup to determine how to measure the workgroup's report and guideline's impact in Washington state. Karie will develop a scorecard that will be used to evaluate organizations in Washington that implement these guidelines. We want to make sure we understand what outcomes we are hoping to see from these guidelines, how we are measuring that, where are we getting the data and by when do we expect to see change. We are interested in having a subcommittee of folks on the group that would work concurrently and participate offline and bring back to the group.

**DISCUSSION: CHARTER**

Beth then transitioned to reviewing the charter and updating the aim statement and purpose. The aim statement was updated to say, "To develop and/or promote a preventative, universal and responsive behavioral health system for children, youth and families/caregivers."

- Terry said "early" is a bit vague in language.
- Karie said there are measures for perinatal health that have very defined limits, like entry into prenatal care.
- Linda advocated for addressing family and caregiver supports as part of the aim as well.

The purpose was updated from the draft to include the following:

- Strategies across different settings
- Culturally consistent evidence-informed strategies, or culturally responsive
- Health promotion strategies to empower children, youth and families to support their own behavioral health
- Take a health equity approach to these conversation – strategies to increase equitable accesss to evidence-informed and best practices, especially for vulnerable populations
- Support strategies for parents that can then support their children

**PUBLIC COMMENT AND GOOD OF THE ORDER**

Beth invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review comments made from the Bree member meeting on January 24th and continue the brainstorming discussion around potential focus areas and framework for the report. The workgroup's next meeting will be on Wednesday, February 14th from 8-9:30AM.