Behavioral Health: Early Intervention for Youth

Please put your name and organization into the chat

3.13.24

Agenda

- Welcome
- Minutes
- Bree Areas of Influence
- Review Levels of Prevention & Early Intervention
- Defining Parameters
- Focus Areas
- Public Comment, Closing and Next Steps

Minutes

Bree Collaborative | Behavioral Health Early Interventions for Youth
February 14th, 2024| 8-9:30AM
Hybrid

MEMBERS PRESENT VIRTUAL

Terry Lee, MD, CHPW (Chair)
Linda Coombs, MSW, LICSWUHC
Thatcher Felt, DO, YVFWC
Jeffery Greene, MD Seattle Children's
Nicole Hamberger, SWACH
Libby Hein, LMHC, Molina
Kevin Mangat, MHA, Navos
Mckenna Parnes, PhD, University of Washington
Sarah Rafton, MSW, WCAAP
Brittany Weiner, LMFT, CPPS; WSHA
Jennifer Wyatt, LMHC, MAC, SUDP with KingCounty Behavioral Health and Recovery Division

STAFF AND MEMBERS OF THE PUBLIC

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

Bree Areas of Influence

Bree Collaborative Stakeholders

- Direct line of implementation: anyone involved in the clinical interaction or in the billing process
  - Reports are sent to the Washington HCA for consideration for inclusion in their contracts
  - Other lines of implementation being explored,

- Clinicians/Healthcare Professionals
- Healthcare Delivery Systems (e.g., pediatric primary care, hospitals, etc)
  - Increasingly school-based health clinics
  - Home-based services
- Health Plans
- Purchasers

Level of Prevention & Early Intervention

Colizzi et al,

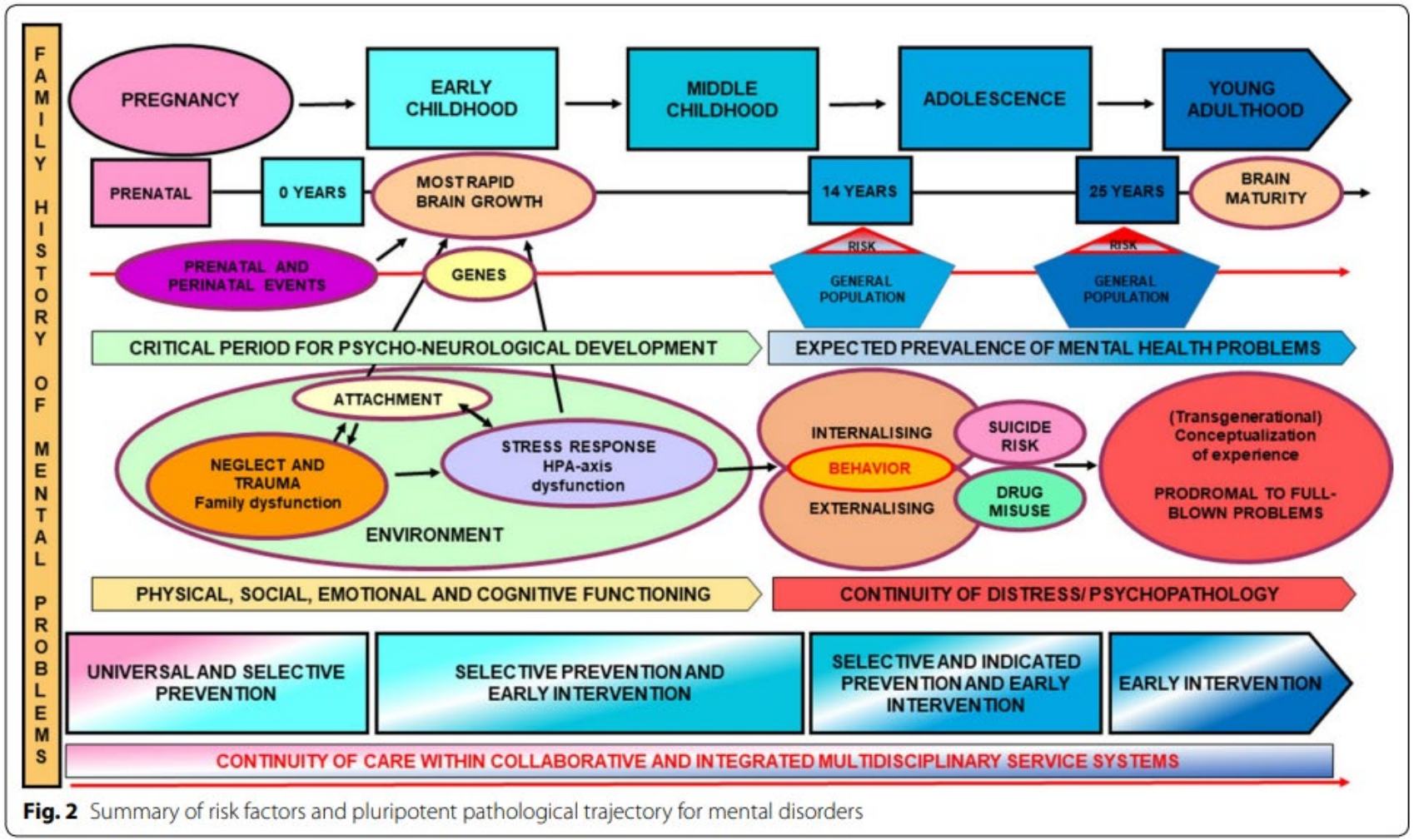

Fig. 2 Summary of risk factors and pluripotent pathological trajectory for mental disorders

Levels of Prevention

- Primary prevention
  - Universal prevention (pr-clinical stage): interventions aimed at promoting normal neurodevelopment
  - Selective prevention (clinical stage 0): interventions aimed at preventing manifestation of psychiatric symptoms, thus altering developmental pathway to full-threshold disorders in premorbid state
  - **Indicated prevention (clinical stage 1):** indicated interventions aimed at identification of those individuals at high clinical risk for development of a mental disorder who **are functionally impaired and no longer asymptomatic**

- **Secondary prevention (clinical stage 2):** aim at mitigating the occurrence of negative prognostic factors such as **long duration of untreated illness, poor treatment response, poor psychosocial well-being and functioning and comorbid substance use and high burden on patients' families** with final goal of preventing relapse or incomplete recovery

Defining Scope Parameters

Defining Parameters

- Settings:
  - Primary Care,
  - School-based Care
- Age:
  - Should we use Age/Grade?
    - USPSTF: start BH screening at 12 years old
    - WHO: adolescence defined as 10-19
    - Bright Futures screening at 12 years old
    - Healthy Youth Survey starts in 6th grade (11-12)
- Primary Diagnoses: (Depression, Anxiety, Trauma/PTSD), (Disruptive Behavior & Substance Use)
  - 20% of Washington adolescents 12-17 will have **major depressive episode in any given year** (SAMHSA)
  - **33% increase in the rate of students reporting depression and anxiety** since 2010 (UW SMART Center)
  - **Grade 12 Past 30-day substance use in 2021 was 20% for alcohol, 16% for marijuana, and 2% prescription drugs** not prescribed (WA Healthy Youth Survey)
- Outside scope: primary diagnosis of suicide, autism, eating disorders, sleep care, etc

Defining Parameters

- Severity: mild-moderate
  - Those displaying symptoms/functionally impaired without a diagnosis
  - Those with diagnosis with mild/moderate symptoms and functional impairment

- What are we defining as a crisis?
  - Defined by the parents or system (primary pediatric care, school& school-based) that are unable to handle the youth's needs
  - Immediate threat to self or others (plans for suicide, self harms thoughts, thoughts or plan of harming others) (Seattle Children's)
  - Any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community. (NAMI)
  - 988: those at risk for suicide as well as those experiencing other mental health and substance use related emergencies

Potential Top Goal

- Increase availability and access to high quality indicated and secondary prevention behavioral health interventions for youth

Focus Areas

YBH Draft Focus Areas.docx

Closing: Public Comment & Next Steps

Public Comment

Public Comment

Next Steps

- Next meeting **April 10th, 2024 8-9:30AM HYBRID**
- Forward contact information to bree@qualityhealth.org or ebojkov@qualityhealth.org for potential speakers
- Finish OPMA training/Conflict of Interest forms and return to bree@qualityhealth.org or ebojkov@qualityhealth.org
- Creating **shared Google drive** for resources/research of interest

Upcoming Events and Opportunities

Health Equity Action Collaborative

About the Action Collaborative

Join Bree Collaborative Staff as a participant in the Health Equity Action Collaborative! During the collaborative, participants will receive support in taking their chosen health project from an idea to developing an implementation plan that can be enacted within their organization. Health equity will be centered in the design process through education, discussion, and peer engagement. The action collaborative is open to individuals working within the healthcare ecosystem (clinicians, delivery sites, QI teams, purchasers, plans, etc.) interested in improving health outcomes while promoting equitable practices.