

Agenda: Youth and Young Adult Continuum of Care August 12, 2020 – 11 a.m. to 1 p.m.
Focus on Prevention

Zoom Teleconference <https://zoom.us/j/98808079780>

(see end of document for details)

No.	Agenda Item	Leads	Time
1.	Opening and agenda review	Rep. Davis	11:00-11:05
	Presentations: Developing a shared understanding <i>7 minutes each</i>		
	Tacoma-King County Positive Parenting Program (Triple P)	Henry Jauregui (Tacoma-Pierce County Health Dept)	
	King County Best Starts for Kids – School-based Screening, Brief Intervention, and Referral	Margaret Soukup (King County)	
2.	Prevention and Wellness for Tribal Nations	Lucilla Mendoza (HCA)	11:05 – 11:50
	Young Adults in Colleges and Universities - and NIAAA's College Alcohol Intervention Matrix (CollegeAIM)	Jason Kilmer (UW)	
	Community Prevention and Wellness Initiative	Sarah Mariani (HCA)	
	Question & Answer (all presentations)		
3.	Idea Pitches <i>5 minutes each</i>		
	Whole Child Care and Annual Well Child Examinations	Dr. Phyllis Cavins	11:50 – Noon
	Standardized screening model (tentative)	Penny Quist	
4.	Discussion		Noon – 12:50
5.	Next steps		12:50 – 1:00

Zoom information to connect to the meeting:

Topic: Youth and Young Adult Continuum of Care (YYACC) Subgroup

Time: Aug 12, 2020 11:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/98808079780?pwd=WXVoT3loTXc1TGo2SW5DcU8zSTI4QT09>

Meeting ID: 988 0807 9780

Passcode: 827828

One tap mobile

+12532158782,,98808079780# US (Tacoma)

SCHOOL-BASED SCREENING, BRIEF INTERVENTION, AND REFERRAL TO SERVICES (SBIRT)

Program Description: School-Based Screening, Brief Intervention, and Referral To: treatment/services (SB: SBIRT) is a public health approach to prevent substance use and promote social emotional health in students. Participants voluntarily share information about their health and well-being so that their school support team (school counselor, community-based counselor, nurse, and SBIRT coordinator) can connect them to services when needed. The model¹³ contains three elements:

- Screening: Students complete a self-directed, web-based, universal screening tool called *Check Yourself SB-Tool*.
- Brief intervention: If there is a concern in any of the responses, a school interventionist engages students and their caregivers to offer support and information about resources.
- Referral: The school interventionist refers students with identified needs to services.

The SB: SBIRT screening process allowed entire classrooms and even grades to undergo screening at the same time. How many students completed it at a time depended on staff capacity to respond. Overall, the process took about 30 minutes. Caregivers could choose for their students not to participate, and the students themselves could decline to proceed in the moment as well.

Those who did answered a series of ***Check Yourself*** questions under three sections:

- **About Me:** general demographic information including age, grade, race/ethnicity, language spoken, supports, etc.
- **Health and Safety:** experiences at home, bullying at school, whether the student gets along with others, substance abuse, sleep, and somatic issues (i.e., aches and pains)
- **My Stress and Coping:** coping skills and protective factors, anxiety and depression symptoms, self-harm and suicide ideation, and connection to adults at school

Students received immediate feedback that addressed the harmful effects of marijuana on teen health, the importance of sleep, a comparison of their behavior with those of their peers, and tips for behavior change when applicable. Those not engaging in risky behavior received positive reinforcement from the screen. Some districts convened these students in groups or restorative circles to follow up on their general well-being and provide resources where needed.

The schools established protocols and timelines for meeting with students who acknowledged concerns, such as suicide ideation, self-harm, or feeling threatened or harassed. Referrals for mental health needs ranged from the school nurse and counselor to social services and psychiatric evaluation. They could also include other resources, such as job opportunities, tutoring, mentorship programs, and food and clothing.

Best Starts focused its SBIRT strategy in middle schools. As they enter adolescence, many middle schoolers experience increased mental health needs. About half of individuals who struggle with such issues demonstrate signs and symptoms by the time they are 14 years old, yet few have access to help. Schools are in a prime position to promote well-being and to be first responders.

Successes: Undoubtedly, the most significant success of SB: SBIRT is the fact that students with previously unknown mental health needs are sharing them through this mechanism and receiving support. At the same time, the implementation of SB: SBIRT itself has yielded more coordination and partnerships to better serve young people's well-being.

- **SB: SBIRT successfully identified hundreds with previously unknown needs.**
 - Of the 2,614 students who completed the screen during the 2018-19 school year, school staff did not know of 362 who reported some level of internal stress but did not exhibit any external signs.
 - Prior to school closures due to COVID-19, nearly half of the 8,200 who participated in the 2019-20 school year had received brief interventions and 15 percent received a referral. Some students have shared that they feel more comfortable being candid about their mental health challenges when completing the screen than talking to others.
- **School districts applauded receiving funds for planning.** The funds gave them the time to ascertain the timing and fit of implementing SB: SBIRT within their structure. For the 2020-21 school year, two more schools Mercer Island Middle School and Eastside Catholic, received planning grants to develop their own implementation plans.
- **SB: BIRT has increased social and professional connections at multiple levels.** Students reported feeling more connected to their schools. Schools, school districts, and community-based organizations improved their coordination to one another.
- **SB: BIRT coordinated activities with county, state, and philanthropic Partners.** SBIRT and Best Starts' Trauma-Informed and Restorative Practices (TIRP) coordinated services in one school. SBIRT also collaborated with MIDD and the state Community Prevention and Wellness Initiatives (CPWI) improve service access for students. The strategy also leveraged a grant from the Conrad N. Hilton foundation to supplement the Best Starts funding for process and impact evaluation.

Note:

Our evaluators, Seattle Children's Research Institute are currently synthesizing the data from Year 2. Over 8,000 students were screened, 48% received a brief Intervention and 15% were referred to services.

Below is the staging site to the Check Yourself Screen created by Seattle Children's Hospital if you want to take a look at what the youth see when taking the screen.

<https://staging.tickitforhealth.com/app2/surveys?account=schooltest&surveyId=10512>

August 10, 2020

Community Prevention and Wellness Initiative

Overview

The Community Prevention and Wellness Initiative (CPWI) is a community-focused approach to preventing substance abuse in Washington State. It focuses Washington's limited public resources within 82 high-need communities. Leaders in these communities are prepared to take on the challenges of preventing substance abuse in their towns and neighborhoods. In many cases, they are rising to the challenge despite the enormous odds of generational alcohol and other drug use that have left their communities awash in high rates of public assistance, crime, poor school performance, and poor public health.

The Division of Behavioral Health and Recovery (DBHR) successfully collaborated with existing county government contractors and the Office of Superintendent of Public Instruction (OSPI) to redesign the state substance abuse prevention system into a targeted, community-based system. CPWI leverages school and community prevention resources and targets them in the same communities throughout Washington State.

CPWI goals are to reduce underage substance use and misuse among young people, improve student performance, and reduce juvenile crime.

An evaluation by Washington State University shows that CPWI is having positive outcomes: 95 percent of programs implemented between July 2015 and June 2016 had positive results in delaying the first use of alcohol or other drugs, reducing use, decreasing risk factors, and/or increasing protective factors.

Evaluation results also showed significant decreases in 10th grade substance use:

- Alcohol use decreased by 36.0%, 32.8%, and 23.5% among cohorts 1-3 respectively.
- Binge drinking decreased by 42%, 34.4%, and 34.1% among cohorts 1-3 respectively.
- Cigarette use decreased by 48.6%, 49.4%, and 41.9% among cohorts 1-3 respectively.

- Marijuana use decreased by 11.4%, 14.4%, and 17.7% among cohorts 1-3 respectively.

The June 2017 evaluation shows that in all three cohorts, 10th graders' lifetime use, 30-day use, and frequency of alcohol, tobacco, and marijuana use in 2016 were significantly lower than the baseline on all but one variable (frequency of marijuana use remained the same in cohorts 1 and 2). We continue to support CPWI in these communities because, although there has been significant improvement, these high-need communities still report significantly higher use than other non-CPWI communities.

Eligibility requirements

CPWI services are targeted to high-need communities across Washington State. High-need communities are determined using a risk ranking process, identified through indicators of consequences associated with consumption (crime, truancy, behavioral health problems, lack of school success), as well as consumption and mental health data from Washington's student Healthy Youth Survey.

Authority

DBHR is authorized as the single state agency to receive and administer a block grant from the Substance Abuse and Mental Health Services Administration's (SAMHSA) that supports substance use disorder prevention and mental health promotion.

Budget

SAMHSA Substance Abuse Block Grant (\$3,692,307 to the community; \$4,018,097 to OSPI); Partnerships for Success grant (\$1,459,963 to the community and \$1,120,000 to OSPI); State Opioid Response grant (\$2,074,099 to the community; \$1,312,500 to OSPI); State Targeted Response (\$92,855 to the community); and Washington State Dedicated Marijuana Account Funds (\$1,365,829 to the community; \$560,001 to OSPI).



Cost and people served

In state fiscal year 2019, 19,699 participants were served through the implementation of CPWI. Eighty-seven percent of participants in CPWI received evidence-based programs, and 589 prevention programs/strategies were implemented in CPWI communities. The total population reach was 2,136,631.

Partners

Every county has at least one CPWI community supported and each of the nine educational service districts (ESDs) are currently participating in CPWI efforts.

The following counties partner with DBHR to contract for CPWI services: Adams, Asotin, Benton, Clark, Columbia, Franklin, Garfield, Grant, Grays Harbor, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Thurston, Wahkiakum, Walla Walla, and Whatcom.

HCA/DBHR directly contracts with providers in the following agencies and organizations for the provision of CPWI services: Bethel School District, Chelan/Douglas TOGETHER!, City of Lakewood, City of Prosser, Crescent School District, Ellensburg School District, ESD 101, ESD 105, ESD 112, ESD 189, Franklin Pierce School District, Marysville School District, Monroe School District, Mt. Adams School District, North Counties Family Services, Okanogan County Community Coalition, Quillayute Valley School District, Republic School District, Rural Resources Community Action, Spokane Tribal Network, Sunnyside School District, Tekoa School District, , Wahluke School District, and Wapato School District.

Educational Service Districts (ESDs): 101 (Spokane), 105 (Yakima), 112 (Vancouver), 113 (Olympia), 114 (Bremerton), 121 (Renton), 123 (Pasco), 171 (Wenatchee), and 189 (Anacortes).

There are 82 local CPWI coalitions across Washington State.

Oversight

DBHR provides funding CPWI implementation. DBHR provides funds directly to OSPI, which awards funds to ESDs for placing prevention and intervention specialists in schools. DBHR provides funds to local fiscal agents, including counties, ESDs, and local school districts, to support local community coalitions.

For more information

Kasey Kates, Tribal and CPWI Implementation Supervisor

Email: Kasey.Kates@hca.wa.gov

Phone: 360-725-2054

<https://www.hca.wa.gov/about-hca/behavioral-health-recovery/substance-abuse-prevention-and-mental-health-promotion>

Prevention Is the Path to a Bright Future for Washington's Children

Washington Chapter of the American Academy of Pediatrics

"Our country's 75,000,000 children are 20% of our population but 100% of our future. Nearly half live in poverty; 64% have experienced more than one Adverse Childhood Experience (ACE) and they already faced new challenges from climate change and social media before COVID. COVID has impacted their lives and relationships and unearthed dramatic disparities. COVID has created a new urgency to address children's health because toxic stress from cumulative adversities, regardless of cause, can become biologically embedded, resulting in poor outcomes now, throughout life and across generations. Children have one shot at childhood—the proving ground for the adults they will become. And their lives and their outcomes will be our report card." (Moira Szilagyi MD, PhD, President, American Academy of Pediatrics)

Prevention is the foundation of our children and youth healthcare delivery system and also of the pediatric health insurance funding system. **Prevention** could be the tool of transformation to address health inequity, racism, the COVID-19 pandemic, and health care access and funding.

Problem: In Washington State, there are 1.1 million students enrolled in K-12 public schools, representing 15% of our Washington state population. They have been out of school since March 2020 without their usual supports and services for learning, food, housing, and health.

Population: A review of Washington's public school student population reveals that 50% of the students have Medicaid insurance, 5% have no insurance, 1-5% are homeless, 15-18% have food insecurity, 20-30% have a behavioral health diagnosis, 10-12% have asthma, and 15-18% are in special education programs, 15% have had no doctor visit in the past 12 months. Half of teens have not had a Well Child Examination in the past 12 months.

Well Child Examinations

- 1) Pediatric Primary Care, Public Schools, publicly funded child service agencies, and Washington Medicaid Managed Care Organizations must be required to ensure their client/student/patient completes an annual Well Child Examination with developmental, learning, behavioral, and social determinants screening.
- 2) Pediatric Primary Care, Public Schools, publicly funded child service agencies, and Washington Medicaid Managed Care Organizations must be required to submit patient service information to the Patient Centered Medical Home whole child data repository.
- 3) Insurance companies will incentivize the electronic capabilities of the hub and spoke service data exchange, and will disincentivize organizations who provide a service but do not register their service data.

Data Repository

The second leading cause of death of youth and young adults is suicide. This year, it is predicted there will be 400 additional suicide deaths above the norm. We must do something differently to eradicate this dire prediction.

A Patient Centered Medical Home and an annual Well Child Examination done by a trusted pediatric physician, who conducts a comprehensive, whole child evaluation of physical, behavioral, oral, and public health is available to all children and youth, is free to all students, and is covered by all insurances, whether commercial or Medicaid. Access to and engagement in a Well Child Examination must be ensured.

The Patient Centered Medical Home with medical insurance will serve as the hub in a hub-and-spoke health care delivery system for a preventive approach to provide early periodic screening, diagnosis, and treatment of all medical, behavioral health, and social needs. Early identification and intervention for problems and concerns, and co-management of a care plan by primary care and community agencies, organizations, and schools is the comprehensive whole child approach, and must be ensured.

The Patient Centered Medical Home with its Electronic Medical Record will function as the whole child data repository. The patient/client/student must register for each school or community-based service and supply the name of their physician and health insurance, plus sign a Release of Information to ensure privacy. The school or community-based organization must supply to the PCMH data repository their initial patient service care plan and progress report every three months, or at the time of discharge from service.

Our Outcome Goal is to have a quality, cost-effective whole child, preventive program for physical health, behavioral health, oral health, public health, and social health. **Our outcome measures** at the end of COVID and the 2020-21 school year are: 1) No vaccine preventable disease or hospitalization, and 2) No suicide attempts requiring hospitalization, or deaths due to suicide.

