

Youth and Young Adult Continuum of Care – Focus on Prevention August 12, 2020

Agenda Items	Summary Meeting Notes
Opening and agenda review	Rep Lauren Davis
<p>Developing a shared understanding (Presentations) Triple P/Positive Parenting</p>	<p>Henry Jauregui (Tacoma-Pierce County Health Dept)/ Triple P program manager</p> <ul style="list-style-type: none"> • Triple P is an evidence-based program backed by 30 years of research. • Through community partnerships, Triple-P provides parenting help in efforts to support stable family relationships. • The format is an 8 week class that meets 2 hours a week in group, online, or 1-on-1 settings at home. • Triple P is free across Pierce County. • 500 families have registered since January, many to receive help with their children’s behavioral health difficulties. • This fall, Triple P credentialing will be available online. • Contact: HJauregui@tpchd.org <p>Discussion:</p> <ul style="list-style-type: none"> • Q: What percentage of attendees are single dads and/or non-traditional parents? A: Half. • Q: Is Triple P available for people outside of Pierce county? A: Yes, but it is free in Pierce County for its residents. • Services are available in several languages, for different ages, at different service levels. • Triple P is appropriate for entire population of children and adolescents. Two core programs: parents of children up to age 12, and Teen P for parents of teenagers 12-16. • The program partners with various community entities to train young parents. • Q: Is there gas reimbursement? A: Yes, we contract with partners and they offer incentives - gas cards, childcare, dinners, etc - they encourage this to keep ppl engaged. • Q: Do you get court referrals? A: Yes, we get many, many referrals.
King County Best Starts fo Kids – School-based Screening, Brief Intervention, and Referral (SBIRT)	<p>Margaret Soukup (King County)</p> <ul style="list-style-type: none"> • Focused on middle schools - In over 50 middle schools in 12 school districts. • Prevention, and promotion of emotional well-being for young people. • Intervention primarily focused on adults and alcohol. • Students volunteer, but parents can opt their kids in too. They know this is not anonymous; the support team from school will follow up. • Some schools meet in groups. • CheckYourself- online self screening. • Referrals if needed - most do not need a referral. • Most don’t need treatment, some do; they need connection. • Screening process - screen one classroom at a time; takes 30 minutes, including debriefing. Ask about demographics, health and safety, connections - who cares about/loves you?

	<ul style="list-style-type: none"> • Same day intervention/follow-up: Screening happens in the morning to allow time for intervention if needed (for self harm, asking clarifying questions, etc.) Part of process of intervention is pulling in the parents. • Kids get immediate feedback on cannabis and teen health. • Stress and coping- check in on students regularly. • Kids get positive reinforcement. • Focus on middle school since BH symptoms often show up by age 14. • This program decreases the stigma tied to seeking mental health help. Students who have seen a therapist actually encourage their friends to go see them as well. • Schools do not have liability should a child be suicidal. <p>Discussion:</p> <ul style="list-style-type: none"> • Q: Who does the screening? A: Each school district has their own protocol - some have school counselors, others community partners, facilitated by teachers. • Q: What role do the students play in the design and improvement of the program? You mentioned direct participation, connecting with other students. Are there other roles - peer mentoring, program improvement, marketing – that students are doing themselves (as developmentally and otherwise appropriate)? A: Varies from district to district and school to school. Each designs their own program.
Prevention and Wellness for Tribal Nations	<p>Lucilla Mendoza (Health Care Authority [HCA])</p> <ul style="list-style-type: none"> • Tribal Prevention and Wellness programming; HCA Office of Tribal Affairs. • All tribes provide prevention services. Tribes can implement programs they find are best for their community. • 22 of the tribes are implementing MH promotion projects; 24 tribes have prevention programs. • Positive Indian Parenting programs- Mother and Daughter/ Father and Son programs. • Evidence-based research/programs do not have a lot of research on American Indians and Alaska Natives (AI/AN) - therefore not all contractors use EBPs or are required to. • Tribal Opioids Solution Campaign - used WA tribal members. • NW Portland Area Indian Health Board has programs, including a statewide youth conference. • Since 2001, the suicide mortality rate for AI/AN in WA has increased by 58% - more than 3 times that of non-AI/AN. Nationally, the highest suicide rates among AI/AN are adolescents and young adults; rates among whites are highest in older age groups, suggesting that different risk factors might contribute (e.g a rate of significant adverse childhood experiences between 2009 and 2011 that was nearly twice the rate of non-Hispanic whites. • https://watribalopioidsolutions.com • https://www.theathenaforum.org/resources-for-providers/tribal-prevention-and-wellness-programs
Young Adults in Colleges and Universities	<p>Jason Kilmer (University of Washington)</p> <ul style="list-style-type: none"> • Prevention with young adults and college students - alcohol is the primary topic. • In WA, cannabis use among 18-25 year olds is going up, mostly in ppl over 21. • College students: Literature is growing but more work needs to be done.

	<ul style="list-style-type: none"> • Over 10 years of research finds that the more students drink, the worse off they are. • Also, the more cannabis they use, the worse the outcome; many do not graduate. • What we do about prevention will pay dividends in the classroom. • Important to acknowledge the overlap btwn substance abuse and anxiety/depression. • Links between alcohol use and suicide. Cannabis SUD, depression, and suicide are correlated. Overlap between sexual assault and cannabis use. • Alcohol prevention methods must be tailored to communities and cultures. • Contact: jkilmer@uw.edu
<p>Community Prevention and Wellness Initiative</p>	<p>Sarah Mariani (HCA)</p> <ul style="list-style-type: none"> • Expansive mental health promotion system. • Works with students and families who are having challenges. • How do we prevent problems from boiling over? By prediagnosis, before they need treatment. • Statewide public education campaigns are population targeted. • Prevention campaigns focus on well-being. • Community Preventional Wellness Initiative (CPWI)- looks at what is going on in the community and how to prevent it, uses evidence based research. • https://www.theathenaforum.org/community_prevention_and_wellness_initiative_cpwi • Contact Sarah.Mariani@hca.wa.gov <p>Discussion:</p> <ul style="list-style-type: none"> • Q: How do we make sure we get services out to all communities? A: As part of grants, they include data showing where the highest need is and include those communities, and bring in schools and a community coordinator. • Partnerships with many non-profits working together to provide direct services to community. • Serving 80 high-need communities around the state. • Decrease in alcohol use, binge drinking, and cannabis use in the first three cohorts.
<p>Idea Pitches – Prevention</p>	<p>Whole Child Care and Annual Well Child Examinations- Dr. Phyllis Cavens</p> <ul style="list-style-type: none"> • Whole child care in annual examination - every child to have a co-plan that is managed by all entities involved(• Annual health examination must include Developmental, learning, social determinants of health, and BH screenings as well. • Goals: No vaccine preventable deaths, no suicide deaths or attempts requiring hospitalization. • Contact: pcavens@pacifier.com <p>Discussion:</p> <ul style="list-style-type: none"> • Q: Are these well-child visits covered by Medicaid and private insurance now? A: Yes, preventive care is required to be free. • When youth are not in the care/custody of their legal guardian, getting parental consent for routine/preventive/non-emergency medical care is a challenge. Recent legislation allows the school nurse or McKinney Vento liaison to consent for this care, but during the summer (and now during COVID) there is a gap. This has been raised by service providers working with youth experiencing homelessness.

	<ul style="list-style-type: none"> • This would be truly integrated healthcare! <p>Standardized Screening Model- Penny Quist</p> <ul style="list-style-type: none"> • Standardizing ACES scores as well as creating/implementing and using a BH risk assessment like some other states do across pediatric, preschool, early intervention services, and school district services for identification. • Treat the family to treat the child
Discussion	<ul style="list-style-type: none"> • Ensure that subgroups are coordinating recs where they overlap. • When sharing information about services and resources, be careful that they are actually offered in your community. • One possible benefit to COVID is that we can make more programs available electronically and reduce the geographic barriers to access. Of course, we need to make sure that families have access to the right tech to effectively participate but it feels solvable and needs to happen regardless of whether prevention programs are available online. • How do we get services <i>throughout</i> the state?

Attendees

Endalkachew Abebaw (Health Care Authority [HCA])
 Kashi Arora (Seattle Children’s)
 Janet Bentley-Jones (Clark County Juvenile Justice)
 Kevin Black (Senate Behavioral Health Subcommittee)
 Rachel Burke (HCA)
 Dr. Phyllis Cavens (Child & Adolescent Clinic, Longview)
 Rosemarie Clemente (DCYF, Office of Juvenile Justice)
 Diana Cockrell (HCA)
 Rebecca Daughtry (HCA)
 Representative Lauren Davis (32nd Legislative District)
 Dani Eagleton
 Katie Eilers (Dept of Health [DOH])
 Kaila Epperly (Lutheran Community Services NW)
 Brad Forbes (NAMI)
 Gabriel Hamilton (WISE, Youth peer)
 Kimberly Harris (HCA)
 Avreayl Jacobson (King County Behavioral Health and Recovery)
 Henry Jauregui (Tacoma-Pierce County Health Dept)
 Charlotte Janovyak (Legislative staff)

Kim Justice (Office of Homeless Youth)
 Michelle Karnath (FYSPRT, Clark County Juvenile Justice)
 Jason Kilmer (UW)
 Ahney King (Coordinated Care)
 Laurie Lippold (Partners for Our Children)
 Erin Shea McCann (Legal Counsel for Youth and Children)
 Jason McGill (YouthCare)
 Barb Putnam (Department of Children, Youth and Families [DCYF])
 Penny Quist
 Ted Ryle (DCYF)
 Janice Schutz (WA State Community Connectors)
 Margaret Soukup (King County)
 Ann Stone (DSHS, Fatherhood Council)
 Ashley Taylor (HCA)
 Liz Trautman (The Mockingbird Society)
 Bobby Trevino (TREVINO/DAVIS)
 Liz Venuto (HCA)
 Greg Williamson (DCYF)
 Kimberly Wright (HCA)
 Kris