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

MEMBERS PRESENT VIRTUAL

Terry Lee, MD, Community Health Plan of Washington (Chair)
Thatcher Felt, DO, Yakima Valley Farmworkers Clinic
Denise Dishongh, LMHC, SUDP, ESD 112
Diana Cockrell, MA, SUDP, HCA
Katie Eilers, MPH, MSN, RN, DOH
Brittany Weiner, MS, LMFT, CPPS, Washington State Hospital Association
Kevin Mangat, MHA, MS, LMHC, SUDPT, Navos
Santi Wibawantini, LMFT, CMHS, Kaiser Permanente (KP)
Jeffery Greene, MD, Seattle Children's
Libby Hein, LMHC, Molina Healthcare
Sally McDaniel, LMFT, LMHC, SUDP, CMHS, Greater Lakes/Multicare
Delaney Knottnerus, King County School based SBIRT Manager

STAFF AND MEMBERS OF THE PUBLIC

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

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the Behavioral Health Early Intervention for Youth and provided an overview of for the meeting.

Motion to approve April meeting minutes: motion approved.

FIRST APPROACH SKILLS TRAINING (FAST) PROGRAM PRESENTATION

Beth welcomed Drs. Nat Jungbluth, Erin Gonzalez and Jennifer Blossom to introduce and describe their program First Approach Skills Training (FAST). Dr. Jungbluth introduced the core function of the FAST program (distilling evidence-based treatments for most common behavioral health concerns of kids, teens and families into easily accessible tools and workshops).

- Goal was really to address access problems. Taken a brief care and stepped care approach to preserve capacity in primary care settings.
- There are 6 programs currently (Depression, Anxiety, Behavior, Early Childhood, Trauma and Parenting)
- Designed for mild-moderate concerns because those are the most likely to be served efficiently
- Sometimes inpatient settings or wrap around settings are actually using our programs/workbooks as a way to get PCPs get up to speed on evidence-based practice

- Our pages have lots of light-touch materials that providers can hand to patients and families as they walk out the door, they have multiple access points like QR codes and asynch videos, some quizzes to engage family, etc
- The workbooks are okay for patients/families to go through by themselves but they were designed for the provider to walk through with them
- Developed some materials to create healthy boundaries for screen time and use,
- Training providers to use this is designed to have the minimum amount of time offline – every program has 2 hour video available to everyone and then there are live trainings 2-3 hours free for everyone
- Right now, training providers in integrated mental health care setting serving Medicaid populations, and encourage people join ive consultation groups that meet every other week
- Trained > 330 people in state of Washington so far, are training professionals across the country and globally
- Evaluation of clinical community partner Hope Sparks Northwest, run collaborative care mode with full FAST integration – resulted in significant connection to care that vastly exceeded usual settings – preliminary results seeing medium to large effect sizes across different clinical concerns like disruptive behavior, depression and anxiety
- FAST parenting pilot delivered via telehealth 4 sessions - $86 per patient for entire treatment, parents felt more capable of understanding team perspectives
- FAST trauma pilot – adaptation of evidence based trauma interventions for youth, preliminary feedback showing average sessions were a bit longer, significant improvement in clinician global improvement ratings and trauma-specific symptoms – paper is under review
- Evaluation of training model: evaluating data that we have based on our rationale, hopes for how designed training model, there's lots of value in live training and role play but able to engage in asynch training materials
    - Providers see FAST as highly usable, flexible and adaptable to meet needs of racially and ethnically diverse patient populations
- Questions
    - Are there other organizations out there doing this? It seems pretty innovative
        - From our understanding we are on the cutting edge. Bruce Chirpa has modular programs but nothing that's actually intended for integrated setting where clinicians have variable training backgrounds and don't have the bandwidth in the moment to prepare themselves
        - Parenting program is transdiagnostic and covers a bunch of different things, and sometimes clinicians would take huge trainings and then leave out the one piece of the program that works (e.g, exposure therapy in anxiety). By cutting all that out we ensure clinicians use what works.
    - Can FAST be used by non-providers? E.g, paraprofessionals, school district folks?

        - Working on this now – do think it's a good fit for school districts, good fit in terms of level of training needed. Digging into what it would look like with community health workers that are employed throughout the state.
        - We don't want to convince people that they can do treatment if they don't have lots of core skills, especially in safety assessment
        - However, supporting families using our materials is probably something a layperson could do or with less mental health training. Working on a grant for training for noncredentialled providers.
        - Do include certified school counselors, school psychologistst and school social workers, can't include at this point in free trainings.
    - How might this fit with the behavioral health support specialist licensure that's coming out of the state? See this as a real opportunity with primary care to be able to support addressing some of these barriers.
        - Not sure – suggestion to connect with Sarah Walker and work on wellness specialist which is culturally responsive care and expanding workforce in brief treatment models
    - Is this being used on higher acuity patients?
        - This is not going to meet every need, but you can rinse and repeat for more in depth use. This needs to be integrated into other more intensive treatments and a stepped approach.
    - Is there room for increase in uptake? What are the barriers to adoption?
        - Reach has been quite good in primary care, primarily integrated primary care, now included in EBP billing guide
        - New clinicians without experience in primary care and delivering integrated care, learning integrated care structure
        - Delivery systems need to be engaged and willing to make these materials accessible to providers
        - Visibility and call outs by organizations like the Bree would be helpful

BARRIERS TO SCREENING IN PRIMARY CARE SETTINGS

- The group discussed the challenges of implementing universal screening for behavioral health in primary care and school settings. Drs. Greene and Felt shared their experience with using the PHQ-2 and PHQ-9 for teens and the challenges of addressing positive results in a time-constrained clinical setting.
    - Dr. Felt mentioned that they conduct PHQ 2 annually for teens and PHQ 9 when scores come back as positive.
    - Libby, Dr. Lee, and Santi discussed the challenges of bearing to screening and how to support delivery systems to implement it in their practice. They talked about the importance of developing workflows around those screens and plans

to reimburse and incent screening through value-based contracting and purchasing.
    - Dr. Felt and Libby discussed the importance of aggregating data from screening tools to drive care and improve outcomes. Thatcher shared that his practice has recently implemented tablet-based screening tools, which has improved data collection and workflow.
    - Denise and Dr. Lee discussed the importance of early intervention in schools. Denise mentioned that they do a lot of screening around social emotional learning and are still searching for a universal screening for schools.
- Delaney and Denise discussed the screening programs in schools and the challenges faced in implementing them. Delaney shared that their program is currently in 13 out of the 19 school districts in King County, and the goal is to universally screen one grade. They use a screening tool that was developed by Seattle Children's.
    - Delaney and Denise discussed the screening programs they use to identify students who need additional support. Denise mentioned that they use the Student Assistant Professionals program to screen all kids who join that program, and they use the GAIN Short Screener for adolescents.
    - Delaney is managing a program that is intentionally figuring out how to screen kids and follow up with them. The program is voluntary and only in King County and is focused on identifying students who are experiencing anxiety or having behavioral concerns in class. Delaney mentioned that schools are using an online tool to screen students, but it is not universal.

ACTION ITEMS

- **FAST:** Share slides with work group members
- **Continue discussion on barriers to brief intervention in primary care settings**

PUBLIC COMMENT AND GOOD OF THE ORDER

Ms. Bojkov invited final comments or public comments, then thanked all for attending. At the next workgroup, the group will discuss some guidelines for implementing screening, brief intervention and referral to treatment into primary care settings. The workgroup's next meeting will be on **Wednesday, June 12th, 2024 from 8-9:30AM**.