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## Bree Collaborative | Behavioral Health Early Interventions for Youth

October 15<sup>th</sup> 2024 | 8-9:30AM

Hybrid

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### MEMBERS PRESENT VIRTUAL

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Terry Lee, MD, Community Health Plan of Washington (Chair)  
Diana Cockrell, MA, SUDP, HCA  
Brittany Weiner, MS, LMFT, CPPS, Washington State Hospital Association  
McKenna F Parnes, PhD, UW Department of Psychiatry and Behavioral Sciences

Sarah Rafton, MSW, WCAAP  
Kevin Mangat, LMHC, MHA, Navos  
Denise Dishongh, ESD 112  
Santi Wibawantini, MA, LMFT, CMHS, Kaiser Permanente  
Sarah Leonard (proxy for Delaney Knottnerus, PHSKC)

### STAFF AND MEMBERS OF THE PUBLIC

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Beth Bojkov, MPH, RN, Bree Collaborative  
Emily Nudelman, DNP, RN, Bree Collaborative  
Karie Nicholas, MA, GC, Bree Collaborative  
Cora Espina, ARNP, Bree Collaborative Intern  
Brittany Spencer, True North  
Sara Ellsworth, ESD 113  
Jakie Yee, True North  
Sonya Salazar, HCA  
Gina Cabiddu

### WELCOME

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Beth Bojkov, Bree Collaborative, welcomed everyone to the Behavioral Health Early Intervention for Youth and provided an overview of for the meeting. Quorum was reached, then Beth asked for a motion to approve the September meeting minutes.

**Action:** Unanimous approval of September meeting minutes.

Beth provided a brief overview of the remaining 4 meetings. The workgroup will meet in October, November, December and January.

### ESD 113 TRUE NORTH STUDENT ASSISTANCE PROFESSIONALS

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Beth then transitioned the meeting over to Erin Wick, Dr. Eric Bruns and ESD 113 and True North staff.

#### True North Presentation:

- Erin Wick, Executive Director at ESD 113, introduced the True North treatment program, which focuses on substance abuse prevention and recovery support within a school-based infrastructure
- The presentation highlighted that six licensed ESDs are currently deploying services, with a seventh one just getting started
- Brittany Spencer, emphasized the importance of student assistance programs in schools, noting their benefits for both social-emotional health and academic success
- Brittany also mentioned that school-based prevention, early intervention, and treatment programs are effective and accessible, as they are located where students are
- Jackie Yee reviewed some measured benefits of the true north services including patient satisfaction, decreased substance use, decreased mental health symptoms and improved attendance

- Challenges: Medicaid not covering all students, funding for tier 1 and 2 services
- Opportunities: existing model is scalable, ESD network creates opportunities to sustain statewide system, partnerships with school based health centers

#### **Student Assistance Professional Model:**

- Erin Wick provided an overview of the Student Assistance Professional Model, including key staff (statewide coordination & evaluation, SAP coordinator, and SAPs)
- Model includes Direct student services, family and community training, staff engagement and awareness and school wide awareness
- SAP model focuses on delivery of Tier 1 and Tier 2 services – universal and targeted/selected
- Dr. Eric Bruns shared some evaluation data from the model, thousands of services provided by 65 SAPs
  - 82% of eligible intervention students took pre and posttest evaluation data
  - Improvements in anxiety symptoms, depression symptoms, self-worth, school outcomes like suspensions and attendance
- Funding cut to 18 SAPs for 2025

#### **Questions/Comments**

- WCAAP highly supportive of SAP model, model has ability to be implemented to fidelity and evaluated
- OSPI looking to recommend this model for justice system-involved youth
- ESDs look to implement SAP where existing supports do not already exist (rural areas, etc)
- Looking for other grants/state funding to continue this work
- MTSS framework sets up a way to think about paying for behavioral health prevention the way we pay for physical health prevention
- Parent services provided like parent education, parents night out and training, age of consent issues, difficulty with engagement people parents are super busy, helpful to go to where they are at

#### **REVIEW DRAFT GUIDELINES**

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Beth transitioned the group to begin reviewing the draft guideline document, starting with HCA and DOH. Changes included the following:

##### **HCA**

- *Added: Work with educational service districts, healthcare systems, OSPI, and other relevant entities to find pathways for payment for tier 1 and 2 services for behavioral health prevention services.*
- *Updated: Consider removing the requirement for diagnosis to bill for behavioral health preventive services*
  - Need clarification if EPSDT only applies to MCOs or is broad enough to cover all Medicaid plans.
- *Added: Support community information exchange that allows for electronic closed loop referrals for social and financial needs*

##### **DOH**

- *Added: Ensure adequate training capacity for CHW training*
  - Need follow up on if funding is needed to integrate best practices for youth behavioral health into CHW core curriculum

- Consider suggesting apprenticeship training program like WACH MA apprenticeship
- Need Clarification: *Work with OSPI to develop a standardized referral form for use between schools and healthcare providers for concerns identified through school-based screening, such as behavioral health concerns*
  - Need to follow up on example funded by legislature, and if OIC should be the ones doing this?

#### **PUBLIC COMMENT AND GOOD OF THE ORDER**

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Beth invited final comments or public comments, then thanked all for attending. At the next workgroup, the group we will review our draft of the guidelines before they go to the Bree Collaborative for public comment. The workgroup's next meeting will be on **Wednesday, November 13<sup>th</sup>, 2024 from 8-9:30AM**.

DRAFT