

Behavioral Health: Early Intervention for Youth Guideline Checklist

Primary Care Clinics serving Pediatric Patients
Level 3



The current state of the issue

Behavioral health encompasses both mental health and substance use disorders. In 2023, 40% of high school students reported feeling sad or hopeless almost every day for 2 or more weeks in a row. [i] Between 2013 to 2021, rates of youth suicide and attempted suicide in Washington have risen by over 600%. [ii] Not all youth are equally as likely to attempt suicide; youth who identify as female, BIPOC, or LGBTQ+ are more likely to have attempted suicide in the past year. [iii] Co-occurring mental health concerns are common in children. Almost 3 out of every 4 youth with depression also experience anxiety. [iv] Over 1 in 3 youth have a documented need for mental health treatment. [v] Substance use can negatively impact youth development, as well as increase the risk of developing mental health conditions, such as depression, anxiety, and psychosis. [vi] Given the increasing prevalence and serious impact on the health of youth, improving early identification and intervention of behavioral health concerns is vital.

Education & Capacity Building

- Prioritize further integrating behavioral health into the clinic** (e.g., [Pediatric Collaborative Care Model](#)) consider resources available (e.g., [UW AIMS Center](#)), making sure that care is developmentally appropriate.
- Train staff on HIPAA regulations** and any additional state-specific privacy laws pertaining to healthcare records for individuals under 18.
- Ensure primary care healthcare workers understand/receive training on including but not limited to:**
 - How to discuss family involvement in care with youth
 - Risk, strength and protective factors for youth
 - Signs and symptoms of behavioral health concerns in youth
 - Common co-occurring concerns in youth behavioral health
 - Special considerations for populations at higher risk for BH concerns
 - Bias and stigma towards people with behavioral health concerns (mental health/substance use)
- Ideally, have dedicated staff person** to manage referral process as necessary
- Hire and retain providers and staff** that identify with the communities they serve
- Consider hiring community health workers/promotoras, peer support workers**, and others with lived experience as part of the multidisciplinary team.

Coordinated Management

- Consider how to take steps towards providing integrated behavioral health in your delivery system.** Integrated models such as the Pediatric Collaborative Care model have shown to improve mental health outcomes compared to regular practice.
- Offer group psychotherapy onsite** if behavioral health professionals are co-located or practicing through a collaborative model

Data & Measurement

- Use a registry to track patients** with a history of a positive screen or behavioral health concern.
- Flag patients for follow-up** from a predetermined care team member
- Identify gaps in care** (e.g., missed appointments) and provide outreach
- Stratify registry** by race, ethnicity, language, sexual orientation and gender identity data, and other relevant factors to identify and address inequities
- When able, **incorporate EHR functionalities that can confirm closed loop referrals** to external providers and CBOs and receive information back.
- Provide electronic referrals using **interoperable language**

Resources

- The Bree Report is meant to supplement these resources.
- Full Bree Report: <https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2025/01/BH-Youth-Report-Final-0127.pdf>
- Seattle Children's First Approach Skills Training (FAST) Program: <https://www.seattlechildrens.org/healthcare-professionals/community-providers/fast/>
- WCAAP Supporting Adolescent Patients in Crisis: https://wcaap.org/wp-content/uploads/2021/10/Crisis-toolkit_final56497.pdf
- UW CoLab Value-Based Care Models in Pediatric Mental/Behavioral Health Care Report: [Microsoft Word - VBC100322.docx](#)
- Washington's Mental Health Referral Service for Children and Teens: <https://www.seattlechildrens.org/healthcare-professionals/community-providers/pal/mental-health-referral/>
- SAMHSA Student Assistance: <https://library.samhsa.gov/sites/default/files/d7/priv/pep19-03-01-001.pdf>

Read the full Bree Report on Behavioral Health Early Intervention for Youth online by scanning the QR code:



Connect with the Bree Collaborative at bree@qualityhealth.org

References: [i] [Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023 \(cdc.gov\)](#) [ii] [Youth Suicide Rates | Washington State Department of Children, Youth, and Families](#) [iii] [Youth Risk Behavior Survey Data Summary & Trends Report: 2013-2023 \(cdc.gov\)](#) [iv] Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ. Prevalence and Treatment of Depression, Anxiety, and Conduct Problems in US Children. *J Pediatr.* 2019 Mar;206:256-267.e3. doi: 10.1016/j.jpeds.2018.09.021. Epub 2018 Oct 12. PMID: 30322701; PMCID: PMC6673640. [v] [CHILDRENS_BH_DASHBOARD_2023NOV.pdf \(wa.gov\)](#) [vi] National Institute on Drug Abuse. (2020). Common Comorbidities with Substance Use Disorders Research Report. Retrieved from [URL].