Behavioral Health: Early Intervention for Youth Guideline Checklist Schools Level 2



The current state of the issue

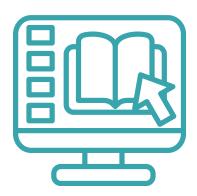
Behavioral health encompasses both mental health and substance use disorders. In 2023, 40% of high school students reported feeling sad or hopeless almost every day for 2 or more weeks in a row. [i] Between 2013 to 2021, rates of youth suicide and attempted suicide in Washington have risen by over 600%. [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

Consider hiring staff with adequate training to screen and provide brief intervention and referral as able

Screening, Brief Intervention & Referral

Systematically screen students annually for common youth behavioral health concerns using
validated tools (see OSPI) following evidence-based guidelines (e.g., Bright Futures)
Follow a timely process for assessing and responding to screening results
Consider diverse cultural values and attitudes as they relate to behavioral health concerns in
your setting.
For those who screen positive, provide follow up according to acuity of need.
☐ Inform caregivers with permission of youth and as per state statute
Support referral to and shared planning with school- or community-based providers when
indicated
Collect data on outcomes of screenings, brief interventions delivered and ideally closed-loop
referrals completed



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-Repot-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].