

Adolescent & Young Adult Behavioral Health Collaborative Innovation & Improvement Network

July Virtual Learning Session: Public Health Arm

Thursday, July 28th, 2022 - 2:00-3:15pm ET

Welcome to the July Learning Session!

In the chat, let us know where you're tuning in from and something you've enjoyed reading, watching and/or listening to recently 😊

Acknowledgements

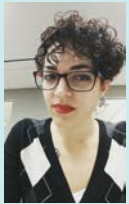
- **Funder:** Maternal and Child Health Bureau, Health Services and Resources Administration, USDHHS (cooperative agreement U45MC27709)
- **Grant Period:** September 1, 2018 – August 31, 2023 (5 years)
- **Project Officer:** Pamela Vodicka, MS, RD
- **Name:** Adolescent and Young Adult Health National Capacity Building Program (AYAH-NCBP)
- **Lead Organization:** National Adolescent Health Information Center (NAHIC), at the University of California at San Francisco (UCSF)
- More information at nahic.ucsf.edu/resource-center/
- The contents of this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

Today's Agenda

- I. Welcome and Project Reminders**
- II. Final Results from the Clinical Arm**
- III. Review: 12-Month State Capacity Assessments**
- IV. Full Group Discussion and Sharing**

AYAH-NRC CoIIN Team: Main Contacts

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Achieve an **80%** screening rate of patients ages 12-25 for a major depressive episode using an age-appropriate **standardized tool** with documentation of a **follow-up plan** if the screen is positive.

Upcoming Reporting Requirements

Reporting Mechanism	Frequency of Reporting	Next round due:
State Capacity Assessment	Every 6 months	January 13 th , 2023
PDSA Cycles (these forms will serve as your progress reports)	Monthly <i>Add new PDSA cycles to report new activities and update existing PDSA cycles to report progress on existing activities</i>	August 1 st , 2022

Technical Assistance Funds Available!

Adolescent & Young Adult Health
National Resource Center

AYA Behavioral Health CoIIN Technical Assistance
State Team Request Forms

This document includes the following components:

<u>AYAH National Resource Center Overview</u>	1
<u>AYA Behavioral Health Collaborative Improvement & Innovation Network</u>	1-2
<u>Technical Assistance Support available</u>	2
<u>What States can expect of the AYAH-NRC</u>	2
<u>Approval Procedure</u>	2
<u>Appendix A: Request Form</u>	4-5

AYAH National Resource Center Overview

The Adolescent and Young Adult Health National Resource Center (AYAH-NRC) aims to improve the health of adolescents and young adults (AYAs) by strengthening the capacity of State Title V MCH Programs and partners to address the needs of AYAs (ages 10-25). Our work focuses on increasing the receipt of quality preventive visits for AYAs. This is a focus of many state Title V programs, including those that selected National Performance Measure (NPM) #10: percent of adolescents (ages 12-17) with a past-year preventive visit ([Click here for more information about NPMs](#)).

We place special emphasis on two areas:

- Improving the delivery of preventive services related to behavioral health, including depression screening and follow-up
- Strengthening focus on the distinct needs of young adults in state-level initiatives.

AYA Behavioral Health Collaborative Improvement & Innovation Network

The AYAH-NRC has embarked on a new collaboration to increase and improve depression screening and follow-up for young people. The inaugural cohort of the AYA Behavioral Health Collaborative Improvement and Innovation Network (CoIIN) is composed of multidisciplinary teams that will operate through their public health systems (led by state Title V/maternal and child health programs) and primary care systems (led by clinical partners and practices).

Although depression is increasing among young people, screening rates and referrals to treatment remain low. Clinicians in busy practices often lack the skills to screen for depression, and even when they can find time to do the screening, many are faced with few options for further assessment and treatment for young people and their families. In 2017, 13.3 percent of adolescents aged 12 to 17 (or 3.2 million people) and 13.1 percent of 18- to 24-year-olds (or 4.4 million people) reported having a major depressive episode (MDE) in the past year. According to the Youth Risk Behavior Survey, 31.5 percent of students had experienced persistent feelings of

1

- **Fill out the required TA request form**
- **Deadline to spend funds is August 31, 2022!**
- **Submit via email to Anna (acorona@amchp.org) and Iliana (iwhite@amchp.org)**

PDSA Highlight!

- **Which CoIN team is partnering with their state's High School Athletic Association to add a mental health screening question to athletic pre-participation physical examinations?**



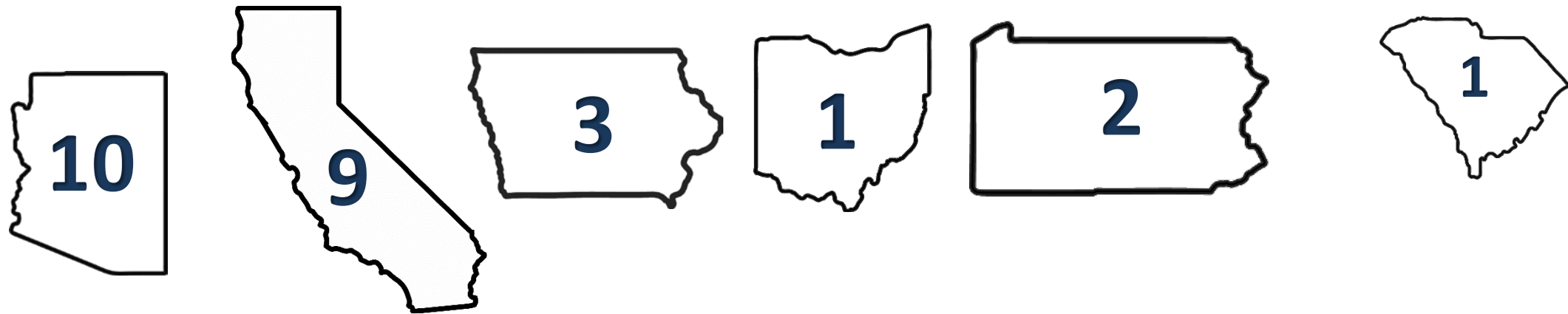
Shared by: Rachel Wallace-Brodeur

CLINICAL ARM: QI PROJECT RESULTS

Clinical Arm Participants

26 PARTICIPATING SITES

84 INDIVIDUAL PARTICIPANTS



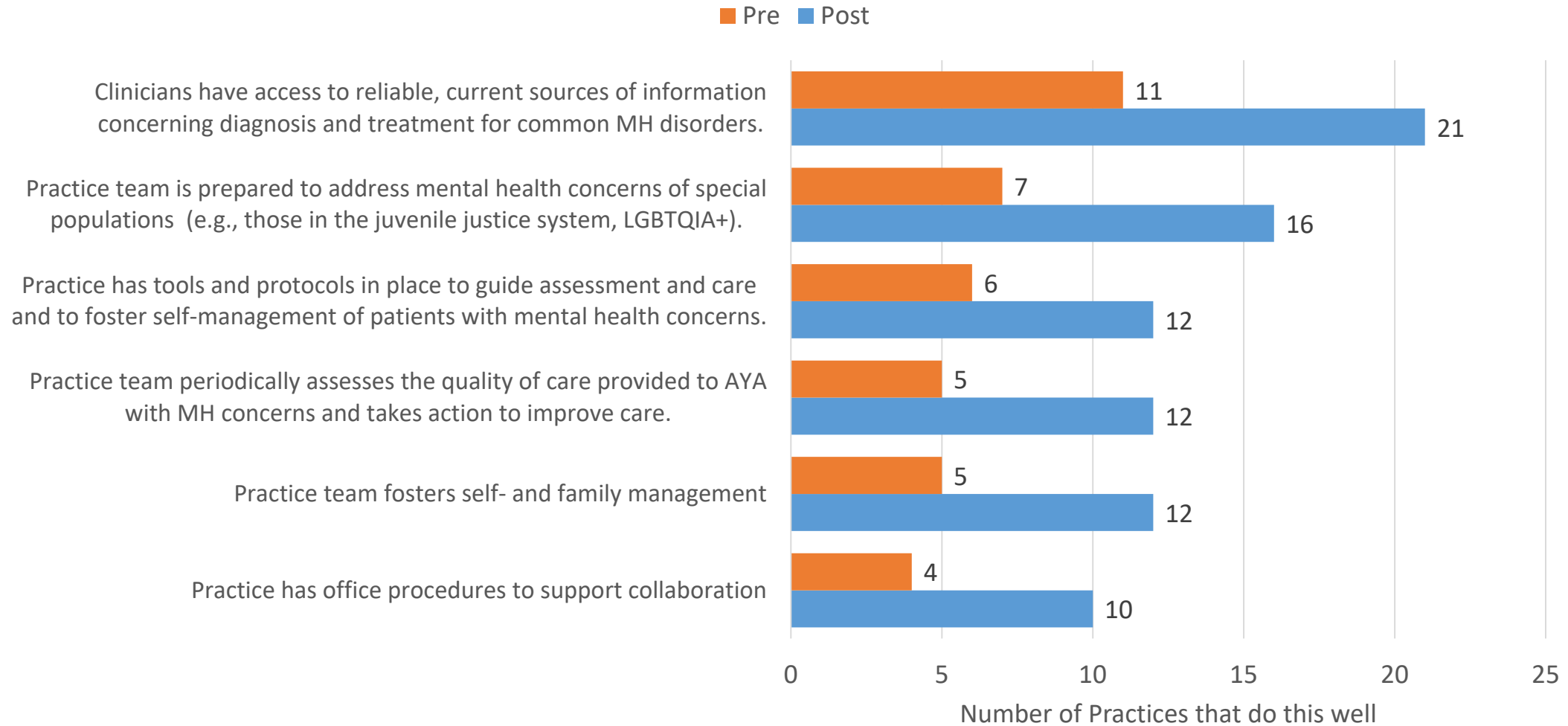
Office Systems Inventory

- Practice self-assessment of systems to support care for youth with depression
 - *We do this well; substantial improvement not currently needed*
 - *We do this to some extent; improvement is needed*
 - *We do not do this well; significant practice change is needed*
- Practice teams complete pre/post intervention
- 23 practices completed both

What was in place before the project

- Communicating about confidentiality (83%)
- Good 'first contact' skills to help patients and families feel welcome and respected (74%)
- Supportive of people facing mental health challenges, demonstrating sensitivity to cultural differences and avoiding stigmatizing language (74%)

Where were the biggest improvements?



Continued Need for Improvement

- **Community Resources: 70% of practices need improvement**
 - Up-to-date list of developmental-behavioral pediatricians, adolescent medicine specialists, community-based and school-based mental health and substance abuse professionals, youth recreational programs, and family and peer support programs and mental health care coordinators.
 - Eligibility requirements, contact points, and services
 - Collaborative relationship with schools and community-based providers

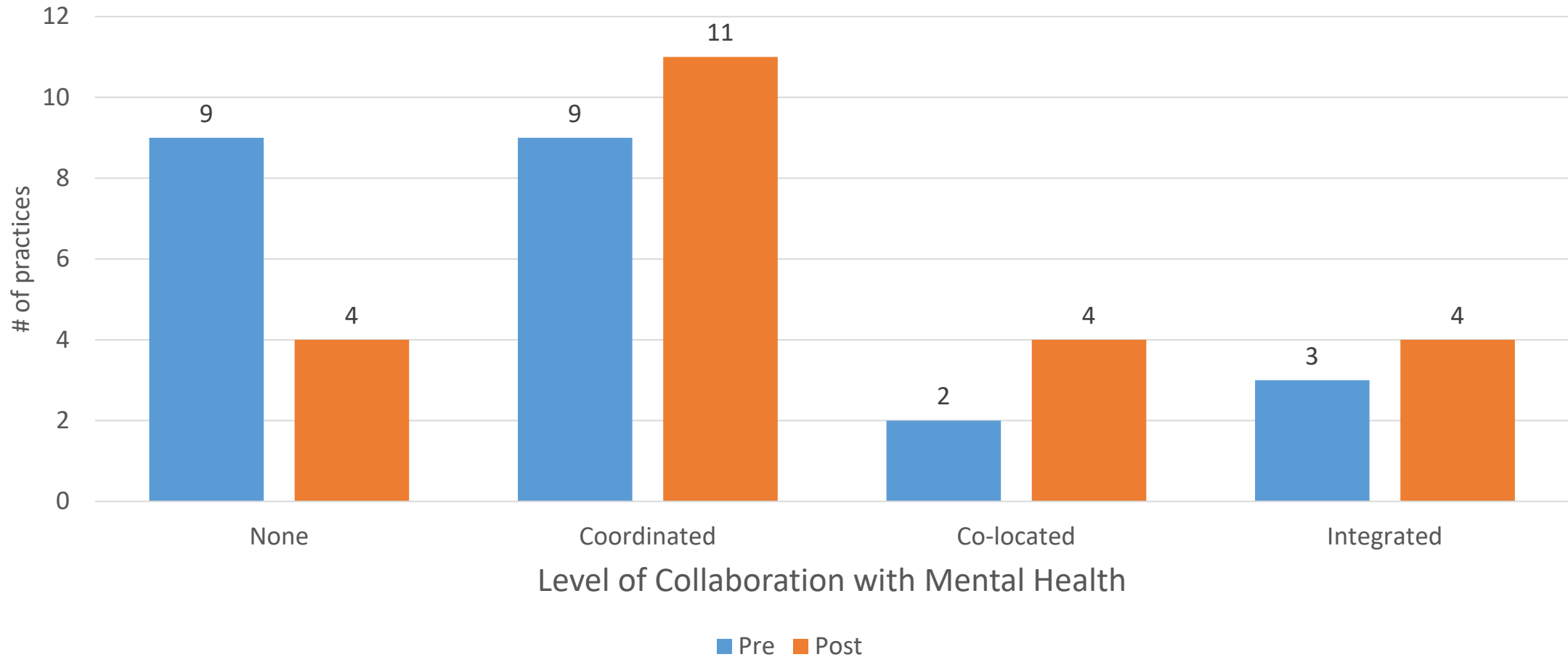
Continued Need for Improvement

- Support for Children and Families
 - Practice team promotes the importance of mental health through posters, practice Web sites, newsletters, handouts, or brochures. (79% of practices need improvement)
 - Practice team periodically assesses the family-centeredness of the practice through patient or family feedback. (74% of practices need improvement)

Continued Need for Improvement

- Clinical Information Systems/Care Coordination/Delivery System Redesign
 - Recall and reminder systems are in place to identify missed appointments and ensure patients with mental health concerns (including those not ready to take action) receive appropriate follow-up and routine health supervision services. (79%)
 - Practice has a system for monitoring medication efficacy, adverse effects, adherence, and renewals. (57%)
 - Practice has office procedures to support collaboration (e.g., routines for requesting parental consent to exchange information with specialists and schools, fax back forms for specialist feedback, psychosocial history accompanying foster children). (57%)
 - Practice has systems in place and staff roles assigned to monitor patients' progress related to mental health concerns (e.g., check on referral completion, periodic telephone contact with family, communications to and from specialist, therapist/counselor, school and/or substance abuse treatment providers). (79%)
 - Practice includes youth, family, school, agency personnel, and any involved specialist(s) in developing a comprehensive plan of care, including definition of respective roles for patients with mental health concerns. (66%)

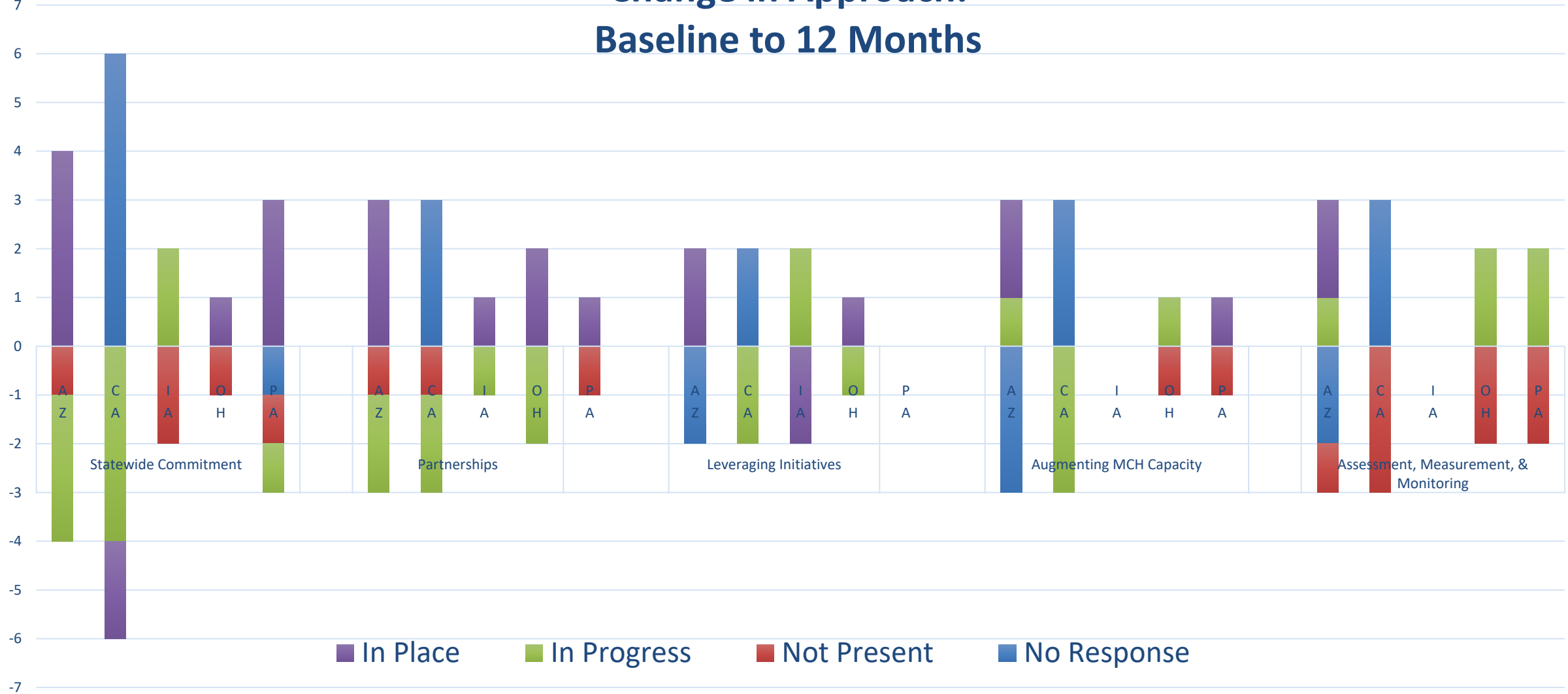
Integration of Mental Health and Primary Care



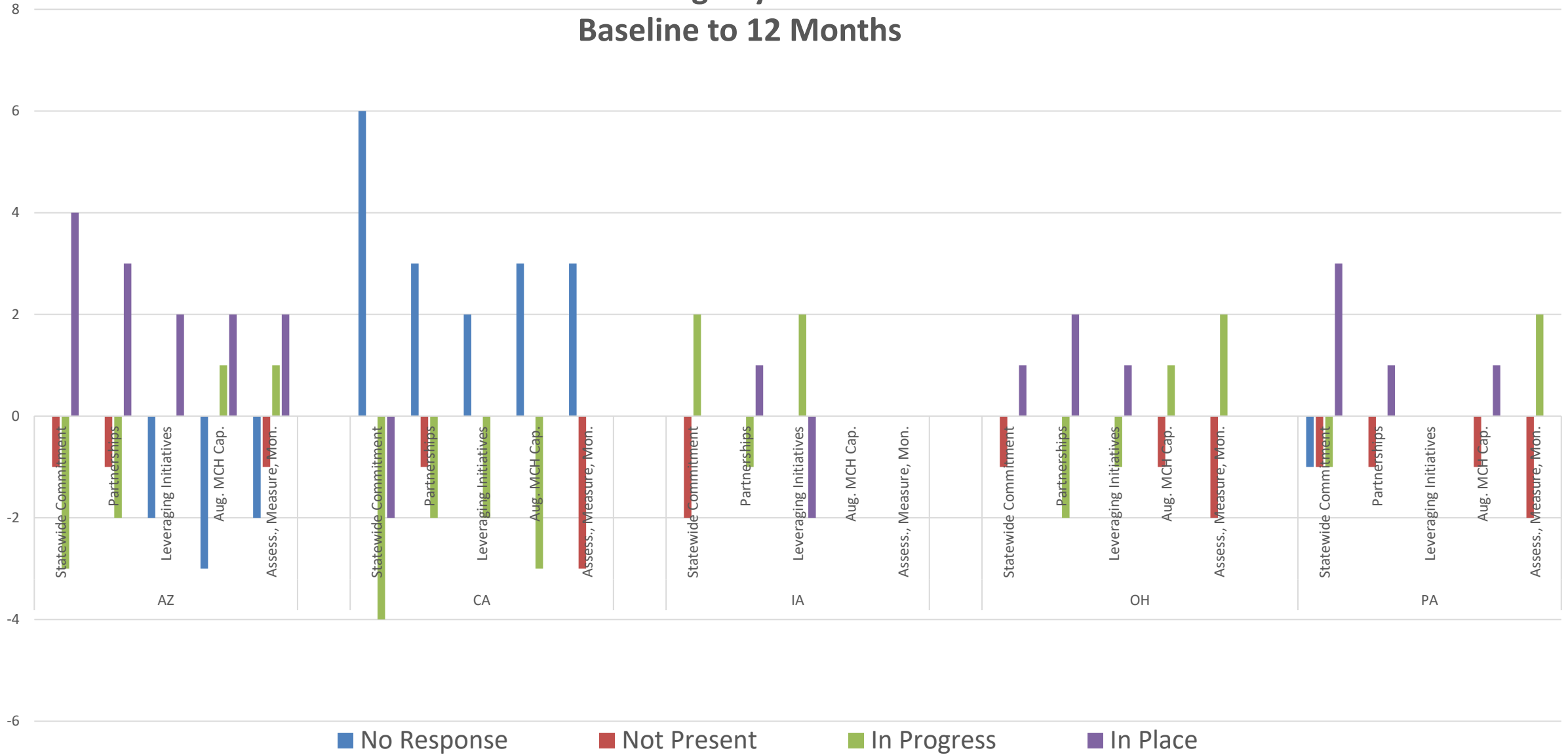
Shared by: Iliana Siarmalis-White

RESULTS: 12-MONTH STATE CAPACITY ASSESSMENTS

Change in Approach: Baseline to 12 Months



Change by State: Baseline to 12 Months



Full Group:

DISCUSSION AND SHARING

Discussion Questions

- 1. Now that the clinical QI project of the CollN has concluded (and you have completed 12 months of this CollN work overall), how do you envision your interaction with these clinics moving forward? (For the remainder of the public arm of the collaborative).**
- 2. If applicable, how is your state agency interacting with the Child Psychiatry Access Program?
<https://www.nncpap.org/map>**

Contact Us!

- For questions regarding the State MCH/public health activities of the CollN, please contact:
 - Iliana White iwhite@amchp.org; (202) 266-5252
 - Anna Corona: acorona@amchp.org (202) 266-5255
- For questions regarding the clinical collaborative structure of the CollN, please contact:
 - Rachel Wallace-Brodeur: rachel.Wallace-brodeur@med.uvm.edu
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