

Adolescent & Young Adult Behavioral Health Collaborative Innovation & Improvement Network

June Virtual Learning Session: Public Health Arm

Tuesday, June 28th, 2022 - 3:00-4:15pm ET

Session will be recorded

Welcome to the June Learning Session!

~ and ~

Happy Summer!

In the chat, let us know where you're tuning in from and what you're most looking forward to this Summer 😊

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. Takeaways: Clinical Arm Demonstration Project**
- III. Reflect & Discuss – State Breakout Rooms**
 - I. State teams will have the opportunity to reflect on clinical arm takeaways and discuss how this informs your CoIN work moving forward
- IV. Full Group Debrief**
- V. Wrap-up**

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	July 15 th , 2022
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>	July 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
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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 leveraging their TA funds to fund LGBTQ+ Mental Health recognition training for professional who work with youth, as well as families?



Takeaways: Clinical Arm Demonstration Project

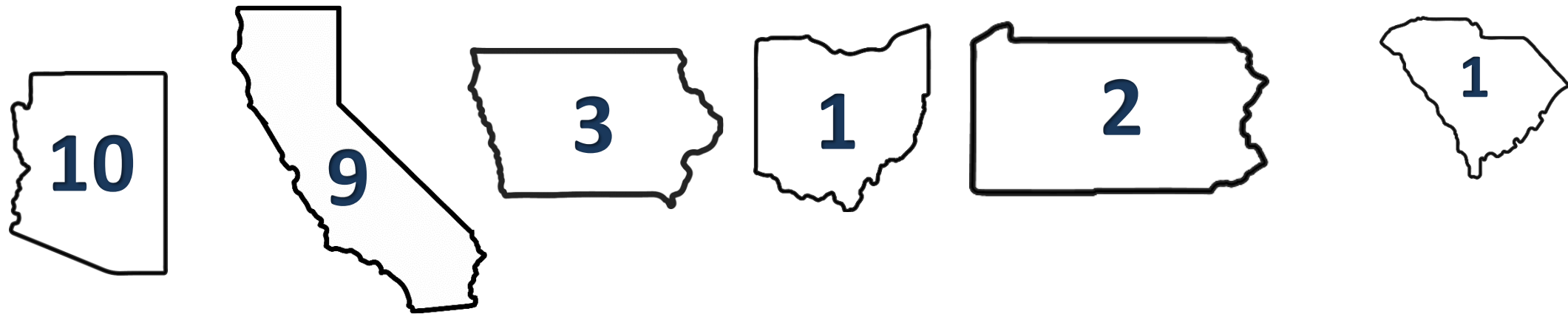
As you hear from Rachel, consider...

**How can my state team support
integration of mental health care
into primary care settings?**

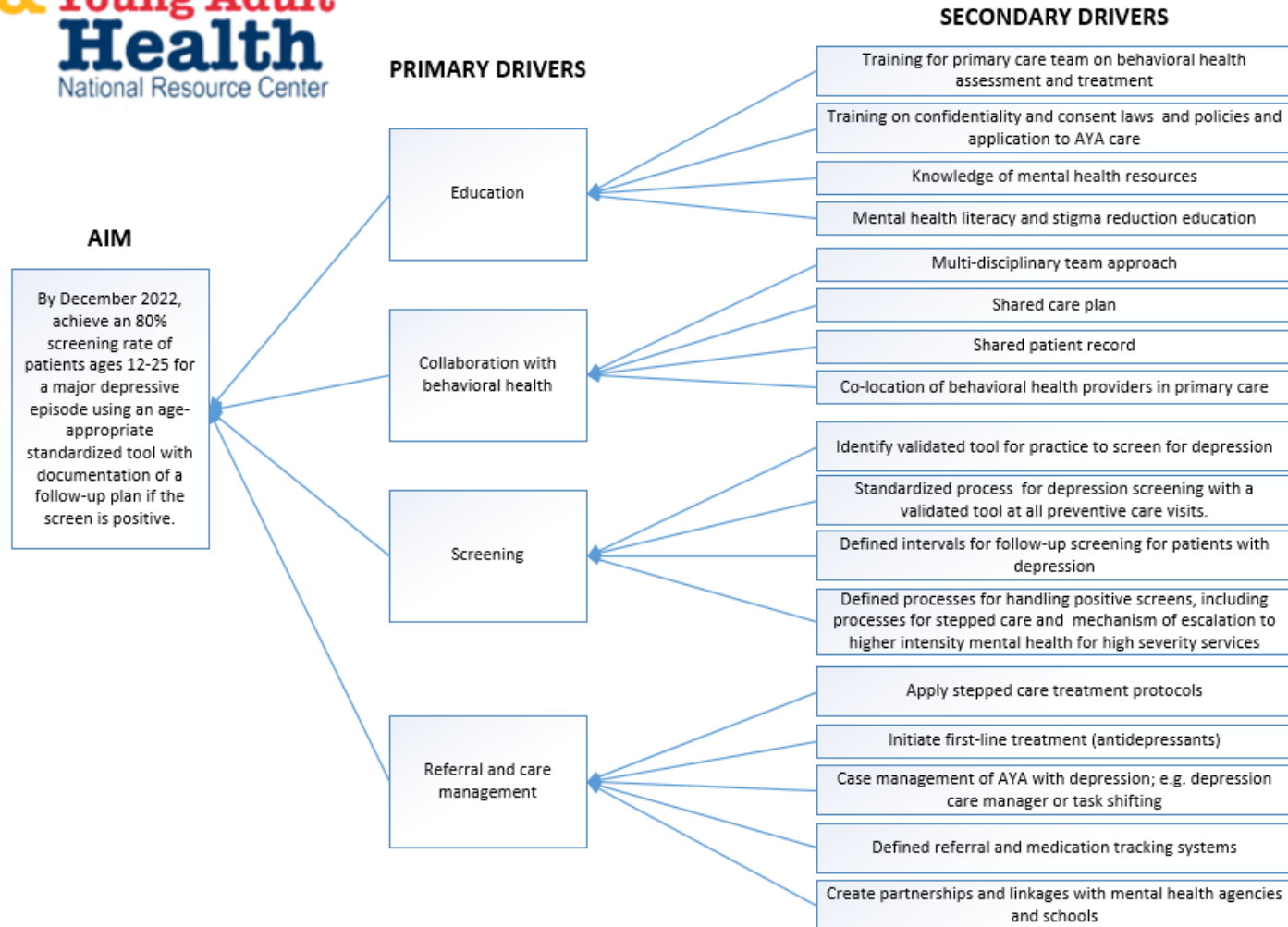
Clinical Arm Participants

26 PARTICIPATING SITES

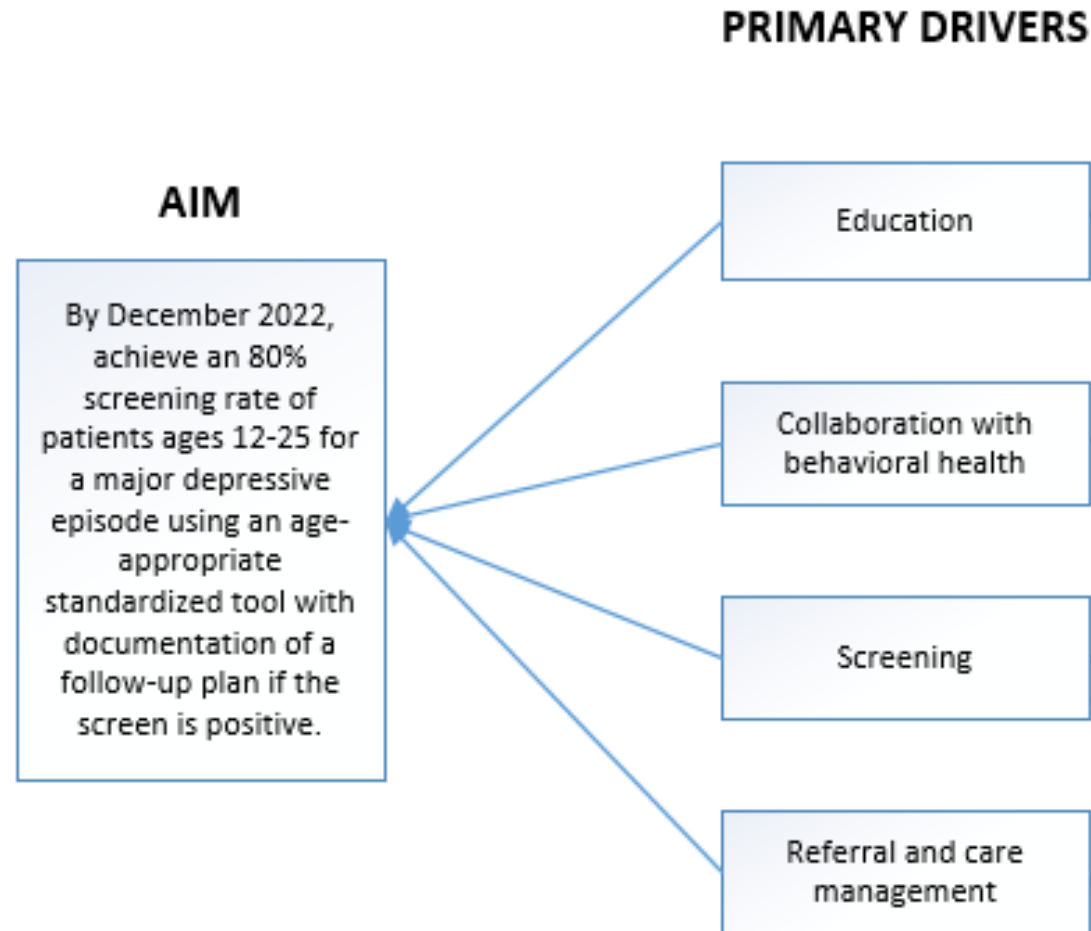
84 INDIVIDUAL PARTICIPANTS



Clinical Arm Key Driver Diagram



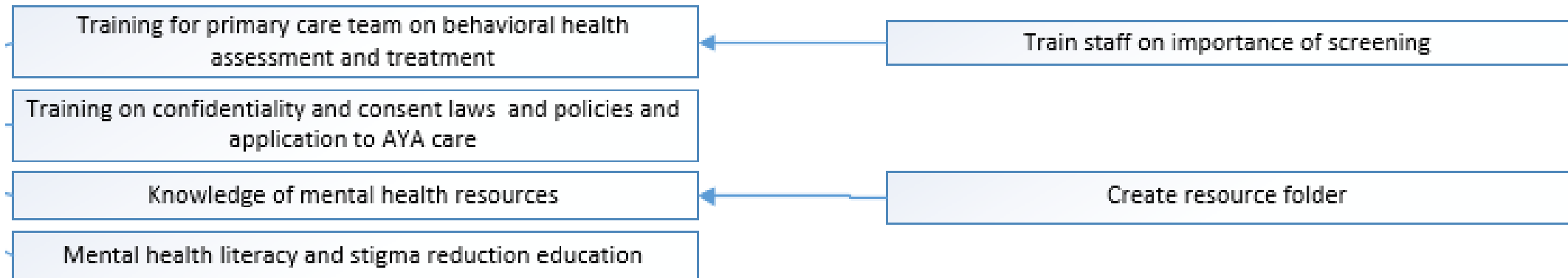
Clinical Arm Key Driver Diagram



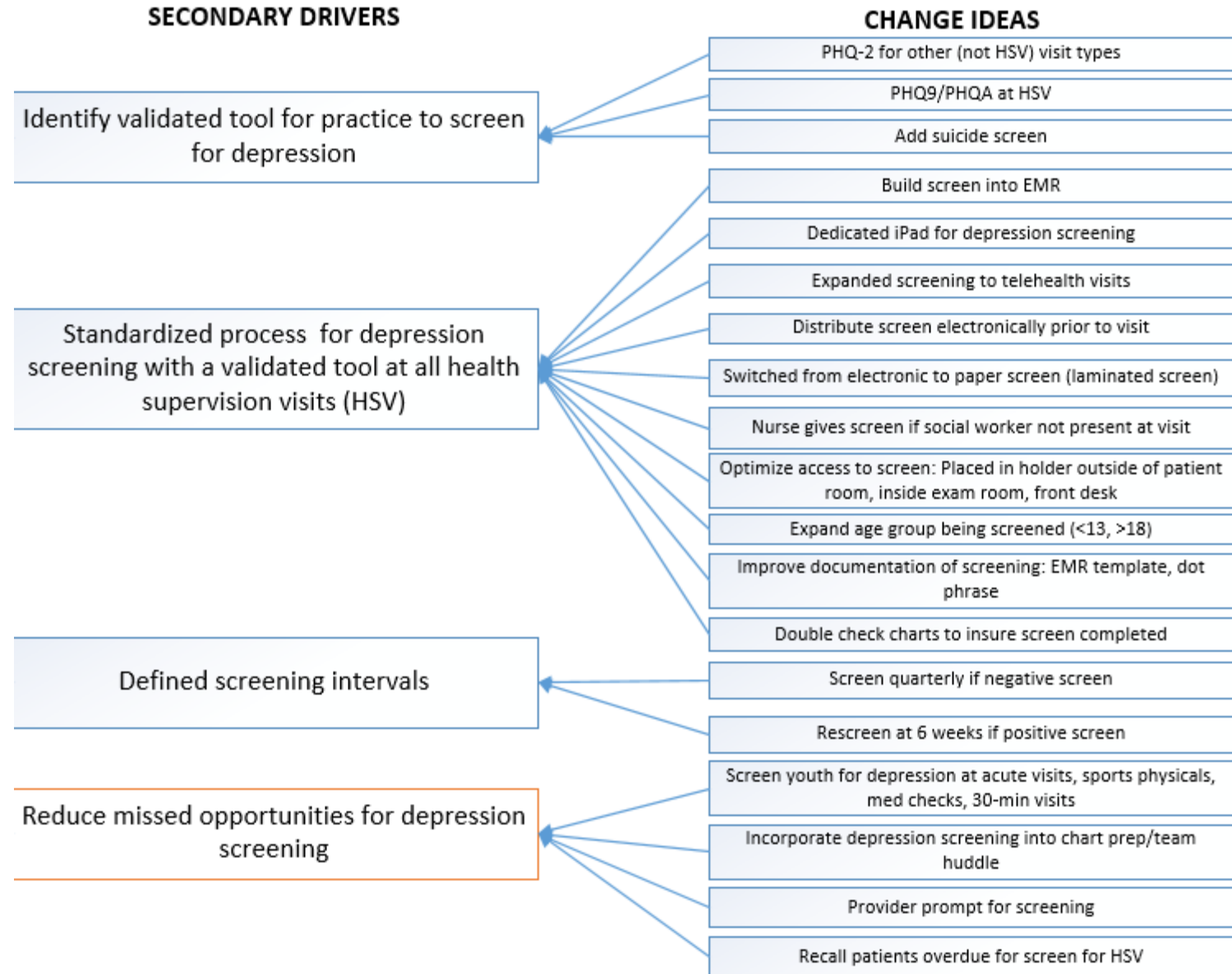
Education

SECONDARY DRIVERS

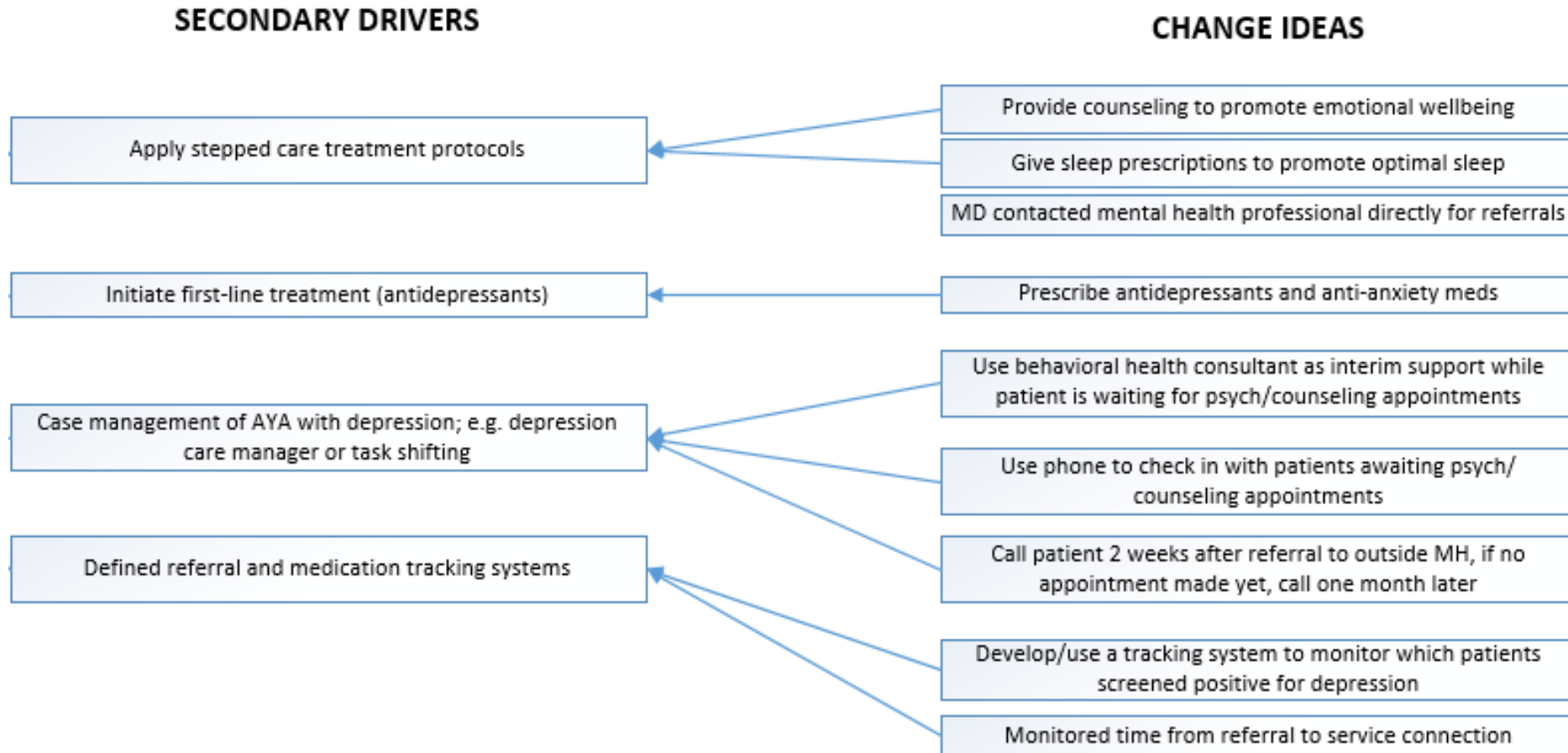
CHANGE IDEAS



Screening



Referral and Care Management



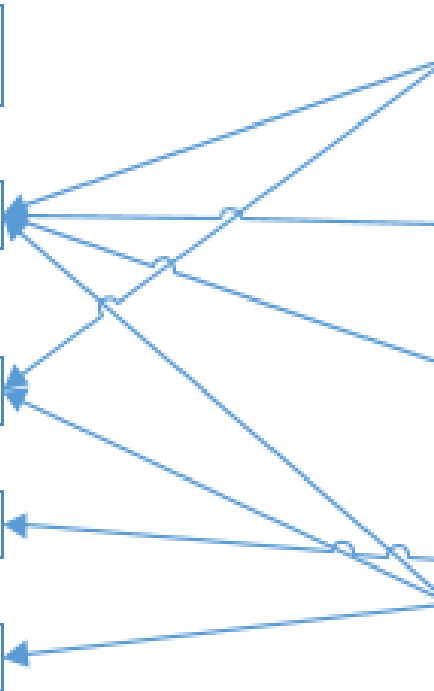
Collaboration with Mental Health

SECONDARY DRIVERS

- Create partnerships and linkages with mental health agencies and schools
- Multi-disciplinary team approach
- Shared care plan
- Shared patient record
- Co-location of behavioral health providers in primary care

CHANGE IDEAS

- Clinician and patient work with behavioral health professional to develop treatment plan
- Refer patients to Family Navigators for support getting treatment
- Use behavioral health consultant as interim support while patient is waiting for psych/counseling appointments
- Working with co-located clinical therapist, care manager, care coordinator & local hospital to support evaluation and treatment of kids



Breakout Rooms – Reflect with your Team

- Each room will have a facilitator, who will share prompting questions
- In a moment, you will be prompted to join a breakout room. Select “join” next to the room with your state’s name. You have 30 minutes.
- When we come back...
 - Share 2-3 main points from your team’s discussions/reflections, keeping in mind the overarching question: ***how can my state team support integration of MH care into primary care?***
 - What’s one action step you’ll take after today’s session?

Our Overarching Question:

How can your CollN team support integration of mental health care into primary care?

Consider...

- **How is your state government set up regarding mental health department/division?**
- **How are state agencies who work on adolescent mental health connected to community mental health?**
- **How are public health teams (Title V/MCH) able to access state leaders in mental health? Any stories of tables you joined or access you found?**

Consider...

- **What opportunities does your CoIIN team have to address barriers to integration of mental health care in primary care settings?**
- **How can you leverage the networks/spheres of influence of the members of your CoIIN team to address these barriers to integration?**

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
 - Phone: (802) 656-9025