Greetings and Happy New Year from the Adolescent and Young Adult Health National Resource Center (AYAH Center)!

Your friends and colleagues are pleased to be sharing our bi-monthly newsletters with you. Throughout the year, we will use this newsletter to:

- Provide information about trending topics in adolescent and young adult health and health care
- Share our resources, including resources from the Collaborative Improvement and Innovation Network (CoIIN)
- Keep you up-to-date about upcoming events related to adolescent and young adult health and health care

We are requesting your feedback!

The AYAH Center Communications team has released a communications assessment survey to inform the structure and content of future newsletter issues. If you currently receive the newsletter and would like to provide your feedback or ideas, the deadline to complete the assessment is COB Wednesday, February 1st. If you experience any issues accessing or completing the assessment, please email Cori Floyd at cfloyd@amchp.org.

To subscribe to the newsletter, email Karissa Charles at kcharles@amchp.org. We welcome your ideas and feedback, and you are free to unsubscribe at any time.

Collaborative Care Works to Increase Access to Mental Health

Behavioral health concerns are common among youth who are seen in medical settings, and few youth get adequate treatment or support for these concerns. In recent years, there has been an increasing focus on the integration of behavioral health services into medical settings to increase access and engagement in effective treatments. Recent data suggests that “collaborative care” approaches may be particularly effective in improving outcomes for youth with depression.
Opportunities to Increase Mental Health Services for Youth and Young Adults

What is Collaborative care? “Collaborative care” refers to a model of care in which there is a shared treatment plan between providers that includes both behavioral and health elements. Key components of collaborative care include: 1) strategies to actively engage youth and their families through an initial meeting focused on providing psychoeducation and understanding their preferences; 2) the implementation of evidence-based treatment protocols based on patient preferences; and 3) the regular measurement of targeted outcomes with a “stepped care” approach to advancing treatment intensity for patients who aren’t improving on their initial treatment choice.

How is it different from other integrated care models? The use of a shared treatment plan distinguishes it from “co-located care,” in which primary care and behavioral health providers are located in the same setting but may have separate treatment plans. Collaborative care often involves providers from different disciplines working together using a pre-defined protocol and a population-based approach to tracking outcomes to screen and monitor the entire patient panel. The clinic team will incorporate quality improvement methods to increase utilization of a patient portal and will build upon existing efforts to increase engagement with students, parents and school staff and faculty.

What do the data show? There are two strong studies of collaborative care in adolescents with depression, both of which showed increased treatment engagement and improved outcomes compared with usual care. In the most recent trial, 68 percent of adolescents receiving collaborative care had a 50 percent or more decrease in their depressive symptoms, compared to 38 percent of those in usual care. It has also been shown to be cost-effective with a cost of less than $1,500 per adolescent to deliver.

What are the next steps? When coupled with a large body of evidence in adults, there is good data that collaborative care is an effective approach to improving depression outcomes for teens. The next steps in this work are to develop strategies to implement this model more broadly. A second area of need is to further develop and test collaborative care models to address other key behavioral health needs of adolescents and young adults.

By: Laura Richardson, MD, MPH and Cari McCarty, PhD

Dr. Richardson is director of the Leadership Education in Adolescent Health (LEAH) Program at Seattle Children’s Hospital/University of Washington (UW). She is also interim chief of UW’s division of adolescent medicine and a professor at UW’s Department of Pediatrics.
Opportunities to Increase Mental Health Services for Youth and Young Adults

Dr. McCarty, PhD, is associate director of the Leadership Education in Adolescent Health (LEAH) Program at Seattle Children’s Hospital/University of Washington (UW). She is also a research professor at UW’s Department of Pediatrics.

Drs. Richardson and McCarty are co-authors on a journal article that expand on this work, supported by the MCHB-funded Adolescent and Young Adult Health Research Network. The article based on this work will be published in March in the Journal of Adolescent Health, with full public access. Please contact Jane Park (jane.park@ucsf.edu) if you would like to be notified when the journal article is available.

Selected Resources from AYAH Center

Check out resources the AYAH Center has for you on youth and young adult mental health!

- **Prevalence and Treatment of Mental Health and Substance Use Problems in the Early Emerging Adult Years in the United States** (NAHIC): This 2010 study investigates the mental health status and receipt of services among young adults across multiple outcomes (e.g., race/ethnicity, income, insurance). One major finding was that fewer than 50 percent of young adults with an identified mental health problem received treatment.

- **Effective Screening and Referral Processes for Depression in Adolescents** (MDH/SAHRC/MHealth): This webcast discusses an integrated, interdisciplinary approach to mental health promotion. It highlights the HEADDSSS evaluation and the office-based screening tools, the PHQ-9 and PHQ-A. Practitioner response, care and engagement of community resources are featured to demonstrate the complete process of effective adolescent depression screening and referral.

- **Recognizing and Managing Depression in Primary Care** (NAHIC): The Center’s Dr. Charles Irwin presented at the 48th Annual Advances & Controversies in Clinical Pediatrics Conference on primary care management on adolescent depression, including screening, diagnosis and treatment options.

- **Adolescent and Young Adult Health Measures: A Menu of Options for Practice-Based Quality Improvement** (NIPN): A set of standard process measures intended to be used as a reference tool to provide guidance to practices in measuring improvement in health care quality specifics to AYAs, including mental health.
Opportunities to Increase Mental Health Services for Youth and Young Adults

Save the Date

- **30th Annual Research & Policy Conference on Child, Adolescent and Young Adult Behavioral Health**
  Mar. 5-8, 2017. Hilton Tampa Downton. Tampa, FL.
  Join national and international participants to talk about important issues impacting the behavioral health of children, youth and families and to learn more about cutting-edge behavioral health research and best policy practices for these key populations.

- **2017 SOPHE Student Case Study Competition**
  The SOPHE Case Study Competition is designed to give undergraduate and graduate health education majors the opportunity to display expertise they have developed during their time as students. Teams of two to three students are challenged to solve a real-world health problem using the competencies required of a school or community health educator.

CoIIN Corner

Stay informed with our state-by-state CoIIN highlights!

Iowa

On Jan. 17, Dr. Ken Cheyne, medical director of Blank Children’s Hospital and one of Iowa’s CoIIN team members, conducted a free online webinar on adolescent confidentiality and consent in clinical encounters. Iowa law allows minors to seek medical care for some health care services without permission or knowledge of their parents; however, parents play a key role in the lives of teens and young adults. This webinar was meant to assist providers in negotiating these murky waters. Key objectives of the webinar included the following:

- Differentiate between consent and confidentiality.
- Interpret Iowa laws with respect to adolescent consent.
- Apply the principles of adolescent confidentiality and consent in clinical encounters in the State of Iowa.

For more information about this webinar, contact Mary Greene at mary.greene@idph.iowa.gov.

Mississippi

The Mississippi CoIIN team has taken stock of ideas gathered from their October 16th stakeholder meeting. Based on this, the team is planning to build on its “pilot” clinic quality improvement effort with the Lanier High School SBHC (i.e. School Based Health Center) by bringing together other SBHCs managed by the University of Mississippi Medical Center (UMMC). The goal is to conduct similar quality improvement efforts and create a learning network within the clinics and UMMC.
Opportunities to Increase Mental Health Services for Youth and Young Adults

New Mexico

The New Mexico CoiIN team has made significant progress on its adolescent well-visit provider toolkit. In collaboration with young people and community partners, the team has developed poster concepts and other materials that it is sharing with clinic partners for feedback. After experiencing significant staff turnover in 2016, the team is recruiting new CoiIN team members to engage in a strategic planning process that will inform their work in the future.

Team member Danielle Wheeler, an Americorps VISTA volunteer, developed a poster for use by clinic partners that promotes the patient satisfaction survey. Feedback from young people has revealed lack of interest in using QR codes to access the survey, and Danielle is now recommending the use of short URLs via link shortener bit.ly.

Texas

Texas AYAH CoiIN pilot sites have been developing media campaign plans for each site with input from youth on their youth-adult councils (YAC). These plans include updating websites to be more “adolescent-friendly,” attending health events to promote adolescent well-visits and creating short videos to address risk factors that youth feel their peers face. A series of short videos created by Texas’ Houston Youth-Adult Council (in collaboration with My Brother’s Keeper) can be found here.

Additionally, the People’s Community Clinic in Texas has been working on making its facility more “adolescent-friendly.” In December, a mural was completed in the adolescent resource room. This project was the result of a collaboration of young artists (high school students) in Color Squad at Creative Action and the YAC. In addition, People’s Community Clinic shared info about services with the Color Squad members and their parents. The clinic promoted Color Squad and other opportunities for adolescents at Creative Action among their patients. It was an excellent collaboration and outreach opportunity for both organizations.
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Vermont

The Vermont (VT) CoIIN team and Youth Health Advisory Council (YHAC) are finalizing a marketing flyer for adolescent well-visits. These flyers are for doctor’s offices, schools and social media. The YHAC is exploring opportunities for collaboration with the Wisconsin PATCH program. The VT team is delighted to hire its youth representative, Michelle Maseroni. Michelle will now have a consistent voice on the team and a leadership role with the YHAC.

Through Unified Community Collaboratives, the VT CoIIN team has been sharing its work with health care stakeholders and informing other initiatives bubbling up around adolescent well-visits. It has been a great opportunity to help guide health care priorities and strategies.

From the MCH Community

See what the MCH Community has to offer on Mental Health for youth and young adults!

- **Adolescent Health Initiative Telehealth Series: Behavioral Health Focus** is an online quality improvement program developed by Envision New Mexico that covers best-practice care for adolescents in the following core areas: basic concepts in adolescent health and development; effective communication; laws, policies and quality standards; and clinical care of adolescent with specific conditions. The behavioral health series will run from January 25 to April 12, 2017, with 12 weekly sessions and is designed and open to medical and behavioral health providers and other healthcare and community professionals.

- **Too Distressed to Learn? Mental Health Among Community College Students** is a new study conducted by the University of Michigan and University of Wisconsin-Madison at 10 community colleges across the nation. Findings revealed that half of more than 4,000 community college students surveyed are experiencing a current or recent mental health condition. In addition, less than half of these students are receiving any mental health services, and students age 25 and younger are especially likely to have an untreated mental health condition. As mental illness can impair academic success and quality of life, there is a clear need for greater attention to and resources for mental health services and programs on community college campuses.

Quick Links

- AMCHP
- NAHIC
- NIPN
- SAHRC

Save the Date

- **2017 National Conference on Health and Domestic Violence**
  Connect with the nation’s leading medical, public health and family violence experts from across the U.S. with increased international participation to advance the health care system’s response to domestic violence. Workshops, scientific posters and plenary sessions highlight the latest research and most innovative clinical responses to domestic violence, with a focus on the work being done by health care and public health professionals.
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- **A Guide to Campus Mental Health Action Planning** was developed by the JED Foundation and EDC, Inc. as part of the Campus Mental Health Action Planning (CampusMHAP) program. The guide leads campuses through a step-by-step process for designing a plan to promote the mental health of all students and get help for students who are stressed, struggling or distressed.

- **School-Based Health Center Mental Health Expansion Grant Summary Report** is an overview and lessons learned from the Oregon Mental Health Expansion Grant (MHEG), an ongoing project through the Adolescent and School Health Program in the Public Health Division to expand adolescent mental health services in school-based health centers (SBHCs).

- **One Third of Young Adults with Any Mental Illness Received Mental Health Services within the Past Year** is a recent report developed by the Substance Abuse and Mental Health Services Administration that indicates young adults ages 18 to 25 with any mental illness (AMI) are less likely to receive mental health services than adults in other age groups. The findings from this study also emphasized another key concern that two-thirds (66.4 percent) of young adults with AMI are not receiving mental health services.

- **Connecticut School Based Health Centers (SBHCs) Engage African-American and Latino Males in Mental Health Services** is a thought-provoking issue brief developed by the Connecticut Association of SBHCs that describes the factors contributing to effective utilization of mental health services in Connecticut’s SBHCs by adolescent African-American and Latino male students and examines the ability of SBHCs and their staff to engage this population.

- **Mental health resources for adolescents and young adults** is the Society for Adolescent Health and Medicine’s (SAHM) online collection of resources aimed specifically at adolescents and young adults to share additional online resources, support groups, peer networks, helplines, treatment locators and advocacy opportunities. Health care providers and youth-serving professionals can offer these additional resources or print the PDF one-page reference sheet to adolescents and young adults looking for additional support and information.

- **Payoffs for California College Students and Taxpayers from Investing in Student Mental Health** is a report written by the RAND corporation sharing study results of a survey to assess the impact of California Mental Health Services Authority’s (CalMHSA) investments in mental health programs at California public colleges. The report also estimates the return on investment in terms of student use of treatment, graduation rates and lifetime earnings.

- **School Health Assessment and Performance Evaluation System (SHAPE)** is a free, private, web-based portal hosted by the national Center for School Mental Health (CSMH) at the University of Maryland School of Medicine. SHAPE offers a virtual work space for school mental health teams to document, track and advance quality and sustainability improvement goals. It’s part of the National Quality Initiative (NQI) effort of the CSMH in partnership with the School-Based Health Alliance (SBHA) to advance accountability, excellence and sustainability for school health services nationwide by establishing an online census and national performance measures.
Opportunities to Increase Mental Health Services for Youth and Young Adults

- **Minnesota Psychiatric Assistance Line (PAL)** is a free service provided by PrairieCare Medical Group through a grant from the Minnesota Department of Human Services that is available to all health professionals in Minnesota. They can call for mental health triage and referral or consultation with a board-certified child and adolescent health psychiatrist regarding a patient. They also offer trainings focused on mental health assessment and treatment (psychopharmacology, evidence-based psychotherapy, community referrals and collaborative care models).

- **Disparities in child and adolescent mental health and mental health services in the U.S.** is a comprehensive report developed by the William T. Grant Foundation that documents mental health and mental health services disparities, articulates a conceptual model and describes four impact mechanisms that include social determinants of health. It includes an expansive list of relevant citations and a recommendation for research agenda.

Upcoming Newsletter Issue

Stay tuned for the Feb/March issue which will be announced shortly after analyzing the results of our communications assessment!

If you want to provide feedback and/or ideas, please complete our assessment by **COB Wednesday, February 1st** using [this link](#).

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