Landscape & Best Practices for Behavioral Health Prevention and Early Intervention for Children, Youth and Young Adults

Presented by Youth, Family, and Prevention Staff Members from the Behavioral Health and Recovery Division

& Special Guest: Dr. Cari McCarty 2025

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Key Definitions:

Behavioral Health refers to both mental health and substance use disorder prevention, early intervention, treatment, and recovery.

Behavioral Health Continuum of Care

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Promotion

- Services for the general public that foster health, social and emotional development, and strengthen abilities to cope with adversity.
- Primarily funded through Best Starts for Kids and other sources.

Prevention and Early Intervention

- Enhances protective factors and reduces risk factors
- Universal: Whole population
- Selective: Risk Groups
- Indicated: Individuals showing signs and symptoms (Early Intervention)

NIH – Factors that impact SUD

Risk Factors	Protective Factors
Aggressive behavior in childhood[13,14]	Self-efficacy (belief in self-control)[15]
Lack of parental supervision[14,16]	Parental monitoring and support[16-18]
Low peer refusal skills[13,17,18]	Positive relationships[17,19]
Drug experimentation[14,20,21]	Good grades[17,22]
Availability of drugs at school[21,23]	School anti-drug policies[17]
Community poverty[24,25]	Neighborhood resources[26]

"National drug use surveys indicate some children are using drugs by age 12 or 13. Prevention is the best strategy."

Drug Misuse and Addiction | National Institute on Drug Abuse (NIDA)

Youth & Young Adult Prevention & Early Intervention

The Need:

- Prevention works best, but most programs lack stable funding and staff for outreach and relationship building—key to connecting youth with services. A trusted, non-family adult is one of the strongest protective factors.

What exists in King County:

- Community Prevention and Wellness Initiative (CPWI) - Federal, Dedicated Cannabis Funding
- School Based Health Clinics – Federal, Local: City/County
- School Based Screening, Brief Intervention & Referral to Treatment (SB-SBIRT) - Local: BSK & MIDD
- Youth Support Services – Outreach & Engagement, Dedicated Cannabis Funding: State, previously partially funded by MIDD

Youth & Young Adult Prevention & Early Intervention

Population Currently Served: Select schools and communities, generally 6th grade and above, often requiring parental consent or insurance for access.

Critical Gaps: No funding for universal screening, prevention, or outreach; school budget cuts; and community cash match requirements for some programs.

Equity Considerations: BIPOC, LGBTQ+, and youth with disabilities face systemic barriers. Rural youth have limited services, transportation challenges, and fewer positive activities—risks heightened by potential Medicaid cuts. Indicated screening allows for bias – over screening certain populations

We need to know the factors so we can address them...

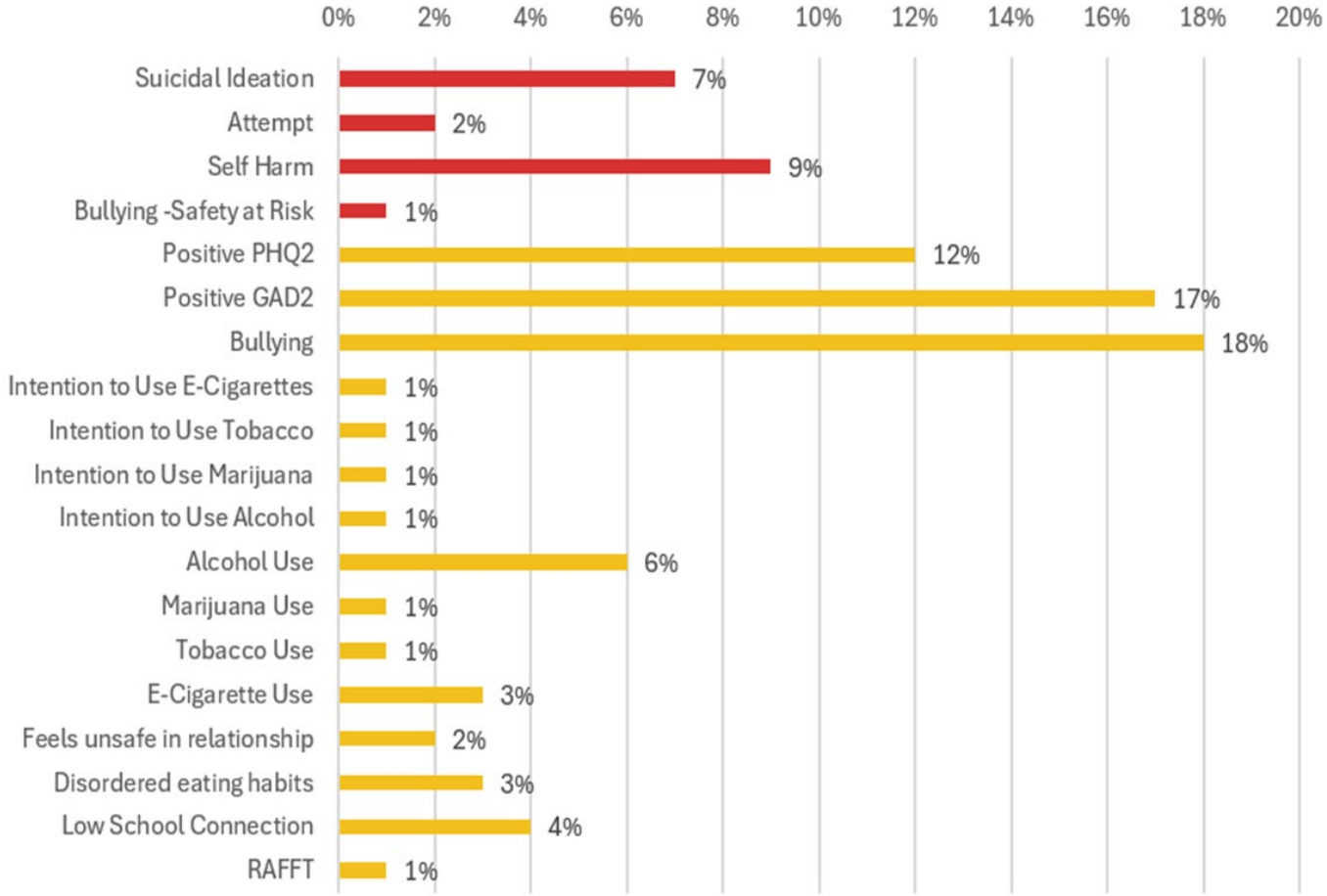
The Healthy Youth Survey (HYS) is a biennial, cross-sectional survey of 6th–12th graders that measures adolescent health and wellbeing in Washington state administered since 2002.

However, it is **anonymous** and doesn't allow for follow up directly with the students who are struggling.

Healthy Youth Survey | Washington State Department of Health

School-Based SBIRT is **confidential**

Percent of students by flag in the 2024-2025 school year



OSPI requires schools to screen, but it is unfunded

RCW 28A.320.127: Plan for recognition, screening, and response to emotional or behavioral distress in students, including possible sexual abuse.

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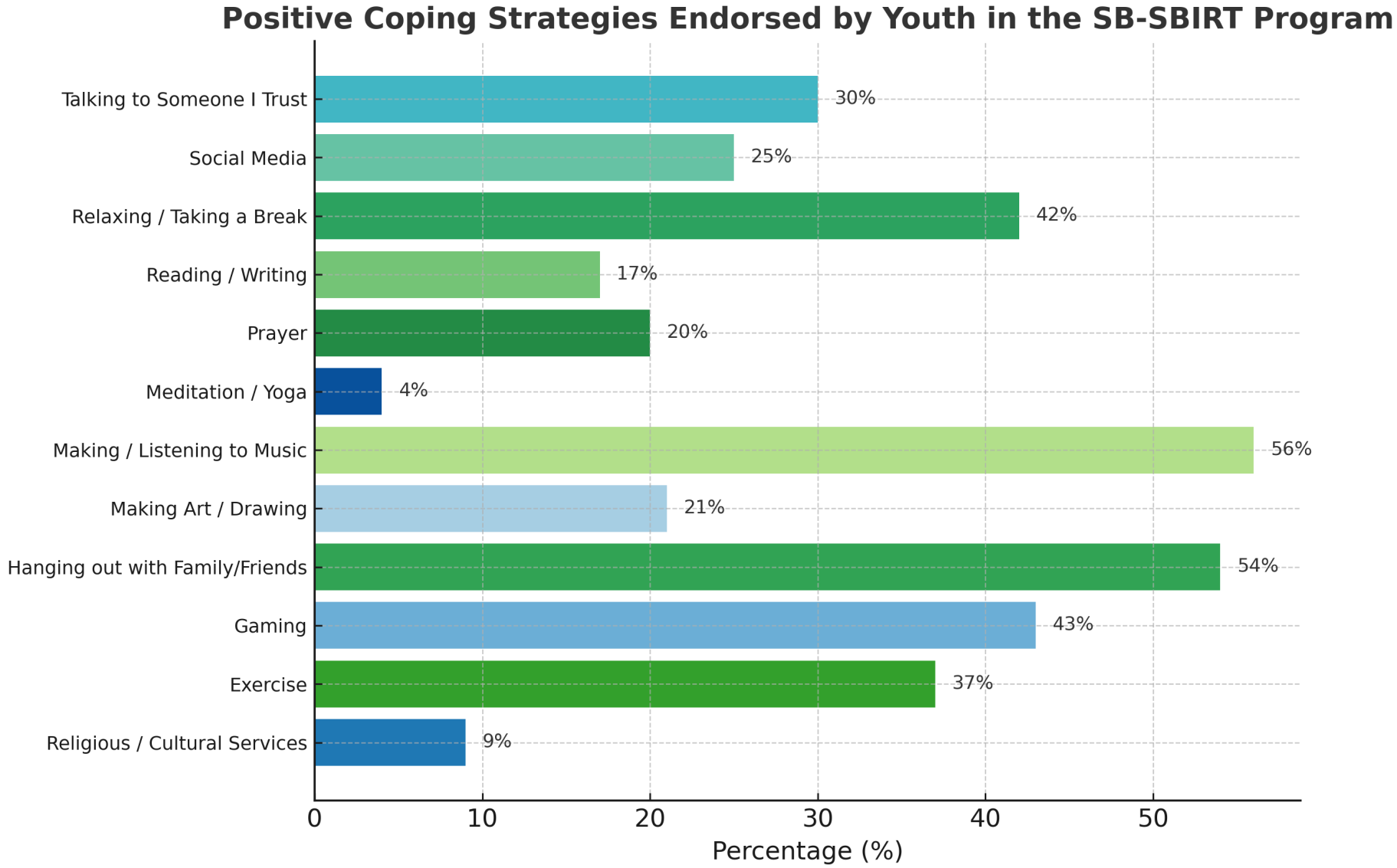
Protective Factors – SB-SBIRT



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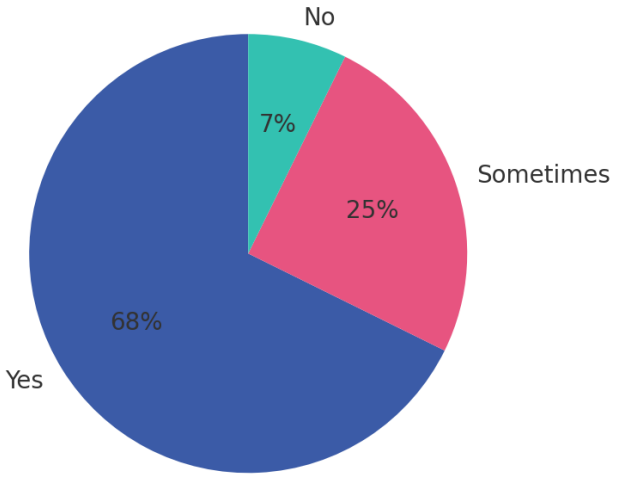
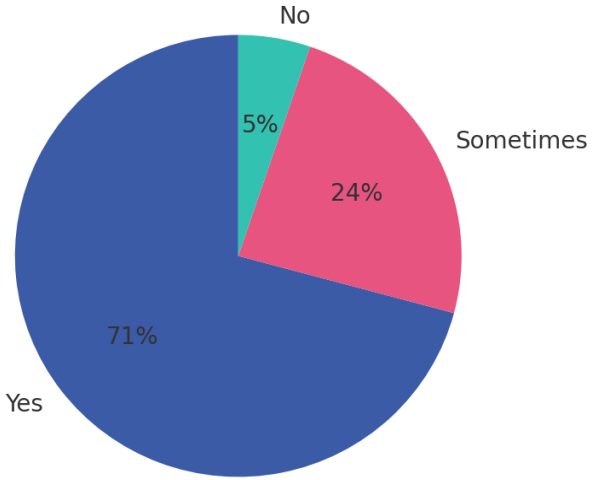
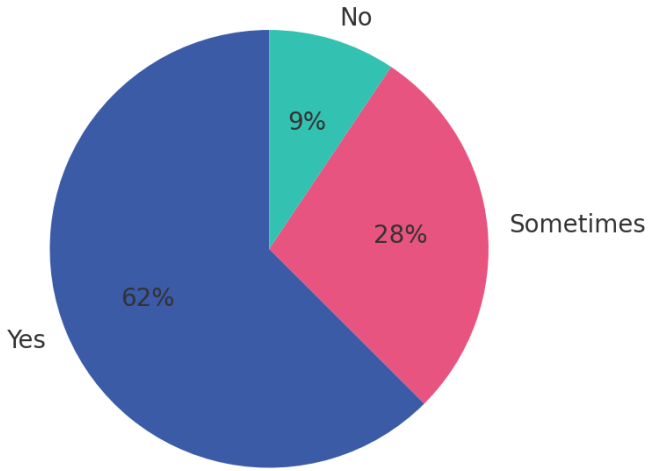
At school, there is an adult who will help me if I need it



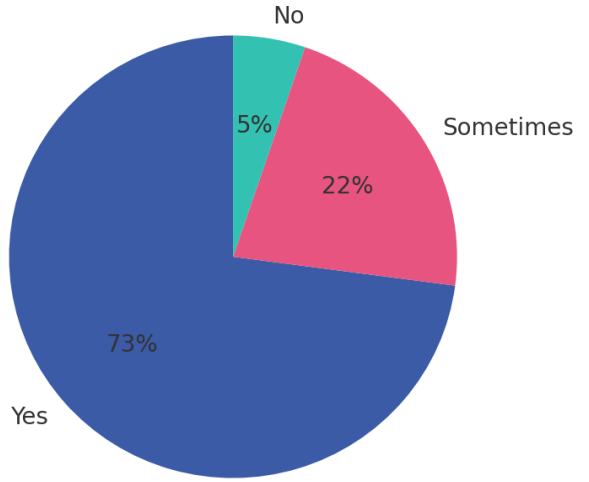
At school, there is an adult who tells me when I do a good job



At school, there is an adult who really cares about me



At school, there is an adult who believes I will be a success



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Best Practice:
Resources Where Students are Located

Impact of School-Based Health Centers

Improve student well-being and school participation by providing on-campus medical, contraception, and mental health services, reducing transportation and access barriers, and addressing opportunity gaps.

Risk Factors Addressed	Protective Factors Strengthened
• Limited access to healthcare and mental health services • Transportation and cost barriers • Unmet physical, reproductive, or behavioral health needs • Chronic absenteeism due to health issues	• Convenient, consistent access to care • Early identification and treatment of health concerns • Support for mental and emotional well-being • Increased school engagement and attendance

Community Prevention and Wellness Initiative (CPWI) fact sheet (2025)

Best Practice: Engaging Community

Impact of Community Prevention Wellness Initiative (CPWI)

From 2008–2021, CPWI schools saw greater declines in 10th graders' alcohol use, binge drinking, and cannabis use compared to statewide trends, with steeper declines the longer schools participated. Mental health trends were also more positive—while depression and suicide-related behaviors rose statewide, increases were slower in CPWI schools, and long-term participation reduced risk for depressive feelings.

Risk Factors Addressed	Protective Factors Strengthened
• Substance availability and community norms favorable to use • Family conflict and low parental monitoring • School disengagement and academic failure • Peer substance use • Limited access to mental health support	• Strong school and family connections • Clear community and parental norms against use • Access to supportive, caring adults • Engagement in prosocial activities • Early identification and intervention for behavioral health needs

Community Prevention and Wellness Initiative (CPWI) fact sheet (2025)

Best Practice: Connection

Journal of Adolescent Health

Oct 2022:

Youth-Reported Increased School Connection and Experiences after participating in School-Based SBIRT Initiative

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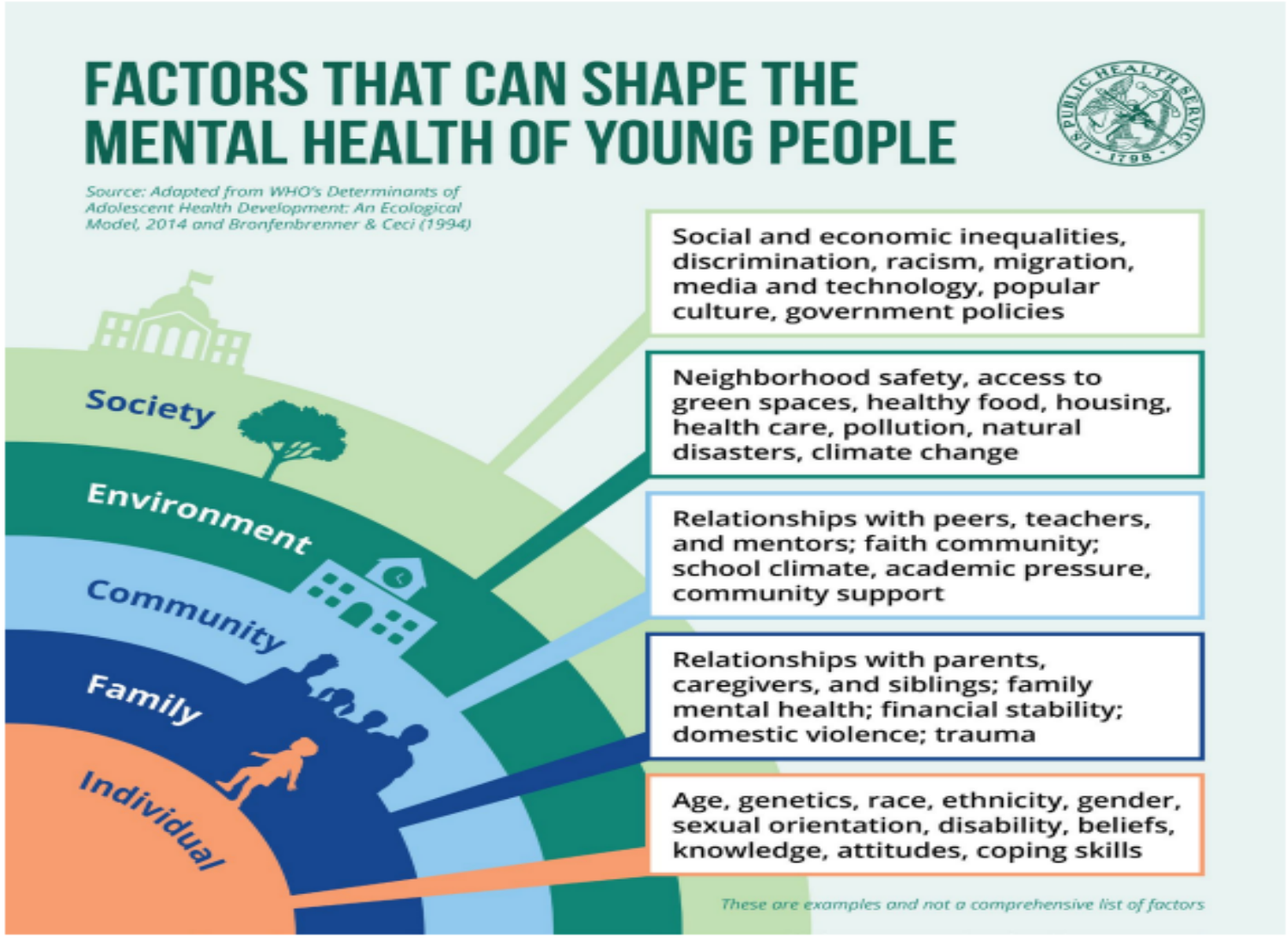
Best Practices for Prevention & Early Intervention

- **Information dissemination** – provide awareness and knowledge of behavioral health.
- **Education** – communicate to improve the life and social skills of participants. Requires interaction between participants.
- **Prosocial Alternatives** – provide opportunities to engage in activities that don't include drugs/alcohol in hopes that participants will have their needs met without resorting to drugs.
- **Environmental** – establish or change community standards, codes, and attitudes to influence the misuse of drugs in a community and creates a space supportive of mental health.
- **Community-based** – provide prevention and treatment services within the community.
- **Problem identification and referral** – identify youth who have initiated drug misuse to assess if their behavior can be changed through education. As a prevention activity, this does not refer people to treatment but provides intervention before treatment is needed.

Adapted from the Prevention Action Alliance

FIGURE 1



surgeon-general-youth-mental-health-advisory.pdf

Surgeon General's Action for Schools

- Expand social and emotional learning programs and other evidence-based approaches that promote health development
- Learn how to recognize signs of changes in mental and physical health among students, including trauma and behavior change. Take appropriate action when needed.
- Provide a continuum of supports to met student mental health needs, including evidence-based practices and trauma-informed mental health care.
- Expand the school-based behavioral health workforce
- Promote enrolling and retaining eligible children in Medicaid, CHIP, or Marketplace plans so they have health coverage that includes behavioral health services.

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Surgeon General's Action for Community Organizations

- Educate the public about the importance of behavioral+ health and reduce negative stereotypes, bias, and stigma.
- Implement evidence-based programs that promote healthy development, support children, youth and their families, and increase resilience.
- Ensure that programs rigorously evaluate behavioral health outcomes.
- Elevate the voices of children, young people, and their families.

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Surgeon General's Action for Local Government

- Ensure all children and youth have comprehensive and affordable coverage for behavioral health care.
- Invest in prevention programs, such as evidence-based social emotional learning.
- Provide resources and technical assistance to strengthen school-based behavioral health programs.
- Expand and support the behavioral health workforce.

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Connections to Other MIDD Investment Areas

- **Transitions of Care** – supporting and closing the loop with referrals, from when youth are identified as needing support, how to help connect to that support, bridging school & community connection.
- **Workforce** – increasing the workforce available to provide services, including education, early intervention & treatment.
- **Substance Use** - youth experience both SUD and MH and often times services and programing are siloed

Themes

- Funding is limited for outreach, engagement and prevention
- When youth aren't in school, it is hard to reach them
- Youth benefit from a kind and caring adult outside of their family system to help navigate challenges
- Even successful programs have barriers in funding and implementation
- Limited workforce – often siloed by expertise
- If youth are engaged in positive prosocial activities, they are less likely to use substances and have stronger coping skills