OHIO

Results from Clinical Arm of AYA-BH COIIN



PRACTICE

70 PATIENT VISITS REVIEWED

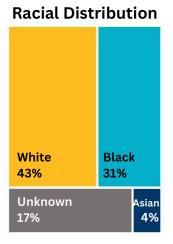
 Viking School Based Health Center

0	59%
•	female



41% male

Age	% of Visits
12-17	94%
18-25	3%



36% Hispanic



other

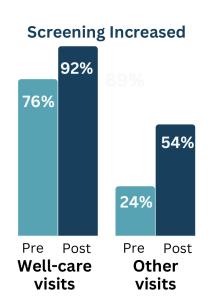


90% in-person



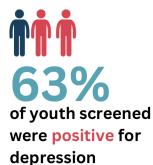
10% telehealth

Depression Screening



Most common screening tool

100% of screens



Plans

Follow-up

88% depression had a follow-up plan

of youth who screened positive for



of youth with a plan included in-office follow-up

Proportion of youth that attended their follow-up visit increased

56% → *100%*



of youth with a plan were referred out of practice





of patients declined services

Results from Clinical Arm of AYA-BH CollN



Collaboration

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Practice Change

Mental Health Professionals



Mental health and primary care are co-located and function as one integrated system

Community Programs



Would like to develop relationships with mentoring programs to support youth with depression

- Began universal depression screening starting at age 12 using the Patient Health Questionnaire
- Scheduled a date with youth to follow-up internally after a positive depression screen
- Explored other opportunities to follow-up with patients who screen positive for depression

Practices' Needs



- Posters, handouts, brochures, and social media content that promote the importance of an annual well visit that includes mental health assessment
- Up-to-date list of mental health providers, family and peer support programs, youth recreation and mentor programs



- Tools to gather feedback from youth and families on quality of care
- Convene primary care, school, and community providers to promote collaboration in caring for youth with depression



 Establish mechanisms for on-going collaboration between public health and primary care to address youth mental health

Prepared by the National Improvement Partnership Network (NIPN) for the Ohio Title V participants in the Adolescent and Young Adult Behavioral Health Colin (AYA-BH Colin).

