



# Youth Behavioral Health Coordination Pilot Project

Regional Meeting Summary, 06/10/2016

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## I. Brief Overview On Pilot

CHOICE Executive Director, Winfried Danke, provided a brief overview on the Cascade Pacific Action Alliance (CPAA) and the work done in preparation of the Youth Behavioral Health Pilot Project. The project was born out of the desire to identify a project that could demonstrate the feasibility of aligned cross-sector action (collective impact) to achieve the triple aim: better health and better care at less cost. The project seeks to address the long-term negative health outcomes associated with Adverse Childhood Experiences (ACEs) by identifying in school and clinical settings school-aged children with behavioral health conditions who might benefit from better coordinated wrap-around services, with a focus on Behavioral Health services, as early as possible so that they could have better health outcomes and be more academically successful.

Winfried explained that the CPAA has chosen this project as the “Early Win” project to be evaluated by the state. This project has already garnered some statewide and even national attention.

Angela Allen, principal of Monticello Middle School provided an overview of Monticello’s involvement in the pilot including prep work for the project and some workflow details including the following:

- Students were identified for the pilot by using a combination of test scores, excused and unexcused absences, and discipline offenses.
- Data was compiled by (school/district?) IT personnel using Skyward.
- Once identified, Angela would make contact with the student’s parent/guardian and broach the idea of being referred to the program. The group recognized this as being a factor in the project’s success.
- Angela said that she believes that having a person dedicated to the project in school administration (a “project champion”) is probably needed for project success.
- One challenge was that many of the students in Monticello would come in partway through the year or leave before the year was over—they had a lot of transient students.
- Angela believes that most of the information in Skyward was accurate, especially attendance since this was required to be entered fairly immediately.
- Pilot was started by looking at 7<sup>th</sup> and 8<sup>th</sup> grade students since information was available from the previous school year (6<sup>th</sup> graders were left out of the pool).



## II. Pilot Project Workflow

Julie Nye, RN Care Coordinator for the pilot project in Monticello Middle School, described her workflow and answered prompts and questions from the group about her work in the pilot. Some of the highlights from this discussion were:

- This pilot, because of funding, works with Medicaid clients and a large part of the early pilot phase was sorting out students' insurance.
- Julie would refer out for services if students had insurance besides Medicaid, but she recommended that in the future projects should work on funding that can help children with any kind of insurance and not just Medicaid.
- Julie reiterated that having Angela make first contact with the parents worked very well and that "cold calls" by the care coordinator would probably not work as well.
- Julie also worked in other schools and with truancy/detention court in the county, so she was able to track students who ended up there. (This was probably a strength locally that wouldn't be easily replicated.)
- There were initially 40 students served in the pilot. There were about 12 more served throughout the school year that were selected in follow-ups to the initial selection.
- If the student has already been seeing the school counselor, then they would stay with the school counselor or could be switched over to RN Care Coordinator services. They didn't want there to be duplication of services. The school also had a Mental Health Counselor who was on site one day a week who could be utilized by students.
- Julie would figure out the needs of the student and often their families and would prioritize what referrals or help was needed. For some students this would be a referral to a physician or mental health services.
- Julie recommended that other sites decide up front how they would measure success, since it is hard to do this later once work has begun.

The process for the pilot work at Monticello Middle School was outlined in a handout distributed at the meeting.

## III. Unpacking the Overall Evaluation Goals and Desires

Lisa Schafer with the Center for Community Health and Evaluation (CCH) gave a presentation about the evaluation goals for the project. Lisa stressed the importance of setting evaluation goals and described some ideas for what these goals might be for this project.

- Lisa emphasized the importance of setting evaluation goals that are obtainable in a reasonable time frame for the project at hand. For example, ACEs measures would not be a practical evaluation method for this project since it would be 20 years before results would be available.
- An area the project may want to look at more closely is the link between this pilot and Healthier Washington goals.
- The work groups may want to track the number of students reached (talked to) in the pilot and their outcomes.



- CCHE would recommend there being a core set of measures which are standard across all pilot schools and districts and supplemental measures that may vary from site to site.
- In addition to common outcome measures, such as changing clinical scores, attendance, or grades, all sites should track program measures. The latter could be the number of referrals, screenings, or visits at a site in a school year, month, etc.
- One takeaway from this meeting is that the pilot project has very rich success stories already, and now needs quantitative data to measure that success.

#### IV. Next Steps

- This group will reconvene over the summer with the goal of more shared learning, but especially for co-creating an evaluation framework that includes both quantitative and qualitative measures such as:
  - School Based Measures
    - Grades
    - Attendance
    - Test Scores
    - Decreased Discipline Referrals
  - Program measures and outcomes
    - Lower Clinical test scores
  - Social Determinant Measures
  - Storytelling (Qualitative)
- Prior to this meeting, members of the work group are encouraged to work with Lisa Schafer (CCHE) and Nikki Olson (CORE) to develop initial measures.
- Staff and work group members will reach out to other pilot sites and possible partners to include in summer planning efforts.