



Youth Behavioral Health Coordination Pilot Project

Regional Meeting Summary, 07/20/2016

I. Welcome and Introductions

Justin Wagaman, CHOICE Program Specialist, began the meeting by welcoming everyone and asking each attendee to introduce themselves and share their hopes for the project. Winfried Danke, CHOICE Executive Director, then gave a project overview to the group, talking about how the project came about and the work done to date regionally.

II. Logic Model Draft Review

Lisa Schaeffer from CCH presented the draft logic model that was compiled with the projects activities so far. The logic model is meant to be a tool to help guide the work through sequential steps to achieve outcomes in line with the overall vision of the project. Work group members offered several suggestions for what should be added or changed. The highlights of the edits included adding indicators from the Cowlitz site's first year, adding more detail to the long-term outcomes and the vision, and adding a few more short and intermediate term outcomes.

Lisa will take these suggestions to update the document and send out another draft to the group. CHOICE staff will also use some elements of the logic model and the group's suggestions to update the action plan document which will be submitted to the Health Care Authority at the end of this month.

III. Regional Alignment and Local Variation

The group discussed what elements of the project should align across the region and what elements can vary from site to site. What the group wrote down for the four categories included:

Metrics/Measurement using school and clinical data:

School Data:

- Increase attendance
- Improve grades
- Decrease discipline referrals
- Decrease threat assessments
- Increase school activity involvement
- Improve testing scores
- Referrals to special education related to behavior
- Decrease truancy



- 504 current and referrals

Clinical Data:

- Changes in YOQ45 scores
- EBPs outcomes
- ER visits
- Behavioral Health screens
- Well-child visits
- Access to healthcare
- HYS data
- Immunizations

Program Data:

- Number of kids/families served
- Number of connections to partners/community resources
- Number of families engaging in a care plan
- Demographics of youth/families served (including homeless)
- Reasons for not engaging

Universal screening tools (ways to identify potential program participants):

- Homeless, DV, undocumented, ELL
- Skyward/Homeroom
- Living situation/risk factors
 - Substance use, peer group,
 - Poverty Living
- Threat Assessment
- Behavioral Health diagnosis
 - Behavioral issues at school (discipline incidents)
 - 504 referrals

Clinical screening tools:

- CANS
- CA/LOCUS
- SDQ
- YOQ45
- GAINSS

The balance between providing care coordination and direct services:

- To occur by staff: BH Therapist, school nurse, primary care
- Family engagement in care plan/development



- Develop strength-based comprehensive care plan, funded by Medicaid or commercial insurance – braided funding
- Tracking and recall to ensure improved outcomes, and address barriers
- Location – co-management/co-location
- Use wraparound plan model
- Identifying needed credential for professional to bill MCO for low/moderate and BHO for moderate/high need
- Role for CHW-like person

The group agreed that pulling discipline, attendance, and test score records from Skyward data would be a good starting point for being able to “compare apples to apples” between pilot sites. Staff will synthesize the notes on all four areas and bring it back to the next regional phone call for discussion.

IV. Next Steps

- Backbone staff will email an updated logic model and updated action plan to the group.
- Backbone staff will send out a doodle poll for the next regional phone call to be held in August.
- Backbone staff will be in touch with team members who volunteered to assist in talking with potential pilot site staff.