April 19, 2013 Meeting Notes: Children's Behavioral Health System of Care Data/Quality Team

Attendees: Alice Huber, Eric Bruns, Tamara Johnson, Kathy Smith-DiJulio, Barb Lucenko, Lin Payton, Monica Reeves, Teresa Vollan, Barb Lantz, Raetta Daws

Agenda Item & Lead(s)	Discussion and Outcomes	Action to be taken by whom, when
Updates and announcements Membership Other	 Membership: Michael Luque and Rebecca Kelly no longer on DQ Team because of job changes. Lin representing Children's Mental Health Team; awaiting CA designation of replacement for Michael. Cherol Fryberg, Tulalip Tribes joining Traci Crowder must resign because of work conflicts. Tamara asked for names of possible contacts in the Timberlands RSN area for the youth to interview about System of Care implementation. 	Kathy contacted Ann Christian re a replacement for Traci Crowder. Kathy will contact the Children's Mental Health Committee member from that RSN and ask for more names.
	 RDA's latest report is on education – 50% of the state's school age population and 60% of special education students are served by DSHS. http://www.dshs.wa.gov/pdf/ms/rda/research/11/190.pdf Discussion on how to operationalize measures 2.1a, 2.1b (related to 	Barb Lucenko will bring preliminary data to
Reporting Measures of Statewide Performance indicator 2.1 - Barb Lucenko indicator 5.4 – Felix Rodriguez	 children and youth living in their own home) and 2.2 (receiving treatment there). 2.1a Numerator – Any incidence of out of home stay within state fiscal year (includes hospital, E&T, CLIP, JJRA, foster care, group home, BRS, DD facilities) Denominator: DSHS children and youth with mental illness. 2.1b Numerator: Any incidence of homelessness or housing instability in state fiscal year. Denominator: DSHS children and youth with mental illness. The group wondered whether measures of homelessness and housing stability include the family? This would be relevant especially for children. Or shall the denominator be restricted to youth 13-18? Or 13- 	the next meeting. The data/quality team will review measures as defined today and continue to fine tune them as well as expand with additional data when possible (specifically related to substance use and co- occurring disorders as well as detention).
	 21? Measure 2.2 clarified "Children and youth receive outpatient RSN-funded treatment in the context of their family, home, and other natural setting" Numerator: inpatient episodes (focusing on shorter-inpatient stays including for substance use disorders). Denominator: DSHS children and youth with mental illness and substance use disorder diagnoses. 	Kathy explored the CIS location code to and sent information to Barb Lucenko. Reporting location code is a CMS requirement for claims. Details can be found at <u>http://www.cms.gov/Medicare/Coding/place- of-service-</u> <u>codes/Place_of_Service_Code_Set.html</u>

	• Felix Rodriguez presented ideas of possible indicator definitions for measure 5.4 - Services are culturally and linguistically competent. A general discussion ensued to identify other agency survey questions about cultural or linguistic competence. The provider survey measures # of mental health and substance use disorder providers who are bilingual. HCA will require surveys in 2014 as part of NCQA accreditation - a survey of children with chronic conditions and a youth survey. We could ask for a stratified sample of the survey population and for optional questions to be included. The current DDA survey does not have any specific questions relating to this issue, but does ask if the client is happy with the services provided. What about JRA? CA? RDA just released a report of findings from a foster parent survey. See page 76 for information on Cultural Awareness and Language issues. http://www.dshs.wa.gov/pdf/ms/rda/research/11/188.pdf	Felix will present a sample of a way to display the data at the next meeting.
Peer-family curriculum evaluation of trainees Eric Bruns, Tamara Johnson	Tamara and Eric presented an evaluation plan and timeline for the youth and family peer support curriculum training. The first training will occur early August. It was pointed out that there are peer counselors already available (although mostly for adults) as well as Pierce County and WIMHRT (Washington Institute for Mental Health Research and Training) curricula. Certification will be required for the peer counselors who get this training and that will likely become a standard. A discussion of impact evaluation ensued. Do clients with peer counselors/parent partners have better outcomes than those without access to those resources? A further question is what part of the process makes the most difference?	Tamara and Eric will report evaluation of first training and steps for rolling it out.
Next meetingJune 21Possible Agenda Items	Data displays of indicator 5.4 and 2.1 Prioritization of operational definitions of measures (what subgroups to include in what time frame? What measures to roll out next? Other?)	