November 15, 2013 Meeting Agenda: Children's Behavioral Health System of Care Data and Quality Work Group Attendees: Elizabeth Jetton, Donna Obermeyer, Eric Chambers, Jake Towle, Bridget Lavelle, Barb Lucenko, Doug Crandall, Doug Allison, Eric Bruns, Kathy Smith-DiJulio, Barbara Lantz, Cherol Fryberg

Agenda Item & Lead(s)	<u>Discussion and Outcomes</u>	Action to be taken by whom, when
Welcome and Introductions Review Agenda	 Welcome new members: Donna Obermeyer, Family Representative; Elizabeth Jetton, Youth Representative; Eric Chambers, Director, Evaluation, Planning and Development, NW ESD 	
Announcements	Historical timeline The contract for CANS is scheduled to go into effect December 1. The subgroup to develop a draft Quality Assurance Plan for TR met for the first time before this meeting and will meet again in January. The first youth and family peer training was evaluated and reported by Eric Bruns. High scores were achieved and areas for improvement identified. Participants asked for better organization and less personal storytelling, more chance to practice new skills.	All - send Kathy any additions to historical timeline as they occur/you think about it.
Updates	HCA is surveying children with chronic conditions as part of their consumer assessment of health plans and thought we might like to add some questions that we could monitor over time. Developmental screening begins in 2015. Codes are 96110, 96111. Jake reported on two recent Department of Justice OJJDP grants awarded to JJRA. Both are focused on community transition and reentry for youth and will partner to serve JJRA youth and families.	Barb Lantz will follow-up with

	The first grant project will develop a youth-driven, family engaged, and community involved, Comprehensive Reentry Plan (CRP) for JJRA youth. The CRP will effectively assist youth with the necessary tools and resources to be successful as they transition from the juvenile justice system and return back to their home communities.	
	The second grant, the Bridge to Recovery (BTR) program, will provide JJRA youth effective evidenced-based treatment for co-occurring mental health and substance abuse disorders, including screening and assessment of COD, coordination of continuing care as they transition from a secure facility to completion of community parole, and transitional planning. JJRA will partner with DBHR through Tina Burrell (SAT-ED grant) to provide ACRA-ACC services for the youth to promote successful reentry into the community; ACRA-ACC services will continue until completion of parole services.	
	There may be opportunities to link data between SOC, RDA and JJRA.	Barb Lucenko will explore with Jake.
	FAR is being implemented in CA. Goal is to decrease hospitalizations (consistent with DBHR and TR goals).	
Reporting Measures of Statewide Performance – Barb Lucenko • Indicator 1.5 with intake services removed	Barb distributed the latest version of the Measures of Statewide Performance. Indicator 1.5 was run with and without intake services and there was minimal and insignificant difference in results. A question was raised about whether there is a gold standard vis a vis mental health services combined with psychotropic medications.	Kathy will review literature to determine if there is an evidence-based recommendation re mental health services expected when psychotropic medications are prescribed. Since an intake can serve as a therapeutic encounter it was decided to report the measure with intake included. This decision will be noted in detailed Technical Notes to be developed.
Indicator 4.2 with peer support code displayed for entire population of clients in RDA database	The peer support numbers are low and there was discussion re other sources of peer support data. Trend is up and we will continue to monitor.	Kathy will look for data on peer support in the Block Grant annual report

 Indicator 2.4 data – what does it tell us resafety? Further discussion on whether safety and permanency measures are measures that apply across the system of care or within CA Discussion re next measure(s) to address 	Safety is currently reported as absence of death and injuries. While these are rather crude indicators it is clear that they define safety. Other indicators of safety are more nebulous and difficult to define. WISe implementation will begin January 2. Related data elements and processes are being defined and will be monitored by this group.	Options for measurement of the concept of safety will continue to be explored. Doug Allison will explore measures traditionally used in the child welfare system to determine if they might apply to kids with behavioral health issues. To be presented at the January meeting with conversation about next steps.
 Next meeting – January 17, 2014 Update on Quality Assurance Plan draft. Report on first steps of WISe (Wraparound with Intensive Services) implementation and implications for quality monitoring 		