

May 16, 2014 Meeting Agenda: Children’s Behavioral Health Data and Quality Work Group

Present: Katie Weaver Randall, Kathy Smith-DiJulio, Eric Bruns, Jamie Rundhaug, Colette Jones, Donna Obermeyer, Barb Lucenko, Bridget Lavelle, Eric Chambers, Jake Towle, Doug Crandall

<u>Agenda Item & Lead(s)</u>	<u>Discussion and Outcomes</u>	<u>Action to be taken by whom, when</u>
<p>Welcome and Introductions - Katie Review Agenda</p>	<p>Katie clarified the focus of this work group is on children and youth who receive behavioral healthcare services. Our role is to examine and develop data and quality activities to support sustainable behavioral health system reform over the long term.</p>	
<p>DBHR Updates and Announcements TR Settlement WISe & CANS QAP (Kathy) FYSPRTs (Kathy) SAT-ED site visit (Kathy) 5732/1519 Outcome Measures & Next Steps - Katie</p>	<p>Launch date for implementation of the WISe program for seriously emotionally disturbed children and their families is July 1. Early adopter sites have started to implement and submit assessment (CANS) data. A computerized system for data entry and support is being developed for July implementation. Statewide data will reviewed by this group and the statewide FYSPRTs.</p> <p>The WISe QAP subcommittee continues to meet to flesh out components to be included in WISe program monitoring and which will be incorporated into a broader TR Quality Assurance Plan to be reviewed and approved by this group. A draft will be presented for discussion at the July meeting.</p> <p>The SAMHSA SAT-ED site review was held on April 22, 23 and 24. The exit interview was positive regarding site level services; outcomes (staying in school, abstinence) are promising. The reviewers strongly recommended stronger promotion of Substance Use Disorder (SUD) and Co-occurring Disorder system development initiatives, including reporting outcomes.</p> <p>As outcomes are being developed for adults (5732/1519) there is a strong push to have them be consistent with those for children/youth. Continue to look for relevance/alignment.</p>	<p>Kathy will send draft to members prior to July meeting.</p> <p>Barb and Bridget to follow-up with Measures of Statewide Performance (initial discussion of indicators later in meeting).</p>
<p>Member Updates and Announcements</p>	<p>Colette Jones reported that HCA is requiring the children and children’s with chronic conditions consumer survey next year. There is an opportunity to add between 8 and 16 questions geared towards children’s mental health issues input is welcome to help define the questions.</p> <p>Annual mental health utilization data is collected from the plans. Plans have been told of the need to increase utilization and to educate the</p>	<p>Questions were raised about the survey and sampling plan, whether data can be drilled down to county level, what was included in previous surveys. Colette will find out the information and send it to</p>

	<p>primary care provider community about the availability of mental health services. A letter to primary care providers is being crafted about the availability of mental health services. HCA would welcome help defining more clearly what the mental health contract language should look like in the plans.</p> <p>MCOs are working with Gail Krieger’s staff to collect evidence-based mental health service utilization from the mental health provider community. Specifically, we are working on a common coding system so data can be analyzed on the back end. Kari Mohr from Gail’s team is leading the effort.</p>	<p>Kathy who will send out to entire team. If interested in helping craft questions for the survey, please contact Colette.</p> <p>HCA would also welcome help with how mental health services can be defined in the plans. If interested, please contact Colette.</p>
<p>Reporting Measures of Statewide Performance – Barb Lucenko</p> <ul style="list-style-type: none"> • Broadening from MH to CD • Indicator 2.3 data – inpatient stays 	<p>Barb and Bridget presented 2 ideas for broadening Measures of Statewide Performance from MH to CD:</p> <ol style="list-style-type: none"> 1) Have an initial page that describes the children’s behavioral health population in WA – treatment needs for mental illness, alcohol and other drug (AOD) and co-occurring disorders (COD) – with subsequent pages describing the needs by age, gender and race. Members asked for numbers and percentages to be included. Once we have a good sense of the entire population of kids with service needs RDA will begin to look for subpopulations across a variety of measures. 2) Broadening current measures to include AOD and COD. It was suggested that there are likely differences in outcomes in these subpopulations with children/youth with COD having worse outcomes. Also, those with COD should be prioritized given the move to behavioral health organizations. <p>There was a lively discussion of interpretation and analysis of this data. It is important to move this conversation to audiences beyond this committee – perhaps by writing a brief to add contextual information to the data.</p> <p>Indicator 2.3 Questions were posed re how to count “inpatient hospitalization stays” which drove the question of why are we looking at this info – is it to know what facility has the greatest impact on children/youth? To discern whether we are improving our ability to better support children/youth in the community? It was decided that more information is needed before a final decision is made. An additional questions was how to define a stay when “inpatient” can</p>	<p>Recommendations were strongly endorsed and the general population description will be included on the revised Measures document. Barb and Bridget will come to the next meeting suggesting which indicators would best reflect subpopulations.</p> <p>Katie will find out how “hospitals” are defined (by EQRO, others) Colette will find out how the physical health world defines it.</p> <p>RDA will run data with both</p>

	<p>include E&T, CLIP, and hospital stays and stays can occur back to back (transfers, readmissions). Should back to back events be collapsed into one event, e.g., combined inpatient, or into one event with the facility where the longest period of time occurred being listed, e.g., CLIP.</p>	<p>options for defining “inpatient stays” and present at the July meeting for decision.</p>
<p>Next meeting – July 18</p> <p>Review draft of TR Quality Assurance Plan</p> <p>Measures of Statewide Performance</p> <ul style="list-style-type: none"> • Suggestion of measures conducive to MH, AOD, COD categorization • Continuation of inpatient hospital stay discussion. • Other 		