

# Meeting: Children's Behavioral Health Data and Quality Team

**Date: July 17, 2015, 1-3pm Location: Blake Office Park, Blake East Building, Hood Conference Room**  
<https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery/data-and-quality-team>

Present: Barb Lantz, Bridget Lavelle, Katie Weaver Randall, Kathy Smith-DiJulio, Donna Obermeyer, Jake Towle, Jamie Rundhaug, Doug Crandall, Joan Miller, Greg Endler

Agenda Item & Lead(s)	Discussion	Outcomes/Action (by whom/when)
<p><b>Welcome and Introductions</b>  <b>Review Agenda</b></p>	<p>Andrea Marsh had to leave the committee. Discussion re recruiting another family member as well as youth members. Seek representation from the east side of the state.</p>	<p>Kathy and Donna to follow-up on recruitment ideas – Donna- youth from Thurston-Mason</p> <p>Kathy - Chad Klein, Yakima (RAJR); statewide FYSPT, Becky Bates, Passages; Community Connectors (Patty King).</p>
<p><b>Updates and announcements</b></p> <p>1519/5732 measures for BHO contracts: MH penetration, SUD penetration, 30-day psychiatric readmission, and SUD retention</p>	<p>Katie presented the performance indicators that went into the 2015 RSN contracts (mh penetration, #0-day psychiatric readmission) as well as those that will go into the 2016 BHO contracts (SUD penetration and retention). After baseline data is established, they will be publicly displayed.</p> <p>Translating 1519/5732 measures requirements directly to children/youth requirements is inexact. We want consistent reporting where possible. Where measures are defined differently may be able to report same general measure and asterisk if the definition is different for children/youth.</p>	<p>Katie will bring draft performance measure definitions and preliminary data to the August meeting.</p>
<p><b>30 Day Psychiatric Readmissions</b>            Katie Weaver Randall, Bridget Lavelle</p> <p>Types, Ages (0-17, 18-21)</p> <p>Relationship between admissions, ED visits, readmissions</p>	<p>Consideration of how to define this measure for children/youth. Bridget presented initial data on characteristics of Medicaid Clients with psychiatric admissions and readmissions. Discussion re system improvements to improve the number and ways to measure services provided post-discharge. Might youth end up in other institutional settings, e.g., JR.</p> <p>Also discussed the importance of preventing</p>	<p>Barb Lantz – Will investigate where HCA Community outreach workers are located and whether they could be located in institutional settings, ie., JR to facilitate Medicaid enrollment prior to discharge. What is their relationship with Health Benefit Exchange staff?</p> <p>Barb will also try to get a data feed between HCA and RAJR, an interface to MCOs and BHOs to know</p>

	<p>the first hospitalization.</p> <p>Discussed WISE as a way to prevent psychiatric readmission. Direct referral to WISE from CLIP is now possible with screen and initial full taking place in the CLIP facility prior to discharge.</p>	<p>when folks are being discharged from institutions.</p> <p>As enhancements to data on psychiatric readmissions Bridget will report the following data where possible and bring another draft of the data to review:</p> <ul style="list-style-type: none"> <li>• Aggregate by Regional Service Area</li> <li>• Add and RAJR flag</li> <li>• Receipt of outpatient services post-discharge and in what location</li> <li>• Detention proxy</li> </ul>
<p><b>WISE data</b> Kathy Smith-DiJulio</p> <p>Update on WISE survey- ideas on collecting information on youth referred but not screened</p> <p>Second Quarter BHAS Reports</p>	<p>Discussed options for getting contact information on youth and caregivers referred for WISE but not screened – for survey purposes. Doug Crandall and Donna Obermeyer reported that they collect data on those referred and are scheduled for an appointment but do not keep it. RSN administrators are asking their agencies to collect this data.</p> <p>Jake reported that RAJR keeps a list of those referred to WISE from their 3 institutions.</p>	<p>Jake will get Kathy the names of the three people that make WISE referrals; Kathy will contact them to find out if this is a viable source of youth/caregiver contact information for survey purposes.</p>
<p><b>Next meeting</b></p> <ul style="list-style-type: none"> <li>• August 21</li> <li>• Possible Agenda Items</li> </ul> <p>Continued discussion of 6.1 "services". NQF endorsed quality measure for children: (i.e., diabetes screening for those with schizophrenia or bipolar disorder who are prescribed psychotropic meds).</p> <p><b>CANS Data for cross-system use supporting coordinated, collaborative actions</b></p> <p>Kathy Smith-DiJulio</p> <p>Committee discussion based on Nate's</p>		

powerpoint

?RDA - Proportion of WISe screens by referral source type and referral source recommended