

Children's Behavioral Health Data Quality Team Meeting Notes 3/15/2013

Present: Alice Huber, Eric Bruns, Tamara Johnson, Kathy Smith-DiJulio, Barb Lucenko, Michael Luque, Lin Payton, Raetta Daws, Jacob Towle, Barbara Lantz

I. Updates

- Membership – Lin Payton is scheduled for the April 9 IPAC meeting and will solicit an OIP representative at that meeting.
- Meeting notes will be posted on the CMH system of care website beginning with these notes <http://www.dshs.wa.gov/dbhr/childrensmentalhealth.shtml> Links, reports, other information that we want available can be posted as well. Let Kathy know if you have specific ideas. The committee agreed to review the draft notes within a week after they are received and send additions/corrections or “thumbs up” to Kathy as an indication of approval for posting.
- WISe Quality Tool development workgroup. Has met once and will meet again next month. Goal is to decide on a process for monitoring the quality of care for children/youth in intensive services. CANS and clinician skills are pieces of that. As web-based reporting is developed there will be provider measures to monitor. All agreed that clarity of language is important as we decide what to monitor. Eric shared a draft data informed decision-making matrix that he developed for the workgroup to review at their April meeting.
- Grants:
 - Creating Connections – A plan is developed and a survey is being conducted to ask child welfare and mental health staff re the types of children they see and the ease of information sharing and referral between agencies. Data deliverables are being defined. Target population – youth newly in dependent care at least 30 days (not temporary). The goal is to look at behavioral health needs in a way consistent with what is required in Measures of Statewide Performance. Additional data will be available in FamLink.
 - State Adolescent Treatment Enhancement and Dissemination (SAT-ED). Started interventions and Learning Collaboratives in Grays Harbor and Clallam Counties. Grantee meeting just completed – focus on developing workplan in 6 targeted areas: workforce development, implementing EBPs, financial mapping, evaluation, family/youth involvement and health disparities. Lots of synergy with SOC work. Expansion plans in development and will be rolled out at the co-occurring conference this summer.
 - System of Care (SOC) – Tamara and Kathy conducted youth leadership training last Sunday – to equip youth to conduct expansion implementation interviews. Eight youth and one adult supporter participated. The youth have begun scheduling interviews.
- Health Care Authority (Barb Lantz) has submitted a budget request for activation of both developmental and autism screening billing codes which would allow for early identification of autism and other developmental delays. Early assessment and identification of developmental delays would allow early connection to services for both the child and family. The budget request included funding approval to implement payment for Applied Behavioral Analysis for children with autism spectrum disorder. While the agency is currently funding this service, the funding request confirms the legislature's commitment to the program.
- Juvenile Justice and Rehabilitation Administration (Jake Towle) –The Office of Juvenile Justice Delinquency Prevention received a Second Chance Act Juvenile Offender Reentry Planning grant. The Second Chance Act authorizes grants to states, territories, units of local government and federally-recognized Indian tribal governments for demonstration projects to promote the safe

and successful reintegration into the community of individuals who have been incarcerated or detained.

Next Steps: JJRA will develop and design a *Youth Reentry Plan* to effectively assist youth at the point of initial intake through transition back to the community with established resources and needed services. Expected benefits: The Youth Reentry Plan will establish a reentry planning protocol and produce a reentry plan designed to meet the needs of youth as they transition to the community. The principles upon which the program is based are consistent with those of system of care including Youth/ Family Driven, Continuum of care into the community, proactive and imbedded in policy. The performance measure include

- PbS, DSHS Core Metrics, National/JRA Reentry Measures, NCCHC, ACA
- Consider Best Practices Approaches (MDT's, designated resources)
- Consider Disproportionate Minority Contact Impacts/Improvements

In addition to this grant, there is a cross-JJRA workgroup to increase youth voice and expand out to the system of care. JJRA Youth Voice provides youth and staff initial and ongoing opportunities:

- To work together and grow their mutual commitment and abilities
- for groups of diverse youth initiate, plan, direct, implement and evaluate activities with adult coaching;
- to be involved in Policy-Making;
- to have input on fundamental, intermediate, and advanced training to staff related to disproportionate minority contact (DMC), cross-cultural communication, substance abuse and trauma-informed treatment
- to have representation on Reentry Advisory Board related to the OJJDP Second Chance Grant and the JJRA Reentry Strategic Plan, including research and evaluation.

JJRA is also involved with CommonAction, a WA-based research group, which has identified several different strategies that youth and adult allies have taken for integrating Youth Voice throughout our institutions and organizations.

II. **Reporting Measures of Statewide Performance**

- The latest version was reviewed. There have been minor edits to the introduction. Please review and send any suggestions to Barb Lucenko.
- Efforts are underway to capture data for children under 5 but the quality is not sufficient to share yet.
- Component details of indicator 1.1 (functional impairment) were reviewed. It was recommended:
 - to move "MHD State hospital" to MHD CLIP.
 - Change "Mental Health Outpatient Top 10% " to hours of service rather than encounters.
 - To report 2 digits to the right of the decimal point for better indication of change, e.g., instead of 1.5%, change to 1.54%

III. **Next meeting – April 19**

- Agenda items – How best to display satisfaction survey data (indicator 5.4) – Felix Rodriguez
Peer-family curriculum evaluation of trainees – Eric Bruns, Tamara Johnson
Continue discussion of Indicator 2.1 – all

- Follow-up from this meeting
 - Lin will obtain one page information sheets on each of the cross-system initiatives and send them to Kathy to distribute.
 - Alice will send Kathy a calendar which lists various initiatives so that Kathy can do historical tracking of changes in policy, funding and other factors which influence outcomes.
 - Raetta shared resources on Autism. The best free materials for Healthcare Provider education seem to be on the CDC website and on Autism Speaks. Both sites allow one to order large quantities of brochures. Please see the article on identifying developmental disorders in Medical Home settings.
http://www.cdc.gov/ncbddd/actearly/pdf/ccp_pdfs/GOP_kit.pdf Act Early kit
<http://www.cdc.gov/ncbddd/actearly/hcp/index.html> Healthcare provider screening tools
www.cdc.gov/ncbddd/actearly/act/class.html Autism Case Study & Training
<http://www.autismspeaks.org>