September 20, 2013 Meeting Notes: Children's Behavioral Health System of Care Data and Quality Work Group

Attendees: Kathy Smith-DiJulio, Barb Lucenko, Eric Bruns, Jake Towle, Doug Allison, Raetta Daws, Doug Crandall, Monica Reeves, Cherol Fryborg

Agenda Item & Lead(s)	Discussion and Outcomes	Action to be taken by whom, when
Welcome and Introductions **Review Agenda**	Welcomed new member Doug Allison, CA	
Updates and announcements	Historical timeline RDA's report is on behavioral health needs and school success can be found at http://publications.rda.dshs.wa.gov/1486/ One on post-secondary enrollment for youth that received DSHS services during high school can be found at http://www.dshs.wa.gov/pdf/ms/rda/research/11/196.pdf and the latest – the housing status and well-being of youth aging out of foster care http://www.dshs.wa.gov/pdf/ms/rda/research/11/195.pdf Youth-led Statewide Assessment of System of Care Implementation	All - send Kathy any additions to historical timeline as they occur/you think about it. Kathy reported that this process was completed and youth will present findings to statewide and regional FYSPRTs.
Reporting Measures of Statewide Performance • Initial data on indicator 1.5 • indicator 5.4 • Indicator 4.2	Barb asked for input re what should be included in the numerator of **indicator 1.5**. Decision: remove inpatient services as the goal of system of care is to serve children and youth in their communities. Retain crisis and BRS services as these are community services. There was no consensus around intake services. Subsequent to discussion at the last meeting **Indicator 5.4** was included on the Measures of Statewide Performance. For a discussion of **indicator 4.2** Barb referred the group to the subcategory MHD-OP_Peer_spprt_flg on the indicator 1.5 list. These are coded peer support services. The group noticed a steady increase and remarked that we would expect this to continue given	As the data presented today included intake services Barb will run the data without and the Committee will compare results and discuss again at the November meeting. As the variation is small Kathy will ask Felix to consolidate all the parent results (for children 0-12) and all the youth (13-20) results. Barb will get the numbers for the entire population of kids in the RDA database (not just those on medications) and this will comprise the indicator. Kathy will ask Barb Lantz whether anything like this exists in the medical health world. Raetta

	the youth peer support training occurring next week – but would want to monitor it. Barb Lucenko wondered if there are any other ways to capture peer support.	contributed that "Wellness Coaches" are part of their health home implementation but she doesn't think that is a universal approach.
• Indicator 2.4	**Indicator 2.4** – Much discussion about how to operationalize "Children and youth are safe." in the context of receiving behavioral health treatment services.	For next meeting Barb will pull together data on deaths and accidents in youth who are receiving mental health treatment services. Doug A will speak to CA leadership to determine if that suits their conception of safety and if not, get their ideas about operationalizing the concept.
• Communicating Measures	The Measures have been distributed widely as a template for the adult behavioral system redesign.	We can share as well and can remove the Note "Preliminary Data…." On those that have been vetted and agreed upon by the Committee.
Data and quality needs for TR • Data and Quality Team role as outlined in agreement	Kathy shared that the TR Interim Agreement identified this committee as responsible for a Quality Assurance Plan intended to describe, among other things, how quality assurance tools and activities developed under this Agreement may overlap with other existing quality assurance systems, programs, and activities. There are many more details which seem better suited to a small workgroup.	Kathy will talk to Lin re the WISe Quality Monitoring group and whether to expand that group or create an overlapping group. Doug A, Doug C, Barb Lucenko and Eric Bruns agreed to be involved.
• CANS (who is doing, consolidate data – for follow-ups)	CA is doing CANS but not linked to DBHR efforts; JJ and RA has discussed its use but not yet implemented. Since DBHR is contracting with a database developer it would be beneficial if all agencies in state linked with this system so cross-system data could be shared. Data required as part of TR settlement and integration across quality improvement efforts expected as well.	
Next meeting – November 15 • Indicator 1.5 with intake services removed • Indicator 4.2 with peer support code displayed for entire population of clients in RDA database		

• Indicator 2.4 data – what does it tell us re safety? • Report back on evaluation of peer-family support trainings • WISe quality monitoring recommendation (Eric, Lin) • Further discussion on whether safety and permanency measures are measures that apply across the system of care or within CA? • EBPs-ideas for monitoring fidelity?		