# Early Warning System Workgroup

## October 9, 2018

## 10:00 am to 11:00 am

## Meeting Minutes

1. Attendees: Jesse Flores-Serenity Point Counseling, Jennifer Flores-Serenity Point Counseling, Drew Crandall – GCBHO, Cody Nesbitt-GCBHO, Chris De Villenuve-Catholic Charities, Jamie Carson-Somerset Counseling Center, Carol Moser-GCACH, Jenna Shelton-GCACH, Sam Werdel-GCACH, Eric Nilsen-KFD, Rick George-Comprehensive Health Care, Jeanette Hays-TCCH, Stein K Richland Fire Dept, Rhonda Hauff-Yakima Neighborhood Health Services, Sara Clark-First Steps, Michelle Bagby-QBHS, Courtney Helsa-Comprehensive Health Care, Dimita Warren-Blue Mountain Counseling, Isabel Jones-HCA, Samantha Zimmerman-HCA, Rachel Jaffee-Coordinated Care, Courtney Ward-Amerigroup, Krista Concannon-HCA, Lee Murdock-Homeless Network of Yakima, Ann Sonnen-CHPW, Sela Barker-CHPW

2. Updates on the grievance, jail, Interpreter Services data, crisis - HCA

   This region as well as some of the other regions were curious as to adding some other categories of information and one of those we were looking at potentially was adding MCO grievances. HCA regularly receives a report from the MCO detailing the number of grievances, appeals, and outcomes. Some of the regions were curious about looking at that to see if IMC is causing a spike in grievances due to lack of access to care. We did talk about this and turns out that these wouldn't work for the EWS because the reports are submitted by the MCOs quarterly not monthly. So for purpose of the EWS it just wouldn't make sense to track because it really wouldn't show issues quickly enough.

   Another category HCA looked at adding was Jail data. Currently HCA receives some limited booking data from all the jails across the state that is submitted to Provider One for Medicaid eligibility purposes because we suspend Medicaid eligibility while the person is in jail. When they are released they can get re-enrolled. There are several issues in adding this to the EWS. The two major issues were that with the vendor that gives us this information had a data share agreement that doesn't allow us to share, so it would require HCA to go back to the vendor to ask them to amend the agreement. We would have to do separate data agreements with all the regions. Given the timeframe with IMC transition in just a couple months there realistically was no way to get all that done. The main issue though, with using that jail data, the way that data is collect kind of messes up how many people are actually booked in a month because the data is used for Medicaid eligibility. It only counts the beginning of the incarceration as the first full month. For example, if someone is arrested in Mid-January their Medicaid eligibility won't be suspended until February 1st. The data would show that they were booked in February when they really were booked in the middle of January. This messes up the data and doesn't reflect accurate numbers. This is why we can't do the provider one jail data as an indicator.

HCA is looking at potentially adding some Interpreter Services data as a standard indicator for the EWS. Many of the regions are concerned about the switch to the new vendor and if that will affect the providers ability to fill their interpreter services requests in a timely manner. HCA has been working with the Interpreter Services department and it does sound like they should be able to collect this data. There is a monthly report that they could extract some information about the number of appointments requested versus the number that are filled as well as the time. They are not sure they can get it in the right format. They have a meeting with the interpreter services department on Friday. HCA will update for the next meeting.

HCA is working with the BHO to collect some baseline Crisis system standard indicators. The number of calls, the number of ITA investigation and outcome, the DCR response time, and the bed availability. It looks like Greater Columbia BHO has not been collecting some of the crisis hotline data. We may not be able to have that much baseline data for that. The BHO is working on getting the bed availability data. I think they should be able to get us some data on the ITA investigation and outcomes as well.

Question: The # of calls, # of calls answered, # of call answer timeliness, Average speed of answer, and abandonment rate. These indicators are the kind of indicators that we want to use for our region. If the BHO isn't collecting it currently is this going to be required from the BHO/ASO?
Answer: Yes, HCA is going to ask that BHO/ASO to collect and report on this data once the EWS kicks off on January 1st. Greater Columbia BHO has told us they should be able to begin tracking all these indicators once they do transition. The issue is a lot of these they haven't previously collected, so we will not have the baseline data for them.

Question: Questions on the Emergency room department in terms of the wait times to get the a DCR out to meet a crisis response time. Is this something that can be tracked?
Answer: Under the crisis indicators we will be collecting the response time of the DCRs
Question: Will that response time be for the ER or for anywhere the DCR is request?
Answer: I believe it is anytime from when they are requested to when the DCR is on the scene.
Question: Who is tracking that? Is it the provider that has the contract for crisis services or is it the BHO/ASO?
Answer: In North Central Catholic Charities tracks the time they receive the call to the time they are on the scene at the ER/Jail. The track it in their EHR.
Answer: HCA will require the BHO/ASO to report this metric to HCA. How they implement this metric within their region and with their providers is something that the BHO/ASO can implement with the crisis service agencies. This is an RCW so it is a requirement.
Question: If it is a requirement, then it is being collected now?
Answer: The agencies are collecting it, it just hasn't been collected by the BHO because they haven't requested it.
Answer: This is something HCA will work with the BHO/ASO on.
Question: If there is an RCW that is required to track the amount of time it takes to go to a crisis situation then who is collecting that information if it's a law then someone should be.
Answer: It's not a law that it has to be tracked. It is an RCW that speaks to the timeframe that a DCR must respond by. Agencies are tracking their own response times.

3. Discussion on Indicators for GCACH region –

In the last meeting we talked about the Encounter Data and having the providers submit their encounter data to us, much like they did for the BHO. Is this something that we still want to look into doing?
We need to be specific to what kind of data we want to collect. Are we wanting to collect # of screenings, assessments, new clients to the system, and things like that which would be good information to collect? It should also be easy for providers to produce.

Encounter Data:

- Screenings # per month
- Screenings and time from between their next scheduled appointment
- Types of services
- # of Authorizations
- # of Approvals
- # of Denials Clinical/Administrative
- # of referrals to crisis services

Comment: From the last meeting we talked about EWS being a measurement that would tell us if we are needing to use the crisis response system more than we did before we moved to integrated managed care. Some of the providers in the room said they were already keeping certain metrics that helping them identify when people reached out for care and when their first appointment availability. The ability to collect that information in a central location was not going to be a burden. These were area's we agreed on.

Yes, we wanting to finalize the indicators that we want to have for our region, so that we can get the baseline data. That way we can get them added to our indicator sheet and how we going to collect. We will need to let the providers know what they will need to be keeping track of and who to turn the information into.

We are only looking for numbers pertaining to the Encounter Data. Number per month is all the information we would need that way we do not have sensitive information.

Comment: The number of days between screening and the next appointment would be too much to ask for and may require IT to create a report. Is this even a valid indicator that we would want? Does this question really matter? Largely it will matter but for EWS does not matter.

Comment: If were to get better information about what the MCOs are going to do in the next 6 months in terms of data then we line up what we want to collect with what they are going to do. We know some of that but we don't know all of it.

HCA is meeting with the MCOs and will have a better idea after that meeting.

King County provided the indicators they are going to track. The ones they decided on are in blue. The white are just the ones they talked about doing. Discussion on the indicators below.

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| 1 | | King County Early Warning System - Final Proposed Indicators | | | | |
| 2 | Priority (Required, Primary, Secondary) | System Conditions (Payments, Crisis, Access, Enrollment) | Indicator | Measure Defined | Baseline Data Due to HCA | QUESTIONS/NOTES |
| 3 | 1 - Required | Provider Payments | # or rate of BH claims *received* by MCOs | | N/A - baseline data not collected | Will MCOs produce this after January 2019? |
| 4 | 1 - Required | Provider Payments | # or rate of BH claims *rejected* by MCOs | | N/A - baseline data not collected | Will MCOs produce this after January 2019? |
| 5 | 1 - Required | Provider Payments | Top 5 reasons a BH claim or encounter is rejected and sent back to the provider | | N/A - baseline data not collected | Will MCOs produce this after January 2019? |
| 6 | 1 - Required | Crisis | # of incoming crisis hotline calls | | 10/30/2018 | |
| 7 | 1 - Required | Crisis | # of crisis hotline calls answered | | 10/30/2018 | |
| 8 | 1 - Required | Crisis | # of crisis hotline calls answered timely (within 30 sec) | | 10/30/2018 | |
| 9 | 1 - Required | Crisis | Average speed of answer (seconds) to crisis hotline | | 10/30/2018 | |
| 10 | 1 - Required | Crisis | Crisis hotline call abandonment rate | | 10/30/2018 | |
| 11 | 1 - Required | Crisis | # of Mental Health ITA Investigations | | 10/30/2018 | HCA: can we report # of ITAs in general rather than distinguishing between MH and SUD? |
| 12 | 1 - Required | Crisis | # of SUD ITA Investigations | | 10/30/2018 | |
| 13 | 1 - Required | Crisis | # of ITAs resulting in detention | | 10/30/2018 | |
| 14 | 1 - Required | Crisis | # of ITAs resulting in voluntary admission | | 10/30/2018 | |
| 15 | 1 - Required | Crisis | # of ITAs discharged with referral | | 10/30/2018 | |
| 16 | 1 - Required | Crisis | DMHP response time | | 10/30/2018 | HCA: can we get more information on how this measure should be operationalized? |
| 17 | 1 - Required | Crisis | # of No Bed reports | | N/A - RDA produces baseline data | HCA: if RDA is reporting the baseline measures and the BH-ASO after IMC, how do we ensure we're using consistent methodologies? |
| 18 | 1 - Required | Crisis | # of Single Bed Certifications | | N/A - RDA produces baseline data | See above comment (row 17) |
| 19 | 2 - Primary | Crisis | Voluntary Inpatient Psychiatric Admissions | # of children & adults voluntarily hospitalized in community inpatient care | 12/1/2018 | |
| 20 | 2 - Primary | Enrollment | Substance Abuse Residential Treatment | # of SUD residential treatment clients and length of stay | 12/1/2018 | |
| 21 | 3 - Secondary | Access | Outpatient treatment on demand | Three measures: 1) Time from request-for-service (RFS) to offered intake 2) time from RFS to actual intake and 3) time from intake to first non-intake subsequent service. | N/A | |
| 22 | 3 - Secondary | Enrollment | Authorizations | # of authorization starts and # of open authorizations by behavioral health agency | N/A | |
| 23 | 3 - Secondary | Enrollment | Percent homeless at admission | Percent homeless at admission to outpatient mental health and SUD treatment | N/A | We'll want to look at this relative to the county-wide homeless rate. If this measure goes up after transition to IMC, it might signal that we're doing better at reaching high-need individuals. |
| 24 | 4 - Tertiary | Access | Inpatient Psychiatric Readmission Rates | Proportion of acute inpatient psychiatric stays during the measurement year that were followed by an acute psychiatric readmission within 30 | N/A | |
| 25 | 4 - Tertiary | Access | Service gaps | Proportion of authorizations with service gaps of 0-30, 31-60, 61-90, over 90 days | N/A | |
| 26 | 4 - Tertiary | Enrollment | Service hours | Average service hours by benefit and demographic groups | N/A | |
| 27 | 4 - Tertiary | Crisis | Crisis Stabilization Services (e.g., crisis solutions center, crisis diversion, adult crisis stabiliation, respite, crisis stabilization beds, etc.) | # of children, adults, and older adults utilizing stabilization services | N/A | |
| 28 | 4 - Tertiary | Crisis | Detox | # of clients in detox programs | N/A | Detox will be increasing leading up to IMC due to increased bed capacity, so we may want to track this on a monthly basis leading up to January 2019. |
| 29 | 4 - Tertiary | Enrollment | Percent with co-occurring disorders | Percent of clients with co-occurring disorders | N/A | |
| 30 | 5 - Aspirational | Enrollment | Provider capacity and attribution of clients who are not receiving services | TBD | N/A | |
| 31 | 5 - Aspirational | Crisis | Jail health services | # of individuals seen by jail health services with a BH diagnosis | N/A | Public Health - Seattle King County (not DCHS) owns jail health services data |
| 32 | 5 - Aspirational | Access | TBD - information from Community-Based Organization | Potentially collected through a survey | N/A | Is there potential to connect with HealthierHere's work in this area? |
| 33 | | | | | | |

After discussion on these, as a whole we decided that the current standard indicators that the HCA has provided should be sufficient indictors for our region.

HCA is still working with the MCOs on the Provider payment section. They will be finalizing that soon. As so as they get that information they will let us know.

| Indicator Category | Indicator Sub-Category | Specific Indicator Tracked | Owner for Reporing Baseline Data | Owner for reporting after January 2019 | Frequency of Reporting |
|---|---|---|---|---|---|
| **Provider Payments** Note: HCA may be modifying the way we report these metrics. Finalized method TBD. | 1. Behavioral Health Claims Status (Reported by each MCO for each BH provider individually) | a. # or rate of BH claims received by MCOs<br>b. # or rate of BH claims rejected by MCOs | 1a. N/A - Baseline is not collected on this metric<br>1b. N/A - Baseline is not collected on this metric | 1a. MCOs<br>1b. MCOs | 1a. Monthly<br>1b. Monthly |
| | 2. Measure of top 5 reasons for BH claim or encounter re-submission | a. Top 5 reasons a BH claim or encounter is rejected and sent back to the provider | 2a. N/A - Baseline is not collected on this metric | 2a. MCOs | 2a. Monthly |
| **EDIE Data** | 1. ED Utilization | a. ED Utilization<br>b. ED Utilization for client with past BH diagnosis | 1a. HCA/AIM<br>1b. HCA/AIM | 1a. HCA/AIM<br>1b. HCA/AIM | Monthly |
| | 2. Percentage of ED visits with BH diagnosis | a. Portion of ED visits with BH diagnosis | 2a. HCA/AIM | 2a. HCA/AIM | Monthly |
| **Crisis System** | 1. Crisis Hotline Calls | a. # of incoming calls<br>b. # of calls answered<br>c. # of call answer timeliness (within 30 seconds)<br>d. Average speed of answer (sec)<br>e. Abandonment Rate | 1a. BHO<br>1b. BHO<br>1c. BHO (if available)<br>1d. BHO(if available)<br>1e. BHO (if available) | 1a. BH-ASO<br>1b. BH-ASO<br>1c. BH-ASO<br>1d. BH-ASO<br>1e. BH-ASO | 1a. Monthly<br>1b. Monthly<br>1c. Monthly<br>1d. Monthly<br>1e. Monthly |
| | 2. # ITA investigations and outcome | a. # of Mental Health ITA Investigations<br>b. # of SUD ITA Investigations<br>c. # Detained<br>d. # Voluntary Admit<br>e. # Discharged with Referral | 2a. BHO<br>2b. BHO<br>2c. BHO<br>2d. BHO<br>2e. BHO | 2a. BH-ASO<br>2b. BH-ASO<br>2c. BH-ASO<br>2d. BH-ASO<br>2e. BH-ASO | 2a. Monthly<br>2b. Monthly<br>2c. Monthly<br>2d. Monthly<br>2e. Monthly |
| | 3. DMHP | a. DMHP response time | 3a. BHO | 3a. BH-ASO | 3a. Monthly |
| | 4. Bed Availability | a. # of No Bed reports<br>b. # of Single Bed Certifications | 4a. RDA<br>4b. RDA | 4a. BH-ASO<br>4b. BH-ASO | 4a. Monthly<br>4b. Monthly |
| **State Hospitals- WSH & ESH** | 1. Bed Census | a. Average Daily census<br>b. Forensic Flips census<br>c. Discharges<br>d. Waitlist | 1a. RDA<br>1b. RDA<br>1c. RDA<br>1d. RDA | 1a. RDA<br>1b. RDA<br>1c. RDA<br>1d. RDA | 1a. Monthly<br>1b. Monthly<br>1c. Monthly<br>1d. Monthly |

Other indicators that we could collect from the providers.

Encounter Data:

- CPT code for Screenings # per month
- CPT code for Assessment

4. Next Meeting November 13, 2018 at 10:00 am – 11:00 am

5. Future Meetings will be 2nd Tuesday of the month 10:00 am – 11:00 am