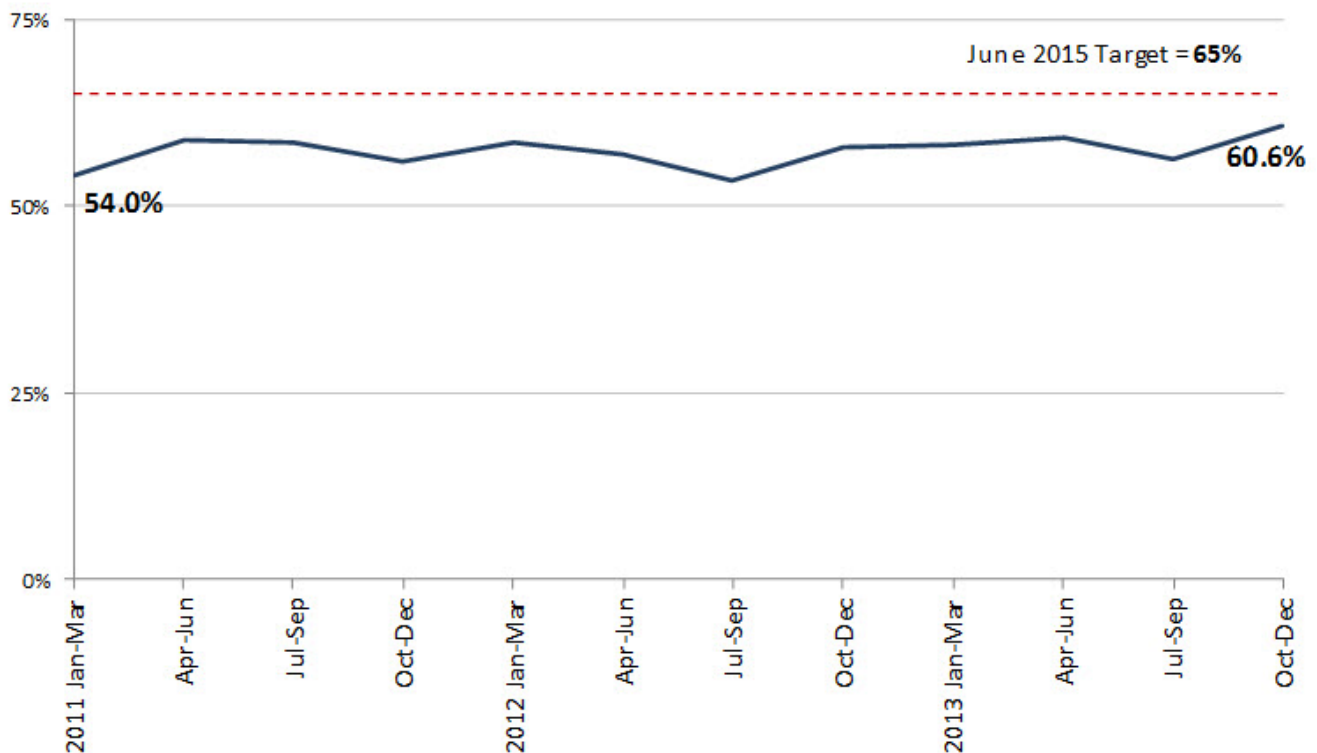




1.2.A.a. Increase the percentage of Medicaid mental health consumers receiving a service within 7 days after discharge from a community inpatient setting from 59% to 65% by 6/30/2015.

### Statewide Average

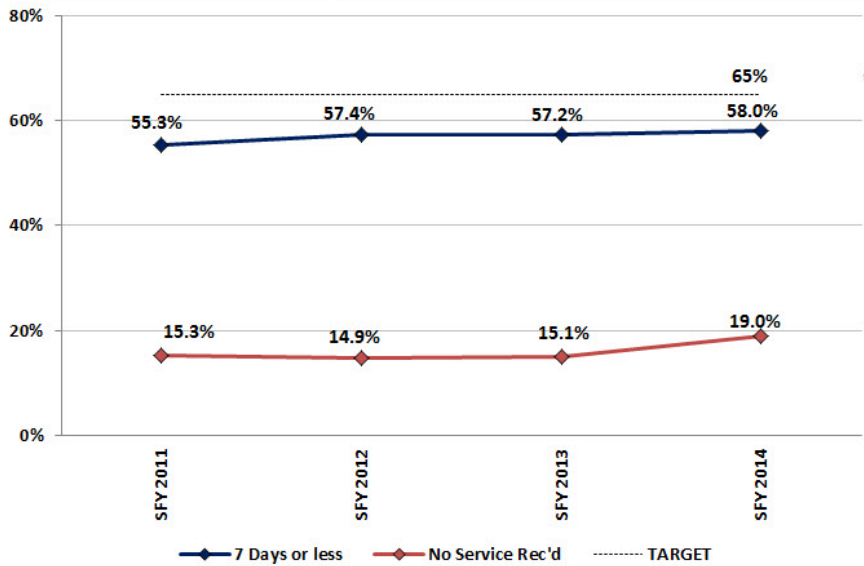


The rate of timely transitions **moderated to 60.6%** in **SFQ 2014/2**. The average time between community inpatient discharge and outpatient services **significantly decreased** between SFQ 2011/3 and SFQ 2014/2 (from **73 days to 23 days**); and the percentage of those **receiving no service** slightly decreased (from **16.2% to 15.3%**).

*Service Data from MH Consumer Information System and The System for Communicating Outcomes, Performance & Evaluation (SCOPE), December 2014*

## Current Statewide Performance:

Timely outpatient mental health services	<span style="background-color: yellow; border: 1px solid black; padding: 2px;"> </span>	<span style="background-color: yellow; border: 1px solid black; padding: 2px; text-align: center;">↑</span>	<span style="background-color: green; border: 1px solid black; padding: 2px;"> </span>	Significant improvement requires performance-based contracting with Regional Support Networks.
--	---	---	--	--



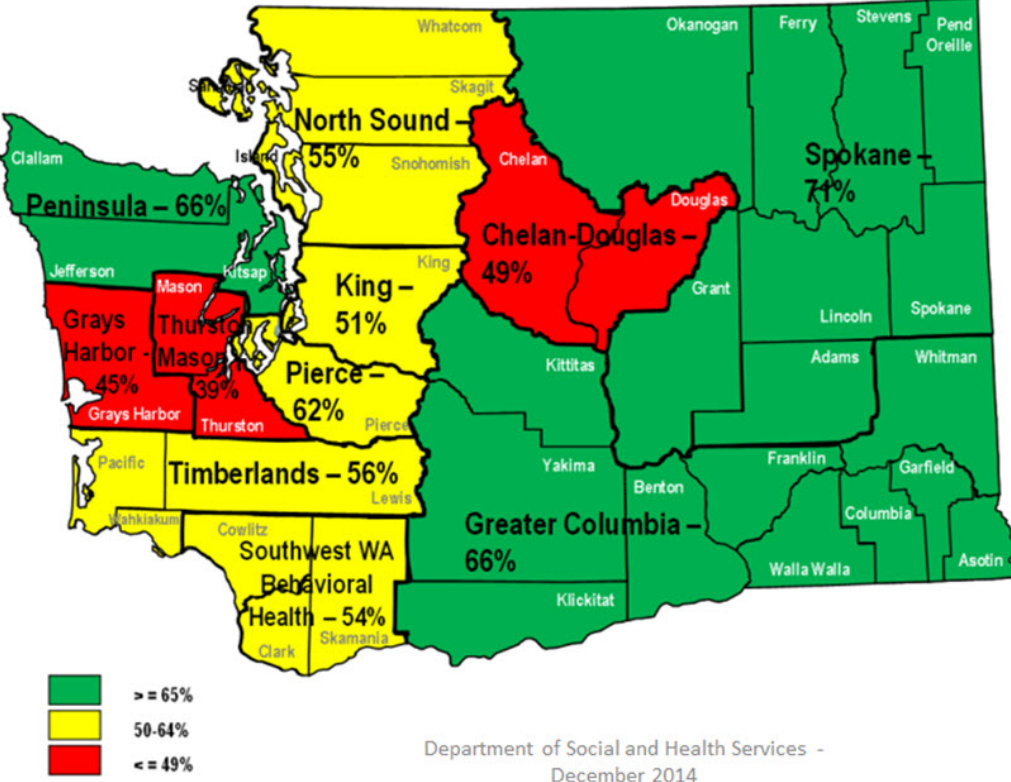
Timely access to Outpatient services **increased** over the past 4 years, however...



The percentage of those receiving no service has also increased.

Service Data from MH Consumer Information System and The System for Communicating Outcomes, Performance & Evaluation (SCOPE), December 2014

### Current Performance by RSN



3

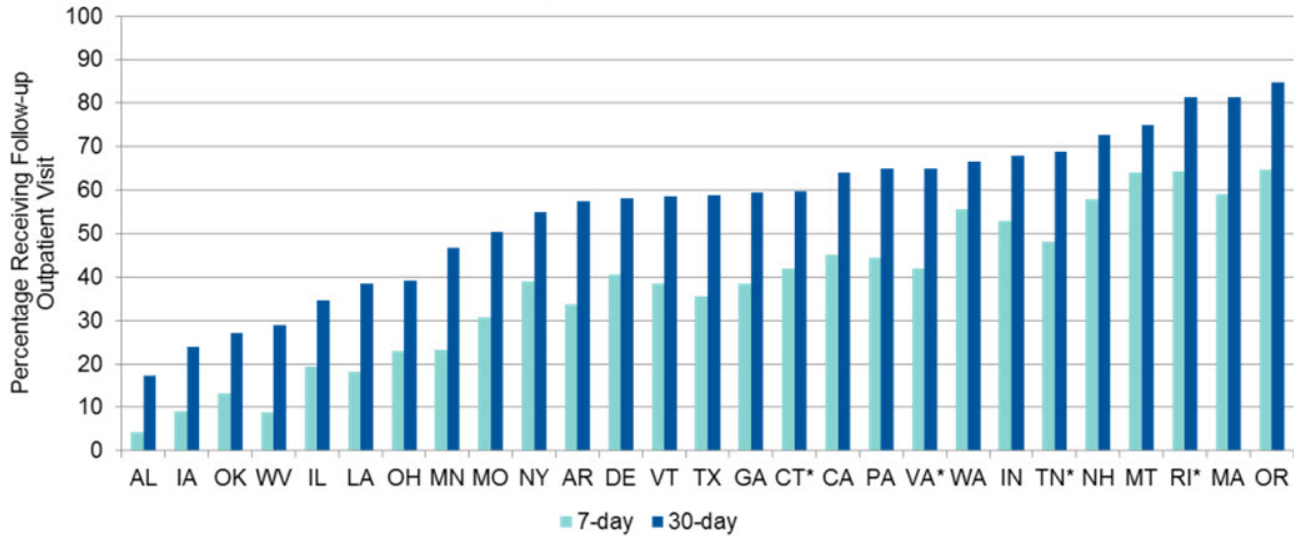
RSNs exceeded the 65% target

19

Average # days between inpatient discharge and outpatient services

## #6 Out of 27 states, WA has the 6<sup>th</sup> highest 7-day follow up rate

FFY 2013: Percentage of Medicaid enrollees with an outpatient follow-up visit after hospitalization for mental illness



NCQA/HEDIS Measure of 7-Day Follow-Up—FFY 2013 Percentage of Medicaid enrollees with an outpatient follow-up visit after hospitalization for mental illness, ages 21-64 as reported to the Center for Medicaid Services

---

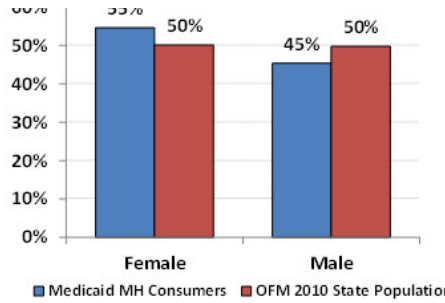
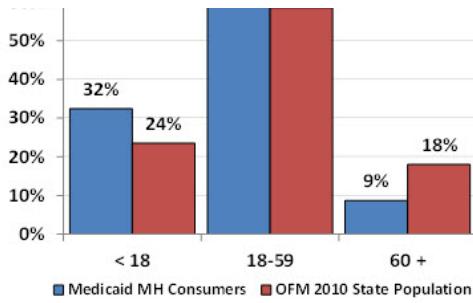
## Treatment Penetration: Medicaid Consumers Served in MH Services - SFY 2014

Regional Support Network	Treatment Penetration: Number(s) of Medicaid Clients in SFY as Denominator(s)		
	SFY 2014		
	Consumers Served	Medicaid Clients	Rate
Chelan/Douglas	2,120	32,998	6.4%
Grays Harbor	1,707	22,797	7.5%
Greater Columbia	14,613	222,246	6.6%
King	34,540	364,528	9.5%
North Sound	16,594	232,298	7.1%
Peninsula	5,650	70,358	8.0%
Pierce	14,179	189,356	7.5%
Southwest	11,069	134,629	8.2%
Spokane	12,908	207,726	6.2%
Thurston/ Mason	4,577	70,057	6.5%
Timberlands	2,291	29,780	7.7%
<b>State Total</b>	<b>118,854</b>	<b>1,585,813</b>	<b>7.5%</b>

SFY 2014 Service Data from MH Consumer Information System and The System for Communicating Outcomes, Performance & Evaluation (SCOPE), December 2014

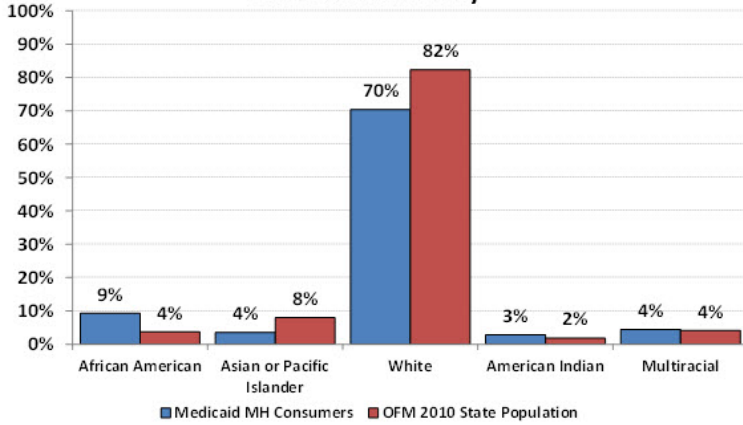
---

## Demographic Overview: Medicaid Consumers Served in Mental Health Services

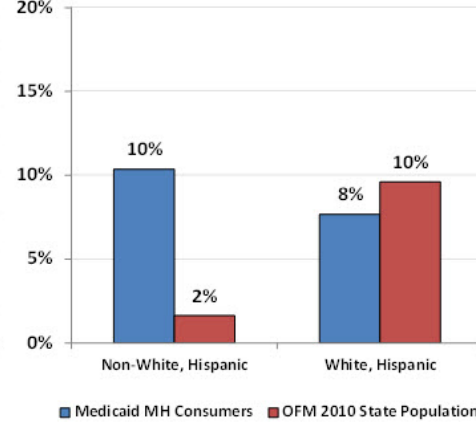


**SFY 2014  
Medicaid MH  
Consumers  
N = 126,131 \***

**Race and Ethnicity**



**Hispanic Origin**



*\*Unduplicated count of persons served during SFY 2014 – includes Medicaid consumers served in Inpatient or Outpatient Treatment Services.*

*Demographic Data from MH Consumer Information System, December 2014. 2010 State Population Data (by gender, race, and Hispanic Origin) from the Office of Financial Management, 2010.*

---

## Current Action Items

1	Determine the effectiveness of the 7-Day Measure	Discuss potential adjustments to measure definition	10/31/14	<b>Completed-</b> Decision to replace this measure with the 30-day psychiatric re-hospitalization measure. This measure will be aligned with the 30-day re-hospitalization measure for use as an indicator of performance on the 30-day measure.
2	Develop 30-Day Measure	Discuss development of a measure for 30-day psychiatric re-hospitalization	7/1/15	<b>In process-</b> measure has been selected for implementation with BHOs for 2016 contracts. Prior to July 2015 issuance of detailed plan, DBHR/RDA will refine the measure definition, establish baseline, and set targets for contracts.
3	Move 30-Day Measure into Strategic Plan	Request that the 7-day measure be replaced with the 30-day measure in the DSHS Strategic Plan	7/1/15	<b>In process</b> – beginning discussions with leadership about how to make this transition.
4	Put 30-Day Measure into BHO Contracts	Include 30-day measure in the BHO contracts including expectations for performance, incentives, and monitoring.	4/1/16	<b>In process</b> – currently working to develop the 30-day measure into a contract term. The BHO contract development will begin after April, 2015.
5	Address Communication gap between RSN and community inpatient setting	Identify ways to improve communication between RSN and community inpatient setting	1/31/15	<b>In process-</b> development of strategies for RSNs and community inpatient settings to increase communication and notification, both technological and scalable manual methods, with identified best practices.
6	Lack of engagement and transition services to link clients from inpatient to outpatient treatment	Provide training/guidance to MH treatment providers on the use of Medicaid modalities that can be provided prior to intake and promote the use of Peer Bridger-type programs	1/31/15	<b>In process-</b> talk with WSHA about hospitals routinely including follow up with identified outpatient MH provider on discharge summary, discuss Medicaid modalities and their definitions with RSN Quality Managers and then provide guidance to RSNs and their providers to increase their use.
7	Analysis of demographic disparities for the 7-day measure	Analysis of racial/ethnic disparities for the 7-day and 30-day readmission measure .	7/1/15	<b>Future</b> – will begin February – April, 2015 after the 30-day measure is defined and baselines are established.

## Coming Soon: Performance Measure Change Request



**General Information:**

Agency: DSHS                      Director: Kevin W. Quigley, Secretary                      Phone: 360-902-7800

Goal: Goal 4: Healthy and Safe Communities

Goal Topic: Health                      Subtopic: [Click here to enter text](#)

Request change to: (select one):     Outcome Measure     Leading Indicator

Action Requested: Change Existing Measure

Complete the appropriate section below:

**A. Add New Measure**

New measure language: Type in measure language here. (measure language must be in SMART goal format)

Request Rationale: Explain in detail why new measure is requested

Does current baseline data exist?     YES                      \*  NO

Agency Data owner: Type in agency name                      Current measure status: On track

Data Frequency: Quarterly

**B. Change Existing Measure:**

Request change to:     Measure language     Baseline     Target     Deliverable date

Current measure: Increase the percentage of mental health consumers receiving a service within 7 days after discharge from an inpatient setting from 59% to 65% by 6/30/2015.

Request revised measure language: Decrease psychiatric re-hospitalization within 30 days.

Justification: In partnership with the 5732/1519 Cross-System Steering Committee and its subsequent workgroups, DSHS and HCA created preliminary cross-system performance measures encompassing multiple outcome areas identified in the legislation. Measuring psychiatric re-hospitalization is one of the 51 potential performance measures that was selected for initial adoption. This measurement will be incorporated into contracts with Behavioral Health Organizations (BHOs) in 2016. Changing the Results Washington Leading Indicator will provide a better measurement of successful outcomes for patients transitioning from inpatient care, will align the measure with new contract language to be implemented in 2016 and enhance accountability.

**C. Delete Existing Measure:**

Delete measure:

Justification:

Reported by: Department of Social and Health Services

