1.2.A.a: Increase the percentage of mental health consumers receiving a service within 7 days after discharge from inpatient settings from 53.3% to 65% by June 2017

Reported on August 15, 2016

Behavioral Health Administration

Carla Reyes, Assistant Secretary

August 15, 2016

Behavioral Health Administration (BHA)
DSHS Behavioral Health Administration (BHA)

Vision
People are healthy, safe, and supported, and taxpayer resources are guarded

Mission
To Transform Lives by supporting sustainable recovery, independence and wellness

We Value
The pursuit of excellence, honesty, integrity, accountability, diversity and inclusion, open communication, respect, collaboration and a commitment to service

American Association of Retired Persons (AARP)
1.2.A.a: Increase the percentage of mental health consumers receiving a service within 7 days after discharge from inpatient settings

**Background**: Linking people discharged from community psychiatric hospitals to outpatient mental health services prevents re-hospitalization and crisis service utilization

**Percentage Receiving Follow-up Outpatient Visit**

- Measure recognizes the risks associated with care transitions
- Centers for Medicare and Medicaid Services FFY 2013 shows Washington as sixth out of 27 states sampled

**DATA SOURCE** 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
Current State: Performance has moderated over the past year, most recent results put it at 58.1%.

Goal: increase performance from January 2015 average of 53.3% to 65% by June 2017.

Data Source: Mental Health Consumer Information System (MHS), via the System for Communicating Outcomes, Performance & Evaluation (SCOPE-WA), provided by Looking Glass Analytics; data supplied by Ted Lamb.

Measure Definition: The percentage of Medicaid mental health consumers receiving the first non-crisis routine outpatient service within 7 days of discharge from an inpatient facility.
Current State: 2010 transformation of the public behavioral health system

Payment Drives System Transformation

<table>
<thead>
<tr>
<th>Status Quo (Volume-Based) System</th>
<th>Transformed (Value-Based) System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fragmented</strong> clinical and financial approaches to care delivery</td>
<td><strong>Integrated</strong> systems that pay for and deliver whole person care</td>
</tr>
<tr>
<td><strong>Uncoordinated</strong> care and transitions</td>
<td><strong>Coordinated</strong> care and transitions</td>
</tr>
<tr>
<td><strong>Unengaged</strong> members left out of their own health care decisions</td>
<td><strong>Engaged and activated</strong> members who are connected to the care they need and empowered to take a greater role in their health</td>
</tr>
<tr>
<td>Variation in delivery system performance (cost and quality) with no ties to clinical or financial accountability and transparency</td>
<td>Standardized performance measurement with clinical and financial accountability and transparency for improved health outcomes</td>
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</table>
Problem/Opportunity: Monitoring consumers’ access to treatment

New measure: show whether the services accessed meet the expected need for mental health and substance use disorder (SUD) treatment

- The “follow up within 7 days” measure reaches a very small population
- Only address Medicaid populations
- Accessing treatment is the first step toward achieving the outcome measures identified in HB 1519 and SB 5732 such as stable housing, employment and improved health.

DATA SOURCE: DSHS Client Information System (CIS) and TARGET
against an estimation of those in need of treatment

This measure will include a broader population:

- A projected number of people in need of service
- Those under 18 and adults as 18 and over
- Either mental health or substance use disorder treatment

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**1.2.A.a: Increase the percentage of mental health consumers receiving a service within 7 days after discharge from inpatient settings**

### Detailed Action Plan:

<table>
<thead>
<tr>
<th>Task</th>
<th>Task Lead</th>
<th>Partners</th>
<th>Expected Outcome</th>
<th>Status</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete construction of new Behavioral Health services caseload measure</td>
<td>Kara Panek</td>
<td>Division of Behavioral Health and Recovery, Decision Support and Evaluation Office, DSHS-Research and Data Analysis</td>
<td>Development of a well-constructed measure that captures the BHOs’ performance against expected service caseload rate</td>
<td>In process</td>
<td>August 31, 2016</td>
</tr>
<tr>
<td>Convene a problem solving partnership group to address new performance metric</td>
<td>Kara Panek</td>
<td>Division of Behavioral Health and Recovery, Behavioral Health Advisory Council</td>
<td>Development of a data-driven action plan</td>
<td>In process</td>
<td>January 1, 2017</td>
</tr>
</tbody>
</table>

*Further action items to be drawn from the problem-solving group’s action plan*


**Assistance Needed:**

The Goal Council can help by:

- Helping us break down the stigma associated with accessing behavioral health treatment
- Looking into your system and identifying connection points with the public behavioral health system
- Participating in the local Accountable Communities of Health.

*Reported by: Department of Social and Health Services*