

Outcomes Tools Selection  
Committee Meeting  
April 29, 2015

In Attendance: Diane Skaggs, Kathy Harris, Kendell Camp, Tracy Taylor, Jared Spark, Brook Meire, Robin Raveedran , Phyllis Bell, Rene Montgomery, Roselle Roberson, Beverly Foti, Ryan Martin, Megan Holt, Consevella James, Joyce Cloud, Joe Branch, Bridget Atkins, Dixie Wallace, Jessica Costaldi, Holly Grebert, Danny Stanley, Steve Newsome, Shari Willding, John Thompson, Kristy Kennedy, Nicole May, Jim Gregory, Kerri Brazzel, Kelly Moffett-Place, Karen Denton, Charlotte Carlson, Amanda Crisp, Susan Smith, Stephanie House, Charles Schwartzmann, Ruth Czirr, Bob Darling, Peter S. Jensen, Mike McCreight, David Kuchinski, Carol Moore, Dusty Maxwell, Julie Meyer, Paula Stone, Robert Nix, Pamela Dodson, Tenesha Barnes and Nicole Johnson

Julie Meyer called the meeting to order on April 29, 2015 at 1:20 p.m.

Ms. Meyer thanked all that attended and opened the meeting with:

- Act 1596 of 2007, mandates the implementation of an assessment tool to guide service decisions and outcomes, and authorized an outcomes-based data system to support tracking, accountability, and decision-making.
- House Bill 1129 of 2014 required DHS to submit a report to both the House and Senate committee on Public Health, Welfare and Labor by May 31, 2014, regarding: cost to the state and the affected providers, Benefits as a result of requiring the administration of the Y-OQ and Clinical rationale for requiring the Y-OQ for all clients receiving behavioral health services.

Challenges with the YOQ identified in the report:

1. Family Involvement
  - Family Involvement and how it is necessary for the YOQ to be effective and beneficial to the clinical process.
  - Providers noted that the difficulty in continued engagement of parents and guardians which includes both treatment planning and YOQ administration
2. Literacy
  - YOQ is written at the 5<sup>th</sup> grade level
  - Providers expressed that parents or guardians, at times did not have the reading and comprehension skills to read and answer the YOQ questions, requiring staff to read the questions to the parent or guardian
3. Instrument Length Frequency
  - The YOQ consisted of 64 questions which is required to be administered to the client and parent every 90 days
  - YOQ is very time consuming for the client and parent(s)
  - Providers often complained about completing the same 64 questions often
4. Provider challenges Identified by Survey
  - Documentation
  - Staff time used to administer the tool
  - Lack of reliable and useful data

- No integration within EHR/EMR

Act 161 of 2015 requires that DBHS select a new outcomes measurement tool no later than September 30, 2015.

To meet the mandate of Act 161, DBHS plans to convene a nine member voting committee which would consist of:

- One Children's Behavioral Health Care Commission Representative
- Two DHS Representatives
- Two Community Mental Health Center Representatives (Clinician and a Quality Assurance Director)
- Two Private Provider Representatives (Clinician and Quality Assurance Director)
- Two Consumer Representatives (Youth Representative and Family Representative)

All meetings will be open to the public

Decisions to be made

1. Define the goals of the Outcomes Tool
2. Determine which behavioral health clients should have outcomes tracked.
3. Determine how the data from the outcomes tool will be collected.
4. How will providers use the data?
5. How will the state use the data?
6. How will data be presented/ where will the data be located at?
7. Discuss payment/reimbursement for collection of outcomes data
8. Recommend what happens to providers who fail to utilize/complete outcomes tools