DRAFT
Behavioral Health Partnership (BHPOC)
Child & Adolescent Quality, Access, and Policy Subcommittee (CAQAP)
2022 Goal, Metrics, and Presentations

Goal: The CAQAP will receive presentations and monitor selected metrics on access to behavioral health services and will make recommendations to the BHPOC for system and service delivery improvements to enhance access.

Metrics

The CAQAP will be guided by metrics selected to monitor and track the group's primary goal around access to services for children and adolescents enrolled in Medicaid. Whenever possible data elements will be disaggregated by race, ethnicity, primary language, service area, ID/DD, diagnosis/presenting problem, DCF involvement, or other factors. Note that Beacon will likely not be able to disaggregate systematically by all these factors for every analysis.

Primary Metrics
Primary metrics are reasonably available and considered of primary importance to CAQAP's goal.

- Emergency Department Utilization
    - BHED rates, total days in ED, ED discharge delay rates, connect to care rates out of EDs
    - Beacon has specific dashboards that track ED utilization and ED overstay, but overstay data rely to some degree on hospital self-report. Beacon can also track the percentage of members that have used a particular service (at least one encounter) during a year.
    - CHA or OHS may have other relevant data points
- Inpatient Utilization
    - Total licensed beds, beds that are open and available (for all youth regardless of insurance type), including information on beds taken off line (e.g., un-staffed beds, beds kept open for COVID containment, etc.) with reason/duration of unavailability.
    - Rate of inpatient utilization; rate of inpatient discharge delay; levels of care recommended for those in inpatient delay status; connect to care rates out of inpatient hospitalization stays.
        - At least some of these metrics are already available in dashboard format through the ASO. Some of these data elements would be more reliably connected using Open Beds or a similar bed tracking technology.
    - CHA or OHS may have other relevant data points
- Intermediate Levels of Care
    - Beacon may also have data available for this LOC as well.
    - Taking a "deeper dive" into this level of care as emblematic of system-level issues
    - Closely track available slots, funding, utilization, workforce availability, acuity level ratings of referred clients.
    - Beacon would only have utilization and other data for Medicaid members.
    - Beacon data could be combined with provider-level data and information about accessibility for Medicaid and across insurance types. Multiple providers providing data would offer a statewide view.

- o When asking this from providers, think about asking about waitlists and workforce issues from standpoint of worker race, ethnicity, primary language, etc.

Implementation of Data Monitoring Plan

ED and Inpatient Metrics
- Will reach out to Beacon on putting together trend data on a quarterly basis, going back at least a few years (it's likely that Beacon is tracking most or all of these data points already).
- CAQAP to look at the most recent quarterly data as a secondary presentation topic every three months (note that there is likely to be lag in the data reporting).
- We could periodically supplement with perspective beyond Medicaid by asking OHS to supply us with same/similar data from the all payer claims database (consider on an annual basis).

Intermediate Level of Care
- Beacon has data (for Medicaid members only) for multiple intermediate services (IOP, PHP, EDT, PRTF). Data elements likely to include demographic, clinical, and characteristics, utilization data, and perhaps acuity ratings.
- The state agency reps could let us know about funding toward these services (Medicaid expenditures, and grant fund allocations would be easiest to get).
- Provider-level data might include further information on workforce and waitlists.
  - o Consider a brief survey of providers to send de-identified, aggregated data on selected indicators, perhaps twice a year. It is possible providers would find this easier to do if the data was across payers, not just Medicaid (?)

Other considerations
- Establish improvement targets for several indicators (e.g., 10% reduction in ED discharge delay)
- Does the current CAQAP structure support this enhancement?
  - o Consider a small number of regular "members" participating in a working group to digest and "make meaning" of the data on a quarterly basis, then bring recommendations on system, service, policy to the full CAQAP group, then to the full BHPOC group.
- When a secondary presentation (and associated data) has implications and recommendations, bring that forward to BHPOC as well.
- Beacon data limited by Medicaid only, and also around things like waitlists. We'll continue to build out the process there.