

Behavioral Health Mapping Tool Technical Advisory Committee

Meeting Discussion Notes



DATE: December 18, 2015
MEETING TITLE: Behavioral Health Mapping Tool Technical Advisory Committee
COMMITTEE MEMBERS: Dale Jarvis, Dan Thoma, Ari Wagner, Ann Ford, Chris Davidson, Jill Archer, Chris Bouneff, Cindy Booth, Rick Bingham, Jorge Ramirez Garcia
STAFF MEMBERS: Karen Wheeler, Justin Hopkins, Lindsay Newton, Jon Collins, Mike Morris, Kathleen Burns

Topic	Key Discussion Points	Action Items, Tasks, Decisions	Responsible Party	Due Date
Data	How we count people-there are a lot of different ways to count a person, and the committee can choose how this is done, for example-if someone is in care for one year, they are counted as 1. If someone is in care for 6 months, they are counted as 1/2 a person.	More discussion needed	Committee	
Mapping Tool	In the example-someone can be counted in multiple categories, depending on the service. Question asked-how much would it increase if we used unique individuals vs. services counted	More discussion needed. Determine definition of counting a person.	Committee	
Rates	What is the penetration rate nationally? Do we know how that is determined?	Penetration rates are generally not used as a benchmark because there are too many variables. Instead, states are usually compared against like states.		
Data	Would like a good standardized definition around penetration. This should include the GAP analysis.	Define Penetration-will be included in the data dictionary	Jon Collins and team	
Mapping Tool	The county example was completed quickly and with the knowledge that it will likely change with the input from this group.	Committee to decide how the data is bucketed.	Committee	
Data	When a diagnosis is inputted into MMIS (Medicaid Management Information System) how is it decided what is the primary code and			

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	the secondary code? The decision is made by the person entering the claim. Example: A person with a diabetes issue also experiencing depression comes in for a therapy session, then the claim would be flagged as primary for the depression.			
Mapping Tool	How we pick the data is a choice. It just needs to be communicated and consistently applied.	Determine which data to include and develop a communication piece around it.	Committee	
Data	Most of the data is under the ICD9 and ICD10 has many more options.	Revisit the data under the ICD10.	Jon Collins?	
Data	It could be beneficial to know which counties are contributing out of GF. Lynne Saxton would like this information to be captured with the survey that needs to be developed.	Determine adding the GF by county section.	Committee	
Mapping Tool	Would like to add county comparisons and potentially rural vs. urban or regional comparisons.	Deep dive into the comparisons. Add to future agenda	Committee	
Data	Should we separate out misdemeanor and felonies?	More discussion needed	Committee	
Mapping Tool	One category not listed is voluntary guardianships. Civil commitments are not necessarily represented in the State Hospital.	Decide whether to add this category and discuss civil commitments further.	Committee	
PSRB/Civil Commitments	Anyone coming out of the State Hospital in the PSRB population or with a civil commitment are not always falling into their county of residence.	Deep dive into county of residence vs. county of offense.	Committee	
Data	The data currently only pulls from psychiatrists. Do we want to add more? OHA has access to	Determine what as a committee we are wanting to portray. Subscribers or all MH.	Committee	

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	data from nurse practitioners and other categories.			
Hot Spotting	Where does hot spotting fall? Hot spotting is geo-coded based data. We have access to pull this data. This starts with the Logic Model. This could potentially separate out CCOs in each county.	Create a Logic Model to determine the best route and outcome.	Dale Jarvis Chris Bouneff	
Data	Touched on co-morbidities.	Deep dive into this topic. More discussion needed	Committee	
Data	Explained how the Measurement, Outcomes, and Tracking System (MOTS) came to be. This system replaced the legacy system known as the Client Process Monitoring System (CPMS) used since the early 1980s. This system provides the federal government (SAMHSA) with Treatment Episode Data (TED) in conformance with the requirements for the Substance Abuse Prevention and Treatment block grant and the Mental Health block grant. The intention is to keep what was good and add to it, particularly in the area of tracking system performance and outcomes. MOTS is a fairly new system and the provider network is still getting used to using it. Significant progress has been made capturing client data. The provider system is lagging in terms of submitting service data and quarterly client updates.	MOTS group will continue to vet the data and tweak the system to create accurate data.	MOTS	
GAP Analysis	Dale explained how the need is defined as anyone anywhere in the delivery system &			

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	received a prescription or service with a diagnosis code. The code is identified by the provider.			
USDOJ metrics	Walked through the basics of the USDOJ report. Mike Morris encouraged this group to be more flexible than the USDOJ report by focusing on the columns.	Study report to see what should be included in the map. Committee members should provide questions and feedback prior to the February meeting to Mike Morris and Jon Collins.	Committee	2/15/16
Agenda	Recommend for the next agenda: <ul style="list-style-type: none"> Discuss what the target population is and the need Start work on the survey (due by the end of June 2016) 	Develop agenda and handouts for January 15, 2016 meeting.	Dale Jarvis Chris Bouneff Lindsay Newton	1/8/15
Logic Model	What would a logic model for the mapping tool look like? Compare the two examples of the logic model (AOD model and Dale's box model).	Dale to put together a logic model for the committee and send a week prior to the January meeting.	Dale Jarvis	1/8/16
Communication	Talking points	Karen will create the talking points and run by this group in January for use in February.	Karen Wheeler	1/8/16

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Public Testimony	Key Discussion Points	Action Items, Tasks, Decisions	Responsible Party	Due Date
Drake Ewbank	Cognitive of the idea of an outcome based system will have a different set of measures/parameters than a procedurally measured system. We currently use a procedurally measured system.	Consider this when formulating the tool.	Committee	

Next Steps:

- Set agenda with co-chairs.
- Identify resources and handouts for next meeting.