To: LMHB   **Subject:** Minutes –Ad Hoc Committee on Metrics, Feb. 20, 2018
From: Richard Bellows   **Date:** Feb. 26, 2018

Conference Call Attendees: R. Bellows, N. King, M. Guererro, S. Fusselman
Call to Order: 4:15 PM, Martha entered at 4:30 PM
Objectives:
1. Mental health data reporting and scheduling
2. How to measure "No Wrong Door" progress
3. Data processing and the Adult Satisfaction Survey

Discussion:

Data Reporting – The committee's intent is to present a short 5 **minute** data report each month. Hopefully, the schedule will coincide with ongoing activities and not unduly burden staff. If a topic provokes sufficient interest it could be added to the next meeting as a short report or art of the Director's Report.

Discussion started with Samantha presenting preliminary topics and a schedule. I had also suggested topics in a Jan. 30, 2018 email. "Demographics" are available but Samantha wants to double check archival accuracy. Some Demographics will be presented by RDA on Feb. 26. There was strong interest "In-patient Utilization" as a major cost center. There was less interest in "Grievances and Appeals" which could possibly involve personal info and lead to extended discussion. There was interest in "Access Test Calls". This was pertinent to "No Wrong Door". HHSA makes 5 or 6 random anonymous calls to HHSA and its and helplines to assess staff responsiveness. There is much data in the biannual "Consumer Satisfaction Survey", including progress on Recovery. The Feb. 20 meeting will present info on Homelessness so this topic could be postponed for later. There was interest in "Denials, Disallowances & Re-Submissions" in regard to refusals by CA to reimburse or simply to resubmit claims for minor issues. Recent disallowances have fallen from a high in the 20s in recent years. to about 5%

Data Processing
1. Manually processing biannual "Consumer Satisfaction Surveys" takes about 10 staff days twice a year. Staff costs are on the order of $8-10K. In a Oct. meeting, Nicki suggested buying a scanner for in-house processing. Richard contacted a vendor who quoted about $8K for a scanner, software and training.
2. This is a critical concern. AVATAR is the primary mental health recording system. It provides three prongs, the patient's personnel data, billing and regulatory documentation. Recent EQRO audits have repeatedly identified a dearth of AVATAR capabilities in the department. In an October meeting, plans to hire AVATAR management personnel were discussed. Unfortunately, this critical capability is on hold. **AVATAR should be a priority for the upcoming budget.**

Adjourned: 5PM

Respectfully submitted, R. Bellows, Feb. 26, 2018