Date: 7/28/20

Start Time: 10:00

End Time: 11:30

Participants: Joe Glidden, CFBHN; Matt Lightner, Streamline Healthcare; William (?), CFBHN; Steve Lord, Circles of Care; Larry Brown, CFBHN; Johnny Guimaraes, SEFBHN; Mike Lupton, CFCHS; Joanne Szocinski, CFBHN; Diego Wartensleben, Carisk Partners; Danielle Downing, Credible, Inc.; Debbie Stephenson, Five Points; Beau Frierson, BHCPNS; Tom Rose, CFBHN; Jennifer Ramirez, LSF; Jonathan Hall, SAMH; Greg Nix, SAMH; Jesse Lindsey, FEI; Eduardo De Cardenas, SAMH; Richard Power, SAMH; Nathan McPherson, DCF

Summary of Agenda Items

1. Review Open Issues

1.a. Avoiding duplicate data entry between V13/V14 --

Update on Provider Intentions to Submit Back to Start of FY

- SFBHN- Reports an approximate 50% response rate from network providers, with half of providers reporting intentions to provide data back to the start of the FY and half intending to report as of the V14 go-live date.
- LSF Stated that providers request a transition plan be published by DCF and that, once received, a collective decision on how we're going to move forward.

1.b. Performance Outcome Collection Schedule -

Update on Provider Ability to Provide Actual Admission Date

- SFBHN-Reports that providers have indicated this decision will be largely dependent upon the development specifications of their respective E.H.R vendor. Will follow up to get a better idea of how many E.H.R vendors in the network will be included in the original admission date.
- LSF- Stated that providers request a transition plan be published by DCF and that, once received, a collective decision on how we're going to move forward.
- Group agreed that the original intention and preference is to provide the original admission date
 in V14 and avoid artificial date entries. Group also acknowledged challenges with linking the
 treatment episodes across versions using the admission date, based on different standards that
 have been applied for submitting admission dates in previous versions.
- Group discuss the potential for using SRI's to link treatment episodes across versions. Half of the ME workgroup stated that they could produce matching SRI in V14, and half stated they would not be able to match SRIs confidently across versions.
- Action Item: FEI/DCF will explore additional options for linking together treatment episodes. Ideas
 provided by the group were to link together based on client information and to accept V14 without
 validations to previous versions.

2. Preferences for Undo-Deletes

- FEI reviewed the undo-delete function as currently exists in the system and requested committee feedback regarding preferences for maintaining this function in the system.
- The committee agreed that this function was overcomplicated and to remove this function from the system.

3. Status report for Performance Outcome Workgroup

- DCF provided a summary of topics discussed most recently by the Performance Outcome group. Stated that methodologies for determining target populations and the collection of evaluation data have been a primary focus of discussion.
- CFCHS: Informed group that clinician/data representative from provider agency would be joining the group discussions. DCF asked the group for additional recommendations for sub-committee membership.
- Circles of Care Requested that MGAF and other nationally recognized assessment tools. CFCHS recommended that an inventory be completed to see what assessment tools providers are using.
- Action Item: DCF will consider approaches for inventorying assessment tools currently being utilized by providers.

Letter from FAME

- DCF acknowledged receipt of FAME letter dated 7/16/20, which provided recommendations for improving data collection efforts. DCF stated that they are currently processing the provided recommendations and will be preparing a formal response.
- DCF opened the floor for additional comments regarding the proposed recommendations; no additional comments were noted.

5. Pilot

- DCF informed the group that they will be working alongside LSF, two of LSF's network providers, and Streamline (E.H.R vendor) to complete a pilot of V14 data submissions.
- DCF explained that LSF was selected to participate as they have already begun establishing providers in the system for V14; however, the results of the pilot study would be shared with the entire group to assist in system development.
- LSF highlighted that the provider(s) selected for the pilot report data to multiple MEs and work with E.H.R vendors who represent providers across the state; increasing the likelihood that lessons learned from the pilot will be transferrable.

6. Additional Questions/Comments:

- CFBHN: Requested responses to previous inquiry, regarding the expectations for data submissions for providers who are preparing to transition to V14 in July 2021; specifically, will these providers be expected to submit data back to June 2021 or can they begin submitting data as of July 1, 2021.
- DCF stated that the intention is that all data will be reported in V14 format for FY 2021-2022 and that, in the circumstance described above, data would not be required back to June 2021.
- DCF urged the group, if possible, not to delay testing or implementation to July 2021 as earlier preparations would allow time for sufficient troubleshooting and emphasized the goal is to have correct, reliable data submitted by July 2021.