

Contract Indicator: How many clients with intake evaluations are registered in the Telesage system?

Results from a data match between the MHD-CIS and the Consumer Outcomes System (COS)

April 2006

The table on the next page presents the quarterly match rates by RSN between the intake service data and the Telesage data. The chart visually displays the results.

- As the graph shows, there is great variability among RSNs in the percent of clients with an intake service who were also registered in the Telesage system, from less than 3 percent in Spokane to more than 80 percent in Clark.
- Six RSNs had a quarterly match rate above the state rate throughout FY05: Clark, North Central, Northeast, North Sound, Peninsula, and Thurston/Mason.
- Consistently throughout the four fiscal quarters, Clark appeared to have the highest percent of clients with an intake service who were also registered in the Telesage system.
- Spokane consistently had the lowest match rates in all four quarters.

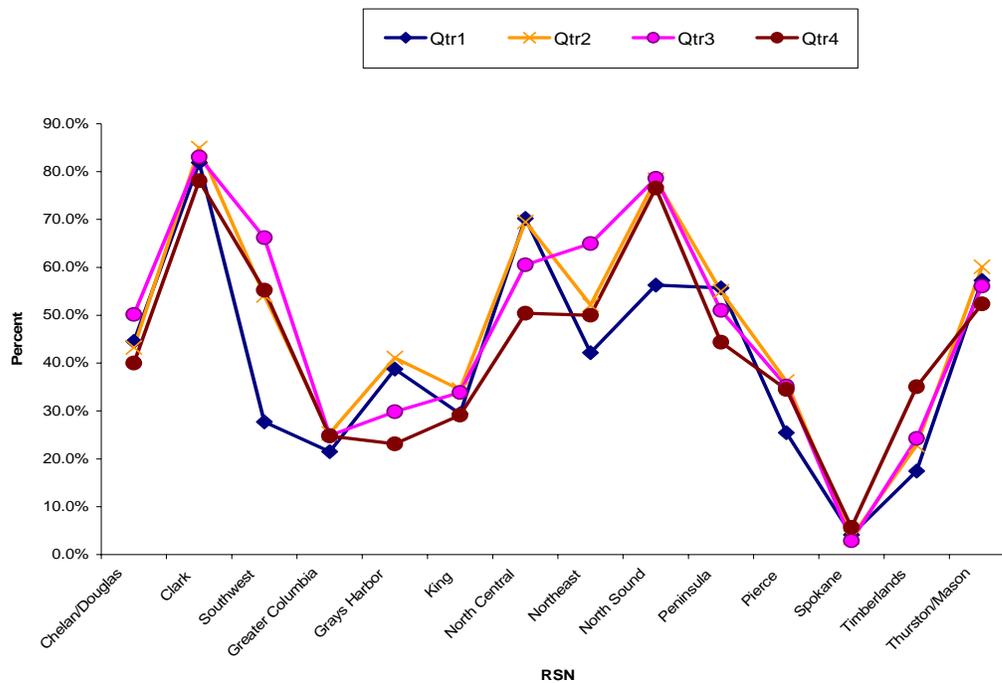
Updated Quarterly match rate between the intake service & consumer assessment survey data
Fiscal Year 2005

RSN	FY05 Qtr1		FY05 Qtr2		FY05 Qtr3		FY05 Qtr4	
	Qtr1	Total Intakes	Qtr2	Total Intakes	Qtr3	Total intakes	Qtr4	Total Intakes
Chelan/Douglas	44.5%	274	43.2%	222	50.2%	323	40.0%	280
Clark	81.9%	1,519	84.9%	1,566	83.1%	956	78.1%	881
Southwest	27.7%	411	54.1%	434	66.2%	355	55.3%	400
Greater Columbia	21.5%	2,010	25.3%	1,775	24.9%	1,694	24.8%	1,828
Grays Harbor	38.7%	390	41.1%	392	29.8%	409	23.1%	398
King	29.4%	4,782	34.4%	5,525	33.9%	4,849	29.1%	5,422
North Central	70.2%	299	69.5%	282	60.5%	332	50.4%	230
Northeast	42.2%	147	52.1%	140	65.0%	200	50.0%	192
North Sound	56.3%	1,778	78.3%	1,736	78.6%	2,004	76.6%	1,930
Peninsula	55.7%	596	55.0%	680	51.0%	686	44.3%	690
Pierce	25.4%	1,077	36.1%	1,237	35.2%	1,339	34.5%	1,095
Spokane	4.1%	1,073	3.6%	1,138	2.9%	1,294	5.7%	1,305
Timberlands	17.4%	390	22.8%	386	24.2%	495	35.1%	499
Thurston/Mason	57.3%	646	60.1%	644	56.1%	658	52.3%	703
STATEWIDE	39.4%	15,392	45.4%	16,157	43.8%	15,594	39.9%	15,853

Notes:

1. Telesage data administered between May 17, 2004 and March 31, 2006 only. Surveys registered prior to May 17, 2004 were excluded to be consistent with methodology used by Telesage.
2. The intake evaluation counts were based on the service utilization data submitted to the MHD as of 3/31/2006
3. The matches were run in April 2006.

Quarterly intake match rate with Telesage data (FY05)



Background

In 2000, the Washington State Legislature mandated that the DSHS-MHD implement a statewide mental health outcomes measurement system. Included in the mandate were recommendations for client outcome measures, including the client's self-report of satisfaction with the services and outcomes. The system is to help the state legislators, mental health program administrators, and the service providers monitor the outcomes of service delivery. The goal is to improve the quality of the public mental health delivery system. The Mental Health Division (MHD) selected Telesage as its contractor to implement a system that collects consumers' self assessments of treatment progress. In November 2002, Telesage began the pilot work in selected sites to develop outcomes instruments, methods and reports. In May 2004, the system began statewide implementation. All individuals receiving care in the public mental health system are asked by the providers to give periodic assessments of their progress using automated telephone and Internet surveys. However, participation is voluntary. The assessment is completed by adults 18 years and above, by youth ages 13-17, and by the parents or guardians of youth under the age of 13. Currently 88 mental health agencies and all 14 RSNs are participating in the Telesage system. Telesage receives assessment data from participating providers and then transmits the data to the MHD where it is integrated with the MHD Services Utilization Data Base (SUDB).

This report focuses on the consumers who received an intake evaluation service in the public mental health system. The purpose is to examine how many consumers with an intake evaluation service are also registered with the Telesage system. By contract with the MHD, the provider who administers an intake evaluation service is required to ask the client to complete an assessment within 3 months of the intake. The report presents the results of an analysis of the Telesage data and the mental health service utilization data.

Methods

Two data sources were used for this data match: (1) the MHD-CIS system which contains data reported to the MHD by the RSNs; and (2) the Telesage (or COS) data provided to the MHD by Telesage. Two data matching steps were taken to link the MHD-CIS and the Telesage systems. First, a multi-stage data matching mechanism was developed to link the Telesage data with the MHD-CIS system, including a combination of provider agency ID and consumer ID, client's social security number (SSN), and client's last name and date of birth. If a client was found in both data systems using any of these client identifiers, the client was counted as a match. This step was necessary in order to obtain the MHD-CIS unique identifiers for consumers registered in the Telesage system. The MHD-CIS unique identifier was then used in step two to link the clients with intake evaluation services found in the MHD-CIS to the clients registered with the Telesage system, the focus of this report.

The second step involved matching clients with an intake evaluation service with those registered in the Telesage system. Clients with an intake evaluation service in Fiscal Year (FY) 2005 were included in the analysis. Four separate matches were conducted,

one for each quarter of FY 2005. For each quarter, we identified clients with an intake evaluation service in the quarter. We then identified if they were also registered in the Telesage system six months prior to the start of the quarter or any time afterwards. For example, for the April – June 2005 quarter, clients registered in the Telesage after September 31, 2004 were included. This algorithm is chosen to allow more flexibility in locating clients registered in the outcomes system during the data match, as not all clients are asked to take an assessment survey at the same time when they receive an intake evaluation service. Some clients may take the assessment survey prior to a formal intake. A client does not have to complete the assessment survey to be included in the data match. If a client opts out or is unable or unwilling to complete the survey and this information has been recorded in the system, they are counted as registered.

For each quarter, we first looked at the statewide match rate. We then conducted a match at RSN level. For the statewide match, clients within the same quarter are unduplicated, so if a client had more than one intake evaluation in the quarter, he/she was counted only once. For the match at RSN level, clients are unduplicated within the RSN. That is, if a client had more than one intake evaluation with the same RSN in the quarter, only one intake evaluation for that client is counted. However, the client could have an intake evaluation service with another RSN in the same quarter.

Results

At the time this data match was conducted, a total of 45,009 unduplicated clients¹ were registered in the Telesage system. Of these, about 94 percent or 42,355 clients were identified in the MHD-CIS database. These clients were included in the data match.

*Statewide match rate**

Time Period	# with Intake ²	# Registered in Telesage ³	%
July – September 2004	15,364	6,050	39.4%
October – December 2004	16,140	7,321	45.4%
January – March 2005	15,569	6,816	43.8%
April – June 2005	15,827	6,319	39.9%

*The intake evaluation counts were based on the service utilization data submitted to the MHD as of 3/31/2006. The Telesage data included clients registered in the system between May 17, 2004 and March 31, 2006.

In FY05, between 15,000 and 16,000 clients had an intake evaluation service in each quarter. Of these, between 39.4 and 45.4 percent were registered in the Telesage each quarter. The highest match rate was seen in the 2nd quarter, with 45.4 percent of the clients registered in the Telesage system.

¹ Including adults, youths, and parents/guardians of children under 13 years of age.

² Intake is defined by the State Plan modality of intake/evaluation. The CPT/HCPC codes contained in this modality are: H0031, 90801, 90802, 90885, 99201, 99202, 99203, 99204, 99205, 99301, 99302, 99303, 99315, 99321, 99322, 99323, 99341, 99342, 99343, 99344, and 99345.

³ Registered in the Telesage system includes clients who opt out or who are unable.

Discussion

The data match between the MHD-CIS and the Telesage system demonstrates that the multi-stage mechanism we developed to match the Telesage data with the MHD-CIS works very well. This mechanism resulted in 94 percent of clients who were found in the two data systems.

The data match between the intake service and the Telesage system showed great variability across RSNs in the proportion of clients with an intake service who were also registered in the Telesage system. Clark and North Sound appeared to have implemented the program more successfully than others. The variability is most likely a reflection of inconsistencies in program implementation among the RSNs. Feedback from some providers indicates that providers across RSNs may have been utilizing different eligibility criterion for Telesage assessments. Some count only the “authorized” or “admitted” services while others use broader definitions. Unfortunately, the current MHD-DIS system does not allow us to isolate these differences. So depending on the eligibility criterion used, this report may have underestimated the match rates for some RSNs. Although we did not expect all consumers who received an intake evaluation service in the MHD-CIS database to be found in the Telesage system⁴, the match rates were low with most RSNs. The MHD and RSN administrations need to monitor the program implementation more closely and assist providers in understanding the program standards and implementation procedures. A process evaluation at the RSN and/or provider level may also be needed.

Data quality is critical in all successful matches between data systems. Other than program implementations, we believe data limitations such as missing data contributed to the lower than expected match rates for some RSNs. To improve the quality of the data matches, accurate reporting and recording consumer information in the data systems by the providers and data quality checks by data administrators involving all relevant organizations are desired. Additional data quality control mechanisms at all levels are recommended.

⁴ Because of the time lag when a client received an intake and when he/she is registered in the Telesage system, as well as when the data are submitted to MHD