Applying the Washington Circle Performance Indicators for Substance Abuse Services to Adolescents: Using Adult vs Child Performance Specifications

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Assessing Performance Among Service Systems: Washington Circle

- McCorry, Garnick, Bartlett, Cotter, Chalk & the Washington Circle Group (2000) in *Journal of Quality Improvement*
- Domains of Performance Measures
  - Prevention/Education
  - Recognition/Identification (Access)
  - Treatment (Initiation, Linkage to detox, Engagement, Family intervention)
  - Maintenance of Treatment Effects
- Included in HEDIS 2004

Washington Circle Performance Indicators Using Administrative Date

- % Identified as having a new service/episode
- % Initiated
  - Having a 2nd outpatient service within 14 days
  - Automatically "initiated" if inpatient or residential (since 2 days or more)
- % Engaged (within 30 days)
  - Having a 3rd or 4th service if outpatient
  - Having a follow-up visit after discharge from IP/Res
- Programming specifications available on [www.washingtoncircle.org](http://www.washingtoncircle.org)

Washington Circle Indicators

- Adult specifications (available on web)
  - Focus on SA exclusively
- Child specifications (in progress)
  - Mental Health
  - Substance Abuse
  - MH/SA

Washington Circle Indicators

- Published results for adults
  - Garnick, Lee, Chalk, Gastfriend, Horgan, McCorry, McLellan, & Merrick (2002) in *Journal of Substance Abuse Treatment*
    - Public and private managed care organizations
    - Identification (access) 0.7% to 1.5%
    - Initiation rate 26% to 46%
    - Engagement rate 14% to 29%

- Published results for adolescents
  - Lee, Garnick, Miller & Horgan (2004) in *Psychiatric Services*
    - Private health plans
    - Identification (access) 0.5%
      - Male 0.7%
      - Female 0.4%
    - Did not include info on Initiation or Engagement
    - Lower rate for adolescents
Washington Circle Indicators: Our Approach
- Focused on publicly-funded youth in one state’s Medicaid program
- Compared adult and child indicators for SA services
  - ALL SA (Adult specs)
  - SA only v. MH/SA (Child specs)
- Did NOT use the 12 month criteria for eligibility
  - Suitability for public v. private plans
  - Medicaid was “held accountable” for any youth who had eligibility for 60 days after identification
  - Prior analyses showed similar follow-up rates, just lower base number to work from

The Algorithm for Identification: Example FY 1999

Methods
- Medicaid/ TennCare
  - Fiscal Years 1994 - 2000
  - All 12-17 year olds enrolled
    - N=130,000 to 190,000 per year
  - MH and SA claims identified by primary/secondary diagnosis
  - CPT/UB92/HCPC services coded

Identification: All SA (Adult specs), SA vs SA/MH (Child specs)

- Less than 1% of Enrolled Youth Were Identified with SA or SA/MH Medicaid 12-17 yrs
Initiation: All SA (Adult specs), SA vs SA/MH (Child specs)

Engagement*: All SA (Adult specs), SA vs SA/MH (Child specs)

Engagement*: All SA (Adult specs), SA vs SA/MH (Child specs)

Treatment Rate as Percent of Those Identified: All SA (Adult Specs)

Treatment Rate as Percent of Those Identified: SA Only (Child Specs)

Treatment Rate as Percent of Those Identified: SA/MH (Child Specs)
### Summary of SA Engagement* by Treatment Type and Diagnosis

<table>
<thead>
<tr>
<th></th>
<th>Ip/Res</th>
<th>Detox</th>
<th>OP</th>
<th>Crisis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA (all)</td>
<td>5.4%</td>
<td>&lt;1%</td>
<td>41.7%</td>
<td>1.9%</td>
<td>32.0%</td>
</tr>
<tr>
<td>SA Only (49.5%)</td>
<td>10.3%</td>
<td>&lt;1%</td>
<td>47.3%</td>
<td>2.0%</td>
<td>36.5%</td>
</tr>
<tr>
<td>MH/SA (50.5%)</td>
<td>3.6%</td>
<td>&lt;1%</td>
<td>36.1%</td>
<td>1.7%</td>
<td>27.6%</td>
</tr>
</tbody>
</table>

Medicaid 12-17 Years, FY1999  
* 2nd Follow-Up within 30 Days  
Engagement as % of Identification

### Summary of Findings

- Low proportion of youth identified
- Engagement rates ranged from <1% to 47%
- Outpatient treatment had highest engagement
- Youth who were identified through detox, or crisis services had very low rates of engagement
- Differing methods for calculating rates produced different results

### Next Steps

- For our research team
  - Adding next years of data
  - Including another state
  - Linking with the Block Grant
- For the field
  - Expand the monitoring of treatment
  - Focus on public sector accountability
  - Include focus on adolescents
  - Review other performance indicators used
  - Decide on standard/comparable procedures