



**Behavioral Health Collaborative
Fourth Quarter & Annual SFY 2017
Performance Measures**

COLLABORATIVE:

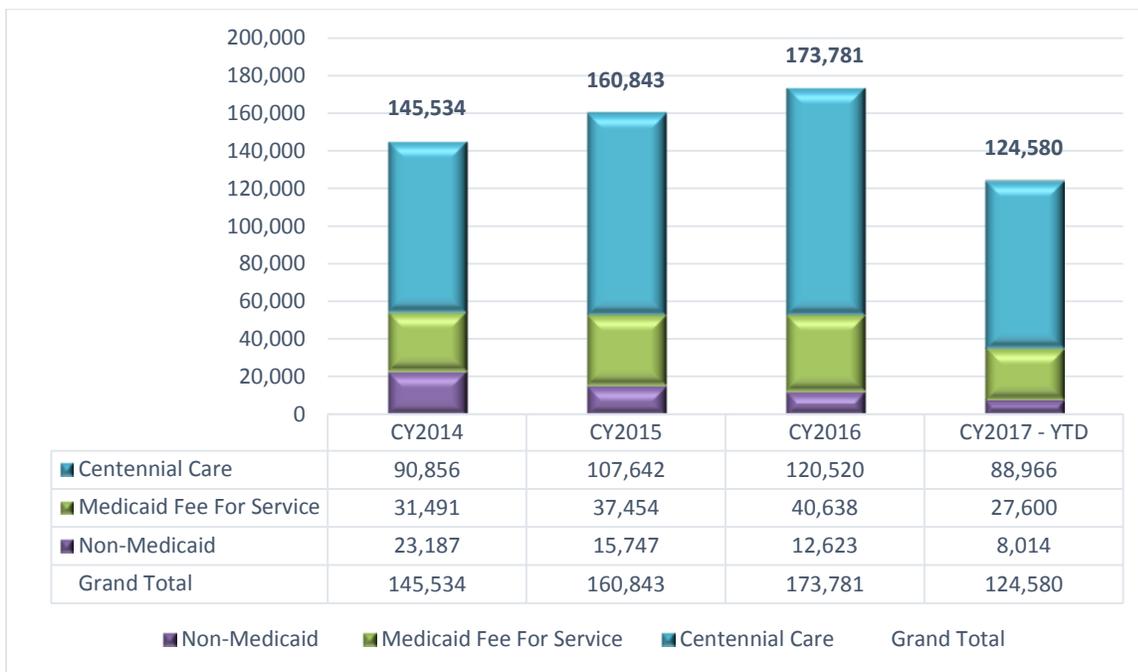
Strategic Goal: Improve Behavioral Health Services

Measure: Number of individuals served annually in substance abuse or mental health programs administered by the Behavioral Health Collaborative and Medicaid programs.

SFY 17 Target: 160,000

SFY 17 Actual: 124,580

Comments: The multiyear trend has been increasing in the areas of Centennial Care and Medicaid fee for service. The non-Medicaid population has been getting smaller, as would be expected with the adoption of Medicaid Expansion. The total population served during the first six months of SFY17 is 124,580 members. We have already exceeded our SFY17 Target of 160,000.



Data Sources and Methodology:

1. *Data Source:* BHSD Data Warehouse, MAD Systems Bureau, and the Medicaid unduplicated counts from Centennial Care Report #41.
2. *Methodology used to collect data:* Claims-based data from payment systems
3. *Responsible persons:* Quality Improvement Committee
4. *Timeframe for data collection and reporting:* Quarterly reporting, 30 days after the quarter.

Data Validity:

1. *Methodology used to determine data validity and reason used:* The OHNM system can produce a total of unique unduplicated consumers served. The Centennial Care Report #41 identifies the unduplicated count of persons served in each of the four MCOs

2. *Appropriateness of the measuring instrument:*

Data Reliability:

1. *Methodology to determine reliability:* Claims data are the most accurate measure of the numbers of persons served.
- 1.
2. *Limitations of data:*

Comprehensive Measure Definition:

COLLABORATIVE:

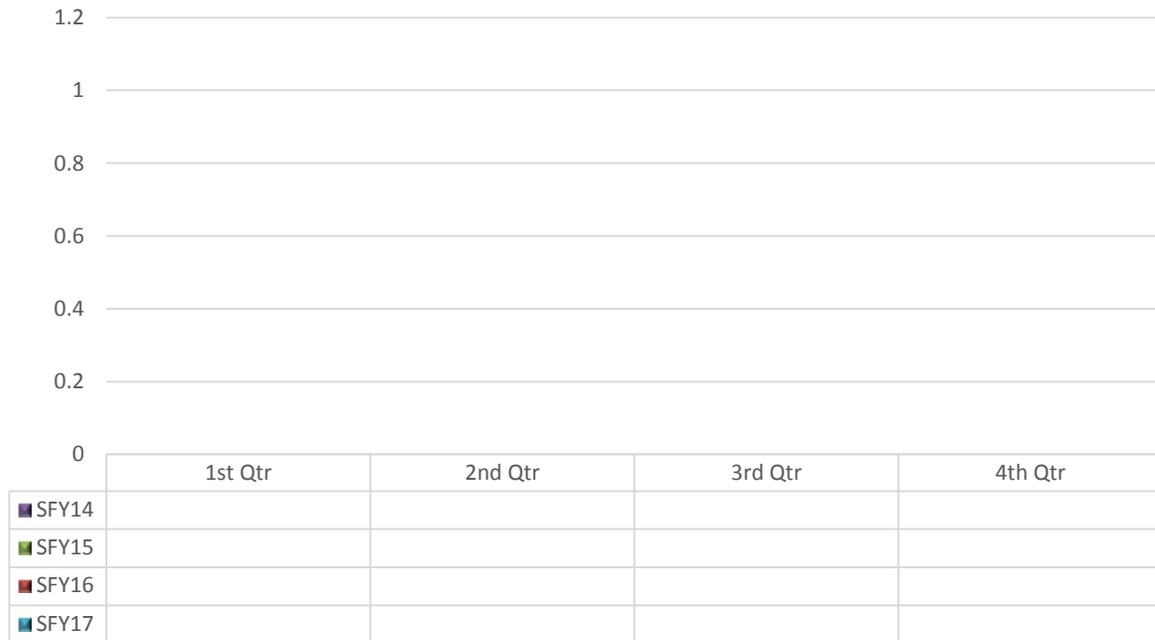
Strategic Goal:

Measure: Number of suicides of youth served by the Behavioral Health Collaborative and Medicaid programs.

SFY 17 Target: 2

SFY 17 Actual:

Comments: This report is being developed in conjunction with Epidemiology, DOH. It will be completed by October, 2017



Data Sources and Methodology:

- 5. *Data Source:*
- 6. *Methodology used to collect data:*
- 7. *Responsible persons:*
- 8. *Timeframe for data collection and reporting:*

Data Validity:

- 3. *Methodology used to determine data validity and reason used:*
- 4. *Appropriateness of the measuring instrument:*

Data Reliability:

- 3. *Methodology to determine reliability:*
- 4. *Limitations of data:*

Comprehensive Measure Definition:

COLLABORATIVE:

Strategic Goal:

Measure: Percent of adults diagnosed with major depression who remained on an antidepressant medication for at least 180 days.

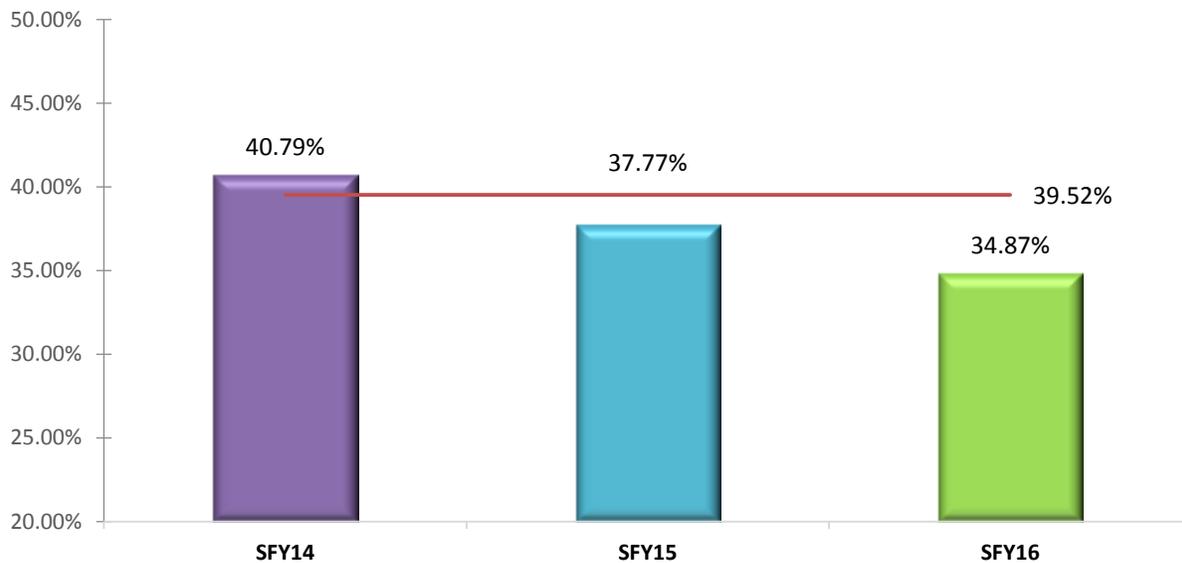
SFY 17 Target: 26%

SFY 17 Actual: 34.87% The National HEDIS result for Medicaid programs was 39.52%*

Comments: The data for this measure relies on annual HEDIS reports that are received in July of each year. They reflect performance in the prior calendar year. So for CY2016, 34.87% of adults diagnosed with major depression (or, 12,683) persons) remained on their antidepressant medication for at least 180 days. This represents stable engagement in treatment for the referenced population and is notably higher than our SFY target of 26%. However, it is slightly lower than CY16 (37.77%.) And, this does not reach the 2016 National Average of 39.52%. (The 2017 National benchmark will be available in early October, 2017.) The Quality Improvement Committee will be working with the managed care companies to seek strategies for improvement.

*Source: *Quality Compass 2016 - National Average*

Percent of Adults on Anti Depressant Medication



Data Sources and Methodology:

1. *Data Source:* MCO data reports.
2. *Methodology used to collect data:* Analysis of population diagnosis and claims data.
3. *Responsible persons:* Medical Assistance Division, Quality Assurance Bureau.

4. *Timeframe for data collection and reporting:* Annual.

Data Validity:

1. *Methodology used to determine data validity and reason used:* This is a HEDIS (Healthcare Effectiveness Data and Information Set) national quality measure.
2. *Appropriateness of the measuring instrument:* This is a HEDIS measure for Effective Continuous Phase Treatment (180 days.)

Data Reliability:

1. *Methodology to determine reliability:* This is a HEDIS measure.
2. *Reliability of the Measure:* This is a HEDIS measure for Effective Continuous Phase Treatment.
3. *Limitations of data:* The method of calculating outcome is limited to only those individuals with a diagnosis of major depression.

Comprehensive Measure Definition:

The number of members 18 – 64 years old who were treated with an antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment for at least 180 days, (6 months).

COLLABORATIVE:

Strategic Goal:

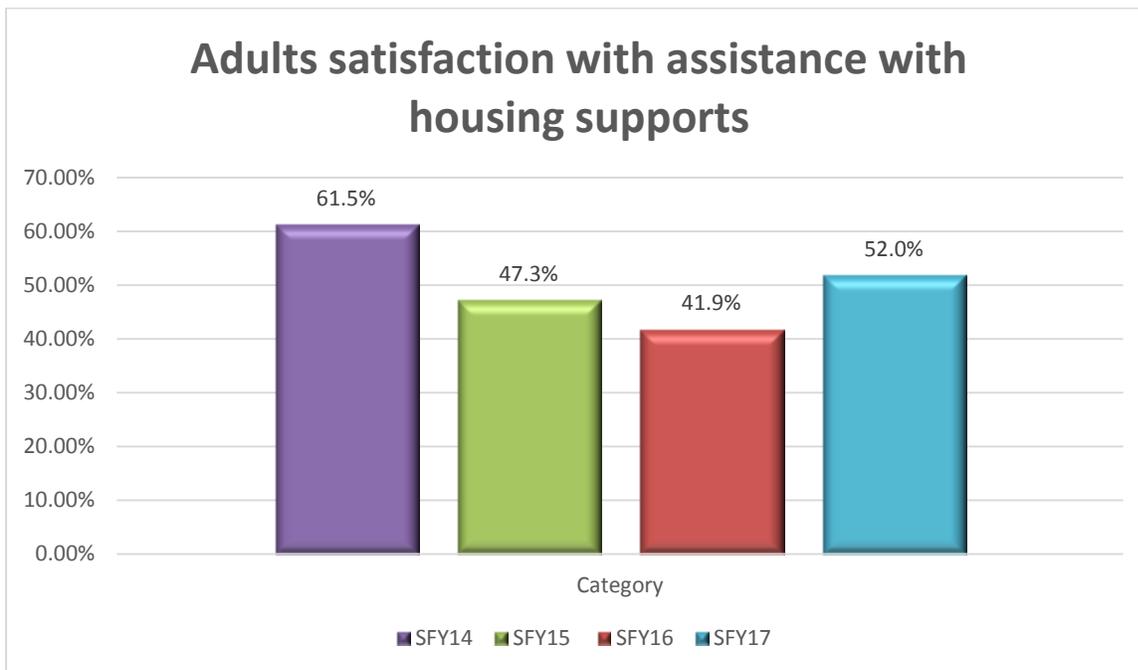
Measure: Percent of adults with mental illness and/or substance abuse disorders receiving services who report satisfaction with staffs’ assistance with their housing need.

SFY 17 Target: 75%

SFY 17 Actual: 52%

Comments: The Annual Consumer Satisfaction Survey is administered in the spring of each state fiscal year. Within it, there is a subscale addressing housing. These results only reflect those respondents (9.8% of all adult respondents) who indicated that their housing situation was getting in the way of their recovery. Within this smaller cohort of adults, over half (52%) indicated that they were satisfied with the housing assistance they received. This is an increase of 10 percentage points over the SFY16 responses.

The Quality Improvement Committee is working with the MCO’s to continue to make progress with this critical service support.



Data Sources and Methodology:

1. *Data Source:* Annual Consumer and Family Satisfaction Survey.
2. *Methodology used to collect data:* Telephone survey of a randomly selected sample of consumers receiving care in the fiscal year studied.
3. *Responsible persons:* The Behavioral Health Collaborative through the Steering Committee for the Consumer Youth and Family Satisfaction Project.
4. *Timeframe for data collection and reporting:* Annual. Data collection conducted in summer and final report available in late September.

Data Validity:

1. *Methodology used to determine data validity and reason used.* A Housing Subscale was created of four items. The scale has had a reliability score of .821 on the Chronbach Alpha test.
2. *Appropriateness of the measuring instrument:*

Data Reliability:

1. *Methodology to determine reliability:*
2. *Reliability of the Measure:* Reliable
3. *Limitations of data:* Only relevant if respondents indicated that their housing needs were getting in the way of their recovery.

Comprehensive Measure Definition: For individuals who responded “Yes” to the survey item:

“Is your housing situation getting in the way of your recovery from mental health or substance abuse disorders?”, analysis is conducted on three subsequent questions that are treated as a Housing Subscale.

1. My housing needs were part of my treatment plan.
2. When I had a housing problem, I was assisted by staff.
3. If I had to wait to get housing assistance, I still received support for my other needs from my treatment team.

The percentage reflects the proportion of responses that were a (Strongly Agree) or (Agree) and are termed the Proportion Positive.

COLLABORATIVE:

Strategic Goal:

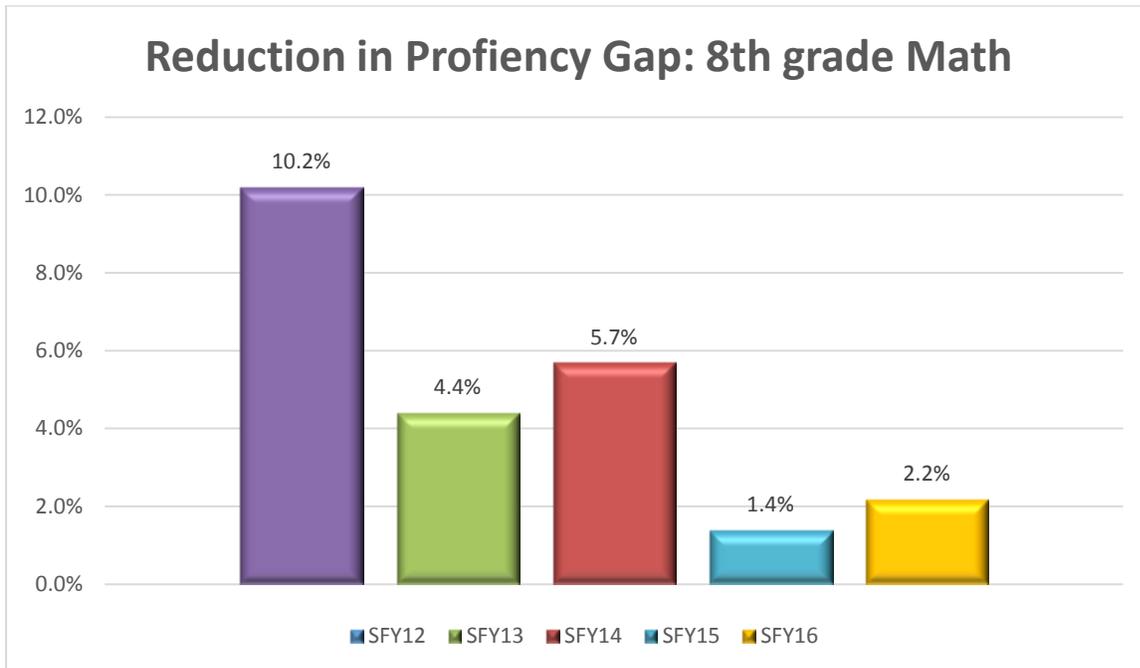
Measure: Reduction in the gap between children in school who are receiving behavioral health services and their counterparts in achieving age appropriate proficiency scores in math (eighth grade).

SFY 17 Target: 8.5%

Data will not be available until November, 2017

SFY 17 Actual:

Comments: Data for SFY17 is not available until November, 2017. In FY16, there was only a 2.2% gap in math among the 8th graders who were receiving behavioral health care as compared to their counterparts who do not receive behavioral health care. While this is a slightly larger gap than in FY15 (1.4%), we are maintaining a strong positive trend. Public Education Department’s goal is to reduce the gap to 5% by 2020. We have already reached that goal as well as our previous targets. The progress is encouraging. HSD is investigating the ways that changes in Medicaid and other behavioral health service eligibility and availability enlarge or alter the population demographics of children involved, and ways that those changes might interact with their education achievement in general and the measured gap for eighth grade mathematics in particular.



Data Sources and Methodology:

1. *Data Source:* Public Education Department.
2. *Methodology used to collect data:*
3. *Responsible persons:* Cindy Gregory, Evaluation Unit, PED and the Quality Improvement Committee.
4. *Timeframe for data collection and reporting:* Annual. Scores are calculated in November.

Data Validity:

1. *Methodology used to determine data validity and reason used:*
2. *Appropriateness of the measuring instrument:*

Data Reliability:

1. *Methodology to determine reliability:*
2. *Reliability of the Measure:* Reliable
3. *Limitations of data:*

Comprehensive Measure Definition: This measure is calculated on the percent of 8th graders who achieved proficiency. Students who received behavioral health services in the prior year are compared to a virtual control group from the same school district, including grade level, gender, ethnicity, ELL, special education, and free or reduced cost lunch eligibility who did not receive services. The percentages reflect the gap in proficiency between the two groups. Goals are projected to the year 2020, at which time the gap is targeted to be narrowed to 5% or less.

COLLABORATIVE:

Strategic Goal:

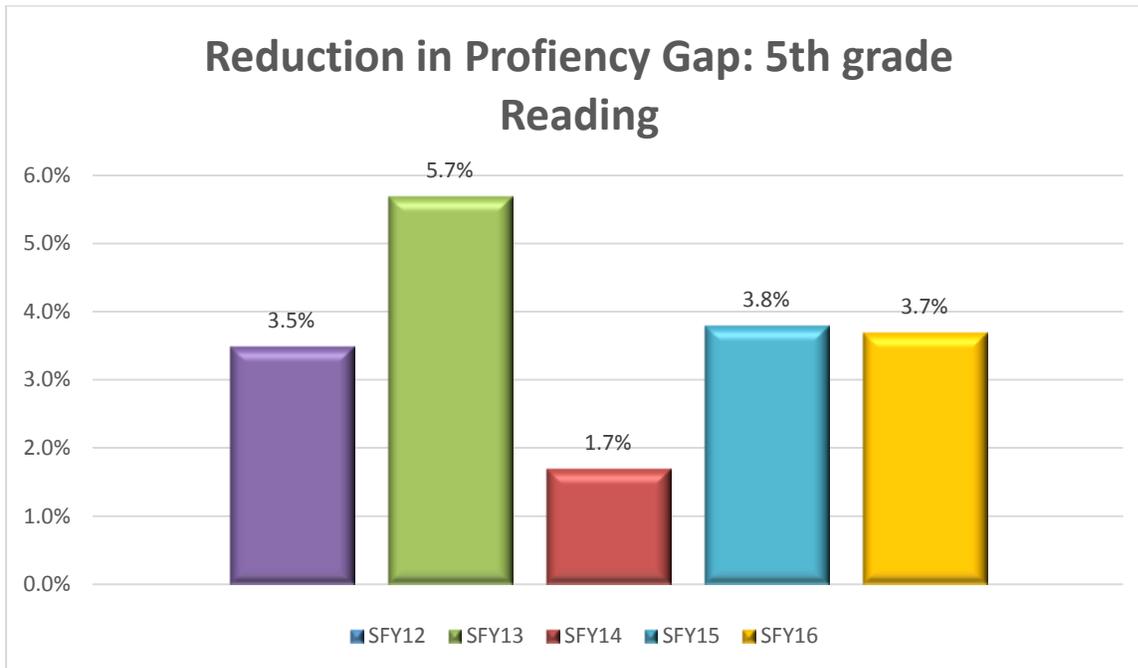
Measure: Reduction in the gap between children in school who are receiving behavioral health services and their counterparts in achieving age appropriate proficiency scores in reading (fifth grade).

SFY 17 Target: 7.1%

Data will not be available until November, 2017

SFY 17 Actual:

Comments: Data for SFY17 is not available until November, 2017. In FY16, there was only a 3.7% gap in reading among the 5th graders who were receiving behavioral health care as compared to their counterparts who do not receive behavioral health care. This is almost identical to the gap in FY15 which maintains a strong positive trend. Public Education Department’s goal is to reduce the gap to 5% by 2020. The progress is encouraging. HSD is investigating the ways that changes in Medicaid and other behavioral health service eligibility and availability enlarge or alter the population demographics of children involved, and ways that those changes might interact with their education achievement in general and the measured gap for eighth grade mathematics in particular.



Data Sources and Methodology:

1. *Data Source:* Public Education Department
2. *Methodology used to collect data:*
3. *Responsible persons:* Cindy Gregory, Evaluation Unit, PED and the Quality Improvement Committee.
4. *Timeframe for data collection and reporting:* Annual. Scores are calculated in November.

Data Validity:

1. *Methodology used to determine data validity and reason used:*
2. *Appropriateness of the measuring instrument:*

Data Reliability:

1. *Methodology to determine reliability:*
2. *Reliability of the Measure:* Reliable
3. *Limitations of data:*

Comprehensive Measure Definition: This measure is calculated on the percent of 5th graders who achieved proficiency. Students who received behavioral health services in the prior year are compared to a virtual control group from the same school district, grade level, gender, ethnicity, ELL, special education, and free or reduced cost lunch eligibility who did not receive services. The percentages reflect the gap in proficiency between the two groups. Goals are projected to the year 2020, at which time the gap is predicted to be 5% or lower

COLLABORATIVE:

Strategic Goal:

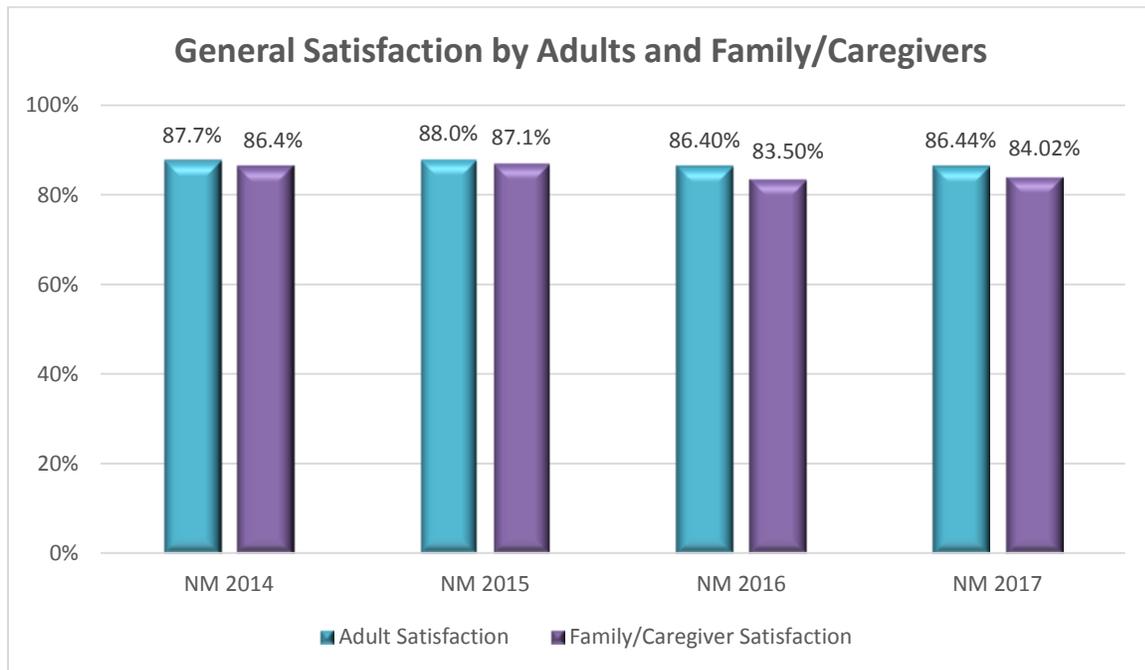
Measure: Percent of members reporting satisfaction with behavioral health services.

SFY 17 Target: 85%

SFY 17 Actual: **Adults: 86.44%** **National Adult Average: 88.3%**
 Family/Caregivers: 84.02% **National Family Average: 88.5%**

Comments: The Adults clients and Family/Caregivers of children receiving behavioral health services are surveyed annually. The SFY17 data indicate a positive maintenance of overall satisfaction with behavioral health services received. However, the adults' Satisfaction Domain score of 86.44% is slightly less than the 2016 national average of 88.5%. Similarly, the Family/Caregiver Satisfaction Domain score of 84.02% is less than the 2016 national average of 88.5%.

The Quality Improvement Committee will be working with the MCO's to identify strategies for improvement in this area.



Data Sources and Methodology:

1. *Data Source:* Annual Consumer and Family/Caregiver Satisfaction Survey
2. *Methodology used to collect data:* Telephone survey of randomly selected adults and parents of children receiving behavioral health services in the first half of the SFY reporting.
3. *Responsible persons:* Quality Improvement Bureau of the BHSD, HSD, in conjunction with CYFD and under guidance from the Consumer and Family and Youth Steering Committee.
4. *Timeframe for data collection and reporting:* Data are collected each year, generally in early June. Reports are presented to the BH Collaborative and BH Planning Council in September and October.

Data Validity:

1. *Methodology used to determine data validity and reason used:* Statistically sound samples are randomly pulled from the population receiving bh services in the first half of the SFY
2. *Appropriateness of the measuring instrument:* There are two surveys; one for adults and one for family members. Items included in the satisfaction domain are part of a national Mental Health Systems Improvement Project (MHSIP); this allows for our comparison with national performance. New Mexico has added additional items to its instruments.

Data Reliability:

1. *Methodology to determine reliability:* Items in the satisfaction domain were tested as valid and reliable on a national level. They are part of the MSHIP national project.
2. *Limitations of data:* The data only reflect perspectives of clients who did receive care. Those who dropped out are not included.

Comprehensive Measure Definition:

Items are measured on a 5 point Likert Scale of agreement, ranging from *Strongly Agree* to *Strongly Disagree* with statements. Items are organized into two scales: the Adult Satisfaction Domain and the Family Satisfaction Domain.

The Family Satisfaction Domain includes the following 6 national questions:

- Overall, I am satisfied with the services my child received.
- The people helping my child stuck with us no matter what.
- I felt my child had someone to talk to when he/she was troubled.
- The services my child and/or family received were right for us.
- My family got the help we wanted for my child.
- My family got as much help as we needed for my child.

The Adult Satisfaction Domain includes the following 3 national questions:

- I like the services that I receive here.
- If I had other choices, I would still get services from this agency.
- I would recommend this agency to a friend or family member.

COLLABORATIVE:

Strategic Goal:

Measure: The number of health homes established statewide.

No Target:

SFY 17 Actual: 2

Comments: Two behavioral Health Health Homes (BHHH) were established in the northwestern and eastern parts of the state in SFY16; and, they completed a full year of providing care in spring of SY17. Since then applications were received for expansion sights. Ten additional sights have been approved, statewide, for initiation of services in January 2018.

COLLABORATIVE: Children with Improved Level of Functioning at Discharge

Strategic Goal: Improve Behavioral Health Services

Measure: Percent of readmissions to the same level of care or higher for children or youth discharged from behavioral health residential treatment centers and inpatient care.

SFY 17 Target: 5.0%

SFY 17 4th Qtr: 7.19%

(12 month average: 8.98%)

Comments:

The 4th quarter data represents a 3.4% decrease in percentage points over the same quarter in the prior year. We are seeing a consistent positive trend over the previous years; the readmission rate is moving closer to the target of 5%.

The data reflects performance across the four MCOs. It does not include Medicaid Fee-For-Service clients or non-Medicaid clients. It is important to note that the data for the prior three quarters were refreshed in this report. This quarter’s results may underestimate readmissions due to delays in claims submission or processing by providers and MCO’s. The Quality Improvement Committee has observed a reduction in the recidivism rate over the previous three quarters. The MCOs have been strengthening processes with inpatient facilities by assigning dedicated Care Coordinators to each individual facility. This is resulting in stronger discharge plans and post follow-up plans to reduce readmission. **These are preliminary data; not yet final.**

Percent of Residential Treatment Center and Inpatient Readmissions



Data Sources and Methodology:

9. *Data Source:* Centennial Care Report #5 on Readmission.
10. *Methodology used to collect data:* Recipients of this service are identified by CPT, diagnosis, and revenue codes. The report includes all children under the age of 21 who are receiving services through Medicaid and discharged from a Residential Treatment Center (RTC) and then readmitted to the same or higher level

of care within 30 days of discharge. Transfers within the same RTC are not considered a discharge and re-admittance. Multiple discharges and re-admittances for the same recipient are counted, but only if the re-admittance is within 30 days of the discharge. Partial hospitalization (non-resident) is not considered a higher level of care.

11. *Responsible persons*: Quality Improvement Committee
12. *Timeframe for data collection and reporting*: Quarterly

Data Validity:

5. *Methodology used to determine data validity and reason used*: The External Quality Review Organization (EQRO) validates managed care encounter data periodically.
6. *Appropriateness of the measuring instrument*: OHNM is required to provide quarterly reporting on RTC re-admissions as part of their contractual performance measures with the Medical Assistance Division.

Data Reliability:

5. *Methodology to determine reliability*: Validation of claim and payment accuracy is through the Payment Error Rate Measurement Program (PERM); (b) Periodic OIG review of reasonability of the methodology.
6. *Reliability of the Measure*: Reliable upon review.
7. *Limitations of data*: Subject to change each quarter.

Comprehensive Measure Definition: Same level of care: A patient admitted into an RTC or facility within 30 days of discharge from an RTC. Higher level of care: A patient admitted into an inpatient psychiatric hospital within 30 days of discharge from an RTC.

COLLABORATIVE: Children with Improved Level of Functioning at Discharge

Strategic Goal: Improve Behavioral Health Services

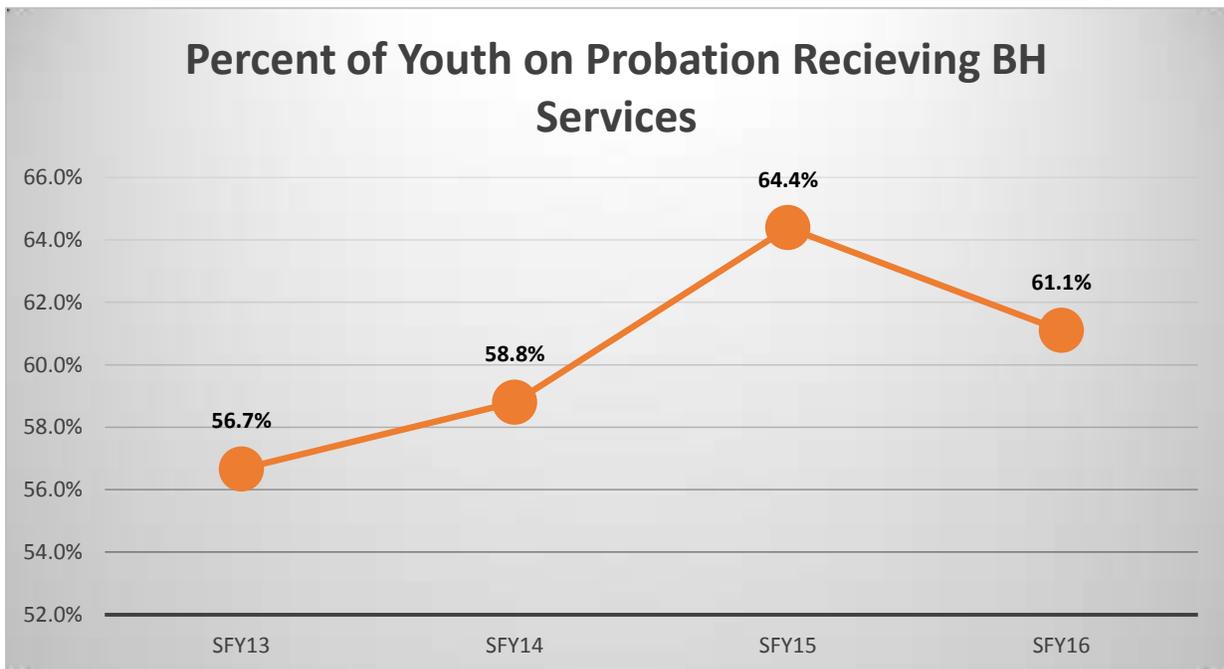
Measure: Percent of youth on probation who were served by a statewide entity.

SFY 17 Target: 60%

SFY 17 3rd Qtr: Data reported annually. SFY17 results will be available November, 2017.

SFY16 Annual: 61.1%

Comments: In SFY16, 61.1% of the youth on probation were served with behavioral health services, across Medicaid and Non-Medicaid resources. This exceeds the FY16 target of 54%. Similar to a national trend, there has been a slight decrease in overall juvenile crime and subsequently the number of youth on probation.



Data Sources and Methodology:

1. *Data Source:* OptumHealth NM, Medicaid and CYFD (Juvenile Justice).
2. *Methodology used to collect data:* The OHNM data extract plus the Medicaid (Managed Care & Fee For Service) data set is matched against JJS data. The denominator is the unique number of clients, age 18 years or younger, with one date of service encounter in the reporting period. The numerator is the unique number JJS youth with the date of first probation in the reporting period that match the clients in the denominator.
3. *Responsible persons:* Quality Improvement Committee
4. *Timeframe for data collection and reporting:* Annual, in November

Data Validity:

1. *Methodology used to determine data validity and reason used:* OptumHealth NM is required to provide a fiscal year data extract and Medicaid submits data on persons served; and has been found to be reliable and valid. This extract is forwarded to Juvenile Justice, who performs the data extraction process.
2. *Appropriateness of the measuring instrument:* See comment.

Data Reliability:

1. *Methodology to determine reliability:* OptumHealth NM and Medicaid data are checked before sending to Juvenile Justice for correctness and reliability. Juvenile Justice data extraction and reporting reliability is assumed.
2. *Reliability of the Measure:* Reliable
3. *Limitations of data:*

Comprehensive Measure Definition: The percent of youth who were on any level of probation who received behavioral health services during the reporting period.

COLLABORATIVE: Improvement in the Continuity of Care

Strategic Goal: Improve Behavioral Health Services

Measure: Percent of individuals discharged from inpatient facilities who receive follow-up services within seven days.

SFY 17 Target: 47%

SFY 17 4th Qtr: 42.87% (12 month average is 42.24%)

Comments:

The 4th quarter data represents a 7.8% increase in percentage points over the same quarter in the prior year. Notably, we are seeing a consistent positive trend over the previous years.

The data reflects performance across the four MCOs. It does not include Medicaid Fee-For-Service clients or non-Medicaid clients. It is important to note that the data for the prior three quarters were refreshed in this report. They represent more stable figures than the current quarter which is limited by the low numbers of discharges yet reported at the time of the report submission. The results may underestimate follow-up due to delays in claims submission or processing by providers and MCO’s. The Quality Improvement Committee is leading a Performance Review Team with the intent of meeting or exceeding the established target; and, the MCO’s are working aggressively on improving discharge planning and follow-up coordination. For example, a pilot program (“The Bridge”) in southern New Mexico assures that the follow-up plan occurs immediately after the client is discharged. It occurs on the same campus of the inpatient facility. Family members and community-based providers are better able to participate in the plan. In addition, the MCO Recovery Staff are notified, through Care Coordination, of a discharge event. They join the discharge event and assist the consumer to make their next community-based treatment appointment. **These are preliminary data; not yet final.**

Percent of Individuals Receiving Follow-up Services Within 7 Days of Discharge



Data Sources and Methodology:

1. *Data Source:* Centennial Care Report #5 for follow-up.
2. *Methodology used to collect data:* The report provides information on continuity of care for those hospitalized with an acute episode of mental illness. It estimates the percentage of patients age six (6) years of age and older who were hospitalized for selected mental disorders and who were seen on an outpatient basis by a mental health provider within seven days after their discharge from hospital.
3. *Responsible persons:* Quality Improvement Committee.
4. *Timeframe for data collection and reporting:* Quarterly in the second month following each quarter.

Data Validity:

1. *Methodology used to determine data validity and reason used:* The Centennial Care Report #5 describes the methodology of data used.
2. *Appropriateness of the measuring instrument:*

Data Reliability:

1. *Methodology to determine reliability:* Data are reviewed and trended by the Quality Improvement Committee of the collaborative.
2. *Reliability of the Measure:* Reliable upon review.
3. *Limitations of data:* Subject to change each quarter.

Comprehensive Measure Definition: The percentage of recipients age six (6) years of age and older who were hospitalized for selected mental disorders and who were seen on an outpatient basis by a mental health provider within seven days after their discharge from the hospital.

COLLABORATIVE: Improvement in Continuity of care

Strategic Goal: Improve Behavioral Health Services

Measure: Percent of individuals discharged from inpatient facilities who receive follow-up services within thirty days.

SFY 17 Target: 67%

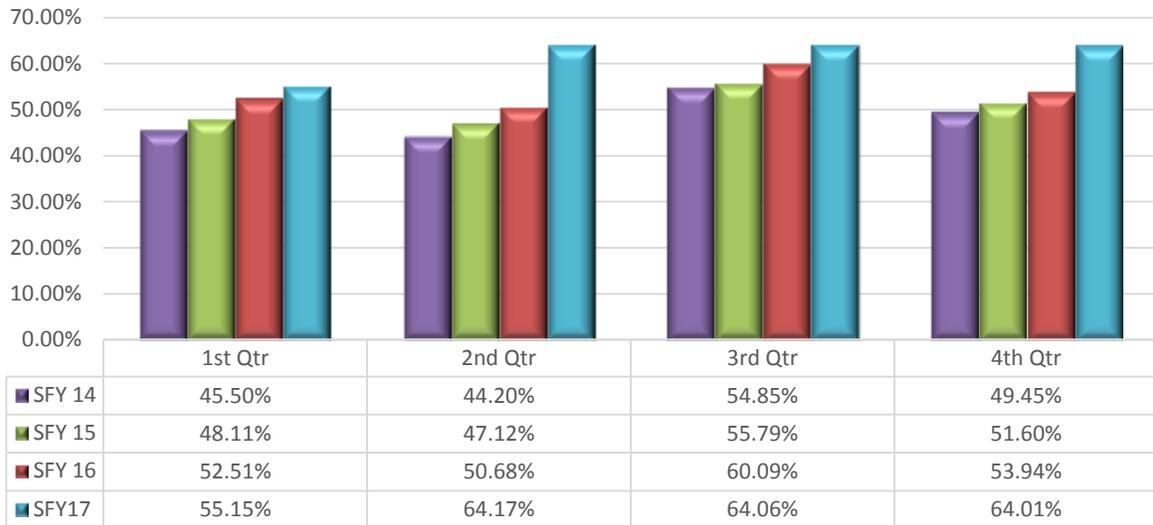
SFY 17 4th Qtr: 64.01% (12 month average is 61.65 %)

Comments:

The 4th quarter data represents a 10.1% increase in percentage points over the same quarter in the prior year. Notably, we are seeing a consistent positive trend over the previous years.

The data reflects performance across the four MCOs. It does not include Medicaid Fee-For-Service clients or non-Medicaid clients. It is important to note that the data for the prior two quarters were refreshed in this report. They represent more stable figures than the current quarter which is limited by the low numbers of discharges yet reported at the time of the report submission. The results may underestimate follow-up due to delays in claims submission or processing by providers and MCO's. The Quality Improvement Committee is leading a Performance Review Team with the intent of meeting or exceeding the established target; and, the MCO's are working aggressively on improving discharge planning and follow-up coordination. For example, a pilot program ("The Bridge") in southern New Mexico assures that the follow-up plan occurs immediately after the client is discharged. It occurs on the same campus of the inpatient facility. Family members and community-based providers are better able to participate in the plan. In addition, the MCO Recovery Staff are notified, through Care Coordination, of a discharge event. They join the discharge event and assist the consumer to make their next community-based treatment appointment. **These are preliminary data; not yet final.**

Percent of Individuals Receiving Follow-up Services 30 Days After Discharge



Data Sources and Methodology:

1. *Data Source:* Centennial Care Report #5 on follow-up.
2. *Methodology used to collect data:* The report provides information on continuity of care for those hospitalized with an acute episode of mental illness. It estimates the percentage of recipients age six (6) years of age and older who were hospitalized for selected mental disorders and who were seen on an outpatient basis by a mental health provider within 30 days after their discharge from the hospital.
3. *Responsible persons:* Quality Improvement Committee.
4. *Timeframe for data collection and reporting:* Quarterly, 2 months after the quarter's end.

Data Validity:

1. *Methodology used to determine data validity and reason used:* The Centennial Care Report #5 describes the methodology of data used.
2. *Appropriateness of the measuring instrument:*

Data Reliability:

1. *Methodology to determine reliability:* Data are reviewed and trended by the Quality Improvement Committee of the collaborative.
2. *Reliability of the Measure:* Reliable upon review.
3. *Limitations of data:* Subject to change each quarter.

Comprehensive Measure Definition: The percentage of recipients age six (6) years of age and older who were hospitalized for selected mental disorders and who were seen on an outpatient basis by a mental health provider within 30 days after their discharge from the hospital.

COLLABORATIVE: Number of Persons Receiving Services through Telemedicine

Strategic Goal: Improve Behavioral Health Services

Measure: Increase in the number of persons served through telehealth in the rural and frontier counties.

SFY 17 Target: 2,900

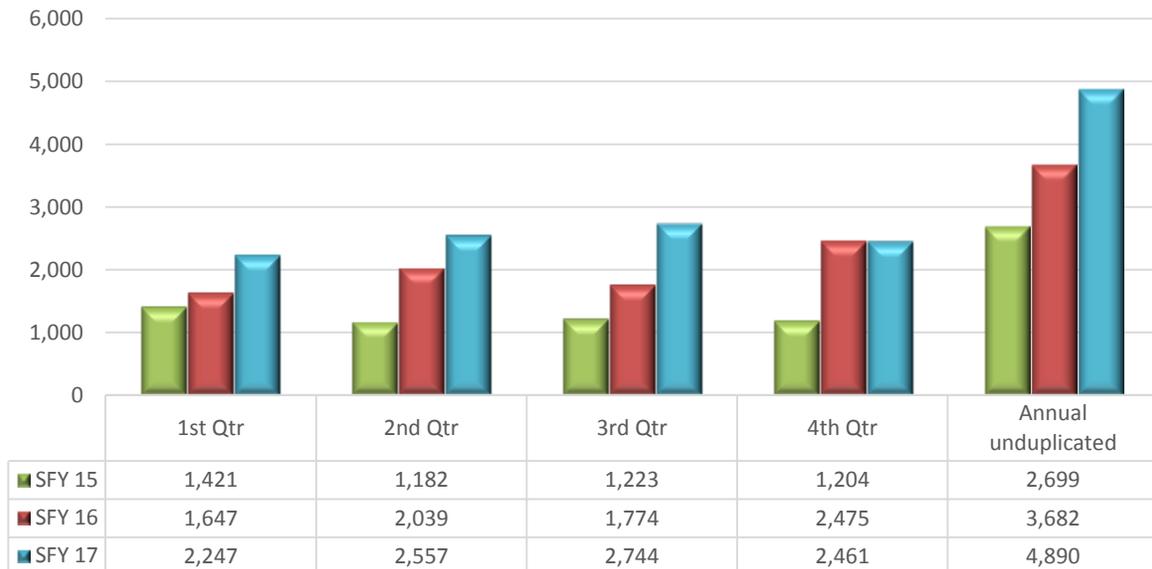
FY 17 4th Qtr: 2,461 (12 month average: 4,890 unduplicated persons)

Comments:

The fourth quarter data are slightly lower (10.3%, or 283 persons) than the third quarter. This is likely due to delays in claims submission or processing by providers and MCO’s. More importantly, the unduplicated count of persons served for the 12 months of SFY17 is 4,890 which is significantly exceeding the yearly target of 2,900.

Although the target for this measure is based on an annual total of persons served through telehealth, HSD reports this data on a quarterly basis. Each quarter’s data reflects an unduplicated count of persons served in that quarter. Prior quarterly data are refreshed each quarter. . This performance on this measure continues to trend in a positive direction.

Number of Persons Receiving Telehealth Services



Data Sources and Methodology:

1. *Data Source:* For SFY2015, S FY2016 and SFY 2017, this data has come from an Ad Hoc report of all MCO’s.
2. *Methodology used to collect data:* Analysis of claims data.
3. *Responsible persons:* Quality Improvement Committee
4. *Timeframe for data collection and reporting:* Quarterly

Data Validity:

1. *Methodology used to determine data validity and reason used:* Service claims count of telehealth services is a valid measure

2. *Appropriateness of the measuring instrument:* It is appropriate.

Data Reliability:

1. *Methodology to determine reliability:* Service claims count of telehealth services is a reliable measure.
Data are refreshed on a quarterly basis
2. *Reliability of the Measure:* It is a reliable measure.
3. *Limitations of data:* Specific to Medicaid members only.

Comprehensive Measure Definition:

Report captures member utilization of behavioral health telemedicine services cumulatively across reporting periods. It differentiates members residing in rural and in frontier counties.

COLLABORATIVE: Number of Persons Receiving Substance Abuse Services

Strategic Goal: Improve Behavioral Health Services

Measure: The percentage of people with a diagnosis of alcohol or drug dependency that initiated treatment and received two or more additional services within 30 days of the initial visit.

SFY 17 Target: 40%

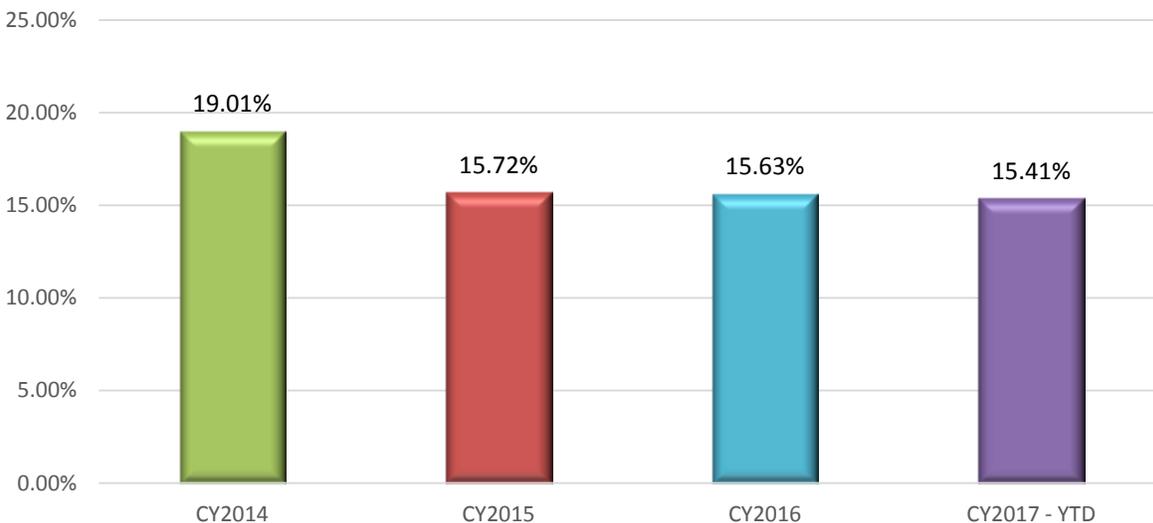
SFY 17 2nd Qtr Semi-Annual Measure 15.41%

Comments:

At the 6 month point, 15.41% of the individuals who initiated substance abuse treatment were still engaged in care 30 days after initiation. This includes both Medicaid and non-Medicaid individuals. The performance for non-Medicaid recipients was higher (30.1%) than for Medicaid members (13.7%). This is a similar pattern as seen in the full 12 months of data on CY16.

This measure targets a cohort of individuals who initiated substance abuse treatment and were still engaged in care 30 days after initiation. This measure is calculated on a semi-annual basis for both non-Medicaid and Medicaid clients. It is part of the National Healthcare Effectiveness Data and Information Set (HEDIS), which are officially reported annually by the New Mexico Managed Care Organizations. Fee-for Service Medicaid clients are not included in these counts, since HEDIS measures are not available for that population at this time. The Quality Improvements Committee will be meeting with the MCO's to determine how they can learn about more successful strategies to improve their performance.

% of individuals with an alcohol or drug dependency diagnosis receiving 2 or more services within 30 days of initial treatment



Data Sources and Methodology:

1. *Data Source:* BHSD Data Warehouse using claims data and MCO quarterly administrative reports submitted as part of the LFC HEDIS reports.
2. *Methodology used to collect data:* Analysis of population diagnosis and claims data. It is the same methodology for both Medicaid and non-Medicaid members.
3. *Responsible persons:* Quality Improvement Committee.
4. *Timeframe for data collection and reporting:* Semi-annual.

Data Validity:

1. *Methodology used to determine data validity and reason used:* This is a HEDIS measure.
2. *Appropriateness of the measuring instrument:* The measure is similar to the HEDIS measure for effective engagement in alcohol or drug (AOD) treatment.

Data Reliability:

1. *Methodology to determine reliability:* This is a HEDIS measure.
2. *Reliability of the measure:* The measure is similar to the HEDIS measure for effective engagement in AOD treatment.
3. *Limitations of data:* The method of calculating outcome is done for both Medicaid and non-Medicaid individuals with an AOD diagnosis.

Comprehensive Measure Definition:

This includes Individuals with selected Alcohol and Drug Dependence diagnoses. *Initial treatment* counts clients who have had no claims with diagnosis of AOD dependence for a period of 60 days prior to start date. *Engagement in treatment* will count those clients who, after initial treatment, received two or more inpatient admissions, outpatient visits, or intensives outpatient services with any AOD diagnosis within 30 days after start date.