Division of Behavioral Health Services

Adult Semi Annual Performance Improvement Report

Quarters 1-2, Fiscal Year 2010

Bureau of Quality Management Operations

Executive Summary

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Semi Annual Performance Improvement Report provides ADHS/DBHS stakeholders and members with a mid-year status update on ADHS/DBHS performance across contractual performance measures. Data discussed in this report include:

- Access to Care
- Coordination of Care
- Behavioral Health Service Plan

ADHS/DBHS also analyzes complaints and National Outcome Measures (NOMs) as supportive data feeds measurements. ADHS/DBHS prioritizes performance data according to the following categories that support the ADHS/DBHS Vision and the mission of the ADHS/DBHS Bureau of Quality Management Operations (BQMO):

- Access
- Collaboration
- Service Provision
- Outcomes

The following table provides a snapshot of Adult Performance Measures scores for Quarters 1-2 of FY10 (Q1-2FY10). As evidenced below, ADHS/DBHS exceeded the Minimum Performance Standards (MPS) on three of the four AHCCCS performance measures evaluated thus far in FY10.

ADHS/DBHS RBHA Performance Measure Report Card, Q1-2, FY10

<table>
<thead>
<tr>
<th>RBHA</th>
<th>Access to Care 23 Day</th>
<th>Coord. of Care 1 (Referral)</th>
<th>Coord. of Care 2 (Communication)</th>
<th>BH Service Plan Quarter 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MSP: 85%</td>
<td>MPS: 80%</td>
<td>MPS: 70%</td>
<td>MPS: 85%</td>
</tr>
<tr>
<td>CBH AZ 2</td>
<td>95%</td>
<td>100%</td>
<td>88%</td>
<td>39%</td>
</tr>
<tr>
<td>CBH AZ 4</td>
<td>96%</td>
<td>86%</td>
<td>92%</td>
<td>59%</td>
</tr>
<tr>
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<td>93%</td>
<td>84%</td>
<td>82%</td>
</tr>
<tr>
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<td>96%</td>
<td>83%</td>
<td>53%</td>
</tr>
<tr>
<td>NARBHA</td>
<td>87%</td>
<td>88%</td>
<td>84%</td>
<td>94%</td>
</tr>
<tr>
<td>SW RBHA</td>
<td>92%</td>
<td>92%</td>
<td>84%</td>
<td>61%</td>
</tr>
</tbody>
</table>
Access - Access to Care 23 Day Measure

Data contributing to the Access category include the Access to Care 23 day performance measure and Access to Care complaint data.

The Access to Care 23 Day measure monitors for ADHS/DBHS Contractor's compliance with providing a routine service to newly enrolled behavioral health recipients within 23 days of their initial assessment. This measure is encounter based and a 90-day lag time is observed to provide the Regional Behavioral Health Authorities (RBHAs) the opportunity to submit service encounters to the ADHS/DBHS Client Information System (CIS). ADHS/DBHS only includes encounters that have been approved by AHCCCS in calculating RBHA compliance with this measure.

ADHS/DBHS provided targeted technical assistance to the RBHAs on the over FY09, resulting in statistically significant improvements on the Access measure across RBHAs. The ADHS/DBHS Bureau of Quality Management Operations (BQMO) will test for statistically significant gains on this measure for FY10 as compared to FY09 in the ADHS/DBHS FY10 Annual Performance Improvement Report.

Access to Care 23 Day Measure Adult Performance Over Last 10 Reporting Quarters

Please see Attachment A of this report for the raw data across performance measures and RBHAs.
ADHS/DBHS BQMO reviews Access to Care related complaint data in conjunction with the Access to Care 23 Day Performance Measure to support decision making pertaining to training, technical assistance and corrective action for the RBHAs.

The Access to Services complaint category captures complaints from behavioral health recipients pertaining to enrollment; timely access to the behavioral health system and complaints pertaining to accessing routine covered services.

A total of 188 Access to Services complaints were lodged in Q1FY10 and 202 complaints were attributed to the Access category in Q2. As shown above, Access related complaints made up 19% and 20% of all adult complaints so far in FY10, consistent with complaint trends over FY09.

ADHS/DBHS breaks down the Access to Services complaint category into sub-categories for better analysis of complaint data. The Access to Services complaint sub-category that captures the majority of Access complaints in FY10 is Timeliness. Contributing complaints pertain to recipients' perception of receiving a covered service in a timely manner. Over Quarters 1 and 2 of FY10, 31% (59 total) and 38% (76 total), respectively, of all Access to Services complaints were attributed to Timeliness.

No RBHA specific outliers are indicated via analysis of Access to Services Complaint data. Rates of complaints for this complaint category for adults has remained between 17-20% of all adult complaints over the last six reporting quarters. ADHS/DBHS BQMO does not hypothesize that a positive correlation exists between the rates of Adult Access to Care complaints and performance on the Access to Care 23 Day performance measure.
Collaboration - Coordination of Care Performance Measures and

Coordination of Care 1 (COC1) Statewide Adult Performance Over Last 10 Reporting Quarters

Coordination of Care 2 (COC 2) Adult Performance Over Last 10 Reporting Quarters

Coordination of Care 1 (COC1) measures the RBHAs' compliance with communicating the outcome of the AHCCCS Health Plan/PCP referral of a recipient into behavioral health services. The RBHAs have 45 days to inform the AHCCCS Health Plan/PCP of whether or not the recipient accepted the referral and of any diagnoses or medication prescriptions. Statewide performance over Q1 and Q2FY10 is well over the MPS of 85%, with statewide scores of 94% and 91%, respectively. No RBHAs fell below the MPS on COC 1 in FY10. ADHS/DBHS showed statistically significant gains in performance on this measure over FY09 attributed to targeted technical assistance and successful corrective action plans (CAPs). Coordination of Care 2 (COC2) measures the RBHAs' compliance with attempting ongoing communication with the members' Health Plan/PCP for recipients with a behavioral health diagnosis and a medical diagnosis. Statewide performance continues to appear to trend upward from Q309, surpassing the MPS of 70% in Quarters 1 and 2 of FY10 at 85% and 84%, respectively.
Service Provision: BH Service Plan and Clinical Decisions Related to Services Complaints

The Behavioral Health Service Plan (BH Service Plan) measure assesses (1) whether or not recipients included in the sample have a current and complete assessment; and (2) if the member’s treatment plan reflects the recommendations and needs on the assessment.

Statewide performance on this measure in Q2FY10 did not meet the MPS of 85%. However, NAR-BHA surpassed the MPS with a score of 94% and CPSA 5 fell two percentage points short of the MPS at 82%. The most frequently identified reason for a RBHA failing below the MPS was the absence of a current assessment.

ADHS/DBHS has all RBHAS on CAPs to improve the performance on this measure. ADHS/DBHS has consolidated monitoring and improvement activities related to timely and current assessments via monitoring of the ADHS/DBHS administrative review CAPs. The administrative review assessment CAPs are monitored by a cross-functional team to assist the RBHAS in implementing viable improvement activities.

Clinical Decisions Related to Services complaints pertaining to Assessment/Treatment Plan Content remains consistent with performance measures monitoring. Of the 2,010 complaints received from Adults so far in FY10, this category garnered 877 complaints (44%). FY10 rates of complaints for this category are consistent with complaint trends over the last six reporting periods.
Outcomes - National Outcome Measures (NOMs)

Employment for all Behavioral Health Categories
Statewide FY 2009

Education across all Behavioral Health Categories
Statewide FY 2009

Recent Arrests across all Behavioral Health Categories Statewide FY 2009

Stable Housing across all Behavioral Health Categories Statewide FY 2009
(Percent Homeless)

Alcohol Abstinence across all Behavioral Health Categories Statewide FY 2009
ADHS/DBHS utilizes the National Outcome Measures (NOMs) domains of Employment, Education, Stable Housing, and Abstinence from Alcohol and Abstinence from Other Drugs as proxy measurements to performance monitoring in order to assess for positive recipient outcomes of treatment. NOMs data presented in this report reflects outcomes reported for Adult behavioral health recipients over ADHS/DBHS Fiscal Year 2009 (FY09).

ADHS/DBHS pulls the NOMs data annually from its CIS to evaluate the outcomes for the same group of recipients from the first measurement to the second measurement. The first measurement occurs at Intake with the second measurement at the end of the year capturing those recipients who have an updated demographic assessment. FY09 NOMs data is considered baseline data for ADHS/DBHS and will be compared, tracked and trended against FY10 and FY11 data in subsequent reports.

ADHS/DBHS defines the NOMs as follows:

1. **Employment**: the recipient is employed full time with and without supports.

2. **Education**: the recipient is attending school or a vocational program.

3. **Stable Housing**: the recipient is not homeless. The recipient lives independently, at home with family, or in therapeutic foster care.

4. **Criminal Activity**: the percent of recipients reporting an arrest in the 30 days previous to assessment.

5. **Abstinence from Alcohol**: the recipient reports no use of alcohol within 30 days previous to the assessment.

6. **Abstinence from Other Drugs**: the recipient reports no use of other drugs within 30 days previous to the assessment.

Across Adult behavioral health categories, rates of recipients reporting full-time employment dropped from intake to update in FY09 (1-3 percentage points). Adult recipients in Substance Abuse treatment reported the highest rates of full-time employment of all the Adult program types, followed by Adult General Mental Health (GMH) recipients and Adults with a Seriously Mentally Ill (SMI) diagnosis.

The Education NOM indicates lower rates of recipients in Substance Abuse treatment reporting involvement in a school or vocational program than those recipients in GMH or SMI programming. However, as the Substance Abuse population reported higher rates of employment, it is expected this group would evidence lower school involvement rates. Of note is the significant increase in reported school/vocational involvement for the Adult SMI population in FY09 (7.8% at intake and 13.9% at update). ADHS/DBHS initiated a Psychosocial Rehabilitation Performance Improvement Project (PIP) in FY08 to improve the rates of psycho-educational services and supports to Adult SMI members. ADHS/DBHS will continue to monitor this PIP for a positive correlation between the PIP interventions and increased rates of positive responses to the Education and Employment NOMs for SMI recipients.
FY09 Adult Arrests data indicates low rates of reported recent arrests for the GMH and SMI populations at intake, with decreased rates of arrests for these groups at assessment update. The Adult Substance Abuse population evidenced significantly higher rates of arrests at both data points (19.1% and 16.9%, respectively). However, it should be noted that this group reported a significant decrease in recent arrests when assessed at their annual update in FY09.

All adult behavioral health recipients assessed at intake and update for stable housing indicated low rates of homelessness at both review points in FY09 with the Substance Abuse and SMI recipients reporting increased stable housing at their annual updates. The Adult GMH recipients indicated the lowest rates of homelessness of all Adult program types (2.3% at annual update).

Review of Adult Abstinence from Alcohol and Other Drugs outcomes indicates that SMI recipients report the highest rates of abstinence at both review periods, followed by the GMH and SA programs. All program types evidenced increased rates of reported abstinence from Alcohol and Other Drugs at annual update.

**Conclusion**

ADHS/DBHS surpassed the minimum performance standards statewide on three of the four performance measures assessed for this report: Access to Care, Coordination of Care 1 and Coordination of Care 2. ADHS/DBHS and its RBHAs showed statistically significant gains in performance over FY09 on these measures and appear to be trending for sustained or improved performance on these measures in FY10. ADHS/DBHS provided targeted technical assistance and mandated CAPs for all RBHAs on the Coordination of Care measures over FY08 to the current reporting quarter, resulting in improved and sustained performance statewide on these measures.

The Behavioral Health Service Plan measure reflects areas for improvement. ADHS/DBHS has targeted the timely and accurate updates of recipient assessments for improvement as indicated by performance on this measure and supported by recipient complaints and results of the ADHS/DBHS Administrative Review for 2009. ADHS/DBHS is monitoring RBHA improvement activities via cross functional, directed CAPs aimed at improving compliance with ADHS/DBHS assessment standards.

ADHS/DBHS evaluation of NOMs data for persons assessed in 2009 indicate recipients reported abstinence from alcohol and other drugs, low rates of homelessness, increased rates of school and vocational involvement and low rates of arrests. ADHS/DBHS has targeted improvement efforts to Adult SMI recipients to increase the numbers of these recipients receiving psycho-educational services.

ADHS/DBHS will provide a fiscal year review of quarterly performance data at the end of FY10. The final FY10 performance improvement report will include other proxy data sources such as the Behavioral Health Service Provision Measure, length of stay and readmission rates to out of home treatment, Quality of Care (QOC) concern trending as well as tests for statistical significance in improvements on performance measures.

ADHS/DBHS is dedicated to providing quality behavioral health services to its recipients and has prioritized the evaluation of performance data in its strategic planning. By applying the concepts of Continuous Performance Improvement in the analysis of statewide data via a balanced scorecard approach, ADHS/DBHS is able to assess process and outcome measures on both a statewide and individual contractor level. A summary of all corrective actions and ADHS/DBHS initiated improvement activities will be presented in the final performance improvement report of FY10.

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