Division of Behavioral Health Services

Children’s 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 Contractor performance. ADHS/DBHS analyzes performance data according to the following categories that support the ADHS/DBHS Vision and the 12 Principles:

- Access
- Collaboration
- Service Provision
- Outcomes

The Arizona Health Care Cost Containment System (AHCCCS) performance measures reviewed in this report are:

- Access to Care
- Coordination of Care 1-Referral (COC1)
- Coordination of Care 2-Communication (COC2)
- Behavioral Health Service Plan

As evidenced below, ADHS/DBHS exceeded the Minimum Performance Standards (MPS) on three of the four performance measures statewide for Quarters 1-2 of Fiscal Year 2010 (Q1-2 FY10).

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

<table>
<thead>
<tr>
<th>Regional Behavioral Health Authority (RBHA)</th>
<th>Access to Care 23 Day</th>
<th>COC1</th>
<th>COC2</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>89%</td>
<td>67%</td>
</tr>
<tr>
<td>CBH AZ 4</td>
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<td>86%</td>
<td>90%</td>
<td>92%</td>
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<td>75%</td>
<td>60%</td>
<td>62%</td>
</tr>
<tr>
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<td>89%</td>
<td>87%</td>
<td>59%</td>
</tr>
<tr>
<td>Magellan</td>
<td>80%</td>
<td>98%</td>
<td>87%</td>
<td>58%</td>
</tr>
<tr>
<td>NARBHA</td>
<td>90%</td>
<td>93%</td>
<td>91%</td>
<td>100%</td>
</tr>
<tr>
<td>SW RBHA</td>
<td>84%</td>
<td>94%</td>
<td>83%</td>
<td>73%</td>
</tr>
</tbody>
</table>
Access - Access to Care 23 Day Measure
Population - Title 19 (TXIX)/Title 21 (TXXI) Child Behavioral Health Recipients

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 performance 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 calculated on a 90 day lag in order to provide the 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 conducted a final analysis of FY2009 performance in the third quarter of FY10. Statewide performance fell slightly short of the minimum requirement at 84.23%. The statewide average was impacted by the Magellan's performance score of 78%. The distribution of the remaining RBHA scores ranged from 86% to 96%, above the 85% MPS for this measure.

Q2FY10 calculations demonstrate that the statewide average is 84.1%, impacted again by Magellan's score of 77%. The distribution of the remaining RBHAs scores ranged from 87% to 97%.

ATC 23 Day Calculation Q1-Q2FY10
N = 32,125
27,003/32,125 = 84%

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

Please see Attachment A to this report for the raw data across performance measures and RBHAs.
Access - Access to Services Complaints
Population - Title 19(TXIX)/Title 21 (TXXI) Child Behavioral Health Recipients

ADHS/DBHS Bureau of Quality Management Operations (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, access to the behavioral health system/covered services as well as complaints pertaining to accessing ongoing outpatient covered services.

A total of 100 complaints related to Access to Services were received by the RBHAs in Q1-2FY10. As demonstrated below, Access-related complaints made up 26% and 34% of all child 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, 43% (19 total) and 41% (23 total), respectively, of all Access to Services complaints were attributed to Timeliness. Magellan and CPSA reported all of the Timeliness complaints in both reporting quarters.

The trends in complaint data do not support the overall findings for statewide performance on the Access to Care 23 Day measure, which assesses the timeliness of services provision to new members. However, there may be a correlation between Magellan's Access To Care 23 Day performance and the rate of Magellan Access/Timeliness complaints. ADHS/DBHS placed Magellan on a Corrective Action Plan (CAP) to address Access related performance.

[Graph showing the percent of total complaints for Access to Services over the past 6 reporting periods.]

Please see Attachment A to this report for the raw data across performance measures and RBHAs.
Collaboration - Coordination of Care Performance Measures and Complaints
Population - Title 19 (TXIX)/Title 21 (TXXI) Child Behavioral Health Recipients

Coordination of Care 1 (COC1) measures the RBHAs' compliance with communicating the outcome of the AHCCCS Health Plan/PCP referral of a recipient to 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 96% and 91%, respectively. Only one GSA, CPSA 3, fell below the MPS in Q2FY10 at 75%.

Coordination of Care 1 (COC 1) Child Performance Over Last 10 Reporting Quarters

Coordination of Care 2 (COC2) measures the RBHAs' compliance with attempting ongoing communication with the members' Health Plan/PCP. Statewide performance continues to appear to trend upward from Q409, surpassing the MPS of 70% in Quarters 1 and 2 of FY10 at 83% and 84% respectively. 27 total Coordination of Care related complaints have been lodged in FY10, which is 8% of the total complaints (334) captured for children this year.

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

Please see Attachment A to this report for the raw data across performance measures and RBHAs.
The Behavioral Health Service Plan (BH Service Plan) measures (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.

The MPS for this measure is 85%. The number of records in the sample for Q2FY10 totaled 168 statewide, with a statewide compliance rate of 73%. Cenpatico 2 and NARBHA each surpassed the MPS of 85%. The remaining scores fell between 67% and 58%.

The most frequently identified reason for a RBHA falling below the MPS was the absence of a current assessment.

ADHS/DBHS has all RBHAs on CAPs to improve the performance on the BH Service Plan 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. A total of 144 Clinical Decisions Related to Services complaints were received by the RBHAs in Q1-2FY10.

Please see Attachment A to this report for the raw data across performance measures and RBHAs.
ADHS/DBHS utilizes the National Outcome Measures (NOMs) domains of Employment, Education, Stable Housing, Criminal Activity 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.

ADHS/DBHS pulls the NOMs data annually from its CIS to evaluate the outcomes for the same group of recipients by comparing the first measurement to the second measurement. The first measurement occurs at intake while the second measurement occurs at the end of the year capturing those recipients who disenrolled from services.

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 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 positively to 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.

ADHS/DBHS did not include assessment of the Employment, Criminal Activity, Abstinence from Alcohol and Abstinence from Other Drugs for the 0-5 age group. As demonstrated in the table below, there appears to be slight increase between the intake and disenrollment measures for both education and stable housing for this age band.

FY09 NOMs for both the 5-18 and 18-21 year old age groups are represented on page 7 of this report. As demonstrated in the graphs, full-time employment ranged from 0.4% for the 5-18 year old age group to 14.4% for 18-21 year old age group at disenrollment. However, school attendance was reported at rates of 86.9% for 5-18 year olds and 48.6% for 18-21 year olds at disenrollment.

At disenrollment stable housing ranged from 90.6% for the 18-21 year old age group to 96.2% for the 5-18 year old age group. Compared to intake, this appears to be a slight increase for the 5-18 year old age group compared to a slight decrease in the 18-21 year old age group.

Criminal activity ranged from 5.3% of 5-18 year olds compared to 14.4% of 18-21 year olds at disenrollment. This appears to be a slight decrease for both age groups compared to intake.

Increases in reported abstinence between intake and disenrollment are evident across the 5-18 year old and 18-21 year old groups.

Please see Attachment A to this report for the raw data across performance measures and RBHAs.
Child and Family Outcomes - National Outcome Measures (NOMs)
Population - Title 19 (TXIX)/Title 21 (TXXI) Child Behavioral Health Recipients

Outcome Measures
Statewide - FY 2009
Age Group 5-18 Years

Outcome Measures
Statewide - FY 2009
Age Group 18-21 Years

Please see Attachment A to this report for the raw data across performance measures and RBHAs.
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 moving toward 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, rates of recipient complaints and results of the ADHS/DBHS 2009 Administrative Review. ADHS/DBHS is monitoring RBHA improvement activities via cross functional, directed CAPs aimed at improving compliance with ADHS/DBHS assessment standards.

FY09 NOMs data is considered baseline data for ADHS/DBHS and will be compared, tracked and trended against FY10 results in subsequent reports. Future reports will also include tests for statistical significance. 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, and results of the System of Care Practice Reviews. Tests for correlation and statistical significance will be provided in the final FY10 report to aid analysis and inform the ADHS/DBHS performance improvement initiative process.

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.

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