

## New York State Office of Mental Health Continuous Quality Improvement (CQI) Initiative for Health Promotion and Care Coordination

### Behavioral Health Care Coordination – Indicator Descriptions

The Behavioral Health (BH) Care Coordination indicators focus on enhancing planning and coordination for individuals with histories of high utilization of inpatient and emergency room behavioral health services, as well as individuals with a diagnosis of schizophrenia, bipolar, or depression and who might have concerns related to adherence and discontinuation of certain medications. The indicator set includes a summary indicator identifying the number of unique individuals who meet criteria for any of the Behavioral Health Care Coordination indicators. All measures apply to both adults and children. The set includes these seven indicators:

- **High Utilization of Behavioral Health Inpatient / Emergency Room<sup>i</sup> (4+ Inpatient/ER – BH)<sup>ii</sup>** PSYCKES identifies Medicaid enrollees of all ages who have had 4 or more BH inpatient/ER stays in the past 12 months. <sup>iii</sup>
- **High Utilization of Behavioral Health Inpatient Services (3+ Inpatient – BH)** PSYCKES identifies Medicaid enrollees of all ages who have had 3 or more BH inpatient hospitalizations in the past 12 months.
- **High Utilization of Behavioral Health Emergency Room (3+ ER – BH)** PSYCKES identifies Medicaid enrollees of all ages who have had 3 or more BH ER visits in the past 12 months.
- **Behavioral Health Rehospitalization within 45 Days (Readmission - All BH 45 day)** PSYCKES identifies Medicaid enrollees of all ages with at least one BH hospitalization who had 1 or more BH hospitalization within 45 days of discharge in the past 12 months.
- **Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Adherence – Antipsychotic (Schz))** PSYCKES identifies Medicaid enrollees (ages 0-64) diagnosed with schizophrenia who had an antipsychotic medication available to them less than 80 percent of the time from the first observed antipsychotic medication to the PSYCKES report date in the past 12 months.
- **Adherence to Mood Stabilizer Medications for Individuals with Bipolar Disorder (Adherence Mood Stabilizer (Bipolar))** PSYCKES identifies Medicaid enrollees (ages 0-64) diagnosed with bipolar disorder who had a mood stabilizer or antipsychotic medication available to them less than 80 percent of the time from the first observed mood stabilizer or antipsychotic medication to the PSYCKES report date in the past 12 months.
- **Antidepressant Trial of less than 12 weeks for Individuals with Depression (Antidepressant < 12 weeks (Depression))** PSYCKES identifies Medicaid enrollees (ages 0-64) diagnosed with major depression who were newly started on an antidepressant medication in the past 12 months, but did not remain on any antidepressant for a minimum of 12 weeks.

<sup>i</sup> The episodes include mental health and substance use (detoxification and rehabilitation).

<sup>ii</sup> The italicized text in parentheses is the name of the indicator displayed in PSYCKES.

<sup>iii</sup> For all indicators, “in the past 12 months” is defined as 12 months prior to the PSYCKES report date (located on the top left corner of the Quality Indicator Overview screen in PSYCKES).