In Attendance
Brian Johnson (VO), Vivian Heye (DOH), Dominick Cappello (DOH), Anna Nelson (DOH), Jim Roeber (DOH), Tierney Murphy (DOH), Dan Green (DOH), Lisa Trujillo (LC1), Steve Johnson (VO), Lisa Murillo (LC6), Claire Leonard (LC7), Nancy Jo Archer (LC2), Beverly Nomberg (LC2), Mary Ann Shaening.

We want to particularly thank attendees from DOH who provided critical input and information to this work group.

Meeting Purpose
To determine the data needed by LCs to inform local system of care development: Data are required that describe needs for services; services that are provided for whom and by whom; and optimally, outcomes for local communities. Data are needed to inform planning, to substantiate funding requests, and to evaluate local systems.

Discussion
Several participants suggested that there needs to be data that informs prevention efforts. It was suggested that we look at what DWI Planning Councils are doing. They have DWI data as well as information on prevention services delivered. There is also information from DOH Substance Abuse Prevention through local partnerships. They have a data-driven process from SAMHSA. We need to look at their logic model.

Two possible models/approaches were suggested. LC’s could look at their specific needs, determine what data they need, and make requests for data or otherwise find it themselves. The other option is to create a template of data that all LC’s could access. Ultimately it was determined that we should adopt the second approach for now. This would have three aspects:

- A menu of secondary data sources that would inform need for services with links to those sources and annotation of how to use the data from each, including analyzing gaps; and
- A standard template and report of data, by service category, from the SE showing the numbers of individuals served, the number of units provided, and the amount spent on purchasing services (see draft template below).
- Information about providers and their services, including staff, financial and other resources.

Menu of Secondary Data
There are numerous sources of secondary data that could be compiled under the auspices of the Collaborative, convening the agencies with the appropriate data and figuring out a way to
aggregate a profile for counties. Alternatively, we could create a menu of data sources and LCs would directly access the data from the various sources. Some of these sources could include:

1. Community Health Councils are required to produce a Community Health Profile but these are not necessarily inclusive of behavioral health indicators. Since DOH is a member of the Collaborative, we could explore with them the possibility of these indicators being added to CHC profiles. We need to request a copy of the current profile template.

2. DOH has numerous data sources and currently houses the Department of Health, Indicator Based Information System for Public Health (NM-IBIS). Per their website [http://ibis.health.state.nm.us](http://ibis.health.state.nm.us), there are three types of content that can be accessed. (Note that at time, only a few indicator reports are available.)
   - **Indicator Reports** - The Indicator Profile Reports section of the NM-IBIS website contains reports on health indicators. These brief reports provide more up-to-date information than is typically found in paper reports and is formatted for quick reference.
   - **Dataset Queries** - This section of the NM-IBIS website provides custom queries of selected publicly available, deidentified public health datasets. It allows a user to get numeric data using custom, user-defined selections.
   - **Resources and Help** - This section of the NM-IBIS website provides links to resources, such as community health assessment materials, epidemiology and statistics definitions, and help pages for the NM-IBIS Website.

The potential for the IBIS system to inform LCs is enormous and should we go down this road, we can work with Lois Haggard, IBIS Manager, Epidemiology and Response Division. Our understanding is that DOH is willing to add indicator reports to its system. They also provide training for local communities in needs assessment under their Community Health Assessment Program.

3. DOH has Youth Risk and Resiliency Data: [http://www.health.state.nm.us/epi/yrrs.html](http://www.health.state.nm.us/epi/yrrs.html)

4. Kids Count has a lot of data describing the demographic and other characteristics of children and families in each county. [www.kidscount.org](http://www.kidscount.org)

5. CYFD posts County Profiles on its website with a number of data elements related to Protective Services. They also post Juvenile Justice County Profiles and quarterly and annual Juvenile Justice reports. [http://www.cyfd.org](http://www.cyfd.org)

6. NM Public Education Department Data include School Fact Sheets (attendance, dropout, enrollment, free/reduced lunch, graduation rates, high school competency exams, standards based assessments, and poverty data): [www.ped.state.nm.us](http://www.ped.state.nm.us). There may be additional data at some point available through the STARS system.

**Standard Template – Services Provided (developed and provided quarterly by the SE)**

We created a template for a quarterly report that could be produced for each County and provided to the LCs. The report template could look like something like:
County Services Data

County:
Reporting Period:
Number of Medicaid Eligible Youth:
Age Group: (reports could be produced for <6, 6 to 17, and 18-21; we can select other age groupings as appropriate)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Numbers Served</th>
<th>Units Provided</th>
<th>Dollars Spent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In County</td>
<td>Out of County</td>
<td>In County</td>
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<tr>
<td>List –see below</td>
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<td></td>
</tr>
<tr>
<td>Unduplicated Count of Persons Served</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The services would be reported within the major categories of the Children’s Purchasing Plan: Inpatient, Residential, Intensive Outpatient, Outpatient, Recovery, School Based, and Value Added. See attachment on the services that could be listed under each of these categories. We would likely want to **combine a number of these services** so as to make the report manageable, especially under the Outpatient category. See list below.

It was also suggested that the SE provide data quarterly on the number of youth with a substance abuse diagnosis. Eventually, we might even consider requested a report of youth by major diagnostic categories; this information is currently considered unreliable.

**Providers and Services**

Optimally we would like to have county level inventories of providers, services, etc. We currently do not know of a source for this, although we understand that a provider inventory may have been contemplated by CBHTR.

**Next Steps**

The Work Group will provide this report to the Children’s Subcommittee to get directions on next steps.
Current Service Categorization - VONM

**Inpatient**
- Hospital Discharge Services
- Hospital Inpatient Services
- Infant Mental Health Services
- Initial Observation Care, Per Day
- FQHC’S
- Psychiatric Emergency Services
- Inpatient Consultations
- Inpatient Hospitalization – Psychiatric
- Inpatient Professional Services
- Intensive Outpatient Program – Substance Abuse Intensive
- Intensive Outpatient Program – TANF
- Intensive Outpatient services – Mental Health
- Observation Room
- Room and Board-Psych Awaiting Placement (DAP)

**Residential Category**
- Group Home
- Residential Tx. (Accredited RTC)
- Residential Tx. (Non-Accredited RTC)
- Residential Tx (Sub Acute)
- Detoxification
- BHSD Residential Services
- Foster Care – Therapeutic (TFC 1)
- Corrections Residential Services

**Intensive Outpatient**
- Home Based Services-Intensive OP
- IOP Substance Abuse
- IOP Mental Health
- MST
- Outpatient Hospitalization - BH
- Partial Hospitalization
- Sex Offender Tx.
- Targeted Case Management

**Outpatient Category**
- Activity Therapy
- Assertive Community Treatment
- FQHC’S
- Domestic Violence
- Case Management
- Forensic Evaluations
- Corrections – Resource Development
Corrections Life Skills
Lab Services
Medication Management
MH Assessment & Initial TRT Plan-Physician
Other Behavioral health Treatment/Services-Tribal Facility
Day Treatment
Tx plan update
Brief Office Visit for Purpose of Monitoring or Changing drug
Polygraphs
Safe house
Screening
Substance Abuse Treatment
Traditional Healer
Travel
BH TX Plan Update-PSR
Crisis Intervention-PSR
Group Psychotherapy-PSR
MH Assessment & Initial TRT Plan Non Physician-PSR
Pharmacological management-PSR
Psychosocial Rehab SVCS-PSR
Specialized Consultation-PSR
Therapeutic Intervention PSR
Alcohol and/or other Drug Testing
Assmt of Aphasia w/Interpretation of & RPT
Crisis Intervention
Developmental Testing w/ Interp.&RPT
Family Psychotherapy
Individual Psychotherapy
Interactive Psychiatric Diagnostic-Interview
Interactive Psychiatric Diagnostic Interview (Product)
Methadone Maintenance
Multiple Family Group Psychotherapy
Narcosynthesis for Psych Diag.TX
Neurobehavioral Status w/Interp. & RPT
Neuropsych. Testing w/ Interp.&RPT
Office/Outpatient Consultations
Office/Outpatient Visits for Eval & Management
Pharmacological Management
Preparation of Report
Prolonged Physician Service with Direct Patient Contact
Psych. Testing with Interpretation & RPT (Hourly)
Psych. Testing w/Interpretation & RPT (Product)
Psychiatric Diagnostic Interview (Product)
Respite Care
Specialized Consultation
Telehealth
**Recovery**
Comprehensive Community Support Services
Employment Services
Family Reunification
Halfway House
Job Development
Psychosocial Rehab SVCS-Child/Adolescent Program-Life Skills
Skills Training & Development

**SBHC**
Case Management School Based Health Center Services
Family Psychotherapy
Group Psychotherapy
Individual Psychotherapy
Pharmacological Management
Psych. Diagnostic Interview
Psych. Diagnostic Interview (Product)

**Value Added Services**
Activity Therapy
Ambulatory Detox
Crisis Intervention
Community Based Wraparound
Days Awaiting Placement
Early Childhood/Infant Mental Health
Electroconvulsive Therapy (ECT)
Environmental Intervention
Home Based Services Value
Inpatient Detoxification
Multisystemic Therapy
Observation Bed
Psychiatric Emergency Services
Psychosocial Rehab for Adults <18
Residential Substance Abuse-Adult UNM Milagros Program Only
Respite Care
School Based
Shelter Care
Transitional Living