Quality Assessment and Performance Improvement Work Plan

Access Behavioral Care
FY 2015

Summary

The Access Behavioral Care (ABC) Quality Assessment and Performance Improvement (QAPI) Work Plan is a comprehensive guide to quality activities planned for FY 2015. The ABC QAPI Work Plan targets key quality activities and sets goals to improve health outcomes for members.

The new BHO contract was fully executed in July 2014, and a major focus in FY15 will be to streamline quality initiatives to meet the needs of the entire ABC membership. Specific projects may be unique to ABC Denver or ABC Northeast, but whenever possible ABC will coordinate common activities.

Key initiatives targeted for FY 2015

- Increased collaboration and coordination between ABC, RCCO, SEP and AA for shared members
- Develop Care Management program description
- Development of Integrated Care Innovations Program to fully support PCMPs and Specialist Providers
- Expand the SUD network in order to provide integrated services for members with Substance Use conditions or co-occurring SUD/Mental Health conditions
- Increased coordination with DHS on behalf of youth in foster care or out of home placement
- Initiation of a new Performance Improvement Project focused on adolescent depression screening in primary care and transition of care to Behavioral Health Providers. ABC is collaborating with RCCO 2, 3, 5, and BHI to support the state-wide transitions of care initiative
- ABC will focus on special populations including teens, members in the correctional system, nursing facilities, and assisted living
- Development of Population Health Programs including expanded mental health promotion and prevention services
- Deployment of telemedicine technology to increase access, coordination of care, and care transitions

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
Integrated Care Programs To develop and implement programs to improve coordination of care between physical and behavioral health providers	Colorado Psychiatric Access and Consultation for Kids (CPACK): Support CPACK efforts for select Pediatric Practices	• Utilization of psychiatric consultation line • Training for participating physician practices	• Meet Year 2 Project Deliverables • Track number of consultation calls • Track number of practices enrolled	Highfill Kinney	7/2015
	Promoting Resources for Integrated Care and Recovery (Enhanced PRICARe)	• Number of members served • Health status and medical co-morbidities identified	• Increase number of members served • Track co-morbid medical conditions	Waxmonsky	7/2015
	Integrated Care Innovations Program	• Identify performance monitors	• Form Advisory Group and Learning Collaborative • Define program structure • Develop and Implement program in FY15	Reiman Waxmonsky Bandell Waugh	7/2015
	Utilize Integrated practice assessment tool (IPAT) to assess level of integration Conduct a needs assessment	• Ten RCCO practices will be targeted for integrated care progression • Assess and monitor progress toward integration	• Practices will develop an IC plan for year	Reiman	7/2015
	Develop Integrated Care Toolkit and post to VC3 website	Toolkit will be available to RCCO practices	• Completion of toolkit	Waxmonsky Reiman	7/2015

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
	ACAP Substance Abuse Learning Collaborative: Goal is to improve the quality of SUD care. Characterize SUD network adequacy and availability for referral and educate providers	Initiation in Substance Abuse Treatment	• Medicaid 50th percentile	Kulasekere Obarski Humphries	12/2014
Population Health Programs Activities designed for health promotion, prevention and early identification and treatment of behavioral health and co morbid medical conditions	Provide information to members and family members about community behavioral health and physical health resources. Provide educational information about exercise, stress management, recovery groups, peer support, nutrition, weight loss and other health topics. Develop risk stratification methodology for outreach/engagement and prevention/care management program targets.	• Health Promotion articles in partnership newsletter • Your Child and Mental Health flyer • Develop population health program description and work plan. • Develop community partnerships and programs with schools and local public health agencies • Identify sub populations and enterprise work team processes • Develop care management program description, identify process/outcome measures and enterprise coordination • Pilot quality evaluation (quantitative and qualitative) of LTSS/BHO/RCCO outcomes with CLASP	• 3 per year • Distributed in new member packets • Developed and implemented	McDonald Kinney Bandell Jung Conrad Marshall McDonald Milliman Fitzgerald	Ongoing Monthly TBD
	• Health Resource Fairs • Member Focus Groups		• Conduct resource fairs in Denver and NE regions • Solicit feedback from teen	McDonald	TBD

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
			members about mental health and SUD issues affecting them; identify improvements needed		TBD
	• Training customer service on new Medicaid dental benefits for adults		• Training of CS Team	Roupas	10/2014
Performance Measures	**HCPF Annual Performance Measures:** Calculate measures and submit to HCPF for validation; Review results compared to BHO benchmarks; Analyze trending and implement improvement strategies as needed Participate in development of new measures for new FY contract.	#1: Hospital readmissions within 7, 30 and 90 days post-discharge #2: % of Members prescribed redundant or duplicated atypical antipsychotic medication #3: % of Members diagnosed with a new episode of major depression, treated with antidepressant medication, and maintained on antidepressants for at least 84 days (12 weeks) #4: Engagement in Behavioral Health Services: % of new members with MH Dx who received at least 4 engagement services within 45 days of initial visit #6: Maintaining Independent Living Status for Members with Severe Mental Illness (SMI)	• ≤ 5% at 7 days • ≤ 13% at 30 days • ≤ 20% at 90 days	Kinney; Jensen; Bayerl; Salazar	12/2015

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
		#7: Progress toward Independent Living for Members with Severe Mental Illness (SMI)			
		#8-11: Penetration Rates by HEDIS Age Groups Overall Penetration Rates by Medicaid Eligibility category	• >12%		
		#12: Adherence to antipsychotics for individuals with schizophrenia			
		#13: Follow-up appointments within seven (7) and thirty (30) days after hospital discharge			
		#14: Percent of Members with SMI with a focal point of behavioral health care			
		#15: Improving physical healthcare access			
		#16: Inpatient Utilization (per 1000 members)	• <6 per 1000		
		#17: Hospital length of stay	• <9 days		
		#18: Emergency Department Utilization (per 1000 members)	• ≤12 per 1000		
		#19: MHSIP, YSS, YSS-F Satisfaction Surveys			

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
		#20: Antidepressant Medication Management – Optimal Practitioner Contacts Inpatient: Total Days per 1000 members (ABC metric)	• <60		
Clinical Practice Guidelines	• Adopt and disseminate evidenced-based nationally recognized guidelines that promote prevention and/or recommended treatment • Promote access to and increase usage of recommended guidelines through provider and member education/outreach	• Guideline review and approval/adoption by QPAC as needed • Guidelines disseminated to providers and made available to members	Guidelines are reviewed and updated as necessary and approved/adopted Guidelines are disseminated through the Colorado Access website	Kinney; Fitzgerald	Annually and as needed for review
Adult Evidence- Based Practices To measure and report performance in evidence-based and promising practices for the adult population	See Appendix A: ABC Denver See Appendix B: ABC NE			Kinney Kiekhaefer	Annually
Pediatric Evidence- Based Practices To measure and report performance in evidence-based and promising practices for the pediatric population	See Appendix A: ABC Denver See Appendix B: ABC NE			Kinney Kiekhaefer	Annually
Network Adequacy and Availability To evaluate network	• Assess network patterns and structure to identify gaps and opportunities for network expansion or reconfiguration	• Types and numbers of practitioners by credential in service region	• Maintain adequate network	Smith Kiekhaefer	10/2014 1/2015 4/2015

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
adequacy based on established standards and goals	• Maintain a provider network in geographic proximity to members to optimize choice and convenience	• Types and numbers of facilities • Out-of-network activity/ SCAs • Distance from member locations to provider locations	• 100% w/in 30 miles		7/2015
Network Adequacy – Accessibility To ensure network accessibility in terms of timeliness of response to routine, urgent, and emergent requests for behavioral health services	• Evaluate adherence to access to care standards • Identify ongoing opportunities for improvement in access	• Routine Care within 7 business days • Urgent Care within 24 hours • Emergent Care within 1 hour after medical clearance • Telephone within 15 minutes of call. • Post- correctional services	• 100% • 100% • 100% • 100% • TBD	Kinney	10/2014 1/2015 4/2015 7/2015
Telephone Accessibility (Customer Service and Clinical)	• Evaluate phone accessibility	• % answered within 30 seconds • Abandonment Rate • Overflow Rate • Call reasons	• 80% • ≤5% • ≤5% • N/A	Garcia Coleman	10/2014 1/2015 4/2015 7/2015
ED Care Coordination Program	• Collaboration between ABC, RCCO, COA UM, Metro Crisis Services (Rocky Mt. Crisis Partners) and ED facilities to initiate and coordinate follow-up care	• Track number of ED notifications from MCS, ED staff • Track number of members with 7 and 30 day follow up visits	• Monitor number of calls • Increase number of members who have a 7 and 30 day follow-up visit	Jung	6/2015
Care Management	• Follow-up by ABC Care Manager post hospital discharge to increase follow-up visits and to reduce readmission rates	• # of members with 7 and 30 day follow-up visit • # of discharged members who are engaged with ABC Care Managers • # of discharged members	Increase number of members who have a 7 and 30 day follow-up visit Gather baseline data	Jung	6/2015

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
		who are unreachable or who don't want to engage • Reduction in readmission rates for engaged members			
Member and Family Affairs This key COA department supports the recovery and resiliency of members	• Actively seek member and family member input on ways to improve health plan functions	• Report quality projects to members and receive feedback • Report member issues to QPAC in collaboration with MFAB Consumer Chair	Document issues discussed in the QPAC minutes and any actions taken.	McDonald; Kinney	9/2014 12/2014 3/2015 6/2015
Member Satisfaction Monitor member satisfaction with care and services provided by COA and contracted providers	Review and analyze HCPF/OBH administered surveys on an annual basis • Identify improvement opportunities and develop intervention strategies as indicated	• Measure member satisfaction with health care and services using the HCPF/OBH ECHO Survey or other satisfaction survey tool	• Improve member satisfaction with plan and network providers	Kinney	7/2015
Medical Record Audits	To ensure that medical record documentation standards are met; Provide network practitioners with feedback and take corrective actions as needed	• ABC will conduct medical record reviews at least annually • CMHCs will conduct internal medical record audits at least semi-annually with reporting to ABC	• 85% • TBD	Kinney	9/2015
Member Grievances (Complaints)	• Investigate and respond to member and family member complaints in a timely manner • Monitor and trend for content and/or provider patterns and take action as needed	• Normal: % resolved within 15 business days or within 29 total days with a 14 calendar day extension • Number, types, and pattern of member grievances • Complaint rate per 1000 members	• 100% • Remedy issues identified; track and trend • <u><</u>2/1000	Garcia Dohrman	11/2014 2/2015 5/2015 8/2015

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
Quality of care concerns	• Investigate potential quality of care concerns and take action as needed	• QOC concerns per 1000 members	• <u><</u>2/1000		7/2015
UM Authorizations, Denials, and Clinical Appeals	• Ensure timely determination and notification of benefit coverage • Ensure timely review and determination • Track and trend volume and reasons to identify process improvement opportunities	• Denial Timeliness • Appeal Timeliness • Appeal Trends (by level and type)	• 100% w/in timeframe (14 calendar days from date of request) • Level 1: 100% in 10 working days of receipt of appeal • Expedited: 100% in 3 working days of receipt of appeal	Gillaspie	11/2014 2/2015 5/2015 8/2015
Credentialing	• Ensure performance of timely and accurate credentialing	• Credentialing turn-around time • Re-credentialed within 36 months • % of files with complete and accurate information	• < 60 calendar days • 100% • 95%	McKitterick Rogers	11/2014 2/2015 5/2015 8/2015
Appeals policy CR301	Annual review of appeals CR301 policy by the QPAC		• Policy reviewed annually	Wilson	2/2015
2014 Inter-rater Reliability	Ensure consistent and appropriate determination of coverage	• Inter-rater reliability correlation factor	• >85% correlation	Coleman	11/2014
Performance Improvement Projects	*PIP: Increasing Access to Mental Health Services for Youth (ABC Denver)* *PIP: Depression screening for adolescents and engagement with BH provider (ABC Denver and ABC NE)*	• Demonstrate increase in penetration rate for youth ages 5-17 • Submit PIP proposal and baseline date to HCPF	• Statistically significant improvement from baseline • Collect baseline data for CY14	Bremer; Kinney	12/2014 4/2015

ABC QAPI Work Plan – FY 2015

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Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
FY15 UM Program	To define UM Program structure, content, scope and accountability	• Annual UM Program Description and UM criteria	QPAC and QIC minutes document review and annual approval	Coleman	7/2015
2015 QM Program Description	To establish a document that defines scope, content and accountability for the QM Program	QPAC minutes reflect feedback; QIC minutes reflect approval; BOD minutes reflect approval	Feedback, revision and approval by accountable committees and BOD	Bandell	1/2015
FY15 QM Work Plan	To establish goals, methodologies, and accountability for specific activities along with time frames for meeting goals; Determine and incorporate mandated Federal and State QI Regulations and contract requirements	QPAC minutes reflect feedback; QIC minutes reflect approval	Feedback, revision and approval by accountable committees	Kinney; Bremer	9/2014
FY15 Access to Care Plan	To provide access to care standards by which access is monitored by all LOBs	QIC minutes reflect approval	• Approval by QIC	Reagan	9/2014
FY15 Communications Plans • **Member** • **Provider**	To establish documents that define scope, content and plans for communication with both members and providers	QIC minutes reflect approval	• Feedback, revision and approval by QIC	**Member:** Garcia Case **Provider:** Fletter Morris	7/2015

Quality Improvement Activities	Purpose or Objective	Metric	Goal	Owner(s)	Target Completion Date (QIC)
FY14 QAPI Program Evaluation	To evaluate the effectiveness of the QAPI Program and the extent to which goals were met, and to identify QAPI Program improvements and follow-up activities for the coming year	• As defined by initiative requirements • QPAC QIC, and BOD minutes reflect review and approval	• Approval by QPAC, QIC and BOD • Submission to HCPF	Kinney Bandell Bremer	9/2014
EQRO Contract Compliance Audit and Follow-Up	To ensure that BHO activities comply with State requirements and expectations	• Audit completed • Any needed corrective actions completed	• Overall compliance score ≥ prior year	Bremer Kiekhaefer	2/2015
EQRO Performance Measure Validation	To ensure system capabilities for processing of claims and calculation of performance measures	• HSAG Audit results	• Overall compliance score ≥ prior year	Tomsche; Kiekhaefer	1/2015
EQRO Performance Improvement Project Validation	To ensure that performance improvement projects meet standards and requirements as defined by BBA protocols	• Validation completed • Any needed corrective actions completed	• No critical element deficiencies	Kinney	2/2015

APPENDIX A
Access Behavioral Care Denver
Evidence-Based and Promising Practices
FY 2015

Services for Adults

The following eight adult evidence-based practices will be implemented for ABC Denver using the measures and benchmarks described in the table below.

Type of EBP/PP	Practice/ Program	Provider	Performance Measures and Benchmarks/Goals
Integrating Behavioral Health and Primary Care	1. PHQ-9 Screening	CCH	**Metric 1:** Number of members screened annually and percent of members screened **Goal:** Gather baseline data **Metric 2:** Percent of members with a 20 percent or greater reduction in PHQ-9 scores **Benchmark:** At least 30 percent of members will experience a 20 percent or greater reduction in PHQ-9 scores
	2. PRICARE Enhanced	MHCD	**Metric 1:** Number of members treated in the clinic annually **Goal:** Gather baseline data **Metric 2:** Percent of members with tests ordered that have results recorded in the EMR for BMI, blood pressure/pulse **Benchmark:** 90 percent of members will have biometric measures listed in metric #2 recorded in the record.
	3. Seeking Safety	CCH	**Metric 1:** Number of members entering the group **Goal:** Gather baseline data **Metric 2:** Outcome Rating Scale (ORS) and Session Rating Scale (SRS) **Benchmark:** Establish benchmark for Seeking Safety Brief Adherence Scale

Assertive Community Treatment	4. ACT	MHCD	**Metric 1: Number of members served** **Goal:** Gather baseline data **Metric 2**: Recovery Markers Inventory **Benchmark:** Dartmouth ACT Fidelity Scale score of >75% (105 of 140 total points)
Co-Occurring Disorders: Integrated Dual Disorder	5. IDDT	MHCD	**Metric 1:** Number of members served **Goal:** Gather baseline data **Metric 2:** Recovery Markers Inventory including substance use scales **Benchmark:** IDDT Fidelity Scale score of 52 or better
Member-Run Peer Services	6. WHAM (Whole Health Action Management)	COA and BHI	**Metric 1: Number of members who enroll in a WHAM group** **Goal:** Gather baseline data **Metric 2:** Members' self-report on WHAM goal attainment. **Benchmark:** Percent that graduate from the WHAM training
Supported Employment	7. The 2Succeed program	MHCD	**Metric 1:** Number of members served annually **Goal:** Gather baseline data **Metric 2:** Percent placed in employment (goal > 25 percent) **Benchmark:** Dartmouth Supported Employment Fidelity Measure (>100 on 125 point scale)
Adult Behavioral Health Promotion	8. Tobacco cessation	Bruner Family Medicine	**Metric 1:** Percent of members over age 13 screened for tobacco use **Goal:** Gather baseline data **Metric 2:** Percent of members given a medical message about tobacco use **Benchmark:** 75% of members over age 13 screened for tobacco use and 50% are given medical advice to stop smoking

Services for Children and Adolescents

The following twelve child evidence-based practices will be implemented for ABC Denver using the measures and benchmarks described in the table below.

EBP/PP Type	Practice/ Program	Provider	Performance Measures and Benchmarks/Goals
Addictions Treatment	1. Seeking Safety	ARTS	**Metric 1:** Number of members served **Goal:** Gather baseline data **Metric 2:** Outcome Rating Scale (ORS) and Session Rating Scale (SRS) **Benchmark:** Establish benchmark for Seeking Safety Brief Adherence Measure
	2. Encompass	Denver Health	**Metric 1:** Number of members served **Goal:** Gather baseline data **Metric 2:** Pre and post screening for SUD, MDD, ADHD & Anxiety **Benchmark:** Participation related to +/- drug screens (e.g. greater participation is positively correlated to negative drug screens)
Family Therapy	3. Functional Family Therapy (FFT)	Savio House	**Metric 1:** Number of members served **Goal:** Gather baseline data **Metric 2:** Adherence to the FFT model as documented in required program notes, assessments and attendance used to show fidelity to FFT **Benchmark:** Adherence to fidelity and maintenance of FFT certification
Crisis Services	4. Crisis Stabilization Team	Devereux Cleo Wallace	**Metric 1:** Number of crisis interventions **Goal:** Gather baseline data **Metric 2:** Crisis clinician deployed to family home within 2 hours of call **Goal:** Gather baseline data

Psychotherapy for Children & Adolescents	5. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	Savio House	**Metric 1:** Number of members served **Goal:** Gather baseline data **Metric 2:** Resolution of trauma – related emotional and behavioral symptoms **Benchmark:** Child PTSD Symptom Scale (CPSS) pre and post service to measure reduction in symptoms
	6. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	MHCD	**Metric 1:** TES (Therapist Evaluation Survey) **Metric 2:** YES (Youth Evaluation Survey) **Benchmark:** Establish benchmark for TES and YES
	7. Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	MHCD	**Metric 1:** Fidelity **Metric 2:** TSCC (Trauma Symptom Checklist for Children) pre and post **Benchmark:** Fidelity > 80%
School-based services	8. Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	MHCD	**Metric 1:** # of members served **Goal:** Gather baseline data **Metric 2:** CBITS Fidelity measurement **Benchmark:** Fidelity > 80%
	9. School based services	MHCD	**Metric 1:** Therapist Evaluation Survey (TES) **Metric 2:** Youth Evaluation Survey (YES) **Benchmark:** Establish benchmark for TES and YES

Home-based services	10. Multi-Systemic Therapy (MST)	Savio House, UCH	**Metric 1:** Number of members served **Goal:** Gather baseline data **Metric 2:** Supervisory Adherence Measure (SAM) and Therapist Adherence Measure (TAM) **Benchmark:** Decreased involvement in juvenile justice system
	11. Multidimensional Treatment Foster Care (MTFC)	Savio House	**Metric 1:** MTFC behavioral goals for youth **Metric 2:** Goal achievement, status at discharge and twelve months later **Benchmark:** Successful discharge > 66% (requirement for MTFC certification)
Case Management	12. ICM	MHCD	**Metric 1:** Percent with legal involvement **Metric 2:** Percent with out-of-home placement **Benchmark:** Out-of-home placement <10% of children enrolled

APPENDIX B
Access Behavioral Care Northeast
Evidence-based and promising practices
FY 2015

Services for Adults

The following six adult evidence-based practices will be implemented for ABC NE using the measures and benchmarks described in the table below.

Type of EBP/PP	Practice/ Program	Provider	Performance Measures and Benchmarks/Goals
1. **Illness Management & Recovery (IMR)**	Action Planning for Prevention and Recovery (APPR) : Utilized in safety planning and for self-care (The Journey Program)	Centennial	**Metric 1:** APPR plan in chart **Goal:** 80% **Metric 2:** Number of members in program **Goal:** Gather baseline data
2. **Member-Run/Peer Services**	Peer Services: Centers will report aggregate numbers of clients served and number of peer led groups	Touchstone, North Range, Centennial	**Metric 1**: Number of members receiving services **Goal:** Gather baseline data **Metric 2:** Number of peer led groups **Goal:** Gather baseline data
3. **Co-Occurring Disorders**	Integrated Dual Disorder Treatment (IDDT) Community Dual Disorder Treatment CDDT – (Touchstone) *Do CCAR annually and as condition changes	Touchstone, North Range, Centennial	**Metric 1:** Members with dual diagnoses who are receiving services within a 30 day period **Goal:** Gather baseline data **Metric 2:** Percent that sustain stable housing (CCAR) **Goal:** Gather baseline data

4. **Co-Occurring Disorders**	Jail based program: Center staff are located in jail and use screening tool as part of jail intake process. If a member is identified as needing BH services, then a center clinician will see member. (groups and individual treatment in jail)	Touchstone and Centennial	**Metric 1:** Number of members who get dual-dx treatment in jail **Goal:** 50% of members **Metric 2:** Percentage of members who get follow up at center after discharge from jail **Goal:** 50% of clients are seen in clinic after release from jail (within 14 days)
5. **Crisis Services**	24-Hour Crisis Evaluations & Interventions Those with ER contact and follow up with OP appointment have a crisis plan documented in file.	Centennial, Touchstone, North Range	**Metric 1:** Phone or face to face response time Goal: 100% of emergency requests are met **Metric 2:** Fidelity crisis plan **Goal:** 50% of members have crisis plan on file
6. **Behavioral Health Counseling & Therapy**	Cognitive-Behavioral Therapy (CBT) for Depression	Centennial, Touchstone and North Range	**Metric 1:** Closing CCAR scores on depression domain **Goal:** Gather baseline data **Metric 2:** Admission CCAR scores on depression domain **Goal**: Gather baseline data

Services for Children and Adolescents

The following seven child evidence-based practices will be implemented for ABC NE using the measures and benchmarks described in the table below.

EBP/PP Type	Practice/ Program	Provider	Performance Measures and Benchmarks/Goals
1. **Psychotherapy for Adolescents**	Cognitive Behavioral Therapy for Depression (CBT**)**	Touchstone, Centennial, North Range	**Metric 1:** Admission CCAR scores on depression domain **Goal:** Gather baseline data **Metric 2:** Closing CCAR scores on depression domain **Goal:** Gather baseline data
2. **Home-Based Services**	Multi-systemic Therapy (MST)	North Range	**Metric 1:** Members served **Goal:** Gather baseline data **Metric 2:** Percent Fidelity to the model **Goal**: TBD
3. **Family Therapy**	Functional Family Therapy	Touchstone, North Range	**Metric 1:** Adherence to the FTT (Clinical Competency) **Goal:** TBD **Metric 2: Consumer Satisfaction Survey** **Goal**: TBD
4. **Family Therapy**	PLL: Parenting with Love and Limits	Centennial	**Metric 1**: Child Behavior checklist pre and post scores **Goal:** Decrease in problem behavior **Metric 2:** FACES 4 (Measures family satisfaction) **Goal:** Increase from pre to post test
5. **Crisis Services**	24-Hour Crisis Evaluations & Interventions: Those with ER contact and follow up with OP appointment have a crisis plan documented in file.	Touchstone, North Range, Centennial	**Metric 1:** Response time **Goal:** 100% of emergency requests met by phone or face-to-face **Metric 2:** Fidelity crisis plan **Goal**: 75% of members have crisis plans on file as reflected by audit

6.	School-based services	School-based behavioral health services	Touchstone, North Range, Centennial	**Metric 1:** Number of children served **Goal:** Gather baseline data **Metric 2:** Number of schools with school-based BH services **Goal:** One additional school each contract year
7.	Case management	Mentoring programs at Centennial and Touchstone	Centennial and Touchstone	**Metric 1:** Number of youth served by mentors **Goal:** Gather baseline data **Metric 2:** Number of hours of mentoring **Goal:** Gather baseline data

The FY 2015 ABC Quality Assessment and Performance Improvement Work Plan has been reviewed and approved by:

Access Behavioral Care

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