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
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<th>Quality Improvement Activities</th>
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</table>
| 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 |
<p>| Develop Integrated Care Toolkit and post to VC3 website | | Toolkit will be available to RCCO practices | • Completion of toolkit | Waxmonsky Reiman | 7/2015 |</p>
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<tr>
<td><strong>ACAP Substance Abuse Learning Collaborative:</strong> Goal is to improve the quality of SUD care. Characterize SUD network adequacy and availability for referral and educate providers</td>
<td>Initiation in Substance Abuse Treatment</td>
<td>• Medicaid 50th percentile</td>
<td>Kulasekere Obarski Humphries</td>
<td>12/2014</td>
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<td><strong>Population Health Programs</strong></td>
<td>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.</td>
<td>• Initiation of 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</td>
<td>• 3 per year • Distributed in new member packets • Developed and implemented</td>
<td>McDonald Kinney Bandell Jung Conrad Marshall McDonald Milliman Fitzgerald</td>
<td>Ongoing Monthly TBD</td>
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<td>• Health Resource Fairs</td>
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<td>• Member Focus Groups</td>
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<td></td>
<td></td>
<td>• Conduct resource fairs in Denver and NE regions • Solicit feedback from teen</td>
<td>McDonald</td>
<td>TBD</td>
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<td><strong>• Training customer service on new Medicaid dental benefits for adults</strong></td>
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<td><strong>Performance Measures</strong></td>
<td><strong>HCPF Annual Performance Measures:</strong> Calculate measures and submit to HCPF for validation; Review results compared to BHO benchmarks; Analyze trending and implement improvement strategies as needed</td>
<td><strong>#1:</strong> Hospital readmissions within 7, 30 and 90 days post-discharge</td>
<td><strong>#1:</strong> Hospital readmissions within 7, 30 and 90 days post-discharge</td>
<td><strong>≤ 5% at 7 days</strong></td>
<td>Kinney; Jensen; Bayerl; Salazar</td>
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<tr>
<td></td>
<td><strong>#2:</strong> % of Members prescribed redundant or duplicated atypical antipsychotic medication</td>
<td><strong>#2:</strong> % of Members prescribed redundant or duplicated atypical antipsychotic medication</td>
<td><strong>≤ 13% at 30 days</strong></td>
<td>Kinney; Jensen; Bayerl; Salazar</td>
<td>10/2014</td>
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<td></td>
<td><strong>#3:</strong> % 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)</td>
<td><strong>#3:</strong> % 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)</td>
<td><strong>≤ 20% at 90 days</strong></td>
<td>Kinney; Jensen; Bayerl; Salazar</td>
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<td><strong>#4:</strong> Engagement in Behavioral Health Services: % of new members with MH Dx who received at least 4 engagement services within 45 days of initial visit</td>
<td><strong>#4:</strong> Engagement in Behavioral Health Services: % of new members with MH Dx who received at least 4 engagement services within 45 days of initial visit</td>
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<td><strong>#6:</strong> Maintaining Independent Living Status for Members with Severe Mental Illness (SMI)</td>
<td><strong>#6:</strong> Maintaining Independent Living Status for Members with Severe Mental Illness (SMI)</td>
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<td>#7: Progress toward Independent Living for Members with Severe Mental Illness (SMI)</td>
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<td>#8-11: Penetration Rates by HEDIS Age Groups Overall Penetration Rates by Medicaid Eligibility category</td>
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<td></td>
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<td>#12: Adherence to antipsychotics for individuals with schizophrenia</td>
<td>&gt;12%</td>
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<td>#13: Follow-up appointments within seven (7) and thirty (30) days after hospital discharge</td>
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<td>#14: Percent of Members with SMI with a focal point of behavioral health care</td>
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<td>#15: Improving physical healthcare access</td>
<td></td>
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<td>#16: Inpatient Utilization (per 1000 members)</td>
<td>&lt;6 per 1000</td>
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<td>#17: Hospital length of stay</td>
<td>&lt;9 days</td>
<td></td>
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<td>#18: Emergency Department Utilization (per 1000 members)</td>
<td>≤12 per 1000</td>
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<td>#19: MHSIP, YSS, YSS-F Satisfaction Surveys</td>
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| 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 | Kinney; Fitzgerald | Annually and as needed for review |
| Adult Evidence-Based Practices| See Appendix A: ABC Denver  
See Appendix B: ABC NE | | | | |
| Pediatric Evidence-Based Practices| See Appendix A: ABC Denver  
See Appendix B: ABC NE | | | Kinney Kiekhaefer | Annually |
| Network Adequacy and Availability| • 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 |
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<tr>
<td>adequacy based on established standards and goals</td>
<td>• Maintain a provider network in geographic proximity to members to optimize choice and convenience</td>
<td>• Types and numbers of facilities</td>
<td>• 100% w/in 30 miles</td>
<td>7/2015</td>
<td></td>
</tr>
<tr>
<td>Network Adequacy – Accessibility</td>
<td>To ensure network accessibility in terms of timeliness of response to routine, urgent, and emergent requests for behavioral health services</td>
<td>• Evaluate adherence to access to care standards</td>
<td>100%</td>
<td>Kinney</td>
<td>10/2014 1/2015 4/2015 7/2015</td>
</tr>
<tr>
<td>Telephone Accessibility (Customer Service and Clinical)</td>
<td>• Evaluate phone accessibility</td>
<td>• % answered within 30 seconds</td>
<td>80%</td>
<td>Garcia Coleman</td>
<td>10/2014 1/2015 4/2015 7/2015</td>
</tr>
<tr>
<td>ED Care Coordination Program</td>
<td>• Collaboration between ABC, RCCO, COA UM, Metro Crisis Services (Rocky Mt. Crisis Partners) and ED facilities to initiate and coordinate follow-up care</td>
<td>• Track number of ED notifications from MCS, ED staff</td>
<td>Monitor number of calls</td>
<td>Jung</td>
<td>6/2015</td>
</tr>
<tr>
<td>Care Management</td>
<td>• Follow-up by ABC Care Manager post hospital discharge to increase follow-up visits and to reduce readmission rates</td>
<td>• # of members with 7 and 30 day follow-up visit</td>
<td>Increase number of members who have a 7 and 30 day follow-up visit</td>
<td>Jung</td>
<td>6/2015</td>
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<td><strong>Member and Family Affairs</strong></td>
<td>Actively seek member and family member input on ways to improve health plan functions</td>
<td>who are unreachable or who don’t want to engage</td>
<td>Reduction in readmission rates for engaged members</td>
<td>Document issues discussed in the QPAC minutes and any actions taken.</td>
<td>Kinney; Donn</td>
</tr>
<tr>
<td>This key COA department supports the recovery and resiliency of members</td>
<td>Report quality projects to members and receive feedback</td>
<td>Report member issues to QPAC in collaboration with MFAB Consumer Chair</td>
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<tr>
<td><strong>Member Satisfaction</strong></td>
<td>Review and analyze HCPF/OBH administered surveys on an annual basis</td>
<td>Measure member satisfaction with health care and services using the HCPF/OBH ECHO Survey or other satisfaction survey tool</td>
<td>Improve member satisfaction with plan and network providers</td>
<td>Kinney</td>
<td>7/2015</td>
</tr>
<tr>
<td>Monitor member satisfaction with care and services provided by COA and contracted providers</td>
<td>Identify improvement opportunities and develop intervention strategies as indicated</td>
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<td><strong>Medical Record Audits</strong></td>
<td>To ensure that medical record documentation standards are met; Provide network practitioners with feedback and take corrective actions as needed</td>
<td>ABC will conduct medical record reviews at least annually</td>
<td>85%</td>
<td>Kinney</td>
<td>9/2015</td>
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<td></td>
<td>CMHCs will conduct internal medical record audits at least semi-annually with reporting to ABC</td>
<td>TBD</td>
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<tr>
<td><strong>Member Grievances (Complaints)</strong></td>
<td>Investigate and respond to member and family member complaints in a timely manner</td>
<td>Normal: % resolved within 15 business days or within 29 total days with a 14 calendar day extension</td>
<td>100%</td>
<td>Garcia Dohrman</td>
<td>11/2014 2/2015 5/2015 8/2015</td>
</tr>
<tr>
<td></td>
<td>Monitor and trend for content and/or provider patterns and take action as needed</td>
<td>Number, types, and pattern of member grievances</td>
<td>Remedy issues identified; track and trend</td>
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<td></td>
<td></td>
<td>Complaint rate per 1000 members</td>
<td></td>
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<tr>
<td>Quality of care concerns</td>
<td>• Investigate potential quality of care concerns and take action as needed</td>
<td>• QOC concerns per 1000 members</td>
<td>• &lt;2/1000</td>
<td></td>
<td>7/2015</td>
</tr>
</tbody>
</table>
| 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  
• Collect baseline data for CY14 | • Statistically significant improvement from baseline  
• Collect baseline data for CY14 | Bremer; Kinney | 12/2014  
4/2015 |
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<td>FY15 UM Program</td>
<td>To define UM Program structure, content, scope and accountability</td>
<td>• Annual UM Program Description and UM criteria</td>
<td>QPAC and QIC minutes document review and annual approval</td>
<td>Coleman</td>
<td>7/2015</td>
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<tr>
<td>2015 QM Program Description</td>
<td>To establish a document that defines scope, content and accountability for the QM Program</td>
<td>QPAC minutes reflect feedback; QIC minutes reflect approval; BOD minutes reflect approval</td>
<td>Feedback, revision and approval by accountable committees and BOD</td>
<td>Bandell</td>
<td>1/2015</td>
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<tr>
<td>FY15 QM Work Plan</td>
<td>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</td>
<td>QPAC minutes reflect feedback; QIC minutes reflect approval</td>
<td>Feedback, revision and approval by accountable committees</td>
<td>Kinney; Bremer</td>
<td>9/2014</td>
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<td>FY15 Access to Care Plan</td>
<td>To provide access to care standards by which access is monitored by all LOBs</td>
<td>QIC minutes reflect approval</td>
<td>• Approval by QIC</td>
<td>Reagan</td>
<td>9/2014</td>
</tr>
<tr>
<td>FY15 Communications Plans</td>
<td>To establish documents that define scope, content and plans for communication with both members and providers</td>
<td>QIC minutes reflect approval</td>
<td>• Feedback, revision and approval by QIC</td>
<td>Member: Garcia Case Provider: Fletter Morris</td>
<td>7/2015</td>
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| 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.

<table>
<thead>
<tr>
<th>Type of EBP/PP</th>
<th>Practice/ Program</th>
<th>Provider</th>
<th>Performance Measures and Benchmarks/Goals</th>
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</thead>
</table>
| **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.

<table>
<thead>
<tr>
<th>EBP/PP Type</th>
<th>Practice/ Program</th>
<th>Provider</th>
<th>Performance Measures and Benchmarks/Goals</th>
</tr>
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</table>
| **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.

<table>
<thead>
<tr>
<th>Type of EBP/PP</th>
<th>Practice/ Program</th>
<th>Provider</th>
<th>Performance Measures and Benchmarks/Goals</th>
</tr>
</thead>
</table>
| **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.

<table>
<thead>
<tr>
<th>EBP/PP Type</th>
<th>Practice/ Program</th>
<th>Provider</th>
<th>Performance Measures and Benchmarks/Goals</th>
</tr>
</thead>
</table>
| 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

_______________________________________                                        ____________________
Robert W Bremer, MA, LPC, PhD                                                                        Date
Executive Director, Access Behavioral Care

Quality Performance and Advisory Committee (QPAC):

_______________________________________                                        ____________________
Genie Pritchett, MD, Sr. Vice President of Medical Services  Date
Chair of QPAC

Quality Improvement Committee (QIC):

_______________________________________                                        ____________________
Carrie Bandell        Date
Vice President of Population Health and Quality Improvement
Chair of QIC