Quality Improvement Annual Report, FY ‘15
Foothills Behavioral Health Partners

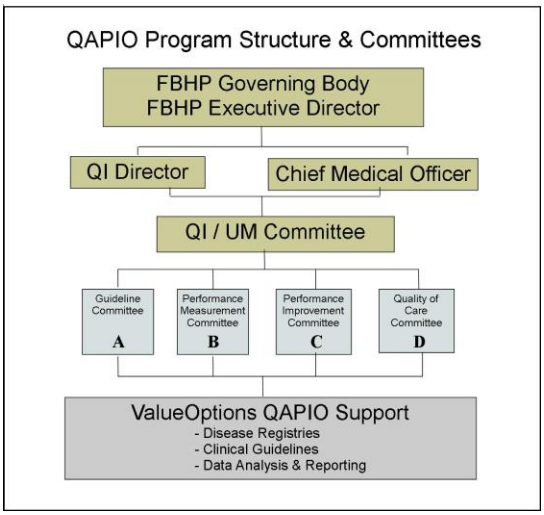
Report Submitted to:
Colorado Department of Health Care Policy and Financing
QI Section

Prepared by:
The Quality Assessment Performance Improvement Program Staff

Description and Organizational Chart of Quality Committees

QAPI Program Structure

FBHP's QAPI program promotes excellence through a quality culture that is purposely integrated into all of FBHP's structure and operations. This approach enables evaluation of the quality, appropriateness and outcomes of care, the ability to pursue challenging care improvement and the meaningful involvement of clients and family members served. The figure and committee descriptions below provide detailed information on this program structure and reporting lines.



Quality Improvement/Utilization Management (QI/UM) Committee

The QI/UM Committee is the central body providing program oversight for both the QAPI and UM Programs. The Quality Improvement (QI) Director and Chief Medical Officer co-chair the QI/UM Committee, which meets monthly to conduct its responsibilities. The integration of the QI and UM Committees enhances the quality management functions at FBHP. QI/UM Committee membership represents all FBHP stakeholders and includes, at a minimum, the following representatives:

• FBHP member and family member	• Member & Family Affairs Director, FBHP
• UM & QI Directors, from partner mental health centers	• IPN Provider
• Executive Director, FBHP	• Medical Directors from partner mental health centers
• QI Director, FBHP (Co-Chair)	• Chief Medical Officer, FBHP (Co-Chair)
• Quality Management Director, ValueOptions	• Client or family member representative

The QI/UM Committee ensures that FBHP meets the needs of its members, overall and by population groups, in relation to access and availability, quality and appropriateness, outcomes of care, coordination of care, recovery and resiliency, and member satisfaction. In addition, the QI/UM Committee monitors the UM program to ensure member access to and appropriate utilization of services. The QI/UM Committee accomplishes these responsibilities through the following major tasks:

- Review, revision and approval of the QI program description and work plan;

- Review and approval of the QI/UM Annual and Quarterly Reports;
- Prioritizing, supporting and monitoring Performance Improvement Projects;
- Ensuring successful implementation of the QI Work Plan and UM program; and
- Monitoring and reviewing QI and UM activities within designated committees.

QI/UM Subcommittee Responsibilities
A) Performance Measurement – accomplishing all QAPI program goals specific to performance and outcomes measurement, including all required Department performance indicators and all UM Program measurement goals.
B) Performance Improvement – reviewing and monitoring performance data, recommending Performance Improvement Projects (PIPS) and ensuring implementation and satisfactory completion of all PIPs and Focused Studies.
C) Clinical Guidelines – designing and implementing FBHP's clinical practice guidelines.
D) Quality of Care – reviewing and determining disposition for provider quality of care concerns.

Summary: QI Program Evaluation

Access to Care:

Successes

- Maintained close to a 16% overall penetration rate through most of the fiscal year even with a 22% increase in membership.
- Developed criteria to measure length of time from intake to first prescriber visit, at the partner mental health centers and access to follow-up service after intake.
- Noted slight improvement on satisfaction on FBHP Internal Survey related to Access items

Areas for Improvement

- Percent of members with an HCBS Waiver that received one or more behavioral health visits, at 83.6%, continues to be below goal of 90%; plan to review with QI Team in FY '15 for improvement.
- Satisfaction with Access remains an area for improvement.
- Continue to work towards increasing the penetration rates.

Customer Service and Satisfaction:

Successes

- FBHP internal Family and Adult survey results indicate FBHP overall satisfaction at 80% or higher on all internal survey items.
- Significant improvement in satisfaction for the Adult ECHO items "Information about treatment options" from 57% in FY 14 to 69% in FY 15.
- Significant improvement in satisfaction in Adult and Family ECHO item " Getting treatment quickly" going from 56% in FY to 67% in FY 15 on the adult survey and 50% to 63% on the family survey.

Areas for Improvement

- Monitor trends in customer service and satisfaction to identify any specific areas for improvement in FY'16 with state-wide ECHO survey

Care Quality, Appropriateness:

Successes

- Follow up after hospitalization within 30 days and follow up after residential within 7 days continues to be above the BHO average.
- The percent of newly diagnosed and treated members with major depression who remain on an antidepressant medication for at least 84 days (12 weeks) was above the overall BHO percent.
- Completed fidelity assessment and outcomes tracking for 9 EBPs, including assessment of utilization and outcomes in order to determine improvement recommendations for program managers**.**

Areas for Improvement

- Follow up after hospitalization within 7 days remains slightly above the BHO average, but remains low based on FBHP historical data. Will continue to monitor for improvement opportunities.

Care Coordination and Integration

Successes

- Developed collaborative relationships with partner providers, county jail and DHS staff to determine method for collecting baseline data, identifying existing barriers and began identification of potential strategies for the Care Transition PIP targeting the transition of members from county jails into behavioral health treatment.
- Continued collaboration between the community mental health centers, Arapahoe House and CCHA, through the Integration Collaborative, to share resources and knowledge related to integrated care and increase the number of co-located practices and further existing integration.
- Collaborated with CCHA on the Depression Screening and Referral PIP.

Areas for Improvement:

- Continue to work with CCHA in expanding collaborative opportunities for improving care coordination and the health of our members with severe mental illness.
- Care coordination performance measures, while generally high, remain below the BHO average. Consider improvements in coordination with PCP.

Outcomes and Effectiveness of Care

Successes

- Hospital recidivism continues to be well below the overall BHO rate.
- ED visit rates remain below the overall BHO rate.

Areas for Improvement

- Slight increase in ED visits for the adolescent age group. Continue to monitor this trend.
- Increasing recidivism rates for ATU. Continue to monitor this trend and consider improvement opportunities.

Introduction

The FY'15 Quality Improvement Plan, for FBHPartners, included five major dimensions to monitor performance and identify improvement opportunities. Following is FBHPartners' year-end performance analysis of each of the QI Plan performance indicators, the status of FBHPartners' QI Plan developmental indicators, as well as a summary and status of its performance improvement projects, evidence-based practice implementation, internal satisfaction survey report, and other QI activities.

I. Analyses of Performance Indicators

Quality Dimension #1: ACCESS TO CARE

A. Response time for emergency (standard – 100% by phone within 15 minutes; 100% face-to-face within one hour)
Response time for urgent requests (100% within 24 hours):
FBHP's goal was to consistently meet the standard for these two Access to Care indicators.

FBHP Performance: FBHP had 2899 members access an emergency Face-Face during FY '15. 2886 clients received a face to face within one hour 99.4%. FBHP had 91 members access an urgent request during FY '15. All of these members (100%) received an urgent appointment.

Assessment of Performance: FBHP's Emergency goal was very close, but did not meet the goal for face to face evaluation within one hour. FBHP's Urgent goal was met with 100% the standard for emergency Access to Care indicators.

B. Time to first offered routine intake (100% offered appointment in seven business days)**:**
FBHP's goal was to consistently meet the standard for this access to care indicator.

FBHP Performance: There were 8862 requests for a routine intake appointment during FY '15, a 33% increase from FY '14; 100% of those requesting an intake were offered an appointment in seven business days.

Assessment of Performance: FBHP met the goal for this Access indicator.

C. Engagement in Behavioral Health Services: FBHP's goal was to consistently meet the standard for this access to care indicator, with percent of members with 4 outpatient services, including intake within 45 day, being above the BHO average.

FBHP Performance: Engagement in MH services was at 38.1% (n=8,934) (Appendix A. Fig. 1). The overall BHO percent in FY '15 was 37.1%. Engagement in SUD services was at 58.41% (n=1,244) (Appendix A. Fig. 2). The overall BHO percent in FY '15 was 46%.

Assessment of Performance: FBHP met the goal for both the MH and SUD engagement measures.

D. Overall Member Access Penetration rate overall and by age group & eligibility category: FBHP's goal was to be above the overall BHO penetration rates for all categories, as calculated by the Department, FY '14.

FBHP Performance: FBHP's overall penetration rates, non-validated, end of FY '15, at 15% continues to be above the FY '14 overall BHO rate, which was 13.7%. FBHP's penetration rates, for all age categories, end of FY '15, were above the BHO FY '14 rates, although there was a trend downward in all of these age groups from the previous fiscal year. (Table 1 Appendix A).

Assessment of Performance: FBHP met the goal of maintaining a penetration rate, in all categories, that was above the BHO penetration rate, FY '14. Although there is a slight decrease in penetration in Q4, FBHP expects that final penetration rates for FY '15 will be closer to 16%. FBHP will wait for final calculation by the Department before determining a need for an improvement plan.

E. Phone response: FBHP's goal was that monthly call abandonment rates would be below the benchmark of 3%. Total calls include both BHOs who partner with ValueOptions.

FBHP Performance: There were a total of 26,099 calls through the ValueOptions call center with an overall abandonment rate of 0.7%.

Assessment of Performance: FBHP/ValueOptions call abandonment rates were consistently below the 3% benchmark; FBHP met its goal for this access indicator.

F. Access for Members with a HCBS Waiver for Community Mental Health Supports: FBHPs goal was that the percent of members with an HCBS Waiver with one or more behavioral health service will be at or above 90%.

***FBHP Performance*:** The percent of members with an HCBS Waiver for Community Mental Health Supports, with one or more behavioral health service, was at 83.6% (n=385) at the end of FY '15 (Figure 3 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this performance indicator. Both Jefferson Center and MHP were below the benchmark for this indicator with Jefferson at 88.8% and MHP at 71.6%. FBHP will follow up with both CMHCs as to their action plan to screen these members for needed services.

G. Access to Prescriber: Maintain or increase percent with prescriber visit within 30 days from previous quarter.

FBHP Performance: FBHP was at 63.2% (n=2151), at the end of Q3, which was a slight decrease from the previous quarter (Appendix A. Fig 4).

Assessment of Performance: FBHP did not meet the goal for this indicator.

H. Access to outpatient care after initial assessment (Development measure): FBHPs goal, for this indicator was to establish criteria and appropriate goal with HCPF, BHO QI directors and QI team.

Assessment of Performance: FBHP and PMHC QI teams developed consistent criteria and have moved this measure to monitoring status for FY '16.

I. Intensive Services Utilization (Development measure): FBHPs goal, for this indicator was to establish criteria and appropriate goal with HCPF, BHO QI directors and QI team.

Assessment of Performance: This measure will remain in development status in FY/16. FBHP, HCPF, and QI teams will work to develop consistent criteria for this measure.

Quality Dimension #2: Customer Service and Satisfaction

A. 1. Client and family perception of access to service (BHO survey): FBHP's goal, for the ECHO is to be at or above the overall BHO percent agreement. FBHP performance on this indicator is measured annually.

FBHP Performance: Percent adult and family respondents agreeing with the ECHO "Getting Treatment Quickly" composite items. FBHP Adults and Families were at 67% (n=173) and 63% (n=102) respectively. Adults were above the FY 14 overall BHO rate of 55% and Family was above FY 14 BHO rating of 56%. (Appendix A. Fig 5 &6)

Assessment of Performance: FBHP met the goal for the Adult and Family on the "Getting Treatment Quickly" indicator.

2. Client and family perception of access to service (FBHP internal survey): FBHP's goal, for this indicator, was that FBHP's internal survey percent agreement results, for items #1,4, & 6, on the adult and family survey, would be above 80%.

FBHP Performance: Adult survey results indicated that percent agreement on all three access items were above 80%. Item #1 was at 88.3% agreement, Item 4 at 94.12% agreement, and Item 6 at 88.14% agreement. Access items on the family survey were almost all above 80%; with Item #1 at 87.3%, Item #4 at 93.9%, and Item #6 at 79.2%. Please see FBHP's Internal Survey Report FY '15 for details of results.

Assessment of Performance: FBHP met its goal for this indicator for the adult survey and did not meet its family survey. On the family survey FBHP fell short on item #6 with 79.2%. The adult and family survey IPN had the highest percent agreement for all the items.

B. 1. Client perception of overall service Percent of Adult/Family respondents agreeing with the ECHO Global Rating of all Counseling or Treatment (BHO Survey): FBHP's goal, for the ECHO is to be at or above the overall BHO percent agreement. FBHP performance on this indicator is measured annually.

FBHP Performance: FBHP Adults and Families rated a 9 out of 10 in the global rating by 56% (n=173) and 32% (n=153) of responses. (Appendix A. Fig 5 &6)

Assessment of Performance: FBHP did meet the goal for Adult indicator 56% which is over the FY14 overall rating of 44%. FBHP did not meet the goal for family indicator. The family indicator was below the overall FY 14 BHO rate of 43%.

C. 1. Client/Family perception of outcomes Percent adult/family respondents agreeing with the outcome related composites of the ECHO survey: "Perceived Improvement," "Improved Functioning," and "Social Connectedness (BHO Survey): FBHP's goal, for the ECHO is to be at or above the overall BHO percent agreement. FBHP performance on this indicator is measured annually.

FBHP Performance: FBHP "perceived improvement" for Adults and Family was at 55% and 70% respectively. Adults were above the FY 14 overall BHO rate of 57% and Family was just under the FY 14 overall BHO rate of 71%.

FBHP "improved functioning" for Adult and Family was at 47% and 58% respectively for this indicator which for Adults and Family was below the FY 14 overall BHO rate of 49% and 60% respectively. (Appendix A. Fig 5 &6)

FBHP "social connectedness" for Adult and Family results was 56% and 84%. Adults were below the BHO overall score of 63% but Family was above the BHO overall rate of 81%.

Assessment of Performance: FBHP met the goal for "perceived improvement" on the adult survey and for "social connectedness" on the family survey. FBHP did not meet the goal in the other four areas. FBHP will monitor the results in FY '16 and will consider implementation of an improvement project with the partner mental health centers if results are not improved.

2. Client/Family perception of outcomes (FBHP internal survey)
FBHP's goal, for this indicator, was that FBHP's internal survey percent agreement results, for item #8 & 10 on the adult and item #9 on family survey would be above 80%.

FBHP Performance: Adult survey percent agreement indicated that both items on the outcome domain were above 80% with Item #8 at 92.06% and Item #10 at 87.9%. Family survey percent agreement was also above 80% on Item #9, at 93.7%. Please see FBHP's Internal Survey Report FY '15 for details of results.

Assessment of Performance: Outcome items on both the adult and family survey were above 80%. FBHP met the goal for these survey items. JCMH had the highest percent agreement on the adult survey outcome items and also had the highest percent agreement on the family outcome item.

D. 1. Client perception of care quality and appropriateness percent respondent agreement with the ECHO composite: "How well clinicians communicate. (BHO State Survey)
FBHP's goal, for the ECHO is to be at or above the overall BHO percent agreement. FBHP performance on this indicator is measured annually.

FBHP Performance: FBHP Adult and Family responses were at 87% and 88% respectively. Adult was above the overall BHO responses of 85% and Family was right at the FY 14 overall BHO response of 88%. (Appendix A. Fig 5 &6)

Assessment of Performance: FBHP met the goal for this indicator.

2. Client/Family perception of care quality and appropriateness (FBHP internal survey): FBHP's goal, for the internal survey for this domain was that items #3, 5, 9, 12, & 13 would be above 80%.

FBHP Performance: Adult survey percent agreement for these domain items were all above 80%, with Item #3 at 97.7%, #5 at 90.63%, #9 at 95.63%, #12 at 93.38%, and #13 at 85.71%. Also, family survey percent agreement for these domain items were all above 80%, with item #3 at 100%, #5 at 93.9%, #10 at 89.2%, #12 at 79.2%, and #13 at 95.6%. Please see FBHP's Internal Survey Report FY '15 for details of performance.

Assessment of Performance: Care quality and appropriateness items on both the adult and family internal survey were above 80% satisfaction. FBHP met the goal for this survey. On the adult survey JCMH had the highest percent agreement for item #13; IPN had the highest percent agreement on the remaining four items. On the family survey, IPN had the highest percent agreement on all the items but number #3. Item #3 received a 100% agreement for all providers surveyed.

E. 1. Client perception of participation in treatment (FBHP internal survey): FBHP's goal, for this indicator, was that items #2, 7, and 11 (adult survey) and #2, #7, #8, and #11 (family survey) on FBHP's internal survey would be above 80%.

FBHP Performance: Adult survey respondents indicated a percent agreement above 80% on all three Participation items. Percent agreement by participation item was at 91.1% for item #2, 95.7% for item #7, and 93.92% for item #11. Family survey respondents indicated a percent agreement above 80% for all four Participation items. Percent agreement by participation item was at 97.0%, 100%, 99.2%, and 93.9%. Please see FBHP's Internal Survey Report FY '15 for details of performance.

Assessment of Performance: All three items on the adult survey and all four items on the family survey were above 80% satisfaction. FBHP met the goal for these domain items. On the adult survey IPN had the highest percent agreement for item #2 and #11. JCMH had the highest for item #7. On the family survey MHP and IPN had the highest percent agreement on item #2, and #8. IPN had the highest percent agreement on item #11. All providers surveyed received 100% on item #7.

Quality Dimension #3: CARE QUALITY and APPROPRIATENESS

A. Coordination/Timeliness of Hospital Follow-up: FBHPs goal was to be at or above the FY '15 overall BHO 7 and 30 day follow-up rates, suggesting timely follow-up for members discharged from the hospital. FBHP's performance, on this indicator, is monitored quarterly.

FBHP Performance: In FY '15 FBHP's rate of follow-up at 7 days after discharge, end of 3rd Qtr., was 51.9% (n=642), which was above the overall BHO rate of 50.5%; FBHP 30 day follow-up was at 69.5%, which was above the overall BHO rate of 63.7% (Figure 7 & 8 Appendix A). FBHP performance, on this indicator, is measured quarterly. Because of the 30 day lag for this indicator FBHP performance, FY '15, is through 3rd Qtr.

Assessment of Performance: FBHP's 7 and 30 day follow-up rate were above the overall BHO rate in 3rd qtr. FY '15. FBHP met its goal for this indicator to date. FBHP will monitor final FY '15 results as to a need for continued improvement efforts in FY '16.

B. **Post-Residential 7 day follow-up*:*** FBHPs goal was to be at or above the FY '15 overall BHO 7 day follow-up rates post hospital discharge. FBHP's performance, on this indicator, is monitored quarterly.

FBHP Performance: FBHP percent members with a 7 day follow up appt. attended within 7 days, 12 month period ending in the previous quarter, was 70.4% (n=763), which was above the previous BHO FY '15 measurement of 50.6% (Appendix A Fig 9).

Assessment of Performance: FBHP met the goal for this measure.

C. Effective Acute Phase antidepressant medication management: FBHPs' goal was that the percent of newly diagnosed and treated members with major depression who remain on an antidepressant medication for at least 84 days (12 weeks) be above the overall BHO percent.

FBHP Performance: In FY ’15 Q3 FBHP was at 60.0% (n=630) for the percent of clients maintained on an antidepressant for 84 days (Appendix A Figure 10), which was above the BHO overall percent for FY ’14 at 58.9%.

Assessment of Performance: FBHP met the goal for this measure and will continue to monitor this measure through the first two quarters of FY ’16 to see if the results continue to be above overall FY ’15 BHO measurement.

D. **Care Quality and Appropriateness for members with SUD (Development Measure)*:*** FBHPs goal, for this indicator was to establish criteria and appropriate goal with BHO QI directors and QI team.

Assessment of Performance: FBHP and PMHC QI teams developed a post detox follow up measure with standard criteria and have moved this measure to monitoring status for FY ’16.

E. Effective ADHD Medication Management (Development Measure)*:* FBHPs goal, for this indicator was to establish criteria and appropriate goal with HCPF, BHO QI directors and QI team.

Assessment of Performance: This measure remains in development and FBHP, HCPF, and QI teams will work to develop consistent criteria in FY ’16.

F. Psychotropic Utilization in Children (Development Measure): FBHPs goal, for this indicator was to establish criteria and appropriate goal with HCPF, BHO QI directors and QI team.

Assessment of Performance: FBHP, HCPF, and QI teams developed consistent criteria and have moved this measure to monitoring status for FY ’16.

G. Effective continuation phase antidepressant medication management (Development Measure): FBHPs goal, for this indicator was to establish criteria and appropriate goal with HCPF, BHO QI directors and QI team.

Assessment of Performance: FBHP, HCPF, and QI teams developed consistent criteria and expanded medications that will be monitored. This measure has been moved to monitoring status for FY ’16.

H. Care in older adults (Development Measure): FBHPs goal, for this indicator was to establish criteria and appropriate goal with HCPF, BHO QI directors and QI team.

Assessment of Performance: This measure remains in development and FBHP, HCPF, and QI teams will work to develop consistent criteria in FY ’16.

Quality Dimension #4: CARE COORDINATION AND INTEGRATION

A. 1. Member Access to PCP: FBHP’s goal was that percent members (by youth and adults) who received outpatient mental health treatment during the fiscal year with a qualifying physical healthcare visit. One or more qualifying physical healthcare visit would be above the BHO overall percent previous FY. This indicator is always one quarter behind due to claims lag. FBHP performance, on this indicator, is measured quarterly.

FBHP performance: For the previous quarter, FBHP was at 85.8% (n=11,078) which was below the overall BHO rate of 89.3%. (Appendix A Figure 11).

Assessment of Performance: FBHP did not meet the goal for this indicator.

B. Percent clients with an identified PCP and receiving prescriber service with a coordination of care letter to the PCP: FBHP's goal was to have a minimum of 90% of clients with an identified PCP and receiving prescriber service with an annual coordination of care letter. FBHP performance, on this indicator, is measured quarterly.

***FBHP Performance*:** At the end of FY '15, 85.7% (n=3882) of members with one or more prescriber visit and with an identified PCP had an annual coordination of care letter sent to their PCP (Appendix A Figure 12). This was a slight decrease from the third quarter percent and from FY '14 results.

Assessment of Performance: FBHP was just under the goal for this measure. FBHP will request the partner mental health centers review their procedures for generating the annual coordination of care letter as appropriate.

C.* Identified PCP in the member medical record*: Percent members, by youth and adults, seen within the two Partner Mental Health Centers (PMHCs) with an identified PCP in the medical record. The "identified PCP" should be updated annually but doesn't require a release of information to count in the numerator.

FBHP Performance: FBHP percent clients, with an identified PCP in the medical record in the current quarter, was at 67.9% (n=9413) (Appendix A, Fig. 13).

Assessment of Performance: FBHP did not meet the goal for this indicator.

D. Percent members with an identified PCP in the SUD sites client medical record (Development measure). FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers and SUD providers, in measurement.

Assessment of Performance: This measure remains in development and FBHP and QI teams will work to develop consistent criteria and implement at high volume SUD sites in FY '16.

E. Body Mass Index Assessment (Development measure): FBHPs goal, for this indicator was to establish criteria and appropriate goal with HCPF, BHO QI directors and QI team.

Assessment of Performance: This measure remains in development and FBHP, HCPF, and QI teams will work to develop consistent criteria in FY '16.

F. Ambulatory Care-Sensitive Conditions (Development Measure): FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers, in measurement.

Assessment of Performance: FBHP, HCPF, BHO QI Directors have revised this measure to monitor Diabetes screenings and this measure has been moved to monitoring status for FY 16 plan.

G. Blood Glucose Monitoring (Development Measure): FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers, in measurement.

Assessment of Performance: FBHP, HCPF, BHO QI Directors developed consistent criteria and have moved this measure to monitoring status for FY '16. FBHP met the goal for this development indicator**.**

H. Lipid Monitoring (Development Measure): FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers, in measurement.

Assessment of Performance: FBHP, HCPF, BHO QI Directors developed consistent criteria and have moved this measure to "Cardiovascular monitoring" and will be in monitoring status for FY '16. FBHP met the goal for this development indicator**.**

I. Developmental Screening (Development Measure): FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers, in measurement.

Assessment of Performance: FBHP has been removed as a measure from the FY 16 plan.

J. Depression Screening (Development Measure): FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers, in measurement.

Assessment of Performance: This measure remains in development and FBHP, HCPF, and QI teams will work to develop consistent criteria in FY '16.

K. Maternal Health (Development Measure): FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers, in measurement.

Assessment of Performance: FBHP has been removed as a measure from the FY 16 plan.

Quality Dimension #5: OUTCOMES AND EFFECTIVENESS OF CARE

A. Hospital Recidivism

FBHP's goal was to be below the overall BHO 7, 30, and 90 recidivism rates for the previous fiscal year. FBHP performance, on this indicator, is monitored quarterly.

FBHP Performance: FBHP's FY '15 seven day recidivism rate all hospital, end of the third quarter, was 1.6% (n=857), compared to the BHO FY '14 rate of 3.2% (Figure 14 Appendix A). FBHP FY '15 30 day recidivism rate, at the end of the third quarter, was 6.4%, compared to the BHO FY '14 rate of 9.6% (Figure 15 Appendix A). Last, FBHP FY '15 90 day recidivism rate, end of the third quarter, was 11.8% compared to the BHO FY '14 rate of 16% (Figure 16 Appendix A).

Assessment of Performance: As of 3rd Qtr. FY '15, FBHP met the goal for the 7, 30 and 90 days recidivism. FBHP recidivism rates have decreased through FY '15 for all three indicators.

B. Member Outpatient/Crisis Care Effectiveness: FBHP's goal was to be below the overall BHO ED visits/1,000 Members for the previous fiscal year, indicating outpatient crisis services are addressing member crisis needs. FBHPs' performance, on this indicator, is monitored quarterly.

***FBHP Performance*:** In FY '15, end of the 3rd quarter, FBHP had 9.64 ED visits/1,000 Members that did not result in a hospitalization. This was below the overall FY '14 BHO rate of 10.9/1,000 Members (Figure 17 Appendix A). There has been a slight steady increase throughout FY '15 in ED visit utilization for adolescents (Figure 18 Appendix A).

Assessment of Performance: As of 3rd Qtr. FBHP achieved its goal for FY '15, as ED visits/1,000 was below the overall BHO rate for FY '14.

C. 1. Improvement in independent living for members with severe mental illness: FBHP's goal was that the percent of members improving in independent living would be at or above the previous fiscal year overall BHO percent. This performance indicator is measured quarterly.

Assessment of Performance: FBHP has been removed as a measure from the FY 16 plan.

D. ATU Recidivism 30 and 90 Day: FBHPs' goal was that the percent of youth (through age 18) and adult (age 19+) with a ATU readmit 30 and 90 days after ATU (ATU-like for youth) discharge would be at or above the previous fiscal year Overall BHO percent. This performance indicator is measured quarterly.

FBHP Performance: FBHP FY '15 results indicate that 10% (n=250) of clients had a 30 day ATU readmission and 16% had a 90 day ATU readmission (see Figure 19 & 20).

Assessment of Performance: FY '14 BHO rates for inpatient recidivism are 9.7% and 16% for 30 and 90 days respectively. 30 day recidivism is below the BHO rate while the 90 day has increased to be above the BHO rate.

E. Outcomes and Effectiveness for Members with SUD (Development Measure): FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers, in measurement.

Assessment of Performance: This measure remains in development and FBHP and QI teams will work to develop consistent criteria in FY '16.

II. Performance Improvement Projects/Focus Study: Summary and Update

A. PIP: Reducing Overall 90 Day Hospital Recidivism

Began: July 2012

Description of Problem: FBHPartners noted a steady increase in all hospital 90 day recidivism rates from FY '10 through FY '12. FBHPartners' 90 day recidivism rate went from 12.9%, three standard deviations below the Overall BHO recidivism percent, in FY '10, to 19.5%, more than three standard deviations above the BHO weighted average percent in FY '12. The persistence of psychiatric hospital readmissions is troubling as it is well known that readmissions, in particular within 90 days of discharge, are highly disruptive to a patient's recovery, creating significant problems in establishing basic living arrangements and community supports, as well as indicating a chronic high level of acute symptoms and a worsening prognosis. Reducing and sustaining a lower percent of psychiatric hospital readmissions will reduce disruption of members efforts toward recovery, both in terms of reducing mental illness symptoms as well as increasing opportunity for the member to develop a stable lifestyle and the opportunity to improve overall functioning. In addition to recovery objectives, fewer readmissions lead to improved outcomes of care for members with mental illness, i.e. fewer acute illness episodes and a reduction in symptom severity.

Study Question: Do focused interventions, to provide timely and best practice behavioral health transition care, after hospital discharge, for members with an all hospital discharge, for treatment of a covered mental health disorder, significantly reduce the percent of hospital readmissions, 90 days after discharge for another hospitalization of a covered mental health disorder?

Interventions:

1. Implementation of same day or next day prescriber appointments for clients discharged from the hospital (Urgent care model at MHP and Real Time clinic at Jefferson Center)
2. Development of Hospital Discharge Follow Up Guidelines to standardize follow up procedures at Jefferson Center, Mental Health Partners and IPN:
    a. All members with a psychiatric hospitalization, for a covered mental health diagnosis, will have a hospital liaison who will work with the hospital treatment team, the member, and family to plan hospital follow-up. At discharge clients, in particular youth and adults with a history of hospital re-admission, should have a crisis plan in place that is communicated with the follow-up provider.
    b. At discharge the hospital liaison will ensure the member, at a minimum, has a 7-day (calendar day) face-to-face follow-up appointment and a prescriber follow-up appointment within 10 calendar days (unless determined by appropriate Medical Director as not needed). A follow-up contact with the provider will be initiated to ensure the client attended the 7-day and 10-day prescriber appointment. If the client no-shows another appointment is scheduled as soon as possible.
    c. FBHPartners expects that, within 30 days of hospital discharge, that the client receives at least 3 clinical visits and 1 prescriber visit. If the client no-shows for any clinical visits within 30 days of hospital discharge a follow-up with the client will be initiated to ensure another appointment is scheduled as soon as possible.
    d. The hospital liaison/care coordinator checks in with the client weekly, throughout the first 30 days, to assess effectiveness of the discharge plan and that follow-up appointments are in place.
    e. If the client is discharged from a hospital to residential there should be a follow-up appointment scheduled within 7 days of the residential discharge. If the residential discharge is within 30 days of the hospital discharge then all follow-up requirements described above are relevant.
3. FBHP contracted with Value Options for a care coordinator to provide transition care or intensive care management (ICM) for IPN clients and clients in out of area hospitals.

Measure: The percent of all hospital Member discharges, for treatment of a covered mental health diagnosis, which does not result in a re-hospitalization within 24 hours, with a readmission for another hospital episode for treatment of a covered mental health diagnosis, within 90 days after the date of discharge.

Re-measurement Status: A second re-measurement of the baseline indicator was obtained using FY'14 for discharges in between July 1, 2012 and June 30, 2013, which became available in December of 2014. A Pearson Chi-Square was used to calculate change in recidivism rates. Results indicated a 90 day all hospital recidivism rate of 13.14% in FY'14, which was a significant decrease at $p < .05$ from the baseline of 19.5% (see Table 1). The significant decrease of readmissions may suggest that implemented strategies, such as follow up care processes (face to face discharge planning during hospitalization, weekly phone calls, ensuring crisis plans are developed), were effective in reducing the percent of hospital readmissions.

Table 1: Baseline to 1st and 2nd Re-measurement

Days to Readmit	**FY '12 (n=379)**	**FY'13 (n=472)**	**FY'14 (n=586)**
90 days	**19.5%**	**14.19%**	**13.14%**

B. PIP: Transition of Members from Jail to Community-Based Behavioral Health Treatment

Began: September 2014

Description of Problem: FBHP, along with PMHCs, in FY'14, began the development of a proposal for a Care Transition PIP targeting the transition of members from county jails into behavioral health treatment. The Care Transition PIP is part of a state-wide performance improvement project, requested by HCPF, to be implemented across all BHO's, RCCOs, and MCOs. One of the populations HCPF expressed interest in targeting for this PIP was members in the criminal justice system. Through discussion with the QI Team, including QI Directors/Coordinators from MHP, Jefferson Center, and FBHP, there was a consensus to focus on members in the criminal justice system. Research indicates that persons with behavioral health conditions are overrepresented in the criminal justice population and illustrates the need to address the barriers that this population faces in accessing behavioral health care. Literature shows that effective and collaborative care transitions for inmates re-entering the community can reduce recidivism, reduce substance use, improve mental health and result in fewer ED visits.

Study Question: Do focused interventions aimed at improving the transition care process from jail to community based treatment, significantly increase the percent of the study population released from Jefferson and Boulder county jails that have an attended behavioral health appointment within 30 days of release?

Project Goals and Strategies: The overall intent of this current project is to build upon the efforts already underway through the collaborative county partnerships to improve access to and engagement in behavioral health services upon release from county jails. One goal is to increase Medicaid enrollment for this population, in efforts to increase access to behavioral health and other needed services. Another primary goal is to increase engagement in behavioral health services after release by building upon the existing jail based services to add any additional strategies that may address some of the barriers related to engagement.

Study strategies, although not yet defined, will likely target three primary areas:
1. Tracking and follow up of Medicaid members entry and release from county jails (enhancing tracking capabilities and data sharing between systems of care)
2. Transitioning and engagement in behavioral health services after release from jail (including substance use services, mental health services, housing and employment services)
3. Access to Medicaid benefits, through system collaboration and enrollment processes

Measures: The percent of adult members with a history of a behavioral health issue identified, released from Jefferson and Boulder county jails during the study period who receive a specified covered outpatient behavioral health service within 30 business days of release. A Member is defined as having a Medicaid enrollment date that is within 30 days of release from the jail.

Baseline Status: Baseline data was collected for FY'15, ending with Q4 (see Table 2).

Table 2: Baseline Data FY'15

Measure	**FY '15 (baseline) 30 Days follow-up**
Jefferson County	**27.1%**
Boulder County	**37.98%**

III. Other Improvement Projects and Quality of Care Monitors

A. Monitoring of FBHPartners Internal Survey

FBHPartners' Client Survey and Family Survey were administered monthly to members receiving behavioral health services in the previous month. FY'15 surveys were also sent to members receiving SUD services. Results were reviewed quarterly, and qualitative comments forwarded to the Mental Health Centers for review. Results are presented above in the Analyses of Performance Indicators and the complete report is included as Attachment 1 "FBHP Internal Survey Report FY'15."

B. Quality of care concerns

There were 17 QOC concerns reported to FBHPartners' Medical Director and Quality Improvement Director or directly to the QOC committee. QOC concerns were followed up through the Quality of Care Committee (Table 1). Below is the detail on these QOC concerns, including the specific issue, type of facility/provider, and committee actions.

All but one of the QOC concerns involved a psychiatric hospital. Fourteen of the QOCs had to do with clinical practice specific to inadequate discharge planning with the receiving outpatient provider/hospital liaison. One had to do with a member's death after discharging from an inpatient facility. Ten received a corrective action plan request, which was received and accepted. Four of QOCs resulted in the providers receiving education letters or letters of concern.

One QOC concern was a child residential facility that failed to schedule an outpatient follow-up appointment. A corrective action plan was requested, received and approved.

Table 1

QOC issue	Date Completed	Facility/IPN	Action Taken/Follow-up
Clinical Practice-related Issue, Inadequate discharge planning	09/03/14	IP Psych Hospital	CAP was requested for multiple QOC issues. Meeting was held between hospital administration, FBHP and VO-CO staff to discuss deficient issues and corrective actions. Corrective actions were agreed upon to be adequate for the issue.
Clinical Practice-related Issue, Inadequate discharge planning	09/03/14	IP Psych Hospital	CAP was requested for multiple QOC issues. Meeting was held between hospital administration, FBHP and VO-CO staff to discuss deficient issues and corrective actions. Corrective actions were agreed upon to be adequate for the issue.
Clinical Practice-related Issue, Inadequate discharge planning	09/17/14	IP Psych Hospital	CAP was requested for multiple QOC issues. Meeting was held between hospital administration, FBHP and VO-CO staff to discuss deficient issues and corrective actions. Corrective actions were agreed upon to be adequate for the issue.
Clinical Practice-Related Issues,	07/07/14	IP Psych Hospital	CAP was requested for QOC issues and provider response was seen as

Failure to coordinate Care			appropriate.
Clinical Practice-Related Issues, Failure to coordinate Care	10/24/14	IP Psych Hospital	CAP was requested for QOC issues. Provider responded with inadequate and a follow-up CAP was requested. Response to follow-up CAP was seen as appropriate.
Clinical Practice-Related Issues, Failure to coordinate Care	11/07/14	IP Psych Hospital	Member was discharged prior to the date provider discussed with the hospital liaison without including in discharge planning and did not notify hospital liaison prior to member being discharged. Provider did a staff training and requirement for staff to engage the hospital liaison when appropriate. The response was seen as acceptable.
Clinical Practice-Related Issues, Failure to coordinate Care	11/06/14	IP Psych Hospital	Member was discharged during a holiday weekend and an OP follow-up appointment was not made by provider and member was to make their own follow-up appointment. Hospital liaison was not contacted. (This QOC is combined with pervious QOC issue). CAP was requested and response was seen as acceptable.
Clinical Practice-Related Issues, Failure to coordinate Care	09/25/14	ATU/Alternative Treatment Unit	Member was sent from the ATU to an ER for psych evaluation, after it was mistakenly learned that member's Medicaid wasn't active. MHC was notified of their action but could not find member an alternative placement. A letter was sent to ATU and response indicated that one time staff error. Processed was included in New hire training and annual staff training.
Clinical Practice-Related issues, Prescribing wrong, too much, too many, too little medication.	10/30/14	IP Psych Hospital	Member was admitted IP to provider for reported detox including abuse of benzodiazepine and was DC'd with three refills of Xanax, which he overdose on. Corrective actions were taken by the provider to prevent this type of situation from reoccurring.
Clinical Practice-Related Issues, Failure to coordinate Care	11/07/14	IP Psych Hospital	ICM performing hospital liaison duties who was performing hospital liaison duties attempted to visit member and was turned away. ICM contacted the provider clinical director and new covering therapist, who apologized for the pervious occurrence and no other

			care coordination problems, occurred.
Clinical Practice-Related Issues, Failure to coordinate Care	02/20/15	IP Psych Hospital	Intensive case manager was not contacted by the provider staff to coordinate care and DC planning. An education letter was sent to provider.
Clinical Practice-Related Issues, Failure to coordinate Care	04/22/15	IP Psych Hospital	The MHC hospital liaison was promised member's Autism assessment, never received or a reason why not sent. CAP was requested and received stating not sending the Autism results were appropriate but should have notified the aftercare referral. The issue was revised and seen appropriate. This QOC issue is in conjunction with the next three incidents.
Clinical Practice-Related Issues, Failure to coordinate Care	04/22/15	IP Psych Hospital	Hospital liaison was allowed to meet with member on site one time, but was told could not return for DC planning, as it was a duplication of services. CAP was requested and received from provider this is coordination with the pervious and two following QOC issue.
Clinical Practice-Related Issues, Failure to coordinate Care	04/23/15	IP Psych Hospital	MH liaison left VM for provider on visiting the member on the 2nd and 3rd day after member was admitted. No calls were returned. CAP was requested and received from provider this is coordination with two previous and two following QOC issues reviewed.
Clinical Practice-Related Issues, Failure to coordinate Care	04/22/15	IP Psych Hospital	Hospital liaison (HL) called and left a VM for the member's therapist two days after admission requesting a clinical update. HL call was returned by therapist three days after member was DC. CAP was requested and received from provider. Education letter was provided. The QOC issue is related to the three previous QOC issues.
Clinical Practice-Related Issues, Inadequate discharge planning	04/23/15	IP Psych Hospital	Member was discharged with no MH services follow-up appointment scheduled. Committee reviewed the case and sent education letter to provider.
Clinical Practice-Related Issues, Failure to coordinate Care	05/04/15	IP Psych Hospital	Two days after admitted the Intensive case manager left messages for the provider therapist DC planner. DC planner returned phone call but did not mention any DC planning or face to face visits times. Letter of concern was sent to provider relating the need for timely

			exchange of information and failure to coordinate care/ DC planning.

C. Practice Guideline Development Update

Per the FBHP Practice Guideline Policy and Procedure, FBHP establishes and completes an annual plan to develop and revise practice guidelines. The practice guideline committee includes collaboration with Partner Mental Health Centers (Jefferson Center for Mental Health and Mental Health Partners) as well as Substance Use Disorder Provider representatives, and ValueOptions, as FBHP's Utilization Management Delegate. Below is an update of completed/revised practice guidelines for FY'15:

FY '15:

- **Schizophrenia (Revised)**
- **Substance Used Disorders (New)**
- **Depressive Disorders (Revised**
- **Trauma-Informed Care (New)**

D. Grievances

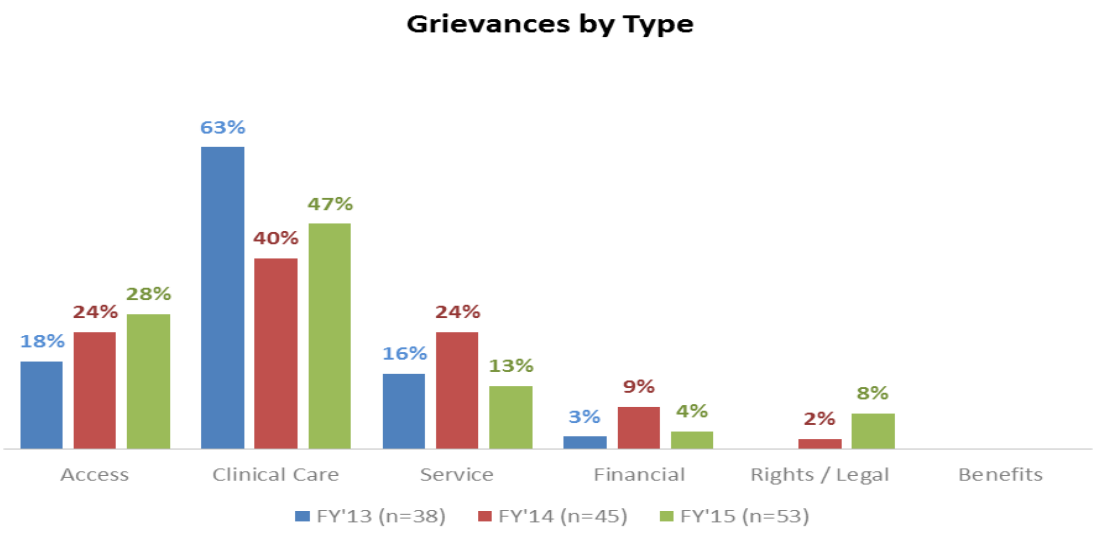
Per FBHP's QAPI Policy and Procedure, the QAPI Department evaluates the type and number of grievances biannually to assess for any quality of care concerns or opportunities for improvement. Below is the final report for FY '15.

There were 53 grievances filed during FY '15, which was a 16% increase from the number reported in FY '14. More than three-fourths (83%) of the grievances were regarding an adult member. All grievances were investigated by FBHP's Member and Family Affairs Department with the following outcomes: a little less than three fourths (73%) of Members agreed with FBHP's decision, a little more than one forth (27%) disagreed with FBHP's decision, and two members withdrew the grievance.

Type of grievance is provided in Figure 1. In FY '15, 47% of the grievances had to do with the members' clinical care, 28% were access grievances, 13% were grievances related to customer service, 4% related to financial and three grievances related to rights/legal. There were no grievances, in FY '15, regarding benefits.

Because clinical care, access, and service types represent the largest number of grievances, further information on these grievances is provided. Although clinical care grievances continue to be the largest number of grievance type, the overall percent of this type decreased, in FY '15, to 47%, compared to a high of over 60% of grievances in FY '13. Of the clinical care grievances, professional conduct or competence was the most frequent complaint, at 48% and medication issues were the second most frequent, at 20%. None of these grievances were at the level of a "quality of care concern" report. The most common type of access grievance had to do with appointment delay, specific to a provider's change in procedures to make a prescriber appointment. FBHP addressed this with a corrective action plan request with the provider. The most common service grievance had to do with discourteous/rudeness of clinical staff. Again, none of these grievances were at the level of a "quality of care concern" report. Details of all grievances are provided on a quarterly basis to Healthcare Policy and Financing.

Figure 1



E. Care Coordination with Colorado Community Health Alliance (CCHA)

During FY ’15 FBHP and Jefferson Center continued collaboration on a Care Coordination Project, for Members with severe mental illness, with the area RCCO, Colorado Community Health Alliance (CCHA) around monitoring and improving efficient depression screening and referral to behavioral health services. This project was completed during FY’15, and efforts to sustain effective coordination continues. FBHP also collaborated with CCHA on their Performance Improvement Project, Depression Screening and Referral in Primary Care, and supported gathering data related to behavioral health follow up with area behavioral health providers.

F. ACF/NCF Survey

As a component of FBHPartners’ (FBHPs) Access policy and Quality Improvement Plan a behavioral health service satisfaction survey for assisted care and nursing care facilities (ACF/NCF) was conducted in March 2015. This report is submitted as an attachment to the FY’15 program evaluation (see Attachment 2). The report was presented to the CMHC’s and areas for improvement were discussed. The report provides a summary of findings from the FY’15 ACF/NCF Staff Survey, the results of which highlight both areas of satisfaction and areas for improvement.

G. Evidence Based/Promising Practice Program Report

See Attachment 3 for results of EBP implementation

Appendix A

Access Figures and Tables

Table 1. Penetration, Age Group and Eligibility Category, FY '15

Age Group	BHO FY '13	BHO FY '14	FBHP FY '14 (FBHP)	1st Qtr FY'15	2nd Qtr FY '15	3rd Qtr FY '15	4th Qtr FY '15
0-12 yr	7.7%	7.1%	11.5% (4,332/37,738)	11.8% (4,630/39,189)	12.8% (5,203/40,539)	13.5% (5,620/41,563)	12.2% (5,138/42,263)
13-17 yr	18.9%	16.9%	20.8% (2,422/11,632)	21.4% (2,649/12,394)	20.2% (2,636/13,023)	20.7% (2,797/13,530)	18.9% (2,638/13,993)
18-64 yr	21.1%	19.6%	21.3% (10,016/46,924)	20.6% (11,645/56,609)	17.5% (11,747/67,004)	17.3% (12,698/73,512)	16.4% (12,827/78,348)
65+	6.8%	16.7%	7.2% (408/5,697)	7.9% (453/5,723)	7.6% (437/5,747)	7.3% (422/5,760)	6.9% (396/5,744)
All	13.9%	13.7%	16.3% (17,494/107,646)	17% (19,377/113,915)	15.9% (20,023/126,449)	16% (21,537/134,365)	15% (20,999/140,348)

Eligibility Group	BHO FY '13	BHO FY'14	FBHP FY '14 (FBHP)	1st Qtr FY'15	2nd Qtr FY '15	3rd Qtr FY '15	4th Qtr FY '15
AND, OB, OAP-B	32.1%	31.7%	32.8% (3,078/9,380)	35.1% (3,510/9,987)	33.3% (3,366/10,117)	33.8% (3,449/10,198)	33.1% (3,387/10,244)
AwDC/MAGI*	36.2%	21.1%	23.5% (3,467/14,724)	21.8% (4,605/21,169)	16.6% (4,820/29,030)	16.1% (5,547/34,500)	15.2% (4,904/33,300)
BC-A, AFDC-A	14.5%	14%	14.8% (3,194/21,574)	16.8% (3,158/18,786)	14% (2,518/18,026)	14.4% (2,563/17,764)	14.2% (2,590/18,291)
BC-C, AFCD-C	8.6%	8.2%	12.4% (5,877/47,581)	13.1% (6,534/49,859)	13.5% (6,995/51,842)	14.1% (7,571/53,605)	12.5% (6,934/55,289)
Foster Care	36.5%	33.1%	33.9% (916/2,702)	35.5% (990/2,786)	34.6% (988/2,860)	35.3% (1,027/2,906)	34.1% (993/2,909)
OAP-A	6.6%	6.7%	7.1% (396/5,547)	7.5% (417/5,524)	7.1% (387/5,414)	7% (371/5,324)	6.8% (357/5,255)
Expansion Group				14.5% (844/5,813)	10.5% (943/9.020)	10% (1,003/10,063)	9.8% (1,087/11,100)

Figure 1: Engagement in Behavioral Health Services (MH)

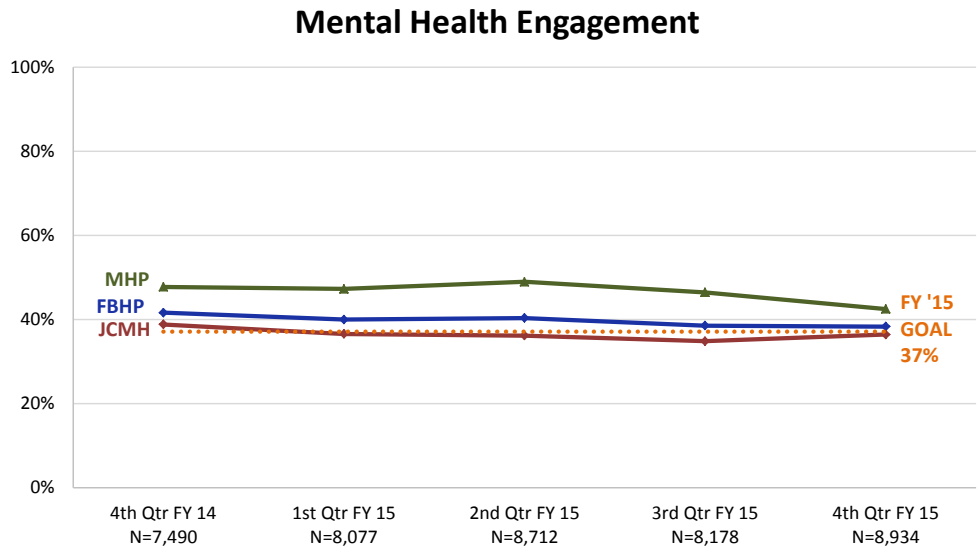


Figure 2: Engagement Behavioral Health Services SUD

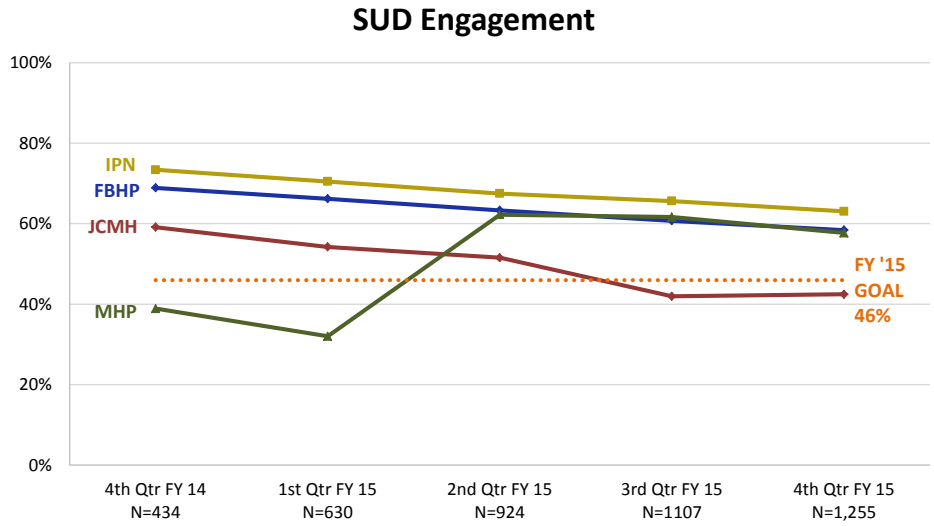


Figure 3. Percent Members with a HCBS Waiver for Community Mental Health Supports with One or More Behavioral Health Service in a 12 month Period

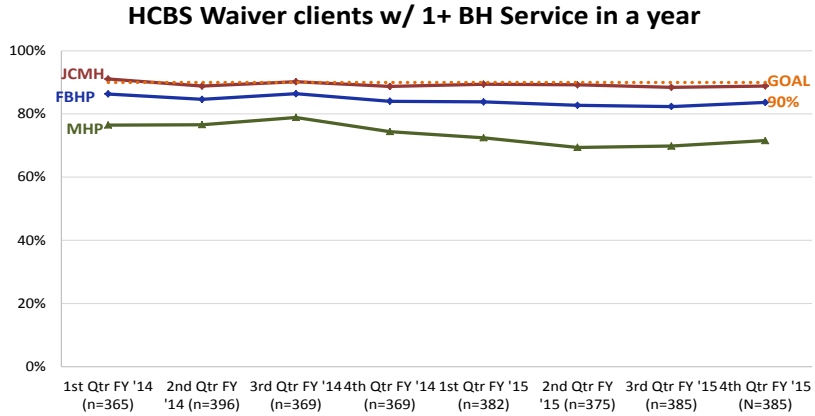
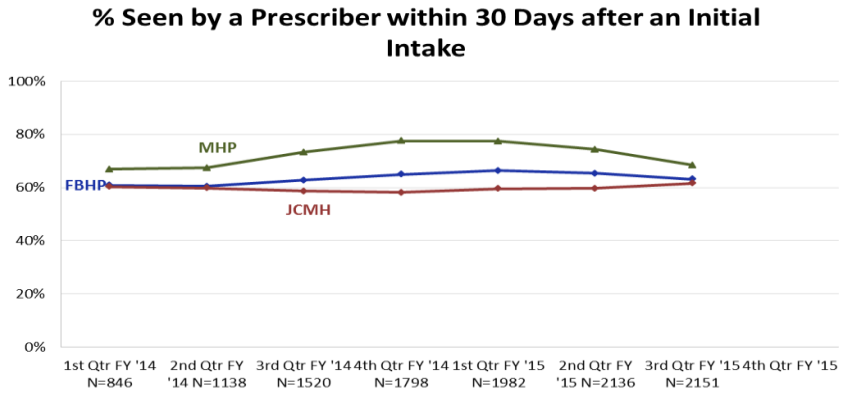


Figure 4: Access to prescriber

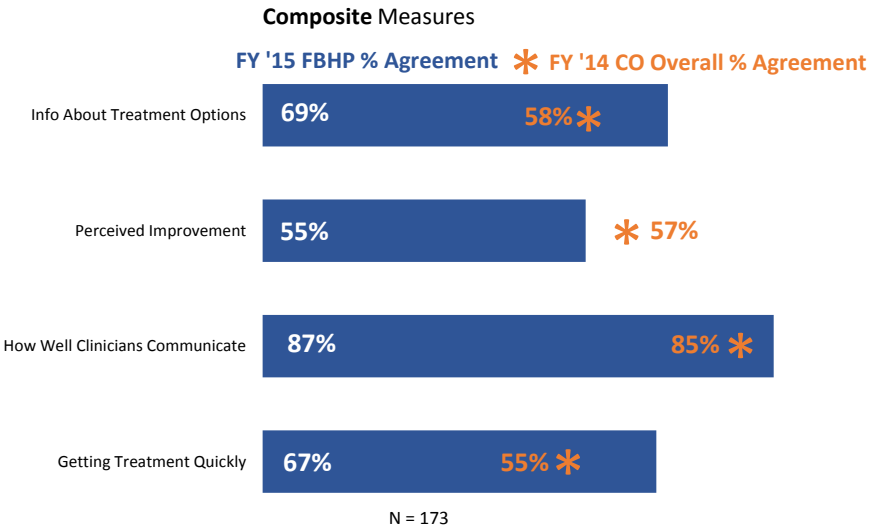


Customer Services and Satisfaction Section

Figure 5: Member and Family Service and Satisfaction Figures

Adult 2015 ECHO Survey MHSIP & Composite Ratings

Composite Measures are calculated by taking the average of the average of each question when there is top-box agreement (usually & always)



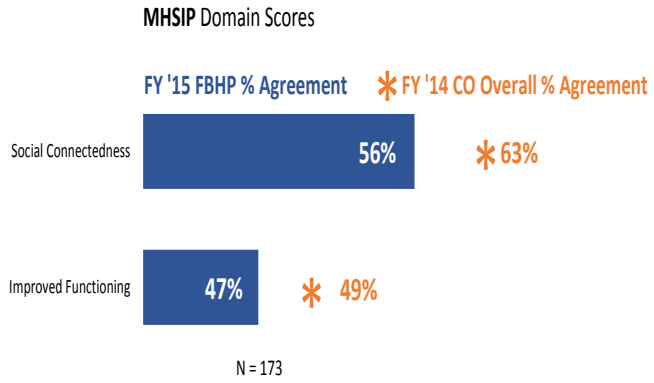
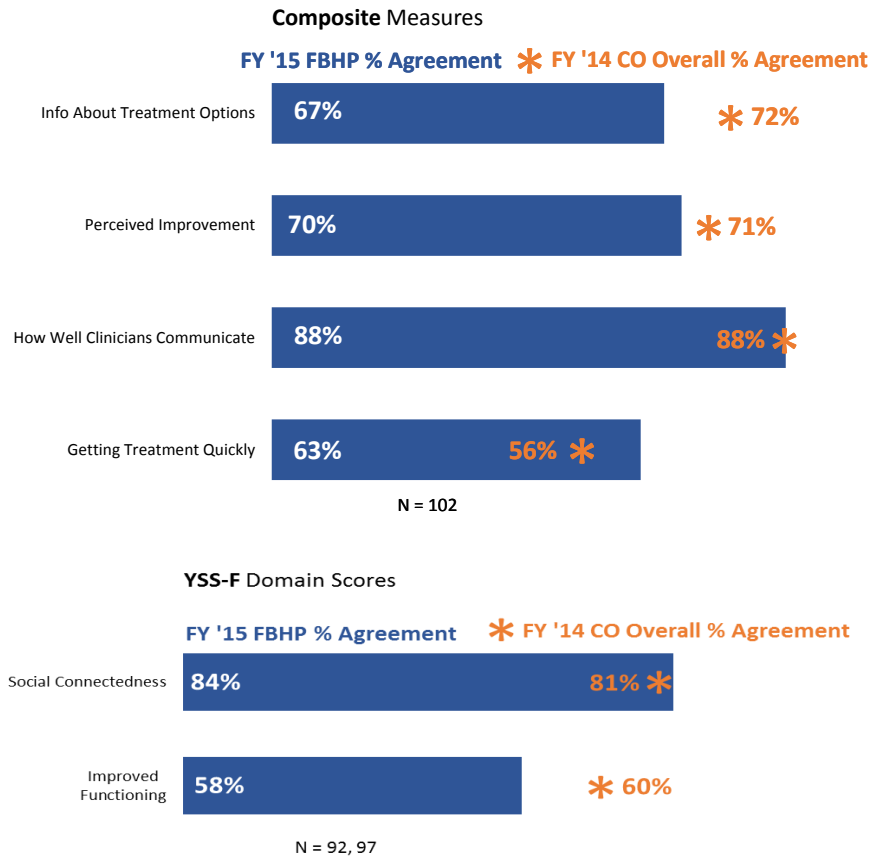


Figure 6: Family 2015 ECHO Survey YSS-F & Composite Ratings



Care Quality and Appropriateness Section

Figure 7: Percent Hospital Follow-up Appointment 7 Days after Discharge

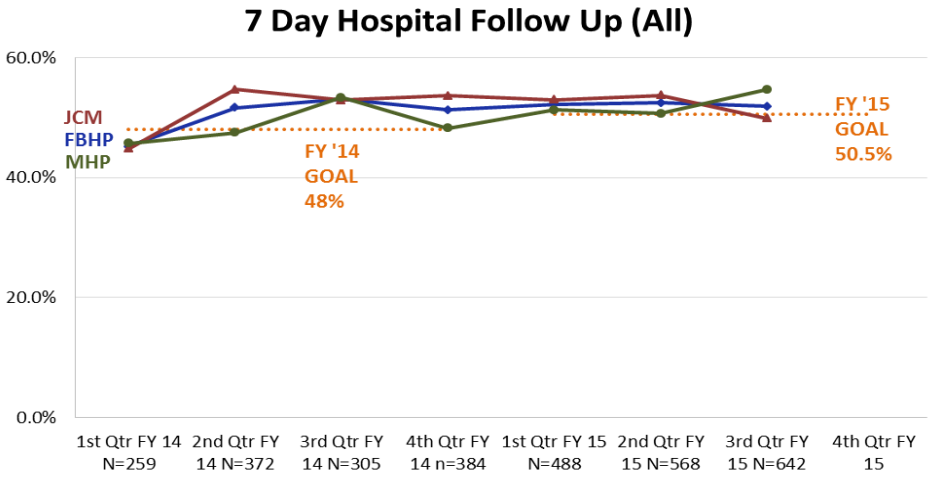


Figure 8: Percent Hospital Follow-up Appointment 30 Days after Discharge

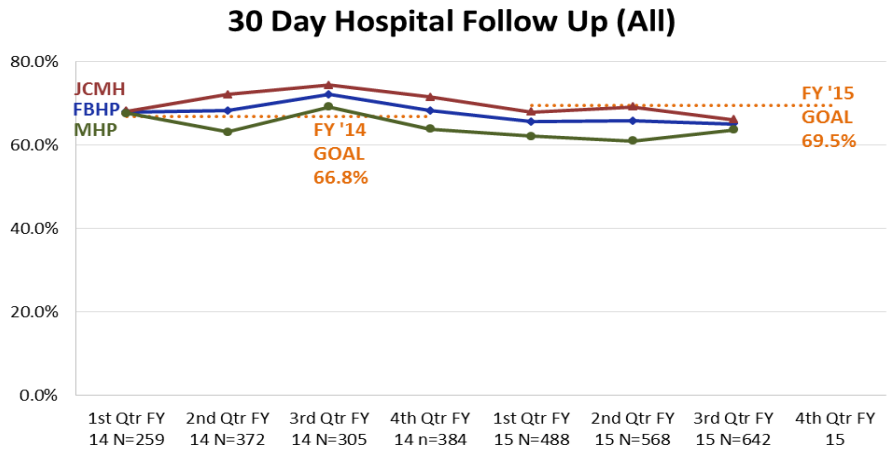


Figure 9: Post residential 7 Day follow-up

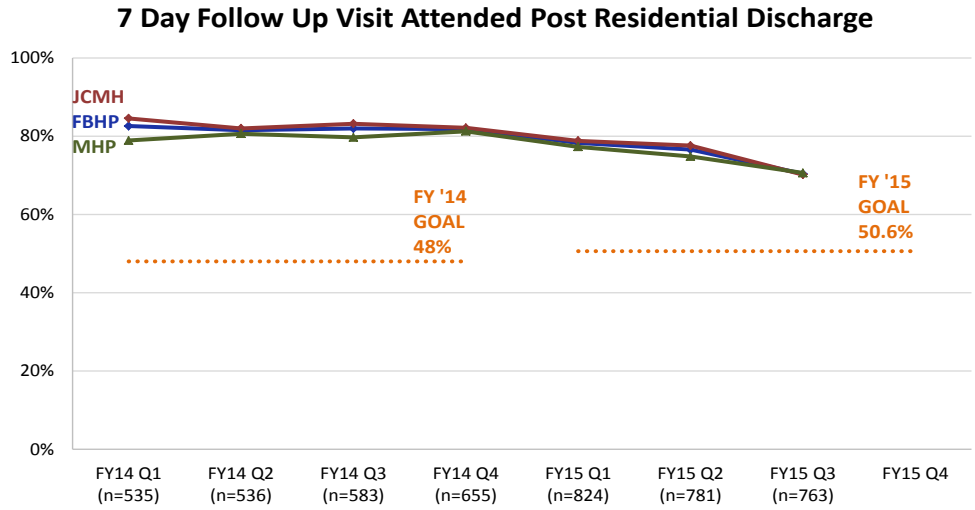
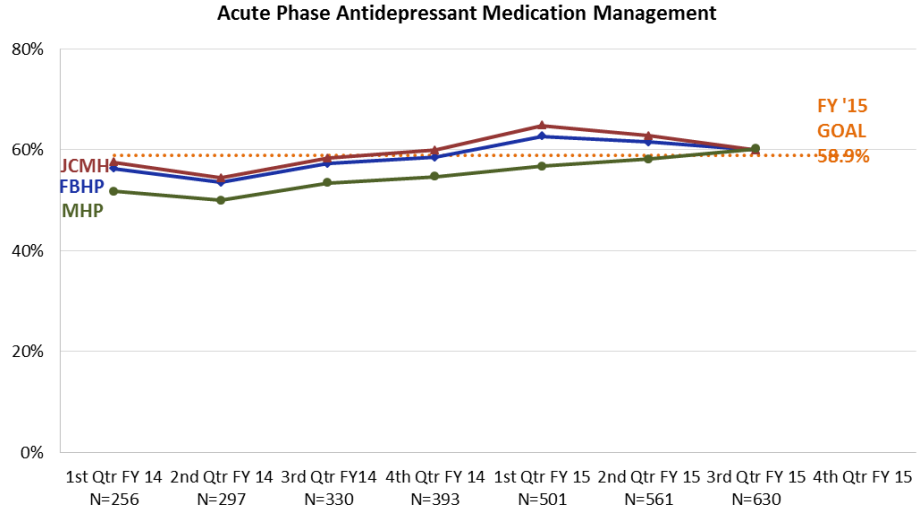


Figure 10: Effective Acute Phase Antidepressant Medication Management



Care Coordination and Integration Figures

Figure 11. Member Access to PCP

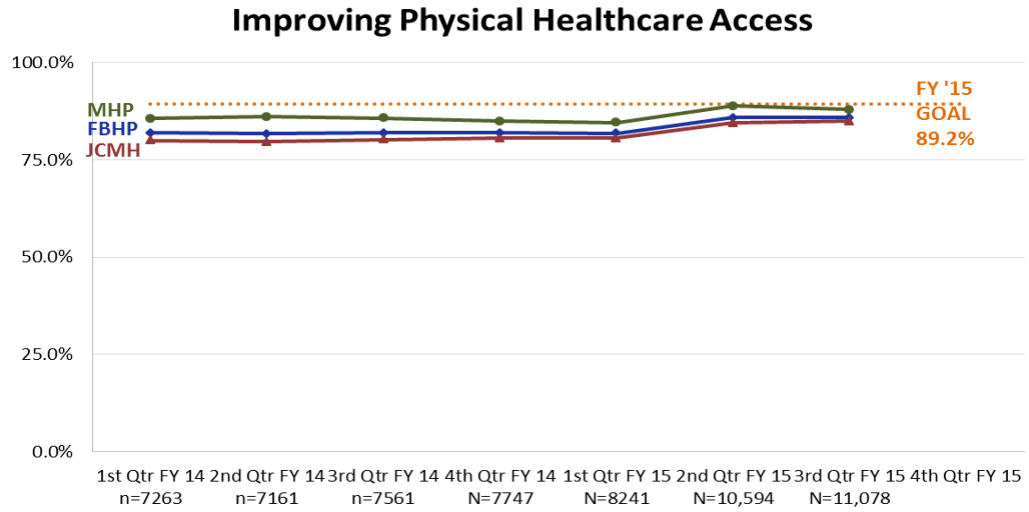


Figure 12. Percent clients with an identified PCP and receiving prescriber service with a coordination of care letter to the PCP

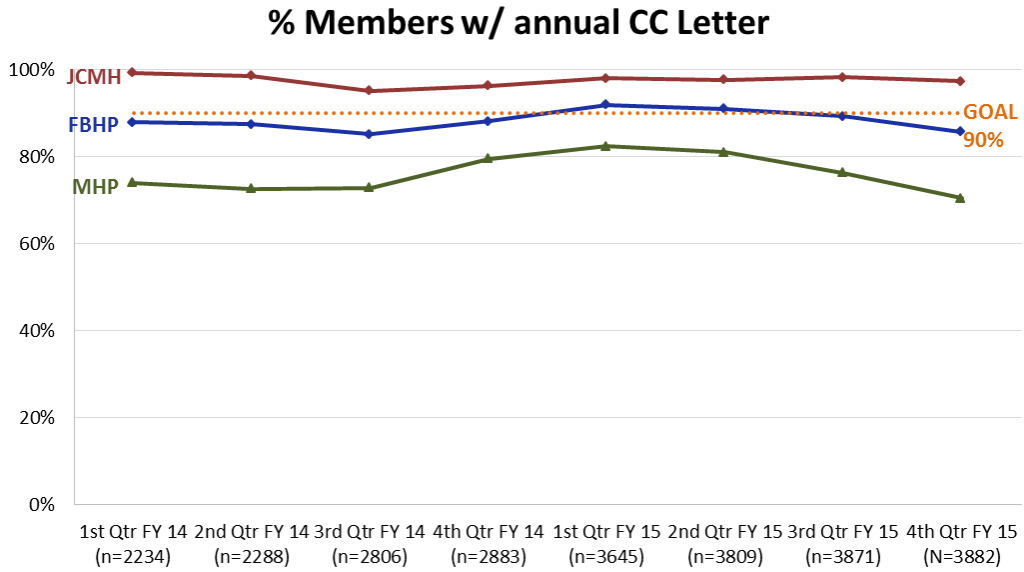
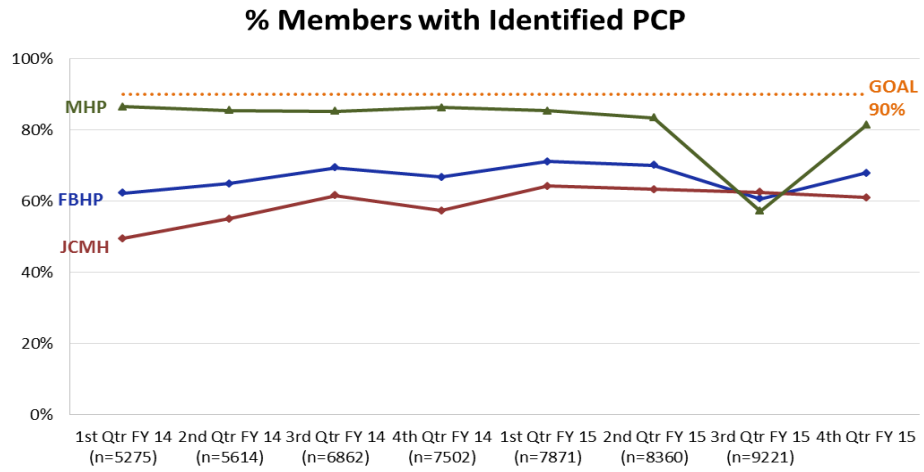


Figure 13. Identified PCP in the member medical record



Outcomes and Effectiveness of Care Figures

Figure 14: 7 day Hospital Recidivism

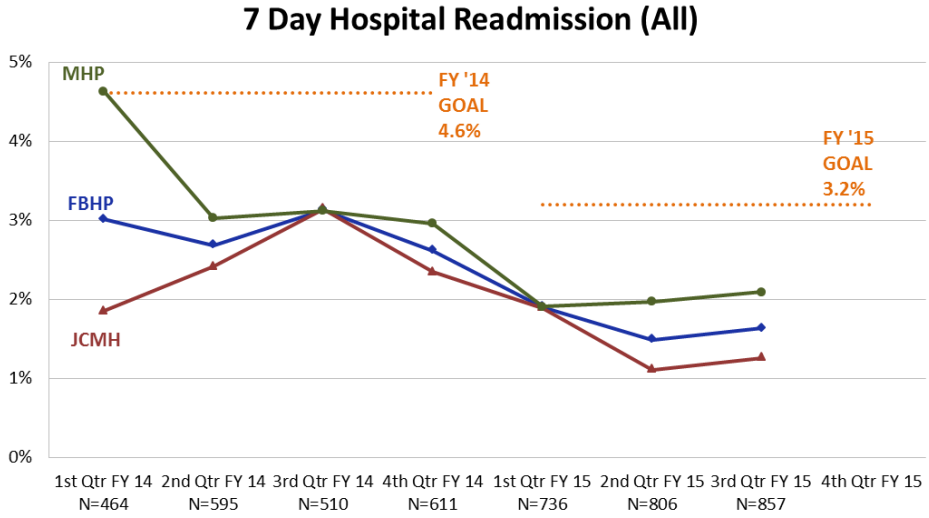


Figure 15: 30 day Hospital Recidivism

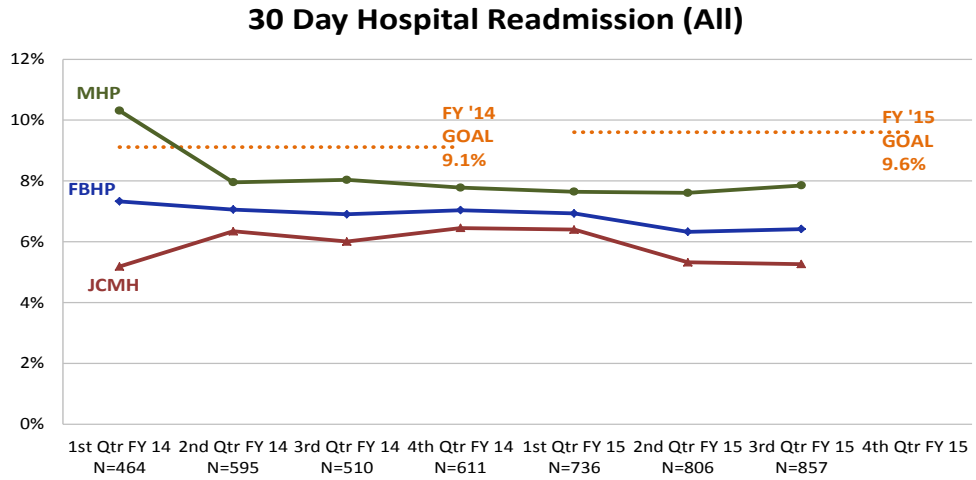


Figure 16. 90 Day Hospital Recidivism

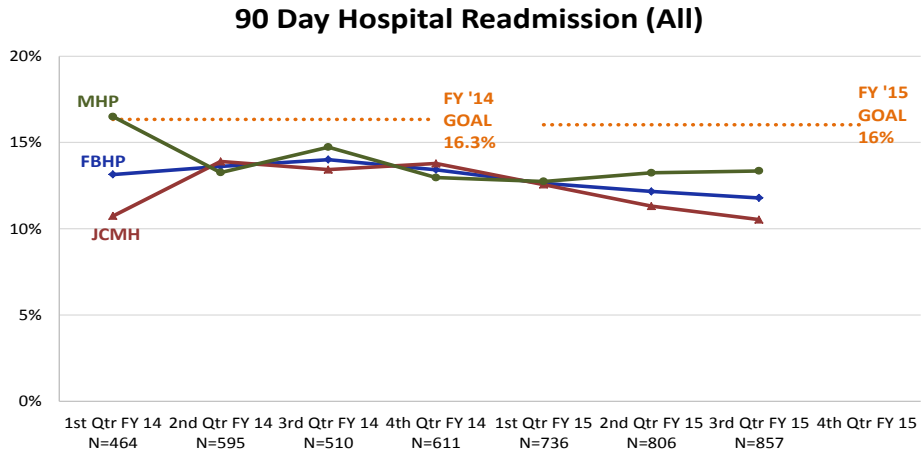


Figure 17. Member Outpatient/Crisis Care Effectiveness

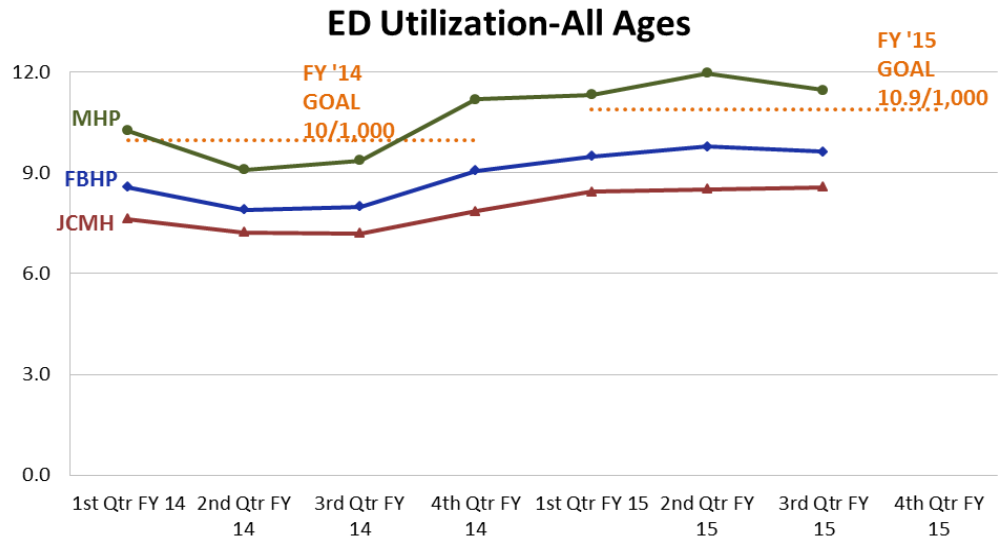


Figure 18. Adolescent Member Outpatient/Crisis Care Effectiveness

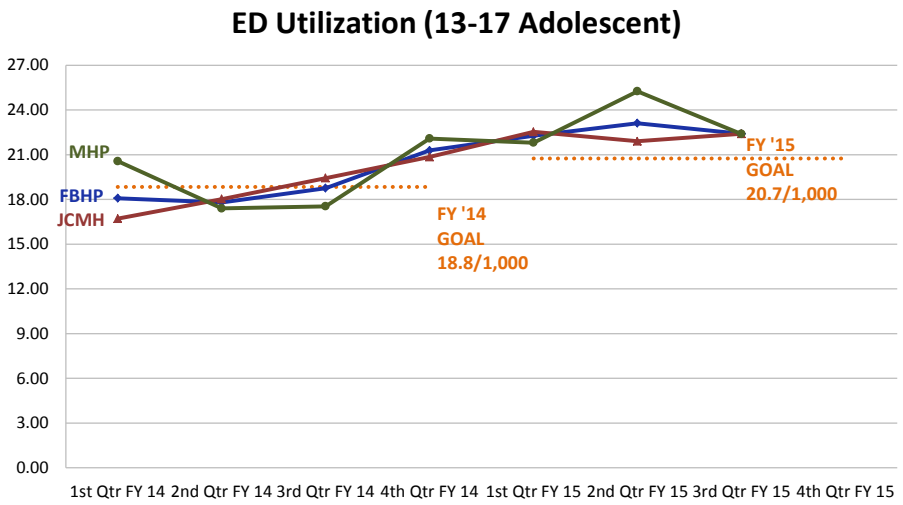


Figure 19. 30 Day ATU Recidivism

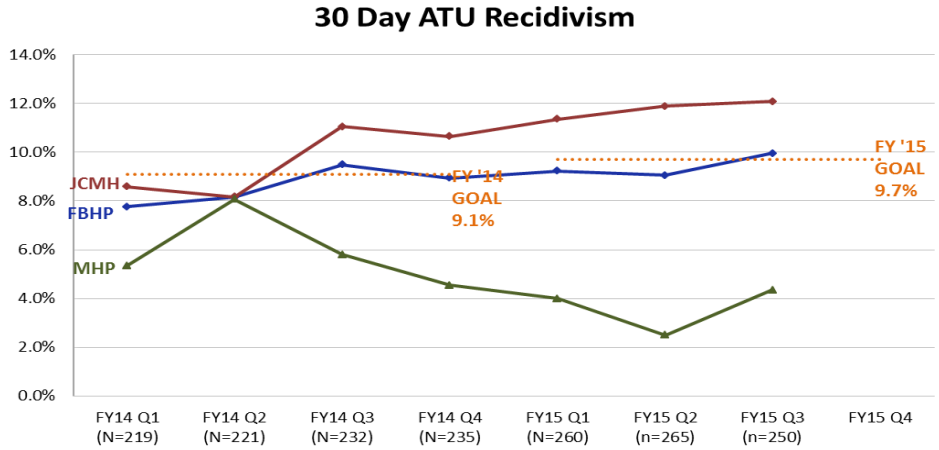


Figure 20. 90 Day ATU Recidivism