Foothills Behavioral Health Partners (FBHPartners)
Quality Assessment, Performance Improvement Program Plan FY '16

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FOOTHILLS BEHAVIORAL HEALTH PARTNERS (FBHPartners)

QUALITY IMPROVEMENT WORK PLAN FY '16

FBHP develops an annual Quality Improvement Plan (QI Plan) to guide its performance improvement activities. The QI Plan describes in detail the QAPI program activities of performance indicator development and refinement, ongoing and time-limited performance improvement projects or focused studies and other monitors to ensure quality care. QI Plan activities derive from a number of sources of information about quality of care and service issues. These include client, family, and stakeholder feedback, Department and Federal requirements, national public behavioral health agendas and initiatives, FBHP-specific utilization information, and issues identified through performance evaluation.

SCOPE OF THE QI PROGRAM

The scope of the QAPI Program is designed to meet the contract requirements as well as other Foothills Behavioral Health Partners requirements. The QAPI program scope impacts and is impacted by all segments of Foothills Behavioral Health Partners including encounters/claims, information systems/technology, operations, consumer service, utilization management, care management, network management, credentialing, clinical network services, and quality improvement. The population affected includes all consumers, youth and families accessing behavioral health services at all levels of care, including emergency assessment/crisis intervention, inpatient care, residential treatment, partial hospitalization, mental health and chemical dependency intensive outpatient programs, and outpatient treatment.

The Primary goals of the QAPI program are to do the following:

- Ensure access to appropriate, coordinated, and effective behavioral health services for members
- Implement uniform and active monitoring and review of provider performance to facilitate ongoing performance improvement
- Analyze, report and improve FBHP's performance in achieving desired client outcomes
- Provide leadership in state-of-the art quality improvement methods and integration of these methods with the system of care

Aspects of service and care are measured against established performance goals. Key indicators are measured and trended on a quarterly and/or annual basis. The QI Team Meeting reviews potential strategies for improvement. Foothills Behavioral Health Partners continually identifies opportunities for improvement and uses the following criteria to prioritize opportunities:

- Characteristics of care occurring most frequently or affecting a significant group within the population
- Diagnoses associated with high rates of morbidity or disability if not treated in accordance with accepted community standards
- Issues identified from local demographic and epidemiological data
- Regulatory requirements and standards
- Availability of data
- Ability to impact the problem

- Available resources
- Stakeholder input
- Identification of trends
- Ad hoc analysis of unfavorable data trends

COMMUNICATION AND COLLABORATION WITH STAKEHOLDERS

Communication and collaboration with consumers, family members and a variety of community stakeholders is fundamental to the operation of the Foothills Behavioral Health Partners QAPI program. Foothills Behavioral Health Partners collaborates with these parties to target areas for improvement, help support existing improvement efforts in Jefferson, Clear Creek, Gilpin, Boulder, and Broomfield counties, and assist in partnering. Communication and collaboration will occur, but is not limited to occurring, through the methods on the following table:

STAKEHOLDERS	EXPECTED INTERFACES/METHODS OF COLLABORATION AND COMMUNICATION
Consumers, Youth, and Families	Foothills Behavioral Health Partners has client and family representatives on our QI/UM committee and Client Family Advisory Board. Clients and family members are asked to review satisfaction and other surveys, outcome tools, clinical guidelines, evidence based practices and performance measures, among others. Our staff works with clients and family members to define program QAPI goals, gauge progress toward goals, and identify issues in communities that need to be recognized and addressed. Clients and families are also encouraged to call FBHP's toll free 800 number to provide input on services they have received.
Independent Providers and Community Members	Provider and Community representatives are asked to participate in multiple committees, including the Performance Improvement Advisory Committee (PIAC), QI Team, and Clinical Practice Guidelines, to review performance measures, outcome tools, clinical guidelines and other related to QAPI goals. In addition, providers are encouraged to contact FBHP at any time if they have input on the program.
Community Mental Health Centers	One of the unique aspects of FBHP is two of the managing partners are Community Mental Health Centers. They have an active role in day to day operations, serving on the Board of

	Directors and Board of Managers. CMHC QI staff also actively participates in QI Team, QI/UM Committee, and Clinical Practice Guidelines, to participate in all levels of implementation of the QAPI plan.
RCCO	FBHP works with Colorado Community Health Alliance (CCHA) on performance improvement, integration-related, and other projects to make accessing both physical and behavioral health easier for providers and health centers. We have several committees and workgroups where CCHA and FBHP collaborate on ideas and work on issues to make a united benefit for our members.
Other Stakeholders	Other stakeholders are encouraged to call FBHP's toll free 800 number to provide input.

Structure of the Plan
The QI Plan includes five essential Quality of Care dimensions:

- *Access to Care: Ensuring that members have ready access to all necessary services within the comprehensive FBHP network;*
- *Member and Family Service and Satisfaction: Enhancing member and family satisfaction with FBHP service quality and care outcomes;*
- *Care Quality and Appropriateness: Analyzing and supporting continual improvement of FBHP clinical and administrative processes in order to achieve the highest standard of care, with care processes that are recovery oriented, evidence-based and culturally sensitive;*
- *Outcomes and Effectiveness of Care: Developing a well-designed system of outcome measurement to ensure that FBHP provider services are linked to positive outcomes and objective progress toward client resilience and recovery; and*
- *Care Coordination and Integration: Ensuring provider procedures support effective behavioral health and physical health coordination and support, though evaluation and innovative models of integration.*

Responsibility for the Plan
The Quality Improvement (QI) Director, with oversight from the QI/UM Committee, has overall responsibility for the QI Plan, its development, implementation and evaluation. Annually, the QI Director establishes a QI Plan based on an evaluation of the previous year's QI Plan; input from consumers, families, providers, and stakeholders; results from the Department's External Quality Review and changes to the Department's performance requirements. The QI Plan is submitted to the QI/UM Committee for review and approval and to the Department for final approval. Performance is monitored at least quarterly, performance improvement opportunities are assessed, and the plan is updated as needed throughout the year to serve as a working document.

PERFORMANCE IMPROVEMENT MEASURES

Quality Dimension #1: ACCESS TO CARE

Access to Care Issues	Contract/Regulatory Standard	Indicator/Benchmark/Goal	Plan	Timetable
Monitoring Status				
1a.Timeliness of response to Emergency and Urgent Requests	1a. Contract Requirement 1a 2. Contract Requirement	1a. 1. Hours to emergency contact **Standard**: By phone within 15 minutes of initial contact; 100% in person within 1 hour of request in urban/suburban areas. **Goal**: Maintain standard 100% of the time 1a. 2. Hours to urgent face to face contact **Standard:** Within 24 hours of contact **Goal:** Maintain standard 100% of the time	1a. 1 & 2. Monitor quarterly indicator results compared to goal. Consider improvement project and/or provider corrective action if below standard for two quarters.	1a. 1 & 2 Review quarterly with QI/UM committee
1b. Timeliness of response to first routine offered appt	1b. Contract Requirement	1b. Days to first routine offered appointment date **Standard**: 100% within 7 business days. **Goal**: Maintain standard 100% of the time	1b. Monitor quarterly indicator results compared to goal. Consider improvement project and/or provider corrective action if below standard for two quarters	1b. Review quarterly with QI/UM committee
1c. Engagement in behavioral health services	1c. 1.HCPF Measure 1c. 2. HCPF/HEDIS Measure	1c. 1. The percent of members with MH primary diagnosis with 4 outpatient services, including intake, within 45 days. Allows for multiple same day services. **Goal:** Above the overall BHO percent 1c. 2. The percent of members with SUD	1c. Monitor Quarterly and investigate outliers	1c. Review quarterly in QI/UM committee

Access to Care Issues	Contract/Regulatory Standard	Indicator/Benchmark/Goal	Plan	Timetable
		primary dx, with 4 outpatient services, including intake, within 45 days. **Goal:** Above the overall BHO percent		
1d. Overall Member access	1d. HCPF Measure	1d. Overall Access: Proportion of Medicaid eligible Members who receive a behavioral health service (rolling 12-month) overall, by age group, eligibility category and SUD primary diagnosis. **Goal:** Above the previous fiscal year BHO penetration rates overall, by age groups, eligibility categories and SUD primary diagnosis.	1d. Monitor quarterly indicator results compared to goal. Consider improvement project and/or provider corrective action if below standard for two quarters.	1d. Review quarterly with QI/UM committee
1e. Access for Members with a HCBS waiver for Community Mental Health Supports-	1e. Internal Measure	1e. Percent members with a Community Mental Health Supports Waiver, both living in an ACF and overall, with one or more behavioral health services in previous 12 months. **Goal:** Maintain percent at 90% or above of members with a Community Mental Health Supports Waiver, with one or more behavioral health service in previous 12 months.	1e. Monitor quarterly indicator results compared to goal. Consider improvement project and/or provider corrective action if below standard for two quarters.	1e. Review quarterly with QI/UM committee
1f. Access to prescriber	1f. Internal Measure	1f. Percent members, by youth and adult, with an attended prescriber visit within 30 calendar days of initial intake. Excludes members with no prescriber visit within 90 days. **Goal:** Maintain or increase percent with prescriber visit within 30 days from previous quarter.	1f. Monitor indicator quarterly compared to goal and continue to assess appropriateness of goal.	1f. Review quarterly with QI/UM committee

Access to Care Issues	Contract/Regulatory Standard	Indicator/Benchmark/Goal	Plan	Timetable
1g. Access to outpatient care after initial assessment	1g. Contract Requirement	1g. Percent members with an initial intake that attended a face to face clinical visit within 14 calendar days. **Goal:** Increase/Maintain from previous quarter	1g. Monitor indicator quarterly compared to goal and continue to assess appropriateness of goal.	1g. Review quarterly with QI/UM committee
1 h. Phone Response times	1h. Internal Measure	1h. The percent of calls that are abandoned. **Goal:** The monthly call abandonment rates would be below the benchmark of 3%. Total calls include all three BHOs who partner with ValueOptions.	1h. Monitor indicator quarterly compared to goal and continue to assess appropriateness of goal.	1g. Review quarterly with QI team
Development Status				
1i. Intensive services utilization	1h. HCPF Measure	1i. Number of children receiving intensive services in the community/home **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	1i. Meet goal by 6/30/16	1i. Review with QI Team quarterly

Quality Dimension #2: MEMBER AND FAMILY SERVICE AND SATISFACTION (Grievance monitoring in Appendix A)

Client/Family Service/ Satisfaction Issue	Contract/ Regulatory Standard	Indicator/Standard/Benchmark/Goal	QI Initiative/Plan	Timeline for QI Initiative/ Plan
Monitoring Status				
2a.Member/ family/Youth Perception of Access	2a 1. HCPF Measure	2a 1. Percent adult and family respondents agreeing with the ECHO "Getting Treatment Quickly" composite items. **Goal**: FBHPartners' survey results will, at a minimum, be above the lower confidence interval for the BHO's overall percent agreement	2a 1. Monitor performance on the three access indicators annually and consider improvement project if significantly below the overall BHO percent agreement.	2a 1 Monitor annually in QI/UM committee
	2a 2. Internal Measure	2a 2. Percent adult and family respondents strongly agreeing and agreeing with access items #1, 4 and 6. **Goal:** FBHPartners' internal survey item 1, 4, and 6 results will, at a minimum, be at or above 80%	2a 2. Monitor performance on items #1, 4, & 6 quarterly. If below 80% for 2 quarters Consider improvement project.	2a 2. Monitor quarterly in QI/UM committee
2b**.** Member Perception of Overall Satisfaction with Service	2b. HCPF Measure	2b. Percent Adult/Family respondents agreeing with the ECHO Global Rating of All Counseling or Treatment fiscal year **Goal:** FBHPartners' results will, at a minimum, be above the lower confidence interval for BHOs overall percent agreement	2b. As indicated in 2a 1.	2b. As indicated in 2a 1

Client/Family Service/ Satisfaction Issue	**Contract/ Regulatory Standard**	**Indicator/Standard/Benchmark/Goal**	**QI Initiative/Plan**	**Timeline for QI Initiative/ Plan**
2c.Client/family/ youth Perception of Outcomes	2c. 1. HCPF Measure	2c 1. Percent adult/family respondents agreeing with the outcome related composites of the ECHO survey: "Perceived Improvement," "Improved Functioning," and "Social Connectedness" **Goal**: FBHPartners' survey percent agreement will be above the lower confidence interval for the BHOs overall percent agreement	2c 1 As indicated in 2a 1	2c. 1As indicated in 2a 1.
	2.c 2.Internal Measure	2c 2. Percent adult and family respondents strongly agreeing and agreeing with outcome items #8, 10, and 12 **Goal:** FBHPartners' internal survey item 8 and 10 results will, at a minimum, be at or above 80%.	2c 2. As indicted in 2a 1.	2c 2. As indicated in 2a 2.
2d. Client/family/youth perception of care quality and appropriateness	2d. 1.HCPF Measure	2d. 1. Percent adult/family respondents' agreement with the related ECHO composite: "Info about treatment options" **Goal:** FBHPartners' percent agreement, at a minimum, will be above the lower confidence interval for the BHO overall percent agreement	2d. 1 As indicated in 2a 1	2d. 1 & 2 As indicated in 2a. 1
	2d. 2. Internal Measure	2d. 2. Percent adult and family respondents agreeing with Quality and Appropriateness items #3, 5, 9, 12, 13 on the internal adult and #3, 5, 10, 12, 13 on the family survey **Goal:** FBHPartners' internal survey item 3, 5, 9, 12 and 13 results will, at a minimum, be at or above 80%.	2d 2. As indicated in 2a 2	2d 2. As indicated in 2a 2

Client/Family Service/ Satisfaction Issue	**Contract/ Regulatory Standard**	**Indicator/Standard/Benchmark/Goal**	**QI Initiative/Plan**	**Timeline for QI Initiative/ Plan**
2e.Client/family/youth participation in treatment	2e. 1. HCPF Measure	2e. 1. Percent respondent agreement with the ECHO composite: "How well clinicians communicate." **Goal:** FBHPartners' percent agreement, at a minimum, will be above the lower confidence interval for the BHO overall percent agreement	2e. 1 As indicated in 2a 1	2e. 1 As indicated in 2a.1
	2e. 2. Internal Measure	2e 2. Percent adult and family respondents agreeing with Participation items #2, 7, 11 on the internal adult and #2, 7, 8, 11 on the family survey **Goal:** FBHPartners' internal survey items results will, at a minimum, be at or above 80%.	2e 2 As indicated in 2a 2	2e 2 As indicated in 2a 2

Quality Dimension #3: CARE QUALITY and APPROPRIATENESS (EBP Implementation monitoring Appendix B)

Quality/Appropriateness of Care Issue	Contract/Regulatory Standard	Indicator/Standard or Benchmark/Goal	QI Initiative Plan	Timetable for QI Initiative/Plan
Monitoring Status				
3a. Coordination/timeliness of hospital follow-up	3a. HCPF/HEDIS Measure	3a. 7 and 30 day rates of follow-up visit post-hospital discharge all hospital (all Hospital & Non-State) **Goal:** At or above benchmark for Overall BHO's 7 and 30 day follow-up rates prior fiscal year	3a. Monitor indicator results quarterly compared to goal. Consider improvement project if goal not met for two quarters	3a. Review quarterly in QI/UM committee
3b. Post-residential 7 day follow up	3b. Internal Measure	3b. Percent members discharged from residential treatments, who are not readmitted within 7 days, with outpatient or case management appointment attended within 7 days. **Goal:** At or above average overall BHO's 7 day follow-up rates post hospital discharge	3b. Monitor indicator results quarterly compared to goal. Consider improvement project if goal not met for two quarters	3b. Review quarterly in QI/UM committee
3c**.** Effective Acute and Continuation Phase antidepressant medication management	3c. HCPF/HEDIS Measure	3c. 1. The percent of newly diagnosed and treated members with major depression who remained on an antidepressant medication for at least 84 days (12 weeks) **Goal:** At or above the overall BHO percent 2. The percent of newly diagnosed members with major depression who are prescribed an antidepressant who remain on an antidepressant for 180	3c. 1&2 Monitor quarterly and investigate outliers	3c. Review quarterly in QI/UM committee

Quality/Appropriateness of Care Issue	Contract/Regulatory Standard	Indicator/Standard or Benchmark/Goal	QI Initiative Plan	Timetable for QI Initiative/Plan
		days. **Goal:** At or above the overall BHO percent		
3d. Psychotropic utilization in children	3d. HCPF Measure	3d The number of children receiving a psychotropic medication stratified by age, type of psychotropic medication, and overlapping use within and outside the same therapeutic class. **Goal:** At or above the overall BHO percent, HCPF to calculate.	3d Monitor annually, if goal not met consider performance improvement	3d. Review with QI Team annually
3e Adherence to antipsychotics for individuals with schizophrenia	3e. HCPF/HEDIS Measure	3e. Adherence to antipsychotics for individuals with schizophrenia **Goal:** At or above the overall BHO percent, HCPF to calculate.	3e. Monitor annually, if goal not met consider performance improvement	3e. Review with QI Team annually
3f. Redundant or duplicated antipsychotic medication	3f. HCPF Measure	3f. Percent of members that have two or more different atypical antipsychotic medications prescribed for 120 days or more. **Goal:** At or above the overall BHO percent.	3f. Monitor indicator results quarterly, if goal not met consider performance improvement	3f. Review with QI Team annually

Quality/Appropriateness of Care Issue	Contract/Regulatory Standard	Indicator/Standard or Benchmark/Goal	QI Initiative Plan	Timetable for QI Initiative/Plan
3g. Post social detox follow-up	3g. Internal Measure	3g. 14 and 30 day rates of follow-up visit post social detoxification episode. **Goal:** Increase/Maintain from previous quarter.	3g. Monitor indicator quarterly compared to goal and continue to assess appropriateness of goal. If goal not met, consider improvement project.	3g. Review with QI Team quarterly
Development Status				
3h. Effective ADHD medication management	3h. HCPF Measure	3h. Appropriate utilization and follow up for children prescribed medication for ADHD **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	3h. Meet goal and confirm measurement status by 6/30/16	3h. Review with QI Team quarterly
3i. Care for older adults	3i. HCPF Measure	3i. Care for older adults-advance care planning, medication review, functional status assessment and pain screening **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	3i. Meet goal and confirm measurement status by 6/30/16	3i. Review with QI Team quarterly

Quality Dimension #4: CARE COORDINATION AND INTEGRATION:

Coordination & Integration Concern	Contract/Regulatory Standard	Indicator/Standard/Goal	QI Initiative/Plan	Timetable QI Initiative/Plan
Monitoring Status				
4a. Member access to PCP	4a. HCPF Measure	4a. Percent members (by youth and adults) who received outpatient mental health treatment during the fiscal year with a qualifying physical healthcare visit **Goal:** At or above the BHO overall percent	4a.Monitor Quarterly. Continue efforts to increase access to physical health care.	4a.Review with QI/UM Committee Quarterly
4b. Care Coordination with PCP	4b. Internal Measure	4b**.** Percent members with a prescriber visit, with a care coordination letter sent to the PCP annually **Goal:** A minimum of 90% of members with a prescriber visit that have a care coordination letter sent to their PCP annually	4b.Monitor Quarterly and consider improvement project if goal not met for 2 quarters	4b. Review with QI/UM Committee annually
4c. 1. Identified PCP in the member medical record	4c. Internal Measure	4c. 1. Percent members, by youth and adults, seen within the two Partner Mental Health Centers (PMHCs) with an identified PCP in the medical record. **Goal:** At or above 80% of members with an identified PCP in the medical record	4c. Monitor Quarterly and consider improvement project if goal not met for 2 quarters	4c. Review with QI/UM Committee annually
4d. Diabetes Screening	4d. HCPF Measure	4d. Diabetes screening for adults with schizophrenia or bipolar disorder who are using antipsychotic medication. **Goal:** At or above the overall BHO percent, HCPF to calculate.	4d. Monitor Quarterly and consider improvement project if goal not met for 2 quarters	4d. Review with QI Team quarterly

4e. Diabetes Monitoring	4e. HCPF/HEDIS Measure	4e. Diabetes monitoring for individuals diagnosed with schizophrenia or prescribed antipsychotic medications **Goal:** At or above the overall BHO percent, HCPF to calculate.	4e. Monitor Quarterly and consider improvement project if goal not met for 2 quarters	4e. Review with QI Team quarterly
4f. Cardiovascular monitoring	4f. HCPF/HEDIS Measure	4f. Cardiovascular monitoring for individuals diagnosed with cardiovascular disease and schizophrenia **Goal:** At or above the BHO overall percent, HCPF to calculate	4f. Monitor Quarterly and consider improvement project if goal not met for 2 quarters	4f. Review with QI Team quarterly
4g. Co-located services utilization	4g. Internal Measure	4g. Percent of members that have received outpatient services at a CMHC in the last 12 month and who received services in a co-located service setting. **Goal:** Increase from previous quarter.	4g. Monitor Quarterly and consider improvement project if goal not met for 2 quarters	4g. Review with QI Team quarterly
Development Status				
4h. Identified PCP in the member medical record at SUD sites	4h. Internal Measure	4h. Percent members with an identified PCP in the SUD medical record. The "identified PCP" should be updated annually but doesn't require a release of information to count in the numerator. **Goal:** Work with high volume SUD providers to add field to medical record and data collection process.	4h. Develop consistency in how measure is defined and data collection procedure	4h. Review with QI team Quarterly
4i. Body Mass Index assessment	4i. HCPF Measure	4i. Adult Body Mass Index (BMI) assessment and follow up **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	4i. Meet goal by 6/30/16	4i. Review with QI Team quarterly

4j. Depression screening	4j. HCPF/HEDIS Measure	4j. Depression screening and follow up care **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	4j. Meet goal by 6/30/16	4j. Review with QI Team quarterly

Quality Dimension #5: OUTCOMES AND EFFECTIVENESS OF CARE

Outcome of Care Concern	**Contract/Regulatory Standard**	**Indicator/Standard/Goal**	**QI Initiative/Plan**	**Timetable QI Initiative/Plan**
Monitoring Status				
5a. Hospital readmissions, 7, 30, 90, and 180 days after discharge	5a. HCPF Measure	5a. 7, 30, 90, and 180-day hospital recidivism rates **Goal:** At or below annual overall BHO 7, 30, 90 and 180 day recidivism rates, prior fiscal year	5a. Monitor rates quarterly (12-month periods) comparing with overall BHO rates previous fiscal year	5a. Review quarterly with QI/UM committee
5b. ED Utilization	5b. HCPF Measure	5b. Number of ED visits/1,000 Members that do not result in hospitalization (rolling 12-month) **Benchmark:** Annual overall BHO ED visits/1,000 Members, prior fiscal year **Goal:** Below the BHO ED visits/1,000 rate	5b. Monitor indicator quarterly (12-month periods) compared with overall BHO rates previous fiscal year.	5b. Review quarterly with QI/UM committee
5c. 30 and 90 Day ATU Recidivism	5c. Internal Measure	5c. Percent members by youth (through age 18) and adults (age 19+) with a ATU readmit 30 and 90 days after ATU (ATU-like for youth) discharge **Benchmark:** Annual overall BHO 30 and 90-day recidivism rates, prior fiscal year.	5c. Monitor quarterly. Consider improvement project if goal isn't met	5c. Review with QI/UM committee quarterly

		Goal: At or below benchmark, overall BHO 30 and 90 day recidivism rates		
		Development Status		
5d. Outcomes and Effectiveness for Members with SUD	5d. Internal Measure	5d. SUD outcome measure. **Goal:** Establish with QI team appropriate measures for outcomes and effectiveness for Members with SUD	5d. Meet goal by 6/30/16	5d. Review with QI Team quarterly

PERFORMANCE EVALUATION AND IMPROVEMENT ACTIVITIES

A. Quality of Care Concerns and Grievances

1. Monitoring Provider Quality of Care Concerns

Continue to monitor trends in provider quality of care concerns, reporting to QI/UM committee annually. Trends that emerge in annual review will be evaluated for any improvement opportunities that could be implemented as a result of this monitoring effort. Outreach and communication with providers regarding care concerns and quality of care standards occurs throughout the year, including implementation of corrective action plans when needed.

2. Monitor Grievances

Review biannually for unusual trends in grievances, including reporting to QI/UM committee. Communicate trends with providers and implement improvement activities or corrective action plans where trends correspond with other data sources, such as QOCs, performance measures or satisfaction survey results.

B. Implementation of Best Practices

1. Practice Guideline Development FY ’16

FBHPartners, and its two partner mental health centers, Jefferson Center and Mental Health Partners, along with SUD provider representatives, in collaboration ValueOptions, will be completing the following new or revised guidelines in FY ’16, as year one of this committee’s three year plan:

FY ’16:

1. Revise: Wellness
2. New: Co-occurring Substance Use and Mental Health disorders
3. Revise: Attention Deficit Hyperactivity Disorder
4. New: Sleep Disorders

2. Evidence Based Practice Implementation

FBHPartners will work with partner mental health centers and SUD providers to implement and monitor fidelity and outcomes of 12 evidence based practices, outlined in the RFP. Data reporting will include descriptive and clinical information regarding members treated in the program, including program outcomes and fidelity. A final report will be completed in FY ’16 providing on overall evaluation of program utilization, outcomes, and effectiveness for all EBP’s/Best Practices currently implemented. Summary recommendations will be provided for future EBP implementation and tracking.

EBPs/Best Practices to be monitored to FY’16:

- **Integrated Dual Diagnosis Treatment (IDDT):** Jefferson Center; Adults
- **Supported Employment:** Jefferson Center and MHP; Adults
- **Functional Family Therapy (FFT):** Jefferson Center and MHP (youth)
- **Families Together:** Jefferson Center (youth)
- **Multi-systemic Therapy (MST):** Jefferson Center (youth)

- **Senior Reach:** Jefferson Center and MHP (senior adults)
- **Dialectical Behavior Therapy (DBT):** Jefferson Center (adults)
- **Psychosocial Rehabilitation:** MHP (adults)
- **Home-based Community Infant Program (CIP):** MHP (youth)

New EBP's to be implemented in FY'16:

- **Trauma-based Cognitive Based Therapy:** MHP (youth)
- **Seeking Safety:** Arapahoe House and MHP (adults)
- **Nurturing Parenting Program:** Jefferson Center (youth)

C. Integration

1. Depression Screening and Referrals in Primary Care

FBHPartners, for FY '16, will continue collaboration with CCHA related to depression screening and referral, as part of CCHA's Performance Improvement Plan. The primary task for FBHPartners is to assist in gathering necessary data to analyze behavioral health follow up as an outcome of the screening and referral processes that have been put in place.

2. Integration Collaborative Quarterly Reporting

FBHPartners will provide HCPF with quarterly updates of the Integration Collaborative Work Plan. This plan was developed by the Integration Collaborative committee, and includes objectives designed by FBHPartners' providers and partners, Jefferson Center for Mental Health, Mental Health Partners, Arapahoe House, and CCHA, specific to initiatives aimed at increasing integration at each organization and collaboration between organizations.

3. Development of Integration Outcomes

FBHPartners is working to develop a comprehensive method for establishing outcomes related to integration strategies, including a performance measure for access to integrated and co-located services, as well as implementation and evaluation of outcomes for members who receive services in these settings.

D. Member and Stakeholder Satisfaction

1. Monitoring of FBHPartners Internal Survey

FBHPartners' Client Survey and Family Survey are administered monthly to members receiving behavioral health services in the previous month. Results are reviewed quarterly, and qualitative comments are forwarded to the Mental Health Centers quarterly for review. FBHPartners will continue efforts to collaborate with the Mental Health Centers to identify and address any themes in responses indicating areas for attention or improvement.

2. ACF/NCF Survey

FBHPartners' ACF/NCF survey will be administered to Medicaid members in ACFs and NCFs; alongside with a staff survey to assess satisfaction with access to behavioral health services for these members. FBHPartners will coordinate with Partner Mental Health Centers to communicate results and ensure that any concerns are addressed and facilities are appropriately outreached to increase care coordination for these Medicaid members.

3. DHS Training and Staff Survey

Under the advisement of the Program Improvement Advisory Committee (PIAC), two performance improvement activities will continue efforts begun in FY'15 with the focus on increasing collaboration with the Department of Human Services (DHS) and ensuring access and provider adequacy to support the needs of members involved with the child welfare system. The first will be an annual provider training to county DHS staff around the behavioral health care system. The second is a DHS staff survey to assess satisfaction with access to behavioral health services and provider adequacy (see Appendix A).

E. Improving Transitions and Access to Behavioral Health

1. Monitor Inpatient Utilization

FBHP noticed a gradual upward trend in inpatient utilization through FY '15 prompting focused efforts by FBHPartners and the Partner Mental Health Centers to monitor and more closely evaluate correlates and underlying factors. FBHP, along with PMHCs will be engaging in in depth data analysis to review causal factors and identify actionable sources. FBHP will continue to monitor this performance measure closely, ensure that existing strategies related to transition care are maintained and assess any additional strategies needed.

2. Improving Access to Behavioral Health Services

Through evaluation of several sources of data in FY'15, including client and family surveys, stakeholder staff surveys and stakeholder feedback, and monitoring of access standards, it became evident that behavioral health access has declined since FY'14. Under the advisement of the PIAC, along with the collaboration of partner mental health centers, efforts are underway to more closely monitor access, assess barriers to access and identify strategies for improvement (see Appendix A.)

3. Monitoring Access and Care coordination for Members involved the Correctional System

FBHPartners will work with partners around the state, including DOC, BHO QI Directors, and Transition Coordinators, towards developing the capacity for increasing care coordination and monitoring of access for individuals transitioning from criminal justice facilities to behavioral health services, including routine measures of access and transitioning medication management.

4. Performance Improvement Project (PIP): Transition of Members from Jail to Community-Based Behavioral Health Treatment

Study Population

The study population includes members releasing from in area county jails with an identified behavioral health diagnosis, who are transitioning from the jail to behavioral health treatment. 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.

Initial baseline data on total number of inmates that with a history of behavioral health issues who currently have Medicaid is about 2,000 members per year. This number does not account for those inmates without a history of behavioral health involvement who may present with a behavioral health issue during incarceration, nor does it include inmates with behavioral health issues that were not able to quickly access Medicaid upon release. Therefore, the total number with behavioral health issues is likely to be higher.

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?

Study Collaboration
This study is undertaken in collaboration with FBHP's two partner MHCs, Jefferson Center for Mental Health and Mental Health Partners, key SUD treatment providers, including Arapahoe House, Boulder and Jefferson County jails, Boulder and Jefferson County Social Services and OBH staff with whom the partner MHCs have established partnerships.

Study Strategies
Study strategies are: Tracking and follow up of Medicaid members entry and release from county jails (enhancing tracking capabilities and data sharing between systems of care); Transitioning and engagement in behavioral health services after release from jail (including substance use services, mental health services, housing and employment services); Access to Medicaid benefits, through system collaboration and enrollment processes.

Measurement
The percentage of all Medicaid enrolled members released who have received service in the previous 12 months of their booking date (without 30 day jail recidivism) who received services (excluding Detox, Hospitalization and Emergency Department visits) within 30 days of jail release.

Timeline
September 2015: Baseline PIP data and initial strategies due to HCPF
FY'16: First re-measurement period
FY'17: Second re-measurement period

Appendix A
Program Improvement Advisory Committee (PIAC) Work Plan FY '16

The PIAC develops, in coordination with the annual Quality Improvement (QI) Plan, the Annual PIAC Work Plan. The PIAC Work Plan guides the PIAC activities specific to program improvement projects with which the PIAC is assisting. The PIAC Work Plan activities derive from a number of sources of information about quality of care and service issues, requiring improvement in system-level coordination. These include client and family feedback and surveys, issues identified by Health Care Policy and Financing (HCPF) or through routine performance measurement, and planned Quality Improvement Projects requiring community-wide input. For an overview of the PIAC committee and structure, see the previously submitted QAPI Plan FY'15 or description in 2014 Technical Proposal for the RFP.

Structure of the Plan

The PIAC Work Plan draws upon the following Quality of Care dimensions:

- *Access and Availability of Care: Ensuring that members have ready access to all necessary services within the comprehensive FBHP network;*
- *Member and Family Service and Satisfaction: Enhancing member and family satisfaction with FBHP service quality and care outcomes;*
- *Care Quality and Appropriateness: Analyzing and supporting continual improvement of FBHP clinical and administrative processes in order to achieve the highest standard of care, with care processes that are recovery oriented, evidence-based and culturally sensitive;*
- *Care Coordination and Integration: Ensuring provider procedures support effective behavioral health coordination with physical health and other community agencies and the promotion of innovative models of integration.*

Responsibility for the Plan

The PIAC Work Plan is developed by the PIAC, in collaboration with the Director of Quality Improvement, based on improvement areas identified through the quarterly Performance Indicator Report; input from clients, families and providers; results from the Department's External Quality Review and changes or additions to HCPF performance or program requirements. The PIAC Plan is submitted to the QI/UM Committee for inclusion in the QI Plan for the upcoming fiscal year. The PIAC is responsible, through its meeting minutes, for keeping the QI/UM Committee informed of the current status of the Work Plan.

Program Improvement Advisory Committee Work Plan, FY '16

Program Area and Issue	Indicator/Goal	Improvement Plan/Consultant	Timeline
PIAC Consultation Improvement Projects			
1. Access, provider adequacy for Members involved with the child welfare system	**Indicator**: Child welfare staff satisfaction with behavioral health service access and provider adequacy **Goal**: Complete follow up survey on child welfare staff satisfaction with behavioral health service access and provider adequacy. Improvement from baseline results.	Assist in the revision, in collaboration with QAPI and MHC QI staff, of the DHS staff survey to meet the goal. Advise regarding appropriate follow up steps based on survey results.	**Survey Revisions Complete:** 11/1/15 **Complete Administration:** 1/31/16 **Review Results with recommendations:** 3/30/16
2. Behavioral Health Coordination with county human service staff	**Goal:** Complete a minimum of two annual trainings on the behavioral health care system with 5 county human service staff	Assist in the revision, as needed, of two trainings for human service staff on behavioral health care system.	**Review training modules:** Dec PIAC meeting **Review feedback from training:** March PIAC meeting
3. Access to Behavioral Health Services	**Goal:** Complete review of data sources to evaluate Access to BH services. Identify any barriers and as indicated, identify one strategy to reduce barriers to access.	Review Access data as available, through satisfaction surveys, performance measures, and other, such as QOC or Grievance trends. Advise to the potential barriers to Access and potential strategies for improvement.	**Review Annual Access Data:** September PIAC meeting **Identify potential barriers and strategies:** December PIAC meeting