Foothills Behavioral Health Partners (FBHPartners)
Quality Assessment, Performance Improvement Program Plan FY '15

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FOOTHILLS BEHAVIORAL HEALTH PARTNERS (FBHPartners)

QUALITY IMPROVEMENT WORK PLAN FY '15

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 and family feedback, Department and Federal requirements, national public behavioral health agendas and initiatives, for example, the Institute of Medicine's Quality Chasm Series, FBHP-specific utilization information, such as hospital recidivism and issues identified through performance evaluation. New for this year's plan are performance measures to monitor and provide outcomes on the added Substance Use Disorder (SUD) benefits and providers.

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 Chief Quality Officer (CQO), with oversight from the QI/UM Committee, has overall responsibility for the QI Plan, its development, implementation and evaluation. Annually, the CQO establishes a QI Plan based on an evaluation of the previous year's QI Plan; input from clients, families and providers; 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 and performance improvement opportunities are assessed.

Quality Dimension #1: ACCESS TO CARE

Access to Care Issues	Indicator/Benchmark/Goal	Plan	Timetable
Monitoring Status			
1a.Timeliness of response to Emergency and Urgent Requests	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. Implement 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. 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. Implement 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. The percent of members (combines SUD and MH) with 4 outpatient services, including intake, within 45 days **Goal:** Above the overall BHO percent 2. The percent of members with SUD primary dx, with 4 outpatient services, including intake, within 45 days. **Goal:** Above the overall BHO percent (goal may change)	1c. Monitor Quarterly and investigate outliers	1c. Review quarterly in QI/UM committee
1d. Overall Member access	1d. Overall Access: Proportion of Medicaid eligible Members who receive a behavioral health service (rolling 12-month) overall, by age group,	1d. Monitor indicator results Quarterly (12 month period)	1d. Review quarterly with

Access to Care Issues	Indicator/Benchmark/Goal	Plan	Timetable
	eligibility category and SUD primary diagnosis. **Benchmark:** Overall BHO penetration rates, total, by age group, eligibility category and SUD primary diagnosis**,** FY '14 **Goal:** Above the previous fiscal year BHO penetration rates overall, age groups, eligibility categories and SUD primary diagnosis.	compared to goal. Consider improvement project if two quarterly reports indicate below BHO percent.	QI/UM committee
1e. Access for Members with a HCBS waiver for Community Mental Health Supports-	1e. Percent members with a Community Mental Health Supports Waiver, both living in an ACF and overall, with one or more behavioral health service 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 indicator results quarterly compared to goal. Consider improvement project if goal not met for two quarters.	1e. Review quarterly with QI/UM committee
1f. Access to prescriber	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
Development Status			
1g. Access to outpatient care after initial assessment	1g. Percent members with an initial intake that attended a face to face clinical visit within 14 calendar days. **Goal:** Establish criteria and appropriate goal with HCPF, BHO QI directors and QI team	1g. Meet goal and move to monitoring status by 1/1/15 Assess indicator results quarterly when goal met.	1g. Review quarterly with QI/UM committee

Access to Care Issues	Indicator/Benchmark/Goal	Plan	Timetable
1h. Intensive services utilization	1h. 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	1h. Meet goal by 6/30/15	1h. Review with QI Team quarterly

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

Client/Family Service/Satisfaction Issue	Indicator/Standard/Benchmark/Goal	QI Initiative/Plan	Timeline for QI Initiative/Plan
Monitoring Status			
2a. Member/family/Youth Perception of Access	2a 1. Percent adult respondents agreeing with the MHSIP six Access domain items, family respondent with the two YSS-F, and youth with the two YSS Access domain items. **Benchmark**: Percent overall agreement, BHO Access domain items, for the fiscal year on the MHSIP, YSS-F, and YSS survey **Goal**: FBHPartners' survey results will, at a minimum, be above the lower confidence interval for the BHO's overall percent agreement 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 1. Monitor performance on the three access indicators annually and consider improvement project if significantly below the overall BHO percent agreement. 2a 2. Monitor performance on items #1, 4, & 6 quarterly. If below 80% for 2 quarters consider improvement project.	2a 1 Monitor annually in QI/UM committee 2a 2. Monitor quarterly in QI/UM committee
2b. Member Perception of Overall Satisfaction with Service	2b. Percent Adult respondents agreeing with the three MHSIP overall satisfaction domain items. **Benchmark:** Percent overall agreement for all BHOs for Overall Satisfaction Domain for the fiscal year **Goal:** FBHPartners' results will, at a minimum, be above the lower confidence interval for BHOs overall	2b. As indicated in 2a 1.	2b. As indicated in 2a 1

Client/Family Service/Satisfaction Issue	Indicator/Standard/Benchmark/Goal	QI Initiative/Plan	Timeline for QI Initiative/Plan
	percent agreement		
2c. Client/family/youth Perception of Outcomes	2c 1. Percent adult respondents agreeing with the eight Outcome domain items of the MHSIP survey, family respondents agreeing with the six YSS-F, and youth respondents with the six YSS Outcome domain items **Benchmark**: Percent overall agreement, BHO Outcome domain items, for the fiscal year on the MHSIP, YSS-F, and YSS survey **Goal**: FBHPartners' survey percent agreement will be above the lower confidence interval for the BHOs overall percent agreement 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 1 As indicated in 2a 1 2c 2. As indicted in 2a 1.	2c. 1 As indicated in 2a 1. 2c 2. As indicated in 2a 2.
2d. Client/family/youth perception of care quality and appropriateness	2d. 1. Percent adult respondents' agreement with the nine Quality and Appropriateness of Service domain items on the MHSIP and percent family and youth agreement with the four Cultural Sensitivity and six appropriateness Domain items on the YSS-F and YSS.	2d. 1 As indicated in 2a 1	2d. 1 & 2 As indicated in 2a. 1

Client/Family Service/Satisfaction Issue	Indicator/Standard/Benchmark/Goal	QI Initiative/Plan	Timeline for QI Initiative/Plan
	Benchmark: Percent overall agreement, BHO Cultural and Appropriateness domain items, for the fiscal year on the MHSIP, YSS-F, and YSS survey **Goal:** FBHPartners' percent agreement, at a minimum, will be above the lower confidence interval for the BHO overall percent agreement 2d. 2. Percent adult and family respondents strongly agreeing and agreeing with Cultural and Quality of Care items #3, 5, 9, 12 and 13 **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
2e. Client/family/youth participation in treatment	2e. 1. Percent adult respondents' agreement with the two Participation domain items on the MHSIP and percent family and youth agreement with the three Participation Domain items on the YSS-F and YSS. **Benchmark:** Percent overall agreement, BHO Participation domain items, for the fiscal year on the MHSIP, YSS-F, and YSS survey **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

Client/Family Service/Satisfaction Issue	Indicator/Standard/Benchmark/Goal	QI Initiative/Plan	Timeline for QI Initiative/Plan
	2e 2. Percent adult and family respondents strongly agreeing and agreeing with Participation items #2, 7, and 11 **Goal:** FBHPartners' internal survey item #2, 7 and 11 results will, at a minimum, be at or above 80%.	2e 2 As indicated in 2a 2	2e 2 As indicated in 2a 2
Development Status			
2f. Member Satisfaction using ECHO survey	2f. **Goal:** Work with HCPF to determine criteria, feasibility, and goal for this survey or survey subscales. May replace MHSIP/YSS-F surveys in above items	2f. Meet goal by 1/1/15	2f. Review with QI team quarterly

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

Quality/Appropriateness of Care Issue	Indicator/Standard or Benchmark/Goal	QI Initiative Plan	Timetable for QI Initiative/Plan
	Monitoring Status		
3a. Coordination/timeliness of hospital follow-up	3a. 7 and 30 day rates of follow-up visit post-hospital discharge all hospital **Benchmark**: 7 and 30 day rates - Overall BHOs prior fiscal year **Goal:** At or above benchmark for Overall BHO's 7 and 30 day follow-up rates	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. Percent members discharged from residential treatment, who are not readmitted within 7 days, with outpatient or case management appointment attended within 7 days. **Benchmark**: Overall BHO's prior fiscal year 7 day rates of follow up post hospital discharge **Goal:** At or above benchmark for overall BHO's 7 day follow-up rates	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 Phase antidepressant medication management	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 and who had 3 follow-up contacts, one of which with a prescriber, within a 12 week period. **Goal:** At or above the overall BHO percent	3c. 1&2 Monitor quarterly and investigate outliers	3c. Review quarterly in QI/UM committee

Quality/Appropriateness of Care Issue	Indicator/Standard or Benchmark/Goal	QI Initiative Plan	Timetable for QI Initiative/Plan
Development Status			
3d. Care Quality and Appropriateness for Members with SUD	3d. 30 and 90 day readmission to detox facilities OR access to outpatient care post detox **Goal:** Establish with HCPF and QI team appropriate measures for care quality and appropriateness for Members with SUD including inclusion in present measures	3d. Meet goal by 6/30/15	3d. Review with QI Team quarterly
3e. Effective ADHD medication management	3e. 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	3e. Meet goal by 6/30/15	3e. Review with QI Team quarterly
3f. Psychotropic utilization in children	3f. 1. Psychotropic utilization in children 2. Antipsychotic utilization in children 3. Psychotropic utilization for children in child welfare **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	3f. Meet goal by 6/30/15	3f. Review with QI Team quarterly
3g. Effective continuation phase antidepressant medication management	3g. Antidepressant medication management-continuation phase **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	3g. Meet goal by 6/30/15	3g. Review with QI Team quarterly

Quality/Appropriateness of Care Issue	Indicator/Standard or Benchmark/Goal	QI Initiative Plan	Timetable for QI Initiative/Plan
3h. Care for older adults	3h. 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	3h. Meet goal and confirm measurement status by 6/30/15	3h. Review with QI Team quarterly

Quality Dimension #4: CARE COORDINATION AND INTEGRATION:

Coordination & Integration Concern	Indicator/Standard/Goal	QI Initiative/Plan	Timetable QI Initiative/Plan
Monitoring Status			
4a. Member access to PCP	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 (confirm accuracy of HCPF claims – move to annually if inaccurate)	4a. Review with QI/UM Committee Quarterly
4b. Care Coordination with PCP	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. 1. 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. **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
Development Status			
4c. 2. Identified PCP in the member medical record at SUD sites	4c. 2. 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.	4c. 2. Develop consistency in how measure is defined and data collection procedure	4c. 2. Review with QI team Quarterly
4d. Body Mass Index assessment	4d. Adult Body Mass Index (BMI) assessment and follow up	4d. Meet goal by 6/30/15	4d. Review with QI

	Goal: Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator		Team quarterly
4e. Ambulatory Care-Sensitive conditions	4e. Ambulatory care-sensitive conditions (diabetes, COPD, asthma) **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	4e. Meet goal by 6/30/15	4e. Review with QI Team quarterly
4f. Blood glucose monitoring	4f. 1. Percent of patients with serious/severe MH with blood glucose monitoring 2. Diabetes monitoring for individuals diagnosed with schizophrenia or prescribed antipsychotic medications **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	4f. Meet goal by 6/30/15	4f. Review with QI Team quarterly
4g. Lipid monitoring	4g. 1. Percent of patients with serious/severe MH with lipid monitoring 2. Cardiovascular monitoring for individuals diagnosed with cardiovascular disease and schizophrenia **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	4g. Meet goal by 6/30/15	4g. Review with QI Team quarterly
4h. Developmental screening	4h. Percentage of children receiving developmental screening in the first three years of life **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	4h. Meet goal by 6/30/15	4h. Review with QI Team quarterly
4i. Depression screening	4i. Depression screening and follow up care **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator	4i. Meet goal by 6/30/15	4i. Review with QI Team quarterly
4j. Maternal health	4j. 1. Mothers reporting trauma and/or intimate partner violence 2. Percent of mothers that had a health care professional talk with them about what to do if they experience	4j. Meet goal by 6/30/15	4j. Review with QI Team quarterly

	postpartum depression 3. Behavioral risk assessment for pregnant women **Goal:** Establish with HCPF, BHO QI directors and QI team appropriate data source and criteria for indicator		

Quality Dimension #5: OUTCOMES AND EFFECTIVENESS OF CARE

Outcome of Care Concern	Indicator/Standard/Goal	QI Initiative/Plan	Timetable QI Initiative/Plan
Monitoring Status			
5a. Hospital readmissions, 7, 30, and 90 days after discharge	5a. 7, 30 and 90-day hospital recidivism rates **Benchmark:** Annual overall BHO 7, 30, and 90-day recidivism rates, prior fiscal year. **Goal:** At or below benchmark, overall BHO 7, 30, and 90 day recidivism rates	5a. Monitor rates quarterly (12-month periods) comparing with overall BHO rates previous fiscal year Performance improvement project implemented FY ’12 (see Appendix A)	5a. Review quarterly with QI/UM committee Report project status quarterly with QI/UM committee
5b. Outpatient crisis care effectiveness	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. Informal improvement project implemented in FY ’13. Continue project (See Appendix A)	5b. Review quarterly with QI/UM committee
5c**.** Improvement in independent living status	5c. Percent members progressing toward independent living in 12 month period **Goal**: Above the BHO percent previous fiscal year	5c. Monitor quarterly. Consider improvement project if goal isn’t met	5c. Review with QI/UM committee quarterly
5d. 30 and 90 Day ATU Recidivism	5d. 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	5d. Monitor quarterly. Consider improvement project if goal	5d. Review with QI/UM

	Benchmark: Annual overall BHO 30 and 90-day recidivism rates, prior fiscal year. **Goal:** At or below benchmark, overall BHO 30 and 90 day recidivism rates	isn't met	committee quarterly
Development Status			
5e. Outcomes and Effectiveness for Members with SUD	5e. **Goal:** Establish with HCPF and QI team appropriate measures for outcomes and effectiveness for Members with SUD	5e. Meet goal by 6/30/15	5e. Review with QI Team quarterly

Appendix A
Performance Improvement Plan, FY '14

I. Performance Improvement Projects (PIP)/Focused Studies:

1. 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.

Comprehensive data on the total number of inmates that screen positive for behavioral health issues is not yet available. Existing data within one behavioral health program in the county jails, the Jail Based Behavioral Health Services (JBBS) program, indicates that 321 jail inmates were screened positively for mental health and/or SUD symptoms in Boulder and Jefferson Counties, in FY '14. This number does not account for those inmates screened positively for a behavioral health issue that are referred to a different behavioral health provider while in jail, or those in jail less than 60 days. Therefore, the total number of positive behavioral health screens is estimated at 400 to 500 inmates, and assuming approximately 75% will be Medicaid enrolled, the estimated study denominator is around 375.

Study Question
1. 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 7 days of release?

Ad hoc measures will be added to evaluate the extent of specific process improvement strategy implementation.

Study Collaboration
This study is undertaken in collaboration with Colorado Community Health Alliance (CCHA), FBHP's two partner MHCs, Jefferson Center 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, 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

Timeline
September 2014: PIP Proposal due to HCPF
FY'15: Collection of baseline data
FY'16: First re-measurement period
FY'17: Second re-measurement period

II. Other Quality Improvement Activities, FY '13

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. Monitoring Provider Quality of Care Concerns

Continue to monitor trends in provider quality of care concerns, reporting to QI/UM committee annually, including improvements implemented as a result of this monitoring effort.

3. Practice Guideline Development FY '15

FBHPartners, and its two partner mental health centers, Jefferson Center and Mental Health Partners, in collaboration ValueOptions will be completing the following new or revised guidelines in FY '15, as year one of this committee's three year plan:

FY '15:

- Revise: Depression and Suicide Prevention
- New: Substance Use Disorders
- Revise: Schizophrenia
- New: Trauma-informed Care

4. Evidence Based Practice Implementation

FBHPartners will work with Partner Mental Health Centers in FY'15 to report on implementation of nine EBPs/Best Practices. These are existing EBPs, implemented during the last contract period. The goal for FY'15 is to refine outcome measures for existing EBPs, ensuring standard administration process and data tracking systems, as well as monitoring program fidelity (see Appendix B).

5. **Monitor Grievances for any unusual trends in type or QOC concerns biannually**.

6. **Monitor Emergency Department Utilization**
   FBHP noticed a gradual upward trend in ED utilization between FY'11 through FY '13 prompting focused efforts by FBHPartners and the Partner Mental Health Centers in FY'13 and FY'14 to monitor and ensure implementation of strategies intended to decrease ED utilization. ED rates have been dropping steadily since 3rd quarter of FY'13 from 10.9/1000 to 8.2/1000 in 2nd quarter of FY'14, indicating improvement in this measure, though complete FY'14 data is not yet available. FBHP will continue to monitor this performance measure to determine stability of decreased rates and assess any additional strategies needed.

7. **Depression Screening and Referrals in Primary Care**
   FBHPartners, for FY '15, will continue collaboration with CCHA, in year two of the Adult Medicaid Quality Grant tasks outlined in the Grant awarded to CCHA in FY'14. The primary task for FBHPartners in year two is ensuring an effective referral and follow up process is maintained to support referrals to behavioral health from primary care.

8. **ACF/NCF Survey**
   FBHPartners, in FY '15, will add an additional component to the ACF/NCF survey. A new client survey will be developed and administered to Medicaid members in ACFs and NCFs. This survey will be administered along 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.

9. **PIAC Projects: DHS Training and Staff Survey**
   Under the advisement of the Program Improvement Advisory Committee (PIAC), two performance improvement activities will 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 a training provider 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 C).

10. **Quarterly Reporting of Progress in Integration**
    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.

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

Utilizing learnings from the Performance Improvement Project "Transition of Members from Jail to Community-Based Behavioral Health Treatment" (see Section I above), FBHPartners will work towards developing the capacity for monitoring of access and care coordination for individuals transitioning from criminal justice facilities to behavioral health services, including routine measures of access and medical records audits assessing documentation of care coordination.

Appendix B
FBHPartners Evidence-Based Practices
Implementation and Reporting Plan FY'15

Foothills Behavioral Health Partners (FBHP) proposed, in response to the RFP for the Colorado Medicaid Community Behavioral Health Services Program, a plan for implementation and reporting on 12 evidence based practices or promising practices in collaboration with the Partner Mental Health Centers. Six practices are focused on adult members and six are services for children and families. 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 '15 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'15:

- **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)

Planning for implementation in FY'16:

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

Appendix C
Program Improvement Advisory Committee Description and Role

Overview

The Colorado Department of Health Care Policy and Financing (HCPF) required, in the Request for Proposal (RFP) for the Colorado Medicaid Community Behavioral Health Services Program, the establishment of a Program Improvement Advisory Committee (PIAC). More specifically, the RFP indicated that the "Contractor shall create a Program Advisory Committee to provide input into the Contractor's implementation of the Program and the Contractor's own performance improvement program." Foothills Behavioral Health Partners (FBHP) views this as an opportunity to directly involve key community stakeholders in advising, monitoring, and assisting FBHP in implementing system level coordination strategies that would lead to improved Quality Assurance Program Improvement (QAPI) Program performance in the following areas:

- Provide access and availability:
- Member and Family Perception of Service
- Care Quality and Appropriateness
- Outcomes and Effectiveness of Care
- Care Coordination and Integration

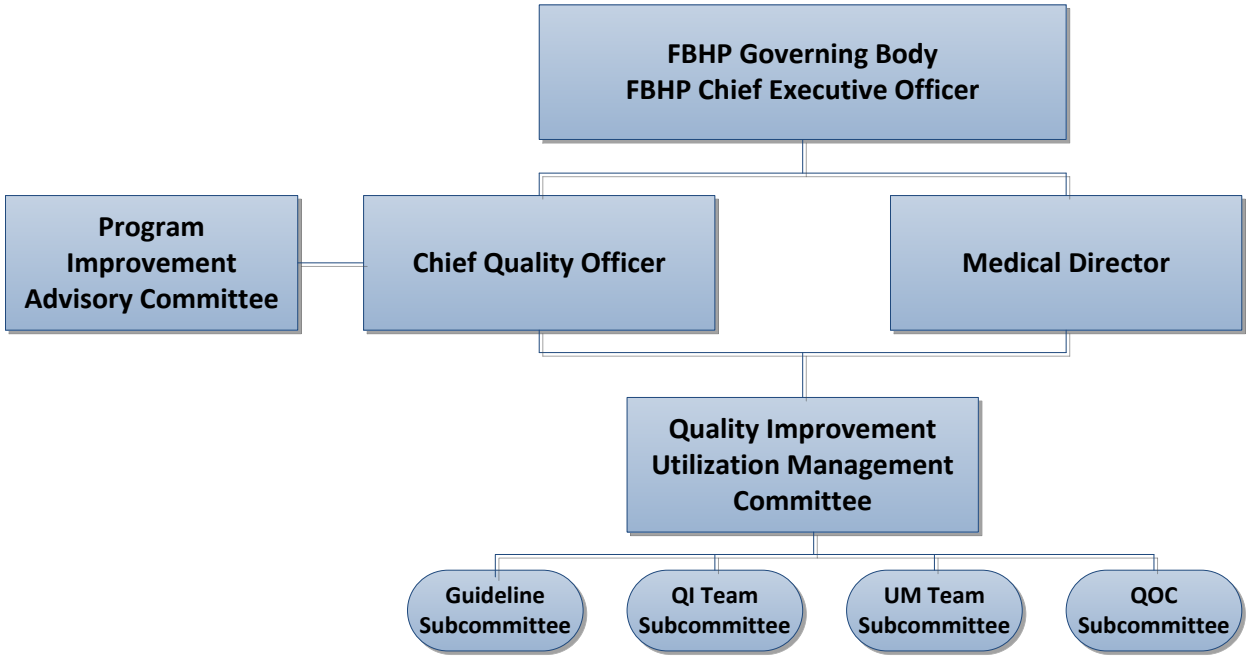
PIAC Role, Membership and Relationship with FBHPs QAPI Program Structure

The PIAC role is to provide consultation, assistance and advice to the Quality Improvement/Utilization Management (QI/UM) Committee and QI/UM subcommittees on QAPI program improvement initiatives. The QI/UM Committee is the central body providing program oversight for both the QAPI and UM Programs. The Chief Quality Officer (CQO) and Medical Director co-chair the QI/UM Committee, which meets quarterly to conduct its responsibilities. The QI/UM membership includes:

- FBHP member and family member
- UM & QI Directors, from partner mental health centers
- Clinical Peer Advisor, ValueOptions
- CEO, FBHP
- Chief Quality Officer, FBHP (Co-Chair)
- Member & Family Affairs Director, FBHP
- Director of Compliance and Quality, Signal
- V.P. Quality Management, ValueOptions
- Medical Directors from partner mental health centers
- Medical Director, FBHP (Co-Chair)

A description of the QAPI structure and the relationship of the PIAC to this structure are provided in the figure below. Specifically there is a dotted line relationship between the PIAC and the FBHP Chief Quality Officer (CQO), who will chair the PIAC meetings. The CQO will provide, through QI/UM committee minutes and QI Plan reports, information on the status of PIAC focused QI Plan measures and initiatives and will relay recommendations from the PIAC meeting to the QI/UM committee and reporting QI/UM subcommittees, as appropriate.

FBHP QUALITY ASSURANCE PERFORMANCE IMPROVEMENT STRUCTURE



The work of the PIAC is described in its Annual Plan, which is also referenced in the QAPI annual plan, specific to the relevant projects and performance measures. The PIAC Annual Plan is revised by June, for the next fiscal year, and is based on a review, quarterly, of the improvement needs described in the QAPI Quarterly and Annual Reports

PIAC membership serves in 2-year terms, although there are no term limits. Each member has one vote and must be present in person or by conference phone to vote. At least 50% of the members must be present for to have a quorum regarding decisions. The PIAC comprises 17 members who are broadly representative of the five-county Metro West area, the owners of FBHP and FBHP staff. A list of present PIAC members is provided in Appendix A.

PIAC meetings will be held quarterly at the FBHP office. PIAC is regularly attended by the CEOs of FBHP, the Partner Mental Health Centers (PMHCs), and ValueOptions. Meeting dates and times are posted on the FBHP website at least 3 days prior to the meeting and minutes are posted within 7 days of the meetings. All meetings will be open to the public. The PIAC agenda will include two committee activities:

1. A review of the quarterly QI Plan report and a report of HCPF BHO QI initiatives.
2. A discussion of the status of the fiscal year work plan.

Program Improvement Advisory Committee Membership

Membership Roster 7/1/14			
Name	**Organization**	**Sector**	**County of residence or service area**
Adam Bean	Colorado Community Heath Alliance	RCCO Physical Health	Boulder, Broomfield, Clear Creek, Gilpin
Amanda Kearney-Smith	Colorado Mental Wellness Network	Advocacy Mental Health	State
Ann Noonan	Boulder Public Health	Public Health, SUD	Boulder
Art Schut*	Arapahoe House	SUD	Jefferson
Glen Most	Exempla West Pines	Physical and Behavioral Health	Jefferson
Jon Widmier	Jefferson County Public Schools	Education	Jefferson
John Mowery	City of Broomfield Health & Human Services	Human Services Child Welfare	Broomfield
Judy James-Anderson*	Imagine!	Developmental Disabilities	Boulder/Broomfield
Sarah Metsch	Autism Colorado	Autism	State
Lara Dicus	Colorado Coalition for the Homeless	Homelessness, Physical & Behavioral Health	
Shannon Gimbel	Denver Regional Council of Governments (DRCOG) Long term care Ombudsman	Government Nursing Facilities	Metro Denver
Pam Haynes	National Alliance on Mental Illness (NAMI) JeffCo	Advocacy Mental Health	Clear Creek, Gilpin, Jefferson
Peter Urdiales	Jefferson Center for Mental Health	Behavioral Health Bicultural/Bilingual	Jefferson
Scott Olds	Federation of Families for Children's Mental Health	Advocacy Mental Health, Children	State
Skip Barber	Colorado Association of Family and Children's Agencies	Child Welfare	State
Tom Dillingham	Federation of Families for Children's Mental Health	Advocacy Mental Health	State
Tony Wheeler	Advocates for Recovery	Advocacy SUD	State
***indicates co-chair**			

Program Improvement Advisory Committee Work Plan FY '15

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.

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 Chief Quality Officer, 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.

The initial FY '15 PIAC Work Plan, provided on page 6, was established in the 2014 Request for Proposal (RFP) for the Colorado Medicaid Community Behavioral Health Services Program and requires PIAC approval prior to FY '15.

Draft Program Improvement Advisory Committee Work Plan, FY '15

Program Area and Issue	Indicator/Goal	Improvement Plan/Consultant	Timeline
PIAC Consultation Improvement Projects (from the FY '15 RFP)			
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**: Develop baseline information on child welfare staff satisfaction with behavioral health service access and provider adequacy	Assist in the development, in collaboration with QAPI and MHC QI staff, of a draft survey and administration procedures to meet the goal/PIAC consultant to be determined.	**Survey Completion:** 1/1/15 **Complete Administration:** 3/31/15 **Review Results with recommendations:** 6/30/15
2. Behavioral Health Coordination with county human service staff	**Goal:** Complete a minimum of two trainings on the behavioral health care system with 5 county human service staff	Assist in the development, in collaboration with QAPI & Member and Family Affairs, of two trainings for human service staff on behavioral health care system/PIAC consultant to be determined	**Advice/assist in soliciting information needs:** 7/31/14 **Review training modules:** Sept PIAC meeting **Review feedback from training:** March PIAC meeting