Quality Improvement Annual Report, FY '14
Foothills Behavioral Health Partners

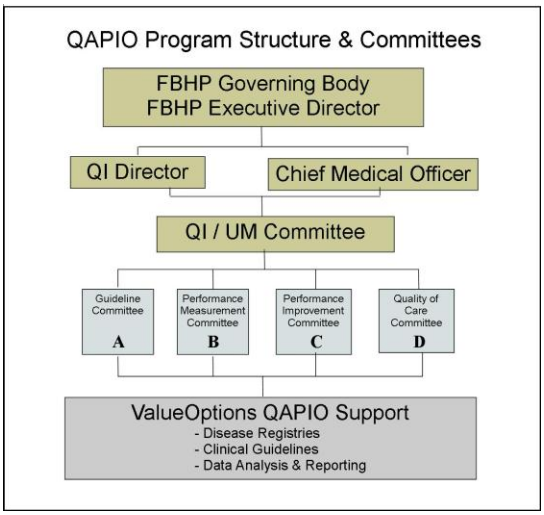
Report Submitted to:
Colorado Department of Health Care Policy and Financing
QI Section

Prepared by:
The Quality Assurance 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
- UM & QI Coordinators, from partner mental health centers
- Clinical Director, ValueOptions
- Executive Director, FBHP
- QI Director, FBHP (Co-Chair)
- Member & Family Affairs Director, FBHP
- IPN Provider
- Quality Management Director, ValueOptions
- Medical Directors from partner mental health centers
- Chief Medical Officer, FBHP (Co-Chair)

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 17% overall penetration rate through most of the fiscal year even with a 35% increase in membership.
- Developed criteria to measure length of time from intake to first prescriber visit, at the partner mental health centers, and moved into monitoring status for FY'15.
- Percent of members with a residential discharge provided a follow-up appt within 7 business days increased significantly from FY '13, and now close to goal of 80%.

Areas for Improvement

- Percent of members with an HCBS Waiver that received one or more behavioral health visits, at 84%, continues to be below goal of 90%; plan to review with QI Team in FY '15 for improvement.

Customer Service and Satisfaction:

Successes

- Significant improvement in return rates for the FBHP internal Family and Adult survey and maintenance of 80% or higher on all internal survey items.

Areas for Improvement

- Monitor trends in customer service and satisfaction to identify any specific areas for improvement in FY'15 with new state-wide ECHO survey

Care Quality, Appropriateness:

Successes

- Members on two or more Atypical Antipsychotic medications for 120 Days or more was maintained at a rate lower than the BHO overall percent
- Completed implementation of 17 EBPs between 2009-2014, including assessment of utilization and outcomes in order to determine which EBP's to revise, continue monitoring, or expand in FY'15.

Areas for Improvement

- Downward trend in the first half of FY'14 in the percent of members with a 7 day ambulatory follow-up visit. FBHP has been working with PMHCs to complete causal analysis and identify any areas for improvement. 3rd quarter indicates reverse in downward trend. Will monitor for continued improvement.
- Did not meet goals for percent members receiving a prescriber visit and three Clinical services within 30 days of hospital discharge; FBHP worked with PMHCs on improving this follow-up measure as part of the 90 Day Recidivism PIP, with improvement trend in 3rd quarter FY'14. Will monitor for continued improvement.

Care Coordination and Integration

Successes

- Completed final evaluation of the Focus Study: Improving Healthcare Coordination/Care Management for members with SMI. Results indicate significant improvement in adherence to Healthcare Management Guideline and in percent of members enrolled in CCHA.

- Began development of a proposal for a Care Transition PIP targeting the transition of members from county jails into behavioral health treatment.
- Developed consistent criteria to measure percent of members with identified PCP in the medical record at PMHCs; now on monitoring status for FY'15.
- Improvement, since FY'13, in percent Members with an identified PCP and receiving prescriber services with an annual coordination of care letter sent to the PCP, now at 88.2%, just under the goal of 90%.
- Completed project to increase collaboration with pediatric medical offices, in collaboration with Jefferson Center; significant increasing in Pediatric Practice referrals along with the addition of co-location sites.
- Collaborated with CCHA to implement depression screening and referral for adults in PCP practices.

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.

Outcomes and Effectiveness of Care

Successes

- Completed evaluation of year one of the Performance Improvement Project: Reducing Overall 90 Day Hospital Recidivism. Results indicate significant decrease in recidivism rates.
- Continued trend of decreasing ED visit rates which is now below the overall BHO rate.

Areas for Improvement

- Decreasing percent of members gaining in independent living status, which continues below the overall BHO percent. Review with QI Team and investigate accuracy of data in FY '15.

Introduction

The FY'14 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: For emergency phone contacts 100% (n=13,245) were answered within 15 minutes; for emergency face-to-face requests, 100% (n=1,580) of clients were seen in 1 hour. There was a 66% increase in emergency face-to-face requests in FY '14, compared to FY '13. For urgent requests, all (100%) or 162 clients were seen within 24 hours.

Assessment of Performance: FBHP met the goal for urgent and emergency performance indicators through FY '14.

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 5954 requests for a routine intake appointment during FY '14, a 41% increase from FY '13; 99.8% of those requesting an intake were offered an appointment in seven business days.

Assessment of Performance: FBHP came close to meeting the goal for this Access indicator.

C. 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 '13.

FBHP Performance: FBHP's overall penetration rates, non-validated, end of FY '14, at 16% continues to be above the FY '13 overall BHO rate, which was 13.9% (Table 1 Appendix A). FBHP's penetration rates, for all age categories, end of FY '14, were above the BHO FY '14 rates, although there was a trend downward in all of these age groups. In addition, FBHP's penetration rates for all of the eligibility categories were above the BHO rates for FY '13, but again there was a slight trend downward, mainly due to the large increase in membership (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 '13. Although there is a decrease in penetration from FY

’13, FBHP expects that final penetration rates for FY ’14 will be closer to 17%. FBHP will wait for final calculation by the Department before determining a need for an improvement plan.

D. Phone response:

FBHP’s goal was that monthly call abandonment rates would be below the benchmark of 3%. Total calls include all three BHOs who partner with ValueOptions.

FBHP Performance: FBHP’s call abandonment rates were below the 3% benchmark through June, 2014. There were a total of 27,126 calls through the ValueOptions call center with an overall abandonment rate of 0.81%.

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

E. 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, on this indicator, is measured quarterly.

***FBHP Performance*:** The percent of members with an HCBS Waiver for Community Mental Health Supports, with one or more behavioral health service, was at 84% (n=369) at the end of FY ’14 (Figure 1 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this performance indicator. Both JCMH and MHP were below the benchmark for this indicator with JCMH at 88.7% and MHP at 74.4%. While MHP’s rate has increased slightly from 70% in FY’13, FBHP will follow up with MHP as to their action plan to screen these members for needed services.

F. Follow-up after residential treatment

FBHPs goal was that 80% of members discharged from a residential facility were provided a follow-up appointment of 7 business days after residential discharge. FBHP performance, on this indicator, is measured quarterly.

FBHP Performance: The percent of members with a residential discharge with a 7 day appointment provided, end of FY ’14, was at 77.2% (Figure 2 Appendix A).

Assessment of Performance: There was a steady increase through the fiscal year and FBHP did cross the 80% goal in Q3 before settling just below at the end of the fourth quarter. FBHP did not meet the goal for this access indicator. FBHP will monitor this measure for accuracy through the first quarter of FY ’15 and consider an improvement project if the goal is not met.

G. Behavioral Health Focal Point of Care

FBHP’s goal was that, for members with a diagnosis of schizophrenia, schizo-affective, and bipolar illness (Severe Mental Illness), the percent with three or more behavioral health services or two or more prescriber service in a 12 month period, is at or above the previous fiscal year BHO overall percent. FBHP performance, on this indicator, is measured quarterly.

FBHP Performance: Percent of members with a severe mental illness diagnosis, with a focal point of care, was at 80.5% (n=1200) 4th Qtr FY ’14, compared to the FY ’13 BHO percent of 90.8% (Figure 3 Appendix A).

***Assessment of Performance*:** FBHP did not meet the goal for this measure. The fiscal year data will be re-calculated for FY 14 results. If results continue to be low FBHP will analyze results and consider an improvement project.

H. Length of time to first prescriber visit after intake (development measure)
FBHPs goal was to develop procedures to measure mean number of days to prescriber med evaluation specific to the partner mental health centers.

Assessment of Performance: FBHP developed criteria for this measure and the measure will be monitoring through FY '15. FBHP met the goal for this development indicator.

Quality Dimension #2: Customer Service and Satisfaction

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

FBHP Performance: FBHP results, for the Access domain percent agreement for the FY '14 MHSIP, YSS-F and YSS BHO state survey, were 82.8% (n=366), 74.1% (n=201) and 79.6% (n=59) respectively. The BHO overall percent agreement, for the MHSIP domain, was 84.8%, for the YSS-F was 74.4%, and for the YSS was 76.8%. FBHP MHSIP and YSS-F results were below and the YSS results were above the percent agreement for the overall BHO (Figure 4, 5 & 6 Appendix A).

Assessment of Performance: FBHP met its goal for percent agreement for the YSS Access domain and was close for the MHSIP and YSS-F results. FBHP will assess results from FY '15 and determine need for improvement project with the partner mental health centers.

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 87.3% agreement, Item 4 at 91.7% agreement, and Item 6 at 84.1% agreement. Access items on the family survey were also above 80%; with Item #1 at 90.8%, Item #4 at 93.8%, and Item #6 at 81.2%. Please see FBHP's Internal Survey Report FY '14 for details of results.

Assessment of Performance: FBHP met its goal for this indicator for both the adult and family survey. For the adult survey IPN had the highest percent agreement for item #1, JCMH had highest agreement for item #6, and MHP had the highest for #4. For the family survey JCMH had the highest percent agreement for Item #1 and 6, IPN had the highest percent agreement for Item #4.

B. 1. Client perception of overall service (BHO Survey)
FBHP's goal is the same as for section A, but specific to the MHSIP, as there is not an overall service domain on the YSS and YSS-F.

FBHP Performance: FBHP results, for the Overall Satisfaction domain percent agreement for the FY '14 MHSIP BHO state survey, was 90.8% (n=361). The BHO overall percent agreement, for the MHSIP domain, was 90.2%. FBHP MHSIP result, for this domain, was above the BHO percent agreement (Figure 4 Appendix A).

Assessment of Performance: FBHP met its goal for percent agreement for this MHSIP domain.

C. 1. Client/Family perception of outcomes (BHO Survey):
FBHP's goal is the same as for section A.

FBHP Performance: FBHP results, for the Outcomes domain percent agreement for the FY '14 MHSIP, YSS-F and YSS BHO state survey, were 62.7%, 55.5%, and 59.3% respectively. The BHO overall percent agreement, for this domain, was 65.8%, 56.9%, and 66.3%; FBHP results were below the overall BHO rate for all three surveys. (Figure 4, 5 & 6 Appendix A).

Assessment of Performance: FBHP did not meet the goal for the outcome domain on all three surveys. FBHP will monitor the results in FY '15 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 91.2% and Item #10 at 88.2%. Family survey percent agreement was also above 80% on Item #9, at 88.8%. Please see FBHP's Internal Survey Report FY '14 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. MHP 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 (BHO State Survey)
FBHP's goal is the same as for section A.

FBHP Performance: FBHP results, for the Care Quality and Appropriateness domain percent agreement for the FY '14 MHSIP, YSS-F and YSS BHO state survey, were 87.1%, 86.2% and 89.8% respectively. The BHO overall percent agreement, for these three surveys respectively was 90%, 85.6% and 87.2%. FBHP results, for the MHSIP domain percent agreement were below the BHO percent but above the percent agreement for YSS-F and YSS results (Figure 4, 5 & 6 Appendix A).

Assessment of Performance: FBHP met the goal for the YSS-F and YSS surveys for this domain but did not meet the goal for the MHSIP survey.

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 95.5%, #5 at 84.1%, #9 at 90%, #12 at 89.9%, and #13 at 86.7%. Also, family survey percent agreement for these domain items were all above 80%, with item #3 at 99%, #5 at 91.7%, #10 at 86.9%, #12 at 90.8%, and #13 at 92.1%. Please see FBHP's Internal Survey Report FY '14 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 #3; MHP had the highest percent agreement on the

remaining four items. On the family survey, IPN had the highest percent agreement on item #5 and MHP had the highest agreement on the remaining four items.

E. 1. Client perception of participation in treatment (BHO State Survey)
FBHP's goal is the same as for section A.

FBHP Performance: FBHP FY '14 results, for the Participation domain percent agreement for the MHSIP, YSS-F and YSS BHO state survey were 80.5%, 89.4% and 89.5% respectively. The BHO overall percent agreement, for these surveys respectively, were 81.1%, 91.4% and 86.4%. FBHP survey results, for the MHSIP and YSS-F were slightly below the BHO percent agreement but the YSS results were above (Figure 4, 5 & 6 Appendix A).

Assessment of Performance: FBHP met the goal for the YSS survey, but the YSS-F and MHSIP were below the goal, although very close. FBHP will monitor the results in FY '15.

2. 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 87.9% for item #2, 93.6% for item #7, and 90.3% for item #11. Family survey respondents indicated a percent agreement above 80% for all four Participation items. Percent agreement by participation item was at 95.3%, 92.5%, 93.8%, and 93.6%. Please see FBHP's Internal Survey Report FY '14 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 JCMH had the highest for item #7 and MHP had the highest percent on item #11. On the family survey MHP had the highest percent agreement on item #2, 7, and #11. IPN had the highest percent agreement on item #8.

F. 1. Family perception of cultural sensitivity (BHO State Survey)
FBHP's goal is the same as for section A.

FBHP Performance: FBHP results, for the Cultural Sensitivity domain percent agreement for the FY '14 YSS-F and YSS BHO state survey were 92.4% and 94.9% respectively. The BHO overall percent agreement, for the YSS-F and YSS domain, was 94.7% and 95.3% respectively; FBHP YSS-F and YSS results were below the overall BHO rates (Figure 5 & 6 Appendix A).

Assessment of Performance: FBHP did not meet the goal for the YSS-F and YSS for this domain but was close. FBHP will monitor the YSS-F and YSS results in FY '15.

Quality Dimension #3: CARE QUALITY and APPROPRIATENESS

A. Coordination/Timeliness of Hospital Follow-up:
FBHPs goal was to be at or above the FY '13 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 '14 FBHP's rate of follow-up at 7 days after discharge, end of 3rd Qtr., was 52.4% (n=288), which was above the overall BHO rate of 48%; FBHP 30 day follow-up was at 72.2%,

which was above the overall BHO rate of 66.8% (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 '14, 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 '13. FBHP met its goal for this indicator to date. FBHP will monitor final FY '14 results as to a need for continued improvement efforts in FY '15.

B. Percent clients taking duplicative antipsychotic medication

FBHPs' goal, for this indicator, is the percent of members, prescribed an atypical antipsychotic medication, that are prescribed two or more atypical antipsychotic medications for 120 days or more, is below the overall BHO percent for the previous fiscal year. Reporting this indicator is quarterly and is always a quarter behind due to lag in claims (Figure 9 Appendix A).

FBHP Performance: In FY '14 FBHP had 6.3% (n=3051) of clients taking duplicative atypical antipsychotics. This result is well below the BHO percent of FY '13.

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

C. 1. 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 '14 Q3 FBHP was at 67.8% (n=295) for the percent of clients maintained on an antidepressant for 84 days (Figure 10 Appendix A). There is no BHO overall percent for FY '13 due to inconsistencies between BHO measurements.

Assessment of Performance: FBHP will continue to monitor this measure through the first two quarters of FY '15 to see if the results are above overall FY '14 BHO measurement.

2. Effective Acute Phase antidepressant Optimal Practitioner Contacts

FBHPs' goal was that the percent of newly diagnosed members with major depression who are prescribed an antidepressant and who had three follow-up contacts, one of which with a prescriber, within a 12-week period be above the overall BHO percent (Figure 11 Appendix A).

FBHP Performance: In FY '14 Q3 FBHP was at 21% (n=295) for the percent of clients on an antidepressant who also had three follow-up contacts. There is no current benchmark for this measure due to errors in BHO calculation for last fiscal year.

Assessment of Performance: There is no benchmark for this measure due to an incorrect analysis in FY '13. Will monitor and investigate in FY '15 first 2 quarters as this percent appears very low for this indicator

D. Under-utilization of service post hospital discharge:

FBHP's goal, for this indicator, was that a minimum of 60% of clients receive one or more prescriber visit and 70% of clients receive three or more clinical visits within 30 days of hospital discharge. This indicator is reported quarterly and is always a quarter behind because of the study period.

FBHP Performance: For FY '14, there was a decrease in percent clients with one or more prescriber visit and three or more clinical visits within 30 days of hospital discharge, with third quarter results at, respectively, 51% (n=288) and 56.6% (Figure 12 & 13 Appendix A).

Assessment of Performance: FBHP did not meet the goal for this indicator. However, the trend has reversed its decline with a significant increase for both indicators in the 3rd quarter. FBHP will monitor fourth quarter results to determine if these results are sustained.

E. Engagement in Behavioral Health Services:

FBHP's goal, for this indicator, was to be at or above the overall BHO rate from the previous fiscal year.

FBHP Performance: For FY '14, FBHP results indicated that 35.6% (11,420) of clients met the behavioral health engagement criteria; these results were above FY '13 BHO overall rate of 32.2%. Engagement is defined as having 4 or more services on different dates within a 45 day period (Figure 14 Appendix A).

Assessment of Performance: FBHP met the goal for this indicator. Further discussion continues with HCPF to fine tune this indicator so that results are actionable.

Quality Dimension #4: CARE COORDINATION AND INTEGRATION

A. Percent members with an identified PCP in the PMHC's client medical record (Development measure). FBHPs goal, for this indicator was to develop consistent criteria, between the partner mental health centers, in measurement.

Assessment of Performance: FBHP and the partner mental health centers developed consistent criteria and have moved this measure back to monitoring status for FY '15. FBHP met the goal for this development indicator.

B. Member Access to PCP

FBHP's goal was that the percent of members who received one or more outpatient behavioral health service and also received 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: FBHP was unable to get the same data set from the Department that is used in the annual calculation on a quarterly basis. FBHP has stopped monitoring this measure quarterly.

Assessment of Performance: FBHP will monitor results from FY '14 upon receipt and evaluate/report progress in the QI/UM committee

C. 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 '14, 88.2% (n=2883) of members with one or more prescriber visit and with an identified PCP had an annual coordination of care letter sent to their PCP (Figure 15 Appendix A). This was a slight increase from the third quarter percent but a slight decrease from FY '13 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.

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 '14 seven day recidivism rate all hospital, end of the third quarter, was 3.3% (n=489), compared to the BHO FY '13 rate of 4.6% (Figure 16 Appendix A). FBHP FY '13 30 day recidivism rate, at the end of the third quarter, was 6.7%, compared to the BHO FY '13 rate of 8.8% (Figure 17 Appendix A). Last, FBHP FY '14 90 day recidivism rate, end of the third quarter, was 13.3% compared to the BHO FY '13 rate of 14.9% (Figure 18 Appendix A).

Assessment of Performance: As of 3rd Qtr FY '14, FBHP met the goal for the 7, 30 and 90 days recidivism. FBHP recidivism rates have decreased through FY '14 for all three indicators. FBHP implemented, with the partner mental health centers a performance improvement project, FY '13, to address increasing recidivism rates.

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 '14, end of the 3rd quarter, FBHP had 7.91 ED visits/1,000 Members that did not result in a hospitalization. This was below the overall FY '13 BHO rate of 9.97/1,000 Members (Figure 19 Appendix A). There has been a steady decline throughout FY '14 in ED visit utilization for adolescents (Figure 20 Appendix A)

Assessment of Performance: As of 3rd Qtr, FBHP achieved its goal for FY '14, as ED visits/1,000 was below the overall BHO rate for FY '13.

C. 1. Maintenance in independent living for members with severe mental illness

FBHPs' goal was that the percent of members with a severe mental illness that maintained independent living would be at or above the previous fiscal year Overall BHO percent. This performance indicator is measured quarterly. **Note: FBHP has requested a review of the scope document for this performance measure. The temporary goal for FBHP is to improve FBHP performance percent from FY '13.**

FBHP Performance: In FY '14, FBHP 94.5% (n=1755) of its members, living independently in FY '13, were still living independently. (Figure 21 Appendix A)

***Assessment of Performance*:** There is no current benchmark for this measure. However, FBHP did improve from FY '13, which was at 94%.

2. 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. **Note: FBHP has requested a review of the scope document for this performance measure. The temporary goal for FBHP is to improve FBHP performance percent from FY '13.**

FBHP Performance: In FY '14, FBHP had 14.1% (n=624) of members gain independent living status from the previous fiscal year. (Figure 22 Appendix A)
Assessment of Performance: There is no current benchmark for this measure. FBHP did not improve from FY '13, which was at 17%.

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: Re-measurement of the baseline indicator was obtained in FY'13 for discharges in between July 1, 2012 and June 30, 2013. A Pearson Chi-Square was used to calculate change in recidivism rates. Results indicated a 90 day all hospital recidivism rate of 14.19% in FY'13, which was a significant decrease at $p < .05$ from the baseline of 19.53% (p=.038) (see Table 1). Subgroup analysis indicated a 90 day all hospital readmission rate of 7.61% for adolescents (age 13-17) and 15.56% for adults (age 18-64) in FY'13, indicating a non-significant reduction (p=.160) for adolescents and a significant decrease (p=.041) in the adult population compared to baseline (14.49% and 21.94% respectively). The significant decrease of readmissions overall and specifically for the adult age group 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.

The 2nd re-measurement period will include FY'14 data, and will be available in December, 2014 to assess sustained improvement in recidivism rates.

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

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

B. Focused Study: Improving Healthcare Coordination/Care Management for Members with Severe Mental Illness

Study Timeline: 10/1/12-9/30/13

Description of Problem: The intent of this focus study was to continue efforts to establish a best practice for care coordination/care management for individuals with severe mental illness, specifically those with schizophrenia, schizoaffective, or bipolar disorder. Results of the previous focus study completed in FY '12, "Design of a Healthcare Management Program," indicated that gaps exist in the documentation of basic screening, health risk assessment, care coordination and health education for this population.

The FY '12 focus study results highlight the importance of implementing and supporting a best practice care coordination/care management guideline for this at risk study population. In particular, baseline findings indicated a significant gap in documentation of physical health risk factors and related care coordination (see table 1.) Baseline data also indicated that only 23.2% of the at risk study population were enrolled in the Regional Colorado Care Organization (RCCO) (see table 1). FBHPartners began collaborative efforts with Colorado Community Health Alliance (CCHA), the RCCO for our area, to increase this percent in order to expand access to care coordination. Collaborative efforts with CCHA worked towards improving access to physical health care and improving data tracking systems to increase care coordination for at risk clients.

Study Questions:

1. Do focused interventions, including the pilot of the Healthcare Management Program and enhanced care coordination efforts with the Regional Colorado Care Organization (RCCO) significantly improve adherence to the Healthcare Management best practice guideline?

2. Does expanding information and education, to members diagnosed with schizophrenia, schizoaffective and bipolar disorder, about the benefits of contacting and self-attributing their physical health care, with the RCCO, significantly increase the percent of this population attributed to the RCCO and a PCMP?

3. What are the chronic physical health issues and/or health risk factors and overall healthcare utilization of the study population, specific to cardiovascular and type II diabetes, which are identified through health information sharing with the RCCO?

Measures:

1. The percent of a statistically significant sample of the study population (n=411) with documentation of key components of the Healthcare Management Program, defined as >=80% of items on the Healthcare Management Audit Tool receiving a "met" status

2. The percent of the study population attributed to the RCCO and with an attributed PCMP

In addition, descriptive information regarding percent of the study population with Type II diabetes or cardiovascular disease and/or risk factors for these diseases, e.g. overweight, hyperlipidemia, prediabetes glucose/A1c, or hypertension and information on specific healthcare utilization, e.g. physical health hospitalizations and ED visits

Results and Detail of Study: Re-measurement of study indicators was conducted using FY'13 data. The follow up audit assessed improvement in study indicator #1, documentation of key components of the Healthcare Management Program. Results demonstrated a significant improvement in the overall percent of audited medical records with at least 80% of items receiving a "met" status, from 6.3% at baseline to 14.4% in FY'13 ($p<.001$). For those medical records indicating "at risk" status (n=225) the percent with documented guideline adherence to 6 of 7 items was at 16.4%, which was significantly increased from the baseline percent of 2.6%, $p<.001$.

For study indicator #2 there was a significant increase, at $p<.05$, in the percent of study population enrolled in CCHA, from FY '12 baseline of 23.2% to 34.1% for end of year FY '13 ($p<.001$), supporting coordinated efforts to increase access to CCHA care coordination services.

This study indicates success in improving HCM guideline documentation for members with schizophrenia, schizoaffective, and bipolar disorders. It seems likely that changes such as addition of the registry and specific fields for documentation, as well as standardized screening and follow-up processes resulted in significant increase in documentation percent, given the fact that members in the pilot project had a much higher documentation percent that those in the sample who were not in the pilot. At the same time there is a need for expansion of the HCM program registry/EMR enhancements and screening procedures, as the percent, for example, of individuals with an annual screening for risk factors was still low, at 8.5%. While CCHA enrollment for this "at risk" population increased significantly, it is unclear how this affects efforts at improving care coordination and the flow of information between behavioral health and physical health for this population after enrollment.

Table 1: Baseline to re-measurement

Measure	FY '12 (baseline)	FY '13
HCM audit	**6.3%**	**14.4%**
CCHA enrollment	**23.2%**	**34.1%**

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

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. The proposal and study questions will be finalized in September 2014 and will report baseline results in FY '15.

III. Other Improvement Projects and Quality of Care Monitors

A. Improvement in FBHPartners Internal Survey Return Rates

FBHP, in FY '14, put in place new procedures for administration of the internal survey, developed in FY'13, with the goal of improving return rates and providing member satisfaction information that was more actionable than prior survey information. Strategies included increasing efficiency in monthly mailing process, including new procedures for better identification of Spanish speaking members, increasing accuracy of mailing addresses, and reducing errors in data tracking procedures. There was a significant improvement in the Adult survey return rate, from 16.1% to 20.2% and in the family survey, from 12.4% to 14.7%. Beginning July, 2014, surveys will also be sent to members receiving SUD services.

B. Quality of care concerns

Foothills Behavioral Health Partners (FBHPartners)
Quality of Care (QOC) Concern Report
FY '14

There were 13 QOC concerns reported to FBHPartners' Medical Director and Quality Improvement Director or directly to the QOC committee. Six of the 13, after QOC committee discussion or a review of records, did not meet the threshold for further action and were closed. The remaining seven 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.

Five of the QOC concerns involved a psychiatric hospital, __ of which were the same hospital. All five QOCs had to do with clinical practice specific to inadequate discharge planning with the receiving outpatient provider/hospital liaison. Two of the five also included issues with Access, including poor communication and not setting the follow-up appointment according to required standards. All five received a corrective action plan request, which was received and accepted. In three cases the FBHP Medical Director and ValueOptions team met with the hospital to reinforce the required discharge guidelines, as this inpatient facility had three QOC regarding the same issue.

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.

The last QOC concern occurred in a MHC outpatient facility, where the IPN MHC did not schedule a follow-up appointment, after hospital discharge, but recommended the client come in for same day access. This is not a recommended procedure for clients discharging from the hospital. Education was provided to the provider regarding discharge guidelines.

Table 1

QOC issue	Date Completed	Facility/IPN	Action Taken/Follow-up
Clinical practice – inadequate discharge planning	12/20/13	Children's residential facility	A corrective action plan was requested, received, and accepted. The CAP included a revised policy
Access to Care – timeliness of hospital follow-up	12/12/13	IPN MHC OP provider	Education provided as to access standard for hospital follow-up, as well as consideration of at-risk issues
Clinical practice - Failure to obtain authorization for discharge med	4/1/14	Psychiatric Inpt Facility	Provider initiated a corrective action plan with BHO consultation; evidence of plan provided and approved.
Access to care & Clinical practice – inadequate care coordination & communication	5/16/14	Psychiatric Inpt Facility	Corrective Action plan requested and accepted; requested outpatient facility let the BHO know if further problems
Clinical Practice – inadequate discharge planning	6/21/14	Psychiatric Inpt Facility	Corrective Action plan requested and received; accepted but also met with provider to reinforce required discharge planning guidelines (three of the same QOC type for the same inpt facility)
Access to care & Clinical Practice – timeliness of follow-up appt & inadequate discharge planning	6/21/14	Psychiatric Inpt Facility	Corrective Action plan requested and received; accepted but also met with the provider to reinforce required discharge planning guidelines (three of the same QOC type for the same inpt facility)
Clinical Practice – inadequate discharge planning	6/21/14	Psychiatric Inpt Facility	Corrective Action plan requested and received; accepted but also met with the provider to reinforce required discharge planning guidelines (three of the same QOC type for the same inpt facility)

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 Northeast Behavioral Health Partners (NBHP) and ValueOptions, as FBHP's Utilization Management Delegate. Below is an update of completed/revised practice guidelines for FY'14:

FY ’14:

- Panic Disorder (Revised)
- Generalized Anxiety Disorder (New)
- OCD (Revised)
- Borderline Personality Disorder (New)

D. Grievances

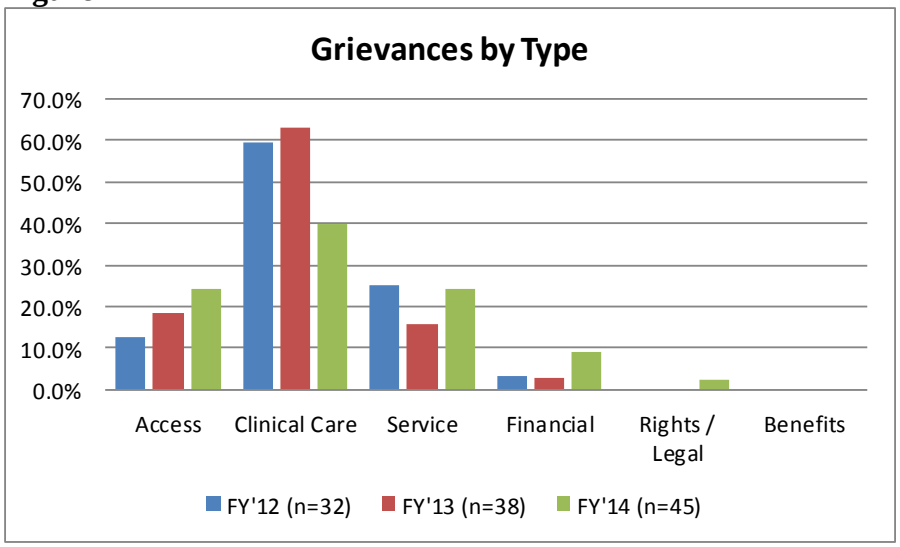
Per FBHP’s QAPI Policy and Procedure, the QAPI Department evaluates the type and number of grievances biannually to assess for any quality of care concerns or opportunities for improvement. Below is the final report for FY ’14.

There were 45 grievances filed during FY ’14, which was an 18% increase from the number reporting in FY ‘13. More than three-fourths (77.7%) of the grievances were regarding an adult member. All grievances were investigated by FBHP’s Member and Family Affairs Department with the following outcomes: more than two-thirds (68.4%) of Members agreed with FBHP’s decision, a little more than one third (34.2%) disagreed with FBHP’s decision, and six members withdrew the grievance.

Type of grievance is provided in Figure 1. In FY ’14, 40% of the grievances had to do with the members’ clinical care, 24.4% were access grievances, 24.4% were grievances related to customer service, 8.8% related to financial and one grievance related to rights/legal. There were no grievances, in FY ’14, 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 ’14, to 40%, 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 39% and medication issues were the second most frequent, at 22%. 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. Reduce Emergency Department Utilization

FBHP noticed a gradual upward trend in ED utilization between FY'11 through FY '13. This prompted investigation into factors that may be contributing to higher rates. The QI team, comprised of QI staff from FBHP, Jefferson Center and MHP reviewed quarterly data in FY'13 and FY'14 along with strategies that had been previously developed to ensure consistency of implementation (including emergency services flier in intake packets, development of crisis plans, educating members on how to access emergency services, etc.). Additional procedures were implemented that may have affected crisis stabilization, including mobile outreach units at MHP, new policies related to outreach and no-show follow up, and increased use of self-care and safety plans. 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 but there is no information to suggest this decrease is related to the informal improvement efforts. FBHP will continue to monitor this performance measure.

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

During FY '14 FBHP and Jefferson Center entered into a Care Coordination Project, for Members with severe mental illness, with the area RCCO, Colorado Community Health Alliance (CCHA). The project includes an expanded Care Coordination role for members receiving behavioral health services through Jefferson Center for Mental Health, who are diagnosed with schizophrenia, schizoaffective or bipolar disorder. FBHP will provide support and monitoring of the project. Procedures for efficient data exchange have been clarified, along with roles and tasks of the care coordinator. Care coordination staff is currently being hired to fulfill this role at Jefferson Center and care coordination will begin in fall 2014. This project was introduced in the 2015 RFP as one of the methods for increasing integrated health care in the FBHP region.

G. Depression Screening and Referrals in Primary Care

Purpose:

An Adult Medicaid Quality Grant was awarded to Colorado Community Health Alliance (CCHA) with intent to increase the incidence of depression screening and referral for adult Medicaid clients.

Summary:

CCHA, in collaboration with FBHP, proposed to develop and implement a standardized depression screening tool and referral process within regional primary care practices. Creating standardized referral processes between PCMPs and the area Mental Health Centers (MHC's) is intended to strengthen collaboration and ease access to services once depression is identified.

Beginning in the last quarter of FY '13 and continuing through FY'14, FBHP assisted CCHA in the development of standardized depression screening tools, instructions for administration, best practices in depression care referral and treatment, educational materials for providers and patients about depression and treatment options, and design of a referral and follow up process. Implementation has occurred at three PCP offices; two in Jefferson County and one in Broomfield. CCHA continues to provide IT and coaching assistance to create standard practices for depression screening and referrals within its affiliated PCP offices.

FBHP's key tasks:

Completed:

- Researched and developed materials related to best practices in depression screening, referral, and treatment recommendations
- Developed educational materials for medical providers and PCMP staff on depression screening, how to assess for and talk with patients about depression and suicide, depression treatment options and follow up care recommendations
- Developed educational materials for patients on depression, treatment options and self-management tips
- Collaborated with the mental health centers, PCMPs and CCHA to develop a referral and follow up process, including a system for data tracking and communication with the PCMP

- Assisted in providing training and consultation to the PCMPs related to depression care and referrals

H. Increase Collaboration with Pediatric Medical Care

Purpose: To implement standardized procedure for referring children and families to behavioral health services based on identified need with pediatric primary care offices and to increase collaboration and communication between behavioral health and physical health providers, providing Medicaid members with options for behavioral healthcare.

Summary:
FBHP and Jefferson Center created a workgroup, including the Family Services Manager, Pediatric Care Coordinator, and Director of Family Services, along with FBHP QI staff to develop procedures for efficient pediatric referrals and care coordination. After establishing baseline information regarding barriers and needs of pediatric offices in FY'13, the workgroup implemented face to face collaboration with pediatric offices and new procedures for referral and follow up. The workgroup met with seven Jefferson County pediatric offices that served Medicaid member to identify effective strategies, increase collaboration, and educate about behavioral health service options. Pediatric offices were provided with an updated referral form, education about referral process, importance of using the referral form in order to ensure efficient feedback loop, and contact names and phone numbers at Jefferson Center and FBHP. In addition FBHP worked with ValueOptions to develop a standardized referral process for the Independent Provider Network. A procedure for tracking referrals was implemented at Jefferson Center and ValueOptions.

Outcomes:
Standard procedures are now in place for ongoing collaboration between Jefferson Center and pediatric offices. Pediatric offices have direct contact information for contacts at Jefferson Center and FBHP, in order to continue trouble shooting with the referral process, answer questions about appropriateness of referrals and services offered and follow up on matters related to care coordination. In addition, as a result of collaborative efforts, three pediatric offices have contracted with Jefferson Center to provide co-located behavioral health services at the PCP office.

FY'14 pediatric referral data:
- Total referrals: 92
- % with outreach to family within two business days: 99%
- % with follow up call to referral source within two business days: 100%
- % engaged in services within the quarter: 38/92 (41.3%)

I. 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 September 2013. This report was submitted as an attachment to the FY'13 program evaluation. The next behavioral health service satisfaction survey for ACF/NCF will be completed in the winter of FY'15, and will include an additional component focused on client feedback regarding behavioral health services in ACFs and NCFs. Results of this survey will be provided in the FY'15 program evaluation.

J. Evidence Based/Promising Practice Program Report

See Attachment 1 for results of EBP implementation

Appendix A

Access Figures and Tables

Table 1. Penetration, Age Group and Eligibility Category, FY '14

Age Group	BHO FY '13	FBHP FY '13 (HCPF)	1st Qtr FY'14	2nd Qtr FY '14	3rd Qtr FY '14	4th Qtr FY '14
0-12 yr	7.7%	12.91% (4434/34344)	12.9% (4451/34431)	12.8% (4555/35542)	12.9% (4750/36722)	10.8% (4277/39459)
13-17 yr	18.9%	23.66% (2195/9279)	22.5% (2170/9663)	22.5% (2334/10368)	22.6% (2496/11050)	20% (2417/12078)
18-64 yr	21.1%	23.90% (7114/29761)	21.9% (6648/30379)	21.6% (6839/31724)	21.2% (8452/39896)	20.1% (9872/49052)
65+	6.8%	8.22% (463/5636)	7.5% (425/5673)	7.9% (451/5698)	7.8% (445/5740)	7.5% (430/5749)
All	13.9%	17.98% (14206/79019)	17.1% (13694/80147)	17% (14179/83334)	17.3% (16143/93408)	16% (16996/106338)

Eligibility Group	BHO FY'13	FBHP FY '13 (HCPF)	1st Qtr FY'14	2nd Qtr FY '14	3rd Qtr FY '14	4th Qtr FY '14
AND, OB, OAP-B	32.1%	34.7% (3281/9465)	32.8% (3142/9565)	33.2% (3222/9700)	32.1% (3199/9955)	31.7% (3228/10181)
AwDC/MAGI	36.2%	44.9% (562/1251)	42.7% (641/1500)	34.8% (705/2024)	24.09% (2027/8156)	22.1% (3293/14903)
BC-A, AFDC-A	14.5%	16.2% (3000/18543)	14.9% (2828/18916)	14.7% (2852/19466)	14.8% (3086/20919)	14.2% (3232/22756)
BC-C, AFCD-C	8.6%	13.6% (5635/41391)	13.6% (5719/41996)	13.7% (6008/43818)	13.8% (6363/45982)	11.7% (5853/50096)
Foster Care	36.5%	38.0% (978/2574)	36.6% (939/2563)	36.7% (935/2549)	34.9% (938/2691)	34.2% (957/2795)
OAP-A	6.6%	8.0% (449/5580)	7.5% (418/5604)	7.9% (444/5644)	8.1% (461/5703)	7.7% (429/5607)

Figure 1. Percent Members with a HCBS Waiver for Community Mental Health Supports with One or More Behavioral Health Service in a 12 month Period

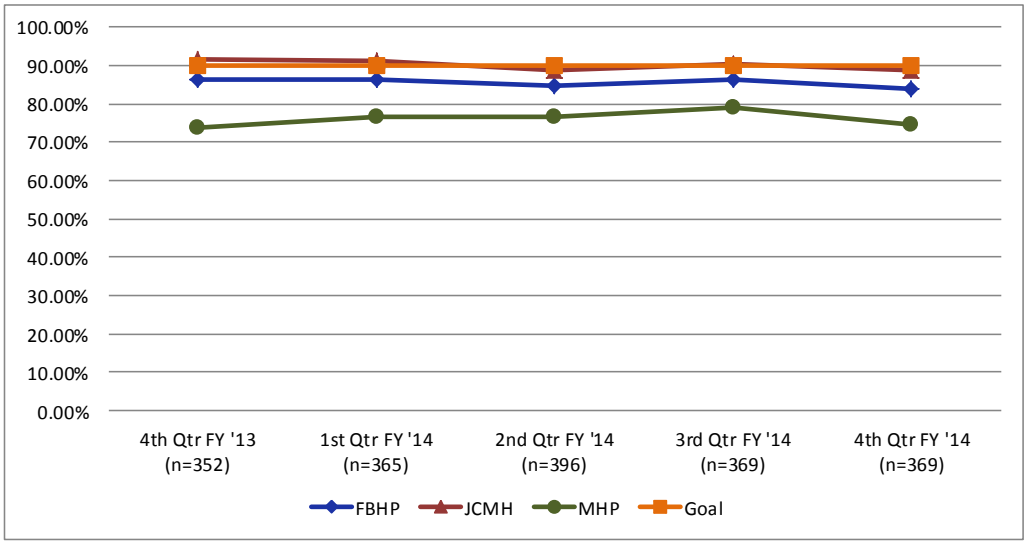


Figure 2. Percent of Residential Discharges Provided a 7-Day Follow-up Appointment

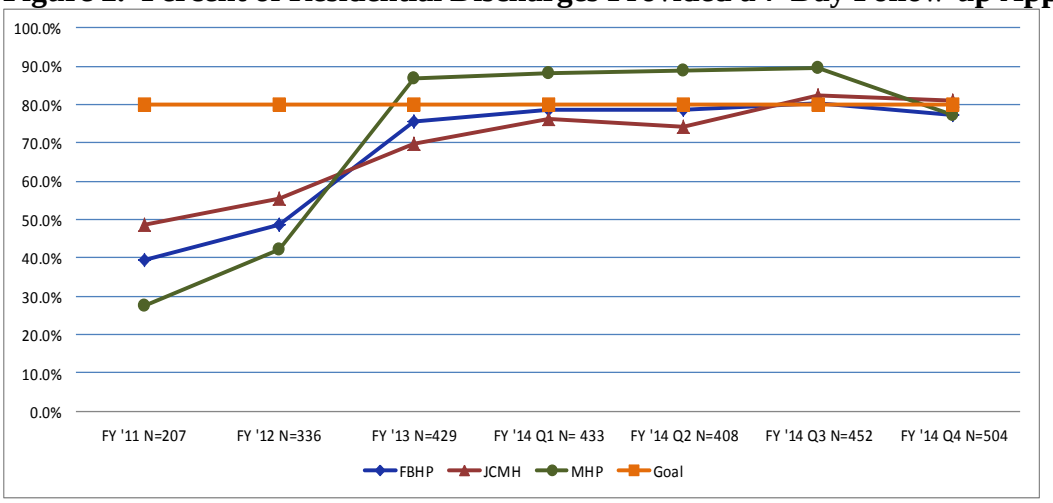
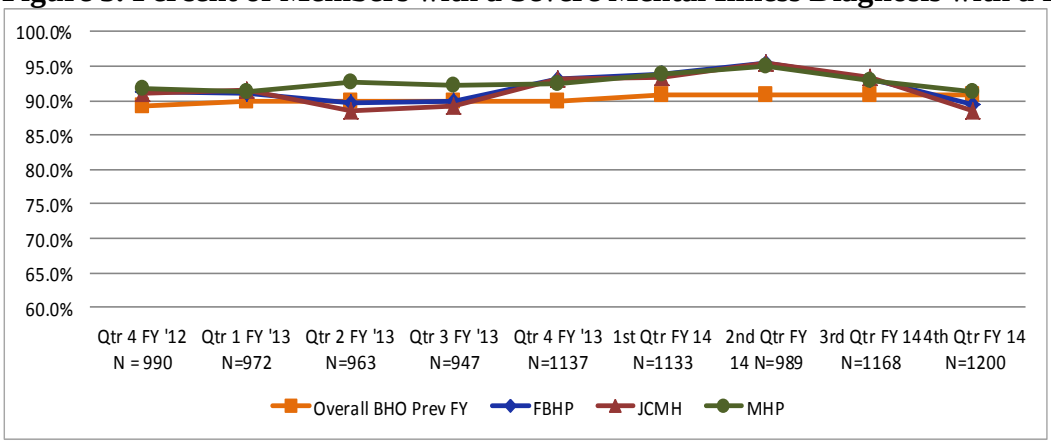


Figure 3. Percent of Members with a Severe Mental Illness Diagnosis with a Focal Point of Care



Member and Family Service and Satisfaction Figures

Figure 4

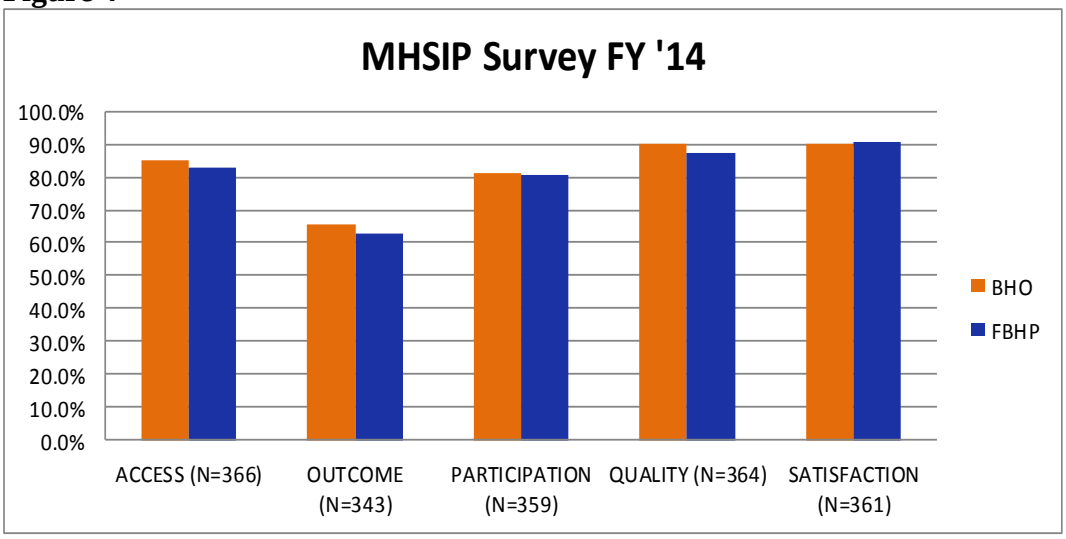


Figure 5

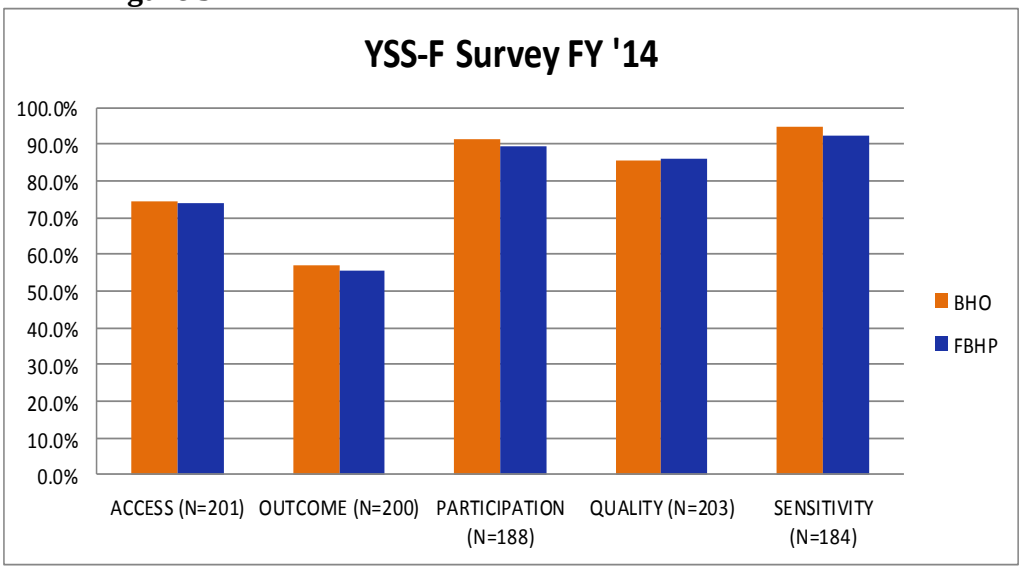
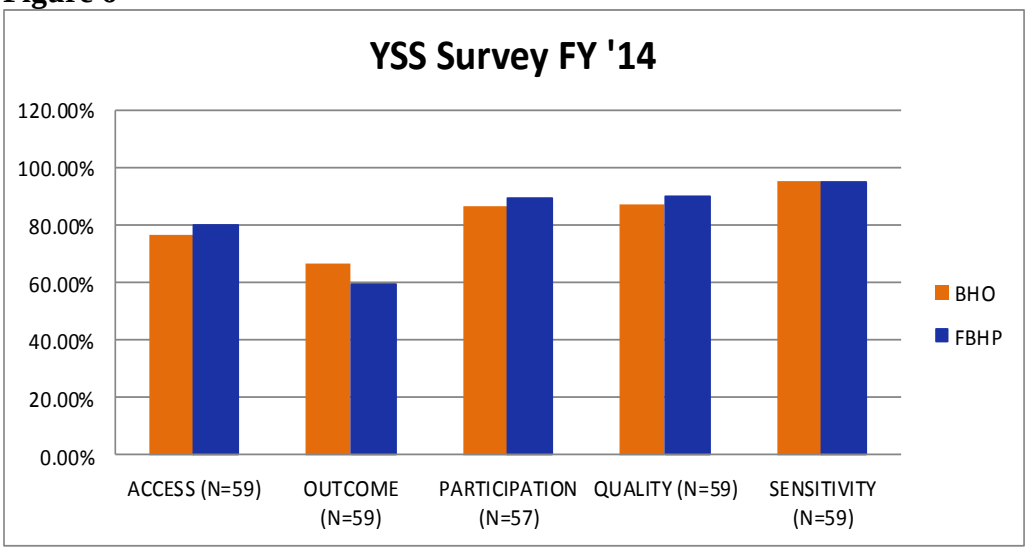


Figure 6



Care Quality and Appropriateness Figures

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

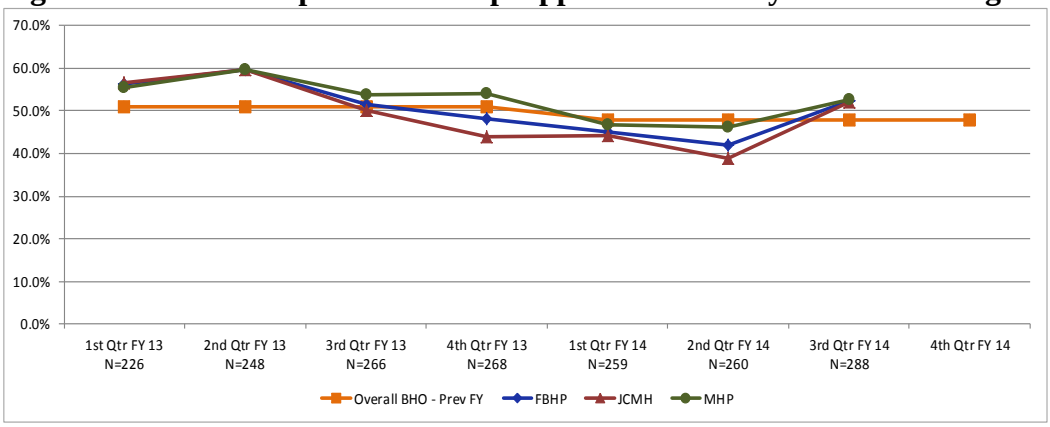


Figure 8. Percent Hospital Follow-up Appointment 30 Days After Discharge

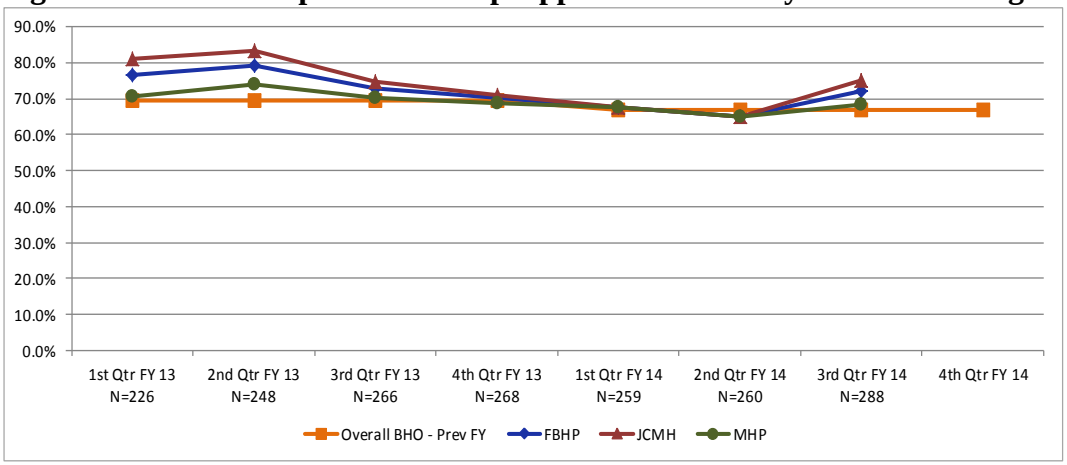


Figure 9. Percent of Members Rx Duplicative Antipsychotic Medication

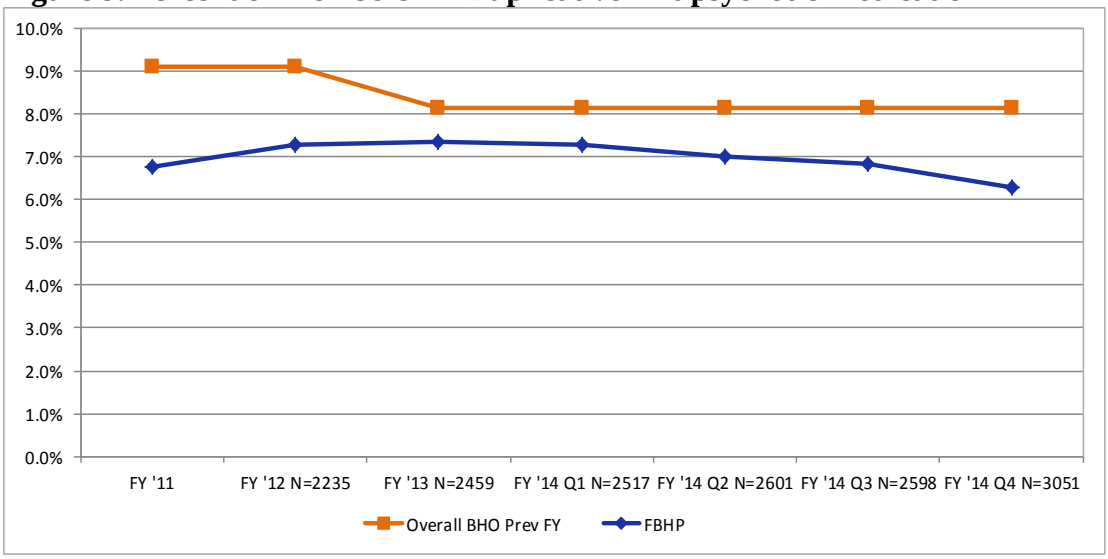


Figure 10. Effective Acute Phase Antidepressant Medication Management

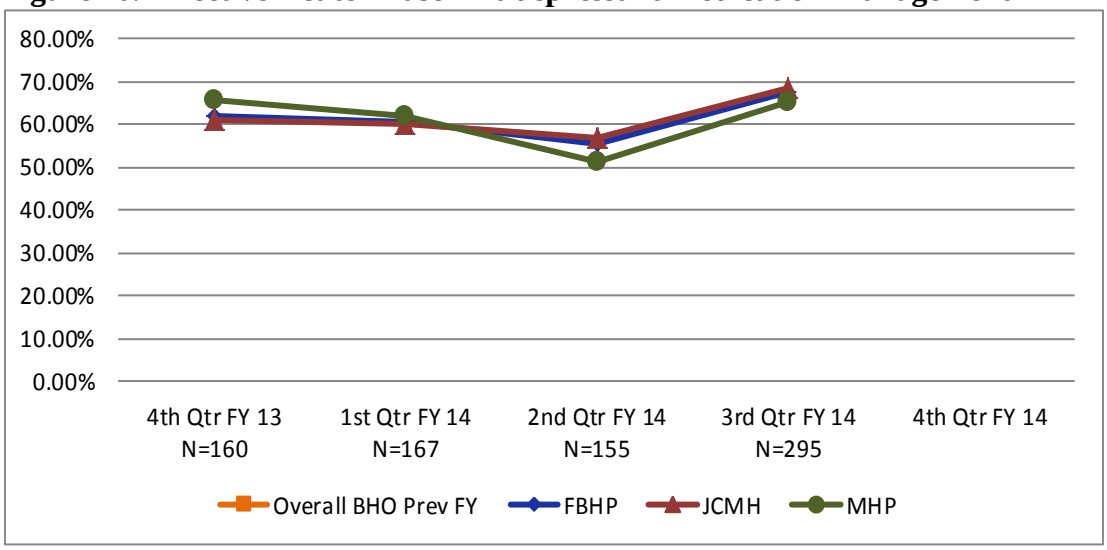


Figure 11. Antidepressant Medication Management- Optimal Practitioner Contact

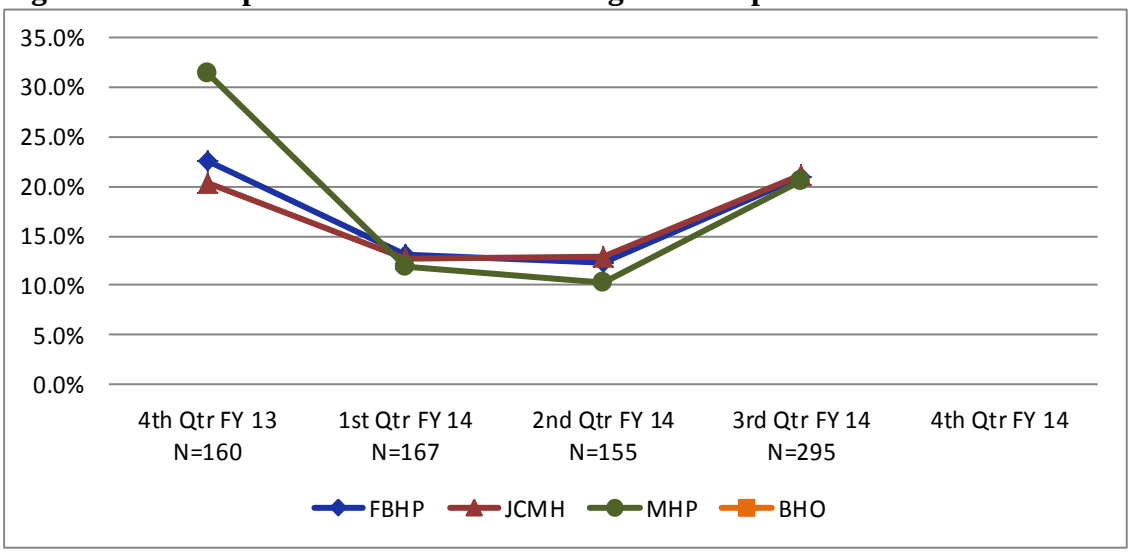


Figure 12. Percent of clients with one or more prescriber visits within 30 days after Hospital Discharge 12 month period ending with the quarter

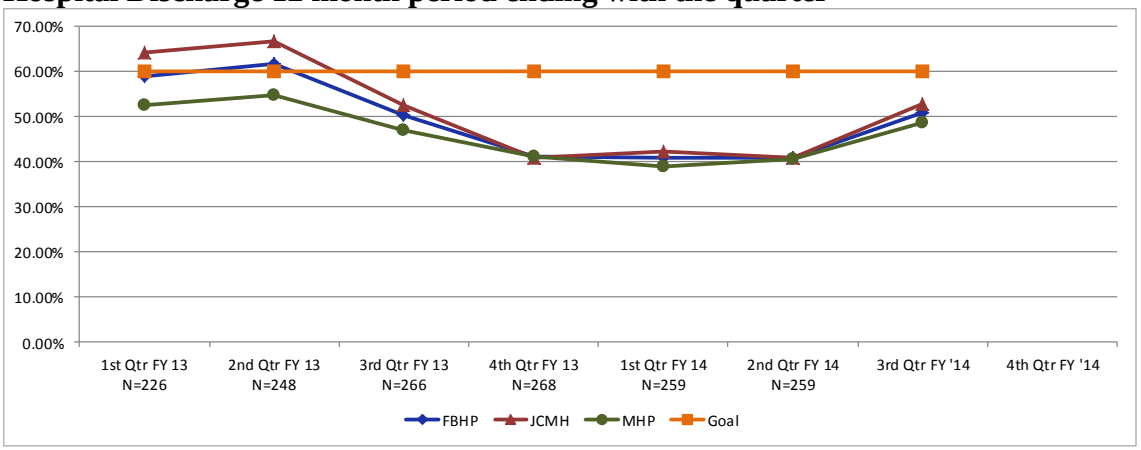


Figure 13. Percent of clients with three or more clinical visits within 30 days after hospital discharge

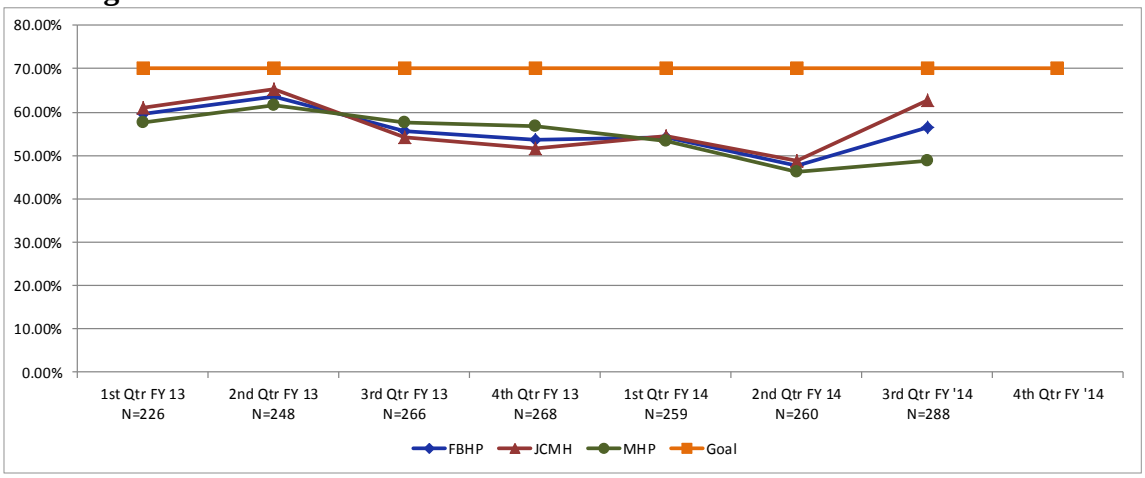
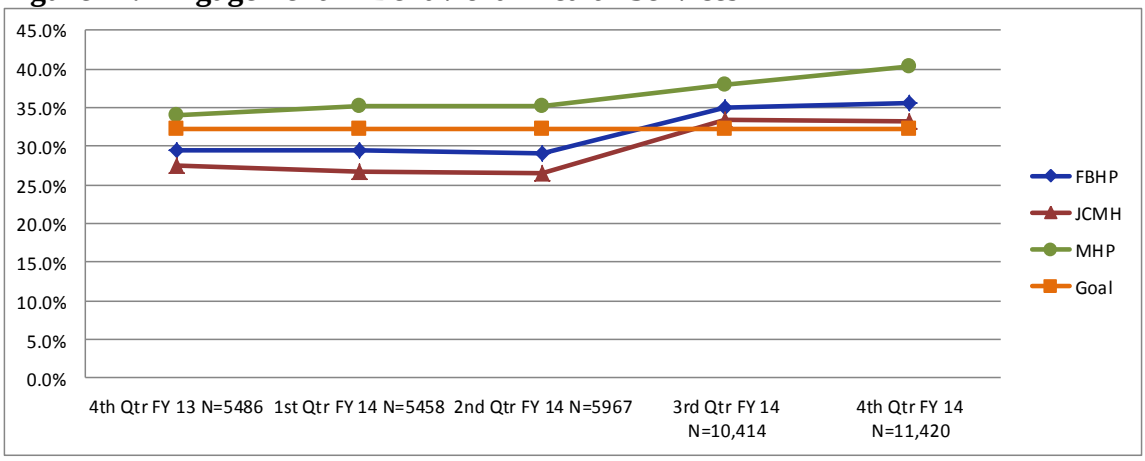
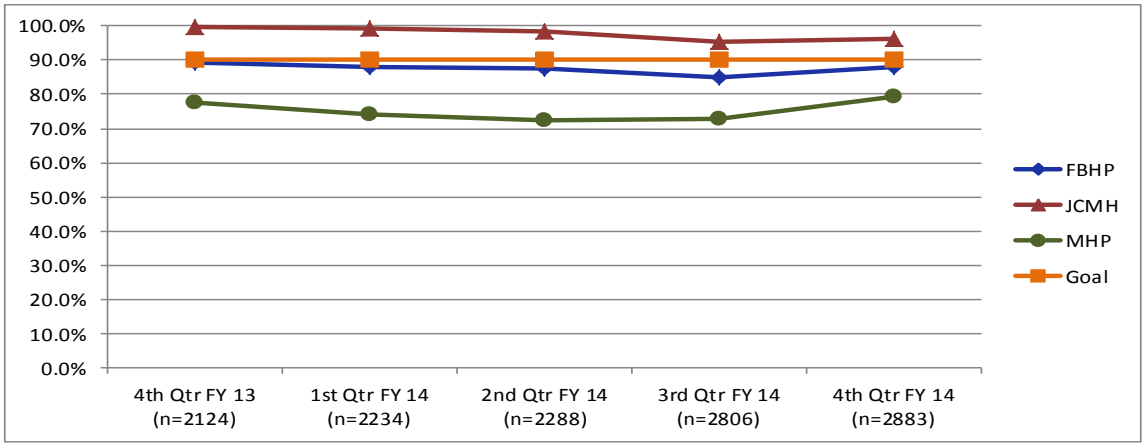


Figure 14. Engagement in Behavioral Health Services



Care Coordination and Integration Figures

Figure 15. Percent Members with a Documented PCP in Medical Record with an Annual Coordination of Care Letter Sent



Outcomes and Effectiveness of Care Figures

Figure 16. 7 Day Recidivism Rates, 12 Month Period Ending with the Quarter

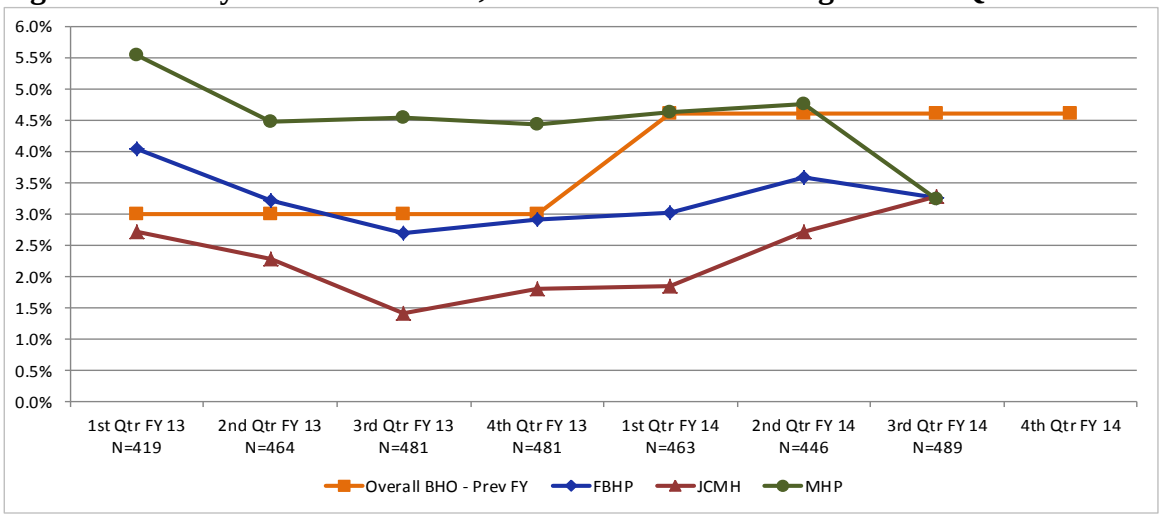


Figure 17. 30 Day Recidivism Rates, 12 Month Period Ending with the Quarter

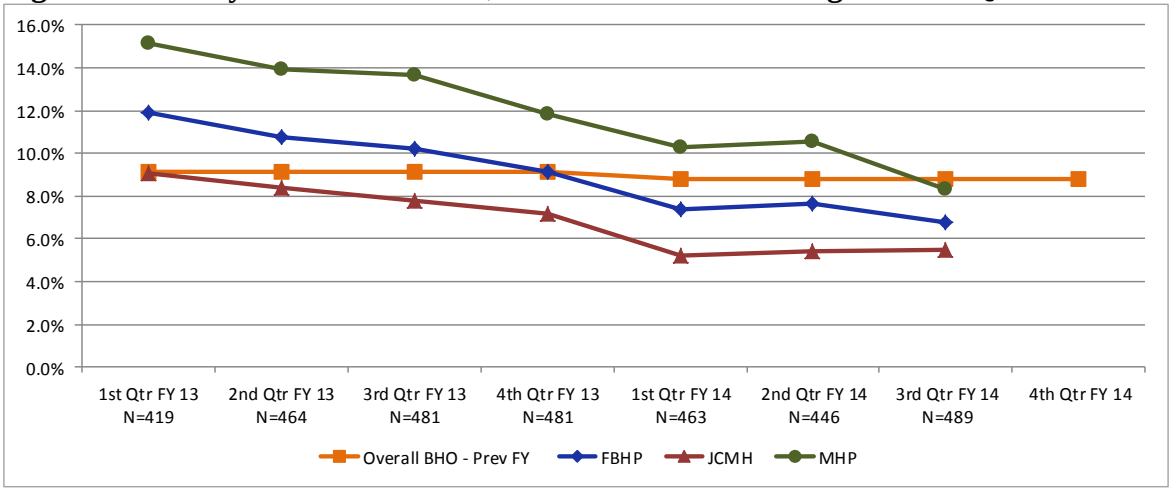


Figure 18. 90 Day Recidivism Rates, 12 Month Period Ending with the Quarter

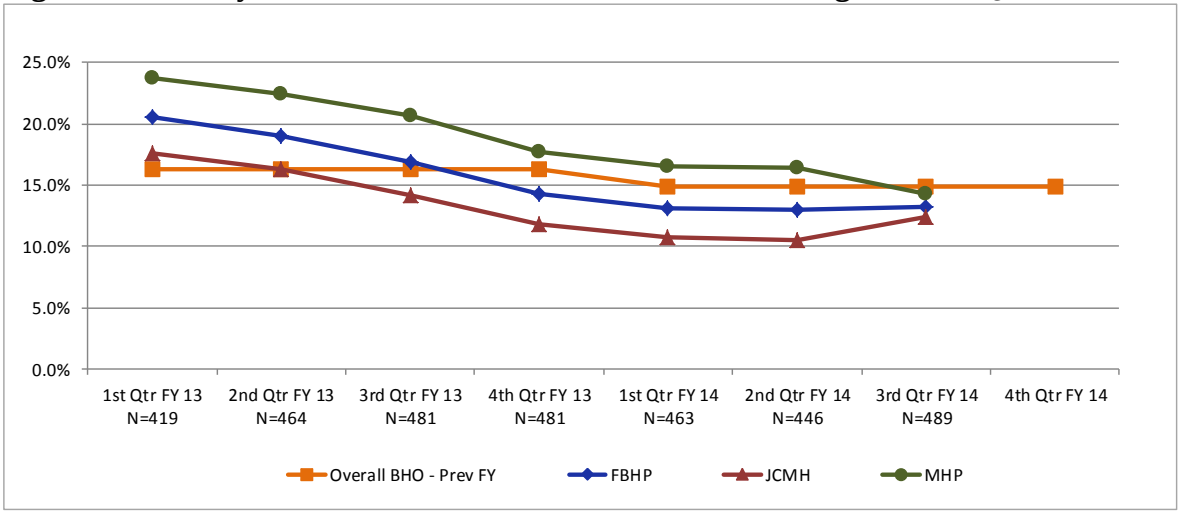


Figure 19. ED Visits/1,000 Members, 12 Month Period Ending with the Qtr

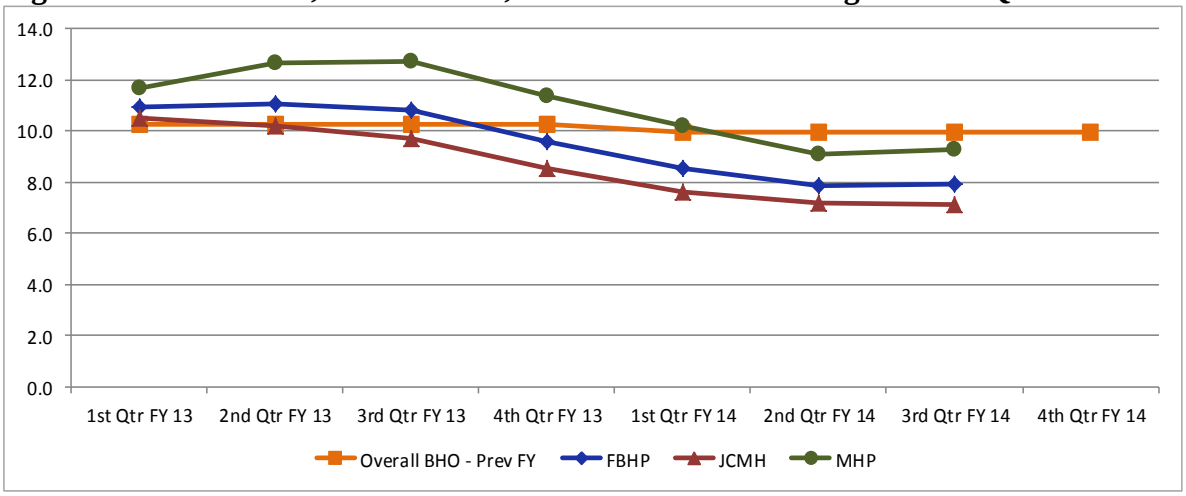


Figure 20. Adolescent ED Visits/1,000 Members, 12 Month Period Ending with the Qtr

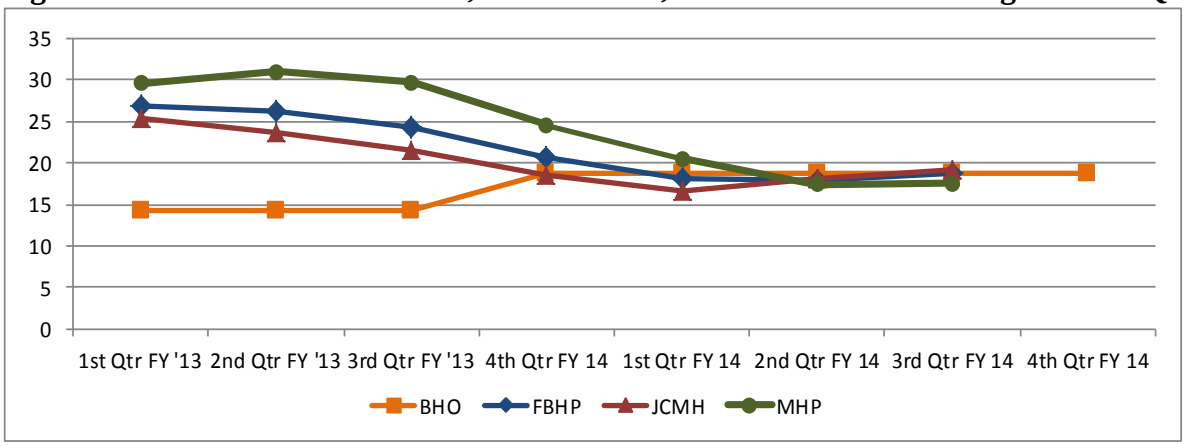


Figure 21. Percent Members Maintaining Independent Living Status

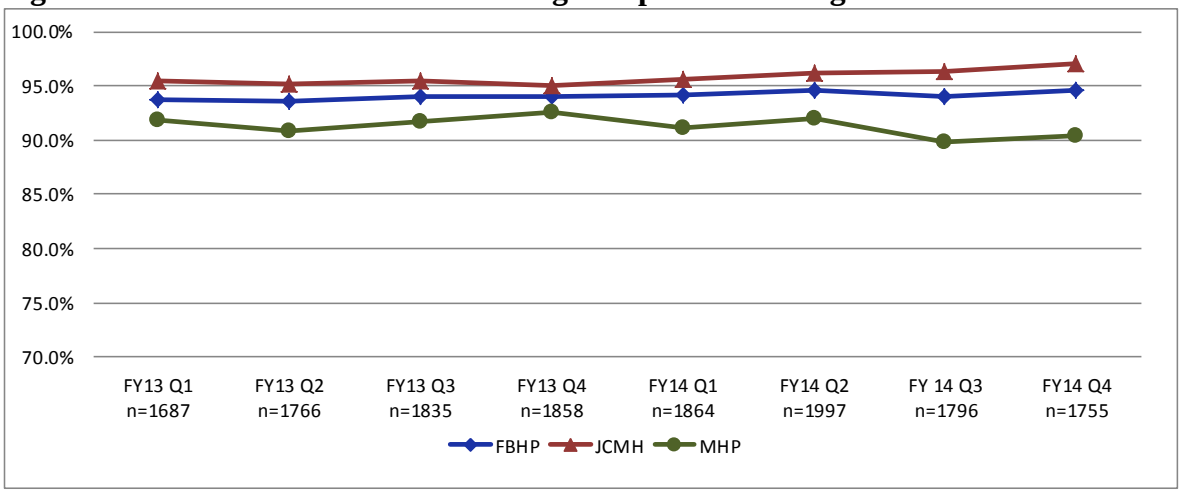


Figure 22. Percent Members Progressing Toward Independent Living