

Colorado Medicaid
Community Mental Health Services Program

FISCAL YEAR 2015–2016 COLORADO
PIP VALIDATION REPORT

Improving Transition from Jail to Community-
Based Behavioral Health Treatment

for
Foothills Behavioral Health Partners, LLC

April 2016
for
Validation Year 2

*This report was produced by Health Services Advisory Group, Inc. for the
Colorado Department of Health Care Policy & Financing.*



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

©2007 Health Services Advisory Group

TABLE OF CONTENTS

1. BACKGROUND	1-1
PIP Rationale	1-2
PIP Summary	1-2
Validation Overview	1-2
2. FINDINGS	2-1
Validation Findings	2-1
Design	2-3
Implementation	2-3
Outcomes	2-3
Analysis of Results	2-3
Barriers/Interventions	2-4
3. CONCLUSIONS AND RECOMMENDATIONS	3-1
Conclusions	3-1
Recommendations	3-1
Appendix A. PIP-SPECIFIC VALIDATION TOOL	A-1
Appendix B. PIP-SPECIFIC SUMMARY FORM	B-1

CAHPS® refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS® refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA HEDIS Compliance Audit™ is a trademark of NCQA.

1. BACKGROUND

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires that states conduct an annual evaluation of their managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs) to determine the MCOs' and PIHPs' compliance with federal regulations and quality improvement standards. According to the BBA, the quality of health care delivered to Medicaid members in MCOs and PIHPs must be tracked, analyzed, and reported annually. The Colorado Department of Health Care Policy & Financing (the Department) has contractual requirements with each MCO and behavioral health organization (BHO) to conduct and submit performance improvement projects (PIPs) annually.

As one of the mandatory external quality review activities under the BBA, the Department is required to validate the PIPs. To meet this validation requirement, the Department contracted with Health Services Advisory Group, Inc. (HSAG), as the external quality review organization. The primary objective of the PIP validation is to determine compliance with requirements set forth in the Code of Federal Regulations (CFR) at 42 CFR 438.240(b)(1), including:

- ◆ Measurement of performance using objective quality indicators.
- ◆ Implementation of system interventions to achieve improvement in quality.
- ◆ Evaluation of the effectiveness of the interventions.
- ◆ Planning and initiation of activities to increase or sustain improvement.

In its PIP evaluation and validation, HSAG used the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012.

HSAG evaluates the following components of the quality improvement process:

1. The technical structure of the PIPs to ensure the BHO designed, conducted, and reported PIPs using sound methodology consistent with the CMS protocol for conducting PIPs. HSAG's review determined whether a PIP could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring real and sustained improvement.
2. The outcomes of the PIPs. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic identification of barriers and the subsequent development of relevant interventions. Evaluation of each PIP's outcomes determined whether the BHO improved its rates through the implementation of effective processes (i.e., barrier analyses, intervention design, and evaluation of results) and, through these processes, achieved statistically significant improvement over the baseline rate. Once statistically significant improvement is achieved across all study indicators, HSAG evaluates whether the BHO was successful in sustaining the improvement. The goal of HSAG's PIP validation is to ensure

that the Department and key stakeholders can have confidence that reported improvement in study indicator outcomes is supported by statistically significant change and the BHO's improvement strategies.

PIP Rationale

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical or nonclinical areas.

For fiscal year (FY) 2015–2016, **Foothills Behavioral Health Partners, LLC (FBHP)** continued its *Improving Transition from Jail to Community-Based Behavioral Health Treatment* PIP. The topic selected addressed CMS' requirements related to quality outcomes—specifically, the timeliness of, and access to, care and services.

PIP Summary

For the FY 2015–2016 validation cycle, the PIP received an overall validation score of 100 percent and a *Met* validation status. The focus of the PIP is to improve the percentage of members released from jail, with an identified behavioral health issue, who attend a behavioral health appointment within seven days of release. The PIP had one study question that **FBHP** stated: “Do focused interventions aimed at improving the transition care process from jail to community-based treatment significantly increase the percent of the study population released from Jefferson and Boulder county jails that have an attended behavioral health appointment within 30 days of release?” The following table describes the study indicator for this PIP.

Table 1–1 outlines the study indicators for the PIP.

Table 1–1—Study Indicator(s)

PIP Topic	Study Indicator
<i>Improving Transition from Jail to Community-Based Behavioral Health Treatment</i>	The percentage of eligible members released from selected jails, with an identified behavioral health issue, who receive a specified covered outpatient behavioral health service within 30 business days of release.

Validation Overview

HSAG obtained the information needed to conduct the PIP validation from **FBHP**'s PIP Summary Form. This form provided detailed information about the BHO's PIP related to the activities completed and HSAG evaluated for the FY 2015–2016 validation cycle.

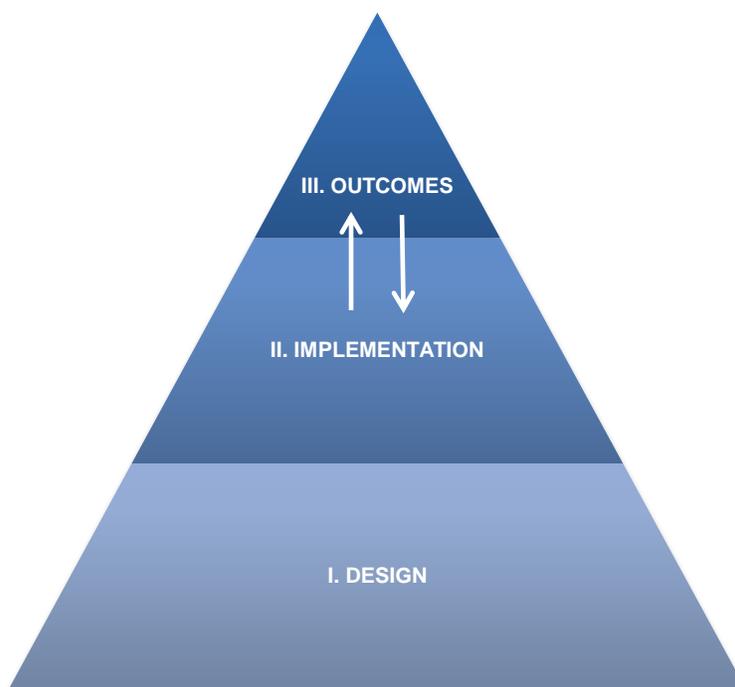
Each required activity was evaluated on one or more elements that form a valid PIP. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed (NA)*. HSAG designated some of the evaluation

elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Given the importance of critical elements to the scoring methodology, any critical element that received a *Not Met* score resulted in an overall validation rating for the PIP of *Not Met*. A BHO would be given a *Partially Met* score if 60 percent to 79 percent of all evaluation elements were *Met* or one or more critical elements were *Partially Met*. HSAG provided a *Point of Clarification* when enhanced documentation would have demonstrated a stronger understanding and application of the PIP activities and evaluation elements.

In addition to the validation status (e.g., *Met*), HSAG gave each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculated the overall percentage score by dividing the total number of elements scored as *Met* by the total number of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculated a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*.

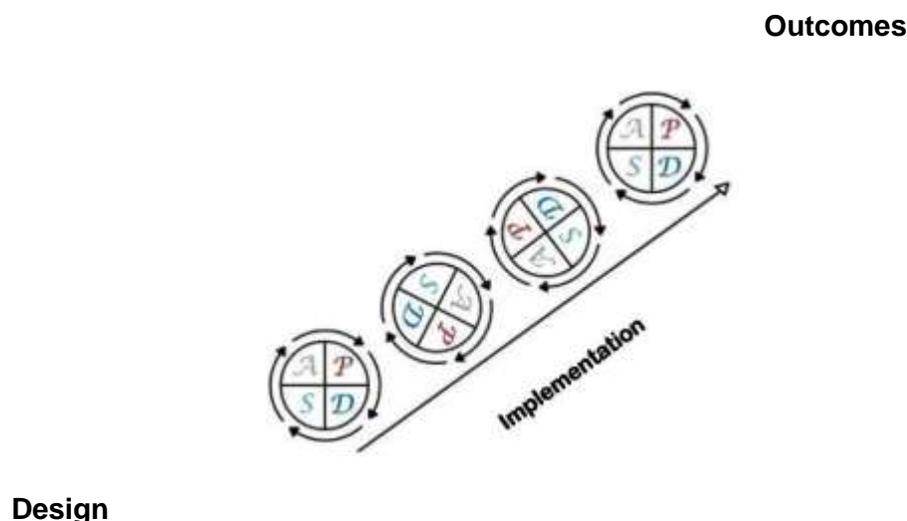
Figure 1–1 illustrates the three study stages of the PIP process—i.e., Design, Implementation, and Outcomes. Each sequential stage provides the foundation for the next stage. The Design stage establishes the methodological framework for the PIP. The activities in this section include development of the study topic, question, indicators, population, sampling, and data collection. To implement successful improvement strategies, a strong study design is necessary.

Figure 1–1—PIP Study Stages



Once **FBHP** establishes its study design, the PIP process moves into the Implementation stage. This stage includes data analysis and interventions. During this stage, the BHOs analyze data, identify barriers to performance, and develop interventions targeted to improve outcomes. The BHOs should incorporate a continuous or rapid cycle improvement model such as the Plan-Do-Study-Act (PDSA) to determine the effectiveness of the implemented interventions. The implementation of effective improvement strategies is necessary to improve PIP outcomes.

Figure 1–2—PIP Stages Incorporating the PDSA Cycle



The PDSA cycle includes the following actions:

- ◆ **Plan**—conduct barrier analyses; prioritize barriers; develop targeted intervention(s) to address barriers; and develop an intervention evaluation plan for each intervention
- ◆ **Do**—implement intervention; track and monitor the intervention; and record the data
- ◆ **Study**—analyze the data; compare results; and evaluate the intervention’s effectiveness
- ◆ **Act**—based on the evaluation results, standardize, modify, or discontinue the intervention

The final stage is Outcomes, which involves the evaluation of real and sustained improvement based on reported results and statistical testing. Sustained improvement is achieved when outcomes exhibit statistical improvement over time and multiple measurements. This stage is the culmination of the previous two stages. The BHO should regularly evaluate interventions to ensure they are having the desired effect. A concurrent review of the data is encouraged. If the BHO’s evaluation of the interventions, and/or review of the data, indicates that the interventions are not having the desired effect, the BHO should revisit its causal/barrier analysis process; verify the proper barriers are being addressed; and discontinue, revise, or implement new interventions as needed. This cyclical process should be used throughout the duration of the PIP and revisited as often as needed.

for Foothills Behavioral Health Partners, LLC

This year, the PIP validation process evaluated the technical methods of the PIP (i.e., the study design). Based on its technical review, HSAG determined the overall methodological validity of the PIP.

Table 2–1 summarizes the PIP validated during the review period with an overall validation status of *Met*, *Partially Met*, or *Not Met*. In addition, Table 2–1 displays the percentage score of evaluation elements that received a *Met* score, as well as the percentage score of critical elements that received a *Met* score. Critical elements are those within the validation tool that HSAG has identified as essential for producing a valid and reliable PIP. All critical elements must receive a *Met* score for a PIP to receive an overall *Met* validation status. A resubmission is a BHO’s update of a previously submitted PIP with modified/additional documentation.

BHOs have the opportunity to resubmit the PIP after HSAG’s initial validation to address any deficiencies identified. The PIP met 100 percent of the evaluation elements and received a *Met* overall validation status when originally submitted; therefore, the BHO chose to not resubmit the PIP.

Table 2–1—FY 2015–2016 Performance Improvement Project Validation Activity for Foothills Behavioral Health Partners, LLC

Name of Project	Type of Annual Review ¹	Percentage Score of Evaluation Elements <i>Met</i> ²	Percentage Score of Critical Elements <i>Met</i> ³	Overall Validation Status ⁴
<i>Improving Transition from Jail to Community-Based Behavioral Health Treatment</i>	Submission	100	100	<i>Met</i>
<p>¹ Type of Review—Designates the PIP review as an annual submission, or resubmission. A resubmission means the BHO was required to resubmit the PIP with updated documentation because it did not meet HSAG’s validation criteria to receive an overall <i>Met</i> validation status.</p> <p>² Percentage Score of Evaluation Elements <i>Met</i>—The percentage score is calculated by dividing the total elements <i>Met</i> (critical and non-critical) by the sum of the total elements of all categories (<i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>).</p> <p>³ Percentage Score of Critical Elements <i>Met</i>—The percentage score of critical elements <i>Met</i> is calculated by dividing the total critical elements <i>Met</i> by the sum of the critical elements <i>Met</i>, <i>Partially Met</i>, and <i>Not Met</i>.</p> <p>⁴ Overall Validation Status—Populated from the PIP Validation Tool and based on the percentage scores.</p>				

Validation Findings

Table 2–2 displays the validation results for the **FBHP** PIP validated during FY 2015–2016. This table illustrates the BHO’s overall application of the PIP process and achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary

technical requirements for a specific element. The validation results presented in Table 2–2 show the percentage of applicable evaluation elements that received each score by activity. Additionally, HSAG calculated a score for each stage and an overall score across all activities. This was the second validation year for the PIP, with the BHO completing Activities I through VIII. As the PIP progresses, the BHO will report Remeasurement 1 data for fiscal year 2015.

**Table 2–2—Performance Improvement Project Validation Results
for Foothills Behavioral Health Partners, LLC**

Stage	Activity		Percentage of Applicable Elements		
			Met	Partially Met	Not Met
Design	I.	Review the Selected Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Review the Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Review the Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Review the Selected Study Indicator(s)	100% (2/2)	0% (0/2)	0% (0/2)
	V.	Review Sampling Methods (if sampling was used)	<i>Not Applicable</i>		
	VI.	Review the Data Collection Procedures	100% (3/3)	0% (0/3)	0% (0/3)
Design Total			100% (9/9)	0% (0/9)	0% (0/9)
Implementation	VII.	Review the Data Analysis and Interpretation of Results	100% (3/3)	0% (0/3)	0% (0/3)
	VIII.	Assess the Improvement Strategies	100% (5/5)	0% (0/5)	0% (0/5)
Implementation Total			100% (8/8)	0% (0/8)	0% (0/8)
Outcomes	IX.	Assess for Real Improvement Achieved	<i>Not Assessed</i>		
	X.	Assess for Sustained Improvement	<i>Not Assessed</i>		
Outcomes Total			<i>Not Assessed</i>		
Percentage Score of Applicable Evaluation Elements Met			100% (17/17)	0% (0/17)	0% (0/17)

Overall, 100 percent of all applicable evaluation elements validated received a score of *Met*. For this year's submission, the Design stage (Activities I through VI) and the Implementation stage (Activities VII through VIII) were validated. Activity IX in the Outcomes stage will be validated next year, when the BHO reports Remeasurement 1 results.

Design

FBHP designed a scientifically sound project supported by the use of key research principles. The technical design of the PIP was sufficient to measure outcomes, allowing for successful progression to the next stage of the PIP process.

Implementation

FBHP reported and interpreted its baseline study indicator results accurately. The BHO used appropriate quality improvement tools, including brainstorming and process mapping, to conduct its causal/barrier analysis; prioritized barriers; and implemented interventions with the potential to have a positive impact on the study indicator outcomes. Additionally, the BHO implemented interventions in a timely manner and had processes in place to evaluate the effectiveness of the interventions and their impact on the study indicator.

Outcomes

The PIP had not progressed to the Outcomes stage during this validation cycle.

Analysis of Results

Table 2–3 displays baseline data for **FBHP's** *Improving Transition from Jail to Community-Based Behavioral Health Treatment* PIP. **FBHP's** goal is to achieve a statistically significant increase, from baseline to Remeasurement 1, in the percentage of eligible members released from jail, with an identified behavioral health issue, who received a specified covered behavioral health service within 30 days of release.

**Table 2–3—Performance Improvement Project Outcomes
for Foothills Behavioral Health Partners, LLC**

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)	Sustained Improvement
The percentage of eligible members released from selected jails, with an identified behavioral health issue, who receive a specified covered outpatient behavioral health service within 30 business days of release.	31.9%			

The baseline rate of eligible members released from jail, with an identified behavioral health issue, who received a specified covered behavioral health service within 30 days was 31.9 percent. The BHO set a goal for the Remeasurement 1 period of a statistically significant increase over the baseline rate; the BHO estimated that a Remeasurement 1 rate of 35 percent would be a statistically significant increase based on the baseline denominator for the study indicator.

Barriers/Interventions

The identification of barriers through causal barrier analysis and the subsequent selection of appropriate interventions to address these barriers are necessary steps to improve outcomes. The BHO's choice of interventions, combination of intervention types, and sequence of implementing the interventions are essential to overall success in improving PIP outcomes.

For the ***Improving Transition from Jail to Community-Based Behavioral Health Treatment*** PIP, **FBHP** identified four barriers to a successful jail-to-community transition of care: lack of a key contact and referral process for substance abuse treatment upon jail release; lack of resources to meet members' basic needs (housing, transportation, crisis services) upon jail release; insufficient jail-based behavioral health services; and a mental health center screening and intake process that is not accessible for recently released members. To address these barriers, **FBHP** developed the following interventions:

- ◆ Established a key contact for scheduling follow-up appointments with a local substance abuse treatment provider for members being prepared for release from jail.
- ◆ Developed educational materials about community resources, to be distributed to inmates being released, and their friends and families.

- ◆ Hired a mental health clinician to provide initial intake assessments to inmates in need of behavioral health services.
- ◆ Developed a mental health center screening, referral, and follow-up process tailored to the needs of inmates. The process is initiated during incarceration and continues after release to track member attendance at prescheduled intake appointments. The process includes outreach services for those members who do not attend their intake appointment.

Conclusions

FBHP designed a methodologically sound project. The sound PIP study design allowed the BHO to progress to baseline data collection and intervention development. The BHO accurately reported and analyzed the baseline study indicator results, completed a causal/barrier analysis, and set a goal to achieve statistically significant improvement over baseline in the Remeasurement 1 period. For the baseline causal/barrier analysis process, the BHO involved multidisciplinary team members and community stakeholders in identifying and prioritizing barriers to improvement, using quality improvement processes such as data mining and drill-down analyses, process mapping, and failure modes and effects analysis (FMEA). The BHO implemented logical, active, and timely interventions that are likely to impact the study indicator and established intervention-specific evaluation processes to monitor progress toward achieving desired improvement.

Recommendations

As the PIP progresses, HSAG recommends that the BHO:

- ◆ Continue to use quality improvement science techniques such as the Plan-Do-Study-Act (PDSA) model as part of its improvement strategies.
- ◆ Continue ongoing intervention-specific evaluations of effectiveness and use evaluation results to make data-driven decisions about continuing, revising, or discontinuing interventions in order to achieve optimal improvement of the study indicator outcomes.
- ◆ Seek technical assistance from HSAG as needed.

APPENDIX A. PIP-SPECIFIC VALIDATION TOOL for Foothills Behavioral Health Partners, LLC

The following contains the PIP-specific validation tool for **FBHP**.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transition from Jail to Community-Based Behavioral Health Treatment
 for Foothills Behavioral Health Partners, LLC**

DEMOGRAPHIC INFORMATION

Plan Name: Foothills Behavioral Health Partners, LLC

Project Leader Name: Kiara Kuenzler Title: Director of Quality Improvement

Telephone Number: (303) 432-5969 E-mail Address: kkuenzler@fbhpartners.com

Name of Project/Study: Improving Transition from Jail to Community-Based Behavioral Health Treatment

Type of Project (for HSAG's internal tracking):

- Clinical Nonclinical
 Collaborative HEDIS

Date of Project: 7/1/2014 to 6/30/2015

Type of Delivery System: BHO

Submission Date: 10/30/2015

Section to be completed by HSAG

9/29/2014	Year 1 Validation	9/15/2014	Annual Submission
11/11/2014	Year 1 Validation	10/22/2014	Resubmission
11/6/2015	Year 2 Validation	10/30/2015	Annual Submission

- X Pre-Baseline
X Baseline

Year 1 validated through Activity: VI
 Year 2 validated through Activity: VIII



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transition from Jail to Community-Based Behavioral Health Treatment
 for Foothills Behavioral Health Partners, LLC**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
I. Select the Study Topic: The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State. The study topic:			
C*	1. Is selected following collection and analysis of data. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan provided the rationale as to why there is no data specific to the health plan supporting the selection of this PIP topic.
	2. Has the potential to affect member health, functional status, or satisfaction. The score for this element will be Met or Not Met.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The PIP has the potential to affect consumer health, functional status, or satisfaction.

Results for Activity I

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
2	2	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
II.	Define the Study Question(s): Stating the study question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The study question:		
C*	1. States the problem to be studied in simple terms and is in the recommended X/Y format. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The study question was clear and stated in simple terms using the recommended X/Y format.

Results for Activity II

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transition from Jail to Community-Based Behavioral Health Treatment
 for Foothills Behavioral Health Partners, LLC**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
III.	Define the Study Population: The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding consumers with special health care needs. The study population:		
C*	1. Is accurately and completely defined and captures all members to whom the study question(s) applies. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan accurately and completely defined the study population, providing correct codes for the denominator, when applicable.

Results for Activity III									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	1	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
IV. Select the Study Indicator(s): A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound. The study indicator(s):			
C*	1. Are well-defined, objective, and measure changes in health or functional status, member satisfaction, or valid process alternatives.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The study indicator was objective, clear, and unambiguously defined. The health plan provided correct codes, when applicable, for the numerator. The documentation provided a description of the study indicator and the definition for the numerator and denominator.
	2. Include the basis on which the indicator(s) was adopted, if internally developed.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan provided the rationale and basis on which the study indicator was developed.

Results for Activity IV									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
2	2	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
V.	Use Sound Sampling Techniques: (If sampling is not used, each evaluation element is scored NA.) If sampling is used to select consumers in the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling methods:		
	1. Include the measurement period for the sampling methods used (e.g., baseline, Remeasurement 1, etc.).	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	2. Include the title of the applicable study indicator(s).	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	3. Identify the population size.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	4. Identify the sample size.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	5. Specify the margin of error and confidence level.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
	6. Describe in detail the methods used to select the sample.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.
C*	7. Allow for the generalization of results to the study population.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	Sampling techniques were not used in this PIP.

Results for Activity V

Total Evaluation Elements**	# of Total Evaluation Elements				Critical Elements***	# of Critical Elements			
	Met	Partially Met	Not Met	Not Applicable		Met	Partially Met	Not Met	Not Applicable
7	0	0	0	7	2	0	0	0	2

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VI. Reliably Collect Data: Data collection must ensure that the data collected on the study indicators are valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures include:			
	1. Clearly defined sources of data and data elements to be collected. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The documentation included the identification of data elements for collection.
C*	2. Clearly defined and systematic process for collecting data that includes how baseline and remeasurement data will be collected. NA is not applicable to this element for scoring.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan specified a systematic method for collecting baseline and remeasurement data.
C*	3. A manual data collection tool that ensures consistent and accurate collection of data according to indicator specifications.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan did not use manual data collection.
	4. An estimated degree of administrative data completeness. Met = 80 - 100 percent Partially Met = 50 - 79 percent Not Met = <50 percent or not provided	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The estimated degree of administrative data completeness was between 80 percent and 100 percent, and the documentation explained how the health plan determined administrative data completeness.

Results for Activity VI

# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
4	3	0	0	1	2	1	0	0	1

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC*

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VII. Analyze Data and Interpret Study Results: Clearly present the results for each study indicator(s). Describe the data analysis performed and the results of the statistical analysis, if applicable, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined. The data analysis and interpretation of the study indicator outcomes:			
C*	1. Include accurate, clear, consistent, and easily understood information in the data table.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan presented results in a clear, accurate, and easily understood format.
	2. Include a narrative interpretation that addresses all required components of data analysis and statistical testing.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan provided an accurate interpretation of its baseline data.
	3. Identify factors that threaten the validity of the data reported and ability to compare the initial measurement with the remeasurement.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan identified that no factors threatened the internal or external validity of the baseline.

Results for Activity VII									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
3	3	0	0	0	1	1	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transition from Jail to Community-Based Behavioral Health Treatment
 for Foothills Behavioral Health Partners, LLC**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
VIII. Improvement Strategies (interventions for improvement as a result of analysis): Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. The improvement strategies are developed from an ongoing quality improvement process that includes:			
C*	1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan completed a causal/barrier analysis and used improvement strategies related to the causes/barriers identified through data analysis and a quality improvement process.
	2. Barriers that are identified and prioritized based on results of data analysis and/or other quality improvement processes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Barriers were identified and prioritized based on results from the health plan's quality improvement processes.
C*	3. Interventions that are logically linked to identified barriers and will directly impact study indicator outcomes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The interventions were logically linked to the identified barriers and have the potential to impact study indicator outcomes.
	4. Interventions that were implemented in a timely manner to allow for impact of study indicator outcomes.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Interventions were implemented in a timely manner to allow for maximum impact of study indicator outcomes.
C*	5. Evaluation of individual interventions for effectiveness.	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	The health plan had processes in place to evaluate the effectiveness for all but one of its interventions. For that particular intervention, a method to evaluate its effectiveness will be developed based on identified process elements within the intervention.
	6. Interventions continued, revised, or discontinued based on evaluation results.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> NA	The health plan has not progressed to evaluating the effectiveness of its interventions. The health plan will need to include the analysis of these evaluations in next year's annual submission.

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transition from Jail to Community-Based Behavioral Health Treatment
 for Foothills Behavioral Health Partners, LLC**

EVALUATION ELEMENTS					SCORING					COMMENTS				
Performance Improvement Project/Health Care Study Evaluation														
Results for Activity VIII														
# of Total Evaluation Elements					# of Critical Elements									
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable					
6	5	0	0	1	3	3	0	0	0					

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transition from Jail to Community-Based Behavioral Health Treatment
 for Foothills Behavioral Health Partners, LLC**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
IX.	Assess for Real Improvement: Real improvement or meaningful change in performance is evaluated based on study indicator(s) results.		
	1. The remeasurement methodology is the same as the baseline methodology.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	2. The documented improvement meets the State- or health plan-specific goal.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.
C*	3. There is statistically significant improvement over baseline.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. The PIP had not progressed to the point of being assessed for real improvement.

Results for Activity IX									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
3	0	0	0	0	2	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.



Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transition from Jail to Community-Based Behavioral Health Treatment
 for Foothills Behavioral Health Partners, LLC**

EVALUATION ELEMENTS		SCORING	COMMENTS
Performance Improvement Project/Health Care Study Evaluation			
X.	Assess for Sustained Improvement: Sustained improvement is demonstrated through repeated measurements over comparable time periods.		
C*	1. Repeated measurements over comparable time periods demonstrate sustained improvement over baseline.	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> NA	Not assessed. Sustained improvement cannot be assessed until the study indicator has achieved statistically significant improvement over baseline and sustained the improvement for a subsequent measurement period.

Results for Activity X									
# of Total Evaluation Elements					# of Critical Elements				
Total Evaluation Elements**	Met	Partially Met	Not Met	Not Applicable	Critical Elements***	Met	Partially Met	Not Met	Not Applicable
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** Total Evaluation Elements includes critical elements.

*** This number is a tally of the total number of critical evaluation elements for this review activity.

*Appendix A: Colorado FY 15-16 PIP Validation Tool:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC*

Table A-1—FY 15-16 PIP Validation Report Scores: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC											
Review Activity		Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total NA	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements NA
I.	Select the Study Topic	2	2	0	0	0	1	1	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0	1	1	0	0	0
III.	Define the Study Population	1	1	0	0	0	1	1	0	0	0
IV.	Select the Study Indicator(s)	2	2	0	0	0	1	1	0	0	0
V.	Use Sound Sampling Techniques	7	0	0	0	7	2	0	0	0	2
VI.	Reliably Collect Data	4	3	0	0	1	2	1	0	0	1
VII.	Analyze Data and Interpret Study Results	3	3	0	0	0	1	1	0	0	0
VIII.	Improvement Strategies (interventions for improvement as a result of analysis)	6	5	0	0	1	3	3	0	0	0
IX.	Assess for Real Improvement	3		Not Assessed			2	Not Assessed			
X.	Assess for Sustained Improvement	1		Not Assessed			1	Not Assessed			
Totals for All Activities		30	17	0	0	9	15	9	0	0	3

Table A-2—FY 15-16 PIP Validation Report Overall Scores: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC	
Percentage Score of Evaluation Elements Met*	100%
Percentage Score of Critical Elements Met**	100%
Validation Status***	Met

- * The percentage score is calculated by dividing the total Met by the sum of the total Met, Partially Met, and Not Met.
- ** The percentage score of critical elements Met is calculated by dividing the total critical elements Met by the sum of the critical elements Met, Partially Met, and Not Met.
- *** Met equals confidence/high confidence that the PIP was valid.
Partially Met equals low confidence that the PIP was valid.
Not Met equals reported PIP results that were not credible.

Appendix A: Colorado FY 15-16 PIP Validation Tool:
**Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results based on CMS Validating protocols. HSAG also assessed whether the State should have confidence in the reported PIP findings.

***Met = Confidence/high confidence in reported PIP results**

****Partially Met = Low confidence in reported PIP results**

*****Not Met = Reported PIP results not credible**

Summary of Aggregate Validation Findings

* **Met**

** **Partially Met**

*** **Not Met**

Summary statement on the validation findings:

Activities I through VIII were assessed for this PIP Validation Report. Based on the validation of this PIP, HSAG's assessment determined high confidence in the results.

APPENDIX B. PIP-SPECIFIC SUMMARY FORM
for Foothills Behavioral Health Partners, LLC

The following contains the PIP-specific summary form for **FBHP**.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

DEMOGRAPHIC INFORMATION

Plan Name: **Foothills Behavioral Health Partners, LLC**

Project Leader Name: **Kiara Kuenzler**

Title: **Director of Quality Improvement**

Telephone Number: **303-432-5969**

E-mail Address: **kkuenzler@fbhpartners.com**

Name of Project: **Improving Transition of Care from Jail to Community-Based Behavioral Health Treatment**

Type of Project (for HSAG's internal tracking):

- | | |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> Clinical | <input type="checkbox"/> Nonclinical |
| <input type="checkbox"/> Collaborative | <input type="checkbox"/> HEDIS |

Section to be completed by HSAG

____ Year 1 Validation	____ Initial Submission
<u>X</u> Year 2 Validation	<u>10/30/15</u> Initial Submission
____ Year 3 Validation	____ Initial Submission

Type of Delivery System: **BHO**

<u>X</u> Baseline Assessment	____ Remeasurement 1
____ Remeasurement 2	____ Remeasurement 3

Submission Date: **October 30, 2015 Updates and revisions are bold**

Year 1 validated through Activity **VI**
 Year 2 validated through Activity ____
 Year 3 validated through Activity ____

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

Study Topic:

Healthcare Policy and Financing (HCPF) requested that the Behavioral Health Organizations (BHOs) conduct a state-wide performance improvement project (PIP) specific to the theme of Care Transitions. One population of interest for HCPF was the criminal justice population. Through discussion with our partner behavioral health providers, the decision was made to focus efforts on individuals transitioning out of county jails and into outpatient behavioral health services. Research clearly indicates that persons with behavioral health conditions are overrepresented in the criminal justice population (Cloyes et al., 2010; Sacks & Pearson, 2003). According to the Bureau of Justice Assistance (2012), an estimated 17% of jail inmates have a diagnosable serious mental illness (SMI), with the prevalence for men and women respectively at 14.5% and 31%. The prevalence of co-occurring mental health and substance use disorders is also very high; of those with SMI, 72% had a co-occurring SUD. An estimated 65% of all jail inmates have a substance use disorder (Marks & Turner, 2014). The health needs of this population are significant, with higher rates of chronic conditions, such as asthma, diabetes, hypertension, communicable diseases, including HIV/AIDs, TB, sexually transmitted diseases and hepatitis B and C; as well as mental illnesses and substance abuse (Binswanger et al., 2012; Marks & Turner, 2014). Additionally, compared with other Medicaid enrollees, the population in the criminal justice system is at greater risk for high morbidity and mortality rates from drug overdose, suicide, homicide, and chronic diseases. Poverty, low educational status, and a dearth of employment skills compound these risks (Somers et al., 2014.) These significant social economic issues affect this population's stability and limit resources for accessing and engaging in behavioral health services and illustrate the need to address the barriers this population faces in accessing behavioral health treatment (Baillargeon et al., 2010; Irwin, 2002). Literature shows that effective and collaborative care transitions for inmates re-entering the community increases engagement in sustained community care, thereby reducing recidivism and substance use, improving mental health, decreasing ED visits, and results in overall medical cost savings (Baillargeon et al., 2010; Hammett et al., 2001; Hatcher, 2007; Lurigio, 2000; Osher et al., 2003; Patel et al., 2014; Prendergast & Geffen, 2009; Seiter & Kadela, 2003).

Provide health plan-specific data:

It is difficult to estimate need for behavioral health treatment for Members who are released from FBHP region county jails. Claims data is non-existent for Members who receive behavioral health screening or treatment services in jails as these services are not eligible for Medicaid reimbursement and many Members either lose their Medicaid or are not able to apply for Medicaid while incarcerated, limiting access to services after release. Also, recent plan-specific changes, since January 2014, including a dramatic expansion of the Adults without Dependent Children (AwDC) and the addition of a substance use disorder benefit (SUD) will significantly increase, from previous years, the number of Medicaid eligible individuals in county jails and, with the SUD benefit, increase the demand for behavioral health treatment for Members. As Regenstein & Rosenbaum (2014) point out, a substantial subset of the AwDC expansion population is jail-involved, estimated at 22%.

Because FBHP has little baseline information on behavioral health treatment needs or follow-up percent for Members released from jail FBHP will



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity I: Select the Study Topic. The study topic should be selected based on data that identify an opportunity for improvement. The goal of the project should be to improve processes and outcomes of health care. The topic may be specified by the State.

be conducting a baseline assessment as an initial activity. Prior to baseline collection, FBHPs best estimate of Members with behavioral health treatment needs after jail release comes from a jail-based treatment program that FBHPs two partner mental health centers (PMHCs) implemented in the two largest area county jails, Boulder and Jefferson County. The jail-based behavioral health treatment services, called Jail-Based Behavioral Health Service (JBBS) Programs, are funded through the Colorado Department of Human Services, Office of Behavioral Health and include treatment for mental health and SUD for individuals likely to be in jail for 60 days or more. Shah (2014) indicated, in the Annual Report of the JBBS Program, that through the JBBS screening process at the Boulder and Jefferson County jails, 321 inmates screened positive for a behavioral health disorder. 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.

There is currently not a good estimate on the number of inmates that receive follow up behavioral health treatment after release, outside of the JBBS program, largely due to the absence of tracking procedures and care transition processes for inmates not in the JBBS program.

Describe how the study topic has the potential to improve consumer health, functional status, or satisfaction:

Increasing timely access to behavioral health services, through strategies to improve Members transition from jail to community-based behavioral health treatment, promotes treatment engagement and an increased likelihood of recovery from substance use and mental health disorders. In addition to behavioral health treatment access and engagement, a collaborative process of transition care strategies, will improve access to a program of care coordination that will assist members in accessing medical care, provide assistance in obtaining housing and employment services, all of which are key to reducing criminal justice recidivism and improving functioning as well as stability in daily life.

*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC*

Activity II: Define the Study Question(s). Stating the question(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation.

The Study Question(s) should:

- ◆ Be structured in the recommended X/Y format: “Does doing X result in Y?”
- ◆ State the problem in clear and simple terms.
- ◆ Be answerable based on the data collection methodology and study indicator(s) provided.

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

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity III: Define the Study Population. The study population should be clearly defined to represent the population to which the study question and indicators apply, without excluding consumers with special health care needs.

The study population definition should:

- ◆ Include the requirements for the length of enrollment, defining continuous enrollment, new enrollment, and allowable gaps in enrollment.
- ◆ Include the complete age range of the study population and the anchor dates used to identify age criteria, if applicable.
- ◆ Clearly define the inclusion, exclusion, and diagnosis criteria.
- ◆ Include a list of diagnosis/procedure/pharmacy/billing codes used to identify consumers, if applicable.
- ◆ Capture all consumers to whom the study question(s) applies.
- ◆ Include how race/ethnicity will be identified, if applicable.

Study Population: All adult members, age 18 years and older, who are released from Jefferson and Boulder county jails during the study period, with a behavioral health issue **identified within the 12 months prior to incarceration**. A Member is defined as having a Medicaid enrollment date that is within **30** days of release from the jail.

Enrollment requirements (if applicable): The member must be Medicaid enrolled within **30** days of release from jail.

Consumer age criteria (if applicable): 18 years of age and older, determined on jail release date

Inclusion, exclusion, and diagnosis criteria: There are no exclusions to the population identified above.

Diagnosis/procedure/pharmacy/billing codes (if applicable): The presence of a “behavioral health issue” is defined **as the presence of a covered behavioral health diagnosis on a Medicaid claim or encounter within the 12 months prior to incarceration** (see Activity VI for complete description of data source).

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Study Indicator 1:
Behavioral health follow-up after jail release

Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed: The percent of members released from Jefferson and Boulder County jails with an identified behavioral health issue that receive a specified covered outpatient behavioral health service within **30** days of release (see Attachment 1 Jail Release Report and Determining the Study Population and Attachment 2 Engagement Measure Procedure Codes FY 15 BHO Scope Document). The rationale for this study indicator is that timely access to behavioral health services upon release from jail has been demonstrated as important to ongoing engagement in community based treatment. Also, it is expected that study strategies implemented to increase coordination and transition care for members releasing from jail will improve access and timely attendance of a behavioral health appointment. This internally developed indicator was necessary due to the absence of available claims or release data for incarcerated members. Only through collaboration with the county jails, and the development of the Jail Release Report, was FBHP able to identify the study population. **This indicator was changed from the PIP proposal with approval from HCPF, to follow up within 30 days of release, as opposed to the previously stated 7 days. This will allow adequate time for Medicaid enrollment after release as well as time to transition members into appropriate behavioral health services.**

Numerator: (no numeric value)

The percent of members released from Jefferson and Boulder county jails that FBHP has **identified as having a behavioral health service with covered diagnosis in the 12 months prior to incarceration**, who receive a specified covered outpatient behavioral health service within **30** business days of release.
“Specified covered behavioral health service” includes the validated, Engagement Measure Procedure Codes (see **Attachment 2 Engagement Measure Procedure Codes FY 15 BHO Scope Document**).



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Denominator: (no numeric value)

All members with a confirmed date of enrollment within **30** business days of release from Jefferson and Boulder county jails for whom FBHP has **identified as having a behavioral health service with covered diagnosis in the 12 months prior to incarceration**, within the study period.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	7/1/2014 through 6/30/2015
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	7/1/2015 through 6/30/2016
Remeasurement 1 Period Goal	Statistically significant increase, at $p \leq .05$, from the baseline percent, of the study population with a 30 day follow up appointment attended. The estimated re-measurement goal, assuming a similar denominator, is 35% with a follow up behavioral health service within 30 days.
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	7/1/2016 through 6/30/2017
Remeasurement 2 Period Goal	n/a
State-Designated Goal or Benchmark	n/a
Source of Benchmark	n/a



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Study Indicator 2: Enter title of study indicator	Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.
Numerator: (no numeric value)	
Denominator: (no numeric value)	
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period Goal	
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

Remeasurement 2 Period Goal	
State-Designated Goal or Benchmark	
Source of Benchmark	
Study Indicator 3: Enter title of study indicator	Provide a narrative description and the rationale for selection of the study indicator. Describe the basis on which the indicator was adopted, if internally developed.
Numerator: (no numeric value)	
Denominator: (no numeric value)	
Baseline Measurement Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 1 Period (include date range) MM/DD/YYYY to	



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity IV: Select the Study Indicator(s). A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) should track performance or improvement over time. The indicator(s) should be objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. Study indicator goals should be specific, measurable, attainable, relevant, and time-bound.

The description of the study Indicator(s) should:

- ◆ Include the complete title of the study indicator(s).
- ◆ Include complete descriptions of the numerators and denominators, defining the terms used.
- ◆ Include the rationale for selecting the study indicator(s).
- ◆ If indicators are based on nationally recognized measures (e.g., HEDIS), include the year of the HEDIS technical specifications used for the applicable measurement year and update the year annually, as appropriate.
- ◆ Include complete dates for all measurement periods (with the day, month, and year).
- ◆ Include health plan-specific goals for the remeasurement periods that are specific, measurable, attainable, relevant, and time-bound.
- ◆ Include the State-designated goal, if applicable.

MM/DD/YYYY	
Remeasurement 1 Period Goal	
Remeasurement 2 Period (include date range) MM/DD/YYYY to MM/DD/YYYY	
Remeasurement 2 Period Goal	
State-Designated Goal or Benchmark	
Source of Benchmark	

Use this area to provide additional information. Discuss the guidelines and basis for each study indicator.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity V: Use Sound Sampling Techniques. If sampling is to be used to select consumers of the study, proper sampling techniques are necessary to provide valid and reliable information on the quality of care provided. Sampling techniques should be in accordance with generally accepted principles of research design and statistical analysis. Representative sampling techniques should be used to ensure generalizable information.

The description of the sampling methods should:

- ◆ Include components identified in the table below.
- ◆ Be updated annually for each measurement period and for each study indicator.
- ◆ Include a detailed narrative description of the methods used to select the sample; ensure sampling techniques support generalizable results.

Measurement Period	Study Indicator	Population Size	Sample Size	Margin of Error and Confidence Level
MM/DD/YYYY–MM/DD/YYYY				

Describe in detail the methods used to select the sample: n/a (sampling not used)



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity VI: Reliably Collect Data. Data collection must ensure that data collected on study indicators are valid and reliable.

Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ A copy of the manual data collection tool, if applicable.
- ◆ An estimate of administrative data completeness and the process used to determine completeness.

Data Sources (Select all that apply)

Hybrid—Both medical/treatment records (manual data collection) and administrative data collection processes are used

Medical/Treatment Record Abstraction
Record Type
 Outpatient
 Inpatient
 Other

Other Requirements
 Data collection tool attached
 Other Data

Administrative Data
Data Source
 Programmed pull from claims/encounters **see Attachment 3_FBHP_CO2014-15_BHO_PMV_Report_F1.pdf for report on validation of data source for Indicator 1**
 Complaint/appeal
 Pharmacy data
 Telephone service data/call center data
 Appointment/access data
 Delegated entity/vendor data _____
 Other: **Provider Health Plan (PHP) Interface Files (for enrollment determination) and Jail Release Report for identification of the study population including jail-release date (See Attachment 1 for Jail Release Report and Determining the Study Population.)**

Other Requirements
 Codes used to identify data elements (e.g., ICD-9/ICD-10, CPT codes) **see Attachment 2 Engagement Measure Procedure Codes FY 15 BHO Scope Document**
 Data completeness assessment attached
 Coding verification process attached Engagement Measure Procedure Codes used to calculate the numerator will be verified through the PMV report which ensures accuracy of the data pull

Estimated percentage of administrative data completeness: 99 percent for

Survey Data
Fielding Method
 Personal interview
 Mail
 Phone with CATI script
 Phone with IVR
 Internet
 Other

Other Requirements
 Number of waves _____
 Response rate _____
 Incentives used _____



*Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC*

Activity VI: Reliably Collect Data. Data collection must ensure that data collected on study indicators are valid and reliable.

Data collection methodology should include the following:

- ◆ Identification of data elements and data sources.
- ◆ When and how data are collected.
- ◆ How data are used to calculate the study indicators.
- ◆ A copy of the manual data collection tool, if applicable.
- ◆ An estimate of administrative data completeness and the process used to determine completeness.

claims/encounters.

Describe the process used to determine data completeness:

FBHP's encounter/claim file submitted to HCPF is one of two source files for Indicator #1 (claims/encounters). The encounter/claim file may not be 100% complete due to delays in provider encounter/claim submission, errors in determination of eligibility, and errors in the file production. Methods for ensuring completeness include timely filing requirements for hospital claims and claims processing standards. Process for determining data completeness: Dates paid are compared to dates of service each on lag schedules. The amount paid for that month's date of service is divided by the amount accrued for that month to get an estimated completion factor. Data accuracy, regarding hospital claims, is monitored through automatic claims edits and claim audits.

Determining data completeness for the Jail Release Report is more complex since this data is collected within another organization and this is a new reporting procedure for the county jail. FBHP has worked with the county jails to ensure that the report contains the necessary information to determine Medicaid status (including member name and date of birth) as well as accurate incarceration and release dates.



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for **Foothills Behavioral Health Partners, LLC**

Activity VI: Determine the Data Collection Cycle.	Determine the Data Analysis Cycle.
<p><input type="checkbox"/> Once a year <input type="checkbox"/> Twice a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input checked="" type="checkbox"/> Once a month <input type="checkbox"/> Once a week <input type="checkbox"/> Once a day <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe):</p> <hr/> <hr/> <hr/>	<p><input checked="" type="checkbox"/> Once a year <input type="checkbox"/> Once a season <input type="checkbox"/> Once a quarter <input type="checkbox"/> Once a month <input type="checkbox"/> Continuous <input type="checkbox"/> Other (list and describe):</p> <hr/> <hr/> <hr/> <hr/>



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Describe the data collection process:

For study indicator 1, the denominator includes all members with a confirmed date of Medicaid enrollment within **30** business days of release from Jefferson and Boulder county jails for whom FBHP has **identified as having a behavioral health service with covered diagnosis in the 12 months prior to incarceration**, within the study period. The numerator is the percent of members released from Jefferson and Boulder county jails that FBHP has **identified as having a behavioral health service with covered diagnosis in the 12 months prior to incarceration**, who receive a specified covered outpatient behavioral health service within **30** business days of release.

The denominator is obtained from **three** data sources: 1) A monthly Jail Release Report 2. The monthly Provider Health Plan (PHP) Interface File **and 3) FBHP claims and encounters**. The Jail Release Report is completed on all inmates released in the previous month identified by the FBHP analyst as Medicaid enrolled. Medicaid enrollment is determined based on the PHP Interface File, which is updated weekly. **FBHP claims and encounters files are used to determine the presence of a behavioral health service with covered diagnosis in the 12 months prior to incarceration. The Jail Release Report is an automated crystal report (saved as an excel file) pulled from the county jail electronic medical record (EMR) and Tiberon (the electronic jail management system) that includes the following information: inmate's name, date of birth, booking date and release date (see Attachment 1 Jail Release Report and Determining the Study Population).**

The data source for determining the numerator includes the FBHP claims and encounters. Data accuracy and completeness of this data source is validated annually through the annual Performance Measurement Validation site visit. (**Attachment 3 FBHP_CO2014-15_BHO_PMV_Report_F1**). Paid claims/encounters, from the submitted monthly "flat" file is the final data source for the numerator of performance indicator 1. Baseline data analysis and subsequent re-measurement analysis, is calculated by FBHPartners' data analyst.



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the data reported in the validated performance measure rate(s).

Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.

Study Indicator 1 Title: Behavioral health follow-up after jail release

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
07/01/2014–06/30/2015	Baseline	602	1887	31.9%	N/A	N/A
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					

Study Indicator 2 Title: Enter title of study indicator

Time Period Measurement Covers	Indicator Measurement	Numerator	Denominator	Rate or Results	Goal	Statistical Test, Statistical Significance, and <i>p</i> Value
MM/DD/YYYY– MM/DD/YYYY	Baseline					
	Remeasurement 1					
	Remeasurement 2					
	Remeasurement 3					



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity VII: Data Analysis and Interpretation of Study Results. Clearly present the results for each of the study indicator(s). Describe the data analysis performed and the results of the statistical analysis, and interpret the findings. Through data analysis and interpretation, real improvement as well as sustained improvement can be determined.

The data analysis and interpretation of study indicator results should include the following for each measurement period:

- ◆ Data and results presented clearly, accurately, and consistently in both table and narrative format.
- ◆ A clear and comprehensive narrative description of the data analysis process, including a comparison of the findings to the goal and the type of statistical test completed, if applicable, with resulting *p* values calculated to four decimal places (e.g., 0.0235).
- ◆ Discussion of any random, year-to-year variations; population changes; sampling errors; or statistically significant increases or decreases that occurred during the remeasurement process.
- ◆ A statement that identifies any factors that could threaten (a) the validity of the findings for each measurement period and/or (b) the comparability of measurement periods. If no factors are identified, the lack of threats to validity and comparability should be clearly stated.

Describe the data analysis process and provide an interpretation of the results for each measurement period.

Baseline Measurement: Calculation of the baseline for study indicator 1 was conducted for jail releases in the study period July 1, 2014 through June 30, 2015, with a 30 business day role out period to capture follow up appointments attended within 30 days of release. The denominator was calculated according to the Jail Release Report and Determining the Study Population document (Attachment 1). The numerator was calculated as the percent of the denominator with a follow up appointment (based on CPT and HCPC codes identified in Attachment 2 Engagement Measure Procedure Codes FY 15 BHO Scope Document) within 30 business days of jail release. Results indicated a 30 day follow up rate of 31.9% during the baseline period. As this is a newly developed measure, there is currently no available comparison data. Because this was a baseline measure there are, as yet, no findings related to the study question and therefore discussion as to internal or external validity of study findings is premature, although future re-measurements are expected to demonstrate an increase in the denominator, as Medicaid Membership of those released from jails is anticipated to increase due to efforts to engage inmates in the enrollment process upon release. Further analysis of the increased Medicaid population will be conducted in next re-measurement periods to determine the effect on validity. Additionally, there are always some problems with accuracy of a measure, even when the procedures for producing the encounter/claim files were validated. For example, the data source may not be complete, given possible delays in claim submission, there may be inaccuracies in the submitted claim, including whether or not the diagnosis was a covered diagnosis.

One additional or adhoc analysis was conducted to establish another informal baseline measure of 7 day follow-up after release to further explore efficiency and efficacy of the transition care process. (see Table 2)

Table 2 FY '15 7 day follow up post-release n=1887

Fiscal Year	% Releases with 7 day apt attended	% Releases with 30 day apt attended
--------------------	---	--



Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity VII: Study Indicator Results. Clearly present the results of the study indicator(s) in the table below. For HEDIS-based PIPs, the data reported in the PIP Summary Form should match the data reported in the validated performance measure rate(s).

Enter results for each study indicator—including the goals, statistical testing with complete *p* values, and the statistical significance—in the table provided.

FY '15	18.12%	31.9%
---------------	---------------	--------------

Baseline to Remeasurement 1:

Baseline to Remeasurement 2:

Baseline to Remeasurement 3:

Baseline to Final Remeasurement:

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Please describe the process used to identify barriers and develop corresponding interventions. Include the team/committee/group that conducted the causal/barrier analysis and any QI tools that were used to identify barriers, such as data mining, fishbone diagram, process-level data, etc. Describe the process used to prioritize the barriers and designate high-priority barriers. Lastly, describe the process used to evaluate the effectiveness of each intervention. The documentation should be dated to identify when steps in the ongoing quality improvement process were visited/revisited.

Project teams were developed in each county (Boulder and Jefferson Counties), including the following key members: mental health center quality improvement staff, program managers and key clinical staff; county jail behavioral health directors, behavioral health clinicians and care coordinators; substance use disorder providers; and county department of human services staff involved with Medicaid enrollment. An advisory committee met monthly during the baseline period to ensure community partner buy-in and ensure adequate resources, and establish procedures for compliant data sharing. A work group, including more direct line staff, also met monthly to evaluate the current transition care process, review barriers and discuss strategies.

A combination of quality improvement methods were used between the two project teams, including the following key tools derived from LEAN, PDSA, and others.

For the purposes of completing a causal/barrier analysis, value stream process mapping was used for the groups to come to a common understanding of the current state and assist in identifying gaps and barriers in the process (see Attachment 4 Boulder Transition Care Process Map and Attachment 5 JeffCo PIP Process Map). Additional data mining, including review of frequency by diagnosis category, within the study population, specific service codes and providers that are currently providing follow up services to members after release, were used to inform the current view of the population and care process as well as identify key providers to include in the workgroups and target diagnostic categories and services.

A barrier analysis, using key components of FMEA, assessed and prioritized key barriers that the project teams determined to be most actionable and have the largest impact on the study population. Project teams used a combination of an intervention determination

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

model, along with the development of specific aims and tasks associated with the plan (from the PDSA model) to create action steps towards focused strategy implementation and measure effectiveness of each strategy implementation.

A specific measurement plan was created for each of the initial interventions to determine effectiveness of implementation and assess outcomes. A specific team member was assigned to be responsible for tracking/monitoring of each intervention to ensure clarity of roles and ownership.

Barriers, Interventions, and Tracking Prioritized:

Barriers and interventions identified are specific to the unique needs of each county collaborative project teams and existing programming. Initial interventions, along with a proposed method of tracking are described below. Some have been recently implemented, and others are planned within the next 4 months. Adjustments may need to be made to the interventions and methods of tracking as implementation begins.

1. Barrier: Lack of key contact and process for referring inmates with substance use disorders to treatment in Jefferson County. This was determined to be a barrier to the member being able to set up an appointment prior to release from jail and inability for tracking and follow up of member after release.

Intervention: Establish key contact at Arapahoe House who will accept calls and referrals from the Jefferson County Transition Coordinator for inmates releasing who are in need of a follow up appointment after release.

Tracking effectiveness: Arapahoe House contact for jail referrals will keep tracking sheet of all members referred to Arapahoe House by the Jail Transition Coordinator, including total number of referrals, and whether the appointment after release (either intake or follow up appointment) was attended or not.

2. Barrier: Insufficient access to resources to meet basic needs of inmates released to the community in Jefferson County (housing,

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

transportation, benefits, crisis services). Lack of basic necessities was identified as a key barrier for members in accessing behavioral health services, along with resource information not being available in written form for members to take upon release.

Intervention: Development of educational materials and resources for dissemination at county jail to both releasing inmates and members of their support network with information on how to access these key resources. Materials will be available and/or given directly to inmates through various means, including given by Jail Transition Coordinator and available in waiting room and visitor lobby.

Tracking effectiveness: Jail Transition Coordinator will track the number of each type of member educational material that is disseminated to inmates.

3. Barrier: Aside from specialized Jail-based behavioral health services (JBBS) services, no standardized process in place for in-reach services to engage inmates in behavioral health treatment during incarceration. JBBS provides jail based services to a specific subset of inmates meeting key criteria, but does not meet the behavioral health needs of the entire population. For those outside of the JBBS program, additional strategies are necessary to engage members in treatment prior to release.

Intervention: In Boulder County, one Mental Health Partners (MHP) assessment clinician was hired to provide initial intake assessments to inmates in need of behavioral health services. While services provided during incarceration are not billable to Medicaid, the provision of such services, as part of an in-reach program, strengthens the relationship between the inmate and the behavioral health provider, increasing engagement and likelihood that the member will follow up with community based services upon release. Processes developed for targeting the highest need population as well as those that have a set release date for intake to be provided within the week or two prior to release for greatest potential for engagement after release. Follow up appointments will also be scheduled for these individuals prior to release.

Tracking effectiveness: MHP will track the number of intakes completed in the jails, along with the number that attend follow up appointments at MHP after release from jail.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

4. Barrier: Cumbersome process for released inmates to go through mental health center screening and intake process after release. The standard phone screening and intake process does not meet the unique needs of this population, in that it requires the member to make a phone call for completion of the screening prior to arriving at the mental health center for an intake. Access to a phone is not always possible for this population.

Intervention: Developed screening, referral and follow up process in Boulder County. Process includes inmates completing a paper screening form during incarceration, transferring forms to the mental health center in order for the member information to be entered in the electronic medical record prior to release. This process will allow for pre-scheduling of an intake if release date is known.

Tracking effectiveness: MHP will track the number of screening forms completed, number of intakes pre-scheduled, and the attendance of the intake after release.

5. Barrier: Lack of procedures for outreaching members referred to the mental health center for an intake, but do not show up. Because clients aren't always scheduled for an intake, but rather referred to the same day assessment clinic for the initial intake, there isn't a clear process for identifying when a member doesn't attend. This was identified as a gap, in that if there is no method of tracking these referrals, there is no way of outreaching the member directly and working to engage in services more proactively.

Intervention: Develop process for tracking members released from the jail that are referred to Jefferson Center for Mental Health and whether or not they attended an intake. Include procedures for outreaching members without an attended intake.

Tracking effectiveness: Method for tracking effectiveness not yet developed. Will depend on identified process elements defined in the intervention.

Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form: Improving Transition from Jail to Community-Based Behavioral Health Treatment for Foothills Behavioral Health Partners, LLC

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

Barriers/Interventions Table:

Use the table below to list barriers, corresponding intervention descriptions, intervention type, target population, and implementation date. For each intervention, select if the intervention was (1) new, continued, or revised, and (2) consumer, provider, or system. Update the table as interventions are added, discontinued, or revised.

Date Implemented (MM/YY)	Select if Continued, New, or Revised	Select if Consumer, Provider, or System Intervention	Priority Ranking	Barrier	Intervention That Addresses the Barrier Listed in the Previous Column
10/15	New	Provider Intervention	1	Lack of key contact and process for referring inmates with substance use disorders to treatment in Jefferson County	Establish key contact at Arapahoe House who will accept calls and referrals from the Jefferson County Transition Coordinator for inmates releasing who are in need of a follow up appointment.
09/15	New	Consumer Intervention	2	Insufficient access to resources to meet basic needs of inmates released to the community (housing, transportation, benefits, crisis services).	Development of educational materials and resources for dissemination at county jail to both releasing inmates and members of their support network with information on how to access these key resources.
10/15	New	Consumer Intervention	3	Aside from specialized Jail-based behavioral health services (JBBS) services, no standardized process in place for in-reach services to	In Boulder County, Mental Health Partners (MHP) assessment clinician hired to provide initial intake assessments to inmates in need of behavioral health



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

				engage inmates in behavioral health treatment during incarceration.	services.
11/15 (expected)	New	Consumer Intervention	4	Cumbersome process for released inmates to go through mental health center screening and intake process.	Developed screening, referral and follow up process in Boulder County. Process includes inmates completing screening form during incarceration, transferring forms to the mental health center in order for the member to be enrolled in the electronic medical record prior to release, allow for pre-scheduling of intake if release date is known, and tracking attendance at pre-scheduled intakes.
01/16	New	Consumer Intervention	5	Lack of procedures for outreaching members referred to the mental health center for an intake, but do not show up.	Develop process for tracking members released from the jail that are referred to Jefferson Center for Mental Health and whether or not they attended an intake. Include procedures for outreaching members without an attended intake.
	Click to select status	Click to select status			



**Appendix B: State of Colorado State Fiscal Year (SFY) 2015-16 PIP Summary Form:
Improving Transition from Jail to Community-Based Behavioral Health Treatment
for Foothills Behavioral Health Partners, LLC**

Activity VIII: Improvement Strategies (interventions for improvement as a result of analysis). Interventions are developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. Describe the barriers/interventions and provide quantitative details on the processes used to identify the barriers/interventions and to evaluate the effectiveness of each intervention. Do not include intervention planning activities.

This activity will include the following:

- ◆ Processes used to identify barriers/interventions.
- ◆ Prioritized list of barriers with corresponding interventions.
- ◆ Processes used to evaluate the effectiveness of the interventions and evaluation results.
- ◆ For remeasurement periods, how evaluation and analysis results guided continuation, revision, or discontinuation of interventions.

	Click to select status	Click to select status			
	Click to select status	Click to select status			

Report the evaluation results for each intervention and describe the steps taken based on the evaluation results. Was each intervention successful? How were successful interventions continued or implemented on a larger scale? How were less-successful interventions revised or discontinued?

Evaluation results for each Intervention:

Next steps for each intervention based on evaluation results: