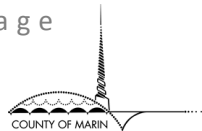
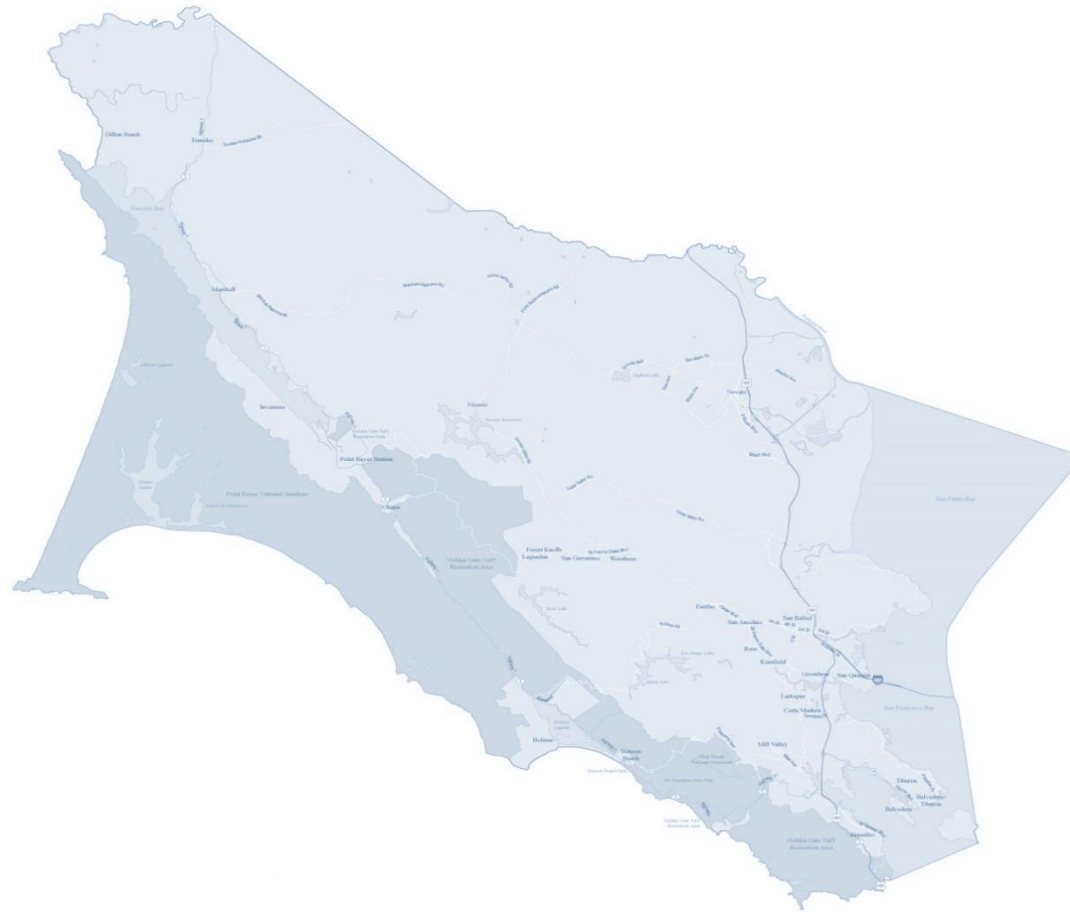


# Marin County Drug/Medi-Cal Organized Delivery System (DMC-ODS) Quality Improvement Work Plan July 1, 2018 – June 30, 2019



## Quality Management Program Description

The Marin Drug/Medi-Cal Organized Delivery System (DMC-ODS) Quality Management (QM) program is responsible for monitoring the DMC-ODS' effectiveness and for providing support to all areas of DMC-ODS operations by conducting performance monitoring activities which include, but are not limited to: utilization management, utilization review, provider appeals, credentialing and monitoring, resolution of beneficiary grievances, and analysis of beneficiary and system outcomes.

The QM program's activities are guided by the relevant sections of Federal and California State regulations, including the Code of Federal Regulations Title 42, Title 9, and the DMC-ODS' Intergovernmental Agreement with the State Department of Health Care Services (DHCS).

Activities in the QM program are performed by the DMC-ODS Administrative team, which consists of the County Alcohol and Drug Administrator, Program Manager, two Department Analysts, two Senior Program Coordinators and one Administrative Services Associate, as well as partners—and integrates many functions with—the Behavioral Health and Recovery Services Quality Management team, one of whom is a licensed clinician dedicated to performing Utilization Reviews for the DMC-ODS. QM staff carries out their job responsibilities as defined by their individual professional disciplines and scopes of practice.

The Utilization Management (UM) program is a component of the QM program. The UM program assures that beneficiaries have appropriate access to DMC-ODS services. Program activities include: the evaluation of medical necessity determinations, the appropriateness and efficiency of services, as well as the access to capacity and geographical distribution of services provided to Marin County Medi-Cal beneficiaries. The different programs and committees within the QM Department provide structure for the quality improvement and oversight responsibilities of the organization.

The **Administrative Compliance Committee** is led by QM, Fiscal, Administrative and IT representatives. The HHS/BHRS Compliance Officer, Office Services Supervisors, Billing Manager, IT staff and administrative lead staff members also comprise the committee. During these meeting, stakeholders identify and discuss issues across the BHRS system that relate to the Electronic Health Record (EHR) system, the practice management system, policies and procedures, documentation processing, and other administrative tasks that are essential to providing quality services to consumers and family members.

**Quality Improvement Program:** The Quality Improvement program monitors the overall service delivery system with the aim of improving processes of care provision and increasing consumer and family member satisfaction and outcomes.

**The Quality Improvement Committee (QIC)** is a combined MH and SU services committee, and is comprised of a diverse group of stakeholders, including representatives from DMC-ODS and MHP administration and clinical programs, peers/family members, the patient rights advocate, and contractors/community partners. QM staff is responsible for facilitating a quarterly QIC meeting to review findings from a range of compliance and quality improvement activities, including specified DMC-ODS data elements, and to obtain input into these and other areas for improvement.

BHRS has an active **Cultural Competency Advisory Board (CCAB)** which is comprised of BHRS management, BHRS line staff, contract agency providers, consumer advocates, consumers, community leaders from ethnic communities and an administrative aide to one of the county's Supervisors. There are three existing working committees within the Board: Training, Policy, and Access. The 21-member board is tasked to analyze data, review existing improvement plans, examine practice approaches and make recommendations related to policy, service delivery, staffing and training needs, and system improvements. QM staff provides data for the CCAB, and there is shared participation in both the QIC and CCAB on the management, staff and consumer level.

BHRS convenes a monthly **DMC-ODS Contractors** meeting which is comprised of management staff from the contracted provider network, County DMC-ODS staff, BHRS QM staff and Recovery Coach/Care Managers. The DMC-ODS also convenes a monthly **Clinical Provider** meeting which is facilitated by the BHRS QM Utilization Review Specialist and includes clinical line staff from County-operated and contracted provider staff.

**Quality Improvement Work Plan:** The intent of the Quality Improvement (QI) Work Plan is to create systems whereby data relevant to the performance of the DMC-ODS is available in an easily interpretable and actionable form. This year's plan represents the first year in the DMC-ODS and is largely focused on developing the infrastructure to track and report on metrics related to access, timeliness, quality and outcomes. The QI Work Plan will be evaluated and updated at least annually. The elements of this QI Work Plan are informed by the quality improvement requirements of the DMC-ODS performance contract.

**Quality Improvement Work Plan:** The intent of the Quality Improvement (QI) Work Plan is to create systems whereby data relevant to the performance of the DMC-ODS is available in an easily interpretable and actionable form. The elements of this QI Work Plan are informed by the quality improvement requirements of the DMC-ODS performance contract, and feedback from the EQRO and QIC. This year's plan continues the work of the previous plan's work of improving the capture, analysis and use of data to support contractual compliance, performance management and decision making. Performance improvement activities focus on improving provider network adequacy, accessibility, timeliness and outcomes of services and serve to enhance the DMC-ODS's daily work of supporting the recovery and resiliency of the consumers and family members in our community.

## DMC-ODS QI Work Plan (July 1, 2018 – June 30, 2019)

Category	Goal	Planned Activities															
Timeliness – Access to Services	In FY 2018-19, at least 95% of beneficiaries will be served within the Final Rule timely access standards. At a minimum, timely access measures will include number of days to first DMC-ODS service at an appropriate level of care following initial request or referral and timeliness of services of the first dose of NTP services.	<ol style="list-style-type: none"> <li>1. Update FY 2018-19 contract language to reflect timely access targets</li> <li>2. Review existing data collection systems to identify any needed revisions and update accordingly [e.g. Access Contact Log, WITS]</li> <li>3. Provide training to DMC-ODS Providers on updated Marin WITS fields regarding timely access</li> <li>4. Monitor and analyze timely access data at a minimum quarterly</li> <li>5. Present timely access data to stakeholders, including DMC-ODS Providers and the Quality Improvement Committee</li> </ol>															
<b>Evaluation</b>	<b>FY 2018/19 Performance Targets and Baseline Metrics</b>																
<b>Annual Goal Met:</b> <input type="checkbox"/> Met: Item # <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="text-align: left;">Measure</th> <th style="text-align: left;">Performance Target</th> <th style="text-align: left;">Baseline (DMC-ODS Year 1 Outcome)</th> </tr> </thead> <tbody> <tr> <td>Days from Initial Request to First DMC-ODS Service</td> <td>95% within 10 business days</td> <td> <ul style="list-style-type: none"> <li>Outpatient: 97.2% [Mean: 3.8 days]</li> <li>Intensive Outpatient: 98.3% [Mean: 4.7 days]</li> <li>Residential: 96.6% [Mean: 0.7 days]</li> <li>Withdrawal Management: 99.4% [Mean: 1.0 days]</li> </ul> </td> </tr> <tr> <td>Days from Initial Request to First Dose of NTP</td> <td>95% within 3 business days</td> <td> <ul style="list-style-type: none"> <li>OTP: 100% [Mean: 1 day]</li> </ul> </td> </tr> <tr> <td>Days/hours from Initial Request to Urgent Appointment</td> <td>95% within 48 hours</td> <td> <ul style="list-style-type: none"> <li>Urgent Appointment: 96.9% * [Mean: 1 day]</li> </ul> </td> </tr> <tr> <td>Percent of Timely Access Data Entered in WITS</td> <td>100%</td> <td> <ul style="list-style-type: none"> <li>Data Entered in Marin WITS: 84.7%</li> </ul> </td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">*Baseline for Urgent Appointments is based on the determination of a need for withdrawal management and a withdrawal management encounter within two days (rather than 48 hours) of the identification. This metric reflects FY 2017/18 and future data will reflect hours, rather than days.            Data Sources: Marin WITS (4/1/17 – 3/31/18, except urgent appointments, which is 7/1/17 – 6/30/18)</p>		Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)	Days from Initial Request to First DMC-ODS Service	95% within 10 business days	<ul style="list-style-type: none"> <li>Outpatient: 97.2% [Mean: 3.8 days]</li> <li>Intensive Outpatient: 98.3% [Mean: 4.7 days]</li> <li>Residential: 96.6% [Mean: 0.7 days]</li> <li>Withdrawal Management: 99.4% [Mean: 1.0 days]</li> </ul>	Days from Initial Request to First Dose of NTP	95% within 3 business days	<ul style="list-style-type: none"> <li>OTP: 100% [Mean: 1 day]</li> </ul>	Days/hours from Initial Request to Urgent Appointment	95% within 48 hours	<ul style="list-style-type: none"> <li>Urgent Appointment: 96.9% * [Mean: 1 day]</li> </ul>	Percent of Timely Access Data Entered in WITS	100%	<ul style="list-style-type: none"> <li>Data Entered in Marin WITS: 84.7%</li> </ul>
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Percent of Timely Access Data Entered in WITS	100%	<ul style="list-style-type: none"> <li>Data Entered in Marin WITS: 84.7%</li> </ul>															

<p>Timeliness – Authorization for Services</p>	<p>In FY 2018-19, 100% of responses to Residential Treatment Authorization Requests (TAR) will occur within 24 hours of the request.</p>	<ol style="list-style-type: none"> <li>1. Engage BHRS Access and Residential treatment provider staff to identify potential processes for submitting and reviewing authorization requests for Residential treatment</li> <li>2. Provide ongoing training to Access Line and Residential provider staff on the Authorization process</li> <li>3. Analyze Residential Authorization data at least quarterly and present it to stakeholders, including DMC-ODS Providers and Quality Improvement Committee</li> <li>4. Convene an ad hoc workgroup to identify strategies for improving TAR process</li> </ol>									
<p><b>Evaluation</b> <b>FY 2018/19 Performance Targets and Baseline Metrics</b></p>											
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<p>Timeliness – Residential Authorization Quality</p>	<p>In FY 2018-19, there will be a 25% reduction in TARs put in Pending status.</p>	<ol style="list-style-type: none"> <li>1. Analyze Residential Authorization data at least quarterly and present it to stakeholders, including DMC-ODS Providers and Quality Improvement Committee</li> <li>2. Review Pending TARs to identify trends and any technical assistance needed to improve the quality of and appropriateness of TARs</li> <li>3. Provide ASAM Training to Residential Providers and Access Line staff to ensure TARs are submitted for beneficiaries appropriate for Residential treatment</li> <li>4. Convene an ad hoc workgroup to identify strategies for improving TAR process</li> </ol>									

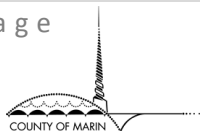
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Access – Access Line Quality	By June 30, 2019, at least 75% of substance use treatment referrals from the Access Line will be to the appropriate ASAM Level of Care.	<ol style="list-style-type: none"> <li>1. At least quarterly, analyze and provide to staff Access Line referral and DMC-ODS Provider data.</li> <li>2. Identify and address barriers to logging the recommended ASAM Level of Care field (Access Log)</li> <li>3. Provide ASAM Criteria and other applicable training to BHRS Access staff.</li> <li>4. Engage BHRS Access and DMC-ODS providers to identify strategies for improving accurate referrals, if needed, and to identify strategies to improve the percentage of beneficiaries referred that enroll in a DMC-ODS service.</li> </ol>										
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Percent of referrals from the Access Line to the appropriate ASAM Level of Care	75%	75%										
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Access – Access Line Performance Metrics	In FY 2018-19, continue routine monitoring of the Access Line Performance metrics, including average time to answer a call and call abandonment.	<ol style="list-style-type: none"> <li>1. At a minimum of monthly, analyze Access Line performance data.</li> <li>2. Perform test calls to the Access Line – include business and afterhours calls and in multiple languages</li> <li>3. Distribute monthly Access Line dashboards and quarterly test call results to stakeholders.</li> <li>4. If improvements are warranted, identify appropriate strategies to address the performance issues.</li> </ol>												
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Access – Afterhours Services	By June 30, 2019, 100% of County-operated and contracted DMC-ODS providers will have procedures in place to link beneficiaries with afterhours care.	<ol style="list-style-type: none"> <li>1. Develop contract language that requires posting of afterhours information at sites and in admission agreements</li> <li>2. Update the Provider Self-Audit tool to incorporate review of procedures for linking beneficiaries to afterhours care into the annual monitoring process.</li> <li>3. Perform onsite reviews at DMC-ODS sites and assess compliance with posting afterhours information at sites and in admission agreements.</li> </ol>												
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Access –Penetration Rates	By June 30, 2019, there will be a 15% increase from baseline in penetration rates among the adult Hispanic/Latino population.	<ol style="list-style-type: none"> <li>1. Seek input from the DMC-ODS Provider network on potential barriers to service for Latino/Hispanic adults</li> <li>2. Outreach to community leaders and organizations to seek input on strategies and/or services to more effectively serve the Latino/Hispanic population</li> <li>3. Expand services as appropriate</li> <li>4. Promote available resources</li> <li>5. At least biannually, review penetration rate data to assess trends and identify opportunities to address disparities</li> </ol>																											
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<p>Access – Network Adequacy</p>	<p>By June 30, 2019, Marin DMC-ODS will maintain and monitor a network of providers that is sufficient to provide adequate access to DMC-ODS services as evidenced by 100% of beneficiaries being able to access the appropriate level of care within the Final Rule time and distance standards and in their preferred language.</p>	<ol style="list-style-type: none"> <li>1. Develop additional fields in Marin WITS to capture preferred language, language in which service was provided, and whether an interpreter was used to deliver the service</li> <li>2. Train DMC-ODS providers on entering preferred language data.</li> <li>3. Analyze and map beneficiary and service data to assess access to services within 30 miles or 60 minutes.</li> <li>4. Analyze encounter data to assess the percentage of beneficiaries receiving services in their preferred language</li> <li>5. Prepare and post a monthly Provider Directory, which includes information on beneficiary capacity, linguistic capabilities, hours and physical accessibility of services, cultural competency and specialty.</li> <li>6. Identify and seek additional network providers if gaps exist in terms of geographic, preferred language, or level of care.</li> </ol>												
<p><b>Evaluation</b> <b>FY 2018/19 Performance Targets and Baseline Metrics</b></p>														
<p><b>Annual Goal Met:</b>  <input type="checkbox"/> Met: Item #  <input type="checkbox"/> Partially Met: Item #  <input type="checkbox"/> Not Met: Item #  <input type="checkbox"/> Continued: Item #</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th style="text-align: left;">Measure</th> <th style="text-align: center;">Performance Target</th> <th style="text-align: center;">Baseline (DMC-ODS Year 1 Outcome)</th> </tr> </thead> <tbody> <tr> <td>Percent of beneficiaries able to access Outpatient services within 30 miles or 60 minutes</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Percent of beneficiaries able to access OTP services within 30 miles or 60 minutes</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> </tr> <tr> <td>Percent of beneficiaries receiving services in their preferred language</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">Not Yet Established – Field to be added to WITS</td> </tr> </tbody> </table> <p>Data Sources: MMEF; Marin WITS</p>		Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)	Percent of beneficiaries able to access Outpatient services within 30 miles or 60 minutes	100%	100%	Percent of beneficiaries able to access OTP services within 30 miles or 60 minutes	100%	100%	Percent of beneficiaries receiving services in their preferred language	100%	Not Yet Established – Field to be added to WITS
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<p>Access – Network Adequacy</p>	<p>By June 30, 2019, provide all ASAM levels of care required in the DMC-ODS Waiver available to Marin Medi-Cal beneficiaries (18+).</p>	<ol style="list-style-type: none"> <li>1. Analyze MMEF and data for beneficiaries in substance use treatment to project the types and location of services needed</li> <li>2. Review listing of Drug/Medi-Cal certified sites and identify gaps</li> <li>3. Provide technical assistance to prospective providers to submit Drug/Medi-Cal applications</li> <li>4. Outreach to out-of-county partners and programs to explore the feasibility of accessing services not yet available in Marin County, such as additional Recovery Residences, ASAM Level 3.3 and additional outpatient treatment options.</li> <li>5. Identify additional service gaps and strategies for ensuring all ASAM levels of care are available for beneficiaries (18+)</li> </ol>												
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Required: ASAM Level 3.3 Available by End of IY 3	By End of IY 3	Planning underway – Issued an RFP in May 2018												

Quality – Cultural Competency	By June 30, 2019, 100% of BHRS DMC-ODS staff will participate in at least one cultural competency annually.	<ol style="list-style-type: none"> <li>1. Engage stakeholders and review the DMC-ODS STCs to identify workforce development and training needs</li> <li>2. Develop a training plan, including topics, trainers, timeframe and required/optional participants</li> <li>3. Provide trainings and track attendance and outcomes</li> </ol>									
<b>Evaluation</b>	<b>FY 2018/19 Performance Targets and Baseline Metrics</b>										
<b>Annual Goal Met:</b> <input type="checkbox"/> Met: Item # <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #4f81bd; color: white;"> <th data-bbox="541 459 1129 529">Measure</th> <th data-bbox="1129 459 1474 529">Performance Target</th> <th data-bbox="1474 459 1860 529">Baseline (DMC-ODS Year 1 Outcome)</th> </tr> </thead> <tbody> <tr> <td data-bbox="541 529 1129 599">Percent of DMC-ODS staff participating in annual cultural competency training.</td> <td data-bbox="1129 529 1474 599" style="text-align: center;">80%</td> <td data-bbox="1474 529 1860 599" style="text-align: center;">90.2%</td> </tr> <tr> <td data-bbox="541 599 1129 735">Percentage of beneficiaries who have a positive response (4+ out of 5) on the Treatment Perceptions Survey when asked about cultural sensitivity of services</td> <td data-bbox="1129 599 1474 735" style="text-align: center;">80%</td> <td data-bbox="1474 599 1860 735" style="text-align: center;">75.6%</td> </tr> </tbody> </table>		Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)	Percent of DMC-ODS staff participating in annual cultural competency training.	80%	90.2%	Percentage of beneficiaries who have a positive response (4+ out of 5) on the Treatment Perceptions Survey when asked about cultural sensitivity of services	80%	75.6%
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Percent of DMC-ODS staff participating in annual cultural competency training.	80%	90.2%									
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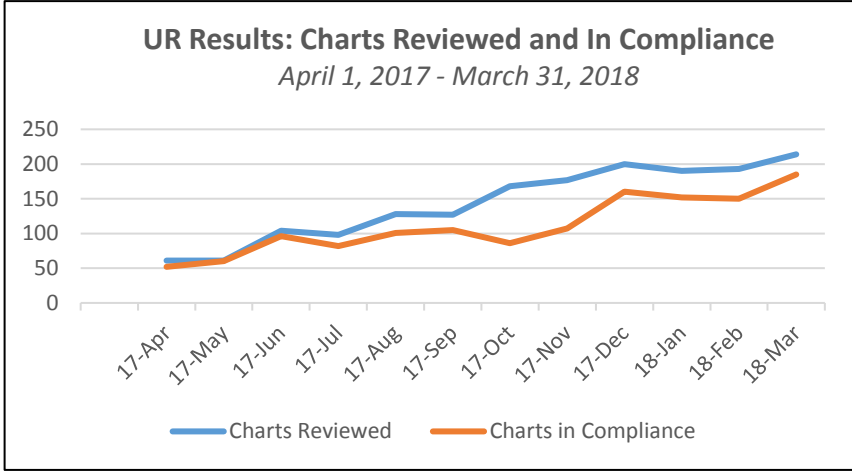
<p>Quality – Beneficiary Engagement</p>	<p>By June 30, 2019, at least 75% of beneficiaries will engage in DMC-ODS services.</p>	<ol style="list-style-type: none"> <li>1. Review existing data collection fields and systems to identify any needed revisions and update accordingly [e.g. Provider Logs, WITS]</li> <li>2. Provide training to DMC-ODS Providers on updated Marin WITS fields regarding no show fields</li> <li>3. Monitor and analyze initiation, engagement and no show data at a minimum quarterly</li> <li>4. Consider additional methods to assess initiation and engagement</li> <li>5. Present initiation, engagement and no show data to stakeholders, including DMC-ODS Providers and the Quality Improvement Committee</li> <li>6. Identify strategies for improvement in areas not meeting performance targets</li> </ol>																		
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Quality – Clinical Documentation	By June 30, 2019, at least 80% of DMC-ODS beneficiary charts that are reviewed will be approved for upload to DHCS.	<ol style="list-style-type: none"> <li>1. Develop/update procedures and related documentation to monitor Title 9, DMC-ODS and 42 CFR 438 requirements</li> <li>2. Provide relevant training/technical assistance to DMC-ODS providers</li> <li>3. BHRS UR staff will be hired and cross-trained to perform DMC-ODS and MHP documentation reviews.</li> <li>4. A licensed UR specialist will perform documentation reviews that monitor DMC-ODS STCs, Title 9 and applicable 42 CFR 438 requirements, including establishing medical necessity, ensuring the beneficiary is at the appropriate ASAM level of care, and the interventions are appropriate for the diagnosis and level of care.</li> </ol>
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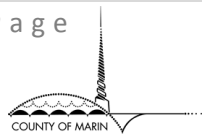
**Evaluation** **FY 2018/19 Performance Targets and Baseline Metrics**

**Annual Goal Met:**  
 Met: Item #  
 Partially Met: Item #  
 Not Met: Item #  
 Continued: Item #

Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)
Percentage of beneficiaries that are in the assessed ASAM Level of Care	85%	89%
Percentage of beneficiary files reviewed during the monthly URC that are approved for uploading to DHCS	80%	78%



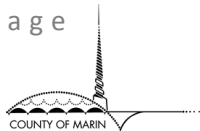
Data Sources: ASAM Level of Care – Marin WITS/ASAM Log Submitted to DHCS; UR Results – BHRS UR Reports



<p>Quality – Primary Care Coordination</p>	<p>By June 30, 2019, at least 75% of beneficiaries participating in the annual TPS survey will report a positive response (4+ out of 5) when asked about coordination with primary care.</p>	<ol style="list-style-type: none"> <li>1. Engage DMC-ODS providers to identify current and proposed practices for identifying and linking a beneficiary to primary care</li> <li>2. Review TPS data to identify areas of focus for improving coordination with primary care</li> <li>3. Update Marin WITS, as needed, to include a field(s) for recording whether a beneficiary has a primary care provider and efforts to link beneficiaries with care</li> <li>4. Update documentation, as needed (e.g. Contractor Manual, Marin WITS training materials, Policies &amp; Procedures, etc.)</li> <li>5. Train DMC-ODS providers to in updated procedures and data collection requirements</li> <li>6. Work with Partnership Health Plan to identify strategies for sharing data across primary care and substance use services</li> </ol>									
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Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)									
Percentage of beneficiaries who have a positive response (4+ out of 5) on the Treatment Perceptions Survey when asked about coordination with primary care	75%	66.9%									
Average score on the Treatment Perceptions Survey regarding coordination with physical health providers	4 [Agree]	3.9									

<p>Quality – Mental Health Care Coordination</p>	<p>By June 30, 2019, at least 75% of beneficiaries participating in the annual TPS survey will report a positive response (4+ out of 5) when asked about coordination with mental health.</p>	<ol style="list-style-type: none"> <li>1. Engage DMC-ODS providers to identify current and proposed practices for identifying and linking a beneficiary to mental health</li> <li>2. Review TPS data to identify areas of focus for improving coordination with mental health</li> <li>3. Update Marin WITS, as needed, to include a field(s) for recording whether a beneficiary has a mental health provider and efforts to link beneficiaries with care, if appropriate</li> <li>4. Update documentation, as needed (e.g. Contractor Manual, Marin WITS training materials, Policies &amp; Procedures, etc.)</li> <li>5. Train DMC-ODS providers to in updated procedures and data collection requirements</li> <li>6. Work with Partnership Health Plan and BHRS to identify strategies for sharing data across mild/moderate and specialty mental health, respectively, and substance use services</li> </ol>									
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Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)									
Percentage of beneficiaries who have a positive response (4+ out of 5) on the Treatment Perceptions Survey when asked about coordination with mental health	75%	63%									
Average score on the Treatment Perceptions Survey regarding coordination with mental health providers	4 [Agree]	3.9									

Quality – Complaints, Grievances and Appeals	By June 30, 2019, respond to 100% of grievances, appeals and expedited appeals within the Final Rule timelines.	<ol style="list-style-type: none"> <li>1. Review existing Policies and Procedures and update accordingly to incorporate requirements from the DMC-ODS STCs and 42 CFR 438</li> <li>2. Develop updated forms in at least English and Spanish</li> <li>3. Review DMC-ODS provider policies, procedures and forms for complaints, grievances and appeals and provide technical assistance, as needed</li> <li>4. Report grievance, appeal and other beneficiary protection information at least quarterly at QIC meetings</li> </ol>																														
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Other	1	0%*																														
<b>Total</b>	<b>9</b>	<b>88.9%</b>																														





Quality – Emergency Department Follow-Up	By June 30, 2019, there will be a 15% increase in number of beneficiaries who are engaged in a substance use service within seven days following a non-fatal opioid overdose.	<ol style="list-style-type: none"> <li>Partner with HHS Epidemiology to develop procedures for routine sharing of EMS data</li> <li>At least quarterly, analyze EMS and WITS data to identify service linkages and re-admission rates</li> <li>Partner with Rx Safe Marin and other stakeholders to review data and identify strategies for improving service linkages between Emergency Departments and substance use services</li> </ol>						
<b>Evaluation</b> <b>FY 2018/19 Performance Targets and Baseline Metrics</b>								
<b>Annual Goal Met:</b> <input type="checkbox"/> Met: Item # <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #	<table border="1" data-bbox="558 521 1879 695"> <thead> <tr> <th data-bbox="564 526 1079 557">Measure</th> <th data-bbox="1085 526 1461 557">Performance Target</th> <th data-bbox="1467 526 1873 557">Baseline</th> </tr> </thead> <tbody> <tr> <td data-bbox="564 561 1079 690">Percent of beneficiaries with a substance use service contact within seven days following a non-fatal opioid overdose.</td> <td data-bbox="1085 561 1461 690">33.8%</td> <td data-bbox="1467 561 1873 690">29.4%</td> </tr> </tbody> </table> <p data-bbox="520 735 1520 766">Data Source: Baseline represents EMS and Marin WITS data for April – September 2018.</p>		Measure	Performance Target	Baseline	Percent of beneficiaries with a substance use service contact within seven days following a non-fatal opioid overdose.	33.8%	29.4%
Measure	Performance Target	Baseline						
Percent of beneficiaries with a substance use service contact within seven days following a non-fatal opioid overdose.	33.8%	29.4%						
Quality – Outcomes	By June 30, 2019, there will be improvements from admission to discharge in domains including reductions in substance use, improvements in mental and physical health, gainful employment/educational attainment, reductions in justice involvement, attaining stable housing, and improved family/social support.	<ol style="list-style-type: none"> <li>Dedicate staff to perform analyses at least quarterly.</li> <li>Outreach to DHCS to identify additional reporting features in BHIS</li> <li>Engage stakeholders (e.g. QIC, DMC-ODS Providers) to review trends and identify strategies for improvements, if needed</li> </ol>						

Evaluation	FY 2018/19 Performance Targets and Baseline Metrics		
<b>Annual Goal Met:</b> <input type="checkbox"/> Met: Item # <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #	<b>Changes from Admission to Discharge – Adult [Outpatient, Intensive Outpatient and Residential]</b>		
	<b>Metric</b>	<b>Performance Target</b>	<b>Baseline (DMC-ODS Year 1 Outcome)</b>
	Percent Decrease in Criminal Justice Involvement at Discharge	80%	78.5%
	Percent Decrease in Hospitalization/ER- Physical Health	70%	50.0%
	Percent Decrease in Hospitalization/ER - Mental Health	50%	33.3%
	Percent of Beneficiaries Employed at Discharge	50%	53.2%
	Percent Participating in Social Support Activities at Discharge	85%	72.5%
	Percent in Stable (Independent) Housing at Discharge	40%	45.9%
	<b>Changes from Admission to Discharge – Adolescent [Outpatient and Intensive Outpatient]</b>		
	<b>Metric</b>	<b>Performance Target</b>	<b>Baseline (DMC-ODS Year 1 Outcome)</b>
	Percent Decrease in Juvenile Justice Involvement at Discharge	70%	100%
	Percent Participating in Social Support Activities at Discharge	85%	68.8%
	Percent in School at Discharge	100%	100%
	Data Sources: ITWS (4/1/17 – 3/31/18)		