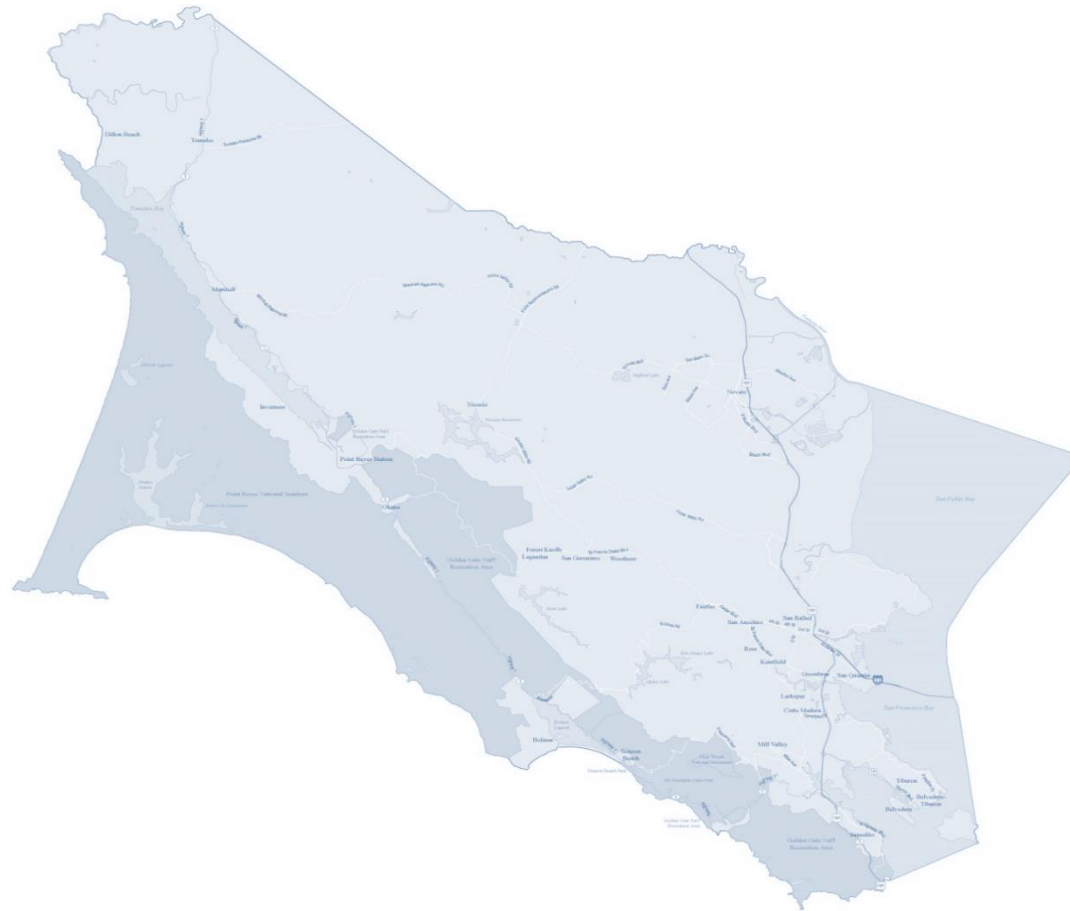


Marin County Drug/Medi-Cal Organized Delivery System (DMC-ODS) Quality Improvement Work Plan – *Evaluation* April 1, 2017 – June 30, 2018



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, the California Code of Regulations and 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.

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.

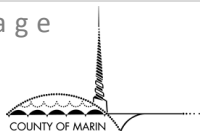
This year's plan represents the first year in the DMC-ODS and is largely focused on developing the infrastructure to track and report on metrics related to access, timeliness, quality and outcomes. The QI Work Plan will be evaluated and updated at least annually. ***This represents a Preliminary Evaluation as the QI Work Plan extends through June 30, 2018 (15-Month Period). Also note that some activities occurred prior to the QI Work Plan start date of April 1, 2017, though are referenced as they directly relate to issues critical to Marin's DMC-ODS implementation. These activities include: 1) Integrating the Quality Improvement Committee; 2) Integrating the 24/7 Access Line; 3) Piloting the Residential Authorization process so that the Access Line had the training and capacity to successfully authorize services by April 1, 2017; and 4) Developing updated contract language to ensure that DMC-ODS providers had contracts in place that reflected applicable requirements.***

DMC-ODS QI Work Plan Evaluation (April 1, 2017 – June 30, 2018)

Category	Goal	Planned Activities and Progress Achieved
Timeliness – Access to Services	By December 31, 2017, establish a baseline and system to collect, maintain and evaluate accessibility to care and capacity information. 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, timeliness of services of the first dose of NTP services, and frequency of follow-up appointments in accordance with individualized treatment plans.	<ol style="list-style-type: none"> 1. Engage stakeholders and review DMC-ODS STCs to identify measures [e.g. first contact to service initiation, first dose of NTP, etc.] - Completed 2. Review existing data collection systems to identify any needed revisions and update accordingly [e.g. Access Contact Log, WITS] – Completed 3. For measures with existing data being collected, analyze to determine the baseline - Completed 4. Review baseline data and industry standards for timely access to care to establish performance targets - Completed 5. Document and distribute to DMC-ODS providers access to care performance targets. - Completed 6. Train relevant staff to collect and report data - Completed 7. Prepare language on standards and performance targets for FY 2016-17 DMC-ODS contracts – Completed <p style="margin-top: 10px;"><u>Supporting Documentation: DMC-ODS Contractor Meeting Materials; Sample FY 2017/18 DMC-ODS Contract Scope of Work; Clinical Practice and Administrative Guidelines</u></p>

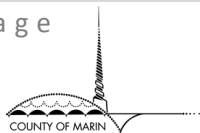
Evaluation	FY 2017/18 Performance Targets and Baseline Metrics															
Annual Goal Met: <input checked="" type="checkbox"/> Met: Item # 1-7 <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #	<table border="1"> <thead> <tr> <th data-bbox="541 256 814 298">Measure</th> <th data-bbox="814 256 1054 298">Performance Target</th> <th data-bbox="1054 256 1474 298">DMC-ODS Year 1 Outcome</th> <th data-bbox="1474 256 1894 298">FY 2017/18 Outcome</th> </tr> </thead> <tbody> <tr> <td data-bbox="541 298 814 607">Days from Initial Request to First DMC-ODS Service</td> <td data-bbox="814 298 1054 607">100 % within 10 business days</td> <td data-bbox="1054 298 1474 607"> <ul style="list-style-type: none"> Outpatient: 97.2% [Mean: 3.8 days] Intensive Outpatient: 98.3% [Mean: 4.7 days] Residential: 96.6% [Mean: 0.7 days] Withdrawal Management: 99.4% [Mean: 1.0 days] </td> <td data-bbox="1474 298 1894 607"> <ul style="list-style-type: none"> Outpatient: 94.4% [Mean: 4.8 days] Intensive Outpatient: 94.5% [Mean: 4.5 days] Residential: 97% [Mean: 3.2 days] Withdrawal Management: 100% [Mean: 0.9 days] </td> </tr> <tr> <td data-bbox="541 607 814 737">Days from Initial Request to First Dose of NTP</td> <td data-bbox="814 607 1054 737">100% within 3 business days</td> <td data-bbox="1054 607 1474 737"> <ul style="list-style-type: none"> OTP: 100% [Mean: 1 day] </td> <td data-bbox="1474 607 1894 737"> <ul style="list-style-type: none"> OTP: 100% [Mean: 1 day] </td> </tr> </tbody> </table>				Measure	Performance Target	DMC-ODS Year 1 Outcome	FY 2017/18 Outcome	Days from Initial Request to First DMC-ODS Service	100 % within 10 business days	<ul style="list-style-type: none"> Outpatient: 97.2% [Mean: 3.8 days] Intensive Outpatient: 98.3% [Mean: 4.7 days] Residential: 96.6% [Mean: 0.7 days] Withdrawal Management: 99.4% [Mean: 1.0 days] 	<ul style="list-style-type: none"> Outpatient: 94.4% [Mean: 4.8 days] Intensive Outpatient: 94.5% [Mean: 4.5 days] Residential: 97% [Mean: 3.2 days] Withdrawal Management: 100% [Mean: 0.9 days] 	Days from Initial Request to First Dose of NTP	100% within 3 business days	<ul style="list-style-type: none"> OTP: 100% [Mean: 1 day] 	<ul style="list-style-type: none"> OTP: 100% [Mean: 1 day]
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	Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan <ul style="list-style-type: none"> Sources: DMC-ODS 1: Marin WITS [4/1/17 – 3/31/18]. Represents data for 84.7% of admissions. Timely access data for the remaining 15.3% of admissions was not yet entered in WITS when the analysis was performed. The FY 2017/18 measures represents data from Marin WITS [7/1/17 – 6/30/18] and represents data for 95.7% of admissions. Continue efforts to ensure 100% of timely access data is entered in Marin WITS. Continue efforts to identify, monitor and report frequency of ongoing care appointments in accordance with 															

<p>Timeliness – Authorization for Services</p>	<p>By April 1, 2017, there will be a system in place to review and respond to prior authorization requests for residential treatment within 24 hours of the request.</p>	<ol style="list-style-type: none"> 1. Engage BHRS Access and Residential treatment provider staff to identify potential processes for submitting and reviewing authorization requests for Residential treatment - Completed 2. Develop the necessary forms (e.g. Treatment Authorization Request), procedures for submitting to and responding to requests (e.g. submit via secure e-fax) and update the BHRS Access Policy and Procedure to incorporate language on Residential authorization. - Completed 3. Update data collection systems, as needed, to track Residential treatment authorization reviews and results - Completed 4. Train Residential providers on the Authorization process - Completed 5. Pilot the Residential authorization process and incorporate any adjustments, as needed, prior to DMC-ODS Implementation. – Completed prior to QI Work Plan period to ensure training and procedures were in place prior to DMC-ODS “Go Live” <p><u>Supporting Documentation: Residential Authorization Policy & Procedure; Residential Authorization Data Dashboard</u></p>														
Evaluation	FY 2017/18 Performance Targets and Baseline Metrics															
<p>Annual Goal Met: <input checked="" type="checkbox"/> Met: Item # 1-5 <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="width: 40%;">Measure</th> <th style="width: 15%;">Performance Target</th> <th style="width: 20%;">DMC-ODS Year 1 Outcome</th> <th style="width: 25%;">QI Plan (15-month) Outcome</th> </tr> </thead> <tbody> <tr> <td>Percent of responses within 24 hours of receiving Residential Treatment Authorization Requests (TAR)</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">98% (287 out of 293)</td> <td style="text-align: center;">96.6% (367 out of 380)</td> </tr> <tr> <td>Percent of Notices of Adverse Benefit Determination (NOABD) issued for responses to TARs that are greater than 24 hours</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>				Measure	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month) Outcome	Percent of responses within 24 hours of receiving Residential Treatment Authorization Requests (TAR)	100%	98% (287 out of 293)	96.6% (367 out of 380)	Percent of Notices of Adverse Benefit Determination (NOABD) issued for responses to TARs that are greater than 24 hours	100%	100%	100%
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	<p>Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan</p> <ul style="list-style-type: none"> Sources: Residential TAR Log; NOABD Log [4/1/17 – 6/30/18] Continue efforts to identify areas of process and quality improvement for Residential TAR submissions and provide ongoing training and technical assistance. 															



<p>Access – 24/7 Beneficiary Access Line</p>	<p>By April 1, 2017, there will be a 24/7 beneficiary access line that provides screening, assessment and referral services in English and the prevalent non-English languages.</p>	<ol style="list-style-type: none"> 1. Engage in planning to transition substance use access and assessment functions provided through a contracted provider to the Mental Health Beneficiary Access Line. Specific tasks include: establishing timelines, communicating the change to stakeholders and referring partners, updating the contract agreement with the existing substance use access provider, hiring an Access Line Supervisor, creating referral forms, etc.] - Completed 2. Launch the Integrated BHRS Access Line – Completed in October 2015 – Prior to current QI Work Plan 3. Provide training to BHRS Access staff, such as training in the ASAM Criteria, substance use screening and assessment, available resources/services, etc. – Completed, though will provide additional training on logging data 4. Update the BHRS Access Policy and Procedure and related documentation [e.g. referral forms, screening/assessment summary reports, etc.] - Completed 5. Continue BHRS Access staff training, as needed, and educating stakeholders and referring partners on the Integrated BHRS Access Line – Completed <p>Supporting Documentation: Access Team Policy & Procedure</p>														
<p>Evaluation</p>		<p>FY 2017/18 Performance Targets and Baseline Metrics</p>														
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<p>Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan</p> <ul style="list-style-type: none"> • Continue to provide ongoing training in ASAM and available DMC-ODS Resources; Consider updating the Contact log to capture additional referral disposition information. 																

Access – Access Line Quality	By June 30, 2018, there will be a system to track and report that at least 75% of substance use treatment referrals from the Access Line were to the appropriate ASAM Level of Care.	<p>1. Provide BHRS Access staff training and follow-up consultation on the ASAM Criteria - Completed</p> <p>2. Update data collection systems to record referrals and recommended ASAM Level of Care - Completed</p> <p>3. Develop procedures for: 1) reviewing a sample of DMC-ODS provider charts to compare the BHRS Access recommended ASAM Level of Care to Admitted ASAM Level of Care – Completed: Reviews Sample from Access Log and Compares Against Treatment Admission Data in Marin WITS; 2) communicating the results to BHRS Access; and 3) engaging BHRS Access and DMC-ODS providers to identify strategies for improving accurate referrals, if needed. – In Progress: BHRS and DMC-ODS Providers meet routinely with the Access team to share information about available programs and resources. The Access Line staff is plans to use the ASAM screener UCLA is developing once it is ready for use.</p> <p><u>Supporting Documentation: Access Log [Not Submitted as has PHI/PII]</u></p>												
Evaluation		FY 2017/18 Performance Targets and Baseline Metrics												
Annual Goal Met: <input checked="" type="checkbox"/> Met: Item # 1-3 <input checked="" type="checkbox"/> Partially Met: Item # 3 <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #	<table border="1"> <thead> <tr> <th data-bbox="512 948 890 1019">Measure</th> <th data-bbox="890 948 1230 1019">Performance Target</th> <th data-bbox="1230 948 1572 1019">DMC-ODS Year 1 Outcome</th> <th colspan="2" data-bbox="1572 948 1925 1019">QI Plan (15-month) Outcome</th> </tr> </thead> <tbody> <tr> <td data-bbox="512 1019 890 1159">Percent of Referrals from the Access Line to the Appropriate ASAM Level of Care</td> <td data-bbox="890 1019 1230 1159">75%</td> <td data-bbox="1230 1019 1572 1159">75%</td> <td colspan="2" data-bbox="1572 1019 1925 1159">67%</td> </tr> </tbody> </table>				Measure	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month) Outcome		Percent of Referrals from the Access Line to the Appropriate ASAM Level of Care	75%	75%	67%	
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Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan <ul style="list-style-type: none"> • Source: Access Log and Marin WITS • Identify and address barriers to logging the Recommended ASAM Level of Care field (Access Log) for all beneficiaries engaged in substance use screening • When available, implement the ASAM Screening Tool (UCLA) and track trends for appropriate ASAM LOC referrals 														

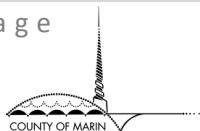


Access – Access Line Performance Metrics	By December 31, 2017, establish quality and performance standards and a system to track and report on the responsiveness of the Access Line.	<ol style="list-style-type: none"> 1. Engage stakeholders and review DMC-ODS STCs to identify measures [e.g. services provided in language of preference] - Completed 2. Identify performance targets and methods of measurement - Completed 3. Review existing data collection systems to identify any needed revisions and update accordingly [e.g. Test Call protocol, Access Contact Log, WITS] - Completed 4. Explore the feasibility of updating the BHRS Access Line programming to enable additional data collection [e.g. call abandonment, hold times, etc.] - Completed 5. Explore the feasibility of implementing a beneficiary satisfaction survey for BHRS Access – Completed: The Access Line implemented a satisfaction survey for beneficiaries participating in assessments, though is not planning to implement a separate survey for phone screenings. Test calls are also performed to assess and provide feedback related to Access Line quality and compliance. <p><u>Supporting Documentation: Access Dashboards</u></p>
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Evaluation	FY 2017/18 Performance Targets and Baseline Metrics
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W Annual Goal Met: <input checked="" type="checkbox"/> Met: Item # 1-3 <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #				
	Measure	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month) Outcome
	Average time to answer a call	20 Seconds	9.6 seconds	9.9 seconds
	Percent of abandoned calls	5%	5.3%	5.7%
	Average wait time to be connected to interpreter services	-	6 minutes [FY 16-17 data]	Unable to Access
	Test calls placed	48	35	42

	<p>Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan</p> <ul style="list-style-type: none"> • Sources: Avaya Telecommunications Call Center Reports; Test Call Log [4/1/17 – 6/30/18] • Continue tracking Access Line performance, • Identify additional individuals to perform test calls 										
<p>Access – Afterhours Services</p>	<p>By December 31, 2017, 100% of County-operated and contracted DMC-ODS providers will have procedures in place to link beneficiaries with afterhours care.</p>	<ol style="list-style-type: none"> 1. Establish a 24/7 Beneficiary Access Line - Completed 2. Provide substance use resource and referral information to Crisis Stabilization Unit staff, as they handle afterhours calls to the BHRS Access Line – Completed, though Optum is now the contractor that provides afterhours coverage for the BHRS Access Line. 3. Review current procedures at contracted provider sites for linking beneficiaries with afterhours care – Completed 4. Develop contract language that require posting of afterhours information at sites and in admission agreements – Completed – Incorporated into Administrative and Practice Guidelines. Will consider adding explicit language to FY 2018/19 contracts. 5. Update the Provider Self-Audit tool to incorporate review of procedures for linking beneficiaries to afterhours care into the annual monitoring process – Completed <p><u>Supporting Documentation</u> (click on links): <u>Self-Audit Tool</u>; <u>Beneficiary Handbook</u> ; <u>Clinical and Administrative Practice Guidelines</u></p>									
<p>Evaluation</p>		<p>FY 2017/18 Performance Targets and Baseline Metrics</p>									
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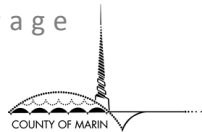
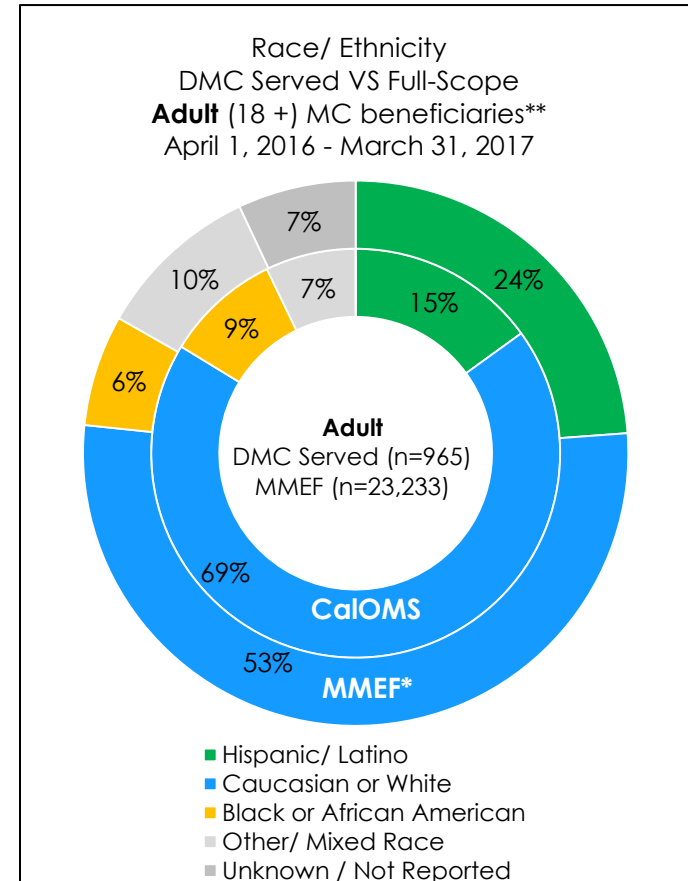
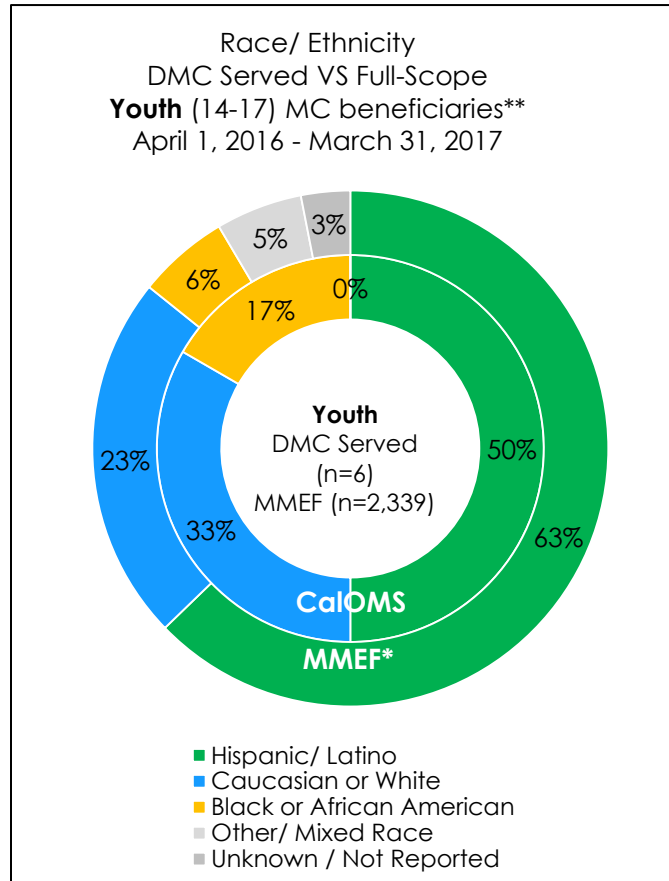
	<p>Evaluation Notes for Remainder of FY 2017/18 and FY 2018/19 QI Work Plan</p> <ul style="list-style-type: none"> • Source: DMC Certification; Key Informant Interviews with DMC-ODS staff • Linkage to afterhours care is a requirement of DMC certification, though BHRS performs additional monitoring of access to afterhours care, including performing test calls afterhours 	
<p>Access –Penetration Rates</p>	<p>By March 31, 2018, establish baseline penetration rates and targets for beneficiaries for all threshold languages.</p>	<ol style="list-style-type: none"> 1. Partner with HHS Epidemiology to analyze and map MMEF data – Completed: For geographic access to services, BHRS QM partnered with Community Development Agency to map MEDS and DMC-ODS beneficiary data, which BHRS analyzed to ensure network adequacy. 2. Analyze MMEF data and data for beneficiaries in substance use treatment to establish baseline penetration rates – Completed. BHRS QM analyzed MMEF and DMC-ODS data to establish target and actual penetration rates for beneficiaries by race/ethnicity and age. 3. Review local beneficiary data and statewide/national penetration rates to establish penetration targets for age group, race/ethnicity and preferred language – Partially completed. Additional analysis is needed for preferred language. As insufficient information is available in WITS, BHRS is working to add additional mandatory fields to Marin WITS encounters to capture preferred language and language in which service was delivered. <p>Supporting Documentation: DMC-ODS Access Maps</p>

Evaluation **FY 2017/18 Performance Targets and Baseline Metrics**

Annual Goal Met:
 Met: Item # 1-2
 Partially Met: Item # 3
 Not Met: Item #
 Continued: Item # 3

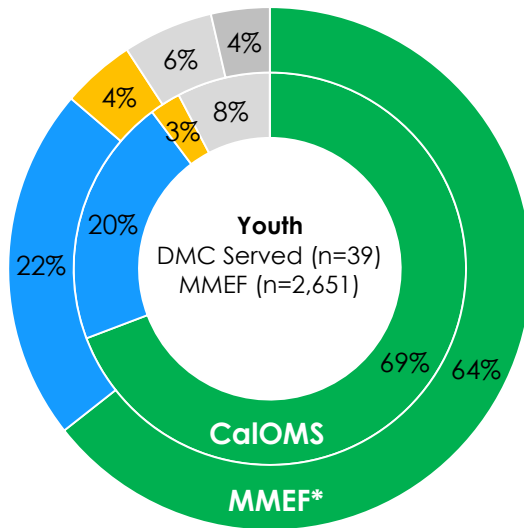
Measure	Baseline	Performance Target	QI Plan (15-month) Outcome
Penetration Rates: Age and Race/Ethnicity	See Below (4/1/16 – 3/31/17)	See Below (MMEF)	See Below (CalOMS)

Baseline



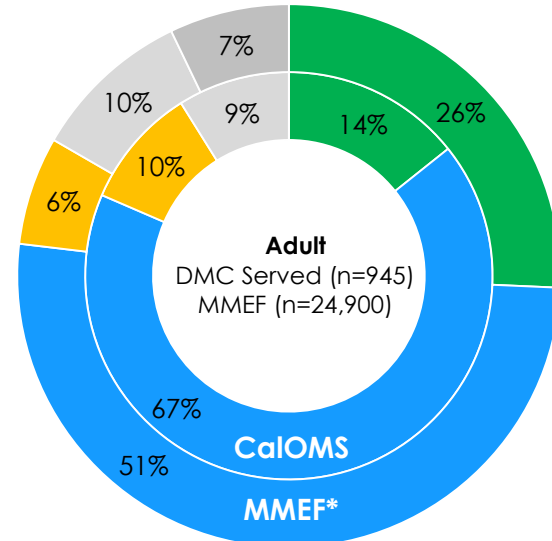
Year 1 DMC-ODS Implementation

Race/ Ethnicity
DMC-ODS Served vs Full-Scope
Youth (14-17) MC beneficiaries**
April 1, 2017 - March 31, 2018



- Hispanic/ Latino
- Caucasian or White
- Black or African American
- Other/ Mixed Race
- Unknown / Not Reported

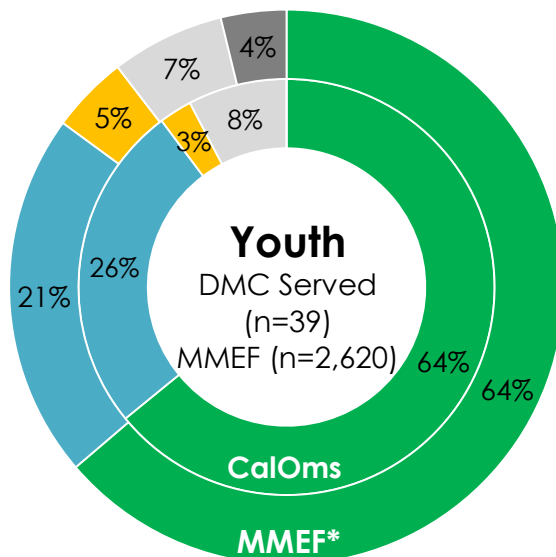
Race/ Ethnicity
DMC-ODS Served vs Full-Scope
Adult (18 and over) MC beneficiaries**
April 1, 2017 - March 31, 2018



- Hispanic/ Latino
- Caucasian or White
- Black or African American
- Other/ Mixed Race
- Unknown / Not Reported

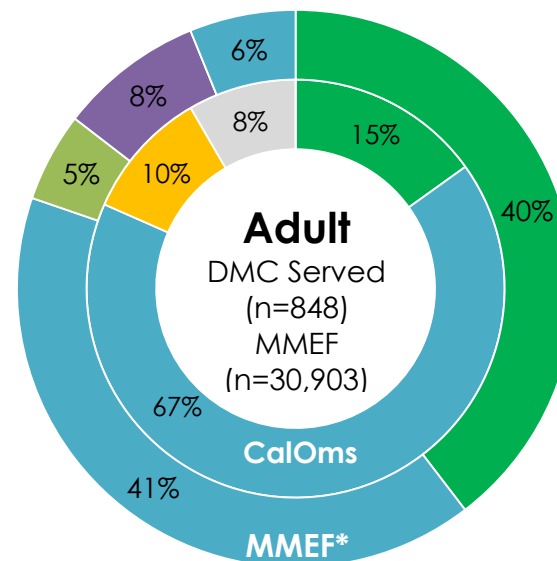
FY 2017-18

Race/ Ethnicity
DMC Served VS MC beneficiaies
Youth (14-17)



- Hispanic/ Latino
- Caucasian or White
- Black or African American
- Other/ Mixed Race
- Unknown / Not Reported

Race/ Ethnicity
DMC Served VS MC beneficiaies
Adult (18 and over)



- Hispanic/ Latino
- Caucasian or White
- Black or African American
- Other
- Unknown / Not Reported

Evaluation Notes for FY 2017/18 and FY 2018/19 Q1 Work Plan

- Sources: *MMEF [Monthly Extract File: Baseline Data: April 2017; FY 2017-18 Data: January 2018]; Marin WITS [Baseline Data: Sample - 7/1/17 – 12/31/17; FY 2017-18 Data: July 1, 2017 – June 30, 2018]
- ** SB 75: Children under 19 years of age are eligible for full-scope Medi-Cal benefits regardless of immigration status.
- Continue analysis to determine target penetration rates by age group, race/ethnicity and preferred language and methods for more frequent analysis. Identify and implement strategies to increase penetration of Hispanic/Latino

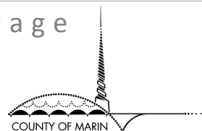
Access – Network Adequacy	By March 31, 2018, establish baseline measures and a system to track and report on utilization of services, and expected number, types and location of providers to meet the needs of beneficiaries.	<ol style="list-style-type: none"> 1. Analyze beneficiary and capacity data to establish a baseline of utilization of services. - Completed 2. Analyze MMEF data and data for beneficiaries in substance use treatment to project sufficient network capacity needs – Completed and Ongoing 3. Identify/develop systems to track utilization of services [e.g. Interim Services list in WITS, DATAR, etc.] and train DMC-ODS providers to utilize - Completed 4. Develop a protocol to monitor accurate and timely submission of utilization data, and to utilize the information to adjust system capacity, as needed - Completed <p><u>Supporting Documentation: Access Maps; Network Adequacy Policy & Procedure; Monitoring Policy & Procedure</u></p>												
Evaluation FY 2017/18 Performance Targets and Baseline Metrics														
Annual Goal Met: <input checked="" type="checkbox"/> Met: Item # 1-4 <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input checked="" type="checkbox"/> Continued: Item # 2	<table border="1"> <thead> <tr> <th data-bbox="583 833 947 902">Measure</th> <th data-bbox="947 833 1199 902">Performance Target</th> <th data-bbox="1199 833 1545 902">DMC-ODS Year 1 Outcome</th> <th data-bbox="1545 833 1871 902">QI Plan (15-month) Outcome</th> </tr> </thead> <tbody> <tr> <td data-bbox="583 902 947 1040">Percent of beneficiaries able to access Outpatient services within 30 miles or 60 minutes</td> <td data-bbox="947 902 1199 1040">100%</td> <td data-bbox="1199 902 1545 1040">100%</td> <td data-bbox="1545 902 1871 1040">100%</td> </tr> <tr> <td data-bbox="583 1040 947 1143">Percent of beneficiaries able to access OTP services within 30 miles or 60 minutes</td> <td data-bbox="947 1040 1199 1143">100%</td> <td data-bbox="1199 1040 1545 1143">100%</td> <td data-bbox="1545 1040 1871 1143">100%</td> </tr> </tbody> </table>		Measure	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month) Outcome	Percent of beneficiaries able to access Outpatient services within 30 miles or 60 minutes	100%	100%	100%	Percent of beneficiaries able to access OTP services within 30 miles or 60 minutes	100%	100%	100%
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Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan <ul style="list-style-type: none"> • Sources: MMEF; Marin WITS [7/1/17 – 12/31/17] 														

Access – Network Adequacy	By April 1, 2017, provide all ASAM levels of care required in the DMC-ODS Waiver available to Marin Medi-Cal beneficiaries (18+).	<ol style="list-style-type: none"> 1. Analyze MMEF and data for beneficiaries in substance use treatment to project the types and location of services needed -Completed 2. Review listing of Drug/Medi-Cal certified sites and identify gaps -Completed 3. Provide technical assistance to prospective providers to submit Drug/Medi-Cal applications - Completed 4. Outreach to out-of-county partners and programs to explore the feasibility of accessing services not yet available in Marin County – Ongoing. Marin County is currently in the process of contracting with an out-of-county residential provider to expand services. 5. Identify additional service gaps and strategies for ensuring all ASAM levels of care are available for beneficiaries (18+) – Ongoing
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Evaluation **FY 2017/18 Performance Targets and Baseline Metrics**

Annual Goal Met:
 Met: Item # 1-5
 Partially Met: Item # 4
 Not Met: Item #
 Continued: Item #

Measure	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month Outcome)
Required: Percentage of DMC-ODS Required Services Available at “Go Live”	100%	100%	100%
Optional: Partial Hospitalization (Adolescent) Available by End of Implementation Year (IY) 2	By End of IY 2	Available in IY 1	Available in IY 1
Optional: Second Level of Withdrawal Management Available by End of IY 2	By End of IY 2	Available in IY 1	Available in IY 1
Optional: Recovery Residences Available by End of IY 2	By End of IY 2	Available for specific populations in IY 1 – expansion planning underway	Available for specific populations in IY 1 – expansion planning underway
Required: ASAM Level 3.3 Available by End of IY 3	By End of IY 3	N/A	Planning underway – Issued an RFP in May 2018



	Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan <ul style="list-style-type: none"> • Source: DMC-ODS Executed Provider Contracts • Perform ongoing analysis to identify and address service gaps, with a focus in FY 2018/19 on expanding options for Residential treatment (Spanish and Co-Occurring), services in West Marin and access to Recovery Residences. 														
Quality – Workforce Development	By December 31, 2017, 100% of BHRS Access staff and Drug/Medi-Cal certified providers will participate in at least two trainings relevant to meeting the needs of the Medi-Cal population, such as ASAM criteria, cultural competence and/or diagnosing and serving individuals with complex needs.	<ol style="list-style-type: none"> 1. Engage stakeholders and review the DMC-ODS STCs to identify workforce development and training needs - Completed 2. Develop a training plan, including topics, trainers, timeframe and required/optional participants - Completed 3. Provide trainings and track attendance and outcomes – Completed 4. Identify methods for assessing training effectiveness and ongoing workforce development and training needs – Ongoing 5. Develop language for FY 2016-17 contracts related to participating in mandatory trainings – Completed prior to QI Work Plan period as contracts were to be ready by April 1, 2017 Implementation. 													
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	Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan <ul style="list-style-type: none"> • Sources: Network Adequacy Certification Tool [Based on Provider Submission of Training Logs] • Consider developing an alternative system to more efficiently track DMC-ODS provider trainings. 														

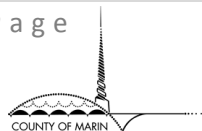
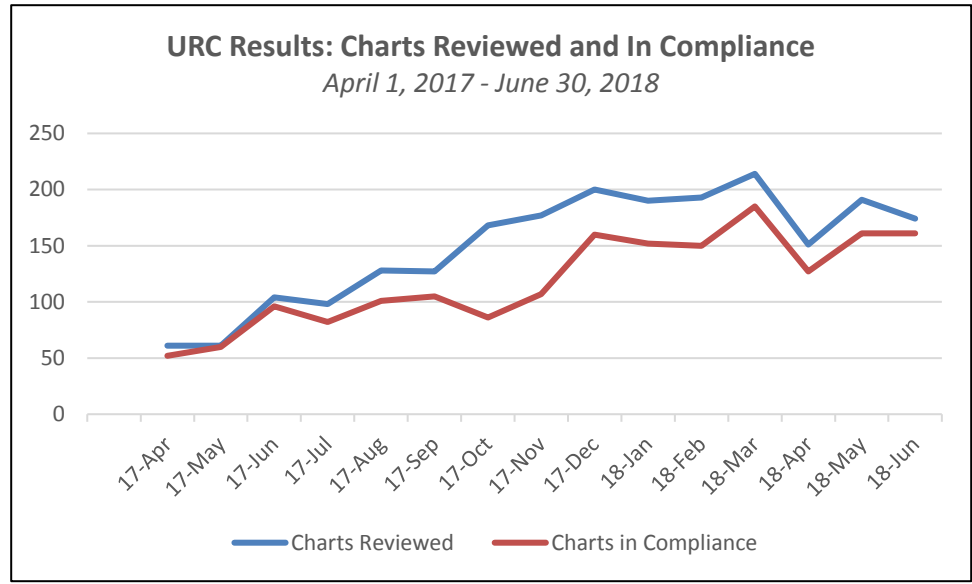
Quality – Contracts	By July 1, 2017, BHRS will have developed contract language for use in DMC-ODS contracts requiring: 1) implementation of at least two Evidence Based Practices referenced in the DMC-ODS STCs; 2) provision of culturally competent services with access to oral interpreter services in the prevalent non-English language; and 3) access to or linkage with Medication Assisted Treatment, as clinically indicated.	<ol style="list-style-type: none"> 1. Review DMC-ODS STCs, State-County Intergovernmental - Agreement and BHRS Policies and Procedures for language to be included in/added to contracts – Completed for FY 17/18 and FY 18/19 2. Engage BHRS Compliance and County Counsel to draft updated contract language - Completed for FY 17/18 and FY 18/19 3. Update any Policies and Procedures, as applicable - Completed 4. Distribute contract language to DMC-ODS providers - Completed 												
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	Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan <ul style="list-style-type: none"> • Although all facilities are monitored monthly, 100% of facilities had an onsite review by June 30, 2018. • Utilize monitoring results to inform training, technical assistance and quality improvement needs and activities 													

<p>Quality – Clinical Documentation</p>	<p>By March 31, 2018, establish a utilization management program that monitors Drug/Medi-Cal Title 22, 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.</p>	<ol style="list-style-type: none"> 1. Identify functions and procedures that shall be part of the utilization management program - Completed 2. Identify functions and procedures that can be integrated with the existing BHRS Quality Improvement Program, and develop a work plan and timeline to integrate utilization management, as appropriate – In Progress [Integrated Access, QIC, URC staff] 3. Develop/update procedures and related documentation to monitor Title 22, Title 9, DMC-ODS and 42 CFR 438 requirements – Completed 4. Provide relevant training/technical assistance to DMC-ODS providers – Ongoing 5. Seek approval to hire a new licensed clinician position to support utilization management/quality improvement responsibilities – Completed <p><u>Supporting Documentation: Monitoring Policy & Procedure</u></p>
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Evaluation **FY 2017/18 Performance Targets and Baseline Metrics**

- Annual Goal Met:**
 Met: Item # 1, 3, 4, 5
 Partially Met: Item # 2
 Not Met: Item #
 Continued: Item # 4

Measure	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month) Outcome
Percentage of beneficiaries that are in the assessed ASAM Level of Care	85%	89%	91%
Percentage of beneficiary files reviewed during the monthly URC that are approved for uploading to DHCS	80%	78%	80%



	<p>Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan</p> <ul style="list-style-type: none"> • Source: Reviewed UR Reports [4/1/17 – 6/30/18] to determine percentage of files approved/denied for upload to DHCS. Determinations are based on the licensed URs determination of compliance with applicable DMC-ODS, 42 CFR 438, and Title 9 requirements. Note: The number of files in compliance decreased more significantly beginning in October 2017 as files for modalities of service new to DMC [Withdrawal Management and Recovery Coach/Case Management] began being reviewed. DMC-ODS has been providing additional targeted training and technical assistance to address quality and compliance issues. • Source: ASAM Level of Care data from Marin WITS/ASAM LOC data submitted to DHCS. DMC-ODS Year 1 data reflects 84% of data for ASAM assessments and QI Plan Period data reflects 87% of data for ASAM assessments. Note that ASAM assessments were performed for all beneficiaries – data was just not entered in Marin WITS at the time of the analysis for the remaining 16% and 13% of assessments, respectively. 	
<p>Quality – Primary Care Coordination</p>	<p>By June 30, 2018, develop a system to track and report that at least 85% of clients engaged in outpatient or residential treatment will have a primary care provider and a primary care service, as applicable, at discharge.</p>	<ol style="list-style-type: none"> 1. Engage DMC-ODS providers to identify current and proposed practices for identifying and linking a beneficiary to primary care - Completed and Ongoing 2. Develop contract language for DMC-ODS providers for identifying and tracking whether a beneficiary has a primary care provider and if not, linking them to primary care - Completed 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 – In Progress 4. Update documentation, as needed (e.g. Contractor Manual, Marin WITS training materials, Policies & Procedures, etc.) - Completed 5. Train DMC-ODS providers to in updated procedures and data collection requirements – in Progress

Evaluation	FY 2017/18 Performance Targets and Baseline Metrics																							
<p>Annual Goal Met:</p> <p><input checked="" type="checkbox"/> Met: Item # 2, 4</p> <p><input checked="" type="checkbox"/> Partially Met: Item # 1</p> <p><input type="checkbox"/> Not Met: Item #</p> <p><input checked="" type="checkbox"/> Continued: Item # 3, 5</p>	<table border="1"> <thead> <tr> <th data-bbox="562 256 1087 328">Measure</th> <th data-bbox="1087 256 1352 328">Performance Target</th> <th data-bbox="1352 256 1638 328">DMC-ODS Year 1 Outcome</th> <th data-bbox="1638 256 1915 328">QI Plan (15-month) Outcome</th> </tr> </thead> <tbody> <tr> <td data-bbox="562 328 1087 464">Percentage of beneficiaries engaged in outpatient or residential treatment for at least 30 days that have a primary care provider at discharge</td> <td data-bbox="1087 328 1352 464">85%</td> <td data-bbox="1352 328 1638 464">Unable to report at this time</td> <td data-bbox="1638 328 1915 464">Unable to Report at this time</td> </tr> <tr> <td data-bbox="562 464 1087 600">Percentage of beneficiaries engaged in outpatient or residential treatment for at least 30 days that have had a primary care visit at discharge</td> <td data-bbox="1087 464 1352 600">85%</td> <td data-bbox="1352 464 1638 600">Unable to report at this time</td> <td data-bbox="1638 464 1915 600">Unable to Report at this time</td> </tr> <tr> <td data-bbox="562 600 1087 737">Percentage of beneficiaries who have a positive response (4+ out of 5) on the Treatment Perceptions Survey when asked about coordination with primary care</td> <td data-bbox="1087 600 1352 737">75%</td> <td data-bbox="1352 600 1638 737">63.9%</td> <td data-bbox="1638 600 1915 737">63.9%</td> </tr> <tr> <td data-bbox="562 737 1087 841">Average score on the Treatment Perceptions Survey regarding coordination with physical health providers</td> <td data-bbox="1087 737 1352 841">4 [Agree]</td> <td data-bbox="1352 737 1638 841">3.9</td> <td data-bbox="1638 737 1915 841">3.9</td> </tr> </tbody> </table>				Measure	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month) Outcome	Percentage of beneficiaries engaged in outpatient or residential treatment for at least 30 days that have a primary care provider at discharge	85%	Unable to report at this time	Unable to Report at this time	Percentage of beneficiaries engaged in outpatient or residential treatment for at least 30 days that have had a primary care visit at discharge	85%	Unable to report at this time	Unable to Report at this time	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%	63.9%	63.9%	Average score on the Treatment Perceptions Survey regarding coordination with physical health providers	4 [Agree]	3.9	3.9
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Quality – Mental Health Care Coordination	By March 31, 2018, develop a baseline, performance target and method to track the percentage of clients with a mental health diagnosis who are provided appropriate services directly or via referral.	<ol style="list-style-type: none"> 1. Develop a methodology for determining the percentage of clients with a mental health diagnosis who are provided services (e.g. chart review of a percentage of files) – <i>In Progress</i> 2. Using the determined methodology, develop any needed data collection tools/process and determine the baseline - <i>In Progress</i> 3. Engage stakeholders to review the baseline data and best practices and establish an initial performance target – <i>Target: Completed / Baseline and Best Practices: In Progress</i> 																		
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<p>Quality – Complaints, Grievances and Appeals</p>	<p>By June 30, 2017, develop and implement policies and procedures for addressing complaints, grievances and appeals. At a minimum, policies and procedures shall include procedures for submitting a grievance, appeal and request for state fair hearing, the timeframe for resolution of appeals and expedited appeals, the content of appeal resolution, record keeping, continuation of benefits, and requirements of state fair hearings.</p>	<ol style="list-style-type: none"> 1. Review existing Policies and Procedures and update accordingly to incorporate requirements from the DMC-ODS STCs and 42 CFR 438 – Completed 2. Develop updated forms in at least English and Spanish - Completed 3. Develop a system to log and address complaints, grievances and appeals - Completed 4. Review DMC-ODS provider policies, procedures and forms for complaints, grievances and appeals and provide technical assistance, as needed – Completed and Ongoing <p>Supporting Documentation: Grievance Policy and Procedure; QIC Minutes</p>																																				
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Total	14	13	1																																			
<p>Evaluation Notes for FY 2017/18 and FY 2018/19 QI Work Plan</p> <ul style="list-style-type: none"> • Source: Grievance/Appeal Log for 4/1/17 – 6/30/18. The one pending grievance did not contain beneficiary contact information, so it is not able to be resolved. 																																						

Quality – Beneficiary Satisfaction	By December 31, 2017, establish a survey tool and process for assessing beneficiary experience.	<ol style="list-style-type: none"> 1. Identify a beneficiary satisfaction survey tool – Completed: DHCS/UCLA Requirements – Treatment Perceptions Survey 2. Engage BHRS Quality Improvement and other stakeholders (e.g. UCLA Evaluators, providers) to determine the process for implementing the survey, including the frequency and location of administration – Completed: DHCS/UCLA Requirements 3. Identify the process for utilizing the beneficiary satisfaction survey data to inform continuous quality improvement efforts – Completed: Include as a DMC-ODS contract requirement 																																
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Quality – Avoidable Hospitalizations	By June 30, 2018, develop a baseline, performance target and method to track the number of avoidable hospitalizations for beneficiaries engaged in DMC-ODS services.	<ol style="list-style-type: none"> 1. Perform a literature review to identify industry standard definitions for and strategies to address avoidable hospitalizations and re-hospitalizations – In Progress 2. Identify methods to track avoidable hospitalizations – In Progress 3. Analyze FY 2015-16 or CY 2016 data to establish a baseline and establish performance targets – In Progress 						
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Quality – Outcomes	By March 31, 2018, determine baseline outcomes by modality 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"> 1. Analyze FY 2015/16 and/or CY 2016 CalOMS data to establish baseline beneficiary outcomes [note: field is self-report Medi-Cal beneficiary] outcomes by modality – Completed 2. Partner with relevant stakeholders, such as the UCLA evaluators, Quality Improvement Committee and DMC-ODS providers to identify additional key measures of interest – Completed and Ongoing 3. Identify the timeline and format for reporting beneficiary outcomes – Complete and Ongoing 						

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<p>Annual Goal Met:</p> <p><input checked="" type="checkbox"/> Met: Item # 1</p> <p><input type="checkbox"/> Partially Met: Item #</p> <p><input type="checkbox"/> Not Met: Item #</p> <p><input checked="" type="checkbox"/> Continued: Item # 2, 3</p>	<table border="1"> <thead> <tr> <th colspan="5" data-bbox="571 240 1894 289">Changes from Admission to Discharge – Adult [Outpatient, Intensive Outpatient and Residential]</th> </tr> <tr> <th data-bbox="571 295 1037 370">Metric</th> <th data-bbox="1037 295 1241 370">Baseline</th> <th data-bbox="1241 295 1430 370">Performance Target</th> <th data-bbox="1430 295 1646 370">DMC-ODS Year 1 Outcome</th> <th data-bbox="1646 295 1894 370">QI Plan (15-month) Outcome</th> </tr> </thead> <tbody> <tr> <td data-bbox="571 370 1037 435">Percent Decrease in Criminal Justice Involvement at Discharge</td> <td data-bbox="1037 370 1241 435">80.5%</td> <td data-bbox="1241 370 1430 435">80%</td> <td data-bbox="1430 370 1646 435">78.5%</td> <td data-bbox="1646 370 1894 435">71.2%</td> </tr> <tr> <td data-bbox="571 435 1037 506">Percent Decrease in Hospitalization/ER- Physical Health</td> <td data-bbox="1037 435 1241 506">71.1%</td> <td data-bbox="1241 435 1430 506">70%</td> <td data-bbox="1430 435 1646 506">50.0%</td> <td data-bbox="1646 435 1894 506">72%</td> </tr> <tr> <td data-bbox="571 506 1037 578">Percent Decrease in Hospitalization/ER - Mental Health</td> <td data-bbox="1037 506 1241 578">44.4%</td> <td data-bbox="1241 506 1430 578">50%</td> <td data-bbox="1430 506 1646 578">33.3%</td> <td data-bbox="1646 506 1894 578">87.5%</td> </tr> <tr> <td data-bbox="571 578 1037 649">Percent of Beneficiaries Employed at Discharge</td> <td data-bbox="1037 578 1241 649">49.8%</td> <td data-bbox="1241 578 1430 649">50%</td> <td data-bbox="1430 578 1646 649">53.2%</td> <td data-bbox="1646 578 1894 649">54%</td> </tr> <tr> <td data-bbox="571 649 1037 721">Percent Participating in Social Support Activities at Discharge</td> <td data-bbox="1037 649 1241 721">86.6%</td> <td data-bbox="1241 649 1430 721">85%</td> <td data-bbox="1430 649 1646 721">72.5%</td> <td data-bbox="1646 649 1894 721">70%</td> </tr> <tr> <td data-bbox="571 721 1037 792">Percent in Stable (Independent) Housing at Discharge</td> <td data-bbox="1037 721 1241 792">35.6%</td> <td data-bbox="1241 721 1430 792">40%</td> <td data-bbox="1430 721 1646 792">45.9%</td> <td data-bbox="1646 721 1894 792">45.6%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="5" data-bbox="571 815 1894 863">Changes from Admission to Discharge – Adolescent [Outpatient and Intensive Outpatient]</th> </tr> <tr> <th data-bbox="571 870 1037 945">Metric</th> <th data-bbox="1037 870 1241 945">Baseline</th> <th data-bbox="1241 870 1430 945">Performance Target</th> <th data-bbox="1430 870 1646 945">DMC-ODS Year 1 Outcome</th> <th data-bbox="1646 870 1894 945">QI Plan (15-month) Outcome</th> </tr> </thead> <tbody> <tr> <td data-bbox="571 945 1037 1016">Percent Decrease in Juvenile Justice Involvement at Discharge</td> <td data-bbox="1037 945 1241 1016">10.0%</td> <td data-bbox="1241 945 1430 1016">70%</td> <td data-bbox="1430 945 1646 1016">100%</td> <td data-bbox="1646 945 1894 1016">94.4%</td> </tr> <tr> <td data-bbox="571 1016 1037 1088">Percent Participating in Social Support Activities at Discharge</td> <td data-bbox="1037 1016 1241 1088">84.6%</td> <td data-bbox="1241 1016 1430 1088">85%</td> <td data-bbox="1430 1016 1646 1088">68.8%</td> <td data-bbox="1646 1016 1894 1088">48.5%</td> </tr> <tr> <td data-bbox="571 1088 1037 1143">Percent in School at Discharge</td> <td data-bbox="1037 1088 1241 1143">95.7%</td> <td data-bbox="1241 1088 1430 1143">100%</td> <td data-bbox="1430 1088 1646 1143">100%</td> <td data-bbox="1646 1088 1894 1143">90.3%</td> </tr> </tbody> </table>	Changes from Admission to Discharge – Adult [Outpatient, Intensive Outpatient and Residential]					Metric	Baseline	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month) Outcome	Percent Decrease in Criminal Justice Involvement at Discharge	80.5%	80%	78.5%	71.2%	Percent Decrease in Hospitalization/ER- Physical Health	71.1%	70%	50.0%	72%	Percent Decrease in Hospitalization/ER - Mental Health	44.4%	50%	33.3%	87.5%	Percent of Beneficiaries Employed at Discharge	49.8%	50%	53.2%	54%	Percent Participating in Social Support Activities at Discharge	86.6%	85%	72.5%	70%	Percent in Stable (Independent) Housing at Discharge	35.6%	40%	45.9%	45.6%	Changes from Admission to Discharge – Adolescent [Outpatient and Intensive Outpatient]					Metric	Baseline	Performance Target	DMC-ODS Year 1 Outcome	QI Plan (15-month) Outcome	Percent Decrease in Juvenile Justice Involvement at Discharge	10.0%	70%	100%	94.4%	Percent Participating in Social Support Activities at Discharge	84.6%	85%	68.8%	48.5%	Percent in School at Discharge	95.7%	100%	100%	90.3%
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