

# Marin County Drug/Medi-Cal Organized Delivery System (DMC-ODS) Quality Improvement Work Plan - *Evaluation* July 1, 2019 – June 30, 2020



### **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, a Department Analyst, three Senior Program Coordinators and one Administrative Services Technician, 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.

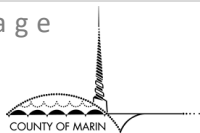
**Quality Improvement Work Plan:** The intent of the Quality Improvement (QI) Work Plan is to create systems whereby data relevant to the performance of the DMC-ODS is available in an easily interpretable and actionable form. The elements of this QI Work Plan are informed by the quality improvement requirements of the DMC-ODS performance contract, and feedback from the EQRO and Quality Improvement Committee. 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 Evaluation (July 1, 2019 – June 30, 2020)

Category	Goal	Planned Activities and Progress Achieved
Timeliness – Access to Services	In FY 2019-20, 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. Review existing data collection systems to identify any needed revisions and update accordingly [e.g. Access Contact Log, WITS]: <b>Completed</b></li> <li>2. Provide training, as needed, to DMC-ODS Providers on updated Marin WITS fields regarding timely access: <b>Completed</b></li> <li>3. Develop an automated report using SRSS to monitor timely access metrics. <b>Completed</b></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. <b>Completed</b></li> </ol>

Evaluation	FY 2019/20 Performance Targets and Baseline Metrics			
<b>Annual Goal Met:</b> <input checked="" type="checkbox"/> Met: Item #1, 2, 3 <input type="checkbox"/> Partially Met: Item # <input checked="" type="checkbox"/> Not Met: Item #4 <input type="checkbox"/> Continued: Item #	Measure	Performance Target	Baseline (FY 2018-19)	FY 2019-20
	Days from Initial Request to First DMC-ODS Service	95% within 10 business days	<ul style="list-style-type: none"> <li>Outpatient/IOS/PH: 91.1% [Mean: 4.8 days]</li> <li>Residential: 95.4% [Mean: 4.0 days]</li> <li>Residential Withdrawal Management: 100% [Mean: 1.0 days]</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient/IOS: 91.8% [Mean: 3.68 days] 426/464</li> <li>Residential: 89.7% 183/204 [Mean: 4.67 days]</li> <li>Residential Withdrawal Management: 99.6% 778/781 [Mean: .5 days]</li> </ul>
	Days from Initial Request to First Dose of NTP	95% within 3 business days	<ul style="list-style-type: none"> <li>95.2% [Mean: 1.7 days]</li> </ul>	<ul style="list-style-type: none"> <li>176/176 100% [Mean: 0 days]</li> </ul>
	Days from Assessment to Admission [First Treatment Visit]**	95% within 10 business days	<ul style="list-style-type: none"> <li>Ambulatory Withdrawal Management: 98.4% [Mean: 1.3 days]</li> <li>Residential Withdrawal Management: 70.9% [Mean: 1.3 days]</li> <li>OTP/NTP: 86.7%</li> <li>Outpatient (OS, IOS, PH): 94.1% [Mean: 5.3 days]</li> <li>Residential: 98.6% [Mean: 1.0 day]</li> </ul>	<ul style="list-style-type: none"> <li>Ambulatory Withdrawal Management: 75/75 100% [Mean: 0 days]**</li> <li>Residential Withdrawal Management: 780/781 99.9% [Mean: 0 days]</li> <li>OTP/NTP: 100% 176/176 [Mean: 0 days]</li> <li>Outpatient (OS, IOS): 97.8% [Mean: 1.2 days]</li> <li>Residential: 97.1% [Mean: 1.5]</li> </ul>
	Days/hours from Initial Request to Urgent Appointment	95% within 48 hours	<ul style="list-style-type: none"> <li>94.6% [26.4 hours]</li> </ul>	<ul style="list-style-type: none"> <li>92.73% [21.6 hours]</li> </ul>

	<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data</b> <ul style="list-style-type: none"> <li>• *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.</li> <li>• Data Sources: FY 2018-19 is Marin WITS for 7/1/18 – 6/30/19)</li> <li>• **Days from Assessment to Admission: Encounter Report - First service to second service</li> <li>• ***Due to COVID Ambulatory Withdrawal Management was not offered between: April – June 2020.</li> </ul>														
<b>Category</b>	<b>Goal</b>	<b>Planned Activities and Progress Achieved</b>													
Timeliness – Authorization for Services	In FY 2019-20, 100% of responses to Residential Treatment Authorization Requests (TAR) will occur within 24 hours of the request.	6. Analyze Residential Authorization data at least quarterly and present it to stakeholders, including DMC-ODS Providers and Quality Improvement Committee. <b>Completed</b> 7. Engage the Access team and QI Coordinator to map out the process for sending and documenting NOABDs - <b>Completed</b>													
<b>Evaluation</b>	<b>FY 2019/20 Performance Targets and Baseline Metrics</b>														
<b>Annual Goal Met:</b> <input checked="" type="checkbox"/> Met: Item # 2 <input type="checkbox"/> Partially Met: Item # <input checked="" type="checkbox"/> Not Met: Item #1 <input type="checkbox"/> Continued: Item #	<table border="1"> <thead> <tr> <th>Measure</th> <th>Performance Target</th> <th>Baseline (FY 2018-19)</th> <th>FY 2019-20</th> </tr> </thead> <tbody> <tr> <td>Percent of Access Line responses within 24 hours of receiving Residential Treatment Authorization Requests (TAR)</td> <td>100%</td> <td>98.4% (421 out of 428)</td> <td>98.3% (300 out of 305)*</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>100%</td> <td>71.4% (5 out of 7)</td> <td>100% (5 out of 5)</td> </tr> </tbody> </table>			Measure	Performance Target	Baseline (FY 2018-19)	FY 2019-20	Percent of Access Line responses within 24 hours of receiving Residential Treatment Authorization Requests (TAR)	100%	98.4% (421 out of 428)	98.3% (300 out of 305)*	Percent of Notices of Adverse Benefit Determination (NOABD) issued for responses to TARs that are greater than 24 hours	100%	71.4% (5 out of 7)	100% (5 out of 5)
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<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data</b> <ul style="list-style-type: none"> <li>• *Data reflects July 1, 2020 – March 31, 2020 as there were issues with collecting TAR Response time for Q4. The database has been corrected.</li> </ul>															



Category	Goal	Planned Activities and Progress Achieved										
Timeliness – Residential Authorization Quality	In FY 2019-20, there will be a 25% reduction in TARs put in Pending status.	1. Analyze Residential Authorization data at least quarterly and present it to stakeholders, including DMC-ODS Providers and Quality Improvement Committee - <b>Completed</b> 2. Review Pending TARs to identify trends and any technical assistance needed to improve the quality of and appropriateness of TARs Provide technical assistance and ASAM Training, as needed, to Residential Providers and Access Line staff to ensure TARs are submitted for beneficiaries appropriate for Residential treatment - <b>Ongoing</b>										
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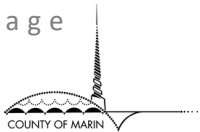
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Access – Access Line Quality	By June 30, 2020, at least 75% of substance use treatment referrals from the Access Line will be to the indicated ASAM Level of Care.	1. At least quarterly, analyze and provide to staff Access Line referral and DMC-ODS Provider data. – <b>Partially completed</b> 2. Identify and address barriers to logging the recommended ASAM Level of Care field (Access Log) - <b>Ongoing</b> 3. Provide ASAM Criteria and other applicable training to BHRS Access staff. - <b>Completed</b> 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. Establish a PIP to improve. – <b>Completed &amp; ongoing</b>																		
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Access – Access Line Performance Metrics	In FY 2019-20, 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>At a minimum of monthly, analyze Access Line performance data</li> <li>Perform test calls to the Access Line – include business and afterhours calls and in multiple languages - <b>Completed</b></li> <li>Distribute monthly Access Line dashboards and quarterly test call results to stakeholders. <b>Completed</b></li> <li>If improvements are warranted, identify appropriate strategies to address the performance issues. <b>In Progress</b></li> <li>Implement applicable recommendations from the August 2019 Access assessment. <b>Partially completed</b></li> </ol>																	
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	<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data</b> <ul style="list-style-type: none"> <li>Data Source: Avaya; BHRS Test Call Log submitted to DHCS. For FY 2019-20, used data from July – October 2019 due to data reporting errors beginning in November 2019.</li> </ul>																		



Category	Goal	Planned Activities and Progress Achieved									
Access – Afterhours Services	By June 30, 2020, 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. Update the Provider Self-Audit tool to incorporate review of procedures for linking beneficiaries to afterhours care into the annual monitoring process. <b>Completed</b></li> <li>2. Perform onsite reviews at DMC-ODS sites and assess compliance with posting afterhours information at sites and in admission agreements. – <b>Completed</b></li> </ol>									
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	<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data</b> <ul style="list-style-type: none"> <li>• Data Source: BHRS Site Visit; Provider Site Visit. *It is unknown if the one site has procedures in place as they are not currently operating. Includes DMC-ODS sites and 24/7 facilities.</li> </ul>										

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Access –Penetration Rates	By June 30, 2020, there will be a 15% increase from FY 2018-19 in penetration rates among the Latinx population.	<ol style="list-style-type: none"> <li>1. Seek input from the DMC-ODS Provider network and community members on potential barriers to service for Latinx adults - <b>Completed</b></li> <li>2. Outreach to community leaders and organizations to seek input on strategies and/or services to more effectively serve the Latinx population – <b>In progress</b></li> <li>3. Expand services as appropriate - <b>In progress</b></li> <li>4. Promote available resources – <b>Completed and ongoing</b></li> <li>5. At least biannually, review penetration rate data to assess trends and identify opportunities to address disparities – <b>Completed</b></li> </ol>																																																		
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<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data</b> <ul style="list-style-type: none"> <li>• Data Source: Marin WITS Claims Export FY18-19 and (total eligible =31,249), MMEF of beneficiaries 14 and older, (total Served =855). For FY 2019-20, MMEF of beneficiaries ages 12+. DMC Claims (Dimensions) and CalOMS Data (Marin WITS)</li> </ul>																																																				

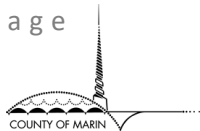


Category	Goal	Planned Activities and Progress Achieved																
Access – Network Adequacy	By June 30, 2020, Marin DMC-ODS will maintain and monitor a network of providers that is sufficient to provide adequate access to DMC-ODS services as evidenced by 100% of beneficiaries being able to access the appropriate level of care within the Final Rule time and distance standards.	<ol style="list-style-type: none"> <li>Analyze and map beneficiary and service data to assess access to services within 30 miles or 60 minutes. – <b>Completed and ongoing</b></li> <li>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. <b>Completed and ongoing</b></li> <li>Identify and seek additional network providers if gaps exist in terms of geography or level of care. <b>Completed and ongoing</b></li> <li>Submit Network Adequacy Certification data to DHCS annually - <b>Completed</b></li> </ol>																
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Category	Goal	Planned Activities and Progress Achieved								
Access – Network Adequacy	In FY 2019/20, maintain all ASAM levels of care required in the DMC-ODS Waiver available to Marin Medi-Cal beneficiaries (18+).	<ol style="list-style-type: none"> <li>Analyze MMEF and data for beneficiaries in substance use treatment to project the types and location of services needed - <b>Completed</b></li> <li>Review listing of Drug/Medi-Cal certified sites and identify gaps - <b>Completed</b></li> <li>Provide technical assistance to prospective providers to submit Drug/Medi-Cal applications - <b>Completed</b></li> <li>Outreach to out-of-county partners and programs to explore the feasibility of accessing additional services, if identified as a need – <b>Completed and ongoing</b></li> <li>Identify additional service gaps and strategies for ensuring all ASAM levels of care are available for beneficiaries (18+) - <b>Completed and ongoing</b></li> </ol>								
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<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data:</b> None										

Category	Goal	Planned Activities and Progress Achieved
Quality – Cultural Competency	By June 30, 2020, at least 80% of DMC-ODS beneficiaries will report services are culturally sensitive.	<ol style="list-style-type: none"> <li>1. Analyze Marin WITS data on preferred language, language in which service was provided, and whether an interpreter was used to deliver the service. Analyze encounter data to assess the percentage of beneficiaries receiving services in their preferred language – <a href="#">Completed and ongoing</a></li> <li>2. Analyze key metrics (e.g. access, timeliness, outcomes) by race/ethnicity, gender and other demographic characteristics to identify and address disparities – <a href="#">Completed and ongoing</a></li> <li>3. Prepare and post a monthly Provider Directory, which includes information on beneficiary capacity, linguistic capabilities accessibility of services, cultural competency and specialty.</li> <li>4. Engage stakeholders to identify workforce development and training needs – <a href="#">Completed and ongoing</a></li> <li>5. Develop a training plan, including topics, trainers, timeframe and required/optional participants - <a href="#">Completed and ongoing</a></li> <li>6. Provide trainings and track attendance and outcomes – <a href="#">Completed and ongoing</a></li> </ol>

Evaluation	FY 2019/20 Performance Targets and Baseline Metrics																				
<p><b>Annual Goal Met:</b></p> <p><input checked="" type="checkbox"/> Met: Item # 1,2,3</p> <p><input type="checkbox"/> Partially Met: Item #</p> <p><input type="checkbox"/> Not Met: Item #</p> <p><input type="checkbox"/> Continued: Item #</p>	<table border="1"> <thead> <tr> <th data-bbox="541 256 1129 329">Measure</th> <th data-bbox="1129 256 1354 329">Performance Target</th> <th data-bbox="1354 256 1631 329">Baseline (FY 2018-19)</th> <th data-bbox="1631 256 1904 329">FY 2019-20</th> </tr> </thead> <tbody> <tr> <td data-bbox="541 329 1129 402">Percent of DMC-ODS staff participating in annual cultural competency training.</td> <td data-bbox="1129 329 1354 402">90%</td> <td data-bbox="1354 329 1631 402">92.1%</td> <td data-bbox="1631 329 1904 402">95.2% (n=118 out of 124)</td> </tr> <tr> <td data-bbox="541 402 1129 570">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 402 1354 570">80%</td> <td data-bbox="1354 402 1631 570">Adult = 84.7% (n=113) Youth = 100% (n=6)</td> <td data-bbox="1631 402 1904 570">87.8% (n=135) Average Score: 4.4</td> </tr> <tr> <td data-bbox="541 570 1129 727">Beneficiary informing materials available in all threshold languages [Spanish and English] and translation services available at no cost to the beneficiary</td> <td data-bbox="1129 570 1354 727">100%</td> <td data-bbox="1354 570 1631 727">100%</td> <td data-bbox="1631 570 1904 727">100%</td> </tr> <tr> <td data-bbox="541 727 1129 885">Percent of beneficiaries receiving services in their preferred language</td> <td data-bbox="1129 727 1354 885">100%</td> <td data-bbox="1354 727 1631 885">92% (n=64,558)</td> <td data-bbox="1631 727 1904 885">99.7% (N=48,628)</td> </tr> </tbody> </table>	Measure	Performance Target	Baseline (FY 2018-19)	FY 2019-20	Percent of DMC-ODS staff participating in annual cultural competency training.	90%	92.1%	95.2% (n=118 out of 124)	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%	Adult = 84.7% (n=113) Youth = 100% (n=6)	87.8% (n=135) Average Score: 4.4	Beneficiary informing materials available in all threshold languages [Spanish and English] and translation services available at no cost to the beneficiary	100%	100%	100%	Percent of beneficiaries receiving services in their preferred language	100%	92% (n=64,558)	99.7% (N=48,628)
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Category	Goal	Planned Activities and Progress Achieved																																
Quality – Beneficiary Engagement	By June 30, 2020, at least 75% of beneficiaries will engage in DMC-ODS services.	<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] – <b>Complete</b></li> <li>2. Provide training to DMC-ODS Providers on updated Marin WITS fields regarding no show fields – <b>Completed</b></li> <li>3. Monitor and analyze initiation, engagement and no -how data at a minimum quarterly – <b>Completed (but not quarterly)</b></li> <li>4. Consider additional methods to assess initiation and engagement - <b>Completed</b></li> <li>5. Present initiation, engagement and no-show data to stakeholders, including DMC-ODS Providers and the Quality Improvement Committee – <b>In progress</b></li> <li>6. Identify strategies for improvement in areas not meeting performance targets – <b>In progress</b></li> </ol>																																
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Category	Goal	Planned Activities and Progress Achieved
Quality – Clinical Documentation	By June 30, 2020, 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. Update (as needed) and distribute procedures and resources related documentation to monitor Title 9, DMC-ODS and 42 CFR 438 requirements - <b>Completed</b></li> <li>2. Provide relevant training/technical assistance to DMC-ODS providers - <b>Completed</b></li> <li>3. BHRS UR staff will be hired and cross-trained to perform DMC-ODS and MHP documentation reviews. – <b>In progress (extended staff vacancy)</b></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. <b>In progress (extended staff vacancy)</b></li> </ol>



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Quality – Primary Care Coordination	By June 30, 2020, 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.	<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>5. Review TPS data to identify areas of focus for improving coordination with primary care - <b>Completed</b></li> <li>2. 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 – <b>N/A</b></li> <li>3. Update documentation, as needed (e.g. Contractor Manual, Marin WITS training materials, Policies &amp; Procedures, etc.) – <b>In progress</b></li> <li>4. Train DMC-ODS providers to in updated procedures and data collection requirements – <b>In progress</b></li> <li>5. Work with Partnership Health Plan to identify strategies for sharing data across primary care and substance use services - <b>Completed</b></li> </ol>																	
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Category	Goal	Planned Activities and Progress Achieved													
Quality – Mental Health Care Coordination	By June 30, 2020, 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.	<ol style="list-style-type: none"> <li>Engage DMC-ODS providers to identify current and proposed practices for identifying and linking a beneficiary to mental health - <b>Completed</b></li> <li>Review TPS data to identify areas of focus for improving coordination with mental health- <b>Completed</b></li> <li>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 -<b>N/A</b></li> <li>Update documentation, as needed (e.g. Contractor Manual, Marin WITS training materials, Policies &amp; Procedures, etc.) – <b>N/A</b></li> <li>Train DMC-ODS providers to in updated procedures and data collection requirements – <b>In progress</b></li> <li>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 - <b>Completed</b></li> </ol>													
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Average score on the Treatment Perceptions Survey regarding coordination with mental health providers	4 [Agree]	4.2 (Adult) 4.4 (Youth: Q13 – Emotional Needs Met)	4.2 (Adult)												
	<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data</b> <ul style="list-style-type: none"> <li>Data Source: For Baseline, Treatment Perceptions Survey, November 2017 administration. For FY 2018-19, Treatment Perceptions Survey, October 2018 administration.</li> </ul>														

Category	Goal	Planned Activities and Progress Achieved																																																									
Quality – Complaints, Grievances and Appeals	By June 30, 2020, 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 - <b>Completed</b></li> <li>2. Review DMC-ODS provider policies, procedures and forms for complaints, grievances and appeals and provide technical assistance, as needed - <b>Completed</b></li> <li>3. Report grievance, appeal and other beneficiary protection information at least quarterly to DHCS and at QIC meetings - <b>Completed</b></li> </ol>																																																									
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<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data</b> <ul style="list-style-type: none"> <li>• *One grievance that was received could not be resolved as it did not contain any beneficiary or provider contact information so BHRS could not investigate.</li> <li>• Data Source: Marin BHRS Grievance/Appeal Log</li> </ul>																																																											

Category	Goal	Planned Activities and Progress Achieved										
Quality – Emergency Department Follow-Up	By June 30, 2020 there will be a 20% increase in number of beneficiaries who are engaged in a substance use service within seven days following a non-fatal opioid overdose.	1. Partner with HHS Epidemiology to develop procedures for routine sharing of EMS data - <b>Completed</b> 2. At least quarterly, analyze EMS and WITS data to identify service linkages and re-admission rates - <b>Completed</b> 3. 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 - <b>Completed</b>										
<b>Evaluation</b>	<b>FY 2019/20 Performance Targets and Baseline Metrics</b>											
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Quality – Frequency of Follow-Up Appointments	By June 30, 2020 there will be a 15% increase in number of beneficiaries who are engaged in a substance use service within seven, 14 and 30 days following discharge from a level of care.	<ol style="list-style-type: none"> <li>1. Develop an SSRS report to track frequency of follow-up contacts post discharge from a level of care. <b>Not yet completed</b></li> <li>2. At least quarterly, analyze data to identify trends and opportunities for improvement/intervention- <b>Completed (though not quarterly)</b></li> <li>3. Distribute data and engage applicable providers to improve frequency of follow-up, as needed – <b>In progress</b></li> </ol>																						
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Category	Goal	Planned Activities and Progress Achieved
Quality – Outcomes	By June 30, 2020, 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>1. Dedicate staff to perform analyses at least biannually. Analyses shall also include outcomes stratified by race/ethnicity, gender and other demographic categories – <b>Completed (though temporary staff vacancy)</b></li> <li>2. Outreach to DHCS to identify additional reporting features in BHIS – <b>Ongoing</b></li> <li>3. Engage stakeholders (e.g. QIC, DMC-ODS Providers) to review trends and identify strategies for improvements, if needed- <b>Completed and ongoing</b></li> </ol>

Evaluation	FY 2019/20 Performance Targets and Baseline Metrics			
<b>Annual Goal Met:</b> <input type="checkbox"/> Met: Item # <input checked="" 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 (FY 2018-19)</b>	<b>FY 2019-20</b>
	Percent Decrease in Criminal Justice Involvement at Discharge	75%	70.6% (n=177)	74.8% (n=147)
	Percent Decrease in Hospitalization/ER-Physical Health	70%	60.6% (n=94)	89.2% (n=157)
	Percent Decrease in Hospitalization/ER - Mental Health	50%	28.0% (n=50)	47.1% (n=34)
	Percent of Beneficiaries Employed at Discharge	60%	61.5% (n=325)	42% (n=544)
	Percent Participating in Social Support Activities at Discharge	75%	69.9% (n=502)	69.3% (n=610)
	Percent in Stable (Independent) Housing at Discharge	40%	37.6% (n=508)	35.4% (n=222 out of 628)
	Percent in Stable (Dependent – e.g. SLE, family) Housing at Discharge	40%	-	30.7% (n=193 out of 628)
	<b>Changes from Admission to Discharge – Adolescent [Outpatient and Intensive Outpatient]</b>			
	<b>Metric</b>	<b>Performance Target</b>	<b>Baseline (FY 2018-19)</b>	<b>FY 2019-20</b>
	Percent Decrease in Juvenile Justice Involvement at Discharge	70%	-*	70% (n=10)
	Percent Participating in Social Support Activities at Discharge	50%	3.2% (n=31)	51.6% (n=31)
	Percent in School at Discharge	100%	61.4% (n=44)	80.6% (n=31)
<b>Evaluation Notes for QI Work Plan Baseline and FY 2019-20 Evaluation Data</b> <ul style="list-style-type: none"> <li>• Data Sources: WITS CalOMS export (7/1/2019-6/30/2020)</li> </ul>				



Quality – Outcomes/ Effectiveness	By June 30, 2020, there will be a 15% decrease in beneficiaries accessing multiple episodes of withdrawal management services with no other DMC-ODS treatment.	<ol style="list-style-type: none"> <li>1. Develop an SSRS report(s) to track withdrawal management re-admission measures – <b>Not completed</b></li> <li>2. At least quarterly, analyze data to identify trends and opportunities for improvement/intervention – <b>Completed (not quarterly)</b></li> <li>3. Distribute data and engage withdrawal management providers and Recovery Coaches as applicable to improve linkage to DMC-ODS treatment following discharge. <b>In process</b></li> </ol>												
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