



### **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).

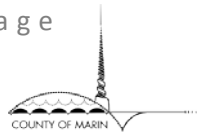
Activities in the QM program are performed by the DMC-ODS Administrative team, which consists of the County Alcohol and Drug Administrator, Program Manager, a Department Analyst, three Senior Program Coordinators and one Administrative Services Technician, as well as partners—and integrates many functions 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, 2018 – June 30, 2019)

Category	Goal	Planned Activities and Progress Achieved
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 - Completed</li> <li>2. Review existing data collection systems to identify any needed revisions and update accordingly [e.g. Access Contact Log, WITS] - Completed</li> <li>3. Provide training to DMC-ODS Providers on updated Marin WITS fields regarding timely access - Completed</li> <li>4. Monitor and analyze timely access data at a minimum quarterly - Completed</li> <li>5. Present timely access data to stakeholders, including DMC-ODS Providers and the Quality Improvement Committee - Completed</li> </ol>

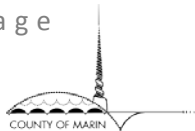


Evaluation	FY 2018/19 Performance Targets and Baseline Metrics																							
<b>Annual Goal Met:</b> <input checked="" type="checkbox"/> Met: Item # <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #	<table border="1"> <thead> <tr> <th data-bbox="514 256 804 329">Measure</th> <th data-bbox="810 256 1031 329">Performance Target</th> <th data-bbox="1037 256 1497 329">Baseline (DMC-ODS Year 1 Outcome)</th> <th data-bbox="1503 256 1915 329">FY 2018-19</th> </tr> </thead> <tbody> <tr> <td data-bbox="514 334 804 573">Days from Initial Request to First DMC-ODS Service</td> <td data-bbox="810 334 1031 573">95% within 10 business days</td> <td data-bbox="1037 334 1497 573"> <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> <td data-bbox="1503 334 1915 573"> <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> </td> </tr> <tr> <td data-bbox="514 578 804 683">Days from Initial Request to First Dose of NTP</td> <td data-bbox="810 578 1031 683">95% within 3 business days</td> <td data-bbox="1037 578 1497 683"> <ul style="list-style-type: none"> <li>OTP: 100% [Mean: 1 day]</li> </ul> </td> <td data-bbox="1503 578 1915 683"> <ul style="list-style-type: none"> <li>95.2% [Mean: 1.7 days]</li> </ul> </td> </tr> <tr> <td data-bbox="514 688 804 794">Days/hours from Initial Request to Urgent Appointment</td> <td data-bbox="810 688 1031 794">95% within 48 hours</td> <td data-bbox="1037 688 1497 794"> <ul style="list-style-type: none"> <li>Urgent Appointment: 96.9% * [Mean: 1 day]</li> </ul> </td> <td data-bbox="1503 688 1915 794"> <ul style="list-style-type: none"> <li>Urgent Appointment: 94.6%* [Mean: 26.4 hours]</li> </ul> </td> </tr> <tr> <td data-bbox="514 799 804 891">Percent of Timely Access Data Entered in WITS</td> <td data-bbox="810 799 1031 891">100%</td> <td data-bbox="1037 799 1497 891"> <ul style="list-style-type: none"> <li>Data Entered in Marin WITS: 84.7%</li> </ul> </td> <td data-bbox="1503 799 1915 891"> <ul style="list-style-type: none"> <li>100% for August 10, 2018 – June 30, 2019 [Became a mandatory field in Marin WITS]</li> </ul> </td> </tr> </tbody> </table>				Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)	FY 2018-19	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>	<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>	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>	<ul style="list-style-type: none"> <li>95.2% [Mean: 1.7 days]</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>	<ul style="list-style-type: none"> <li>Urgent Appointment: 94.6%* [Mean: 26.4 hours]</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>	<ul style="list-style-type: none"> <li>100% for August 10, 2018 – June 30, 2019 [Became a mandatory field in Marin WITS]</li> </ul>
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	<b>Evaluation Notes for QI Work Plan Baseline and FY 2018-19 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: Marin WITS (DMC-ODS Year 1: 4/1/17 – 3/31/18, except urgent appointments, which is 7/1/17 – 6/30/18. FY 2018-19 is Marin WITS for 7/1/18 – 6/30/19)</li> </ul>																							

Category	Goal	Planned Activities and Progress Achieved														
Timeliness – Authorization for Services	In FY 2018-19, 100% of responses to Residential Treatment Authorization Requests (TAR) will occur within 24 hours of the request.	1. Engage BHRS Access and Residential treatment provider staff to identify potential processes for submitting and reviewing authorization requests for Residential treatment - Completed 2. Provide ongoing training to Access Line and Residential provider staff on the Authorization process - Completed 3. Analyze Residential Authorization data at least quarterly and present it to stakeholders, including DMC-ODS Providers and Quality Improvement Committee - Completed 4. Convene an ad hoc workgroup to identify strategies for improving TAR process – Completed  <u>Supporting Documentation:</u> Access Line/Provider Meeting Minutes; QIC Meeting Minutes														
<b>Evaluation</b>		<b>FY 2018/19 Performance Targets and Baseline Metrics</b>														
<b>Annual Goal Met:</b> <input checked="" type="checkbox"/> Met: Item # 1 <input type="checkbox"/> Partially Met: Item # <input checked="" type="checkbox"/> Not Met: Item #2 <input type="checkbox"/> Continued: Item #	<table border="1"> <thead> <tr> <th data-bbox="533 773 947 841">Measure</th> <th data-bbox="947 773 1262 841">Performance Target</th> <th data-bbox="1262 773 1581 841">Baseline (DMC-ODS Year 1 Outcome)</th> <th data-bbox="1581 773 1902 841">FY 2018-19</th> </tr> </thead> <tbody> <tr> <td data-bbox="533 841 947 980">Percent of Access Line responses within 24 hours of receiving Residential Treatment Authorization Requests (TAR)</td> <td data-bbox="947 841 1262 980">100%</td> <td data-bbox="1262 841 1581 980">98% (287 out of 293)</td> <td data-bbox="1581 841 1902 980">98.4% (421 out of 428)</td> </tr> <tr> <td data-bbox="533 980 947 1120">Percent of Notices of Adverse Benefit Determination (NOABD) issued for responses to TARs that are greater than 24 hours</td> <td data-bbox="947 980 1262 1120">100%</td> <td data-bbox="1262 980 1581 1120">100%</td> <td data-bbox="1581 980 1902 1120">71.4% (5 out of 7)</td> </tr> </tbody> </table>				Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)	FY 2018-19	Percent of Access Line responses within 24 hours of receiving Residential Treatment Authorization Requests (TAR)	100%	98% (287 out of 293)	98.4% (421 out of 428)	Percent of Notices of Adverse Benefit Determination (NOABD) issued for responses to TARs that are greater than 24 hours	100%	100%	71.4% (5 out of 7)
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<b>Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data</b> <ul style="list-style-type: none"> <li>Additional NOABDs may have been issued as there are multiple logs. In FY 2019/20, BHRS will work with the BHRS Access Line to ensure the NOABD Log is being completed as required.</li> </ul>																

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Timeliness – Residential Authorization Quality	In FY 2018-19, there will be a 25% reduction in TARs put in Pending status.	<ol style="list-style-type: none"> <li>Analyze Residential Authorization data at least quarterly and present it to stakeholders, including DMC-ODS Providers and Quality Improvement Committee - Completed</li> <li>Review Pending TARs to identify trends and any technical assistance needed to improve the quality of and appropriateness of TARs - Completed</li> <li>Provide ASAM Training to Residential Providers and Access Line staff to ensure TARs are submitted for beneficiaries appropriate for Residential treatment - Completed</li> <li>Convene an ad hoc workgroup to identify strategies for improving TAR process – Completed</li> </ol> <p><u>Supporting Documentation:</u> Access Line/Provider Meeting Minutes; QIC Meeting Minutes</p>								
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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. – Completed (Annual)</li> <li>2. Identify and address barriers to logging the recommended ASAM Level of Care field (Access Log) – In progress – see ACCESS PIP for more details.</li> <li>3. Provide ASAM Criteria and other applicable training to BHRS Access staff. - Completed</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. – In Progress</li> </ol>														
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**Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data**

- Data Sources: BHRS Contact Log; Marin WITS
- Improved reporting showed an increase in the number of people being screened by Access. However, those also showed us that very few are connecting within 30 days to an SUD service. Of those connecting only 40% were in the level of care indicated by their screening. The other 60% connected with withdrawal management or OTP services rather than their indicated level of care.
- \*An in-depth review of the Access log showed that while many callers were given a disposition of “screened and referred to substance use services” they did not have a level of care logged. However, it also turned out that many people who did not have a disposition of “screened for substance use disorder” had been screened and referred to treatment.



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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. - Complete</li> <li>2. Perform test calls to the Access Line – include business and afterhours calls and in multiple languages –Complete</li> <li>3. Distribute monthly Access Line dashboards and quarterly test call results to stakeholders. - Complete</li> <li>4. If improvements are warranted, identify appropriate strategies to address the performance issues. – Complete and strategies to improve performance are underway [e.g. updates to staffing and tasks]</li> </ol> <p><u>Supporting Documentation:</u> Access Line Dashboards; Access Line Assessment</p>																
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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 – Partially Complete [Onsite Monitoring: Complete / Contract Language: Did Not Complete]</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. -- Complete</li> <li>3. Perform onsite reviews at DMC-ODS sites and assess compliance with posting afterhours information at sites and in admission agreements. – Complete</li> </ol>									
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<b>Evaluation Notes for QI Work Plan Baseline and FY 2018-19 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.</li> </ul>											

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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 – Complete and ongoing</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 – Complete and ongoing</li> <li>3. Expand services as appropriate – Complete and ongoing</li> <li>4. Promote available resources – Complete and ongoing</li> <li>5. At least biannually, review penetration rate data to assess trends and identify opportunities to address disparities – Complete (Annual)</li> </ol>																											
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Category	Goal	Planned Activities and Progress Achieved																
Access – Network Adequacy	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.	<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 - Complete</li> <li>2. Train DMC-ODS providers on entering preferred language data - Complete</li> <li>3. Analyze and map beneficiary and service data to assess access to services within 30 miles or 60 minutes -- Complete</li> <li>4. Analyze encounter data to assess the percentage of beneficiaries receiving services in their preferred language – Complete</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 -- Complete</li> <li>6. Identify and seek additional network providers if gaps exist in terms of geographic, preferred language, or level of care – Complete and ongoing [e.g. Co-Occurring Residential; Recovery Residence; Adolescent Residential]</li> </ol> <p><u>Supporting Documentation:</u> Beneficiary GIS Mapping</p>																
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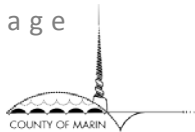
	<b>Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data</b>		
	<ul style="list-style-type: none"> <li>Data Sources: MMEF; Marin WITS</li> </ul>		
<b>Category</b>	<b>Goal</b>	<b>Planned Activities and Progress Achieved</b>	
Access – Network Adequacy	By June 30, 2019, provide all ASAM levels of care required in the DMC-ODS Waiver available to Marin Medi-Cal beneficiaries (18+).	<ol style="list-style-type: none"> <li>Analyze MMEF and data for beneficiaries in substance use treatment to project the types and location of services needed - Complete</li> <li>Review listing of Drug/Medi-Cal certified sites and identify gaps - Complete</li> <li>Provide technical assistance to prospective providers to submit Drug/Medi-Cal applications -- Complete</li> <li>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. -- Complete</li> <li>Identify additional service gaps and strategies for ensuring all ASAM levels of care are available for beneficiaries (18+) -- Complete</li> </ol>	
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	Required: Percentage of DMC-ODS Required Services Available at “Go Live”	100%	100%
	Optional: Recovery Residences Available by End of IY 2	By End of IY 2	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	Planning underway – Issued an RFP in May 2018
	<b>Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data</b>		

Category	Goal	Planned Activities and Progress Achieved														
Quality – Cultural Competency	By June 30, 2019, 100% of BHRS DMC-ODS staff will participate in at least one cultural competency training annually.	1. Engage stakeholders and review the DMC-ODS STCs to identify workforce development and training needs - Complete 2. Develop a training plan, including topics, trainers, timeframe and required/optional participants - Complete 3. Provide trainings and track attendance and outcomes – Complete  <u>Supporting Documentation:</u> Training Plan														
<b>Evaluation</b>	<b>FY 2018/19 Performance Targets and Baseline Metrics</b>															
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Category	Goal	Planned Activities and Progress Achieved			
Quality – Beneficiary Engagement	By June 30, 2019, 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] - Complete</li> <li>2. Provide training to DMC-ODS Providers on updated Marin WITS fields regarding no show fields - Complete</li> <li>3. Monitor and analyze initiation, engagement and no show data at a minimum quarterly – Complete (Annual) and ongoing</li> <li>4. Consider additional methods to assess initiation and engagement -Complete</li> <li>5. Present initiation, engagement and no show data to stakeholders, including DMC-ODS Providers and the Quality Improvement Committee – Complete</li> <li>6. Identify strategies for improvement in areas not meeting performance targets – Complete</li> </ol> <p><u>Supporting Documentation:</u> QIC Minutes</p>			
<b>Evaluation</b>	<b>FY 2018/19 Performance Targets and Baseline Metrics</b>				
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	Percent of beneficiaries who receive a second service within 14 calendar days of admission to treatment	85%	85.6% (n=203 out of 237)	69.1%	
	Percent of beneficiaries who have at least four treatment days/sessions within the first 30 days from admission to treatment*	75%	79.7% (n=189 out of 237)	59.2%	
	Percent of No Shows to NTP appointments (medication visits)	3.5%	3.5%	5.5%*	
	Percent of No Shows to MAT appointments (medication visits)	3.5%	6.9%	9.63%*	
	Percent of No Shows to counseling appointments	10%	Not Yet Established	7.1%	

**Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data**

- Data Sources: MAT/NTP No Shows: Marin Treatment Center Tower and Marin WITS (7/1/2017 – 6/30/2018); \*Marin WITS (7/1/2018 – 6/30/2019); Initiation and Engagement: Marin WITS (Sample: Admissions to OS, IOS, PH, OTP and Residential from 4/1/18 – 6/30/18)
- *\*Depending on DMC-ODS Year 2 PMs, may revise to percent of beneficiaries who have at least two additional treatment days/sessions within 30 days after initiating treatment to align with Washington Circle metrics*



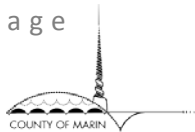


Category	Goal	Planned Activities and Progress Achieved
Quality – Clinical Documentation	By June 30, 2019, at least 80% of DMC-ODS beneficiary charts that are reviewed will be approved for upload to DHCS.	<ol style="list-style-type: none"> <li>1. Develop/update procedures and related documentation to monitor Title 9, DMC-ODS and 42 CFR 438 requirements Complete – Developed new review form and training PPT</li> <li>2. Provide relevant training/technical assistance to DMC-ODS providers – Complete – QI provided technical assistance and training – Complete</li> <li>3. BHRS UR staff will be hired and cross-trained to perform DMC-ODS and MHP documentation reviews. -- Complete and ongoing</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. Complete and ongoing. Note: There were staffing gaps</li> </ol> <p><u>Supporting Documentation:</u> Training Materials</p>

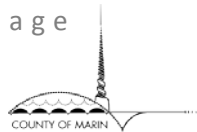
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Category	Goal	Planned Activities and Progress Achieved														
Quality – Primary Care Coordination	By June 30, 2019, at least 75% of beneficiaries participating in the annual TPS survey will report a positive response (4+ out of 5) when asked about coordination with primary care.	<ol style="list-style-type: none"> <li>Engage DMC-ODS providers to identify current and proposed practices for identifying and linking a beneficiary to primary care – Complete and ongoing</li> <li>Review TPS data to identify areas of focus for improving coordination with primary care - Complete</li> <li>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 – Not Yet Completed</li> <li>Update documentation, as needed (e.g. Contractor Manual, Marin WITS training materials, Policies &amp; Procedures, etc.) – N/A as Not Yet Completed</li> <li>Train DMC-ODS providers to in updated procedures and data collection requirements –N/A as Not Yet Completed</li> <li>Work with Partnership Health Plan to identify strategies for sharing data across primary care and substance use services – Complete</li> </ol> <p>Supporting Documentation: BHR/Partnership Data Use Agreement</p>														
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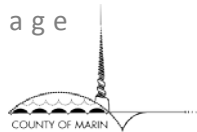
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Category	Goal	Planned Activities and Progress Achieved														
Quality – Mental Health Care Coordination	By June 30, 2019, at least 75% of beneficiaries participating in the annual TPS survey will report a positive response (4+ out of 5) when asked about coordination with mental health.	<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 –Complete</li> <li>Review TPS data to identify areas of focus for improving coordination with mental health –Complete</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—Complete</li> <li>Update documentation, as needed (e.g. Contractor Manual, Marin WITS training materials, Policies &amp; Procedures, etc.) – Not Yet Complete</li> <li>Train DMC-ODS providers to in updated procedures and data collection requirements – Not Yet Completed</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. – Completed as MOU in place with Partnership Health; MOU with Bright Heart and CSU to link beneficiaries accessing the CSU to ongoing substance use services, as appropriate.</li> </ol>														
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Measure	Performance Target	Baseline (DMC-ODS Year 1 Outcome)	FY 2018-19													
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%	65.2% (Adult) 100% (Youth: Q13-Emotional Needs Met)													
Average score on the Treatment Perceptions Survey regarding coordination with mental health providers	4 [Agree]	3.9	4.2 (Adult) 4.4 (Youth: Q13 – Emotional Needs Met)													



	<p><b>Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data</b></p> <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>
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Category	Goal	Planned Activities and Progress Achieved			
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 - Complete</li> <li>2. Develop updated forms in at least English and Spanish- Complete</li> <li>3. Review DMC-ODS provider policies, procedures and forms for complaints, grievances and appeals and provide technical assistance, as needed – Complete</li> <li>4. Report grievance, appeal and other beneficiary protection information at least quarterly at QIC meetings – Complete and ongoing</li> </ol> <p><u>Supporting Documentation:</u> Grievance Policy and Procedure; QIC Minutes</p>			
<b>Evaluation</b>	<b>FY 2018/19 Performance Targets and Baseline Metrics</b>				
<b>Annual Goal Met:</b> <input checked="" type="checkbox"/> Met: Item # <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input type="checkbox"/> Continued: Item #	<b>Grievances</b>				
		Baseline (DMC-ODS Year 1)		FY 2018-19	
	<b>Number of Grievances</b>	Received	Resolved within Final Rule Timelines	Received	Resolved within Final Rule Timelines
	Access to Care	3	100%	0	N/A
	Quality of Care	0	-	2	100%**
	Program Requirements	1	100%	0	N/A
	Service Denials	0	-	0	N/A
	Failure to Respect Enrollee’s Rights	1	100%	2	100%
	Interpersonal Relationship Issues	3	100%	0	N/A
	Other	1	0%*	2	100%
<b>Total</b>	9	88.9%	6	100%**	

**Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data**

- \*This grievance was resolved in April 2018, what was out of the DMC-ODS Year 1 baseline period, though resolved within the Final Rule timelines.
- \*\*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.
- Data Source: Marin BHRS Grievance/Appeal Log



Category	Goal	Planned Activities and Progress Achieved									
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>1. Partner with HHS Epidemiology to develop procedures for routine sharing of EMS data - Completed</li> <li>2. At least quarterly, analyze EMS and WITS data to identify service linkages and re-admission rates - Completed</li> <li>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 – Completed and Ongoing</li> </ol>									
<b>Evaluation</b>	<b>FY 2018/19 Performance Targets and Baseline Metrics</b>										
<b>Annual Goal Met:</b> <input checked="" type="checkbox"/> Met: Item #1 <input type="checkbox"/> Partially Met: Item # <input type="checkbox"/> Not Met: Item # <input checked="" type="checkbox"/> Continued: Item #1	<table border="1"> <thead> <tr> <th>Measure</th> <th>Performance Target</th> <th>Baseline</th> <th>FY 2018-19</th> </tr> </thead> <tbody> <tr> <td>Percent of beneficiaries with a substance use service contact within seven days following a non-fatal opioid overdose.</td> <td>15%</td> <td>6.1%</td> <td>19.7%</td> </tr> </tbody> </table>			Measure	Performance Target	Baseline	FY 2018-19	Percent of beneficiaries with a substance use service contact within seven days following a non-fatal opioid overdose.	15%	6.1%	19.7%
Measure	Performance Target	Baseline	FY 2018-19								
Percent of beneficiaries with a substance use service contact within seven days following a non-fatal opioid overdose.	15%	6.1%	19.7%								
	<b>Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data</b> <ul style="list-style-type: none"> <li>• Data Source: Baseline represents EMS and Marin WITS data for April 2017 – March 2018. For FY 2018-19, data Sources are EMS data (July 1, 2018 – June 30, 2019) and Marin WITS data for July 1, 2018 – July 30, 2019] Revised from initial FY 2018/19 QI Work Plan as received updated baseline data.</li> </ul>										

Category	Goal	Planned Activities and Progress Achieved
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>1. Dedicate staff to perform analyses at least quarterly. Completed - Shifted existing position to accommodate 0.50 FTE dedicated to data analysis.</li> <li>2. Outreach to DHCS to identify additional reporting features in BHIS – Complete - DHCS indicates ITWS reporting features are under construction.</li> <li>3. Engage stakeholders (e.g. QIC, DMC-ODS Providers) to review trends and identify strategies for improvements, if needed – Completed - Created and disseminate dashboards to providers on a monthly basis.</li> </ol>

Evaluation	FY 2018/19 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 (DMC-ODS Year 1 Outcome)</b>	<b>FY 2018-19</b>
	Percent Decrease in Criminal Justice Involvement at Discharge	80%	78.5%	70.6% (n=177)
	Percent Decrease in Hospitalization/ER-Physical Health	70%	50.0%	60.6% (n=94)
	Percent Decrease in Hospitalization/ER - Mental Health	50%	33.3%	28.0% (n=50)
	Percent of Beneficiaries Employed at Discharge	50%	53.2%	61.5% (n=325)
	Percent Participating in Social Support Activities at Discharge	85%	72.5%	69.9% (n=502)
	Percent in Stable (Independent) Housing at Discharge	40%	45.9%	37.6% (n=508)
	<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>	<b>FY 2018-19</b>
	Percent Decrease in Juvenile Justice Involvement at Discharge	70%	100%	-*
	Percent Participating in Social Support Activities at Discharge	85%	68.8%	3.2% (n=31)
	Percent in School at Discharge	100%	100%	61.4% (n=44)
<b>Evaluation Notes for QI Work Plan Baseline and FY 2018-19 Evaluation Data</b> <ul style="list-style-type: none"> <li>• Data Sources: ITWS (4/1/17 – 3/31/18)</li> <li>• Data Sources: WITS CalOMS export (7/1/2018-6/30/2019)</li> </ul>				