



1st and 2nd Quarter
Semi-Annual Report
Contract Year 2015/2016

Wellplace Michigan
1333 Brewery Park Blvd. Detroit, MI 48207

Wellplace Michigan

Contract Year 2015/2016 1st and 2nd Quarter Report

Throughout the course of the year, Wellplace tracks and monitors each aspect of its program as defined in the Quality Assessment Performance Improvement Plan. These programs are monitored for efficiency, effectiveness and satisfaction. The Quality Department is responsible for monitoring and ensuring that all information is properly inputted and kept current throughout the year. Quality data information is presented to the Administrative Team and Quality Committee monthly where different aspects are discussed including aggregate data, trends, analysis of the data, and recommendations for improvement for any area failing to meet established benchmarks, goals or targets. Below is a list of all Wellplace data broken down by the three categories identified above.

EFFICIENCY

Enrollment Proficiency

Wellplace Michigan completes data integrity audits monthly to ensure timeliness and proper documentation. Enrollment turnaround times for MPRI, JAC, and Wraparound programs are tracked for compliance. Per contract, Wellplace must complete a 2 business day processing deadline. The table below shows the data for the 1st and 2nd Quarters, in which an “X” represents compliance for the month.

Month	MPRI	JAC	Wraparound
October	X	X	X
November	X		X
December	X	X	X
January	X	X	X
February	X	X	X
March	X	X	X
Compliance Percentage	100.00%	83.33%	100.00%

Enrollment Proficiency Analysis and Recommendations:

The completion time frame must be within 48 business hours from the date of call in order to meet compliance, and once an MCPN is assigned and the process is completed in a timeframe that exceeds 2 business days, that particular call is no longer meeting compliance. Wellplace reported 12 JAC, 1 MPRI and 1 Wraparound enrollment which exceeded the 2 business day turnaround

time frame. The JAC database was out of compliance within the month of November in which there were 10 cases that exceeded the 48 business hour compliance timeframe. Wellplace has been in compliance every month since the month of November, and continues to be in full compliance with all three databases. The Staff continues to monitor faxes to ensure that information is received and processed within 2 business days from the date of call. Data integrity audits are completed monthly, as well as each of the databases being reviewed on a monthly basis in order to ensure that each database is meeting compliance within the month.

Data Integrity Audit

Data Integrity Audits are completed monthly by Wellplace Michigan to ensure timeliness, accuracy and proper documentation of data collection. Each Data integrity check reviews an aspect of our Program to ensure we are effectively completing important processes and in the time frames expected. There 7 different programs/databases that are audited monthly being: MPRI, Wraparound, JAC, MCPN, Program Changes, Access Center and NSO, and the Denial Database. These programs are audited for several different aspects utilizing individual audit tools specific to each area. The table below shows the data for the 1st and 2ndQ FY1516. An “X” indicates that a data integrity audit was completed for the month.

Month	MPRI	JAC	Wraparound	MCPN	Program Change	Access Center and NSO	Denial
October	X	X	X	X	X	X	X
November	X	X	X	X	X	X	X
December	X	X	X	X	X	X	X
January	X	X	X	X	X	X	X
February	X	X	X	X	X	X	X
March	X	X	X	X	X	X	X
Compliance Percentage	100%	100%	100%	100%	100%	100%	100%

Data Integrity Audit Analysis and Recommendations:

Wellplace, completed data integrity audits for all seven programs/databases for every month within October 2015 to March 2016.

Denial Audit

The Denial Audit tool measures several areas of compliance related to the letters sent to consumers informing them of a denial of eligibility for services and the denial process. These areas include: *Correct beneficiary name on letter; The specific reason for denial included in*

easily understood language; A reference to the benefit provision, guideline, protocol, or other similar criterion in which the denial decision was based upon is included; A description of the appeal rights including the right to submit written comments, documents, or other information relevant to the appeal is included; An explanation of the appeal process including the right to member representation and the timeframes for deciding appeals is included; A description of the expedited appeal process is included; The decision to deny was completed within 1 business day; Notification of the denial was sent within 1 business day of the decision; Denial Letter was signed and dated by Wellplace Physician with Credentials; and the Physician completed review of Initial Denial Form. The Denial Audits for the 1st and 2nd Quarter FY1516 results can be seen in the data table below.

Adequate Action Notice	October	November	December	1st Quarter Cumulative	January	February	March	2nd Quarter Cumulative
Correct beneficiary information on letter	100%	100%	100%	100%	100%	100%	100%	100%
The specific reasons for the denial are included in easily understandable language	100%	100%	100%	100%	100%	100.00%	100%	100%
A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial decision was based on is included	100%	100%	100%	100%	100%	100%	100%	100%
Notification that the beneficiary can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion in which the denial decision was based upon is included	100%	100%	100%	100%	100%	100%	100%	100%
A description of the appeal rights including the right to submit written comments, documents, or other information relevant to the appeal is included	100%	100%	100%	100%	100%	100%	100%	100%
An explanation of the appeal process including the right to member representation and the timeframes for deciding appeals is included	100%	100%	100%	100%	100%	100%	100%	100%
A description of the expedited appeal process is included	100%	100%	100%	100%	100%	100%	100%	100%
The decision to deny was completed within 1 business day	100%	100%	100%	100%	100%	100%	100%	100%
Notification of the denial was sent within 1 business day of the decision	100%	100%	100%	100%	100%	70.6%	92.3%	88%

Denial letter was signed and dated by Wellplace physician with credentials	100%	100%	100%	100%	100%	100%	100%	100%
Physician completed Review of Initial Denial Form	100%	100%	100%	100%	100%	100%	100%	100%

Denial Audit Analysis and Recommendation:

During 1st and 2nd Quarter FY1516 1/3 of denial letters were selected at random for each month totaling forty-one (41) denial audits completed for the 1st quarter, while forty-three (43) denial audits were completed during the 2nd quarter. All areas of the Audit did not met full compliance, as the question, “Notification of the denial was sent within 1 business day of the decision” measured at an average of 88% within the 2nd Quarter due to technical difficulties that were experienced within the month of February. In the month of March this specific question only had one (1) occurrence in which it was out of compliance. This area can be improved by ensuring that any technical difficulties that are experienced are being communicated in order to address any technical difficulties so that each category remains within compliance. This will be monitored within the next months to ensure a 100% compliance rate.

Appointment Access

It is the policy of Wellplace to schedule intake assessment appointments at appropriate provider locations with consumers that are eligible and enrolled for services and are not currently on the waiting list. It is the policy of Wellplace to uphold integrity in referrals to providers via appointment setting activities, while upholding the consumer choice in providers. Appointments are divided into three categories, urgent, emergent, and routine. *Emergent* appointments refer to a situation in which an individual with a serious mental illness, a developmental disability or a child with a serious emotional disturbance is at risk of harming themselves or others if he/she does not receive care, treatment or support services within 3 hours. *Routine* appointments refer to a situation in which an individual does not present with an urgent or emergent need and is able to ensure safety of self and others while awaiting care, treatment or support services. *Urgent* appointments refer to a situation in which an individual is determined to be at risk of experiencing a mental health crisis or emergency situation in the near future if he or she does not receive care, treatment or support services within 2 days. No appointment is scheduled more than 14 days out from determination of eligibility unless requested by the consumer. The table below indicates the total number of calls to the Access Center and provides the total amount of Urgent, Emergent and Routine appointments made. A consumer only gets an appointment after eligibility has been determined.

MCPN	Total Calls	Total Urgent Appointments	Total Emergent Appointments	Total Routine Appointments
Carelink Network	1737	12	4	1721
Community Living Services (CLS)	43	0	0	43
ConsumerLink Network	180	1	0	179
Gateway Community Health	1506	7	2	1497
Integrated Care Alliance (ICA)	20	0	0	20
Cumulative 1st Quarter	3486	20	6	3460

MCPN	Total Calls	Total Urgent Appointments	Total Emergent Appointments	Total Routine Appointments
Carelink Network	1681	3	1	1677
Community Living Services (CLS)	71	0	0	71
ConsumerLink Network	193	1	0	192
Gateway Community Health	1573	3	3	1567

Integrated Care Alliance (ICA)	31	0	0	31
Cumulative 2nd Quarter	3549	7	4	3538

Percentage of Appointments Scheduled within 14 Days					
Routine	Carelink	CLS	Consumerlink	Gateway	ICA
1st Quarter	93.25%	93.30%	90.36%	95.98%	92.59%
2nd Quarter	93.43%	82.03%	90.90%	95.43%	97.92%

# of Days Appointments Scheduled within 14 Days					
Routine	Carelink	CLS	Consumerlink	Gateway	ICA
1st Quarter	9.15	9.01	9.04	8.46	6.72
2nd Quarter	7.87	9.26	8.18	7.91	6.45

Appointment Access Analysis and Recommendation:

The data for each MCPN is tracked on a monthly basis for both the number of days as well as the percentage that an appointment is scheduled within 14 days. Consumerlink had the lowest percentage at 90.36%, while Carelink had the highest average number of days of appointments scheduled within 14 days at 9.15 within the 1st Quarter. Community Living Services (CLS) had the lowest percentage within the 2nd Quarter at 82.03% as well as the highest average number of days that appointments were scheduled within 14 days at 9.26 days. Every MCPN was within compliance in terms of the average number of days within the 1st and 2nd Quarters as all MCPN's were under 14 days. MCPN's will continue to be monitored to ensure that the percentage of appointments as well as the number of days that appointments are scheduled within 14 Days meets compliance.

Credentialing Compliance

On a monthly basis, Wellplace will credential and re-credential licensed practitioners who need to complete this process upon hire and every two years thereafter for participation in the DWMHA provider network. Wellplace sends out 90, 45, and 30 day letters to these individuals to remind them of their need to complete and submit the required information in order to assure timely re-credentialing. Wellplace is in continuous communication with these individuals to try and ensure they are credentialed before their expiration date. Within every month, the credentialing department will receive a number of individuals who will be reviewed. Each

individual being reviewed is different in terms of which part of the process they're at and need to be reviewed for. If an individual has not been reviewed previously, and it is their first time for their file to be processed, than they would be identified under the category credentialed. If an individual has previously been credentialed, and it is time for them to be reviewed again, than they would be identified under the category recredentialed. If an individual is verified; Wellplace is contracted by DWMHA to annually complete a 5% audit of the clinical staff of the MCPNs as well as the clinical staff of their contracted providers. This process entails requesting an updated roster from the MCPNs and their contracted providers, then choosing 5% of the clinicians from each provider. Once we receive verification packets from the 5%, Credentialing processes the information in the same manner as the credentialing files, except we do not perform as many queries. Credentialing issues a determination for each clinician to the MCPNs. Below is a list of how many individuals were credentialed, recredentialed, and or verified during the 1st and 2nd Quarter.

Credentialing October-December 2015				
Credentialing 1st Quarter	Total # Credentialed	Total # Re-Credentialed	Total # of Verification	Total
October	95	3	0	92
November	52	0	0	52
December	41	0	1	40
Cumulative 1st Quarter	188	3	1	184

<u>Wellplace Michigan</u> Credentialing January-March 2016				
Credentialing 2nd Quarter	Total # Credentialed	Total # Re-Credentialed	Total # of Verification	Total
January	24	0	0	24
February	20	0	0	20
March	46	3	0	43
Cumulative 2nd Quarter	90	3	0	87

Credentialing Compliance Analysis and Recommendations:

Credentialing was completed for 188 individuals within the 1st quarter and 90 individuals within the 2nd quarter. There were 184 files credentialed, 3 recredentialed files, and 1 verified file within the 1st quarter. There were 87 credentialed files, 3 recredentialed files, and 0 verified files within the 2nd quarter. There were a total of 278 individual files handled within the credentialing

department through the 1st and 2nd quarter of 2015-2016. All credentialing, re-credentialing, and or verifications were processed on time and within compliance.

DWHMA Access Center MCPN Changes & Program Changes

Wellplace processes Program and MCPN change requests. Wellplace reports monthly data to DWMHA including the number of program and MCPN change requests. The quality department also completes monthly data integrity audits to validate the information being reported out to DWMHA. The table below provides a breakdown of MCPN and Program changes per month for 1st and 2nd Quarter FY1516.

1st Quarter	MCPN Change	Compliant	Non-Compliant	Program Change	Compliant	Non-Compliant
October	14	14	0	20	20	0
November	3	3	0	13	13	0
December	3	3	0	10	8	2
Cumulative 1st Quarter	20	20	0	43	41	2

2nd Quarter	MCPN Change	Compliant	Non-Compliant	Program Change	Compliant	Non-Compliant
January	2	2	0	15	14	1
February	14	14	0	14	14	0
March	172	172	0	23	23	0
Cumulative 2nd Quarter	188	188	0	52	51	1

MCPN & Program Change Analysis and Recommendations:

During the 1st quarter, there were 20 MCPN changes with 0 being non-complaint, while there 43 Program changes with 2 being non-compliant. During the 2nd Quarter there were 188 MCPN changes with 0 non-compliant, while there were 52 Program changes with 1 being non-compliant. During the 1st and 2nd quarter MCPN and Program changes FY1516, there were only 3 changes that were non-compliant out of the 208 total MCPN changes and 95 total Program changes. Wellplace reported three Program changes which failed compliance due to being processed outside of the two business day turnaround timeframe. Wellplace will continue to

monitor the MCPN change database along with the Program change database to ensure that all changes are completed within the 2 business day timeframe in order to meet compliance.

Average Call Duration

Wellplace completes a telephone statistics report on a monthly basis. This report includes Wellplace monitoring and tracking of the average call duration for the customer service and clinical units. When a call comes through the Access Center it first goes through the customer service unit, and if deemed eligible than it would proceed to the clinical unit for a clinical screening. Clinicians have a 30 minute benchmark to complete a clinical screening call. The breakdown per quarter is listed below.

Average Call Duration -1st Quarter	Average Call Duration – Customer Service (Minutes)	Average Call Duration – Clinical Unit (Minutes)
October	3.44	24.38
November	3.4	23.4
December	3.48	24.5
Average 1st Quarter	3.44	24.09

Average Call Duration -2nd Quarter	Average Call Duration – Customer Service (Minutes)	Average Call Duration – Clinical Unit (Minutes)
January	3.41	24.47
February	3.50	24.42
March	3.45	25.53
Average 2nd Quarter	3.45	24.81

Phone Screen Efficiency Analysis and Recommendations:

Wellplace was compliant within the 1st and 2nd Quarter below the 30 minute benchmark, in which Wellplace clinicians completed screenings within the 1st Quarter at an average of 24.09 minutes, while completing screenings at an average of 24.81 minutes call duration within the 2nd Quarter.

EFFECTIVENESS

Managing for Results-ETS and Enrollment Line

Wellplace completes a Managing for Results-ETS and Enrollment Report monthly. This report includes Wellplace monitoring and tracks service availability, hold times, average time to answer, clinical callbacks processed, busy rate and average abandonment rate. Monthly results and benchmarks are shown below.

1st Quarter	October	November	December	Cumulative 1st Quarter FY15-16
Service Accessibility 99% \geq	99.99%	99.99%	99.99%	99.99%
Customer Service Hold Times \leq 120 Seconds	100%	100%	100%	100%
Clinical Screening Hold Times \leq 5% Minutes	100%	100%	100%	100%
Average Time to Answer \leq 30 seconds	7	8	8	7.67
Clinical Callbacks Processed in the Same Day	1943	1622	1513	5078
Busy Rate \leq 1.00%	0%	0%	0%	0%
Call Abandonment Rate \leq 5%	3.80%	5.40%	5.00%	4.73%

2nd Quarter	January	February	March	Cumulative 2nd Quarter FY15-16
Service Accessibility 99% \geq	99.99%	99.99%	99.99%	99.99%
Customer Service Hold Times \leq 120 Seconds	100%	100%	100%	100%
Clinical Screening Hold Times \leq 5% Minutes	100%	100%	100%	100%
Average Time to Answer \leq 30 seconds	7	7	7	7.00
Clinical Callbacks Processed in the Same Day	1876	1902	2336	6114
Busy Rate \leq 1.00%	0%	0%	0%	0%
Call Abandonment Rate \leq 5%	4.60%	3.60%	3.20%	3.80%

Managing for Results-ETS and Enrollment Line Analysis and Recommendations:

All areas met compliance for the 1st and 2nd quarter except for call abandonment rate. Call abandonment rate didn't meet compliance for the month of November at 5.4%, but met compliance for every other month within the 1st Quarter, and met compliance every month within the 2nd Quarter. The call abandonment rate will continue to be monitored monthly to ensure that it continues to meet compliance as it did within the entire 2nd Quarter.

NSO Monthly Data Report

Wellplace monitors calls made to NSO, and or transferred to NSO from the access center. NSO provides consumers with information and referrals about local services such as support groups, food pantries locations and other community assistance programs. We monitor several areas listed in the chart shown below.

1st Quarter	October	November	December	1st Quarter Cumulative
Total Incoming Calls	1573	1388	1436	4397
Total Calls Handled	1373	1240	1311	3924
# of Abandoned Calls	200	148	125	473
Call abandonment Rate ($\leq 5\%$)	12.71%	10.66%	8.70%	10.69%
Average Time to Answer (seconds)	36	24	27	29.00
Abandoned Calls not answered in 30 Seconds	20	24	15	59

Average Duration Per Call (minutes)	5.78	5.77	5.72	5.76
Busy Rate	0%	0%	0%	0%
Service Level	100%	100%	100%	100%
Interpreter Service	0	1	1	2

2nd Quarter	January	February	March	2nd Quarter Cumulative
Total Incoming Calls	1549	1387	1288	4224
Total Calls Handled	1429	1278	1167	3874
# of Abandoned Calls	120	109	121	350
Call abandonment Rate (<5%)	7.75%	7.86%	9.39%	8.33%
Average Time to Answer (seconds)	22.5	27.5	23.5	24.5
Abandoned Calls not answered in 30 Seconds	19	18	14	51
Average Duration Per Call (minutes)	5.48	5.41	5.81	5.57
Busy Rate	0%	0%	0%	0%

Service Level	100%	100%	100%	100%
Interpreter Service	0	0	0	0

NSO Monthly Data Report Analysis and Recommendations:

Throughout the 1st and 2nd Quarter, NSO had a call abandonment rate that was above the goal of 5% for every month within the 1st and 2nd Quarter. Throughout the 1st and 2nd Quarter, NSO met compliance for the average time to answer being at or below 30 seconds category in every month, but October at 36 seconds. NSO continued to meet compliance every month following October within the 1st and 2nd Quarter. NSO will continue to be monitored for call abandonment rate to ensure that it meets the compliance goal of equal to or less than 5%.

Translation Line

Wellplace receives calls from consumers on a monthly basis that require translation services. Wellplace also completes a test of the translation line services to ensure excellence in our customer service and response to callers who speak a primary language other than English.

1st Quarter	Translation Calls	Translation line test calls	Translation test call compliance
October	283	1	100%
November	91	1	100%
December	106	1	100%
1st Quarter Cumulative	480	3	100%
2nd Quarter	Translation Calls	Translation line test calls	Translation test call compliance
January	149	1	100%
February	180	1	100%
March	243	1	100%
2nd Quarter Cumulative	572	3	100%

Translation Line Test Data Analysis and Recommendations:

There weren't any reported issues with the translation lines ability to respond or with staff's ability to assist with this working well.

NSO Secret Shopping Data

Quality Assurance calls are performed on a monthly basis on the Information and Referral Line by Wellplace secret shoppers in order to evaluate the quality of service provided to callers. This report documents the call answer time, greeting provided and the disposition of the call. The specialists are monitored and given a point score for 15 items relating to the call process. The Quality Team analyzes the data from the Quality Call Reports. The reports are reviewed quarterly by the Quality Committee. Any call item falling below the internally established performance indicator will receive corrective action.

Did the Counselor.....	October	November	December	1st Quarter FY15-16 Cumulative
Identify self?	100.00%	83.30%	83.30%	88.87%
Offer a greeting?	100.00%	100.00%	83.30%	94.43%
Counselor had welcoming and customer service-oriented attitude	100.00%	100.00%	83.30%	94.43%
Was an effort made to help you feel comfortable?	100.00%	100.00%	83.30%	94.43%
Maintain a flow/focus of the call?	100.00%	100.00%	83.30%	94.43%
Ask appropriate and relevant questions?	100.00%	83.30%	83.30%	88.87%
Demonstrate knowledge of available resources?	100.00%	100.00%	83.30%	94.43%
Provide you with a primary referral?	100.00%	100.00%	83.30%	94.43%
Provide you with a secondary referral?	83.30%	83.30%	33.30%	66.63%
Was your objective achieved?	100.00%	100.00%	83.30%	94.43%

Appear confident and comfortable handling the call?	100.00%	100.00%	83.30%	94.43%
Offer an appropriate closing to the call?	100.00%	100.00%	83.30%	94.43%
Would you rate this experience as a positive interaction?	100.00%	100.00%	83.30%	94.43%
Referrals provided were non-CMH	100.00%	100.00%	83.30%	94.43%
Ask you if you would like follow up on your referral?	100.00%	100.00%	83.30%	94.43%

Did the Counselor.....	January	February	March	2nd Quarter FY15-16 Cumulative
Identify self?	100.00%	83.33%	83.33%	88.89%
Offer a greeting?	100.00%	100.00%	100.00%	100.00%
Counselor had welcoming and customer service-oriented attitude	100.00%	100.00%	100.00%	100.00%
Was an effort made to help you feel comfortable?	100.00%	100.00%	100.00%	100.00%
Maintain a flow/focus of the call?	100.00%	100.00%	100.00%	100.00%
Ask appropriate and relevant questions?	100.00%	100.00%	100.00%	100.00%
Demonstrate knowledge of available resources?	100.00%	100.00%	100.00%	100.00%
Provide you with a primary referral?	100.00%	100.00%	100.00%	100.00%
Provide you with a secondary referral?	66.70%	66.67%	100.00%	77.79%

Was your objective achieved?	100.00%	100.00%	100.00%	100.00%
Appear confident and comfortable handling the call?	100.00%	100.00%	100.00%	100.00%
Offer an appropriate closing to the call?	100.00%	100.00%	100.00%	100.00%
Would you rate this experience as a positive interaction?	100.00%	100.00%	100.00%	100.00%
Referrals provided were non-CMH	100.00%	100.00%	100.00%	100.00%
Ask you if you would like follow up on your referral?	33.33%	33.33%	0.00%	22.22%

NSO Secret Shopping Data Analysis and Recommendations:

Throughout the 1st and 2nd Quarter within the FY15-16, NSO didn't meet compliance within the 1st Quarter for the following categories: "Identify self?" and "Ask appropriate and relevant questions?" at 88.87%, as well as "Provide you with a secondary referral?" at 66.63%. NSO didn't meet compliance within the 2nd Quarter for the following categories: "Identify self" at 88.89%, "Provide you with a secondary referral?" at 77.79%, and "Ask you if you would like follow up on your referral?" at 22.22%. Wellplace will continue to monitor these categories going forward.

Silent Monitoring Data

Silent monitoring activity occurs on 50 calls per month. These are conducted internally through Wellplace. There are 30 calls from the Customer Service unit which are monitored monthly, and 20 calls that are monitored from the Customer Service unit to the Clinical unit. By continually monitoring the call as it transfers departments, the full experience of the caller is able to be monitored more effectively. The monitoring of each Customer Service Specialist and Clinician will be evenly distributed, as it is monitored through a monthly tracker. The Quality Manager conducting the monitoring maintains Call Reports documenting the date of call, time of call, name of staff being monitored, result of monitoring, and corrective action needed. Each call is monitored based on 14 customer service and 17 clinical items related to the call process. The cumulative data is presented quarterly to the Quality Improvement Committee for improvement planning. Any call item falling below the internally established performance indicator will receive corrective action.

Customer Service Unit		October	November	December	1st Quarter Cumulative
Greeting Monitoring <i>(Each 2 pts. Possible)</i>	Identified the line	100.00%	100.00%	100.00%	100.00%
	Customer Service Specialist identified themselves and title	100.00%	100.00%	100.00%	100.00%
	Notified caller that they may be recorded for quality assurance	100.00%	100.00%	100.00%	100.00%
	Assessed call for crisis situation	100.00%	100.00%	100.00%	100.00%
Review Items <i>(Each 5 pts. Possible)</i>	Quickly identified caller's needs	100.00%	100.00%	100.00%	100.00%
	Treated caller with dignity and respect	100.00%	100.00%	100.00%	100.00%
	Demonstrated a welcoming and customer service oriented attitude	99.60%	100.00%	100.00%	99.87%
	Demonstrated empathy, acceptance and positive regard for individuals regardless of readiness to change	100.00%	100.00%	100.00%	100.00%
	Listened to requests and comments / answered additional questions	100.00%	100.00%	100.00%	100.00%
	Demonstrated program knowledge	100.00%	100.00%	100.00%	100.00%
	Sounded confident and comfortable	100.00%	100.00%	100.00%	100.00%
	Spoke clearly / appropriate pace	100.00%	100.00%	100.00%	100.00%
Closing Monitoring <i>(Each 2 pts.)</i>	Caller was asked to participate in a follow up survey	32.00%	52.00%	57.10%	47.03%

<i>Possible)</i>	Caller was linked to the appropriate unit/caller's objective was achieved	100.00%	100.00%	100.00%	100.00%
Customer Service Average		96.70%	97.10%	97.30%	97.03%

Customer Service Unit		January	February	March	2nd Quarter Cumulative
Greeting Monitoring <i>(Each 2 pts. Possible)</i>	Identified the line	98%	100%	100.00%	99.33%
	Customer Service Specialist identified themselves and title	96%	98.96%	96.94%	97.30%
	Notified caller that they may be recorded for quality assurance	96%	100%	95.92%	97.31%
	Assessed call for crisis situation	98%	100%	100.00%	99.33%
Review Items <i>(Each 5 pts. Possible)</i>	Quickly identified caller's needs	100%	100%	100.00%	100.00%
	Treated caller with dignity and respect	100%	100%	99.60%	99.87%
	Demonstrated a welcoming and customer service oriented attitude	100%	100%	99.60%	99.87%

	Demonstrated empathy, acceptance and positive regard for individuals regardless of readiness to change	100%	100%	100.00%	100.00%
	Listened to requests and comments / answered additional questions	100%	100%	100.00%	100.00%
	Demonstrated program knowledge	100%	100%	100.00%	100.00%
	Sounded confident and comfortable	100%	100%	100.00%	100.00%
	Spoke clearly / appropriate pace	100%	99.60%	100.00%	99.87%
Closing Monitoring <i>(Each 2 pts. Possible)</i>	Caller was asked to participate in a follow up survey	60.00%	48.98%	32.65%	47.21%
	Caller was linked to the appropriate unit/caller's objective was achieved	100%	100%	100.00%	100.00%
Customer Service Average		96.80%	97.06%	96.49%	96.78%

Clinical Unit		October	November	December	1st Quarter Cumulative
Greeting Monitoring <i>(Each 2 pts. Possible)</i>	Clinician identified themselves and title	95.00%	100.00%	100.00%	98.33%
	Clinician discussed purpose of call and length of screen	100.00%	100.00%	100.00%	100.00%

	Clinician discussed confidentiality and duty to warn	97.50%	95.00%	97.50%	96.67%
Review Items <i>(Each 5 pts. Possible)</i>	Quickly identified caller's needs	100.00%	100.00%	100.00%	100.00%
	Treated caller with dignity and respect	100.00%	100.00%	100.00%	100.00%
	Demonstrated a welcoming and customer service oriented attitude	100.00%	100.00%	100.00%	100.00%
	Demonstrated empathy, acceptance and positive regard for individuals regardless of readiness to change	100.00%	100.00%	100.00%	100.00%
	Listened to requests and comments / answered additional questions	100.00%	100.00%	100.00%	100.00%
	Demonstrated program knowledge	100.00%	100.00%	100.00%	100.00%
	Sounded confident and comfortable	100.00%	100.00%	100.00%	100.00%
	Spoke clearly / appropriate pace	100.00%	100.00%	100.00%	100.00%
Closing Monitoring <i>(Each 2 pts. Possible)</i>	Clinician provided an option for choice of provider/MCPN	100.00%	100.00%	100.00%	100.00%
	Appointment was set within 14 days	100.00%	100.00%	100.00%	100.00%
	Clinician provided caller with information on what they will need to bring to the intake appointment	93.80%	94.70%	93.75%	94.08%
	Clinician discussed advance directives	100.00%	92.90%	93.33%	95.41%
	Clinician discussed transportation	93.80%	94.40%	76.50%	88.23%

	Caller was linked to the appropriate unit/caller's objective was achieved	100.00%	100.00%	100.00%	100.00%
Clinical Unit Average		99.30%	99.60%	98.80%	99.23%

Clinical Unit		January	February	March	2nd Quarter Cumulative
Greeting Monitoring <i>(Each 2 pts. Possible)</i>	Clinician identified themselves and title	100.00%	95.00%	92.50%	95.83%
	Clinician discussed purpose of call and length of screen	100.00%	97.50%	100.00%	99.17%
	Clinician discussed confidentiality and duty to warn	97.50%	100.00%	90.00%	95.83%
Review Items <i>(Each 5 pts. Possible)</i>	Quickly identified caller's needs	100.00%	100.00%	100.00%	100.00%
	Treated caller with dignity and respect	100.00%	100.00%	100.00%	100.00%
	Demonstrated a welcoming and customer service oriented attitude	100.00%	99.00%	100.00%	99.67%
	Demonstrated empathy, acceptance and positive regard for individuals regardless of readiness to change	100.00%	100.00%	100.00%	100.00%
	Listened to requests and comments / answered additional questions	100.00%	100.00%	100.00%	100.00%
	Demonstrated program knowledge	100.00%	100.00%	100.00%	100.00%
	Sounded confident and comfortable	100.00%	100.00%	100.00%	100.00%
Spoke clearly / appropriate pace	100.00%	100.00%	100.00%	100.00%	

Closing Monitoring <i>(Each 2 pts. Possible)</i>	Clinician provided an option for choice of provider/MCPN	100.00%	100.00%	100.00%	100.00%
	Appointment was set within 14 days	100.00%	100.00%	100.00%	100.00%
	Clinician provided caller with information on what they will need to bring to the intake appointment	88.90%	84.21%	93.75%	88.95%
	Clinician discussed advance directives	100.00%	100.00%	92.86%	97.62%
	Clinician discussed transportation	82.35%	94.44%	94.12%	90.30%
	Caller was linked to the appropriate unit/caller's objective was achieved	100.00%	100.00%	100.00%	100.00%
Clinical Unit Average		99.00%	98.91%	98.79%	98.90%

Silent Monitoring Analysis:

During silent monitoring the Customer Service unit has an area for improvement for the 1st and 2nd quarter in the following area; “Caller was asked to participate in a follow up survey”. The Customer Service Unit scored a cumulative score of 47.03% during the 1st Quarter, while scoring a cumulative score of 47.21% during the 2nd Quarter. This will be discussed within coaching sessions with the customer service specialist in order to ensure that this area improves, as well as being discussed within team meetings. The Customer Service Unit was compliant in every other category, and compliant overall for every month within the 1st and 2nd Quarter.

Wellplace Clinician unit didn't meet compliance during the 1st Quarter for the following areas; “Clinician discussed transportation”, in which they scored a cumulative score of 88.23% within the 1st Quarter, but met compliance in every other category within the 1st Quarter. The Clinical unit didn't meet compliance in the following areas within the 2nd Quarter: “Clinician provided caller with information on what they will need to bring to the intake appointment” at a cumulative average of 88.95%, as well as “Clinician discussed transportation” in which they scored a cumulative average of 90.30%. These non-compliant areas will be discussed within coaching sessions with the clinician unit as well as team meetings in order to ensure that these areas continue to improve in order to meet compliance. The clinical unit met compliance within every month for the 1st and 2nd Quarter.

DWHMA Access Center Peer Reviews

In order to ensure quality services are provided, Wellplace conducts peer reviews for the DWHMA Access Center Customer Service and Clinical Units. Peer Review is an internal quality evaluation measurement utilized to ensure adherence to call center documentation and clinical standards. All staff is monitored through the peer review process. Each case is given a percentage rating based on quality review items. Any item receiving a score of 79% or below will receive corrective response. The breakdowns of the Peer Review scores are displayed in the charts below.

Customer Service Peer Review		
Month	# of Peer Reviews	Percentage
October	36	92.69%
November	71	89.11%
December	39	91.73%
1st Q cumulative	146	91.18%
January	131	92.53%
February	66	91.04%
March	59	89.54%
2nd Q Cumulative	256	91.04%

Clinical Peer Review		
Month	# of Peer Reviews	Percentage
October	44	97.06%
November	84	93.85%
December	57	90.93%
1st Q cumulative	185	93.95%
January	52	91.11%
February	61	90.73%
March	61	89.92%
2nd Q Cumulative	174	90.59%

DWMHA Access Center Peer Reviews Customer Service and Clinical Analysis:

The customer Service unit scored a cumulative average of 91.18% for the 1st Quarter, while scoring 91.040% for the 2nd Quarter. The clinical unit scored a cumulative average of 93.95% for the 1st Quarter, while scoring 90.59 % for the 2nd Quarter.

SATISFACTION

DWHMA Access Center Satisfaction Surveys

The satisfaction survey process was established during 2011 to capture the satisfaction levels of the services provided in the Access Center. Calls that come into the Access Center are asked to participate in a satisfaction survey (with the exception of crisis call as this would not be clinically appropriate). Providers, NSO, and Consumers are administered separate surveys consisting of similar questions. The surveys are compiled of 8-10 questions that address: Quality of Care, Access and Attitude/Service. All items are rated on a scale of 1 (poor) to 5 (excellent) or N/A. A report of the data is distributed on a monthly basis. Whenever someone contacts the access center they are asked if they would like to take a survey in reference to the level of services they received that day. If agreed to, an individual from the Wellplace administration team than contacts the client and administers the survey. Wellplace administration attempts to call a client back on three different occasions to collect survey data. NSO surveys were completed in the 1st Quarter with a cumulative percentage of 95.70%, but weren't completed within the 2nd Quarter. Provider surveys were completed within the 1st Quarter with a cumulative percentage of 95.33%, but were only completed within the month of January within the 2nd Quarter at an average score of 90.95%. Consumer surveys scored a cumulative percentage of 96.60% in the 1st Quarter, but were only completed in the month of January with the 2nd Quarter at an average score of 97.60%. The previous process to complete surveys has changed as surveys are no longer being completed internally within Wellplace.

DWMHA Access Center Provider Satisfaction Analysis and Recommendations

Wellplace met compliance within the 1st Quarter for NSO and Provider surveys, but didn't meet compliance in regards to Consumer surveys. In the 2nd Quarter surveys weren't completed for Consumer or NSO surveys, but were only completed for provider surveys within the month of January in which Wellplace didn't meet compliance.

Service Accessibility

Wellplace monitors and tracks staff requests for accommodation, Consumer Face-to-Face encounters, and if consumers were provided MCPN options upon enrollment on a monthly basis. We track this information to ensure that we are providing every client with the same service across the board.

1st Quarter	October	November	December	1st Quarter FY15-16 Cumulative
Staff requests for accommodation	0	0	1	1
Consumer Face-to-Face encounters	0	0	0	0
Clinician provided consumer with MCPN options 100% ≥	100%	100%	100%	100%

2nd Quarter	January	February	March	2nd Quarter FY15-16 Cumulative
Staff requests for accommodation	0	0	0	0
Consumer Face-to-Face encounters	0	2	1	3
Clinician provided consumer with MCPN options 100% ≥	100%	100%	100%	100%

Accessibility Analysis and Recommendations:

Clinician provided MCPN options during every interaction with every consumer. There was one staff request for accommodation within the 1st Quarter. There were 0 face-to-face encounters within the 1st Quarter, but 3 face to face encounters within the 2nd Quarter.

Follow-Up Calls

Wellplace tracks and monitors the number of consumers who are denied eligibility following a screening with a clinician. Consumers who are denied eligibility are asked if they would like to participate in a follow-up contact via phone or letter regarding the referrals and resources that

they were provided. Clinicians must make 3 attempts to reach consumers who have requested a follow-up contact by phone before sending a follow up letter. If reached, consumers are asked about their success in reaching and utilizing the referrals given to them at the time of their denial of eligibility. If a consumer agrees to a follow up call, but contact is not successful, than it becomes an unsuccessful referral. The chart shown below provides the results for the total amount of follow ups requested and the success of the referrals provided.

1st Quarter Referral Follow up						
Months	Number of Denials	Agreed to Follow Up Call	Successful Referrals	Unsuccessful Referrals	% of Successful Referrals	Referral Letters Sent
October	40	16	13	3	81.25%	3
November	46	26	11	15	42.31%	15
December	36	16	9	7	56.25%	7
1st Quarter Cumulative	122	58	33	25	59.94%	25

2nd Quarter Referral Follow up						
Months	Number of Denials	Agreed to Follow Up Call	Successful Referrals	Unsuccessful Referrals	% of Successful Referrals	Referral Letters Sent
January	39	21	12	9	57.14%	9
February	53	31	18	13	58.06%	13
March	35	12	6	6	50.00%	6
2nd Quarter Cumulative	127	64	36	28	55.07%	28

Accessibility Analysis and Recommendations

There were 122 denials within the 1st Quarter with 58 agreeing to a follow up call, while in the 2nd Quarter there were 127 denials with 64 agreeing to a follow up call. During the 1st Quarter there were 59.95% successful referrals, while in the 2nd Quarter there was a decrease to 55.07% referrals that were successful. There were 25 unsuccessful referrals within the 1st Quarter in which all 25 individuals received a referral letter. In the 2nd Quarter there were 28 unsuccessful referrals in which 28 referral letters were sent. The monthly data will continue to be monitored to ensure that any unsuccessful referral receives a referral letter.