



1333 Brewery Park Blvd, Detroit, MI 48207

Organization: <b>Wellplace</b>	Due Date:
<b>FY 2016-2017 ANNUAL EVALUATION ON COMPLETED AND ONGOING IMPROVEMENT ACTIVITIES</b>	

### Rubric

Met	Indicates that the goal objective was fully compliant (95% - 100% compliant)
Partially Met	Indicates that the goal objective was partially compliant (80%-94% compliant)
Not Met	Indicates that the goal objective deviated from our expectations and/or specifications (<80% compliant)
Completed	Indicates that the goal objective was completed
Didn't Complete	Indicates that the goal objective was not completed

#### **Goal #1: Stakeholders will be active Participants in the Design, Delivery and Evaluation of Services**

Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
October 2016-September 2017	To administer a <i>Provider Satisfaction Survey</i> to Detroit-Wayne Providers and maintain an overall satisfaction rating of 95% per contract standards for Access, Eligibility and Enrollment Services. To ensure that applicable callers (outside of areas identified as restricted in policy and procedure) are provided an offer to participate in a follow-up survey with contact attempts made for 98% of all callers that agree to be surveyed (Satisfaction)	98.22 %	Met
	To administer a <i>Consumer Satisfaction Survey</i> to Detroit-Wayne Consumers and obtain an overall satisfaction rating of 95% per contract standards for Access, Eligibility and Enrollment Services. To ensure that applicable callers (outside of areas identified as restricted in policy and procedure) are provided an offer to participate in a follow-up survey with contact attempts made for 98% of all callers that agree to be surveyed. (Satisfaction)	94.12%	Partially Met



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	To review aggregate complaint data identified through completed satisfaction survey feedback quarterly to identify areas / trends for improvement. All identified areas will have strategies identified and follow up to ensure appropriate action. (Satisfaction)		Completed
	To administer practitioner and stakeholder surveys for input into annual program planning and performance improvement areas to include staff culture of safety survey, accessibility survey, and an annual program review survey. A target response rate of 20% of staff will be established.		Completed

**Analysis:** Complaint data was reviewed throughout the year and actions steps were put in place where needed, as well as having managers reaching out to consumers who requested that a manager follow up in regards to their complaint. Wellplace met the contractual standard above the 95% contractual standard for the Consumer Satisfaction Survey for both the 1<sup>st</sup> Quarter at 95.69% and the 3<sup>rd</sup> Quarter at 95.85%. Wellplace met the contractual standard above the 95% contractual standard for the Provider Satisfaction Survey all 3 quarters that surveys were conducted with the 1<sup>st</sup> Quarter at 96.67%, 2<sup>nd</sup> Quarter at 97.92% and 4<sup>th</sup> Quarter at 99.46%. However, key improvement initiatives have been identified within customer service, clinical, and substance use quality meetings to ensure that compliance is met to the satisfaction of consumers and providers.

**Goal #2: Improve the Culture and Effectiveness of Systems of Care**

Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
	To provide <b>culturally competent</b> services that effectively addresses the needs of individuals with limited English proficiency. (Access)		Met
	i. All Access Center staff will obtain training and competency on the use of the TTY machine. The training will occur for all newly hired staff within 60 days of hire and monitored for completion through the annual employee file audit for 100% compliance. All Access Center staff to obtain training and competency on the use of translation services. The training will occur for all newly hired staff within 60 days of hire and monitored for completion through the annual employee file audit for 100% compliance.		Completed



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<p>i. All Access Center staff will complete training in <i>Cultural Diversity/Competency</i>. The training will occur annually and is monitored for completion through the annual employee file audit for 100% compliance.</p>		Met
<p>ii. The translation line and TTY Machine will run efficiently at a minimum of 98% of the time.</p>		Met
<p>iii. Through information obtained via secret shopper report, demographic data, and language line use data, consumer subpopulation trends will be identified. Training will be provided 3 times a year for staff specific to the needs of identified sub populations such as Spanish speaking, Arabic, hearing impaired, etc. in order to improve staff ability to engage with and understand key cultural issues, barriers to care, and strategies for effective work with identified groups.</p>		Completed

**Analysis and Recommendations:** Staff of each department were provided training for services that are identified for sub populations in open discussion within team meetings, as well as having different representatives from different agencies speak with staff in regards to the needs of identified sub populations. Managers will continue to work to present additional material and trainings through discussions and team meetings for staff in order to be able to adequately serve individuals within Wayne County.

Some of the trainings that were provided by different agencies within the year for the Clinical department were: DWMHA- ASD ABA Benefit Training, American Indian and Family Services Training, and Ruth Ellis Center – LGBTQ training.

Some of the trainings that were provided by different agencies within the year for the Substance Use departments were: Team Wellness Center- Presentation: Suboxone maintenance medical program/Medicated Assisted Treatment Program, Salvation Army- Women Specialty Services (gender specific); detoxification enhancements (medical enhancements), Detroit East- Co-occurring youth program. Intensive outpatient service curriculum and case management services, Beginning Step – Intensive Outpatient Domicile program; including curriculum and adjunct services; SUD specialty outreach components, Black Family Development – Cultural Competence; new Intensive Outpatient Program curriculum and design, PPS- Acute outpatient services; specified, distinct assessments for high risk, Hegira- Vivitrol presentation / Medicated Assistance Treatment, Personalized Nursing Light House – Women Specialty Services, Spectrum Human Services- Intensive outpatient program curriculum; youth treatment program & parenting components, and Community Care- Women specialty Intensive outpatient program.



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**Goal #3: Consumers will have active Input and Participation into Programming.**

Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
October 2016 – September 2017	Coordinate quarterly <u>Consumer Advisory Council meetings</u> to advise and assist Wellplace in the design delivery and evaluation of the Access Center policies and programs. Utilize input received from Consumer Advisor Council meetings for evaluation towards improvement in Access Center policies and programs. (Satisfaction)		Partially Met

**Goal #4: Consumers will have Choice and Control in Services.**

Timeframe	Goal Objective	FY 2015-2016 Data	Progress Status
October 2016-September 2017	100% of callers who are denied services and agree to a follow up call receive a follow up contact via phone or letter. (Satisfaction)	100%	Met
	Consumers will be offered choice of MCPN upon enrollment. 100% of silent monitoring calls will indicate offer of MCPN choice.	100%	Met

**Analysis:** Every caller who the Access Center is in contact with regarding enrollment is offered a choice of MCPN upon making an appointment, and is confirmed through silent monitoring of the calls to ensure that every call is offered a choice of MCPN. There were 351 denials within the 2016-2017 fiscal year, and out of the 351 denials, there were 198 individuals who agreed to a follow up call, and of the 198 individuals, all 198 individuals received a follow up call, and a letter mailed if the individual was not able to be reached within 3 contact attempts. A process has been put in place to review monthly data for referrals provided to consumers to ensure that callers are receiving a secondary referral.

**Goal #5: Expand Opportunities for Integrated Employment for Peer Supports and Individuals with disabilities.** (Effectiveness)

Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
October 2016 -September 2017	To increase the hiring of Peer Support Staff by targeting Peers for recruitment for call center positions. 100% of Customer Services staff position openings will be reported		Partially Met



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	to DWMHA and through provider network communication avenues to increase peer applications.		
	Increase diversity of staff with disabilities in call center and clinical staff positions. 100% of advertising for staff openings will include a statement encouraging applicants with mental health or intellectual disabilities to apply.		Partially Met

**Analysis:** There were positions that were posted on VCE, and will notify the office of peer support going forward of any job positions as they become open. There will also be additional language added to encourage individuals with disabilities to apply for new positions that become available.

**Goal #6: Goal: People in the Criminal Justice System will receive timely services. (Efficiency).**

Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
October 2016-September 2017	Maintain staff proficiency in processing Michigan Prisoner Release Initiative (MPRI) cases within 2 business days.	100%	Met
	Maintain staff efficiency in processing JAC cases within 2 business days.	99.04%	Met
	Maintain staff efficiency in processing Wraparound cases within 2 business days.	98.38%	Met

**Analysis:** There have been several steps taken in order to ensure that MPRI, JAC, and Wraparound cases are processed within the compliance rate of 2 business days, such as monitoring incoming documents to ensure that all documentation received is correct in order to process the case, and otherwise if not than additional information is requested so that a case is processed in an efficient manner. Within the 2016-2017 fiscal year, all three databases met compliance exceeding the 95% compliance rate benchmark.

**Goal #7: Consumer Needs and Demand (including Cultural and Linguistic Diversity) will be effectively assessed and managed to ensure high quality service delivery.**



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Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
	<p><u>1.</u> Call volume shall be reviewed during monthly quality meetings and needs identified for improvement. Action steps will be identified for areas of concern identified. (Effectiveness)</p>		Met
	<p><u>2.</u> <u>Clinical</u> – the number of screening calls per day will be monitored for all clinicians and shall be reviewed during quarterly quality meetings and needs identified for improvement. Clinical Access services needs shall be reviewed by Clinical Services Manager and COO. A 30 minute phone screen expectancy bench mark will be established in addition to clinical productivity averaging 100 screens per month per clinician or higher. (Efficiency)</p>		Completed
	<p>a. Improve Ability to Assess Cultural and Linguistic Diversity of Provider Network:</p>		
	<p>1. To expand annual assessment of consumer demographics and provider network capacity based on credentialing data and other sources to provide data and recommendations to DWMHA regarding the capacity of the provider network to provide culturally and linguistic diverse services. Report will be reviewed annually by the Quality Improvement Team and with needs and identified areas of improvement reported to the DWMHA. (Access)</p>		Completed



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**Goal #8: High Risk Consumers will have effectively Coordinated and Managed Care**

Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
October 2016-September 2017	Improve access to urgent appointment scheduling for consumers identifying high risk needs. 95% of consumers with urgent care needs will be scheduled for appointment within 48 hours. (Effectiveness)	100%	Met

**Analysis:** Access to urgent appointment scheduling is completed by ensuring that contact with consumer is completed within 24 hours, and an appointment is then scheduled within 48 hours in order to meet compliance for consumers identifying high risk needs.

**Goal #9: Improve the Quality of Supports and Services**

Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
October 2016-September 2017	a. Maintain call center abandonment rate 5% or less. (effectiveness)	3.11 %	Met
	b. Maintain MCPN Change Policy and Procedure Compliance. Achieve 95% compliance with processing timeframes for MCPN Change cases that have all documentation on-file. (Efficiency)	100%	Met
	c. Maintain Program Change Policy and Procedure Compliance. (Efficiency)		Completed
	i. Achieve 95% compliance with processing timeframes for Program Change cases that have all documentation on-file.	98 %	Met



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**Analysis:** MCPN and Program change timeframes are monitored with proper documentation to ensure processing times meet compliance. Wellplace did well to ensure that the call abandonment rate meets the compliance rate of 5% or less at 3.11% despite handling a higher number of calls in the 2016-2017 fiscal year than the previous year. Wellplace did well to ensure that proper staffing are trained and ready to take calls.

**Goal #10: Develop and Maintain a Competent Workforce**

Timeframe	Goal Objective	FY 16/17 Data	Progress Status
October 2016 – September 2017	Maintain compliance with clinical staff credentialing requirements at 100%. (Effectiveness)		Met
	Improve training compliance. Staff will maintain training compliance at 95% per quarterly employee file audit. (Effectiveness)		Met

**Analysis:** Credentialing compliance was met by ensuring a timely process that is meant to complete credentialing of individuals through accurate and expeditious implementation.

**Goal #11: Achieve Administrative Efficiencies**

Timeframe	Goal Objective	FY 2016-2017 Data	Progress Status
October 2015-September 2016	Improve process for the timely re-credentialing of practitioners within 2 years. 90% of practitioners will complete re-credentialing before 2 year expiration date. (Efficiency)		Partially Met

**Analysis:** Wellplace credentialing staff ensures that reminder letters are sent out to all re-credentialing applicants within 30, 45, and 60 day timeframes prior to the credentialing expiration as established by DWMHA to request that all needed information is provided.





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The credentialing staff has been following this process, but the applications and information needed haven't been received in a timely fashion in order to meet the credentialing time frame requirement that has been established.

The credentialing staff has been working to ensure that all reminder letters are sent out so that the individuals who are up to be re-credentialed are aware that the expiration date, as well as what items are needed. The credentialing staff will continue to work to communicate that information to the proper individuals within multiple attempts as required in order to meet the requirement of 90% of practitioners completing re-credentialing before the 2 year expiration date.