



1333 Brewery Park Blvd, Detroit, MI 48207

Organization: Wellplace Behavioral Health	Due Date:
CY 2014-2015 ANNUAL EVALUATION ON COMPLETED AND ONGOING IMPROVEMENT ACTIVITIES	

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	CY 2014-2015 Data	Progress Status
October 2014- September 2015	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)	98.24 %	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)	96.02%	Met
	To review aggregate complaint data identified through completed satisfaction survey feedback quarterly to identify areas / trends for improvement. All identified areas will have		Completed



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	strategies identified and follow up to ensure appropriate action. (Satisfaction)		
	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. There were a 151 Provider Satisfaction Surveys completed at a satisfaction rate of 98.24%, with only two calls asking for a supervisor to follow up. Every question administered within the Provider satisfaction survey scored at a minimum score of a 95% satisfaction rate. The Consumer satisfaction survey had a cumulative satisfaction rate of 96.02%, with the 4th Quarter having the lowest satisfaction rate at 94.31% while the 2nd Quarter had the highest satisfaction rate at 96.99%.

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

Timeframe	Goal Objective	CY 2014-2015 Data	Progress Status
	b. To provide culturally competent services that effectively addresses the needs of individuals with limited English proficiency. (Access)		Completed
	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>ii. 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>		Completed
<p>iii. Information and Referral and Crisis Line staff will be competent in providing culturally appropriate services available to callers so that callers in need of culturally specific services are provided referral(s) that are of good fit to their needs. 100% compliance in receipt of training will be monitored through annual subcontractor audit.</p>	100%,	Met
<p>iv. The translation line and TTY Machine will run efficiently at a minimum of 98% of the time.</p>		Completed
<p>v. 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 within by different agencies within the year included for the clinical department were: Detroit Rescue Mission for Substance Use Disorder and mental health in regards physical and or cognitive disabilities, Wayne Center for developmental disabilities, The Guiding Center for mental health, Southwest Counseling Solutions for mental health, while some of the trainings provided for the Substance Use Disorder department were: HIV Infection- Level Two, Communicable Disease- Level



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Two, Latino Family Services (provider)- SUD and the Hispanic/Latina culture, and Personalized Nursing Light House(provider)- Women Specialty Services.

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

Timeframe	Goal Objective	CY 2014-2015 Data	Progress Status
October 2014- September 2015	To utilize Peer Support Services staff to assist in administering consumer satisfaction surveys in order to improve the level of consumer comfort and honesty in providing program feedback.		Completed
	To establish a <u>Consumer Advisory Council</u> to advise and assist Wellplace in the design, delivery, and evaluation of the Access Center policies and programs. At least 1/3 of the membership shall be primary consumers or family members, and of that 1/3, at least half shall be primary consumers. The Consumer Advisory Council will meet quarterly. (Satisfaction)		Completed

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

Timeframe	Goal Objective	CY 2014-2015 Data	Progress Status
October 2014- September 2015	Maintain percentage of callers receiving secondary referral on the ETS line at 60%. (Effectiveness)	76.3%	Met
	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: There were 90 calls out of the 118 (76.3%) that were processed using the secret shopping method who received a secondary referral on the ETS line. 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.



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Recommendations: A process can be 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	CY 2014-2015 Data	Progress Status
October 2014 -September 2015	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 to DWMHA and through provider network communication avenues to increase peer applications.		Partially Met
	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.		Not Met

Analysis and Recommendations: 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	CY 2014-2015 Data	Progress Status
October 2014-September 2015	Maintain staff proficiency in processing Michigan Prisoner Release Initiative (MPRI) cases within 2 business days.	89%	Partially Met
	Maintain staff efficiency in processing JAC cases within 2 business days.	86%	Partially Met



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	Maintain staff efficiency in processing Wraparound cases within 2 business days.	98%	Met
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Analysis: MPRI and JAC cases are processed within 2 business days at 89% for MPRI and 86% for JAC within the 2014-2015 Fiscal Year. The reason for MPRI and JAC cases not being processed at a compliance of 95% or higher is that some of the information received is at times incomplete, and in order to ensure that cases are processed correctly, additional information is than requested to ensure that all necessary information is received.

Recommendations: In order to maintain a high efficiency rate, the fax machine will need to be monitored for 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.

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

Timeframe	Goal Objective	CY 2014-2015 Data	Progress Status
October 2014-September 2015	a. To ensure adequate staffing to manage service demand.		Completed
	<u>1. Access Center</u> – The Quality Manager shall compile a quarterly <i>Call Volume Analysis Report</i> to evaluate call volume, call staffing and abandonment rate. Report shall be reviewed by Access Program Director, Customer Services Manager, Clinical Services Manager, and Clinical Director. Call volume shall be reviewed during quarterly quality meetings and needs identified for improvement. Action steps will be identified for areas of concern identified. (Effectiveness)		Completed
	<u>2. Clinical</u> – the number of screening calls per day will		Completed



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	<p>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 Access Program Director, Clinical Director, and Clinical Services Manager. 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>		
	<p>b. 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

Analysis: Wellplace will revise demographic report to reflect internal demographics in comparison to Detroit Wayne County demographics, to compare the similarities and differences in ethnicity, gender, and other demographic data, and look to improve upon staff demographics based on Detroit Wayne County demographics.



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

Timeframe	Goal Objective	CY 2014-2015 Data	Progress Status
October 2014-September 2015	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	CY 2014-2015 Data	Progress Status
October 2014-September 2015	a. Maintain call center abandonment rate 5% or less. (effectiveness)	5.65 %	Not 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.	100 %	Met



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Analysis: MCPN and Program change timeframes are monitored with proper documentation to ensure processing times meet compliance. Staffing issues have been one of the causes for the increase in the call abandonment rate, which has been addressed by hiring additional staff which are being trained so they could start taking calls. Lack of staffing on the weekends correlating with lack of staffing on the NSO side in terms of being on hold for a crisis call is another cause to the increase of the call abandonment rate.

Recommendations: Staffing will continue to be monitored in order to ensure that proper staffing levels are available at all times. The call abandonment rate will continue to be monitored monthly to ensure that it meets compliance, as it has met compliance for the first quarter in the 2015-2016 Fiscal Year at 4.73% relating to 49,698 total call volume (The total call volume includes requests from DWMHA direct contractors to generate member IDs that are received by fax and processed by customer service specialists).

Goal #10: Develop and Maintain a Competent Workforce

Timeframe	Goal Objective	CY 14/15 Data	Progress Status
October 2014-September 2015	a. Identify and implement role specific competencies for clinical and call center staff and include in performance evaluations by June 1, 2015. (Effectiveness)		Completed
	b. Ensure credentialing for all clinical staff.		Completed
	vi. Maintain compliance with clinical staff credentialing requirements at 100%. (Effectiveness)		Completed
	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.



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Goal #11: Achieve Administrative Efficiencies

Timeframe	Goal Objective	CY 2014-2015 Data	Progress Status
October 2014-September 2015	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)	9/33= 27.58%	Not 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 or requirement date as established by DWMHA to request that all needed information is provided. The credentialing staff will also reach out by email and or phone as needed to request the information provide reminders to individuals who have an upcoming expiration date. 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. There were only 9 individuals out of the potential 32 who were able to provide all necessary documents in a timely basis in order to meet the established time frame requirements.

Recommendations: 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 is coming up, 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.

Agency	On Time	Late	Total	Percentage
DWMHA	1	13	14	7.14%
Wellplace	5	1	6	83.33%
WC JDF	0	1	1	0.00%
WC Jail	0	5	5	0.00%
Psygenics	3	1	4	75.00%
Ruth Ellis	0	2	2	0.00%
Cumulative	9	23	32	27.58%