



Utilization Management Annual Plan Evaluation

**FY 2016-2017
(October 1, 2016 – September 30, 2017)**

Kelly Quinn, MA LPC
Chief Operating Officer

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UM Committee

The UM functions provided by the Access Center include primarily the initial screening and eligibility determination for all consumers seeking access to routine services within the DWMHA network. Wellplace has a UM and Clinical Care Committee comprised of the Chief Operating Officer, Customer Service Manager, Clinical Services Manager, Substance Use Manager and Quality Coordinator. The Medical Director is an ad-hoc member of this committee. This committee reviews results of all evaluation processes that are currently in process and develops any strategies for improvements in any deficient areas.

Some of the goals/areas of focus in this fiscal year have been focused on enhancing the skill level of our Clinicians and Substance Use Specialists to ensure eligibility decisions are appropriate and consistent. In order to accomplish this we achieved several objectives during this year including; reviewing and updating the silent monitoring and peer review process for our clinicians and substance use specialists. Improvements made with these processes have enabled us to have a better picture of the work that is being completed and ensuring all appropriate areas are captured.

Another area of focus during the year that was accomplished has been enhanced training for our Substance Use Specialists and Clinicians. These ongoing training activities have assisted in streamlining processes within each department to ensure all staff are applying criteria similarly and ensuring that eligibility decisions are consistent across screeners and appropriate for the information presented. Some of these trainings include crosswalks to ensure documentation is completed appropriately during the screening process as well as case discussion and review to assist all staff with understanding complex cases and reviewing determination processes.

Staff Making Utilization Management Decisions FY16/17

The chart below reflects a current listing of all Wellplace Clinicians, who perform screenings for all SMI, SED and I/DD callers. In addition, the chart includes all Wellplace Substance Use Specialists, who perform screenings for all callers seeking substance use services.

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Employee Last Name	Employee First Name	Date of Hire	Degree	Title	License Type	License Number	License Expiration Date
Berry	Yvonne	7/20/2015	Master's	Clinician	LPC	6401009699	5/31/2019
Bone	Candace	8/10/2015	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	12/25/2018
Bostic	Yvonne	12/5/2011	Master's	Clinician	LPC	6401010525	5/31/2020
Brice	Pamela	7/18/2016	Master's	Clinician	LPC	6401005342	5/31/2019
Brown	Cherri	7/5/2017	Bachelor's	Substance Use Specialist	CADC-M	1-04715	10/1/2019
Coleman	Crystal	2/14/2011	Master's	Clinician	LLP	6301012074	8/31/2019
Cummins	Dawanna	6/18/2012	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	3/23/2018
Daniels	Darrin	2/28/2011	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	4/1/2018
Evans-Covington	Janet	12/13/2010	Master's	Clinician	LMSW	6801060870	4/30/2019
Fringer	Sandra	2/14/2011	Master's	Clinician	LMSW	6801080983	4/30/2018
Goodall	Sandra	3/28/2016	Master's	Clinician	LLP	6301008152	8/31/2018
Gordon	Tameah	8/3/2015	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	11/2/2018
Graham	Peggy	12/13/2010	Master's	Clinician	LMSW	6801086401	4/30/2019
Green	Lydia	3/23/2015	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	1/1/2018
Gulley	Joyce	4/3/2012	Bachelor's	Clinical Services Manager	LPC	6401004451	5/31/2018
Harris	LaJoy	3/16/2015	Master's	Substance Use Manager	LLPC, CADC	6401015460, 2-01181	5/31/2018, 10/1/18
Hart	Coleen	4/14/2014	Master's	Clinician	LLP	6301010796	8/31/2019
Haywood	Karen	4/14/2015	Bachelor's	Substance Use Specialist	CADC	2-01043	11/1/2019
Henderson	Robin	1/6/2017	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	5/31/2020
Hill	Alana	10/2/2017	Master's	Clinician	LPC	6401012843	5/31/2019
Jones	Wylene	12/13/2010	Master's	Clinician	LMSW	6801006017	4/30/2018
Jones	Teri	3/23/2015	Bachelor's	Substance Use Specialist	CAADC	C-01022	7/1/2018
Jordan	Rebecca	2/9/2015	Master's	Clinician	LLP	6301014655	8/31/2019
Kowalczyk	Jessica	4/14/2014	Master's	Clinician	LMSW	6801090340	4/30/2020
LeDeaux	Patricia	11/6/2017	Master's	Clinician	LLP	6301009727	8/31/2019
Macon-Dickerson	Venus	3/28/2017	Bachelor's	Substance Use Specialist	CADC-M	1-04821	10/1/2018
Nicholas	Deborah	7/18/2016	Master's	Clinician	LMSW	6801069922	4/30/2018
Pouliot	Brandy	3/6/2017	Master's	Clinician	LMSW	6801091807	4/30/2019
Quinn	Kelly	11/8/2010	Master's	Chief Operating Officer	LPC	6401008081	5/31/2020
Rogers	Kim	3/23/2015	Bachelor's	Substance Use Specialist	CADC	2-01062	2/1/2019
Sabra	Kimberly	12/6/2016	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	5/13/2020
Vishey	Katie	10/15/2014	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	10/7/2019
Williams	Rose	7/13/2015	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	1/21/2022
Wilson	Yolanda	1/6/2017	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	5/23/2020
Young	Amanda	1/6/2017	Bachelor's	Substance Use Specialist	MCBAP Development Plan	N/A	5/27/2020

Turnaround Time for Routine, Emergent and Urgent Authorization Requests

The Access Center seeks to schedule all routine appointments within 14 calendar days of determination of eligibility as required by DWMHA contract. According to data collected as indicated in the charts below, all appointments were scheduled within 14 days. Consumerlink displayed the lowest cumulative average number of days for Routine appointments at 6.70 days, while Community Living Services displayed the highest cumulative average number of days for Routine appointments at 8.04 days. The average number of days per MCPN was all under 14 days for routine appointments. During Fiscal Year 2016-2017, there were 16 Emergent calls, and 80 Urgent calls.

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Average Number of Days Intake Appointment is Scheduled from Screening

Routine	Carelink	CLS	Consumerlink	ICA
1st Quarter	6.63	9.50	6.33	6.67
2nd Quarter	7.04	9.20	6.39	6.67
3rd Quarter	7.70	5.67	6.16	8.35
4th Quarter	7.59	7.78	7.93	7.00
FY 16-17 Cumulative Average	7.24	8.04	6.70	7.17

DWHMA Access Center Utilization Management Peer Reviews

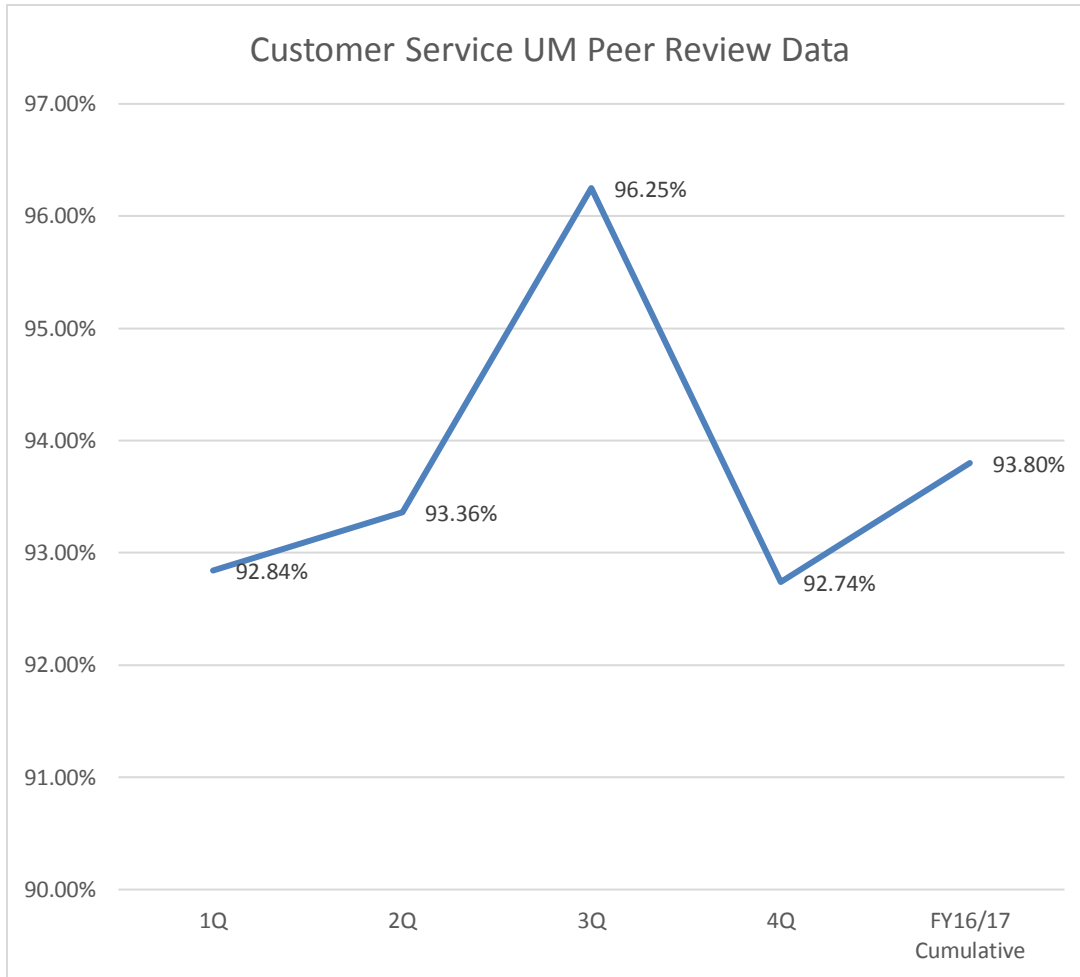
In order to ensure quality services are provided, Wellplace Michigan conducts peer utilization management review for the DWMHA Access Center Customer Service, Clinical, and Substance Use Units. The UM Review is an internal quality evaluation measurement utilized to ensure adherence to Access center documentation and standards. All staff are monitored through the UM review process. Each case is given a percentage rating based on quality review items. Any item receiving a score of 80% or below receives follow up and corrective response from the unit manager. All three units met the internal benchmark for Fiscal Year 2016-2017. The breakdown of UM Peer Reviews and scores by quarter are displayed in the charts below.

DWMHA Access Center UM Peer Reviews Customer Service

	1Q	2Q	3Q	4Q	FY16/17 Cumulative	FY15/16 Cumulative
Cases Reviewed	73	150	101	133	457	539
FY 2016-2017 Cumulative Score	92.84%	93.36%	96.25%	92.74%	93.80%	92.30%

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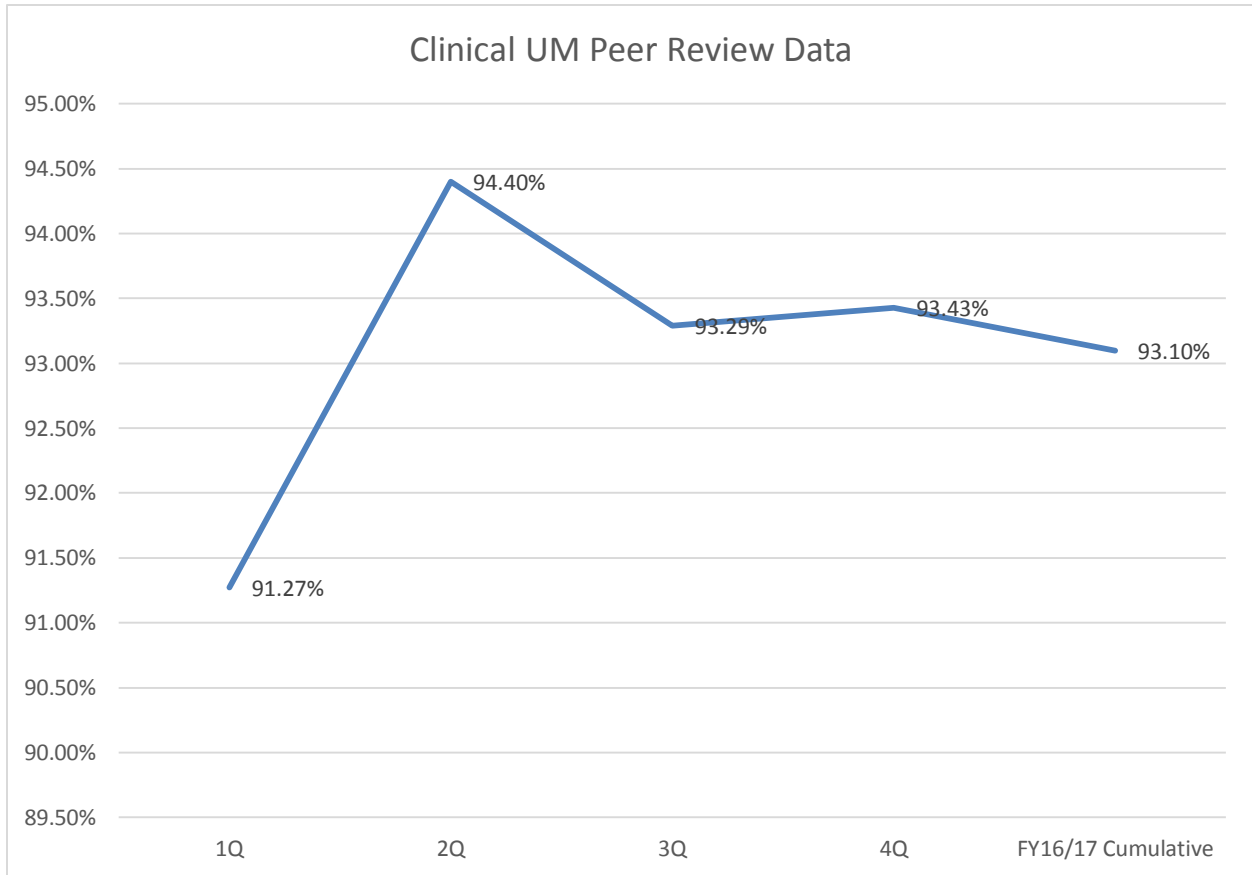


DWMHA Access Center UM Peer Reviews Clinical

	1Q	2Q	3Q	4Q	FY16/17 Cumulative	FY15/16 Cumulative
Cases Reviewed	178	167	179	43	567	709
FY 2016-2017 Cumulative Score	91.27%	94.40%	93.29%	93.43%	93.10%	91.37%

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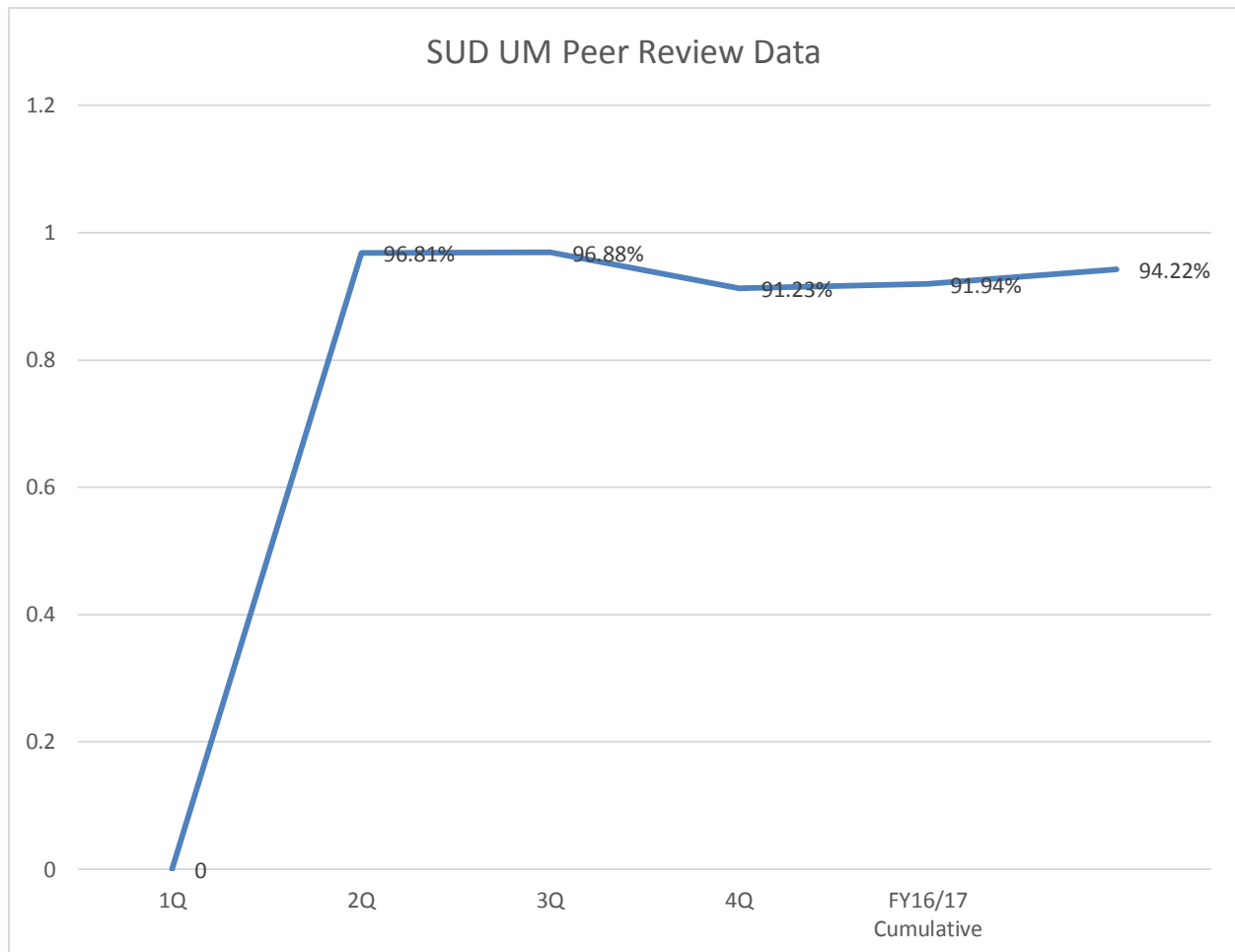


DWMHA Access Center UM Peer Reviews SUD

	1Q	2Q	3Q	4Q	FY16/17 Cumulative	FY15/16 Cumulative
Cases Reviewed	95	98	80	20	293	225
FY 2016-2017 Cumulative Score	96.81%	96.88%	91.23%	91.94%	94.22%	92.92%

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Peer Review of Service Eligibility Review Analysis

The Access Center also completes peer reviews on service eligibility to ensure appropriate documentation, appropriate level of care decisions, and to meet external quality requirements relative to utilization management as determined by the Detroit Wayne Mental Health Authority. Access Center peer review data for Customer Service Specialists received a 92.30 % cumulative average score. UM Clinical Peer Reviews received a 93.10% cumulative average, with Substance Use Specialist receiving a 94.22 % cumulative average for FY 2016-2017. Clinical Peer Reviews experienced a slight decrease in score from the previous year, however they continued to achieve over 90% each quarter. This decrease may be attributed to a couple of factors including new staff that were hired during the fiscal year as well as continued changes in processes for staff. As processes change, staff need to become familiar with the documentation and requirements of the process. The Clinical Services Manager reviews peer review results individually with staff during supervision and as a group during monthly team meetings. Any areas that are identified as areas

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of improvement are reviewed with the team for training purposes to ensure staff are all aware of the expectations required.

The Customer Service department was consistently above 90% for every quarter within the 2016-2017 fiscal year. The Customer Service Manager is continuously working with staff on items identified in need of improvement. The peer review process for the Substance Use department was in place throughout this fiscal year and demonstrated an increase in scores from the previous year, going up from 92.30% in FY 15/16 to 93.80% this fiscal year.

There were 3 face-to-face assessments completed during Fiscal Year 2016/2017 Access Center Clinicians utilized the Face to Face protocol that was developed in conjunction with DWMHA Clinical Staff to ensure that an effective screening process occurred with the consumer. During the upcoming fiscal year, Wellplace will work in collaboration with DWMHA staff to increase the number of face-to-face screenings that are completed.

Wellplace continues to encourage and support the advancement of a competent workforce by routinely providing training opportunities to enhance professional development. The Wellplace staff who are conducting UM functions are also required to maintain the appropriate qualifications outlined in the Authority's credentialing policy and UM Program Description. The Access Center Clinicians and Substance Use Specialists participated in a variety of in-service trainings on a monthly basis with various presenters from the provider community. Wellplace plans to continue to enhance the skills of our Clinicians and Substance Use Specialists by continuing to develop a comprehensive training schedule for the upcoming fiscal year.

Follow Up Referrals on Denials

Wellplace utilizes an internal database to track follow up referrals for consumers that agree to a follow up call that were denied/found not eligible for services. Wellplace establishes contact with callers to ensure they are connected appropriately with referrals. The following is a breakdown of follow up referrals. The goal of Wellplace is to continue to work with DWMHA and PCE to add a function in MHWIN to track follow up referrals in order to streamline accuracy and efficiency.

Month	Total Number of Denials	Total number agreed to follow up	Referral Type	Consumer contacted referral resource	Consumer utilized referral resource
Oct-16	20	9	20 - Medicaid Health Plan	2	2

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Nov-16	18	11	18 - Medicaid Health Plan	1	2
Dec-16	17	5	14 - Medicaid Health Plan	1	1
			3 - Other		
Jan-17	17	5	15 - Medicaid Health Plan	0	0
			2 - Other		
Feb-17	22	8	16 - Medicaid Health Plan	1	1
			1 - Commercial Insurance		
			5 - Other		
Mar-17	38	18	32 - Medicaid Health Plan	5	5
			2 - Commercial Insurance		
			4 - Other		
Apr-17	37	16	35 - Medicaid Health Plan	6	6
			1 - Commercial Insurance		
			1 - Other		
May-17	61	33	59 - Medicaid Health Plan	7	7
			1 - Commercial Insurance		
			1 - Other		
Jun-17	47	34	40 - Medicaid Health Plan	15	15
			4 - Commercial Insurance		
			3 - Other		
Jul-17	32	27	29 - Medicaid Health Plan	5	3
			3 - Other		
Aug-17	34	18	32 - Medicaid Health Plan	1	1
			1 - Commercial Insurance		

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			1 - Other		
Sep-17	22	14	22 - Medicaid Health Plan	2	2
FY 2016-2017 Cumulative	365	198	332 - Medicaid Health Plan	46	45
			10 - Commercial Insurance		
			23 - Other		

Follow up Referrals on Denials Analysis

During Fiscal Year 2016-2017, there were 365 total referrals, of the 365 referrals, there were 332 people that were referred to a Medicaid Health Plan, 10 to Commercial Insurance, and 23 to Other low cost Community Resources. There were 198 (54.25%) individuals who agreed to a follow up out of the 365 denials. There were 46 (12.75%) individuals who contacted their referral source of the 365 denials, and 45 (12.33%) individuals who utilized the referral source. Of note, although the number of people who are documented to have contacted or utilized their referral source is low, this is most likely due to the fact that when individuals agree to a follow-up call, we do not always reach them. It is estimated that those who have not utilized the services or contacted the referrals are some of the people that we were not able to reach when we attempted to make follow-up calls. When a consumer agrees to a follow-up call, the Access Center Clinician makes at least 3 attempts to contact the consumer within a few weeks of their initial call. If we are unable to reach the consumer via phone, a letter is sent to the consumer notifying them that we attempted to follow up and offering them the opportunity to contact us back if they require additional assistance.

Appeals & Disputes

Wellplace ensures that Medicaid and Non-Medicaid beneficiaries receiving and requesting mental health and substance abuse services have access to local appeals/disputes consistent with the MDHHS federal waivers, contracts, policy guidelines and technical advisories. All cases that are denied services are reviewed by an Access Center psychiatrist prior to the denial being issued. The psychiatrist completes documentation in regards to the reasons for the denial. This documentation is currently stored internally at Wellplace as there is not functionality to store the physician review information in MHWIN. Wellplace provides notice to consumers both Medicaid and Non-Medicaid regarding any denials of services. The notice provided included appeal and dispute processes and rights. All appeals and disputes are currently received and processed by DWMHA's Customer Service Department. During the 2016/2017 fiscal year, there were no appeals or disputes filed by members regarding decisions made by the Access Center.

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During the 2016/2017 Fiscal Year there were 34,567 eligible cases and an additional 365 cases that were found to be ineligible. Out of the 365 ineligible cases, all 365 of them (100%) had the necessary documentation to detail the reason for the being deemed ineligible. The breakdowns of the eligible and ineligible cases by quarter are displayed in the charts below.

DWMHA Access Center Eligibility Screening Statistics

	1Q	2Q	3Q	4Q	FY 15/16 Cumulative	FY 15/16 Cumulative
Eligible	8,047	8,559	8,560	9,401	34,567	34,983
Ineligible	55	77	145	88	365	398

DWMHA Access Center Eligibility Determination

Wellplace, as the Access Center for DWMHA, serves as the entry point for Community Mental Health (CMH) services in Wayne County. Any person contacting the Access Center for CMH services will be screened for eligibility by the Clinical Unit or Substance Use Unit of the Access Center. During the Fiscal Year 2016/2017 there were fifty-one thousand six hundred and forty-nine (51,649) requests for eligibility screens. Of those requests, thirty four thousand five hundred and sixty-seven (34,567) were determined to be eligible for CMH services, three-hundred and sixty-five (365) were determined to be ineligible for CMH services, fifty (50) were non Wayne county residents, and sixteen thousand, six hundred and seventy (16,670) eligibility screenings were not processed.

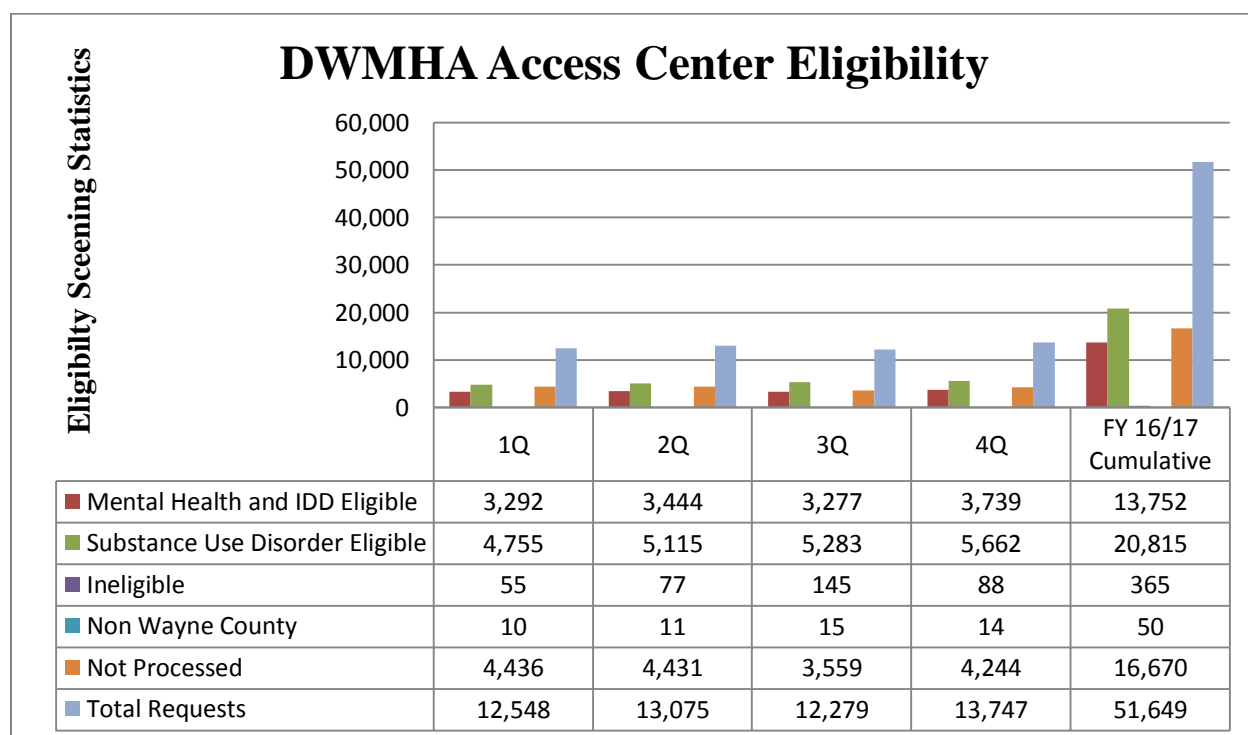
The number of screenings that were not processed are attributed to several factors. The Access Center completes both Clinical and Substance Use screening, in which there are circumstances clients are screened each time they enter services or change level of care if they are going to a different provider. Additionally, there are times when callers seeking are Mental Health/I/DD or Substance Use services, but are not prepared to enter treatment on that day, therefore the screening is incomplete and they are re-screened when they decide to enter treatment. The screenings are completed as they enter treatment in order to ensure the most accurate and up to date information regarding the caller's current state for treatment in order to make accurate level of care determinations. The other contributing factor to the increase in calls that were not processed is the MI Health Link program. Since these referrals are sent electronically from the Integrated Care Organizations, Access Center staff set up the screening and then reach out to the consumer to offer services and a screening. There have been a significant number of consumers who decline services, and therefore the screening is not completed. The breakdown of screenings per quarter can be found in the table below.

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DWMHA Access Center Eligibility Screening Statistics

	1Q	2Q	3Q	4Q	FY 16/17 Cumulative	FY 15/16 Cumulative
Mental Health and IDD Eligible	3,292	3,444	3,277	3,739	13,752	14,551
Substance Use Disorder Eligible	4,755	5,115	5,283	5,662	20,815	20,432
Ineligible	55	77	145	88	365	398
Non Wayne County	10	11	15	14	50	365
Not Processed	4,436	4,431	3,559	4,244	16,670	14,939
Total Requests	12,548	13,075	12,279	13,747	51,649	50,685



Prior Authorized Eligibility Reviews

During Fiscal Year 2016/2017 there were 391 eligibility reviews completed on service eligibility. Of the 391 eligibility reviews, there were 84 Approvals (21%), and 307 Denials (79%), and out of the 391 service eligibility reviews, all 391 (100%) had the eligibility decision upheld. There

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were 307 denials, and all denials had the necessary documentation to detail the reason for the denial.

Months	Denials	Approvals	Uphold eligibility decision (Yes)	Uphold eligibility decision (No)
Oct-16	10	10	20	0
Nov-16	10	10	20	0
Dec-16	10	10	20	0
Jan-17	15	9	24	0
Feb-17	22	5	27	0
Mar-17	36	5	41	0
Apr-17	29	10	39	0
May-17	61	5	66	0
Jun-17	47	5	52	0
Jul-17	27	5	32	0
Aug-17	24	5	29	0
Sep-17	16	5	21	0
FY 2015-2016 Cumulative	307	84	391	0

Critical & Sentinel Events

Wellplace follows the Critical and Sentinel Events processes and protocols established by DWMHA. Wellplace Critical/Sentinel Events policies identifies events in three categories: Critical Events as defined by DWMHA policies based on consumers who are actively receiving services at the time of the call, Sentinel Events as defined by DWMHA policies based on consumers who are actively receiving services at the time of the call and Unusual Events as defined by internal Wellplace policies. The most common unusual events that occur involve Wellplace having to file a Child Protective Services referral based on information provided during the screening process and callers who require emergency intervention due to suicidal and/or homicidal ideation. The majority of the above incidents are for callers who are not actively enrolled in DWMHA services and therefore does not meet the standards for DWMHA Critical or Sentinel Events

As indicated by the conditions of a high risk call and Wellplace crisis response policy, a Clinician will file a report with Child Protective Services following the phone call and document all

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information or will either contact 911 to have the caller transported to the nearest hospital/crisis center for evaluation or will speak to another adult present in the home who agrees to ensure the caller's safety and transport the caller to the nearest hospital/crisis center for evaluation. Additionally, clinicians then complete follow-up calls to the caller/family the following day to ensure they receive the proper services/support and assist with any additional follow-up as needed.

Critical & Sentinel Events Analysis

There were zero (0) critical and/or sentinel events within the 2016-2017 fiscal year.

DWMHA Access Center Telephone Performance Statistics and Analysis

Wellplace maintains the Detroit Wayne Mental Health Authority Access Center by determining eligibility for enrollment, assuring existing enrollment and assigning Managed Care Provider Networks (MCPN) as appropriate to consumers in Wayne County. During the Fiscal Year 2016-2017, Wellplace received 228,705 calls. This is an increase compared to the previous fiscal year. During Fiscal Year 2016/2017, the average abandonment rate was 3.11% with a contractually required performance indicator of 5%. Wellplace consistently met compliance for abandonment rate, while having the best abandonment rate at 2.77% within the 2nd and 3rd Quarter. Wellplace did well to meet compliance for abandonment rate within the 2016-2017 Fiscal year, while the call volume increased again at more than 27,000 calls from the previous year. Wellplace has continued to evaluate staffing patterns and add additional staff to accommodate the increased call volume, in order to continue to meet compliance for abandonment rate. The average time to answer for Fiscal Year 2016-2017 is 6.42 seconds with a contractually required performance indicator of 30 seconds. Telephone statistics for the Access Center can be found below.

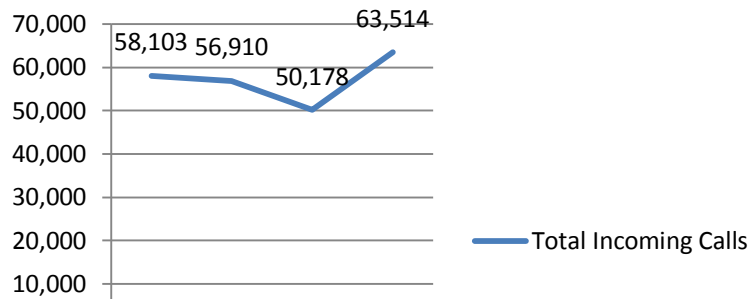
Telephone Performance Statistics

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter	FY 16/17 Cumulative	FY 15/16 Cumulative
Total Incoming Calls	58,103	56,910	50,178	63,514	228,705	201,106
Average Call Duration – Customer Service Unit	3.41	3.36	3.65	3.37	3.45	3.52 Minutes
Average Call Duration – Clinical Unit	26.3	25.64	23.97	23.6	24.88	24.84 Minutes
Average Time to Answer	6.67	6.33	6	6.67	6.42	7.08 Seconds
Clinical Callbacks Processed in the Same Day	6,579	6,929	6,546	8,544	28,598	23,526
Crisis Calls	2,384	2,467	2,423	2,167	9,441	7,352
Average Abandonment Rate	2.87%	2.77%	2.77%	4.02%	3.11%	3.76%

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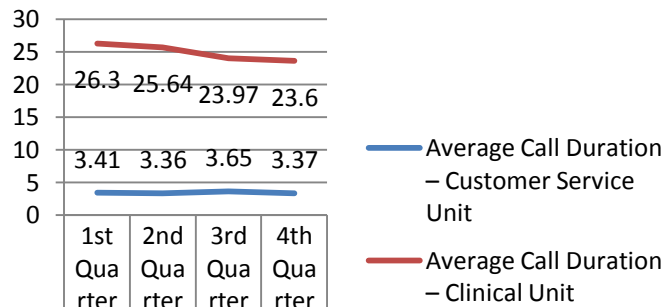
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DWMHA Access Center Call Volume



	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Total Incoming Calls	58,103	56,910	50,178	63,514

Average Call Duration

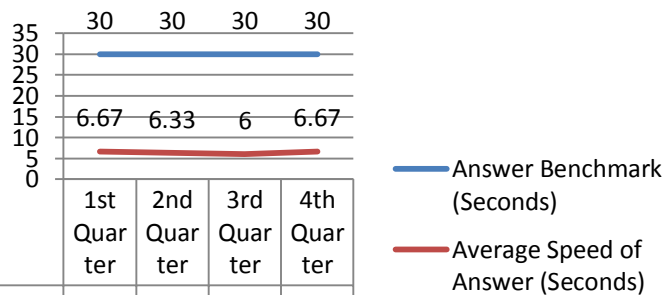


Average Call Duration - Customer Service Unit	3.41	3.36	3.65	3.37
Average Call Duration - Clinical Unit	26.3	25.64	23.97	23.6

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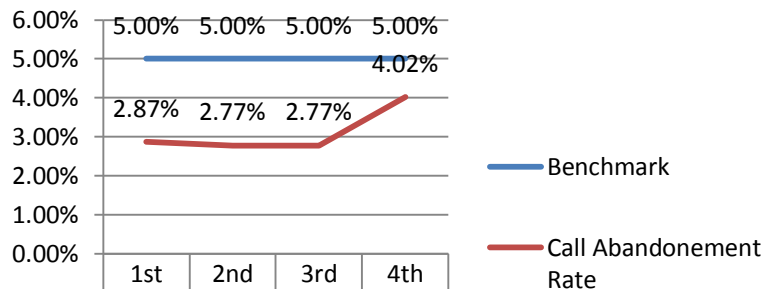
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DWMHA Access Center Average Speed of Answer



Answer Benchmark (Seconds)	30	30	30	30
Average Speed of Answer (Seconds)	6.67	6.33	6	6.67

DWMHA Access Center Abandonment Rate

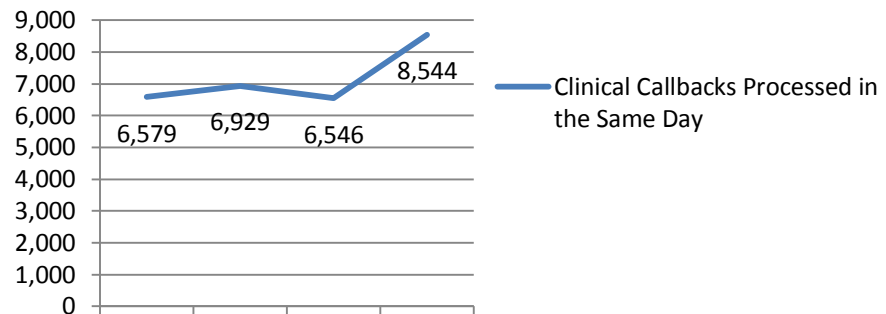


Benchmark	5.00%	5.00%	5.00%	5.00%
Call Abandonment Rate	2.87%	2.77%	2.77%	4.02%

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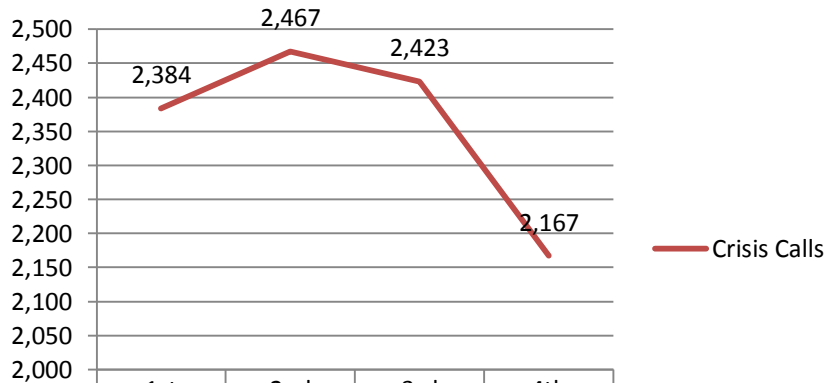
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Clinical Callbacks Processed in the Same Day



Clinical Callbacks Processed in the Same Day	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	6,579	6,929	6,546	8,544

Crisis Calls



Crisis Calls	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
	2,384	2,467	2,423	2,167

DWHMA Access Center Satisfaction Surveys

The satisfaction survey process was established to capture the satisfaction levels of the services provided in the Access Center. Providers and Consumers are administered in separate surveys. A report of the data was monitored on a monthly basis. During Fiscal Year 2016/2017 Wellplace didn't meet the benchmark of 95% consumer satisfaction rating 94.12%. Wellplace met the

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contractual standard above the 95% contractual standard for the Consumer Satisfaction Survey for the 1st Quarter at 95.69% and 3rd Quarter at 95.85%. Wellplace met the contractual standard above the 95% contractual standard for the Provider Satisfaction Survey for each quarter that surveys were conducted and had an overall provider satisfaction rate of 98.22%. For the entire Fiscal Year, Wellplace conducted a total of 947 consumer satisfaction surveys and 48 provider satisfaction surveys. The low number of provider satisfaction surveys conducted is due to the fact that Wellplace has had less contact with providers since the COPE process began and hospital staff contact COPE directly. Additionally, those providers that do contact Wellplace, are often repeat callers on a regular basis and therefore do not want to complete multiple surveys during the year. During the 3rd quarter, Wellplace did not conduct any provider satisfaction surveys due to a low number of providers agreeing to be surveyed. The quarterly satisfaction survey results for both consumer and provider surveys is included below in addition to a breakdown of survey questions and the average score achieved on various questions.

DWMHA Access Center Consumer Satisfaction Survey

Consumer Satisfaction Survey	Percentage
1st Quarter	95.69%
2nd Quarter	92.81%
3rd Quarter	95.85%
4th Quarter	92.67%
Average Score FY 16-17	94.12%

Caller Satisfaction Statements						
Consumer Satisfaction Survey	Total Number of Surveys	Was your call answered by a live voice?	Was your call answered in a warm and welcoming manner?	If your call was placed on hold, were you given the option of a callback?	If your call required a call back, were you called back within 24 hours?	Did Access Center staff explain to you the screening process for community mental health services?
Average Score FY 16-17	947	97.58%	98.88%	89.35%	90.01%	95.08%

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Caller Satisfaction Statements							
Consumer Satisfaction Survey	Did Access Center staff give you the time you needed to explain your concerns and needs?	Did Access Center staff explain things in a way that was easily understood?	Did Access Center staff treat you with dignity and respect?	Were your questions answered to your satisfaction?	Following your contact with the Access Center, did you feel that you were on your way to getting the help you need?	Overall, were you satisfied with the Access Center?	Would you recommend the Access Center to someone else in a similar situation?
Average Score FY 16-17	96.78%	97.62%	98.41%	96.31%	91.73%	95.30%	94.37%

If person told they are eligible for community mental health services, ask questions 20-24					
Consumer Satisfaction Survey	Did Access Center staff explain what a MCPN is?	Did the Access Center staff provide you with choices in selecting a service provider?	Were you satisfied with the location of your provider?	Did the Access Center staff talk with you about what to expect at the first appointment with the service provider?	Were you satisfied with the time and date of your appointment?
Average Score FY 16-17	87.28%	92.13%	90.79%	89.35%	91.63%

If person was told they are not eligible for community mental health services, ask questions 25-28				
Consumer Satisfaction Survey	Have you received a letter explaining the reason you are not eligible for Community Mental Health services?	Were you informed of your right to a second opinion?	Were you given information about resources or services in the community that may be able to meet your needs?	If you were given community resource information, was the place you were referred to the right place to meet your needs?
Average Score FY 16-17	65.33%	70.24%	76.40%	92.32%

Wellplace Michigan Annual Utilization Management Evaluation

FY
2016-
2017

Provider Satisfaction Survey

Provider Satisfaction Survey	Percentage
1st Quarter	96.67%
2nd Quarter	97.92%
3rd Quarter	N/A
4th Quarter	99.46%
Average Score FY 16-17	98.22%

Provider Satisfaction Survey	Total Number of Surveys	The Access Center staff member(s) I spoke with were friendly and welcoming	The Access Center staff cared about the reason for my call	The Access Center staff provided assistance to me in a timely manner	I was treated with dignity and respect
Average Score FY16-17	48	95.40%	98.60%	99.00%	98.00%

I was satisfied with the response to my concerns after talking with the Access Center Staff	The information I received was explained in a clear and understandable manner	The information I received was helpful	I would feel comfortable contacting the Access Center again if needed	Total Percentage
98.00%	97.80%	99.20%	99.80%	98.22%

Performance Improvement Initiatives and Achievements

Some of the goals/areas of focus in this fiscal year have been focused on enhancing the skill level of our Clinicians and Substance Use Specialists to ensure eligibility decisions are appropriate and consistent. In order to accomplish this we achieved several objectives during this year including; reviewing and updating the silent monitoring and peer review process for each of our departments. Improvements made with these processes have enabled us to have a better picture of the work that is being completed and ensuring all appropriate areas are captured.

Another area of focus during the year that was accomplished has been enhanced training for our Substance Use Specialists and Clinicians. These ongoing training activities have assisted in streamlining processes within each department to ensure all staff are applying criteria similarly and ensuring that eligibility decisions are consistent across screeners and appropriate for the information presented. Some of these trainings include crosswalks to ensure documentation is completed appropriately during the screening process as well as case discussion and review to assist all staff with understanding complex cases and reviewing determination processes.