



3rd and 4th

Quarter Report

Contract Year 2014/2015

Wellplace Michigan

1333 Brewery Park Blvd. Detroit, MI 48207

Wellplace Michigan

Contract Year 2014/2015 3rd and 4th 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 Q3 and Q4 "X" represents all arears which were compliant.

Month	MPRI	JAC	Wraparound
April	X	X	X
May	X	X	X
June	X		X
July			X
August	X		X
September			X
Compliance Percentage	66.67%	33.33%	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 30 JAC, 13 MPRI and 3 Wraparound enrollments which exceeded the 2 business day turnaround time frame. The Staff must continuously monitor faxes to ensure that information is received and processed within 2 business days

from the date of call. Data integrity audits are meant to catch this type of information, and must be reviewed on a monthly basis in order to ensure that each different database is meeting compliance within the month. In previous it could be that the data integrity audit was not reviewing thoroughly and or followed up to ensure that compliance is met 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. The five programs that are audited monthly are MPRI, Wraparound, JAC, MCPN, and Program Changes. These programs are audited for several different aspects utilizing individual audit tools specific to each area. The table below shows the data for the 3rd and 4thQ CY1415. An “X” indicates data integrity audit was completed for the month.

Month	MPRI	JAC	Wraparound	MCPN	Program Change
April	X	X	X	X	X
May	X	X	X	X	X
June	X	X	X	X	X
July					
August	X	X	X	X	X
September	X	X	X	X	X
Compliance Percentage	100%	100%	100%	100%	100%

Data Integrity Audit Analysis and Recommendations:

Wellplace, completed data integrity audits for all five program request/change. Within the month of July, data was unable to be located.

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. Denial Audits for 3rd and 4thQ CY1415 results can be seen in the data table below.

Adequate Action Notice	Compliance Percentage							
	April	May	June	3rd Quarter Cumulative	July	August	September	4th 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%	95%	98%	87%	86.67%	100%	91%
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%	100%	100%	100%
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 3RD and 4th Q CY1415 1/3 of denial letters were selected at random for each month totaling sixty six denial audits completed for the 3rd quarter, while forty-seven denial audits were completed during the 4th quarter. All areas of the Audit did not meet full compliance, as the question in which “The specific reasons for the denial are included in easily understandable language” was measured, it didn’t meet 100% compliance each month and or as a cumulative average within the 3rd and 4th quarter. This area can be improved by providing training in order to make the reasoning for the denial easier to understand. This will be monitored within the next months to ensure that the 100% compliance rate within the month of September continues.

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	2017	17	14	1986
Community Living Services (CLS)	59	0	1	58
ConsumerLink Network	184	1	1	182

Gateway Community Health	1187	10	7	1170
Integrated Care Alliance (ICA)	36	0	0	36
Cumulative 3rd Quarter	3483	28	23	3432

MCPN	Total Calls	Total Urgent Appointments	Total Emergent Appointments	Total Routine Appointments
Carelink Network	1968	10	2	1956
Community Living Services (CLS)	51	0	0	51
ConsumerLink Network	218	0	0	218
Gateway Community Health	1312	14	3	1295
Integrated Care Alliance (ICA)	25	0	0	25
Cumulative 4th Quarter	3574	24	5	3545

Percentage of Routine Appointments Scheduled within 14 Days

Routine	Carelink	CLS	Consumerlink	Gateway	ICA
3 rd Quarter	100%	100%	100%	100%	100%
4 th Quarter	99%	86%	82%	92%	88%
CY 14/15 Cumulative Average	99%	93%	91%	96%	94%

Appointment Access Analysis and Recommendation:

The data was compiled on a quarterly basis and reported by MCPN on the different types of appointments. The data will begin to be calculated on a monthly basis going forward in order to ensure that all categories continue to meet compliance. This data is now being tracked monthly, and presented monthly at quality meetings in order to ensure that each MCPN meets compliance.

Credentialing Compliance

Monthly, 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 3rd and 4th Quarter.

Wellplace Michigan Credentialing April-June 2015				
Credentialing 3rd Quarter	Total # Credentialed	Total # Re- Credentialed	Total # of Verification	Total
April	50	15	10	75
May	86	1	23	110
June	56	0	0	56
Cumulative 3rd Quarter	192	16	33	241

<i>Wellplace Michigan</i> Credentialing July-September 2015				
Credentialing 4th Quarter	Total # Credentialed	Total # Re-Credentialed	Total # of Verification	Total
July	50	1	7	58
August	125	0	6	131
September	117	4	3	124
Cumulative 4th Quarter	292	5	16	313

Credentialing Compliance Analysis and Recommendations:

Credentialing was completed for 241 individuals within the 3rd quarter, and 313 during the 4th quarter. There were 192 files credentialed, 16 recredentialed, and 33 verified files within the 3rd quarter. There were 292 credentialed files, 5 recredentialed, and 16 verified files within the 4th quarter. There were a total of 554 files credentialed through the 3rd and 4th quarter of 2014-2015. All credentialing, re-credentialing or verifications were processed on time and compliant.

DWHMA Access Center MCPN Changes & Program Changes

Wellplace processes Program and MCPN change requests. Wellplace reports monthly data to DWHMA 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 DWHMA. The table below provides a breakdown of MCPN and Program changes per month for 3rd and 4th Quarter CY1415.

3rd Quarter	MCPN Change	Compliant	Non-Compliant	Program Change	Compliant	Non-Compliant
April	21	20	1	4	4	0
May	23	23	0	21	21	0
June	27	27	0	20	20	0
Cumulative 3rd Quarter	71	70	1	45	45	0

4th Quarter	MCPN Change	Compliant	Non-Compliant	Program Change	Compliant	Non-Compliant
July	7	7	0	26	26	0
August	12	12	0	16	16	0
September	79	79	0	1	1	0
Cumulative 4th Quarter	98	98	0	43	43	0

MCPN & Program Change Analysis and Recommendations:

During the 3rd quarter, there were 71 MCPN changes with only 1 being non-complaint, while there 45 Program changes with 0 being non-compliant. During the 4th Quarter there were 98 MCPN changes with 0 non-compliant, while there were 43 Program changes with 0 non-compliant. During the 3rd and 4th quarter MCPN and Program changes CY1415, there was only 1 change that was non-compliant out of the 169 total MCPN changes and 88 total Program changes. Wellplace reported one MPCN change which failed compliance, processed outside of the two day turnaround period. Wellplace will continue to monitor the MCPN change database along with the Program change database to ensure that all changes are compliant within the 2 business day timeframe.

Average Call Duration

Wellplace completes a telephone statistics report on a monthly basis. This report includes Wellplace monitoring and tracking of the average call of duration for the customer service and clinical units. When 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 - 3rd Quarter	Average Call Duration – Customer Service (Minutes)	Average Call Duration – Clinical Unit (Minutes)
April	4	25.39
May	4	23.07
June	3.55	23.29
Average 3rd Quarter	3.85	23.92

Average Call Duration -4th Quarter	Average Call Duration – Customer Service (Minutes)	Average Call Duration – Clinical Unit (Minutes)
July	3.41	22.26
August	3.38	24.09
September	3.47	24.4
Average 4th Quarter	3.42	23.58

Phone Screen Efficiency Analysis and Recommendations:

Wellplace was compliant at an average of 23.92 minute call duration during the 3rd quarter, and 23.58 minute call duration within the 4th quarter.

EFFECTIVENESS

Managing for Results-ETS and Enrollment Line

Monthly, Wellplace completes a Managing for Results-ETS and Enrollment Report. 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.

3rd Quarter	April	May	June	Cumulative 3rd Quarter CY1415
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	5	5	5.67
Clinical Callbacks Processed in the Same Day	1160	1256	1536	3952
Busy Rate \leq 1.00%	0%	0%	0%	0%
Call Abandonment Rate \leq 5%	11.90%	2.90%	2.80%	5.87%

4th Quarter	July	August	September	Cumulative 4th Quarter CY1415
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	5	7	7	6.33
Clinical Callbacks Processed in the Same Day	1698	1888	720	4306
Busy Rate \leq 1.00%	0%	0%	0%	0%
Call Abandonment Rate \leq 5%	4.90%	8.50%	5.50%	6.30%

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

All areas met compliance for the 3rd and 4th quarter except for call abandonment rate. Call abandonment rate didn't meet compliance for the months of April, August, and September. Call abandonment rate didn't meet compliance for the 3rd or 4th quarter. 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. 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.

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.

3rd Quarter	April	May	June	3rd Quarter Cumulative
Total Incoming Calls	1482	1397	1405	4284
Total Calls Handled	1367	1245	1231	3843
# of Abandoned Calls	115	152	174	441

Call abandonment Rate ($\leq 5\%$)	7.76%	10.88%	12.38%	10.34%
Average Time to Answer (seconds)	29	32	37	32.67
Abandoned Calls not answered in 30 Seconds	28	19	20	67
Average Duration Per Call (minutes)	5.72	6.23	6.42	6.12
Busy Rate	0%	0%	0%	0%
Service Level	100%	100%	100%	100%
Interpreter Service	0	0	1	1

4th Quarter	July	August	September	4th Quarter Cumulative
Total Incoming Calls	1343	1200	1365	3908
Total Calls Handled	1193	1061	1192	3446
# of Abandoned Calls	150	139	173	462
Call abandonment Rate (<5%)	11.17%	11.58%	12.67%	11.81%

Average Time to Answer (seconds)	37	32	36	35
Abandoned Calls not answered in 30 Seconds	16	14	19	49
Average Duration Per Call (minutes)	6.70	5.88	5.51	6.03
Busy Rate	0%	0%	0%	0%
Service Level	100%	100%	100%	100%
Interpreter Service	0	0	1	1

NSO Monthly Data Report Analysis and Recommendations:

Throughout the 3rd and 4th Quarter, NSO had a call abandonment rate that was above the goal of 5% for every month within the 3rd and 4th Quarter. Throughout the 3rd and 4th Quarter, NSO had an average time to answer in seconds that did not meet goal of 30 seconds within every month for the 3rd and 4th Quarter except for April when NSO had an average time to answer of 29 seconds which just met goal. I recommend sharing quarterly results with NSO, I also recommend they investigate continues upward moving rate of abandonment and formulate a plan to obtain an abandonment rate equal to or less than 5%. I recommend for NSO to focus closely on these two goals and hire more staff if needed in order to meet goal.

Translation Line

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

3rd Quarter	Translation Calls	Translation line test calls	Translation test call compliance
April	126	1	100%
May	129	1	100%
June	137	1	100%
3rd Quarter Cumulative	392	3	100%

4th Quarter	Translation Calls	Translation line test calls	Translation test call compliance
July	119	1	100%
August	202	1	100%
September	300	1	100%
4th Quarter Cumulative	621	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.....	April	May	June	3rd Quarter CY1415 Cumulative
Identify self?	92.90%	66.70%	50.00%	69.87%
Offer a greeting?	92.90%	83.30%	83.30%	86.50%

Counselor had welcoming and customer service-oriented attitude	92.90%	83.30%	83.30%	86.50%
Was an effort made to help you feel comfortable?	92.90%	83.30%	83.30%	86.50%
Maintain a flow/focus of the call?	92.90%	83.30%	83.30%	86.50%
Ask appropriate and relevant questions?	85.70%	83.30%	66.70%	78.57%
Demonstrate knowledge of available resources?	85.70%	83.30%	83.30%	84.10%
Provide you with a primary referral?	85.70%	83.30%	83.30%	84.10%
Provide you with a secondary referral?	78.60%	66.70%	66.70%	70.67%
Was your objective achieved?	85.70%	83.30%	83.30%	84.10%
Appear confident and comfortable handling the call?	92.90%	83.30%	83.30%	86.50%
Offer an appropriate closing to the call?	92.90%	83.30%	83.30%	86.50%
Would you rate this experience as a positive interaction?	85.70%	83.30%	83.30%	84.10%
Referrals provided were non-CMH	85.70%	83.30%	83.30%	84.10%
Ask you if you would like a follow up on your referral?	21.40%	66.70%	16.70%	34.93%

Did the Counselor.....	July	August	September	4th Quarter CY1415 Cumulative
Identify self?	66.70%	83.30%	83.30%	77.77%
Offer a greeting?	66.70%	83.30%	83.30%	77.77%
Counselor had welcoming and customer service-oriented attitude	66.70%	83.30%	83.30%	77.77%

Was an effort made to help you feel comfortable?	66.70%	83.30%	83.30%	77.77%
Maintain a flow/focus of the call?	66.70%	83.30%	83.30%	77.77%
Ask appropriate and relevant questions?	66.70%	83.30%	83.30%	77.77%
Demonstrate knowledge of available resources?	66.70%	83.30%	66.70%	72.23%
Provide you with a primary referral?	66.70%	83.30%	83.30%	77.77%
Provide you with a secondary referral?	50.00%	83.30%	66.70%	66.67%
Was your objective achieved?	66.70%	83.30%	66.70%	72.23%
Appear confident and comfortable handling the call?	66.70%	83.30%	83.30%	77.77%
Offer an appropriate closing to the call?	66.70%	83.30%	83.30%	77.77%
Would you rate this experience as a positive interaction?	66.70%	83.30%	83.30%	77.77%
Referrals provided were non-CMH	66.70%	83.30%	83.30%	77.77%
Ask you if you would like a follow up on your referral?	16.70%	0.00%	0.00%	5.57%

NSO Secret Shopping Data Analysis and Recommendations:

Throughout the 3rd and 4th Quarter within the CY14-15, NSO didn't meet a cumulative 3rd or 4th quarter average for any of the categories at 90%. Wellplace will notify NSO of the 3rd and 4th Quarter data that failed to meet compliance. Wellplace will request a corrective action plan identifying action steps and timelines for meeting targets.

Silent Monitoring Data

Silent monitoring activity occurs on 50 calls per month. These are conducted internally through Wellplace. 30 calls from the Customer Service unit are monitored monthly and 20 calls 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. 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 15 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		April	May	June	3rd Quarter Cumulative
Greeting Monitoring <i>(Each 2 pts. Possible)</i>	Identified the line	100%	100%	100%	100.00%
	Customer Service Specialist identified themselves and title	100%	99.00%	98%	99.00%
	Notified caller that they may be recorded for quality assurance	100%	100%	98%	99.33%
	Assessed call for crisis situation	100%	97.90%	98%	98.63%
Review Items <i>(Each 5 pts. Possible)</i>	Quickly identified caller's needs	97.60%	100%	100%	99.20%
	Treated caller with dignity and respect	100%	100%	100%	100.00%
	Demonstrated a welcoming and customer service oriented attitude	100%	100%	100%	100.00%
	Demonstrated empathy, acceptance and positive regard for individuals regardless of readiness to change	100%	100%	100%	100.00%
	Listened to requests and comments / answered additional questions	100%	100%	100%	100.00%
	Demonstrated program knowledge	100%	100%	100%	100.00%

	Sounded confident and comfortable	100%	100%	100%	100.00%
	Spoke clearly / appropriate pace	100%	99.60%	100%	99.87%
Closing Monitoring <i>(Each 2 pts. Possible)</i>	Caller was asked to participate in a follow up survey	31.30%	30.60%	38.80%	33.57%
	Caller was linked to the appropriate unit/caller's objective was achieved	100%	100%	100%	100.00%
Customer Service Average		97.20%	97.20%	97.50%	97.30%

Customer Service Unit		July	August	September	4th Quarter Cumulative
Greeting Monitoring <i>(Each 2 pts. Possible)</i>	Identified the line	100%	100%	100%	100.00%
	Customer Service Specialist identified themselves and title	100%	100%	100%	100.00%
	Notified caller that they may be recorded for quality assurance	100%	100%	98%	99.33%
	Assessed call for crisis situation	100%	100%	100%	100.00%
Review Items <i>(Each 5 pts. Possible)</i>	Quickly identified caller's needs	100%	100%	100%	100.00%
	Treated caller with dignity and respect	100%	100%	100%	100.00%
	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%	100.00%
	Listened to requests and comments / answered additional questions	100%	100%	100%	100.00%
	Demonstrated program knowledge	100%	100%	100%	100.00%
	Sounded confident and comfortable	100%	100%	100%	100.00%
	Spoke clearly / appropriate pace	100%	100%	100%	100.00%
Closing Monitoring <i>(Each 2 pts. Possible)</i>	Caller was asked to participate in a follow up survey	32.70%	34.70%	18.40%	28.60%
	Caller was linked to the appropriate unit/caller's objective was achieved	100%	100%	100%	100.00%
Customer Service Average		97.50%	97.50%	96.80%	97.27%

Clinical Unit		April	May	June	3rd Quarter Cumulative
Greeting Monitoring <i>(Each 2 pts. Possible)</i>	Clinician identified themselves and title	97.50%	100%	100%	99.17%
	Clinician discussed purpose of call and length of screen	100%	100%	100%	100.00%

	Clinician discussed confidentiality and duty to warn	97.50%	100%	95%	97.50%
Review Items <i>(Each 5 pts. Possible)</i>	Quickly identified caller's needs	99%	100%	100%	99.67%
	Treated caller with dignity and respect	100%	100%	100%	100.00%
	Demonstrated a welcoming and customer service oriented attitude	100%	100%	100%	100.00%
	Demonstrated empathy, acceptance and positive regard for individuals regardless of readiness to change	100%	100%	100%	100.00%
	Listened to requests and comments / answered additional questions	100%	100%	100%	100.00%
	Demonstrated program knowledge	100%	100%	100%	100.00%
	Sounded confident and comfortable	100%	100%	100%	100.00%
	Spoke clearly / appropriate pace	100%	100%	100%	100.00%
Closing Monitoring <i>(Each 2 pts. Possible)</i>	Clinician provided an option for choice of provider/MCPN	100%	100%	100%	100.00%
	Appointment was set within 14 days	100%	100%	100%	100.00%
	Clinician provided caller with information on what they will need to bring to the intake appointment	93.30%	100%	93.30%	95.53%
	Clinician discussed advance directives	93.30%	88.20%	93.30%	91.60%
	Clinician discussed transportation	75.00%	83.30%	80%	79.43%

	Caller was linked to the appropriate unit/caller's objective was achieved	100%	100%	100%	100.00%
Clinical Unit Average		98.60%	99.10%	98.90%	98.87%

Clinical Unit		July	August	September	4th Quarter Cumulative
Greeting Monitoring <i>(Each 2 pts. Possible)</i>	Clinician identified themselves and title	100%	92.50%	97.50%	96.67%
	Clinician discussed purpose of call and length of screen	100%	100%	92.50%	97.50%
	Clinician discussed confidentiality and duty to warn	97.50%	100%	100%	99.17%
Review Items <i>(Each 5 pts. Possible)</i>	Quickly identified caller's needs	94%	100%	100%	98.00%
	Treated caller with dignity and respect	100%	100%	100%	100.00%
	Demonstrated a welcoming and customer service oriented attitude	100%	100%	100%	100.00%
	Demonstrated empathy, acceptance and positive regard for individuals regardless of readiness to change	100%	100%	100%	100.00%
	Listened to requests and comments / answered additional questions	100%	100%	100%	100.00%
	Demonstrated program knowledge	100%	100%	100%	100.00%
	Sounded confident and comfortable	100%	100%	100%	100.00%
	Spoke clearly / appropriate pace	100%	100%	100%	100.00%

Closing Monitoring <i>(Each 2 pts. Possible)</i>	Clinician provided an option for choice of provider/MCPN	100%	100%	100%	100.00%
	Appointment was set within 14 days	100%	100%	100%	100.00%
	Clinician provided caller with information on what they will need to bring to the intake appointment	100%	100%	94.40%	98.13%
	Clinician discussed advance directives	100%	100%	93.80%	97.93%
	Clinician discussed transportation	100%	93.80%	100%	97.93%
	Caller was linked to the appropriate unit/caller's objective was achieved	100%	100%	100%	100.00%
Clinical Unit Average		99.30%	99.60%	99.30%	99.40%

Silent Monitoring Analysis:

During silent monitoring the Customer Service unit has an area for improvement for the 3rd and 4th quarter in the following area; Caller was asked to participate in a follow up survey. The Customer Service Unit scored a cumulative score of 33.57% during the 3rd Quarter, while scoring a cumulative score of 28.60% during the 4th 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 for monthly average as well as a 3rd Quarter overall average. Wellplace Clinician unit didn't meet compliance during the 3rd Quarter for the following areas; clinician discussed advance directives in which they scored a cumulative score of 91.60%, as well as Clinician discussed transportation in which they scored a cumulative average of 79.43%. These non-compliant areas will be discussed within coaching sessions with the clinician unit in order to ensure that this area continues the improvement that was portrayed within every month of the 4th quarter, as well as being discussed within team meetings. The clinician unit met compliance for every other category during the 3rd Quarter and met overall compliance. The clinician unit met compliance for every category within the 4th 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.

Clinical Peer Review		
Month	# of Peer Reviews	Percentage
April	59	95.06%
May	54	96.32%
June	47	97.87%
3rd Q cumulative	160	96.42%
July	46	97.98%
August	53	96.60%
September	48	97.59%
4th Q Cumulative	147	97.39%

Customer Service Peer Review		
Month	# of Peer Reviews	Percentage
April	51	93.33%
May	57	94.23%
June	63	92.23%
3rd Q cumulative	171	93.26%
July	70	91.69%
August	18	89.95%
September	27	94.67%
4th Q Cumulative	115	92.10%

DWMHA Access Center Peer Reviews Customer Service and Clinical Analysis:

The customer Service unit scored a cumulative average of 93.26% for the 3rd Quarter, while scoring 92.10% for the 4th Quarter. The clinical unit scored a cumulative average of 96.42% for the 3rd Quarter, while scoring 97.39% for the 4th 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 quarterly 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 and Provider surveys weren't completed in the 3rd Quarter, and were only completed in the 4th Quarter in the month of September. Provider Surveys scored 93.96% in the month of September, while NSO surveys scored 87.50 % in the month of September. Consumer surveys scored a cumulative percentage of 96.81% within the 3rd Quarter, and 94.31% in the 4th Quarter. A process has started in September to ensure that NSO and Provider surveys are consistently administered to ensure satisfaction.

DWMHA Access Center Provider Satisfaction Analysis and Recommendations

At this time Wellplace has met compliance in relation to consumer surveys, but has not met compliance with surveys provided to NSO and or Provider, but with only 1 month of data, it isn't a true measure for the entire quarter. NSO and Provider surveys will continue to be administered in order to ensure compliance on a monthly and quarterly basis.

Service Accessibility

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

3rd Quarter	April	May	June	3rd Quarter CY1415 Cumulative
staff requests for accommodation	0	0	0	0
Consumer Face-to-Face encounters	0	1	0	1

Clinician provided consumer with MCPN options 100% ≥	100%	100%	100%	100%
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4th Quarter	July	August	September	4th Quarter CY1415 Cumulative
staff requests for accommodation	0	0	0	0
Consumer Face-to-Face encounters	0	0	0	0
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 face-to-face encounter during the month of May.

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.

3rd Quarter Referral Follow up						
Months	Number of Denials	Agreed to Follow Up Call	Successful Referrals	Unsuccessful Referrals	% of Successful Referrals	Follow Up letters sent
April	88	61	14	47	22.95%	32
May	53	36	10	23	27.78%	15
June	67	44	44	0	100.00%	30
3rd Quarter Cumulative	208	141	68	70	50.24%	77

4th Quarter Referral Follow up						
Months	Number of Denials	Agreed to Follow Up Call	Successful Referrals	Unsuccessful Referrals	% of Successful Referrals	Follow Up letters sent
July	47	22	22	0	100%	9
August	46	26	26	0	100%	9
September	53	25	25	0	100%	13
4th Quarter Cumulative	146	73	73	0	100%	31

Accessibility Analysis and Recommendations

There were 208 denials within the 3rd Quarter with 141 agreeing to a follow up call, while in the 4th Quarter there were 146 denials with 73 agreeing to a follow up call. During the 4th Quarter only 50.24% referrals were successful, while 100% of referrals were successful during the 4th Quarter. The monthly data will continue to be monitored to ensure that referrals can be successful as was the case during the 4th Quarter.