



Quality Assurance Performance Improvement Plan

Annual Report, FY 2015-2016

Submitted by:

Tom Watkins, President/CEO

Ronald Hocking, COO

**Dana Lasenby, DCOO/Interim Quality
Director**

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Introduction

The Quality Management Division and Quality Improvement Steering Committee of the Detroit Wayne Mental Health DWMHA (DWMHA) are pleased to present their Annual Quality Improvement Report for FY 15-16. This report, submitted to the President/Chief Executive Officer and the Program Compliance Committee (PCC) of the Board. In keeping with the stipulations in the Michigan Department of Health and Human Services (MDHHS) Managed Specialty and Supports Service Contract, the Board is responsible for oversight of the DWMHA's Quality Improvement Program. As such, the Board has approved the Comprehensive Quality Improvement Plan for FY 15-16. This report provides an update on the goals and objectives in that plan. Acceptance of this report fulfills the Board's responsibility to review at least annually, the results of the monitoring functions and actions taken including assessment of the effectiveness of the Quality Assurance Performance Improvement Plan (QAPIP).

On October 1, 2013, the Detroit Wayne Mental Health DWMHA (DWMHA) began as a separate entity under the leadership of President and CEO Tom Watkins, Wayne County Commissioner Tim Killeen, Board Chairman George Gaines, and Transition Consultant William Allen. The development and implementation of the Wayne County Enabling Resolution was to create the new Detroit Wayne Mental Health DWMHA. The first year was the beginning of many changes, including various cultural changes, internal re-structuring and a new DWMHA, Mission, Vision and Core Beliefs that express the commitment of DWMHA to be a *consumer and community focused; data-driven and evidenced-based organization*.

Mission/Vision/Values

The Mission, Vision and Values adopted in FY 15-16 are reflected below.

Mission

We are a safety net organization that provides access to a full array of services and supports to empower persons within the Detroit Wayne County behavioral health system.

Vision

To be recognized as a national leader that improves the behavioral and overall health status of the people in our community.

Values

- We are a person centered, family and community focused organization.
- We are an outcome, data driven and evidence-based organization.
- We respect the dignity and diversity of individuals, providers, staff and

- communities.
- We are culturally sensitive and competent.
 - We are fiscally responsible and accountable with the highest standards of integrity.
 - We achieve our mission and vision through partnerships and collaboration

Purpose of the Report

The purpose of this report is to analyze our performance relative to the goals and objectives developed by the Board of Directors and to review our utilization management activity.

The goal of a Quality Assurance Performance Improvement Program (QAPIP) is to monitor, evaluate and continuously improve systems and processes. To accomplish this goal, we must regularly evaluate progress by comparing goals to actual performance using objective measures. The DWMHA infrastructure has seen many changes in light of becoming an organization separate from Wayne County. The changes offer an opportunity to inform and make data-driven decisions, to help reach conclusions and make changes in processes that continuously improve operations. The information gathered for this report will assist the DWMHA in identifying improvement opportunities.

Structure of the Report

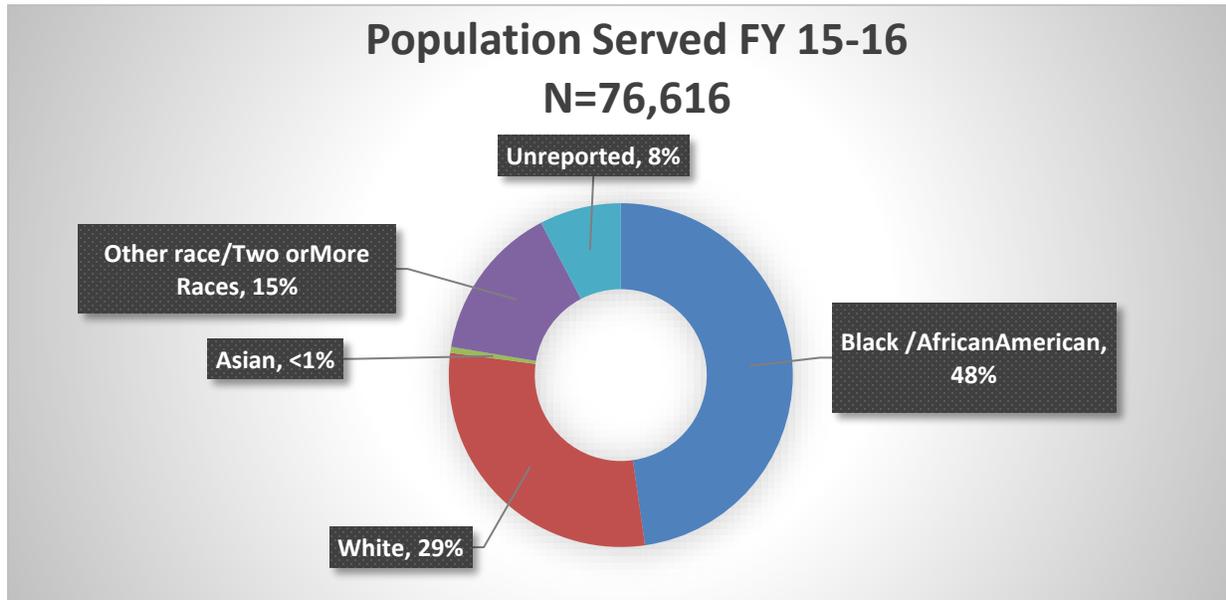
This report provides a high-level summary of the attainment of goals and objectives that support continuous quality improvement and the implementation of the Quality Assurance Performance Improvement Plan (QAPIP). The DWMHA has produced a number of documents, white papers, division and program annual reports, which codifies various activities provided by the DWMHA or under its direction. These reports are available for review upon request. A comprehensive list is attached to the report entitled DWMHA Publications/Reports for FY 15-16.

Population Served

DWMHA provided services to an unduplicated count of 76,616 during FY 15-16, which represented an increase of approximately 1,594 individuals from FY 14-15. Of those served 52,276 were the Medicaid population and 24,340, were the non-Medicaid population.

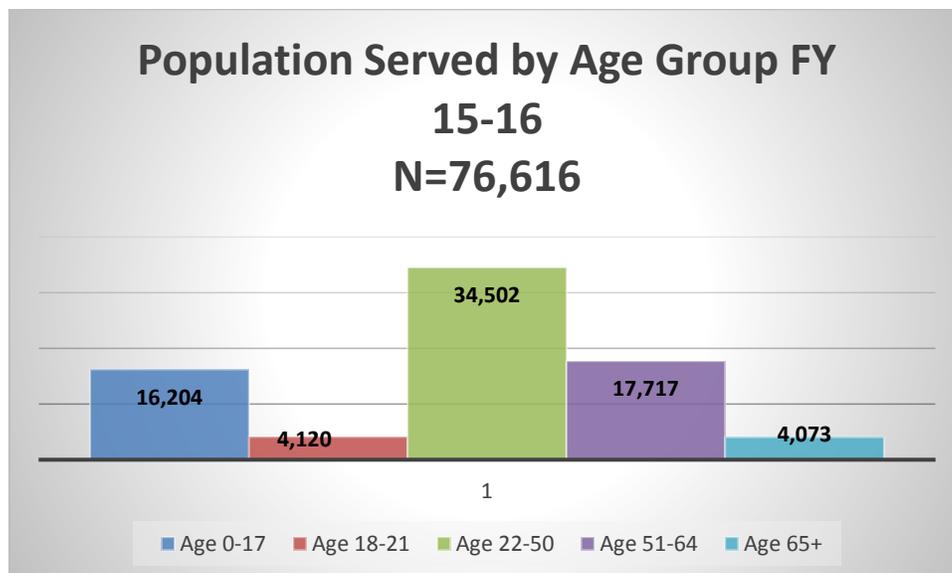
A diverse population of persons with severe mental illness, serious emotional disturbance, intellectual/developmental disabilities, substance abuse disorders and co-occurring disorders were served during FY 15-16. Of those served 36,548 (48%) are of African-American descent, 22,445 (29%) are Caucasian. Of clients served 426 (<1%) individuals are either American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islander or some other race. No race, unknown race, two or more races or other race was specified for 11,248 (15%), and 5,872 (8%) were unreported of the individuals served. Refer to Table 1 for more details.

Table 1



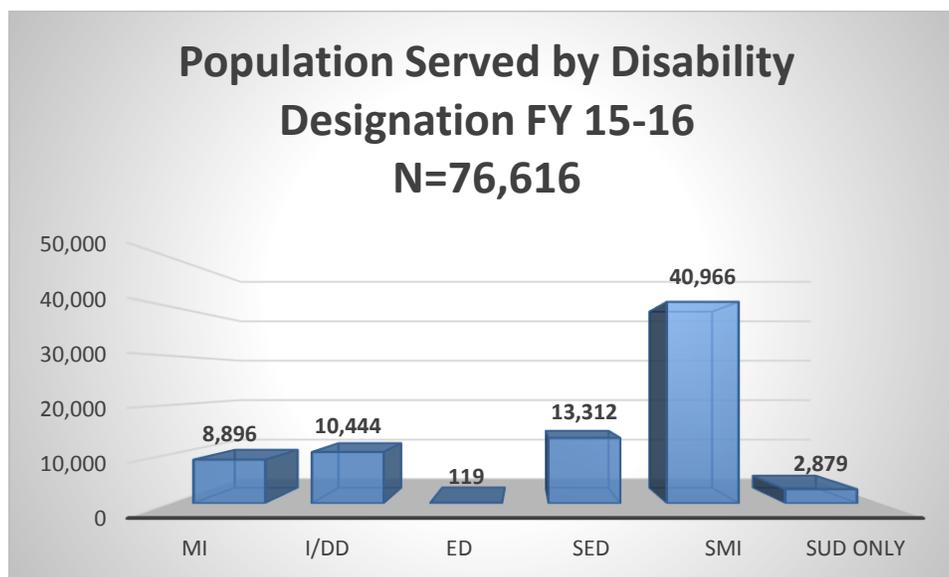
A diverse population also exists with regard to age. The largest group of individuals served is the 22-50 year old age group 34,502 (45%), followed by adults in the 51-64 year old age group 17,717 (23%), children, ages 0-17 year old is 16,204 (21%), the 18-21 age group 4,120 (6%), the over 65 age group 4,073 (5%). Refer to Table 2 for more details.

Table 2



The total number of Developmentally Disabled Individuals served was 10,444 or 14%. The Mentally Ill (MI), mild population served was 8,896 (12%). This reflects those with a mild impairment. Adults with Serious Mental Disorders constituted the largest group with 40,966 (53%) followed by 13,312 (17%) children with Severe Emotional Disturbance (SED) being served, children with Emotional Disturbance 119 (<1%), and consumers with a Substance Use Disorder only with 2,879 (4%) being served. Refer to Table 3 for more details.

Table 3



Of the 76,616 consumers served during FY 15-16, 41,805 (55%) lived in Detroit, with 34,811 (45%) residing out-county. The number of females served 34,958 (46%) was less than the 41,548 (54%) males served. Of those served 110 (<1%) did not specify their sex and/or it is unknown.

Funding sources during the fiscal year included Medicare, Medicaid, Non-Medicaid, Block Grants, MiHealthLink, and PA2. The Medicaid count includes MI Child, HAB Waiver and Healthy Michigan recipients.

DWMHA Quality Improvement Program

The DWMHA's Quality Assessment Performance Improvement Plan (QAPIP) supports the values of a managed care system in which access to services, quality, efficiency and positive outcomes, including client satisfaction and consumerism are foremost.

Consistent with DWMHA's mission, the plan embraces the philosophy and methodology of continuous quality improvement to identify opportunities to increase the effectiveness and efficiency of care and services to its consumers.

The objectives of the QAPIP include opportunities to:

- Provide an objective and systematic approach to the ongoing monitoring and continuous improvement of processes based on the collection, review and analysis of data relative to indicators of importance to DWMHA functions,
- Ensure accountability,
- Assure an objective, systematic and fair method for monitoring performance of network providers against contract obligations and service outcomes,
- Support a system in which consumers and advocates have input into the evaluation of the system of care.

Quality Improvement Structure

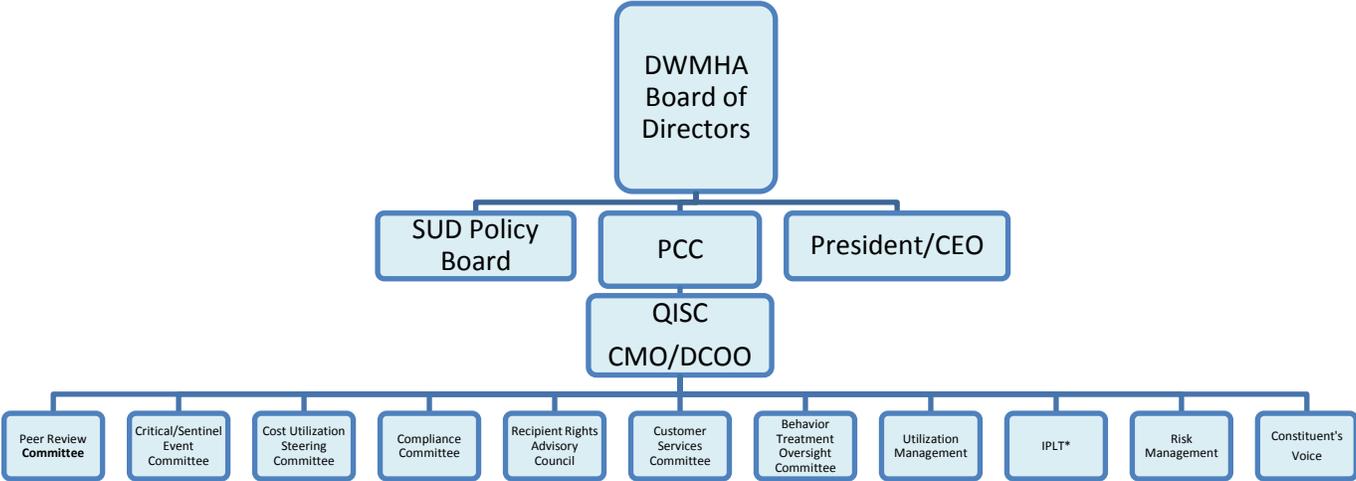
The DWMHA has an organizational structure which allows for clear and appropriate administration and evaluation of the QAPIP. The DWMHA's Quality Improvement Steering Committee (QISC) is the decision making body of the DWMHA's Quality Improvement Program and has responsibility for:

- Providing oversight to the DWMHA's QAPIP
- Providing recommendations and feedback on process improvement, program planning, implementation and program evaluation
- Examining quantitative and qualitative aggregate data and make recommendations for courses of action
- Monitoring, planning and implementation of specific plans in response to recommendations identified for the DWMHA by regulatory organizations
- Ensuring systemic communication and implementation of mechanisms or procedures for use in adopting and communicating process and outcome improvement

During the past year many changes continue to occur at DWMHA, including recommendations for making additional enhancements to the quality structure. The Quality structure was reviewed to ensure that it conforms to the processes and operations within the new DWMHA structure. The changes will include the work of the DWMHA Strategic Planning Committee, the approved Mission, Vision, and Values, the Pillars for Improvement, Focus Areas that align with the Pillars, the approved Strategic Plan and the realignment of the Improving Practices Leadership Team (IPLT).

Additionally, DWMHA has formed the Strategic Planning Committee of the Board. The Committee finalized a Strategic Plan which includes strategic, horizon, and performance improvement goals and objectives. This work was informed by the Board of Directors, stakeholder focused groups, staff input, input from the Best Practice Taskforce, and the Quality Taskforce. The recommendations of the Strategic Planning Committee will guide our QAPIP PI activity and movement towards accreditation by the National Committee for Quality Assurance (NCQA) for the next few years.

Detroit Wayne Mental Health DWMHA Committee Hierarchy



Annual Service Summary and Program Highlights (see DWMHA Year in Review 2015-2016 for more information)

During FY 15-16 many new programs and initiatives occurred. Highlights of some of the programs follow:

Rebidding of Crisis Line System

The Purchasing Division, on behalf of the Detroit Wayne Mental Health Authority (DWMHA), solicited responses for Crisis Line providers. In FY 15-16, Protocall became the new provider for the Crisis Line to provide 24/7 access for all consumers in the Detroit and Out County areas.

The Purchasing Division, on behalf of the Detroit Wayne Mental Health Authority (DWMHA) solicited responses for a Mobile Crisis Provider to conduct pre-admission reviews in the hospital emergency rooms. The Community Outreach for Psychiatric Emergency (COPE) became the new provider for the mobile crisis stabilization and mobile crisis response to consumers receiving services in hospital emergency rooms. The COPE program is to provide 24/7 response to consumers requiring a pre-admission review in the hospital emergency rooms.

Integration/Implementation of Substance Use Disorder Plan

In FY 15-16, the Substance Use Disorder Plan has been completed and the substance use disorder services are fully integrated. The transitional data did not include the data on admissions prior to October 1, 2015. The remaining data elements collected was able to identify prevention and treatment needs, gaps and resources.

MiHealthLink Demonstration Project

In FY 15-16, the DWMHA has approximately 19,682 consumers have actively enrolled in the Project with approximately 39 comprehensive providers providing services to our consumers receiving both Medicare and Medicaid.

Quality Care Task Force

The Quality Taskforce was developed in response to an adverse incident at one of our adult foster care homes. The taskforce was composed of DWMHA staff and stakeholders (AFC providers, workers, advocates, persons served and persons from higher education.) A number of recommendations came out of the taskforce. One recommendation was to establish a training curriculum for direct care workers. In FY 15-16, the DWMHA began working with Wayne County Community College to develop and deliver training for direct care workers which will lead to a recognized credential

and create a viable career path for such workers. In addition, the Taskforce will be the lead in the Home and Community Based Transition Initiative.

Credentialing/Impaneling

The DWMHA Provider Network Unit has begun an electronic impaneling and credentialing system for all providers. The e-submission of impaneling applications has standardized and simplified the impaneling and credentialing processes. The providers are required to complete a Facility/Organization application, Office of Inspector General (OIG) and Systems for Award Management (SAM.gov) process in order to be eligible for contracting with DWMHA or with the Managers of Comprehensive Network (MCPN). In FY 15-16, the DWMHA's implementation of the electronic application process began with having all substance use disorder contracts to be submitted electronically.

Adult Mental Illness Learning Collaborative (AMILC)

The Adult Mental Illness Learning Collaborative (AMILC) is comprised of representatives from the various service providers under the DWMHA Provider Network. The AMILC is currently reviewing all Practice Guidelines and Standards of Care for improvement, communication and implementation throughout the DWMHA provider system.

Autism Spectrum Disorder (ASD) Benefit Waiver FY15-16

The Autism Spectrum Disorder (ASD) Benefit continues to grow where the DWMHA has received 918 referrals for the benefit during FY 15-16. During this period 3,643 clinical reviews authorizing ABA services were received. The DWMHA provider list has grown to 12 ASD Benefit Service Providers.

Clinical Practice Improvement and Grantsmanship

The practice improvement efforts for FY 15-16 were intentionally focused on areas of high need among DWMHA's service consumer populations and across DWMHA's provider system. The Block Grant funding continues to support the delivery of Evidence-Based Mental Health First Aid Sustainability Project, Trauma-Informing System of Care Project, Supported Employment Project, Permanent Supportive Housing Project, and Integrated Health Information Technology Project.

Evidence-Based Supported Employment (EBSE) Project

There were 11 provider partners involved in the EBSE Readiness Assessments and/or EBSE Fidelity Reviews. The assessments and/or reviews were to provide follow-up with each of the provider programs, along with associated consultation and

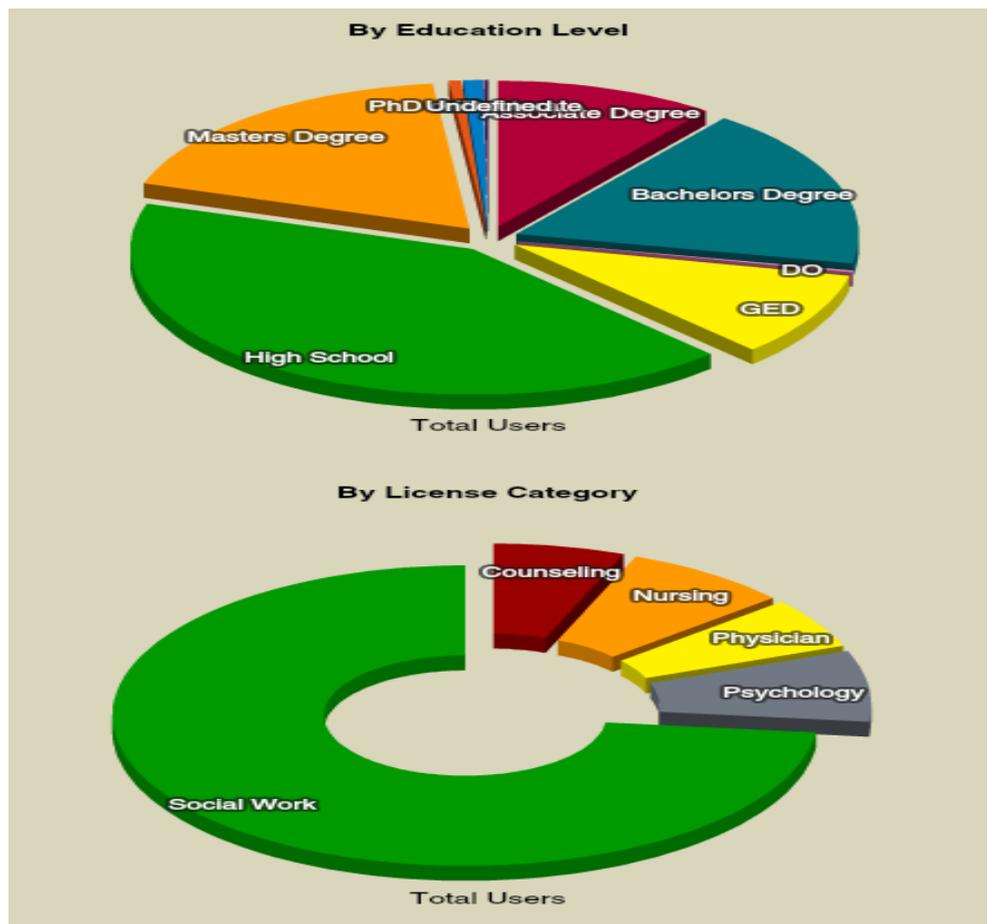
technical assistance to support their pursuit of approval by the Michigan Department of Health and Human Services (MDHHS) using a designated billing code.

Permanent Supportive Housing (PSH) Project

There were eight provider partners involved in the Permanent Supportive Housing Project. During FY 15-16, 225 individuals with serious mental illness (including those with co-occurring addictive disorders) were successfully transitioned into Permanent Supportive Housing arrangements based upon choice. There were 150 consumers which constituted first-time referrals, and 292 consumers that were able to express increased awareness of PSH options.

Workforce Development

In FY 15-16, the Detroit Wayne Mental Health Authority (DWMHA) provided training to over 43,786 workforce members using the Virtual Center of Excellence. Those in attendance included professional healthcare staff comprised of social workers, psychologist, physicians, nurses and counselors. In addition, the trainings were provided to the workforce ranging from high school diploma to doctor of medicine degrees.



Education Level	Number & Percentage
GED	4104 – 9.4%
High School Diploma	18,504 – 42.3%
Associate’s Degree	4,542 – 10.4%
Bachelor’s Degree	7,824 – 17.9%
Master’s Degree	7,982 – 18.2%
PhD or Doctorate Degree	414 – <1.0%
DO	77 – <1.0%
MD	251 - <1.0%
Undefined	88 – <1.0%
Healthcare Licensure Category	Percentage by User Healthcare Licensure
Physician	5.5%
Psychologist	7.7%
Nurse	7.7%
Social Worker	73.2%
Professional Counselor	6.0%

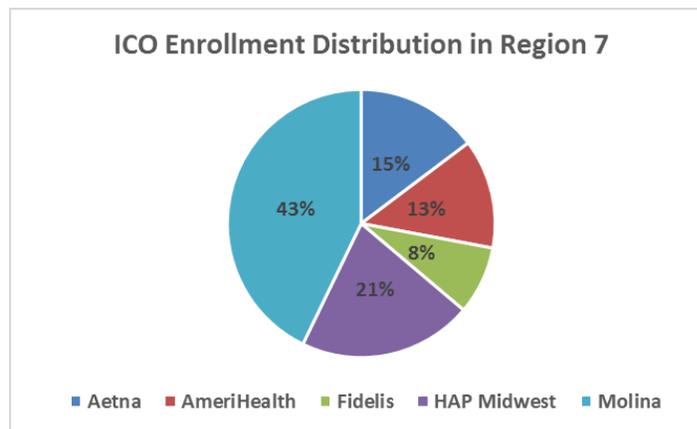
Just over 11,334 people attended 193 live events. The credits associated with these live events accounted for: Social Work, Licensed Professional Counselor (NBCC), Substance Use Professionals (MCBAP), Continuing Medical Education (CME), Child Mental Health Professionals (CMHP), Qualified Mental Health Professionals (QMHP), and Qualified Intellectual Disability Professionals (QIDP).

The DWMHA was instrumental in training 50 trainees from the University of Michigan, Wayne State University, Eastern Michigan University and Michigan State University on the delivery of services without the DWMHA provider network. The trainees/students received inter-professional training on the person centered planning process, how to access services, and integrated health treatment.

The Integrated Health Care Initiative

In FY 15-16, the Integrated Care Unit has managed approximately 19,908 consumers enrolled in the MiHealthLink (MHL) program.

ICO Enrollment by Region							
Region 1		Region 4		Region 7		Region 9	
ICO	Enrollees	ICO	Enrollees	ICO	Enrollees	ICO	Enrollees
UPHP	4,065	Aetna	3,469	Aetna	2,932	Aetna	800
		Meridian	5,457	AmeriHealth	2,630	AmeriHealth	765
				Fidelis	1,637	Fidelis	338
				HAP Midwest	4,187	HAP Midwest	1,045
				Molina	8,522	Molina	1,712



Level of Integrated Healthcare Delivery- DWMHA Providers

The DWMHA continues to monitor and measure the level of integration throughout the provider network. DWMHA classified each behavioral health provider using the SAMSHA-HRSA Center for Integrated Health Solutions “Standard Framework for Levels of Integrated Healthcare”. DWMHA has approximately 39 comprehensive behavioral health provider organizations.

Data Sharing Care Coordination Project

The Data Sharing Care Coordination Project is to identify consumers of DWMHA and who are also members of Medicaid Health Plans, and share utilization and cost data of these common individuals; to develop a process of sharing information on common individuals, in effort to better manage their health care utilization, reduction of unnecessary cost; and to identify systemic opportunities which facilitate an integrated approach to improve the health outcomes of consumers. In FY 15-16, the DWMHA has established successful data sharing relationships with **one hundred (100%)** of all the Medicaid Health Plans in Wayne County and **one hundred (100%)** of all the Medicare Integrated Care Organizations in Wayne County.

MI Care Connect

MI Care Connect is a health information exchange that will manage the behavioral health consent electronically, allow for the display of appropriate Care Connect 360 data, and appropriate assessment and care plan data for the purposes of highly effective care coordination to improve the health outcomes of DWMHA consumers.

In FY15-16, significant headway has occurred on the implementation of Mi-Care Connect. Approximately one third of the DWMHA provider system is utilizing Mi-Care Connect. The relaunch of MiCare Connect is scheduled to occur in FY 16-17.

Office of Peer-Participant Advocacy (OPA)

OPA now serves as a collective voice to advance the consumer movement through service delivery, treatment engagement, governance and research. The previous Consumer Enhancement Program has been expanded under the OPA. The OPA has also assumed responsibility for some activities that were conducted by the former DWMHA university partners, including consumer and provider satisfaction surveys. One aim of OPA is to develop a non-traditional mental health workforce involving primary consumers with lived experiences.

The Constituents' Voice (CV) was formed in January 2015 as the new advisory group to the Detroit Wayne Mental Health Authority (DWMHA) President/CEO on the design, delivery, evaluation, and implementation of policies, procedures and service systems decisions with particular regard to community inclusion. During FY 15-16, the George Gaines and Roberta Sanders Fund for Community Inclusion (GGRSFCI) was finalized and 10 recipients received awards.

Substance Use Disorder Integration

In FY 15-16, the DWMHA purchased the self-management application MyStrength for use by all consumers. The application is a proven, evidence-based intervention grounded in Cognitive Behavioral Therapy, Mindfulness, Positive Psychology, Motivational Interviewing and other empirically validated therapeutic approaches.

Deterra Drug Deactivation Bags

DWMHA purchased Deterra Drug Deactivation bags to aid in addressing the prescription abuse problem in the Detroit/Wayne County area. Deterra bags provide a convenient, discreet, environmentally and socially responsible method for getting rid of unused, unwanted, or expired prescription pills, liquids, and patches. Medications are deactivated, rendering them ineffective for misuse or abuse. The biodegradable bags contain an activated carbon that breaks down chemical compounds in the drugs, making them safe for landfill disposal.

The SUD Department distributes the drug deactivation bags (Deterra) to the SUD provider network, community and at public health events. This is one of our Heroin/Prescription Drug Abuse efforts to combat the inappropriate disposal of unused prescriptions.

Vivitrol Pilot

The DWMHA has established with Hegira Oakdale Recovery Program (residential) and Nardin Park (medication assistance treatment program) a program to determine the effectiveness of Vivitrol on Opioid and Alcohol Dependent clients. Vivitrol is a once per month injectable opiate antagonist medication. It is designed to block the euphoric effect of opioids. In addition, it has also been known to reduce the cravings for alcohol.

Naloxone Initiative

In FY 15-16, in support of the Governor's initiative to respond to the increase in opioid overdose related deaths and to save lives in the Detroit Wayne County area, the DWMHA purchased 2,500 Naloxone kits to reverse opioid overdoses. The kits are being distributed to first responders in Detroit, Dearborn, Hamtramck, Highland Park, Inkster, Grosse Pointe, Melvindale, Taylor, the Michigan State Police, the Border Patrol, College Campus Police, and the community as a whole. Each of the first responders and community partners receive training on how to administer the drug and the benefits of the drug saving lives. The goal is to increase public awareness through the media, campaigns, and educational resources. In FY 15-16, through this initiative, 16 lives have been saved.

Michigan Department of Health and Human Services Site Review FY 15-16

In FY 15-16, the Michigan Department of Health and Human Services conducted a site review of the substance abuse provider system. The SUD Unit scored 100% in all 13 categories evaluated.

Services Received by Children in FY 15-16 (see Connections Report to the Community 2015-2016 for full report)

Screening Kids in Primary Care Plus (SKIPP)

SKIPP is a Pediatric Integrated Health Care in Wayne County that supports whole body health and wellness by embedding a Behavioral Health Consultant (BHC) specializing in Pediatrics into a Pediatric care team. The program moved from Western Wayne Family Service Centers to Oakwood Family Medical Clinic on July 1, 2016. During FY 15-16, the BHC had served 839 patients.

Juvenile Justice a/k/a Integrated Community Based Services

Integrated Community Based Service (ICBS) is a collaborative partnership between Community Mental Health (CMH) and Juvenile Justice to ensure Juvenile Justice youth receive all services available to them, conducive to meeting their developmental needs. During FY 15-16, 734 new youth received services through this program..

Wayne County Fatherhood Initiative

The mission of the Wayne County Fatherhood Initiative (WCFI) is to support healthy families through nurturing fathers and male caregivers. For FY 15-16, WCFI provided program conferences and forums to over 165 participants.

Baby Court

In 2005, Wayne County Baby Court began with the goal of helping the court meet the developmental and emotional needs of infants in foster care. During FY 15-16, an initiative to train providers on this service. As a result, the initiative trained 774 caseworkers, 10 private agencies, 31 Infant Mental Health (IMH) clinicians, and 60 Wayne County parent attorneys.

Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning, and 2-Spirit (LGBTQ2S) Youth

Over the past several years, Connections has worked with the Ruth Ellis Center to provide services to this vulnerable population. The Ruth Ellis center is working with Family Alliance for Change to connect families to a Parent Support Partner who specializes in working with families who have LGBTQ2S children. During FY 15-16, the Ruth Ellis Center began offering four core services: Ruth's House (residential housing program); Second Stories Drop-In Center; REC Health and Wellness Center; and Family Group Decision Making (FGDM).

Native American Children, Youth, and Families

When We Work Together, Then We Are Wise project is a SAMHSA SOC Expansion Implementation Grant. This expansion grant is in its final year. During FY 15-16, 13 agencies, 208 youth, and 349 family members participated in the Cultural and Linguistic Competency (CLC) throughout Wayne County while expanding the SOC through building partnerships and empowering youth and family voice.

Progress on Goals and Objectives

Subsequent pages will provide a summary of goal achievement based on the goals approved for FY 15-16 and recommendation for continuous improvement activity.

In support of the Quality Management goal to monitor, evaluate, and continuously improve systems and processes, collaboratively staff worked closely with DWMHA staff to operationalize sections of the Application for Participation and to align it to the Application for Renewal and Recommitment (ARR), and the DWMHA Board's Strategic Plan, and identify measurable outcomes.

Each of the goals will be discussed in this report.

- a. Meet/Exceed Michigan Department of Health and Human Services Standards
- b. Meet/Exceed External Quality Review Standards
- c. Meet/Exceed Michigan Mission Based Performance Indicators
- d. Create a Culture of Audit Readiness
- e. Improve Data Quality
- f. Performance Improvement Goals and Objectives identified by the Needs Assessment for FY 15-16

Scores are determined by the State, Federal and/or DWMHA Requirements

Met	Indicates that the performance indicator was fully compliant with our requirements, expectations or specifications, $\geq 95\%$ compliant.
Significantly Met	Indicates that the performance indicator was substantially compliant with our requirements, expectations or specifications and had only minor deviations that did not fully comply, 85%-94%.
Partially Met	Indicates that the performance indicator deviated from our requirements, expectations or specifications, 70%-84% compliant.
Not Met	Indicates that the performance indicator deviated significantly from our requirements, expectations or specifications such that the reported rate was biased, $< 70\%$ compliant.

The Goals and Objectives for FY 15-16

Goal 1: Michigan Department of Health and Human Services (MDHHS) Performance Requirements - Met

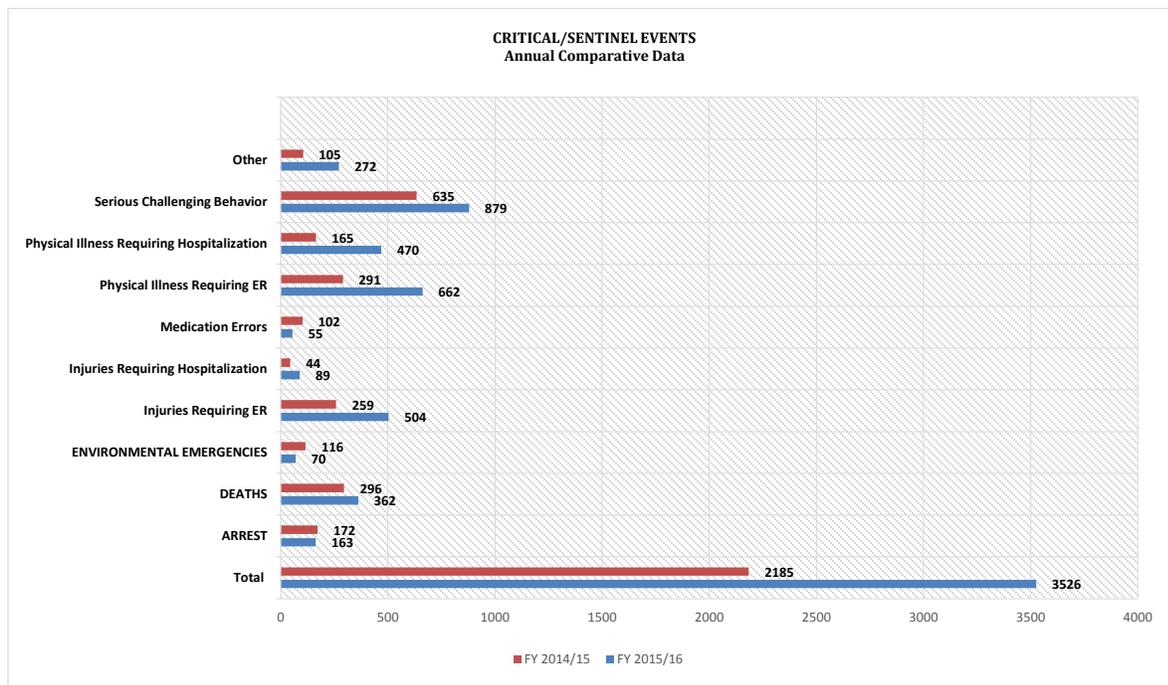
The Detroit Wayne Mental Health DWMHA (DWMHA) has developed standardized monitoring tools to be utilized as part of the continuous quality improvement process. The process is designed to provide an organized, documented practice for assuring that eligible Detroit / Wayne County residents are receiving medically necessary and appropriate services for mental health issues, substance use disorders and intellectual/developmental disabilities. In addition, this process ensures that services conform to accepted standards of care, while achieving the consumers' desired outcomes.

The monitoring practice involves ongoing efforts to improve services through continuous and consistent evaluation and change, resulting in refined processes and programs, leading to improved outcomes.

Critical, Sentinel Events and Deaths

During FY 15-16 the DWMHA Sentinel Event Committee received, reviewed and processed 3,526 critical events for all consumers including Adult-MI, Children

w/SED, I/DD Adult/Children (not on HSW), I/DD Adult/Children on HSW, Children on Children's Waiver, MiHealthLink members and consumers receiving services in SA outpatient and residential programs.



In FY 15-16, the DWMHA Quality Improvement staff trained over 220 members of the provider workforce on Critical Event Reporting in MH-WIN. The increase in the number of provider workforce staff has prompted better reporting, an increase in reporting and overall review of the health and safety of the consumers receiving services in the DWMHA system.

A review of the most recent national statistics of the leading cause of death among all populations in the United States and in Michigan showed that the leading causes of death both the State and in the U.S. continues to be diseases of the heart followed by accidents, cancer, pneumonia and aspiration. The data reviewed for DWMHA reportable deaths suggests that the leading causes of death for consumers in Wayne County is the same.

Consumer Satisfaction

FY 15-16, the DWMHA Consumer Satisfaction Survey was transitioned from Quality Management to Customer Services. The transitioning of the survey has allowed the Customer Services Unit the opportunity to assess and improve overall consumer satisfaction by including additional surveys for Member Experience.

DWMHA Central Access Center

During FY15-16, the Wellplace Satisfaction Survey was completed and over 95% reported satisfaction with access to services. The areas that received the highest satisfaction rating dignity and respect (98%); calls answered in a warm and welcoming manner (95%) followed by staff explaining things in a way that was easily understood (93%). During FY 15-16, the Wellplace Satisfaction Survey was transitioned to DWMHA Customer Services Unit who in turn validated the survey.

Grievance System

The Grievance System is an important element in identifying how providers perform in various areas. It is a system that allows consumers to voice their concerns and issues to administration. The grievance process can also serve as a source to identify legitimate problems and opportunities for improvement in the quality of care provided to consumers receiving services within Detroit Wayne Mental Health System.

Based on a review of the grievances throughout the year several recommendations have emerged including the following:

- Closer monitoring by MCPN's of all providers as it relates to Customer Service.
- Greater accountability by the MCPN's to ensure that their providers are in full compliance with grievance time frames.
- New Grievance Coordinator/s at provider locations receive training on the grievance processes and procedures to avoid delayed processing.

Appeals

In FY 15-16, the DWMHA saw a significant improvement in the appeals process as the appeals were processed by the DWMHA Customer Services Appeals staff. The change standardized the monitoring, tracking and trending beginning the first quarter of FY 15-16. In addition, a dashboard was created to monitor the number of appeals and the status of each appeal.

Goal 2: Michigan Department of Health and Human Services (MDHHS) Performance Requirements – MET

The Detroit Wayne Mental Health DWMHA (DWMHA) has developed standardized monitoring tools to be utilized as part of the continuous quality improvement process. The process is designed to provide an organized, documented practice for assuring that eligible Detroit / Wayne County residents are receiving medically necessary and appropriate services for mental health issues, substance use disorders and intellectual/developmental disabilities. In addition, this process ensures that services conform to accepted standards of care, while achieving the consumers' desired outcomes.

The monitoring practice involves ongoing efforts to improve services through continuous and consistent evaluation and change, resulting in refined processes and programs, leading to improved outcomes.

The DWMHA has over fifty-five clinical service providers offering a comprehensive array of services. The delivery of these services is monitored through a number of forums including self-monitoring by service providers, on-site and desk reviews by MCPNs and DWMHA staff.

Goal 3: Federal External Quality Review Standards

Validation Overview

Validation of three mandatory external quality review (EQR) activities are required by the Balanced Budget Act of 1997 (BBA). State Medicaid agencies must ensure that performance measures reported by their Pre-paid Inpatient Hospital Plans (PIHP) are validated. The MDHHS agent designated to perform the validation of the EQR is Health Services Advisory Group, Inc. (HSAG). The findings from the review is provided to MDHHS and the PIHP for compliance and areas that require improvement, if needed. HSAG and MDHHS both report that DWMHA has continuously and progressively improved. In FY 15-16, the DWMHA received one on-site EQR review and two off-site EQR reviews.

Compliance Monitoring - MET

The findings for the FY 15-16 Compliance Monitoring Review were determined from an off-site record review with a follow-up telephone conference of the Detroit Wayne Mental Health Authority (DWMHA) system. The review for FY 15-16 findings resulted in an overall score of 100% on all 15 Standards.

See Appendix A for more information

Performance Measurement Information System Capability (ISCAT) – Partially MET

The DWMHA was rated as “Partially Met” overall on the Performance Measures Validation (PMV) review in FY 15-16. In the review of the feedback from HSAG, DWMHA took action to address the recommendations from the audit. The PIHP continued its effort to improve the rates, which had fallen below MDHHS’ expected thresholds and is now moving above the State’s 95 percent threshold for all QI data elements. The PIHP also implemented standardized processes for its providers in an effort to improve quality and timeliness of data submitted by them to DWMHA.

See Appendix B for more information

Performance Improvement Project (PIP)

The DWMHA is required to conduct two PIP's annually. One of the PIPs is selected for each of the PIHPs by MDHHS which is required to be validated for the External Quality Review (EQR) component of the DWMHA contract with MDHHS. That PIP is on the Health and Wellness of consumers. The second PIP is the choice of the PIHP. For the second PIP, the DWMHA selected Fall Risk Precautions.

Performance Improvement Project I (PIP) - MET

The PIP selected by MDHHS and validated by HSAG is to improve the proportion of Medicaid Eligible Adults in an Outpatient Mental Health Treatment Setting with a Serious Mental Illness and who have at least one Chronic Health Condition. The goal of the PIP is to have consumers participate in lifestyle changes via completion of a Peer- Led Wellness Self-Management Workshop and the completion of a Health Risk Assessment form that is to be provided to their respective primary care physician. The inclusion of a peer-led intervention will aid an increase in peer service utilization and peer focused activity.

The PIP was validated in FY 13-14, FY 14-15 and FY 15-16. The PIP has demonstrated the compliance of DWMHA to engage consumers in the PIP. The PIP activity involves evidence-based wellness programs and the completion of the MDHHS Primary Care Physician Referral Worksheet.

See Appendix C for more information

Performance Improvement Project II (PIP) (Not Rated)

The second PIP for FY 15-16 is "Falls Risk Precaution". The decision to select this PIP was based on a review of the critical incidents received on the number of consumers that were seen in the emergency room and/or hospitalized as a result of a fall. In addition, both the MDHHS and the ICOs will be collecting and analyzing data based on fall precautions. The PIP has been implemented and in FY 15-16 over 738 consumers received a screening for falls utilizing a standardized evidence-based screening tool.

See Appendix D for more information

Goal 4: Michigan Department of Health and Human Services (MDHHS) Requirement >95% for Compliance - Michigan Mission Based Performance Indicators (MMBPI) – Significantly Met

The Michigan Mission-Based Performance Indicator System is contractually required of the 10 PIHPs. These indicators include measures on timeliness of service in emergent and non-emergent situations, service following discharge from an inpatient facility, services provided to Habilitation Waiver consumers and percentage of readmissions to

an inpatient facilities. The codebook with the detailed reporting instructions is available on the MDHHS web site.

DWMHA has met the performance standards for all performance Indicators reported to MDHHS except for recidivism (Performance Indicator 10). Although most of the system collectively meets standards, individual MCPNs may not always meet them, and there were quarters where the indicators were not consistently met. When this happens, a root cause analysis and a plan of correction are implemented. This is an opportunity for improvement across the DWMHA system.

Goal 5: DWMHA Standard - Create a Redesign Culture of Audit Readiness to a Culture of Audit Ready – Significantly Met

Annual Site Reviews and Claims Verification

FY 15-16, the DWMHA received a site review from Michigan Department of Health and Human Services (MDHHS). The MDHHS conducted the review of the Waiver programs (Severe Emotional Disturbance Waiver, Habilitation Supports Waiver, and the Children's Waiver). The DWMHA did require a response to the corrective action plans for deficits in certain areas. However, overall the reviews were positive. The corrective action plan responses were submitted and approved by MDHHS.

The DWMHA is committed to ensuring that consumers are receiving services based on medical necessity and included in the consumer's individual plan of services (IPOS). The IPOS is the conduit in which the Claims Verification process begins. The verification of the services and billable codes occur using the consumer's IPOS and documentation in the case record to support the claim/s. The DWMHA's standardized electronic claims review process requires both the providers and the MCPNs to self-monitor their systems for claim errors. In addition, the Residential Provider Claims are included in the self-monitoring claims verification process conducted by the MCPNs.

For FY 15-16, the DWMHA Quality Management Unit conducted a review of 258 providers and conducted a claims verification of 13,371 claims, with an overall compliance score of 98%. In order to maintain the high compliance, the DWMHA and the MCPNs are committed to conducting on-site validation reviews, reviewing and monitoring the data submitted into MH-WIN database and with on-going training to the MCPNs and provider staff to ensure compliance with quality standards. In those instances when the compliance scores are lower than expected, the DWMHA will require corrective action plans to ensure compliance.

Goal 6: DWMHA Standard - Improve Data Quality – Partially Met

A change that occurred during FY 15-16 was in the Data management system MH-WIN. The issues included the Peter Chang Enterprise (PCE) technical design flaw that led to among other issues a concern with the integrity of all data submitted by the DWMHA. Data quality was needed to ensure data completeness and integrity, which is

critical to the accuracy of required State reports. Timeliness of data collection was also a targeted outcome. The data warehouse tool would provide a core resource to future reports and analytics to drive business decisions. The past year brought about an increased awareness in the organization that data quality is not only an information systems issue, but is an organizational issue.

The establishment of several multi-departmental workgroups with the core group being the Cost Utilization Steering Committee. This workgroup, composed of several senior executives, reports to the Executive Leadership Team (ELT). Among other functions, the group is responsible for promoting the use of data in making critical decisions in Finance, Clinical and Operations areas. There are three workgroups reporting to this Committee:

- Data Analytics and Presentation Tools (DAPT) - This group defines and reviews Key Performance Indicators, Report Cards, Data Cubes, Dashboards, and other reports and spreadsheets for use throughout the organization. This assures that data and definitions and measures are consistent across the various units within the DWMHA so that everyone is working from the same set of information
- Cost Integrity Group (CIG) - This group performs Cost, Utilization, and Program Analysis. It also provides review and support of Models of Practice and Outcomes. It also supports Provider Contract managers in performing collaborative reviews with the Providers and MCPNs regarding Cost, Data, and Program Integrity.
- The Procedure Code Workgroup (mentioned above) will continue its work adding, removing, and refining code definitions based on MDHHS changes and DWMHA business needs.

Those three groups are active in identifying and rectifying data quality issues. The following group depend on quality data from the first three to perform its function. Healthcare Finances - This group is involved with setting payment rates, MCPN / Provider Funding, Provider Financial Management, Fund Source Management, State Financial Reporting, and budgeting. In addition to the establishment of these key groups, IT has also completed the following:

- Created the first data warehouse
- Created policies regarding data timeliness and completion requirements
- Created new edits on encounters received by the DWMHA
- Created a comprehensive list of data quality issues
- Started receiving Inpatient Authorizations to improve IBNR analysis
- Created several data cubes and dashboards to improve understanding of data issues and shortfalls

Priority Needs, Planned Actions and Action Taken FY 15-16

The DWMHA Strategic Planning Committee finalized the DWMHA's Strategic Plan. The Plan utilizes five pillars (Consumer, Access, Workforce, Finance and Quality) which is supported by seven focus (priority) areas. The scores for each focus (priority) area has been established utilizing the DWMHA standards for progression.

PRIORITY ISSUE #1. INCREASE COMMUNITY INCLUSION AND INTEGRATION
SCORE: **SIGNIFICANTLY MET**

PRIORITY ISSUE #2. ENHANCE CRISIS MANAGEMENT & RESPONSE
SCORE: **PARTIALLY MET**

PRIORITY ISSUE #3. EXPAND CAPACITY FOR IMPROVING PRACTICES
SCORE: **SIGNIFICANTLY MET**

PRIORITY ISSUE #4. ENHANCE RECOVERY ORIENTED SYSTEM OF CARE
SCORE: **MET**

PRIORITY ISSUE #5. ACHIEVE OPERATIONAL EXCELLENCE
SCORE: **PARTIALLY MET**

PRIORITY ISSUE #6. IMPLEMENT INTEGRATED CARE
SCORE: **MET**

PRIORITY ISSUE #7. IMPROVE HEALTH AND SAFETY
SCORE: **MET**

DWMHA Compliance Program

In FY 15-16, the DWMHA has begun to strengthen its conflict of interest enforcement pursuant to state law in all operations, which includes, but not limited to:

- All DWMHA staff (part/full-time) are required to disclose all conflicts when hired and update on an annual basis.
- The DWMHA Board is required by state and federal law to disclose any and all financial and personnel conflicts and abstain from voting on matters involving these conflicts. Furthermore, conflict of interest principles also include the preclusion of promoting or urging on behalf of individuals or

entities pose an appearance of a conflict. The Board has adopted policies that should curtail these issues but they need to be enforced and implemented.

- All DWMHA staff (part/full-time) are required to complete the Medicare Fraud, Waste and Abuse Training annually
- Due to the strict enforcement of conflict of interest principles and the Open Meetings Act (OMA), all Board members should receive extensive training on the various conflict of interest and OMA rules and regulations to ensure compliance.

Utilization Management

The Annual Utilization Management (UM) Program Executive Summary is included for FY 15-16. The complete Utilization Management Annual Program Evaluation is attached. See Exhibit E for details.

It is the responsibility of the Authority (DWMHA) to ensure that the UM Program meets applicable federal and state laws and contractual requirements. The DWMHA is required to have a written Utilization Management Program Description which includes procedures to evaluate medical necessity criteria, and the processes used to review and approve the provision of mental health and substance abuse services. The DWMHA is also required to have an Annual Utilization Management Program Evaluation report in order to:

- Critically evaluate Utilization Management Program goals;
- Identify opportunities to improve the quality of Utilization Management processes;
- Manage the clinical review process and operational efficiency.

Summary

DWMHA provided services to an unduplicated count of 76,616 during FY 15-16, which represented an increase of approximately 1,594 individuals from FY 14-15. Of those served 52,276 were the Medicaid population and 24,340, were the non-Medicaid population.

The DWMHA is trending in a positive direction towards attainment of our improvement goals and objectives. We have consistently improved our performance in the compliance areas. This is evident on all three of the External Quality Review components, Compliance Monitoring, Performance Improvement Projects, and Performance Measurement. Our performance resulting from the MDHHS site visits have consistently improved, as has our performance on the MMBPI's. The biggest opportunity for improvement is in the area of continuous quality improvement as it relates to service

goals and objectives.

We are encouraging the DWMHA to fully embrace the Quality Improvement-Continuous Quality Improvement philosophy throughout our system utilizing the Board approved Strategic Plan and the goal to obtain full accreditation as a Managed Behavioral Healthcare Organization (MBHO) from the National Committee of Quality Assurance (NCQA).

Recommendations for Opportunities and Improvement

It is recommended that the Board approve the following:

1. The FY 15-16 Annual QAPIP Evaluation Report
2. The FY 15-16 Annual Utilization Management Program Evaluation
3. The FY 15-16 Revised Proposed Quality Improvement Committee Organization Chart (see Appendix F for proposed change)