



# Detroit Wayne Mental Health Authority (DWMHA)

## Quality Assurance Performance Improvement Plan Annual 2017 Evaluation

Submitted by:

Mary Allix, DBH, MA, LLPC, CAADC  
Director of Quality Improvement

Presented to QISC on 2/13/18 and Approved  
Presented to PCC on 2/14/18 and Approved  
Presented to DWMHA Board of Directors on 2/21/18 and Approved

The Detroit Wayne Mental Health Authority (DWMHA) is a safety net organization that provides the full array of services and supports to adults with mental illness, individuals with intellectual and/or developmental disabilities, children with serious emotional disturbances or autism spectrum disorders and persons with a substance use disorder. DWMHA provides empowerment to persons within our behavioral health system and serves nearly 80,000 Wayne County individuals and their families. In partnership with the delegated MCPNs, DWMHA manages the network of providers, conducts and oversees utilization and implements quality improvement initiatives.

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## Introduction

The Quality Improvement Division and Quality Improvement Steering Committee of the Detroit Wayne Mental Health Authority (DWMHA) are pleased to present their Annual Quality Improvement Report for FY 16-17. This report, submitted to the 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 Services Contract. The Board is responsible for oversight of DWMHA's Quality Improvement Program. As such, the Board has approved the comprehensive Quality Improvement Plan for FY 16-18. This report provides an update on the goals and objective 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).

The DWMHA Strategic Planning Unit is instrumental for taking the leadership role in preparing DWMHA to earn a three-year accreditation with the National Council for Quality Assurance (NCQA). The accreditation on-site review is scheduled for April 2018. The accreditation is one element in the DWMHA Board's Strategic Plan.

## Mission/Vision/Values

DWMHA's Mission, Vision, and Values are listed 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 Strategic Plan and to review our utilization management activity.

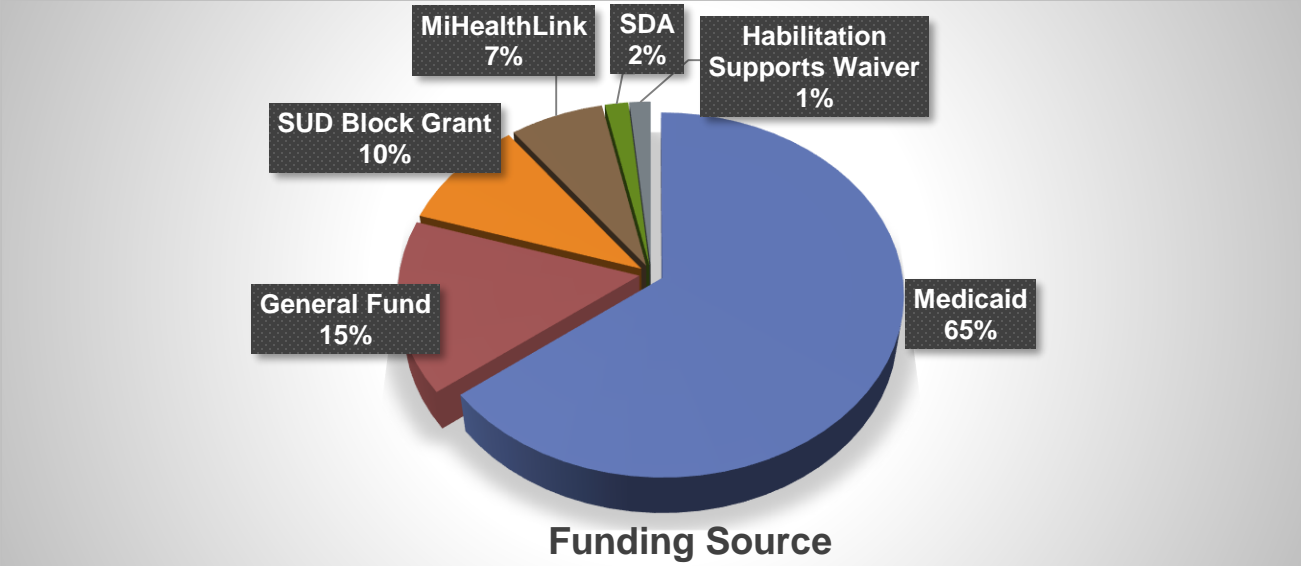
The goal of a Quality Assurance Performance Improvement Program (QAPIP) is to monitor, evaluate and continuously improve systems and processes. To accomplish this goal, we must regularly evaluate progress by comparing goals to actual performance using objective measures. DWMHA's infrastructure has seen 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 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 Detroit Wayne Mental Health Authority (DWMHA) Quality Assurance Performance Improvement Plan (QAPIP). DWMHA has produced a number of documents, white papers, division and program annual reports, which codifies various activities provided by DWMHA or under its direction. These reports are available for review upon request.

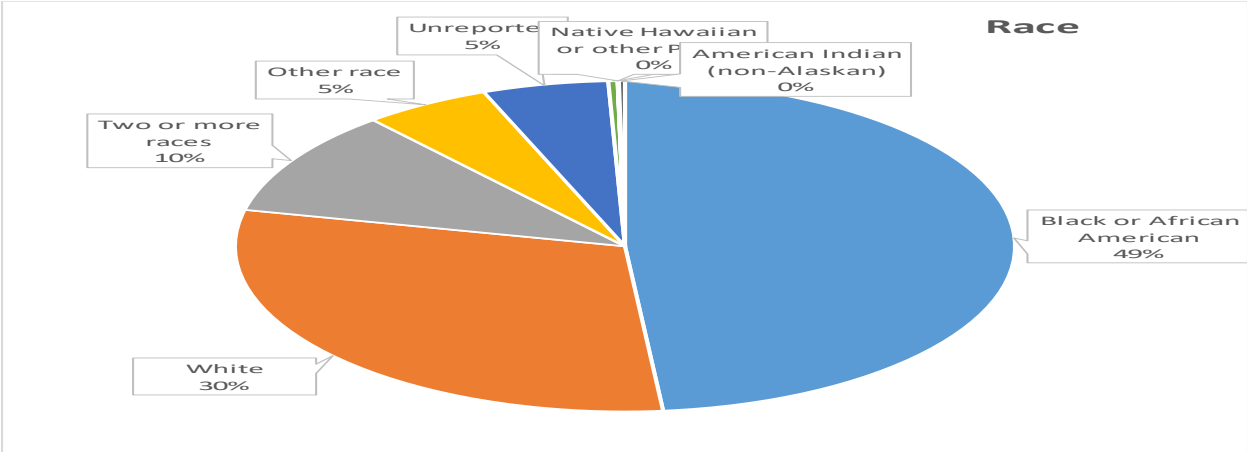
## Population Served by Funding Source

DWMHA provided services to an unduplicated count of 77,150\* during 2017, which represented an increase of approximately over 500 during this same period in 2016. Of those served 48,043 received services through Medicaid funding, 19,624 received services through Healthy Michigan Plan funding, 11,426 received services through General Fund, 7,360 through SUD Block Grant, 5,145 through Mi Health Link, 1,279 through State Disability Assistance (SDA), and 1,153 through Habilitation Supports Waiver. *\*Data was extracted for this report on December 30, 2017.*

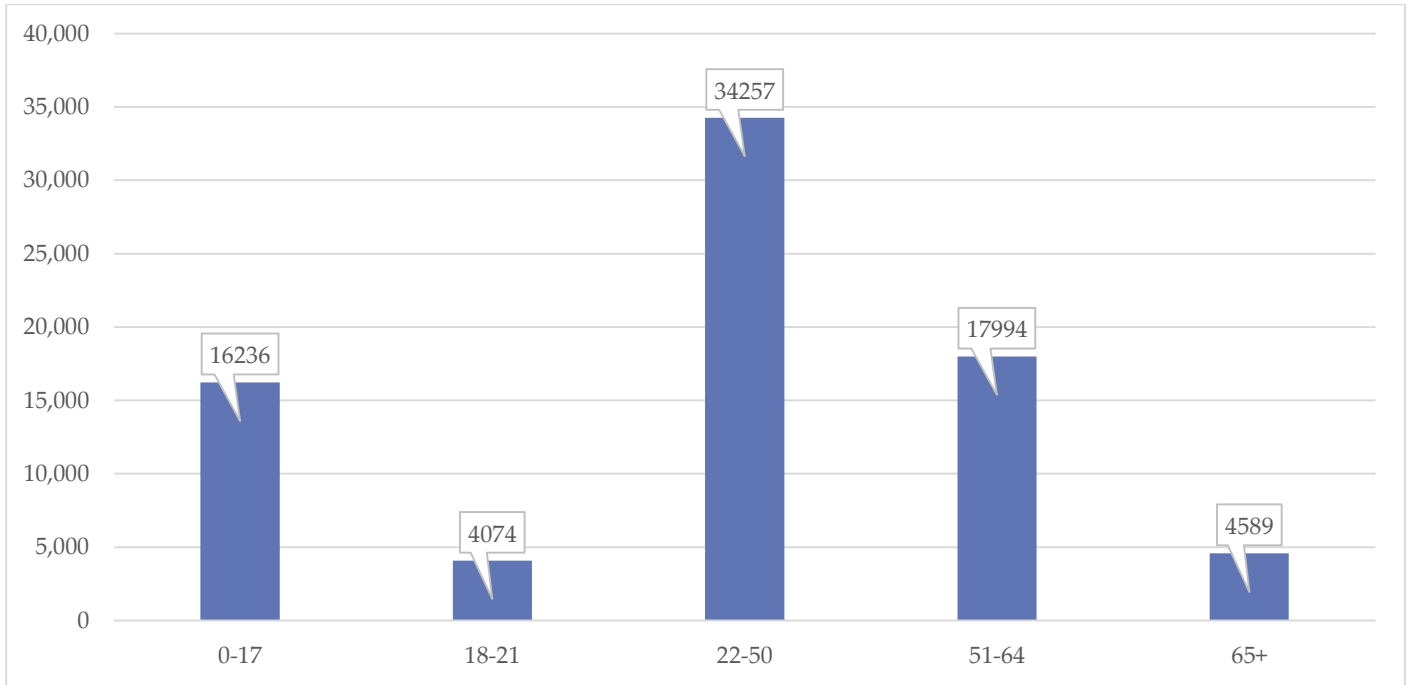


**Race**

DWMHA provided services to an unduplicated count of 77,150\* during FY 16-17. A diverse population of persons with a severe mental illness, serious emotional disturbance, intellectual/developmental disabilities, substance use disorders, and co-occurring disorders. Of those served, 37,404 or 49% are African American/Black; 23,235 or 30% are Caucasian/White; 7,942 or 10% identified as two or more races; 4,076 or 5% identified as Other; 4,027 or 5% race was not reported. The other races were <1% (295 are Asian; 193 are American Indian; 32 as Hawaiian and 7 as Alaskan). \*Data was extracted for this report on December 30, 2017.

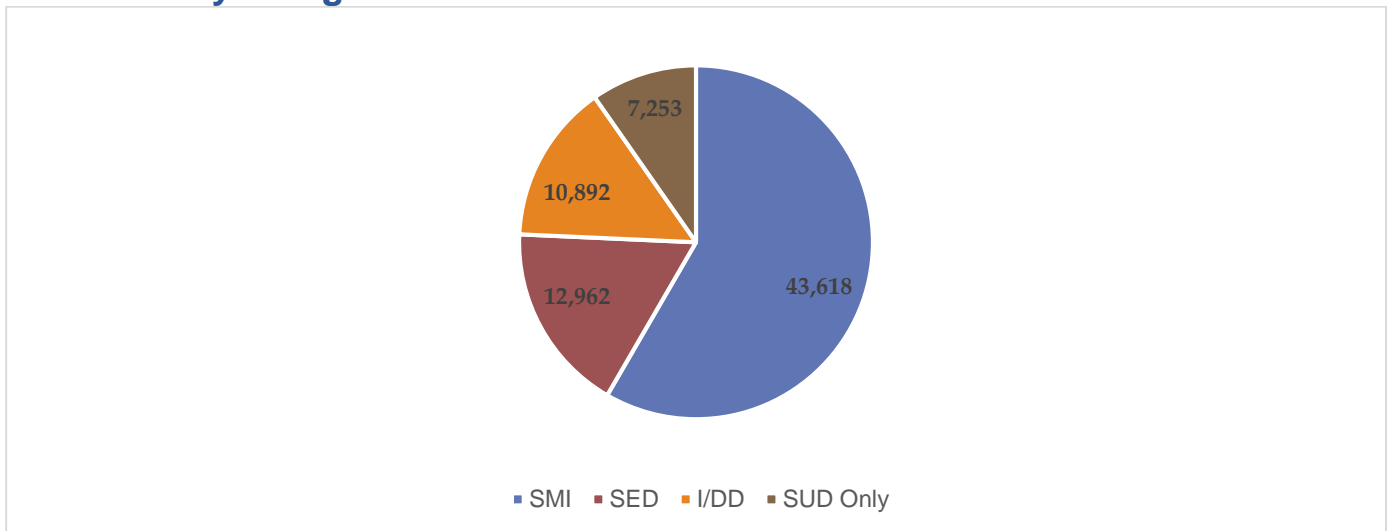


## Age



The largest age group of individuals served are in the age group of 22-50 years-old, 34,257 or 45%, followed by the age group of 51-64 years-old, 17,994 or 23%, and the age group of 0-17 years-old, 16,236 or 21%. \*Data was extracted for this report on December 30, 2017.

## Disability Designation





## DWMHA Quality Improvement Program

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 Board Strategic Plan and mission, the plan embraces the pillars, 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:

- Encompass the six Pillars and Focus Areas in the Board's Strategic Plan;
- 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

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

- Providing oversight to 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 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 occurred at DWMHA, including recommendations for additional enhancements to the quality structure. The Quality structure was reviewed to ensure that it conforms to the processes and operations within the DWMHA structure. The changes will include an additional Pillar to the DWMHA Strategic Plan. The additional Pillar is the Advocacy Pillar that will focus on providing an additional voice on behalf of the consumers served by DWMHA, the realignment of the Improving Practices Leadership Team (IPLT) and the preparation for National Committee for Quality Assurance (NCQA) accreditation. See Reporting Grid below.



**\* Improving Practice Leadership Team (IPLT) Committee incorporates workgroup and committee programs, plans and projects from the following:**

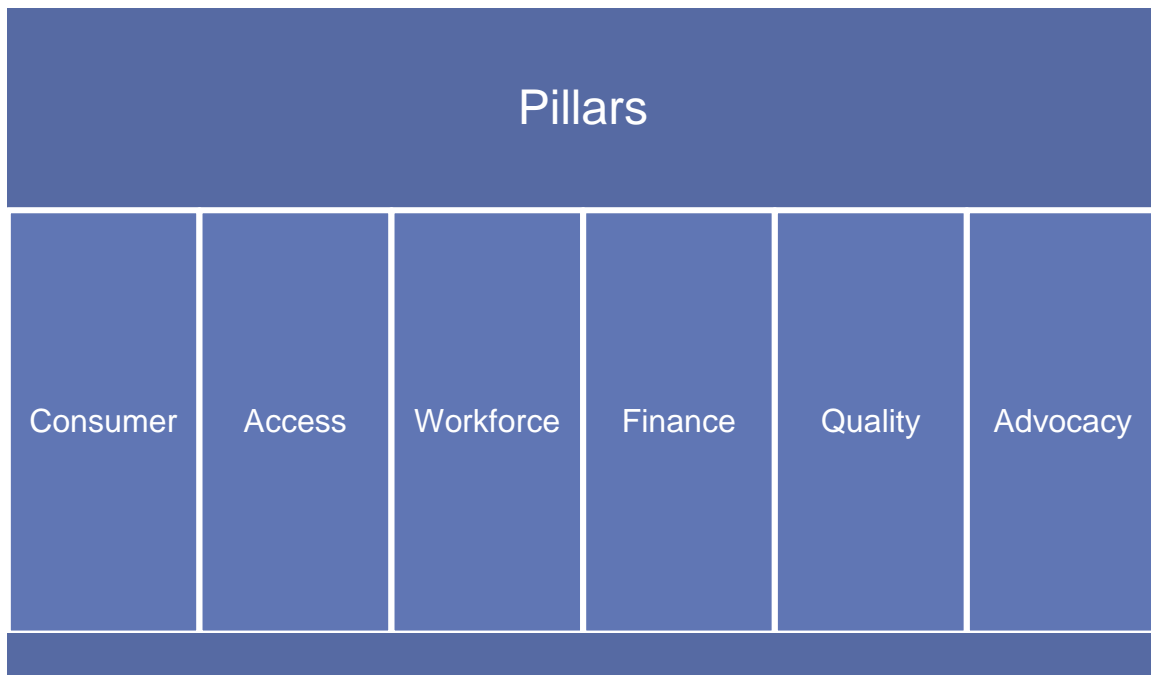
- *Developmentally Disabled Systems of Care Work Group*
- *Children's Cross-Systems Management Committee*
- *Standards of Care – Adult Committee*
- *Substance Use Disorder Services Group*
- *Integrated Health Work Group*
- *Peer and Consumer Group*

## Annual Service Summary and Program Highlights

The FY 16-17 QAPIP highlights will be reviewed in accordance with the DWMHA Board of Directors Strategic Plan. Each of the Pillars: Consumer, Access, Quality, Finance, Workforce, and Advocacy were evaluated using the Focus Areas: Member Experience, Crisis Services, 7 Day Follow-Up, 14 Day Follow-Up, Training on Evidence-Based Practices, Training on Critical/Sentinel Events and Death Reporting, Rate Standardization, Michigan Mission-Based Performance Indicators, Service Denials, and Enhance Leadership and Collaboration. The data collection and implementation used in each of the Pillars encompasses activity and collaboration with the MCPNs and Direct Contractors in the DWMHA provider network.

### DWMHA Strategic Plan Pillars

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 Strategic Plan and 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 DWMHA Strategic Planning Unit has completed a comprehensive report for each of the Pillars. (Full reports are available upon request.)

Each of the Pillars are areas developed by the DWMHA Board of Directors. The Focus Areas for each of the Pillars provides an overview as well as detailed task steps to guide DWMHA towards improvement and accreditation. Three of the Pillars are reported to the Board’s Finance Committee (Finance/IT, Advocacy and Workforce) and three of the Pillars are reported to the Board’s Program Compliance Committee (Quality, Access and Consumer). Each of the reports are available upon request.

The Consumer Pillar was presented by the Chief Strategic Officer and Director of Customer Services.

The Access Pillar was presented by the Chief Strategic Officer and Director of Network Management.

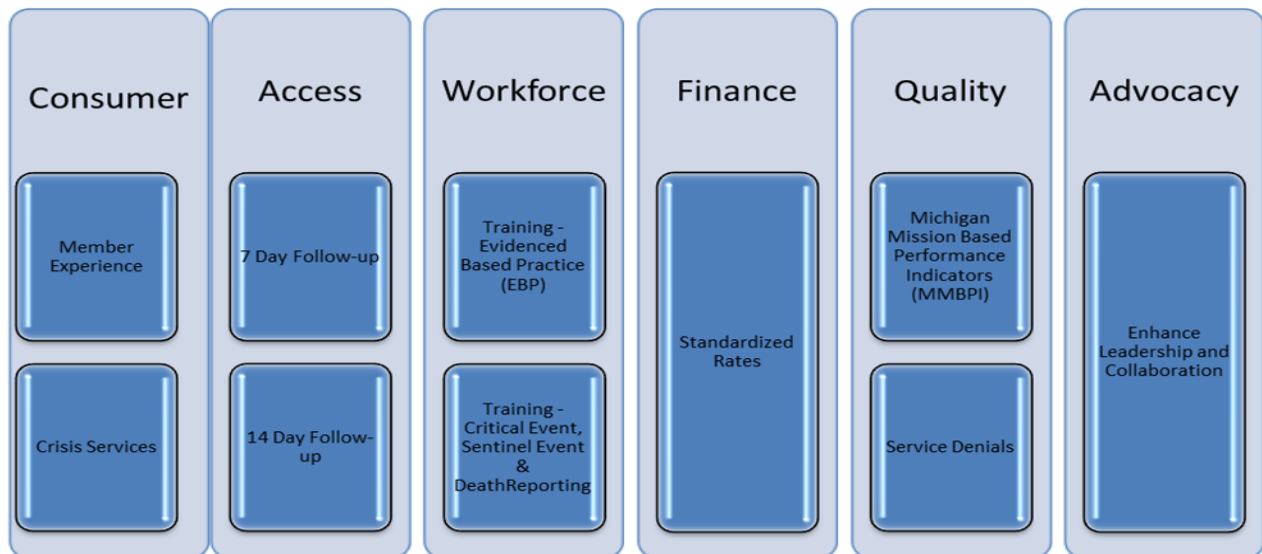
The Quality Pillar was presented by the Chief Strategic Officer and Director of Quality Improvement.

The Finance / IT Pillar was presented by the Chief Strategic Officer, Chief Financial Officer and Chief Information Officer.

The Workforce Pillar was presented by the Chief Strategic Officer and Chief of Staff.

The Advocacy Pillar was presented by the Chief Strategic Officer and Communications Director.

## Quality Focus Areas



## Consumer

The DWMHA Customer Services Unit is responsible for conducting and monitoring consumer satisfaction surveys, grievances, and appeals. During FY 16-17, the highlights under the Consumer Pillar were identified through Member Experience Satisfaction Survey and Consumer Grievances for services and access to the DWMHA provider system.

### Member Experience

The DWMHA Customer Services Unit conducted the first Experience of Care and Health Outcomes (ECHO) Consumer Satisfaction Survey. The purpose of the survey was to assess the experiences of adults who have received mental health or substance use disorder services through DWMHA in the previous 12 months. DWMHA partnered with Wayne State's Center for Urban Studies (Center) to conduct and compile survey activities. Those surveyed were from a randomly selected list of 8,000 members, out of the approximately 77,000 adults receiving services. The survey was conducted using a dual mode survey administration, via mail and telephone.

The survey results (complete report available upon request):

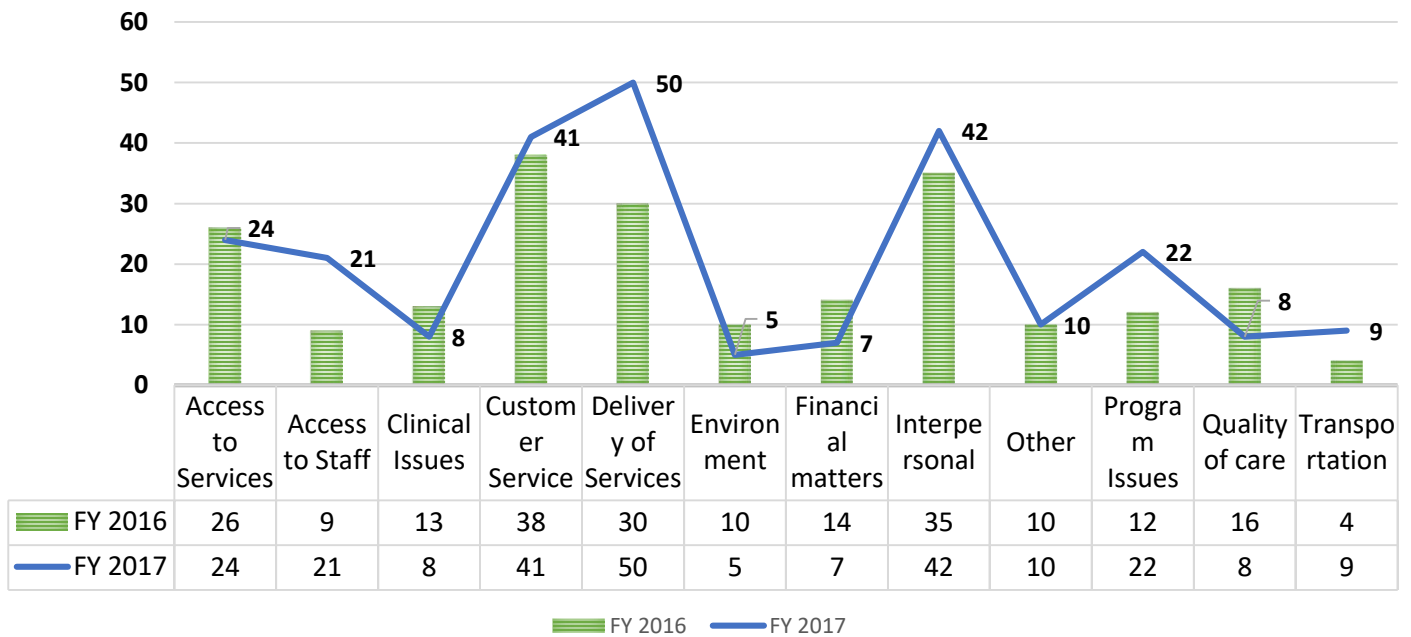
1,281 DWMHA members responded to the survey, 940 of whom reported receiving services in the past year (73%). Respondents were similar to the DWMHA-provided sample on primary disability designation and guardianship status. A higher percentage of respondents were dual eligible (31%), compared to the sample (26%). DWMHA scored well on several of the ECHO reporting measures, notably members reporting receiving information on patient rights (91%) and confidence in the privacy of their information (91%). There were five measures with scores less than 50%:

1. Treatment after benefits are used up (48%);
2. Overall rating of counseling and treatment (46%);
3. Getting treatment quickly (37%);
4. Office wait (33%); and
5. Perceived improvement (29%).

## Consumer Grievances

Detroit Wayne Mental Health Authority Customer Service Department  
Annual Grievance Summary Fiscal Year 2016-2017  
October 1, 2016 thru September 30, 2017

### GRIEVANCE ISSUES BY CATEGORIES



## Office of Recipient Rights

Michigan Department of Health and Human Services (MDHHS) ORR reviewed the DWMHA Office of Recipient Rights (ORR) Unit for the tri-annual Certification of the Rights System. We want to congratulate the ORR Unit on the phenomenal work they do in investigating, monitoring, and protecting the rights of all the consumers within the DWMHA provider network. During 2017, the ORR received over 1,400 complaints and conducted over 400 site reviews of providers including specialized residential settings and hospitals.

## Office of Recipient Rights

### COMPLAINT SOURCE

<b>Recipient</b>	<b>501</b>
<b>Staff</b>	<b>442</b>
<b>ORR</b>	<b>129</b>
<b>Guardian/Family</b>	<b>145</b>
<b>Anonymous</b>	<b>65</b>
<b>Community/General Public</b>	<b>161</b>
<b>Total Complaints Received</b>	<b>1443</b>

<b>Allegations</b>	<b>1443</b>
<b>Interventions</b>	<b>0</b>
<b>Investigations</b>	<b>1186</b>
<b>Interventions Substantiated</b>	<b>0</b>
<b>Investigations Substantiated</b>	<b>387</b>

## Access

### Community Housing Integration Portal (CHIP)

Administered project to develop of an interactive housing portal designed to meet the needs of all consumers in Wayne County. The Community Housing Integration Portal (CHIP) will allow consumers to locate and provide summary information about individual housing opportunities within the DWMHA network. Website is currently in trial mode and awaiting deployment.

### School Based Mental Health Initiative

The Ethel and James FLINN Foundation has provided the Detroit Wayne Mental Health Authority \$150,000 over two years for the implementation of Cognitive Behavioral Intervention for Trauma in Schools (CBITS) in Wayne County Schools. The grant period is from January of 2017 through December of 2018 with \$75,000 each year. Development Centers (a Carelink provider) was selected to implement the first cohort of CBITS intervention. This will be a quality improvement activity in FY 18.

## Autism Benefit

In 2017, the DWMHA Network Management Unit increased the number of Autism providers from 7 to 12 to accommodate the growing need of children and adolescents eligible and in need of the Autism Benefit. The age group for the benefit has increased from 18 months of age to 6 years of age. The age group for children and adolescent available for the services are now 18 months to 21 years old.

There continues to be capacity challenges in the DWMHA ABA Network and State of Michigan overall, where there are not enough qualified staff to meet the demand for services which is impacting access to care. DWMHA has seen significant increases in staffing (see chart below). Master Prepared Behaviorist in the ABA Benefit can only supervise up to 15 cases at a time due to the intensity of service. In addition, Behavior Technicians only serve 1-2 cases at a time. Due to this, there will be a consistent need to add additional staffing until the ABA Benefit plateaus at a projected 1,500 cases. This will be a quality improvement activity in FY 18 to measure capacity and waitlist activity for ABA services.

	FY16 2Q	FY16 4Q	FY17 2Q	FY17 4Q
BCBAs	30	40	29	41
BCaBAs	0	0	4	2
QBHPs / LLPs	21	46	59	88

## Crisis Services

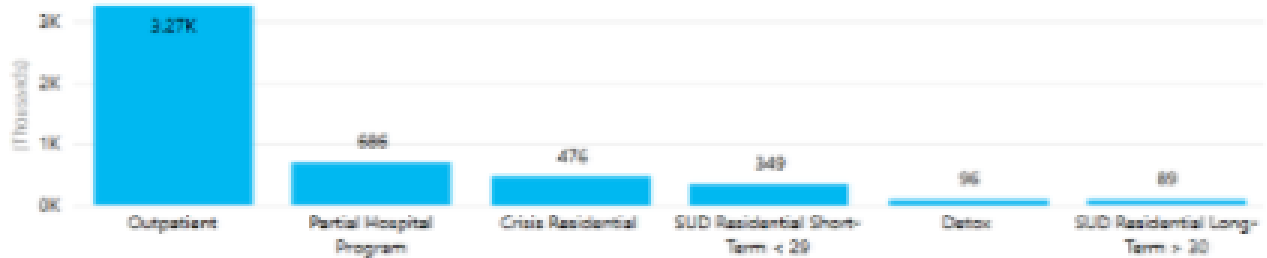
In May 2016, DWMHA contracted with the Community Outreach Psychiatric Services (COPE); a component of Hegira Programs, Inc. to conduct Pre-Admission Reviews for Inpatient Hospitalization and Crisis Stabilization. The change in the pre-admission review process provided consumers to be screened within three hours of their request for crisis/urgent services upon entry into the emergency department/emergency room and DWMHA the ability to capture better data.

In the period from 10/01/2016 to 09/30/2017 there was 14,278 PARs, out of them there was 5,131 diversions (3,266 Outpatient, 686 Partial Hospital Program, 476 Crisis Residential, 349, SUD Residential Short Term, 96 Detox, and 89 SUD Residential Long Term). There will be continuous quality improvement activity for FY 18 to measure recidivism rates.



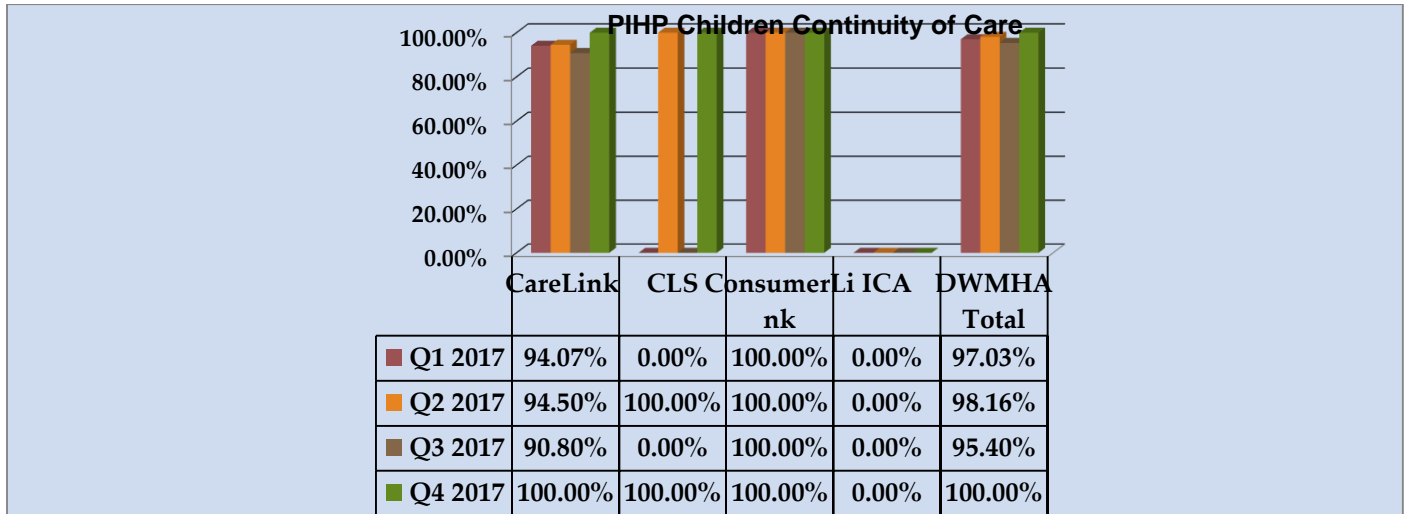
## Crisis Services

Count of Request ID by Level of Care being referred to

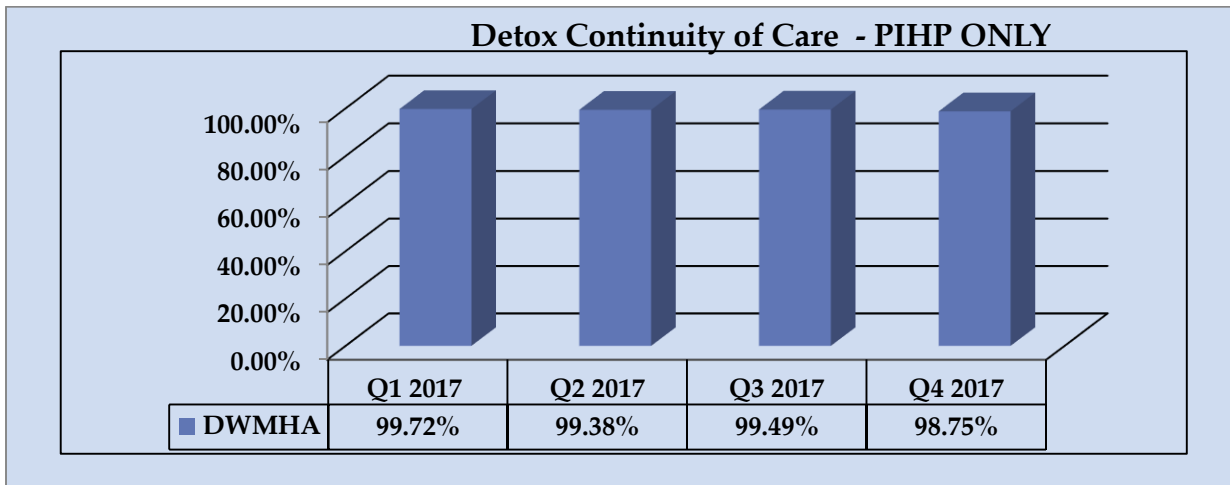
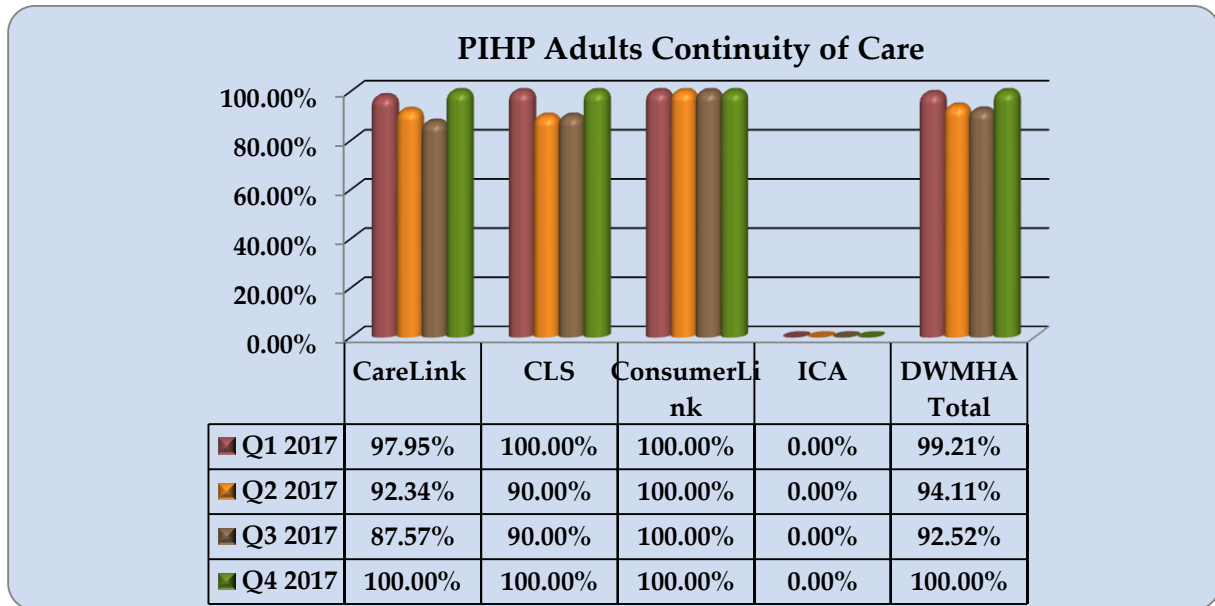


## 7 Day Hospital / Detox Facility Discharge Follow-Up

The Detroit Wayne Mental Health Authority (DWMHA) continues to trend upwards on meeting the 95% compliance for scheduling and conducting an intake assessment for consumers that were discharged from an inpatient psychiatric hospital or detox facility. The data below provides an overview of the activity during FY 16-17.



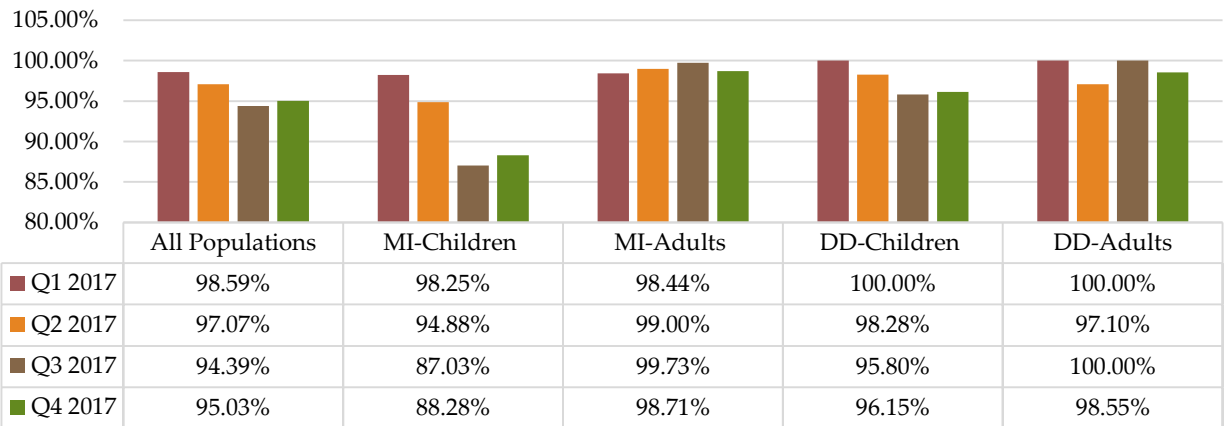
## 7 Day Hospital / Detox Facility Discharge Follow-Up



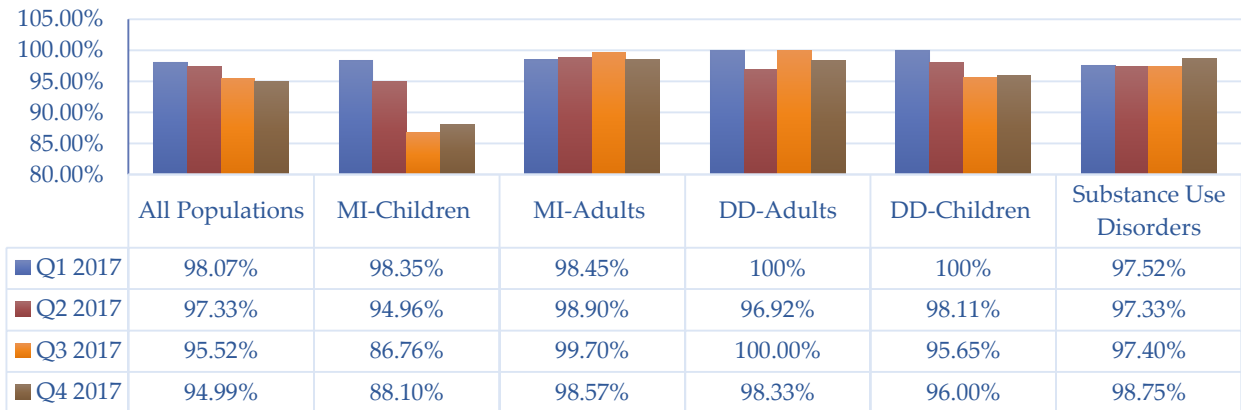
## 14 Day First Request for Services

The Detroit Wayne Mental Health Authority (DWMHA) continues to trend upwards on meeting the 95% compliance for scheduling and conducting an intake assessment within 14 days for consumers of their first request for non-emergent services. The data below provide an overview of the activity during FY 16-17.

## CMHSP 14 Day First Request for Services



## PIHP 14 Day First Request for Services



## Workforce

### Training - Evidence Based Practices

### Naloxone Initiative

To support the Governor's initiative to respond to the increase in opioid overdose related deaths and to save lives in the Detroit Wayne County area. DWMHA began providing free training and distributing Naloxone kits March 22, 2016 to Wayne County law enforcement, the prevention and treatment networks, then the community. Naloxone blocks or reverses

the effects of opioid medication, including extreme drowsiness, slowed breathing, or loss of consciousness.

**FIRST PHASE** was designed to train, educate and provide Naloxone kits and its administration of the medication to First Responders consist of: Police (all local/Wayne County Departments), Sheriffs, Fire personnel, Emergency Medical Services, Border Patrol, College Campus Police, ATF, DEA, etc.

**SECOND PHASE** was designed to train, educate and provide Naloxone kits and its administration of the medication to our prevention, treatment and recovery providers.

**THIRD PHASE** was designed to train, educate and provide Naloxone kits and its administration of the medication to any Wayne County resident, groups, and organizations that request our services.

DWMHA's Naloxone Initiative program is reported to have saved **76** lives since its inception. This activity will continue as a quality improvement activity for FY 18 to measure effectiveness of training and education.

### **Prescription Drug and Opioid Overdose Prevention Program**

In FY 18, there are a series of trainings scheduled for prevention and treatment providers. They will conduct annual trainings to the coalitions, recovery support specialists, persons at high risk, family members and others to prevent and manage prescription and opioid misuse and overdose. The trainings will ensure access to prevention, treatment and recovery support services for individuals who are misusing and addicted to opioids. In addition, the education to prescribers on the use of the Michigan Automated Prescription System, through coalition taskforces and drug surveillance meetings.

### **Level of Care Utilization System (LOCUS) for Psychiatric and Addiction Services**

DWMHA Clinical Practice Improvement Unit provided new and refresher LOCUS training for DWMHA and MCPN/Provider staff. The LOCUS is a requirement for all consumers that receive mental health services and substance use disorder services. The LOCUS is one element in the determination of the level of care along with additional clinical assessments. The trainings provided during FY 16-17 were well attended and will assist in ensuring the consumers receive services based on medical necessity and appropriate. In FY 18 the will be a quality improvement activity to measure effectiveness of the initial and refresher trainings.

Training Title	# Trained
TREM & MTREM	15
Seeking Safety: An Evidence-Based Model for Trauma and/or Substance Abuse	45
DBT - Introduction to Dialectical Behavioral Therapy	
DBT - Comprehensive Dialectical Behavioral Therapy	25
Using Motivational Interviewing to Evoke Change and Develop a Plan	45
Co-Occurring Disorders Mini Conference	45
Advance Skills in Using Motivational Interviewing	103
Opioid Addiction and COD	44
Cognitive Behavioral Intervention for Trauma in Schools	84
	24

### Critical Event, Sentinel Event and Death Reporting

The DWMHA Quality Improvement Unit requires face-to-face training on how to review and process critical/sentinel events and death reporting. The requirements for the training ensures a standardized process for reporting these events and for data integrity. The processing of these events is one element for identifying quality improvement activities. Since the requirement for face-to-face training the Quality Improvement Unit has trained (unduplicated count), 221 provider employees for FY 15-16 and 245 provider employees in FY 16-17. The trainings with a training manual are conducted to staff across the provider network. For FY 17-18, the continuous quality improvement activity will include annual refresher updates to ensure the workforce is aware of any changes or modifications to the e-submission of the critical events and to ensure clean data is submitted. (Training Manual available upon request.)

### Lunch and Learns – DWMHA Policies and Procedures

DWMHA conducted various Lunch and Learn Trainings on DWMHA policies and procedures for staff. Training on the policies and procedures were also conducted at the Quality Operations Workgroup meetings, the Quality Improvement Steering Committee (QISC) meetings, Utilization Management Committee meetings, MCPN and Direct Contract Provider meetings. The policies and procedures from these trainings were posted on the dwmha.com website.

### Office of Recipient Rights New Hire Training

Topic of Training Provided	How long is the training? # Hours	# Agency Staff	# Contractual Staff	# of Consumers	# Other Staff
		46	3269	0	0
New Hire Recipient Rights Training (Part 1 )	1.00	23	1406	0	
New Hire Recipient Rights Training (Part 2 )	3.00	23	1861	0	

## Human Trafficking Training

DWMHA has required this training for the entire workforce. The purpose of the training for the entire workforce is to have the potential to identify persons who may be a victim of human trafficking. In addition, a course or training is a licensure requirement for each healthcare professional renewal in FY 18.

## Impaneling and Credentialing Process

In FY 16-17 the DWMHA Network Provider Management Unit utilized its Certified Verification Organization, Wellplace, as the repository for internal and external credentialing and impaneling of DWMHA system. Wellplace is a NCQA accredited organization for credentialing. In FY 18, the DWMHA will utilize Medversant software as the data channel for the credentialing process. Baseline data will be collected during that period.

### Impaneling

The DWMHA Network Provider Management Unit is in Phase II of the impaneling process. Phase II includes the impaneling of the Substance Use Provider System. In the impaneling process, providers that are new to the DWMHA system, they are required to undergo a quality readiness review. The purpose of the readiness review is to determine whether the provider meets the minimum standards established by the DWMHA to provide services within the provider system.

### Credentialing

DWMHA has a large network of credentialed practitioners and service providers throughout Wayne County. The DWMHA Provider system is credentialed through primary source verification to provide services to consumers. The number of practitioners to the ratio of consumers receiving or seeking services are measured in the chart below. The data below will be a part of system mapping after implementation of the Medversant software in FY 18.

NUMBER OF PRACTITIONERS		
Practitioner Types	Measure	Performance Goal
Psychiatrist	Ratio of practitioner to members	1:2,000
Clinical psychologist	Ratio of practitioner to members	1:15,000
Licensed clinical social worker	Ratio of practitioner to members	1:10,000
Marriage and family counselor	Ratio of practitioner to members	1:3,000

## IDD Learning Collaborative

Reinstituted IDD Learning Collaborative made up of MCPNs, Providers, Advocates and others; adopted mission statement of:

*To promote the quality of lives of people served by Detroit Wayne Mental Health Authority with Intellectual and Developmental Disabilities by supporting the implementation of evidence-based best practices, enhancing communication and collaboration among stakeholders, and addressing barriers to inclusion and full community participation.*

In FY 18, the IDD Learning Collaborative will review the effects of the Home and Community-based Waiver on persons with IDD and be a quality improvement activity.

## Supports Intensity Scale (SIS) Implementation

In FY 16-17, the data collection was Year 1 Benchmark to measure the effectiveness, training, and use of the SIS in the development of individual plan of services. The data to be collected in FY 18 or Year 2 of three-year rollout will be monitored, reviewed, and measured for lessons learned and quality improvement activity.

## Finance

### Standardized Rates

In 2017, the DWMHA Finance Department demonstrated a commitment to financial stewardship and to the optimal prioritized allocation of scarce resources across a plethora of growing and competing needs to best fulfill its mission, vision and values. The goal was to deliver standardized funding and reimbursement models for managed care and fee-for-service funded MCPNs/DWMHA contracted direct services by December 30, 2017.

The standardization of the rates was implemented on 10/1/16 for: Autism Providers, MI and SED – MCPNs//Providers the MI Health Link Providers, and the SUD Providers. Implemented rates on 10/1/16. For the I/DD – MCPNs/Providers, 80% of the total I/DD costs, the rates will be implemented on 10/1/17.

The standardized rates with the reporting codes have been attached to each contract for better reporting, encounter or claim submission, and cost for services.

## **Children’s System of Care Project Funding**

For the 11th year in a row, Connections received a \$1.04 million SOC Block Grant from the State of Michigan. Funds are used for specialty positions, programs designed to focus on system change, special projects, evaluation, advocating for parent and youth voice, and development of the workforce that serves children, youth and their families in Wayne County. (Annual Report available upon request)

## **Quality**

### **Behavior Treatment Advisory Committee**

The DWMHA Behavior Treatment Advisory Committee (BTAC) is a 14-member committee that consists of internal, external stakeholders and consumers. Each of the members are a composite of the service providers that deliver services throughout the DWMHA provider system. The charge of this committee: 1) review the behavior treatment processes for the various provider behavior treatment committees for standardization; 2) provider behavior treatment data collection; 3) random sampling of intrusive and restrictive behavior treatment plans; 4) review for inclusion of the MDHHS Technical Guidelines in the DWMHA Behavior Treatment Policy and Procedures; and 5) training. DWMHA Quality Improvement Unit provides the oversight and evaluation of this committee and submits the quarterly data to MDHHS. In FY 18, the BTAC will begin conducting a series of trainings across the system and to review the data for patterns and trends. This will be quality improvement activity for FY 18.

### **Performance Measurement Validation**

DWMHA has implemented a centralized process for conducting inpatient screenings and scheduling initial appointments for non-emergent requests, which allows DWMHA to ensure it is meeting all required timelines. DWMHA maintained an on-demand data dashboard that Managers of Comprehensive Provider Networks (MCPNs) can access to monitor and to ensure overall data completeness and accuracy for Performance Indicator 1A – Pre-Admission Screening within 3 hours of disposition for Adults. DWMHA in FY 18 will be developing an on-demand data dashboard for the Pre-Admission Screening within 3 hours of disposition for Children.

The Health Services Advisory Group (HSAG) identified no concerns with how DWMHA received and processed claims/encounters. DWMHA conducted a review of a 10 percent random sample of claims data for each MCPN to ensure accuracy. DWMHA staff also conducted an on-site review of provider files to ensure accuracy and completeness of the claims data. DWMHA also required each MCPN to conduct a similar random sample review of its claims and send the results to the DWMHA for review. (Full report available upon request.)



**Michigan Department of Health and  
Human Services**

**State Fiscal Year 2017  
Validation of Performance Measures  
for Region 7—Detroit Wayne Mental  
Health Authority**

*Behavioral Health and Developmental Disabilities Administration  
Prepaid Inpatient Health Plans*

*September 2017*



impact on the reported rate, and the indicator could be given a designation of R. Audit elements and their scoring designations (i.e., *Met*, *Not Met*, and *Not Applicable (N/A)*) can be found in Appendix A—Data Integration and Control Findings and Appendix B—Denominator and Numerator Elements. Table 7 displays the indicator-specific review findings and designations for Detroit Wayne Mental Health Authority.

Table 7—Indicator-Specific Review Findings and Designations for Detroit Wayne Mental Health Authority

Performance Indicator		Key Review Findings	Indicator Designation
#1	The percent of Medicaid beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#2	The percent of new Medicaid beneficiaries during the quarter receiving a face-to-face assessment with a professional within 14 calendar days of a non-emergency request for service.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#3	The percent of new Medicaid beneficiaries during the quarter starting any needed on-going service within 14 days of a non-emergent face-to-face assessment with a professional.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#4a	The percent of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within 7 days.	Although the PIHP calculated this indicator in accordance with MDHHS Codebook specifications, during the primary source verification process, the auditor noted that at least two cases were reported as numerator positive. Evidence within the transactional system to support the decision to report these cases as numerator positive was insufficient.	NR
#4b	The percent of discharges from a substance abuse detox unit during the quarter that were seen for follow-up care within 7 days.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#5	The percent of Medicaid recipients having received PIHP managed services.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R

	Performance Indicator	Key Review Findings	Indicator Designation
#6	The percent of Habilitation Supports Waiver (HSW) enrollees during the quarter with encounters in data warehouse who are receiving at least one HSW service per month that is not supports coordination.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#8	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who are employed competitively.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#9	The percent of (a) adults with mental illness, the percent of (b) adults with developmental disabilities, and the percent of (c) adults dually diagnosed with mental illness/developmental disabilities served by the CMHSPs and PIHPs who earned minimum wage or more from any employment activities.	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#10	The percent of readmissions of MI and DD children and adults during the quarter to an inpatient psychiatric unit within 30 days of discharge.	The PIHP calculated this indicator in compliance with MDHHS Codebook specifications.	R
#13	The percent of adults with developmental disabilities served, who live in a private residence alone, with spouse, or non-relative(s).	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R
#14	The percent of adults with serious mental illness served, who live in a private residence alone, with spouse, or non-relative(s).	MDHHS calculated this indicator in compliance with MDHHS Codebook specifications.	R

## Michigan Mission Based Performance Indicators

DWMHA Quality Improvement Unit conducted a training on the Michigan Mission Based Performance Indicators (MMBPI). The PIs data be 95% compliant to meet DWMHA’s contractual requirements with MDHHS. The indicators are important in the performance of the MCPNs and as a quality improvement activity. In FY 17, certain areas of the MCPNs data reporting did not meet the 95% compliance which required a corrective action plan and training for data reporting. In addition to the training, a training manual with the reporting dates for the data submission was provided. The results from the training has

demonstrated better reporting resulting in cleaner data submission. (Annual Report available upon request.)



In the Period: 4/1/2017 thru 6/30/2017  
**CMHSP Performance Indicators**

**Table 1 - Indicator #1**

1. Population	2. Number (#) of Emergency Referrals for Inpatient Screening During the Time Period	3. Number (#) of Dispositions about Emergency Referrals Completed within Three Hours or Less	4. Percent (%) of Emergency Referrals Completed within the Time Standard
1. # Children	0	0	0.00%
2. # Adults	0	0	0.00%

**Table 2 - Indicator #2**

1. Population	2. # of New Persons Receiving an Initial Non-Emergent Professional Assessment Following a First Request	3. # of New Persons from Col 2 who are Exceptions	4. # Net of New Persons Receiving an Initial Assessment (Col 2 minus Col 3)	5. # of Persons from Col 4 Receiving an Initial Assessment within 14 calendar days of First Request	6. % of Persons Receiving an Initial Assessment within 14 calendar days of First Request
1. MI - C	789	194	595	515	86.55%
2. MI - A	776	104	672	669	99.55%
3. DD - C	1	0	1	1	100.00%
4. DD - A	0	0	0	0	0.00%
5. TOTAL	1566	298	1268	1185	93.45%

**Table 3 - Indicator #3**

1. Population	2. # of New Persons Who Started Face-to-Face Service During the Period	3. # of New Persons From Col 2 Who are Exceptions	4. # Net of Persons who Started Service (Col 2 minus Col 3)	5. # of Persons From Col 4 Who Started a Face-to-Face Service Within 14 Days of a Face-to-Face Assessment with a Professional	6. % of Persons Who Started Service within 14 days of Assessment
1. MI - C	754	46	708	697	98.45%
2. MI - A	717	18	699	689	98.57%
3. DD - C	1	0	1	0	0.00%
4. DD - A	0	0	0	0	0.00%
5. TOTAL	1472	64	1408	1386	98.44%

## Performance Improvement Projects

### Fall Risk

A Performance Improvement Work Group was formed on March 18, 2015 to review the data on the prevalence of falls in the intellectual/developmental disabled persons served population; identify the root causes; plan a prevention strategy; measure the impact; and analyze the outcome. In FY 16-17 there were 835 consumers were screened for fall risk using an evidence-based screening tool. (Full report available upon request.)

The study topic and intervention were determined by DWMHA after reviewing the Incident Report and Critical/Sentinel Event Report data in the DWMHA's Mental Health Wellness Information Network (MH-WIN).

**Study Topic:** Improving Fall Precautions for I/DD Consumers in Specialized Residential Care and Semi-Independent Living Settings via Implementation of a Fall Risk Assessment & Training. Three questions will be identified for screening risk of falls on the DWMHA system wide Bio-psycho-social Assessment.

DWMHA reviewed whether the targeted intervention would result in a decrease in the percentage of I/DD consumers with reported injuries requiring emergency room care or hospitalization due to falls during the measurement period.

This PIP will be utilized as a quality component in the DWMHA accreditation review by the National Committee for Quality Assurance (NCQA). To meet the accreditation standards two additional measures will be added to this PIP for FY 18: 1) Percentage of patients aged 65 years and older with a history of falls who had a risk assessment for falls completed within 12 months; 2) Percentage of patients aged 65 years and older with a history of falls who had a plan of care for falls documented within 12 months.

<b>Numerator</b>	The number of I/DD consumers in Specialized Residential and Semi-Independent Living settings with reported injuries requiring emergency room or hospitalization due to falls in the Critical/Sentinel Events Module of DWMHA Mental Health Wellness Information Network (MHWIN)
<b>Denominator</b>	The total number of I/DD consumers in Specialized Residential and Semi-Independent Living settings with reported injuries requiring emergency room or hospitalization in the Critical/Sentinel Events Module of DWMHA Mental Health Wellness Information Network (MHWIN)
<b>Exclusions</b>	Non-ambulatory residents and those residents with active seizure disorders will be excluded as their falls will not be impacted by the fall prevention strategies planned for the training phase which focus on gait issues. Residents with no seizures in the past 12 months will be included in the pilot.

## Improving Wellness Self-Management

The MDHHS selects on a bi-annual basis Performance Improvement Projects for the External Quality Review requirements of Centers for Medicare and Medicaid. The projects are validated by the Health Services Advisory Group. For FY 16 and FY 17, the Improving Wellness Self-Management PIP was conducted as a quality improvement activity. (Full report available upon request.)

### Behavioral Health and Developmental Disabilities Administration Prepaid Inpatient Health Plans

### 2016–2017 PIP Validation Report Improving Wellness Self-Management of SMI Consumers With Chronic Health Conditions *for* Region 7—Detroit Wayne Mental Health Authority

*September 2017  
For Validation Year 4*



**Table 2-2—Performance Improvement Project Validation Results for Detroit Wayne Mental Health Authority**

Stage	Activity		Percentage of Applicable Elements*		
			Met	Partially Met	Not Met
Design	I.	Appropriate Study Topic	100% (2/2)	0% (0/2)	0% (0/2)
	II.	Clearly Defined, Answerable Study Question(s)	100% (1/1)	0% (0/1)	0% (0/1)
	III.	Correctly Identified Study Population	100% (1/1)	0% (0/1)	0% (0/1)
	IV.	Clearly Defined Study Indicator(s)	100% (3/3)	0% (0/3)	0% (0/3)
	V.	Valid Sampling Techniques (if sampling was used)	Not Applicable		
	VI.	Accurate/Complete Data Collection	100% (4/4)	0% (0/4)	0% (0/4)
<b>Design Total</b>			<b>100%</b> <b>(11/11)</b>	<b>0%</b> <b>(0/11)</b>	<b>0%</b> <b>(0/11)</b>
Implementation	VII.	Sufficient Data Analysis and Interpretation	88% (7/8)	13% (1/8)	0% (0/8)
	VIII.	Appropriate Improvement Strategies	100% (3/3)	0% (0/3)	0% (0/3)
<b>Implementation Total</b>			<b>91%</b> <b>(10/11)</b>	<b>9%</b> <b>(1/11)</b>	<b>0%</b> <b>(0/11)</b>
Outcomes	IX.	Real Improvement Achieved	100% (4/4)	0% (0/4)	0% (0/4)
	X.	Sustained Improvement Achieved	100% (1/1)	0% (0/1)	0% (0/1)
<b>Outcomes Total</b>			<b>100%</b> <b>(5/5)</b>	<b>0%</b> <b>(0/5)</b>	<b>0%</b> <b>(0/5)</b>
<b>Percentage Score of Applicable Evaluation Elements: Met</b>			<b>96%</b> <b>(26/27)</b>		

\* Percentage totals may not equal 100 due to rounding.

Overall, 96 percent of all applicable evaluation elements received a score of **Met**. **Detroit Wayne Mental Health Authority** submitted the Design, Implementation, and Outcomes stages of the PIP for this year's validation.

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## Analysis of Results

Table 2–3 displays outcome data for **Detroit Wayne Mental Health Authority’s Improving Wellness Self-Management of SMI Consumers With Chronic Health Conditions** PIP. **Detroit Wayne Mental Health Authority’s** goal is to increase the percentage of adult SMI consumers with at least one chronic health condition who complete a wellness self-management workshop during the measurement year.

Table 2–3—Performance Improvement Project Outcomes  
for Detroit Wayne Mental Health Authority

<i>Improving Wellness Self-Management of Serious Mental Illness (SMI) Consumers With Chronic Health Conditions</i>				
PIP Study Indicator	Baseline Period	Remeasurement 1	Remeasurement 2	Sustained Improvement
The percentage of adult SMI consumers with at least one chronic health condition who completed a wellness self-management workshop during the measurement year.	1.3%	2.7%	3.9%	Yes

The Remeasurement 2 rate for the study indicator was 3.9 percent. This rate was 2.6 and 1.2 percentage points above the baseline and Remeasurement 1 rates respectively; however, the PIHP marginally missed its Remeasurement goal of 4.0 percent. **Detroit Wayne Mental Health Authority** was able to sustain the statistically significant improvement over the baseline that was achieved during Remeasurement 1 study period.

## Service Denials

This section is covered under the Utilization Management Evaluation Report.

## Advocacy

### Enhance Leadership and Collaboration

The DWMHA Customer Services Persons Point of View Newsletter is published each quarter. The consumer newsletter provides an opportunity and updates on all of the activity within the DWMHA provider system. The newsletter is sent to consumers and other stakeholders through an email list of 105 persons that have requested the newsletter electronically in addition to anyone else who may ask for an electronic copy. They send approximately 350 copies of the newsletter to various organizations on their postal mail



list. In addition, there are approximately 650 printed copies distributed to Board members and at outreach events. Copies of the PPV Newsletter are available upon request.

The DWMHA Quality Improvement Unit has feature articles in the PPV Newsletter. The feature article shares information with the consumers and community the happenings in the QI Unit. The feature articles include access to review the QAPIP, Performance Reviews for the MCPNs and Provider system and the QISC meeting dates and times. Upcoming articles will include information on current and upcoming quality improvement activities.

## **Constituents' Voice**

The Constituents' Voice (CV) is the consumer advisory group of the Detroit Wayne Mental Health Authority. The CV was formed in 2014 and charged with providing informed input on activities, policies and procedures related to community inclusion, i.e., "a personal sense of valued participation and interaction in everyday life." The DWMHA Office for Peer-Participant Advocacy (OPA) provides oversight and technical supports (e.g., research, document development, mentoring, etc.) to the body. The CV has 21 members, more than two-thirds of whom are "consumers". The membership represents various sectors of community mental health (i.e., substance use disorder, intellectual/developmental disabilities, and mental illness).

Members of the CV advocated for the development of an infrastructure to make self-determination available to people with serious mental illness. Those efforts resulted in the evolution of Sustaining Self-Determination Demonstration (S2D2). The purpose of *Sustain Self-Determination Demonstration (S2D2)* is to ensure that PIRs get information about self-determination arrangements, and further to ensure that the infrastructure to support implementation of those arrangements exist. (Full report available upon request.)

## **Project Search**

The collaboration between DWMHA and Consumerlink on Project Search which is an evidence-based supported employment program for young people transitioning from school to adult living. The Project exceeded projected outcomes.

## **Youth United**

Youth United is a youth-led initiative whose purpose is to promote youth voice and youth involvement throughout Connections (Wayne County System of Care). Youth United has been promoting and supporting positive youth engagement and youth voice within Connections since its inception in 2003. Youth United staff advocate for change using personal experiences and the experiences of other System

of Care youth. Youth Advocates participate on over 21 local and statewide committees, plan community events, train young people on leadership and advocacy while continuing to raise awareness around the stigma attached to receiving mental health services.

## COMMUNICATION & OUTREACH

### Updated Youth United flyer

Youth United created a youth-friendly general flyer that is being distributed to schools within the community, and to agency partners.



### Youth United Newsletter

Youth United distributed 3 publications that highlight important resources, activities and topics, identified by youth such as: money management tips, current job opportunities and current issues that impact youth.



### "Reflections"

A book created for youth by youth including personal stories of current or previous youth consumers and motivational/inspirational quotes. A total of 89 personal stories were collected to publish in the book.



### "Remind" Text Message Alert

Northwest Region is now using the Remind text message app to deliver reminders, upcoming events, and job opportunities to 318 youth and 91 stakeholders.



## EVENTS

### Stigma Busting Workshops

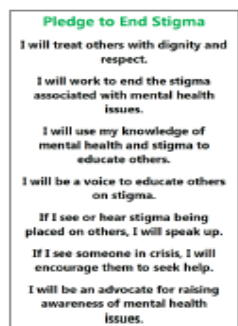
These events are designed to help youth spread anti-stigma messages through discussion and activities regarding stigma. This fiscal year 40 participants attended two workshops at Black Family Development, Inc. and The Children's Center. An additional 639 Stigma Pledges were collected this fiscal year.

### Stigma Busting Bash

The Stigma Busting Bash is an end-of-the-year bash filled with activities to help spread awareness about the impact of stigma associated with mental health. The event was held at Golightly Technical High School in Detroit, and Davis Aerospace Technical High School (also in Detroit) with 166 participants.

## STIGMA PLEDGE

**1359** Youth, stakeholders, community leaders, and partners have signed a pledge to end the stigma associated with mental illness since 2014.



## Family Alliance For Change Transition

For the last six years. FAFC has been the primary voice for parents at many levels within Wayne County systems. Beginning September 1, 2017, services were restructured to create a more effective and efficient program model. The System of Care work will continue with the *Parent Involvement Resource Center*, and Parent Support Partners (PSPs) will continue to be placed in local CMH providers across the county. CMH agencies will employ the PSPs, fully integrating them in their organization. Having PSPs on staff will assure better access to services for all consumers, improve coordination of services including but not limited to treatment, training, quality oversight, and record keeping. PSPs employed by providers will help meet an overall goal of parent voice and involvement, but at an organizational level.

# Wayne County Fatherhood Initiative

The mission of the WCFI is to support healthy families through nurturing fathers and male caregivers.



## Fatherhood Program

Fatherhood Specialist, John Miles, facilitated the Dad's Group under the National Fatherhood Initiative's 24/7 Dad program. This 12-week program began September 23, 2017. Referrals for fathers willing to participate in the Fatherhood Program have increased through the Parent Support Partner service. Fathers are increasingly engaged in one-to-one support. Currently, one Wayne County dad is involved in the 24/7 Dad Program.



## ACCOMPLISHMENTS

### Faces of Trauma 3

This year's "Faces of Trauma 3," held in February, added the subject of how dads are affected by trauma to its focus. WCFI collaborated with The Children's Center Consumers Council and Youth United to present this year's event. Attendance more than doubled from last year with 80 adults and youth in attendance.

### Fatherhood Forum

"Diverse Dads: Creating a Culture of Acceptance" was the focus of the 5<sup>th</sup> Annual Fatherhood Forum, held on June 23, 2017 at Greater Grace Temple. The various workshops and presentations highlighted the importance of celebrating the diversity of fatherhood. This year's Fatherhood Forum had 120 individuals attend, with representatives from over 30 organizations across Wayne County, Washtenaw County and Genesee County. 20% of attendees were male.



### CyberSecurity

WCFI, The Children's Center and Wayne County Community College collaborated to host a CyberSecurity workshop at TCC in September, 2017. Presented by Terrance Campbell, MA Ed, MSISM, WCCCD Cybersecurity Program Director. This workshop introduced 15 attendees to one of the fastest growing fields, Cybersecurity.

Mr. Campbell gave an overview of:

- How network sites such as Facebook, Snapchat and Twitter are compromised daily
- How companies like Target and Equifax being hacked through malware attacks and personal information being compromised
- An estimated 1.5 million cybersecurity jobs will be unfilled by 2019
- The relationship between everyday gaming skills and skills required for Cybersecurity professionals



## FATHER FRIENDLINESS

Black Family Development, Inc. is in the second phase of "Assessing Father Friendliness of Your Organization." This phase is designed to measure agency buy-in to supporting a fatherhood program. BFDI Fatherhood Champion, Furqan Khaldun, has surveyed leadership at his agency and is currently reviewing data.

## Home & Community-Based Services Rule (HCBS) Implementation

The Residential Provider Committee identified and resolves barriers to implementation of the Final Rule. Several community outreach (presentations, etc.) sessions were conducted to educate providers, consumers, and others regarding the revised rule and its implications were conducted.

## Constituents' Voice Community Inclusion

Hosted its third annual community inclusion conference. Entitled Shift Happens, the event carried the theme, "To boldly go where everyone else is already at". The event served two purposes: 1) to increase awareness of community inclusion and 2) to raise funds for a DWMHA mini grant for members to achieve their community inclusion goals. Approximately 250 people participated.

## Additional

### Compliance Review/Audits

In FY 16-17, DWMHA continued 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/volunteers/interns) are required to disclose all conflicts of interest 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 includes 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/volunteers/interns) are required to complete the Fraud 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.

During FY 16-17, the DWMHA Compliance Office received approximately 30 complaints for review and/or investigation. The findings have resulted in policy changes, organization changes, and recoupments. FY 18 this will be a quality improvement activity.

### DWMHA SUD Efforts

DWMHA has launched a multimedia campaign with an emphasis on the Heroin/Opioid Epidemic using billboards and advertisements on buses and radio to raise awareness of the resources available to residents in the Detroit Wayne County area. The advertisements are in English, Spanish, and Arabic, the major languages in the area. The two boards have made available education and outreach to a larger audience using SCRIPPS media about SUD issues and its impact on families, our communities and how to access and receive services. DWMHA, its providers and community partners promote National Take Back Day. In FY 18 this will be a quality improvement activity to review the Opioid epidemic/crisis in Detroit Wayne County.

### Integrated Health Care Efforts

DWMHA chose to monitor the results of the HEDIS measure, adherence to anti-psychotropic medications for individuals with schizophrenia, which includes the percentage of members aged 19 to 64 years of age during the measurement year with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

Of DWMHA's 76,779 enrollee/members, 14,085 or 18.3 percent have a diagnosis of schizophrenia. Working toward adherence to treatment plans including medication compliance is critical.

Time Period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to goal
2015 Jan 1-Dec. 31,2015	Baseline	1219	3477	35.06%	40 %	Below
2016 Jan. 1-Dec. 31, 2016	Re-measurement 1-Baseline*	1616	4605	35.9%	40%	Below
2017	Re-measurement 2	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>	<b>TBD</b>

**Numerator**-The number of members who achieved a proportion of days covered of at least 80 percent for their antipsychotic medications during the measurement year.

**Denominator**-Medicaid members 19 to 64 years of age as of December 31 of the measurement year with schizophrenia.

## Integrated Care

### Screening Kids in Primary Care Plus (SKIPP)

A Masters-level Social Worker is embedded as a Behavioral Health Consultant (BHC) at Beaumont Westland Family Medicine Clinic to support integrated health care. The BHC provides the following services: brief interventions to patients psycho-education, referrals, resources and action plans for behavioral health, and health behavior needs. Integration efforts are transforming the clinic, the patients, and physicians' patient care, huddles, integrated workflows, and mental- health-focused Lunch and Learns (including suicide prevention), helping parents with school issues and trauma training provided for all staff.

### Health and Wellness Center

The Ruth Ellis Center established the Ruth Ellis Health & Wellness Center, which includes integrated behavioral and primary care services. The Center meets critical unmet need of improving overall health and wellbeing outcomes for homeless LGBTQ2S consumers in Detroit and Highland Park, as a direct result of increased access to high-quality, culturally-competent health care. Primary health care services are provided under a service agreement with Henry Ford Health System (HFHS), School Based and Community Health Program (SBCHP) and the HFHS Global Health Initiative (GHI).

The Health and Wellness Center is now open two days a week, every Monday and Wednesday. The Ruth Ellis Center is working with Matrix Human Services to provide free testing twice a month on the first and third Monday. Henry Ford Health System's Infectious Disease Department comes to the Health and Wellness Center once a week to ensure the youth are getting the care they need. The clinic employs a Behavioral Health Therapist that specializes in transgender health care. The Ruth Ellis Center is currently serving over 140 youth for integrated services

### Data Sharing Care Coordination

The Data Sharing Care Coordination 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, DWMHA 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.

In FY 16-17, the data sharing relationships have demonstrated an increase in the collaboration and communication between the behavioral health and physical health

systems for the consumers. The results have demonstrated timely appointments between both systems, the monitoring of medications, and scheduling of follow-up appointments.

## Utilization Management

The Annual Utilization Management (UM) Program Executive Summary is under a separate cover for FY 16-17. The complete Utilization Management Annual Program Evaluation is attached.

It is the responsibility of DWMHA to ensure that the UM Program meets applicable federal and state laws and contractual requirements and is a part of the QAPIP. 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. 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;
- MCG-Indicia medical necessity software
- Implementation of clinical protocols
- Complex case management

## Summary

DWMHA provided services to an unduplicated count of 77,150\* during 2017, which represented an increase of approximately over 500 during this same period in 2016. Of those served 48,043 received services through Medicaid funding, 19,624 received services through Healthy Michigan Plan funding, 11,426 received services through General Fund, 7,360 through SUD Block Grant, 5,145 through Mi Health Link, 1,279 through State Disability Assistance (SDA), and 1,153 through Habilitation Supports Waiver. *\*Data was extracted for this report on December 30, 2017.*

DWMHA is trending in a positive direction towards attainment of our improvement goals and objectives. We are encouraging DWMHA to fully embrace the Continuous Quality Improvement (CQI) 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).

In FY 18, the QAPIP Evaluation will be reviewing these areas:

- ECHO Survey for member experience
- Grievances / Appeals
- School-based Mental Health
- Autism Benefit
- Crisis Services
- Performance Indicators
  - 3 hour Pre-admission Reviews
  - 7 and 14 Day Access/Follow-up
- Naloxone, Prescription and Opioid Drug Overdoses
- HEDIS Measures
- Critical/Sentinel Events
- Impaneling/Credentialing
- Standardized Rates
- IDD Learning Collaborative
- Behavior Treatment

## **Recommendations**

It is recommended the Board approve the following:

1. The FY 16-17 Annual QAPIP Evaluation Report
2. The FY 16-17 Annual Utilization Management Program Evaluation



## References

Health Services Advisory Group External Quality Review. (2017). Performance Measurement Validation Report