Quality Improvement Steering Committee (QISC)
Tuesday, October 26, 2021
10:30 a.m. – 12:00 p.m.
Via ZOOM PLATFORM
Agenda

	Item	Presenter
I.	Welcome & Introductions	Tania Greason
II.	DWIHN Updates	Dr. Shama Faheem
III.	Approval of QISC October 26, 2021 Agenda	Dr. Shama Faheem/Committee
IV.	Approval of QISC August 31, 2021 Minutes	Dr. Shama Faheem/Committee
V.	Review of Access Center Quarterly Performance	Bonnie Herndon
VI.	Review of Quality Improvement Projects:	
	• Decreasing the Risk of Hepatitis, C Video Hepatitis C Message	Alicia Oliver
	• Decreasing Wait for Autism Services	Rachael Barnhart
	• PHQ-A Implementation	Marika Orme
VII.	Follow up Items:	Margaret Keyes-Howard
	• NCIS Survey	
	• ECHO Adult **(Tabled)**	
	a) Review of Barriers	
	b) Recommended Interventions	
VIII.	PI# 2a Data Analysis	J. Zeller/T. Greason
	a. Best Practices (Provider Discussion)	
IX.	MMBIP "View Only" Module	Justin Zeller
X.	Adjournment	

Quality Improvement Steering Committee (QISC)
Tuesday, October 26, 2021
10:30 a.m. – 12:00 p.m.
Via ZOOM PLATFORM
Meeting Minutes
Note Taker: Aline Hedwood

Committee Chairs Dr. Shama Faheem, DWIHN Chief Medical Officer and Tania Greason, Provider Network QI Administrator

Member Present:
Alicia Oliver, Allison Smith, April Siebert, Ashley Bond, Bonnie Herndon, Carl Hardin, Cassandra Phipps, Cheryl Fregolle, Ebony Reynold, Justin Zeller, Kim Batts, Latoya Garcia-Henry, Marika Orme, Melissa Eldredge, Michelle York, Rachael Barnhart, Rotesa Baker, Dr. Shama Faheem, Starlit Smith, Tania Greason and Tiffany Hillen.

Members Absent:
Angela Harris, Benjamin Jones, Bernard Hooper, Dr. Bill Hart, Blake Perry, Carla Spright-Mackey, Carolyn Gaulden, Cherie Stangis, Cheryl Medeja, Dhannette Brown, Cheryl Medeja, Donna Smith, Fareeha Nadeem, Eric Doeh, Jennifer Smith, Jessica Collins, John Rykett, Judy Davis, June White, Dr. Leonard Rosen, Lindon Munon, Margaret Keyes-Howards, Melissa Moody, Melissa Hallock, Michele Vasconcellos, Mignon Strong, Miriam Bielski, Nasr Doss, Oluchi Eke, Orthieia Ward, Rhianna Pitts, Robert Spruce, Sandy Blackburn, Dr. Shama Faheem, Shirley Hirsch, Dr. Sue Banks, Taquaryl Hunter, Trent Stanford and Vickey Politowski.

Staff Present: April Siebert, Tania Greason, Justin Zeller, Starlit Smith, and Aline Hedwood.

1) Item: Welcome: Tania Greason

2) Item: Introduction: Tania asked the group to put their names and email addresses into the chat box for proof of attendance.

3) Item: Approval of October 26, 2021 Agenda: approved by group as written

4) Item: Approval of August & September 2021 Minutes:
- August 31, 2021 minutes approved with revisions by Dr. Faheem and Committee
- September 28, 2021 minutes will be submitted to Dr. Rosen and Committee for approval

5) Item: Announcement/DWIHN Update: - Dr. Shama Faheem, Chief Medical Officer

DWIHN continues initiatives in the following areas noted below:

- DWIHN Mobile Unit Partnership Wayne Health and Ford Motor Company will provide mobile outreach services in the community. Clinicians will be providing indoor care and educational information to adults and children regarding offered services also including providing onsite enrollment if members meet the eligibility criteria for mental health services.
- Partnership with the City of Detroit Housing Department-homeless Outreach Teams to help identify the people in shelters and connect them to mental health services or other resources as needed.
- DWIHN administrative staff is working with CDC to roll out services and exploring behavioral health homes moving forward.

6) Item: Review of DWIHN Access Center Quarterly Performance – Bonnie Herndon, ACC Unit
Goal: Review of Access Center Quarterly Performance Data

Strategic Plan Pillar(s): ☐ Advocacy **X Access** ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce
NCQA Standard(s)/Element #: X QI# 4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Bonnie Herndon provided an overview of the DWIHN Access Call Center (July-September 90 day) report. The following highlighted areas for the Access Call Center transition is noted below: A. Aligning desk procedures to Standards that must be met for Compliance. ○ Added additional data capture to our MHWIN system to allow for more strategic standard focused data capture for our IT partners. B. Addressed our Recording technology to ensure recordings are captured and retained to enable DWIHN to meet audit requests. ○ Working with vendor to create hold queues for SUD and Behavioral Health units. ○ Looking into implementation of text messaging. C. Partnering with Corporate areas on Program implementation. ○ Reviewing MHWIN to streamline manual processes. D. Modified Provider meeting specific to Access Call Center to every other Month. E. Developing a project plan to complete Access Center Policies and Procedures that support Regulatory Standards. F. Developing a project plan to address Training program plan for all units. G. Partnered with IT to develop Dashboard reporting to track Standard performance. H. Provided training to Managers and Administrators on the telephony reporting tools to allow for layered analysis of agent performance and call flow activity. I. Meeting with Providers around access availability to ensure Member access to care. Access Call Center Transition Project Work includes the following: A. SUD Program Support B. Children Initiatives C. Behavioral Health Initiatives D. CRSP Overlapping Clean-up Project E. FY 2021-22 Code and modifier changes project For additional information on ACC call queries please review PowerPoint presentation “DWIHN Access Call Center September 2021 July-September 90 day”**.**		
Discussion	**Assigned To**	**Deadline**

Action Items	Assigned To	Deadline
Dr. Faheem and the committee accepted the Access Call Center (July-September 90 day) written report with no revisions. DWIHN's Access Center will continue to provide quarterly reports as required.	Dr. Faheem and QISC Members	On-going.

7a) Item: Review of Quality Improvement Projects: Decreasing the Risk of Hepatitis, C (video tabled) - Alicia Oliver, IHC Unit
Goal: Review and approval of PIP: Decreasing the Risk of Hepatitis, C
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 10 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Alicia Oliver informed the committee that MDHHS and Medicaid are in partnership with biopharmaceutical company Adamant in an effort to eliminate Hep C through the "We Treat Hep C Initiative" and to educate members on the resources available, for testing and treatment. Below are some of the highlighted areas Alicia discussed with the group: • Hep C is a liver infection disease cause from sharing needles and contact with blood contact from an effective person. • MDHHS recommend one Hep C test for all adults over 18 and pregnant women. • The plan is to eliminate Hep C by providing Hep C transmission information on treatment, intervention, SUD and syringe service programs. • Hep C treatment for Medicaid enrollee as of April 1, 2021 is Mavereg, Medicaid member prescribed a different drug will need prior authorization. • Documentation of patient requirement is no longer required. • The Hep C treatment guidelines are available on DWIHN website. • DWIH's goal is to increase prevention and educate providers in the SUD population. • IHC is working with SUD to develop a monitor tool to identify the SUD population with Hep C		
Discussion	**Assigned To**	**Deadline**
Alicia informed the group that during the initial phase of reviewing and validating the data for reporting of HEDIS measures through the Vital Data platform, she will not report any data measures for the assigned Performance Improvement Projects until the validation has process has been finalized. Alicia has presented information and request to the QISC for review and approval of initiating the Hep C PIP.		
Action Items	**Assigned To**	**Deadline**
Dr. Faheem and the committee approved the initiation of the HEP C PIP.	Alicia Oliver	On-going.

7b) Item: Review of Quality Improvement Projects: Decreasing Wait for Autism Services – Rachel Barnhart, CI Unit
Goal: Review and approval for continuation of the Decreasing Wait for Autism Services PIP
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 10 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Rachel Barnhart provided and overview of the Q11: Autism Benefits (ASD) PIP an stated the purpose of the ASD PIP is to increase the number of staff working within the Autism Benefit and increase the number of ASD Benefit members receiving Applied Behavioral Analysis within 90 days of MDHHS approval. Rachel discussed that fifteen (15) members to one (1) clinician is the requirement set forth by the national guidelines of the Behavior Analysis Certification Board. DWIHN's ABA Provider Network continues to maintain an average of 8:1 or less ratio of clinicians to members. DWIHN is currently exceeding the ratio. Although there are double the needed clinicians to meet the standard, the ABA Provider Network continues to struggle to provide services within 90 days of MDHHS approval. Meaningful interventions include the following: • Monthly provider meetings occurred to increase communication, education, and support for providers • ASD Program Administrator meets monthly with largest providers to identify barriers to services • Bringing Access Center "in-house" has improved ASD Benefit Program Administrator to work directly on provider availability and capacity issues • Aligning Initial diagnostic evaluations with the Independent Evaluators has reduced "burden" on ABA Providers • Opening members in the WSA is no longer a barrier to accessing the next step in the ASD Benefit process • Increased speed/efficiency • Members transferring from Independent Evaluator to ABA provider occurs per request • Opening previously closed WSA members occurs per request • Approval of ADOS-2 Worksheets and entry into the WSA on a daily basis with the goal of zero pending requests daily • Diagnostic evaluations uploaded within 7 days rather than 14+ days • Independent Evaluators schedule members approved for the ASD Benefit following feedback session • ASD Program Administrator provides assistance weekly to ABA providers to communicate coordination of referrals		

For additional information please review the PowerPoint presentation "Q11: Autism Benefits" on the following highlighted area below: 1. Quality Improvement Activity 2. Our Request 3. Service Project 4. Measurements • process measure • outcomes measure 5. Timeliness 6. Meaningful/Measurable Interventions; • Increased speed/efficiency 7. Five Whys 8. Projected Meaningful Measurements 9. Projected Interventions 10. Meaningful Measurement If you have any question please contact Rachel Barnhart via email Rbarnhart@DWIHN.org.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Dr. Faheem and the committee approved the continuation of the ASD Benefit PIP with no noted revisions.	Rachel Barnhart	On-going

7c) Item: Review of Quality Improvement Projects: PHQ-A Implementation - Marika Orme
Goal: Review and approval for continuation of the PHQ-A Implementation PIP
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 10 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Marika Orme provided an update on PHQ-A PIP. The goal of the PHQ-A PIP is to increase the use the Patient Health Questionnaire for Adolescents (PHQ-A) done by providers and practitioners within the contracted provider network. The purpose of the PHQ-A PIP is also to: ○ Decrease the risk for suicide in youth who present with symptoms of depression by screening upon intake then every 16-weeks, for those youth who score a 10 or higher ○ Increase the effectiveness of treatment by identifying key symptomology through the screening tool. ○ Allow for more timely and effective management of depression with required follow-up screenings for youth who qualify with a score of 10 or higher on the PHQ-A. Implementation of interventions for FY2021 include the following: ○ Creation of video regarding the PHQ-A to share with the public (for parents and youth); posted on DWIHN YouTube Channel ○ Letters sent to 13 children's providers (Executive Directors/CEOs and Directors of Children's Programs) with quarterly compliance data specific to the number of PHQ-A screenings completed at intake and the number of follow-up PHQ-A Screenings completed within the 16 week time frame ○ Letters sent at the end of each quarter during FY21 ○ Increased awareness of need for compliance, provided feedback and also began discussions at the provider level as to what could be done to motivate clinicians to comply (i.e. trainings, modifications to PCE systems, etc.) For additional information please review PowerPoint presentation "**PHQ-A PIP Update"** on the following highlighted areas below: ○ Quality Improvement Activity ○ Purpose of the PIP ○ Baseline Goals ○ Measurement Outcomes ○ Fiscal Year 2021 Performance Data ○ Interventions Implemented FY21		

Action Items	Assigned To	Deadline
Dr. Faheem and the committee approved the continuation of the PHQ-A PIP. Marika will continue to provide updates	Marika Orme	On-going

8) Item: NCIS Survey - Margaret Keyes-Howard, CS
ECHO Adult (Tabled)

- **Review of Barriers**
- **Recommended Intervention**

NCIS Survey

Goal: Review of NCIS Survey Process
Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce
NCQA Standard(s)/Element #: X QI# 5 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Tania Greason provided an update regarding the NCIS survey which will be forth coming from MDHHS next week. DWIHN's CS unit is awaiting to have the files with the potential participants identified. The CRSP providers will be required to complete requested information for members who choose to participate in the survey. MDHHS is requesting a 20% increase in DWIHN's participation from last year. CS will be reaching out to the CRSP providers for required follow-up as necessary.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
DWIHN's CS will reach out to the CRSP's for required information for members that agree to participate.	DWIHN's CS (Margaret Keyes-Howard)	February, 2022

9) Item: Follow up Items: PI# 2a Data Analysis - J. Zeller, QI

- **Best Practices (Provider Discussion)**

Goal: Discuss and review the PI#2a MDHHS reporting requirements and Data Analysis.

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems **X Quality** ☐ Workforce

NCQA Standard(s)/Element #: X QI# 4 ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Justin Zeller discussed with the committee the following regarding PI# 2a. • DWIHN continues to analyze and review the PI #2a (*The percentage of new persons during the Period receiving a completed biopsychosocial assessment within 14 calendar days of a non-emergency request for service*). • There is no MDHHS standard for PI# 2a, the first year of reporting is for measurement and process purposes only. • DWIHN has continuously met with the required departments to review and analyze the data breakdown between 2nd and 3rd Quarters for FY 2021; scores fluctuate from the 1st quarter to 50% of the client rate; 2nd quarter went down 36%; 3rd quarter increased to 48%. • QI reviewed the out of compliance events for all three quarters and identified appointments that are requested outside of the 14 days. An increase of appointments scheduled outside of the 14 days are attributed to provider staff shortage issues and lack of appointment slots. • DWIHN's Quality, MCO and Access team has met with executive members at the CRSP agencies to discuss appointment availability and plans to address the issues regarding shortage of staff. • QI has also reviewed cancellations, no shows, rescheduled appointments rates by member, noting that at least 1/3 DWIHN's out of compliance events are due to the above issues. • QI, MCO and Access is also working with PCE to review the PI# 2a logic making certain to follow requirements from MDHHS PIHP and CMHSP codebooks.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
QI, ACCESS and MCO will continue to monitor PI# 2a compliance		

10) Item: MMBPI "View Only" Module - Justinn Zeller, QI Unit

Goal: Review of MMBPI "View Only" Module

Strategic Plan Pillar(s): ☐ Advocacy ☐ Access ☐ Customer/Member Experience ☐ Finance ☐ Information Systems ☐ Quality ☐ Workforce

NCQA Standard(s)/Element #: ☐ QI# ___ ☐ CC# ___ ☐ UM #____ ☐CR # ___ ☐ RR # ___

Decisions Made		
Justin Zeller informed the committee that the MMBPI "view only" module is available in MH_WIN, for PI 2a, 1, 4a, 4b, and 10. Providers can review their individual organizations data prior the submission of reports to MDHHS. Providers are encouraged to review their data for trends and analysis and use outcomes as a tool for increasing compliance scores. If you do not have access please contact Tania Greason or Justin Zeller. Please share this information with your staff and continue to review data for analysis and measurement of your organizational outcomes.		
Discussion	**Assigned To**	**Deadline**
Action Items	**Assigned To**	**Deadline**
Providers to continue to review and monitor their organization MMBPI data through the MMBPI "View Only" Module. Also, providers are to contact QI team Justin Zeller or Tania Greason if they do not have access to the module.	Assigned CRSP Providers	February, 2022.

New Business Next Meeting: Tuesday January 25, 2022 Via ZOOM Platform.

Adjournment: 12:011 pm

ah/12/02/2021

DETROIT WAYNE INTEGRATED HEALTH NETWORK

Access Call Center

September 2021

July-September 90 day

Access Call Center Transition 9/01/21 - Monthly Performance

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal: <5%	Average speed to answer Goal: 30 sec Stretch Goal: 15 sec.	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	17285	16740	553	3.2%	00.18 sec.	05:06 mins	96.8%	86.6%
SUD (Subset of all calls)	2797	2788	9	0.3%	00::16 sec.	16:38 mins	99.7%	99.9%
Clinicians (Subset of all calls)	1423	1423	0	0.0%	00:11 sec.	22:25 mins	100,.0%	99.4%
Totals	17285	16740	553	3.2%	00.18 sec	05:06 mins	96,8%	86.6%

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Access Call Center Transition
90 Day Performance
July 2021-September 2021

QUEUES	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned Goal: <5%	Average speed to answer Goal: 30 sec Stretch Goal: 15 sec	Average call Length	% of calls answered Goal: 80%	Service Level Goal 80% Stretch Goal 85%
CALL REPS	53,758	51.841	1,403	3.6%	00.17 secs	0:4.54 mins	96.4%	87.3%
SUD (Subset of all calls)	8,487	8,418	69	0.8%	00:15 sec.	0.16:14 mins	99.2%	97 5%
Clinicians (Subset of all calls)	4159	4,150	9	.02%	00:10 sec.	24:21 mins	99.8%	99.1 %
Totals	52,758	51,841	1,403	3.6%	00.17 sec	0:4:54mins	96.4%	87.3%

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Access Call Center Transition
ProtoCall (Crisis Vendor) Performance
July 2021-September 2021

Month	Calls Offered	Calls Handled	Calls Abandoned	% Abandoned	Average Call Length	Average Speed of Answer	% of Calls Answered within 30 sec.	Number of Calls answered within 30 sec.
July	926	888	22	2.4%	11.8 min	22 sec	83.4%	756
August	728	655	42	6.0%	11.0 min	45 sec	66.9%	461
Sept.	530	445	67	13.1%	11.6 min	100 sec	41.5%	211
QTR Total	2184	1988	131	7.16%	11.5 min	55.7 sec	63.9%	1428

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Access Call Center Transition

A. Aligning desk procedures to Standards that must be met for Compliance.
   - o Added additional data capture to our MHWIN system to allow for more strategic standard focused data capture for our IT partners.

B. Addressed our Recording technology to ensure recordings are captured and retained to enable DWIHN to meet audit requests.
   - o Working with vendor to create hold queues for SUD and Behavioral Health units.
   - o Looking into implementation of text messaging.

C. Partnering with Corporate areas on Program implementation.
   - o Reviewing MHWIN to streamline manual processes.

D. Modified Provider meeting specific to Access Call Center to every other Month.

E. Developing a project plan to complete Access Center Policies and Procedures that support Regulatory Standards.

F. Developing a project plan to address Training program plan for all units.

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Access Call Center Transition con.

G. Partnered with IT to develop Dashboard reporting to track Standard performance.
H. Provided training to Managers and Administrators on the telephony reporting tools to allow for layered analysis of agent performance and call flow activity.
I. Meeting with Providers around access availability to ensure Member access to care.

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Access Call Center Transition Project Work

A. SUD Program Support
  - MDOC Programs
  - MAT/MOUD
  - Detroit at Work (DAW)
  - Mobile Unit
  - Opioid Health Home

B. Children Initiatives
  - School Success Initiative Referrals / Access
  - Partnering with CPS on Children Trauma Process

C. Behavioral Health Initiatives
  - Wayne County Jail Initiatives
  - MCH/OCHN 45th District Court
  - Mi Cal State Initiative
  - Wayne State University Behavioral Health and Justice initiative
  - Diverse SOGIESC initiative

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Access Call Center Transition Project Work con.

C. Behavioral Health Initiatives
   - Diverse SOGIESC initiative
   - 911 Crisis call initiative
   - CCBHC
   - DHHS /CMH Mental Health Assessment Collaboration

D. CRSP Overlapping Clean-up Project.

E. 21-22 Code and modifier changes project

PHQ-A PIP Update

October 2021

Quality Improvement Activity

Increase the use the Patient Health Questionaire-9 Modified for Adolescents (PHQ-A) by providers and practitioners within the contracted provider network.

Purpose of the PIP

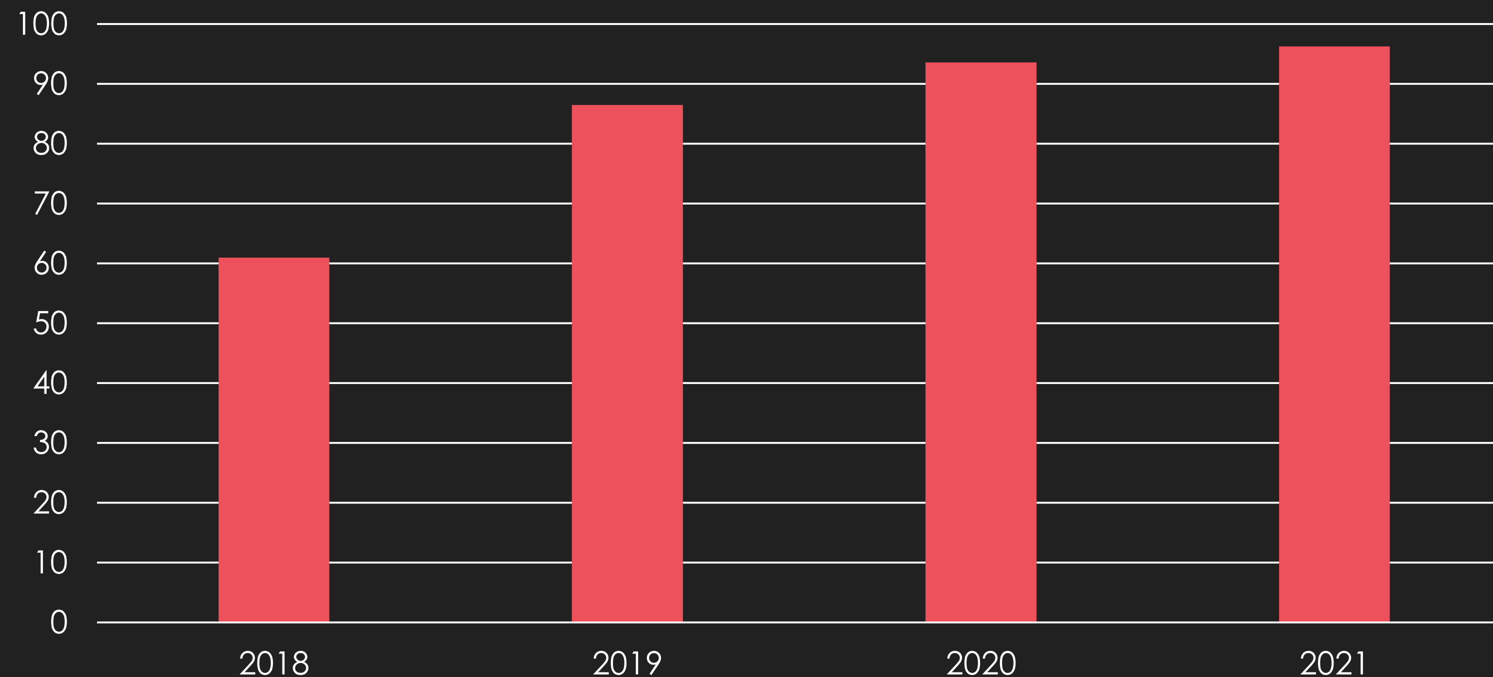
- Decrease the risk for suicide in youth who present with symptoms of depression by screening upon intake then every 16-weeks, for those youth who score a 10 or higher
- Increase the effectiveness of treatment by identifying key symptomology through the screening tool
- Allow for more timely and effective management of depression with required follow-up screenings for youth who qualify with a score of 10 or higher on the PHQ-A

Baseline Goals

- At least 95% of all completed intakes with members ages 11-17 with a disability designation of SED will be screened for depression utilizing the PHQ-A.
- At least 95% of all completed Intakes with members ages 11-17 with a disability designation of SED with moderate to severe depression as measured by the PHQ-A score equal to or greater than 10 will receive quarterly PHQ-A screening until the depressive symptoms resolve (PHQ-A score of less than 10).

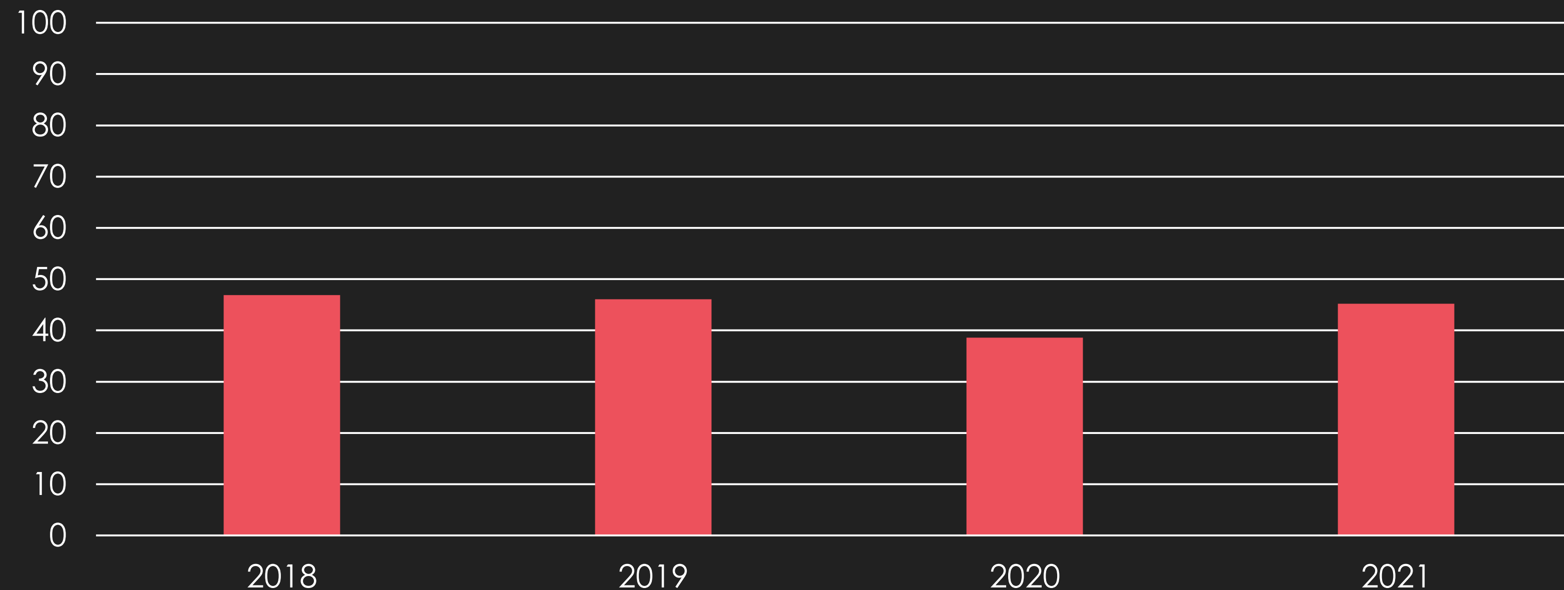
Measurement Outcomes

Quantifiable Measure 1: The percentage of members ages 11-17 with a Serious Emotional Disturbance (SED) diagnosis with a screening for depression using the PHQ-A at Intake.

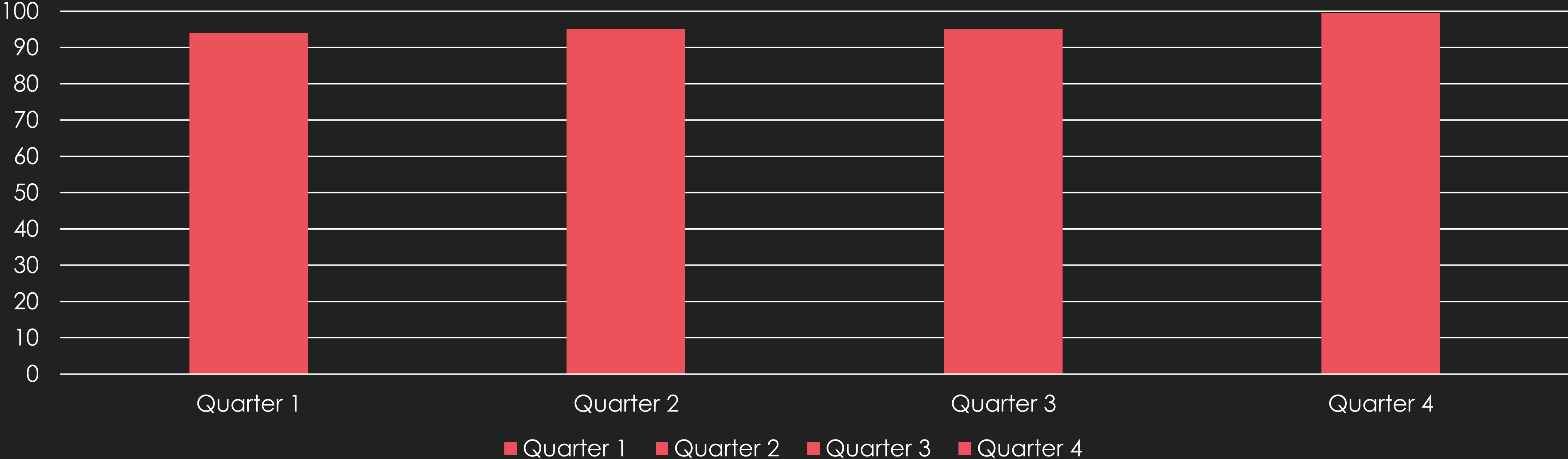


Measurement Outcomes

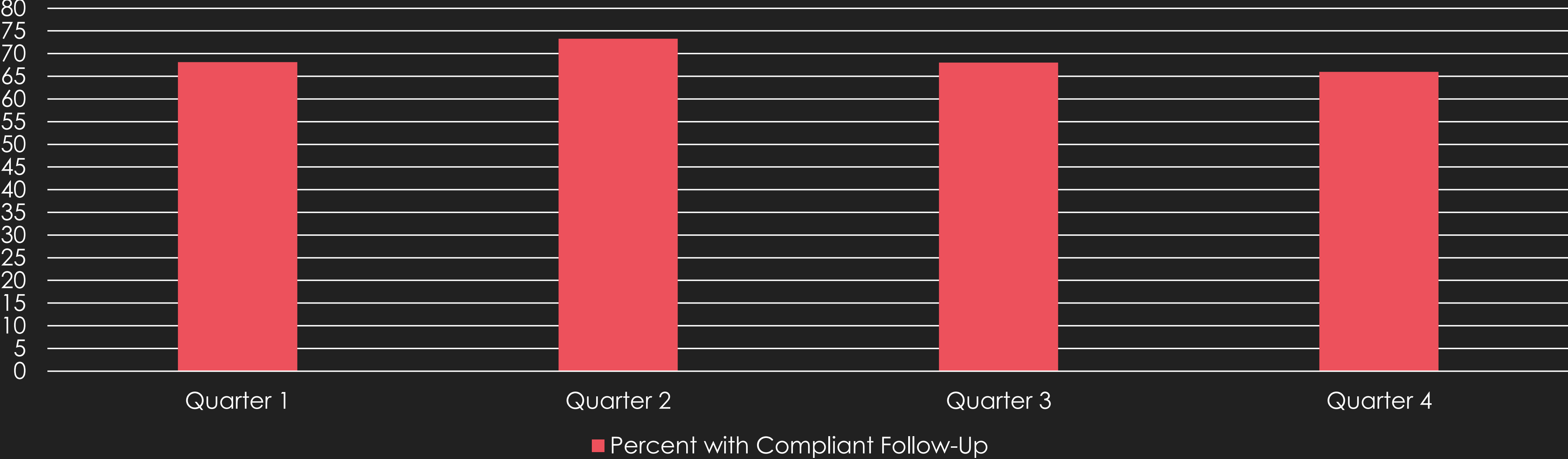
Quantifiable Measure 2: Percentage of youth members ages 11-17 with an SED/SUD disability designation that had a PHQ-A score equal to or greater than 10 upon Intake who received a quarterly PHQ-A screening after 16-weeks.



Fiscal Year 2021 Performance Data



Fiscal Year 2021 Performance Data



Interventions Implemented FY21

- Creation of video regarding the PHQ-A to share with the public (for parents and youth); posted on DWIHN YouTube Channel
- Letters sent to 13 children’s providers (Executive Directors/CEOs and Directors of Children’s Programs) with quarterly compliance data specific to the number of PHQ-A screenings completed at intake and the number of follow-up PHQ-A Screenings completed within the 16 week time frame
  - Letters sent at the end of each quarter during FY21
  - Increased awareness of need for compliance, provided feedback and also began discussions at the provider level as to what could be done to motivate clinicians to comply (i.e. trainings, modifications to PCE systems, etc.)

What other interventions can be implemented to increase compliance within the provider network?

QI11: Autism Benefit

Quality Improvement Activity

- Increase the number of staff working within the Autism Benefit to increase the number of ASD Benefit members receiving Applied Behavioral Analysis within 90 days of MDHHS approval.

Our Request

- Seeking approval of this plan
- Looking for insights on barriers and interventions

Service Project

- 15 members to 1 clinician is the requirement set forth by the national guidelines of the Behavior Analysis Certification Board.
- DWIHN’s ABA Provider Network continues to maintain an average of 8:1 or less ratio of clinicians to members. DWIHN is exceeding the ratio.
- Although there are double the needed clinicians to meet the standard the ABA Provider Network continues to struggle to provide services within 90 days of MDHHS approval.

Measurements

- Process Measure: Number of Board Certified Behavior Analysts (BCBA), Board Certified Assistance Behavior Analysis (BCaBA), Licensed and Limited Licensed Psychologist (LP/LLP), Qualified Behavior Health Professionals (QBHP) working in the DWIHN Network

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Benchmark	Comparison to Benchmark
July 2017	Baseline: 8:1	1100	131	8:1	15:1	N/A
January 2018	Re-measurement 1:	1165	143	8:1	15:1	Exceed Standard
July 2018	Re-measurement 2:	1325	164	8:1	15:1	
January 2019	Re-measurement 3:	1469	186	8:1	15:1	
July 2019	Re-measurement 4:	1387	179	8:1	15:1	
January 2020	Re-measurement 5:	1462	252	6:1	15:1	
July 2020	Re-measurement 6:	1563	222	7:1	15:1	
January 2021	Re-measurement 7:	1751	pending	pending	15:1	
July 2021	Re-measurement 8:	1981	270	7:1	15:1	Exceed Standard

Measurements

- Process Measure: Number of Board Certified Behavior Analysts (BCBA), Board Certified Assistance Behavior Analysis (BCaBA) per City within Wayne County.

Number of Registered BCBA/BCaBA in Wayne County			
City	**Number Certified**	**City**	**Number Certified**
Allen Park	2	Inskter	0
Belleville	4	Lincoln Park	2
Brownstown	3	Livonia	31
Canton	26	Northville	8
Dearborn	41	Plymouth	9
Dearborn Heights	11	Redford	8
Detroit	25	River Rouge	0
Ecorse	0	Riverview	2
Flat Rock	2	Rockwood	1
Garden City	4	Romulus	5
Gibraltar	0	Southgate	6
Grosse Pointe	15	Sumpter	0
Grosse Pointe Park	4	Taylor	5
Grosse Pointe Woods	5	Trenton	3
Hamtramck	1	Van Buren	1
Harper Woods	2	Westland	14
Highland Park	0	Woodhaven	3
Huron	0	**Total**	243

Measurements

- Outcome Measure: The number of consumers who receive ABA services from an ABA Behavior Technician within 90 days of MDHHS approval

Time Period Measurement Covers	Measurement	Numerator	Denominator	Rate or Results	Comparison Goal	Comparison to Benchmark/Goal
FY20 1st Quarter (October 2019 – December 2019)	Re-measurement 8:	113	161	70%	100%	Under Goal
FY20 2nd Quarter (January 2020 – March 2020)	Re-measurement 9:	93	145	64%	100%	Under Goal
FY20 3rd Quarter (April 2020 – June 2020)	Re-measurement 10:	41	51	80%	100%	Under Goal
FY 20 4th Quarter (June 2020 – September 2020)	Re-measurement 11:	70	83	84%	100%	Under Goal
FY21 1st Quarter (October 2020 – December 2021)	Re-measurement 12:	74	135	55%	100%	Under Goal
FY21 2nd Quarter (January 2021 – March 2021)	Re-measurement 13:	90	131	69%	100%	Under Goal
FY21 3rd Quarter (April 2021 – June 2021)	Re-measurement 14:	94	119	79%	100%	Under Goal
FY 21 4th Quarter (June 2021 – September 2021)	Re-measurement 15:	50	51	98%	100%	Under Goal

Timeliness

8

Access to ABA Therapy in 90 Days of Service Request

Independent Evaluator

COVID

Increased oversight

Total of Members (0–200) · Percentage of Standard Met (0–100)

Year	Quarter	Percentage
2014	Q1	28
	Q2	32
	Q3	62
	Q4	83
2015	Q1	75
	Q2	87
	Q3	81
	Q4	85
2016	Q1	70
	Q2	69
	Q3	62
	Q4	68
2017	Q1	53
	Q2	53
	Q3	55
	Q4	71
2018	Q1	77
	Q2	84
	Q3	75
	Q4	70
2019	Q1	63
	Q2	76
	Q3	69
	Q4	77
2020	Q1	68
	Q2	60
	Q3	81
	Q4	69
2021	Q1	55
	Q2	69
	Q3	79
	Q4	98

90 Day · All Elligible · Percentage

Meaningful/Measurable Interventions

July 2020 to Present

- Monthly provider meetings occurred to increase communication, education, and support for providers
- ASD Program Administrator meets monthly with largest providers to identify barriers to services
- Bringing Access Center “in-house” has improved ASD Benefit Program Administrator to work directly on provider availability and capacity issues
- Aligning Initial diagnostic evaluations with the Independent Evaluators has reduced “burden” on ABA Providers
- Opening members in the WSA is no longer a barrier to accessing the next step in the ASD Benefit process

Other Measurable Interventions

July 2020 to Present

Increased speed/efficiency

- Members transferring from Independent Evaluator to ABA provider occurs per request
- Opening previously closed WSA members occurs per request
- Approval of ADOS-2 Worksheets and entry into the WSA on a daily basis with the goal of zero pending requests daily
- Diagnostic evaluations uploaded within 7 days rather than 14+ days
- Independent Evaluators schedule members approved for the ASD Benefit following feedback session
- ASD Program Administrator provides assistance weekly to ABA providers to communicate coordination of referrals

Five Whys

Problem Statement	Consumers enrolled in the ABA Benefit are not receiving services within 90 days.
Why?	There is not enough 1:1 staff to meet the needs of enrolled members
Why?	Providers are not able to recruit, retain, and/or sustain 1:1 staff
Why?	Providers are not adjusting salary as 1:1 staff skills are developed
Why?	Providers cannot bill for training 1:1 staff with another 1:1 staff as procedurally intended, therefore the clinicians must arrange the 10% time and/or choose a loss of profit to target the 90-day mark.
Why?	Behavior Technicians are unable to provide ABA Direct Services until fully credentialed to State standards
Root Cause(s)	ABA Providers are expending time and energy recruiting and training staff which can take anywhere between 2 to 6 weeks to complete credentialing standards before working 1:1 with member. ABA Direct Services cannot be provided without 1:1 staff completing entire credentialing process totaling approximately 68 hours (RBT40 hours +DWC16 hours +CPI8 hours +CPR4 hours) causing services to be started beyond the 90-day mark.

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Projected Meaningful Measurements

Meaningful Measurement

- Number of behavior technicians per ABA Provider compared to number of enrolled members (Standard Ratio)
- Number of behavior technicians credentialed within 2 weeks of hire (Full Time)
- Analysis of space capacity per Provider compared with total enrolled members

Projected Interventions

- Provide direction on efficient and ethical behavior technician training to improve credentialing timeliness standards
- Pool resources on staff recruitment and advertising of the behavior technician position
- Provide empirically-based training to network administration on retention and job satisfaction for direct care workers

Our Request

- Seeking approval of this plan
- Looking for insights on barriers and interventions

Questions?

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