



Detroit Wayne Mental Health Authority (DWMHA)

Quality Assurance Performance Improvement Plan Annual 2018 Evaluation

Submitted by:

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Presented to PCC on 3/13/19 and Approved

Presented to the Full Board on 3/20/19 and Approved

The Detroit Wayne Mental Health Authority is a safety net organization that provides a 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 substance use disorders. DWMHA provides empowerment to persons within our behavioral health system and serves nearly 80,000 Wayne County individuals and their families. 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 17-18. 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 was instrumental for taking the leadership role in obtaining a three-year accreditation with the National Council for Quality Assurance (NCQA). DWMHA was *awarded* a full 3-year accreditation as a Managed Behavioral Healthcare Organization by NCQA.

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.

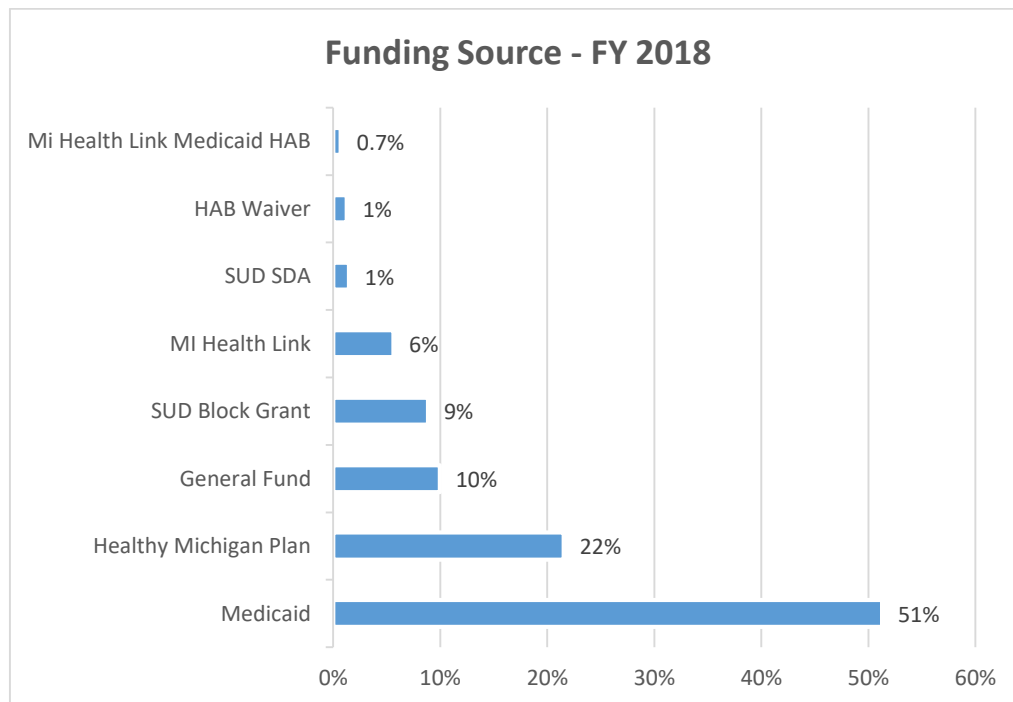
Structure of the Report

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

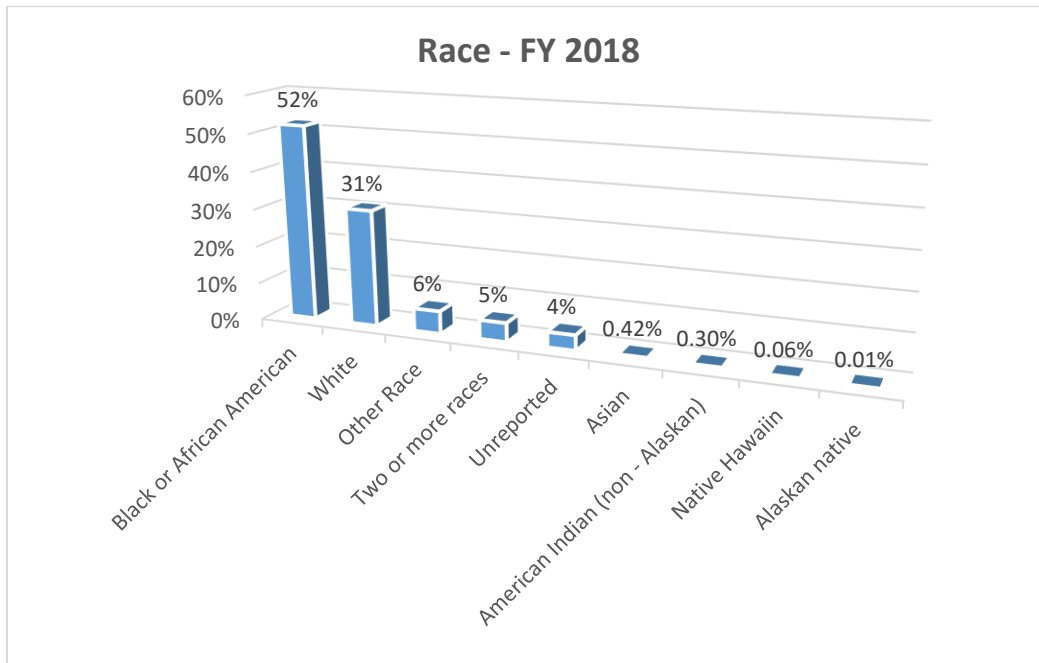
DWMHA provided services to an unduplicated count of 73,681* during 2018, which represented a decrease of 3,583 during this same period in 2017. Of those served 46,166 received services through Medicaid funding, 19,397 received services through Healthy Michigan Plan funding, 8,886 received services through General Fund, 7,986 through SUD Block Grant, 5,059 through MI Health Link, 1,332 through State Disability Assistance (SDA) 1,141 through Habilitation Supports Waiver and 67 through MI Health link Medicaid HAB.

**Data was extracted for this report on January 14, 2019.*



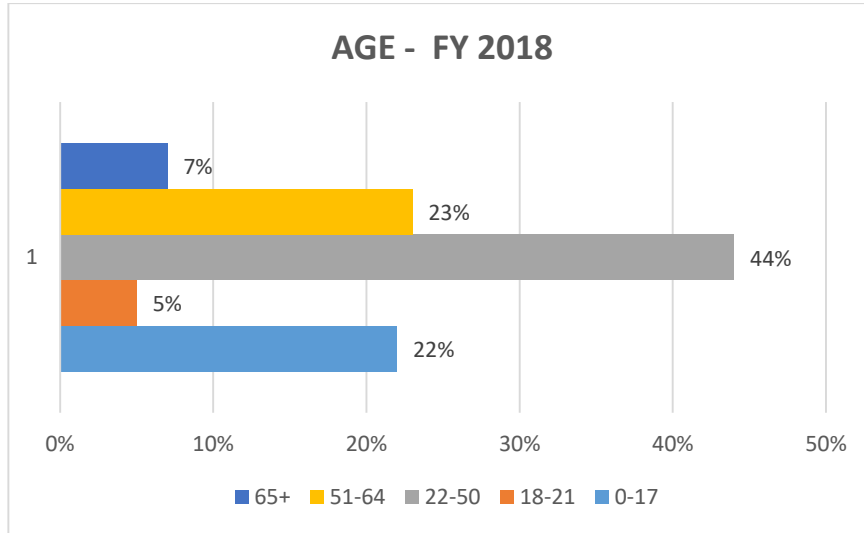
Race

DWMHA provided services to an unduplicated count of 73,681* during 2018. 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, 38,917 or 53% are African American/Black; 22,937 or 31% are Caucasian/White; 3,717 or 5% identified as two or more races; 4,313 or 6% identified as Other; 3,195 or 4% race was not reported. The other races were <1% (314 are Asian; 228 are American Indian; 50 as Native Hawaiian and 10 as Alaskan). *Data was extracted for this report on January 14, 2019.

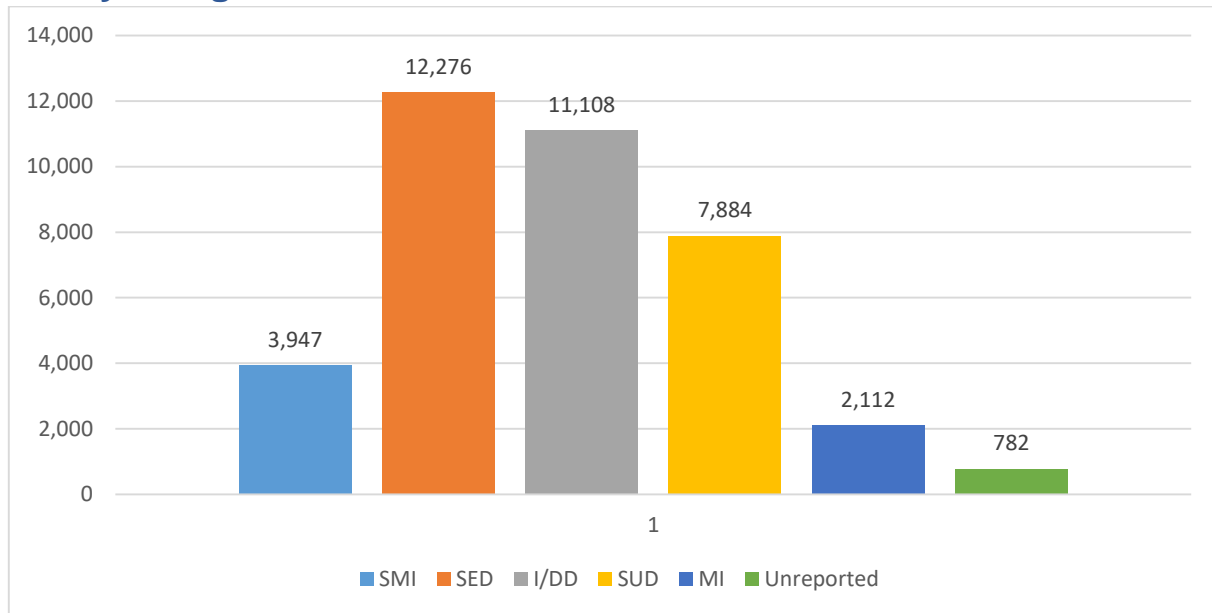


AGE

The largest age group of individuals served are in the age group of 22-50 years-old, 32,324 or 44%, followed by the age group of 51-64 years-old, 16,823 or 23%, and the age group of 0-17 years-old, 16,048 or 22%. *Data was extracted for this report on January 14, 2019.



Disability Designation



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 members.

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 members 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 the following:

- 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.

See Appendix A for Quality Improvement Committee Structure Chart

We have identified some improvement opportunities within the QISC structure. One of the opportunities is the vertical and horizontal communication within the QISC structure. Another opportunity is the need for evidence of discussion and actions by the committee as well as practitioner, stakeholders and member participation.

Annual Service Summary and Program Highlights

The FY 17-18 QAPIP highlights were reviewed in accordance with the DWMHA Board of Directors Strategic Plan. The evaluation includes each of the Pillars and the identified Focus Areas listed below. 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.

Strategic Plan Pillars by Definition:

- **Customer:** Services should be designed to meet the needs and expectations of members. An important measure of quality is the extent to which customer needs and expectations are met.
- **Access:** Provide affordability of the services provided to the customer. To ensure availability and accessibility of the services.
- **Workforce:** Provide staff development activities while empowering staff in the competitive and market-driven workforce.

- **Finance:** Ensure the Administrative Cost as a portion of the Total Cost is low and reasonable.
- **Quality:** Deliver a robust decision support system as DWMHA will be recognized as the Behavioral Health Subject Matter expert through the use of standardized treatment protocols and guidelines.
- **Advocacy:** Establish leadership in shaping public policy for Behavioral Health in Michigan that fosters regional cooperation and informs and engages local and state resources as well as stakeholders.

Strategic Plan Focus Areas by Definition:

- Increase community inclusion and integration
- Enhance crisis management and response
- Expand capacity for improving practices
- Enhanced recovery oriented system of care
- Achieve operational excellence
- Implement integrated care
- Improve health and safety

Progress on Goals and Objectives

Subsequent pages will provide a summary of goals achievement based on the goals approved for FY 2017-18 and recommendation for continuous improvement activity.

Customer

The DWMHA Customer Services Unit is responsible for conducting and monitoring member satisfaction surveys, grievances, and appeals. During FY 17-18, the highlights under the Customer Pillar were identified through Member Experience Satisfaction Survey and Member Grievances for services and access to the DWMHA provider system.

Member Experience

The Customer Services Unit coordinates the administration of two State wide data collection mechanisms, that is the National Core Indicators (NCI) primarily for the IDD population and Mental Health Statistical Improvement Program that reviews the ACT programming and Youth Home-based activity usually on an annual basis. Customer Service is the managing and directing unit for the administering of the ECHO® a registered trademark instrument that stands for Experience of Care and Health Outcomes. The purpose of the survey is to assess the overall experiences of adult persons who have received mental health or substance use disorder services within a 12-month period. The ECHO® survey was first conducted to measure these categories to determine overall ratings related to timely treatment, office wait times, waiting lists, treatment benefits, relationship or perception of the practitioner's involvement and perceived improvement of the participant over the one (1) year span. DWMHA contracted with Wayne State University (WSU) Center for Urban Studies to administer the project.

The results of the 2017 ECHO® provided a base-line of 5 indicators with a compliance score of 48%, the expected benchmark is 80%. Recommendations for improvement were sent to the QISC for further proposing of a Quality Improvement Plan for 2018. No meaningful interventions were completed for FY 2018. This activity will continue as a quality improvement project for FY 19 to increase improvement of member involvement in the low scoring areas by 25% annual report available upon request.

In 2019 the Customer Service unit will contract to repeat the ECHO® survey for adults in our system that are randomly selected looking back at the 2018 year or last (12) months of service. The contractual agreement will be to select a huge potential set for the survey. The actual data will be collected utilizing both direct mail and telephone interview of approximately 8000 people. The selection will occur throughout the spectrum of services to include adults SMI, IDD, SUD, Dual-eligible. The time frames are expected that the Adult survey will begin around April 1, 2019 and continue through late June with the final report due around August 1st.

Member Grievances

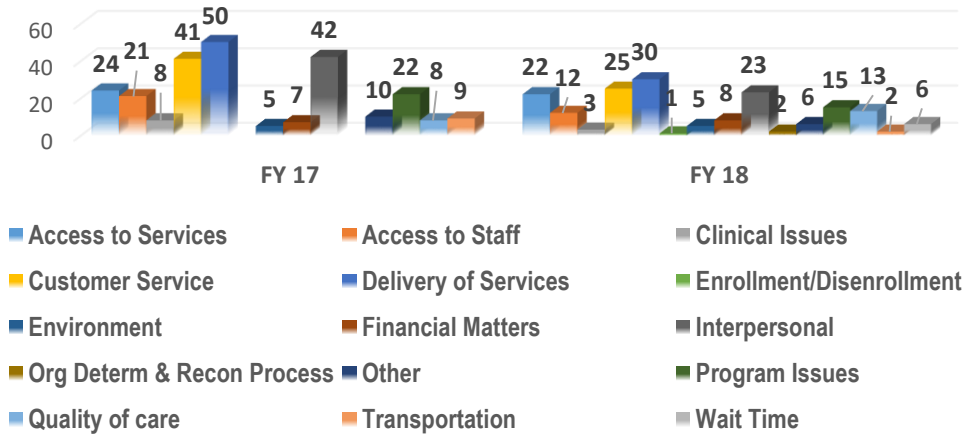
The grievance system is an important element in identifying how providers function in various areas. It promotes members' access to medically necessary, high quality, consumer-centered behavioral health services by responding to consumers' concerns in a sensitive and timely manner. This process supports recovery and assures that people are heard. It empowers individuals receiving services to become self-advocates and provides input for making the system better for everyone. It also serves as a source to identify opportunities for improvement in the quality and delivery of behavioral health service within the Detroit Wayne Mental Health Authority (DWMHA) system. It is DWMHA's goal to educate members as well as providers on the importance of promoting expressions of member dissatisfaction as a means of identifying continuous quality improvements in our delivery of behavioral health care services.

Grievance Categories

A grievance may include more than one issue or category. During FY '17 there was a total of 247 different issues identified within the 163 grievances reported in FY 17. Whereas in FY '18, there were 173 issues or categories identified within the 86 grievances processed. The category with the lowest number of grievances was Transportation in both FY 16 and FY 17.

Access to Services, Delivery of Service and Interpersonal relations were three categories in which there were high numbers of grievances reported in both FY '17 and '18. There was a decline of 78% in FY '18 in the number of grievances reported for Transportation compared to FY '17.

GRIEVANCE CATEGORIES

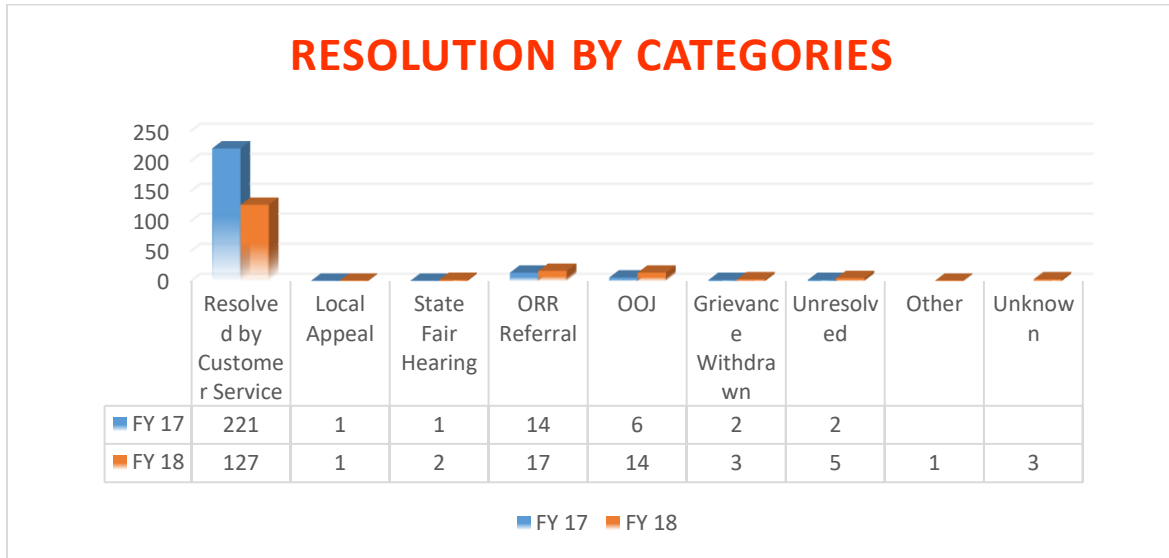


Time Frame of Resolution

During FY '16/17, Medicaid and Non-Medicaid grievances were required to be resolved by sixty (60) calendar days; MI Health Link grievances were required to be resolved within thirty (30) days. There were no grievances that exceeded the required resolution time-frames. During this FY 16/17, Hegira-PIC represented the highest number of days to resolve at fifty-six (56) days. Starfish represented the lowest number of days with a one (1) day resolution of a grievance. The total average number of days that a grievance remained open was thirty-three (33) days.

Grievance Categories Disposition

During FY '18 127 (73%) of the 173 grievance categories were resolved within the Customer Service unit during FY '18. 17 (9.8%) of those categories were referred to the ORR for additional follow-up and investigation. See chart below for resolution of the additional categories.



Customer Satisfaction

83% of the individuals who filed a grievance expressed satisfaction with the resolution of his/her grievance in FY '17 compared to 59% in FY '18. Satisfaction disposition was unable to be obtained for 4% in FY '17 and 9% in FY '18 for individuals due to inability to contact them to discuss the outcome of his/her grievance. This activity will continue as a quality improvement project for FY 19 to measure the effectiveness of customer satisfaction.



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 members within the DWMHA provider network. During 2018, the ORR received over 1,593 allegations this is an increase of 193 (13%) from the previous FY. ORR conducted over 600 site reviews of providers including specialized residential settings and hospitals.

Compliant Source

Recipient	483
Staff	557
ORR	160
Guardian/Family	169
Anonymous	35
Community/General Public	189
Total Complaints Received	1593

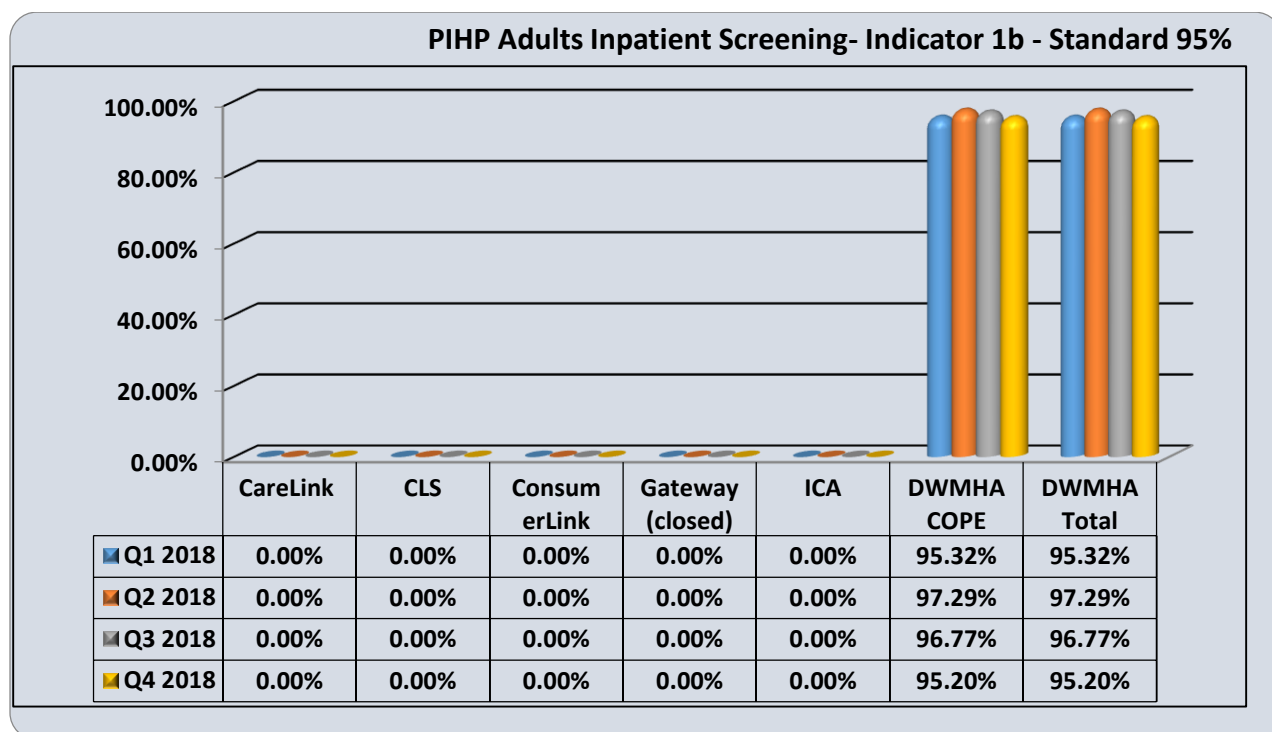
Allegations	1593
Interventions	0
Investigations	1301
Interventions Substantiated	0
Investigations Substantiated	481

Access

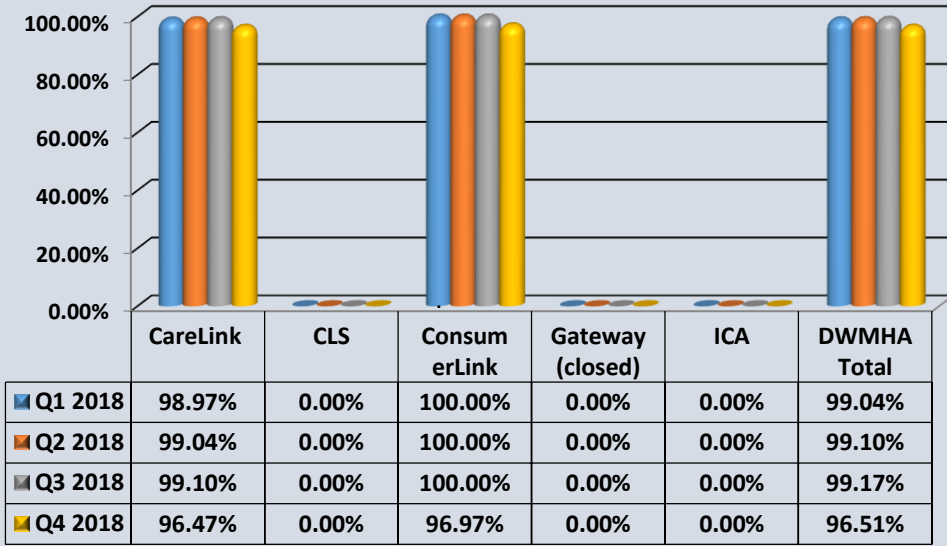
Appointments are divided into three categories, urgent, emergent, and routine. No appointment is scheduled more than 14 days out from determination of eligibility unless requested by the member. For FY 17-18, DWMHA continues to exceed the 95% threshold in availability and accessibility of services

The percentages of persons during the FY 17-18 receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours.

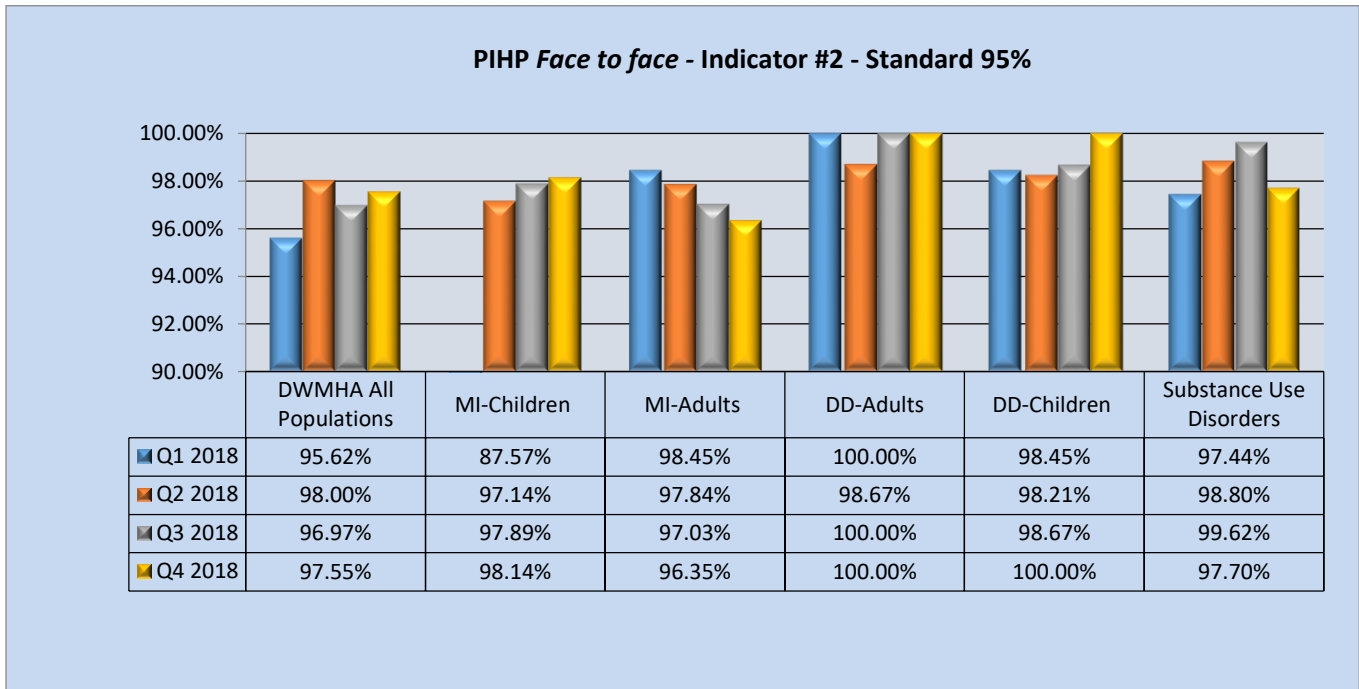
Note: The COPE program is responsible for data collection of Indicator 1b



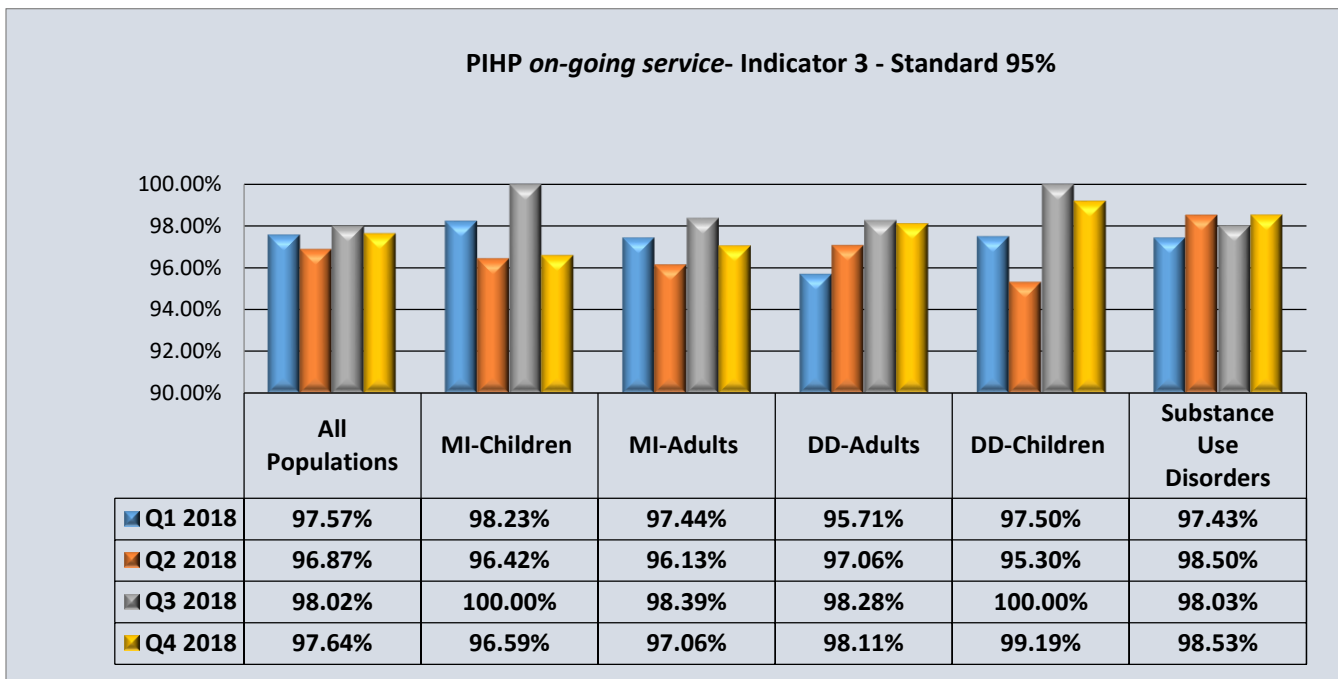
PIHP Children Inpatient Screening - Indicator 1a - Standard 95%



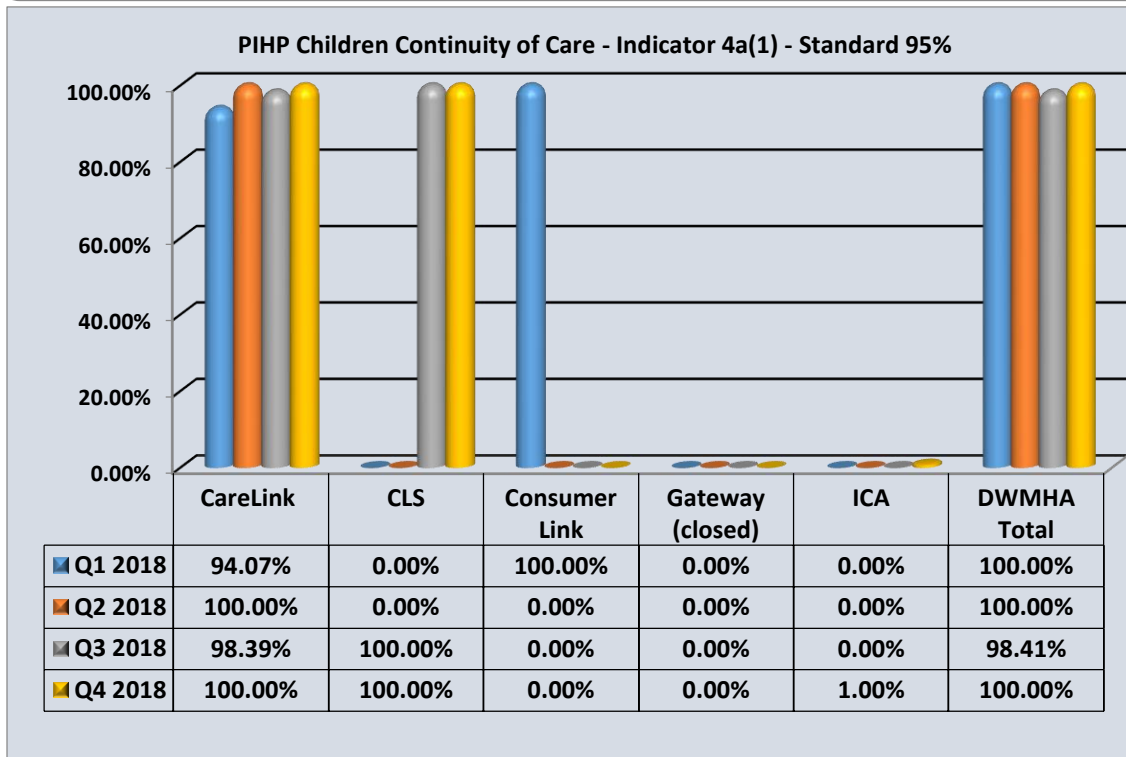
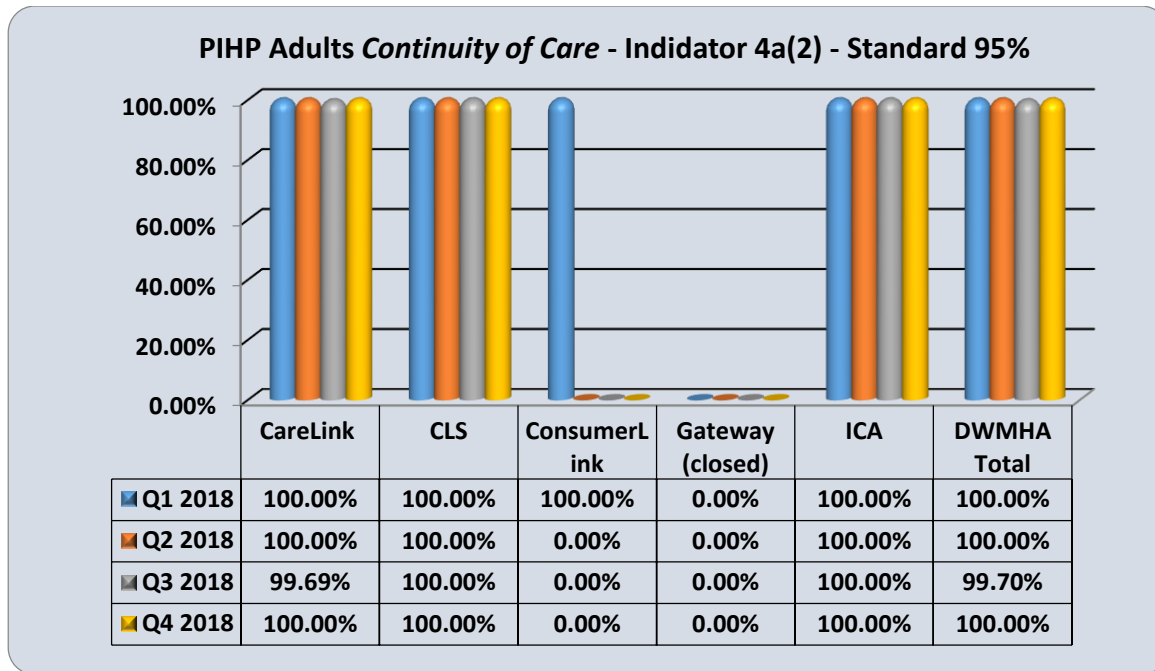
The percentages of persons during the FY 17-18 receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service.



The percentages of persons during the FY 17-18 needed on-going service within 14 days of a non-emergent assessment with a professional.

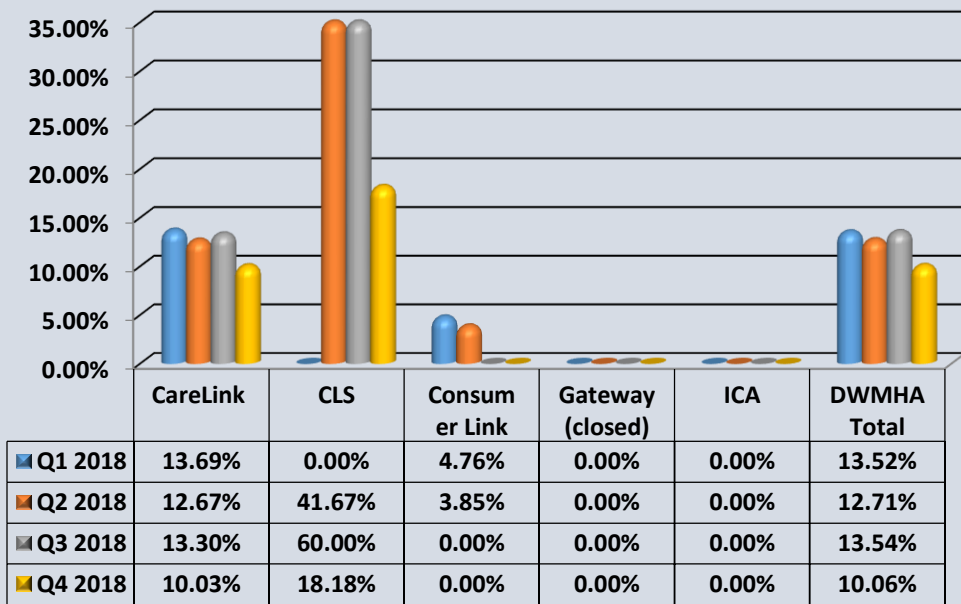


The percent of discharges from a psychiatric inpatient unit during the FY 17-18 who are seen for follow-up care within seven days.

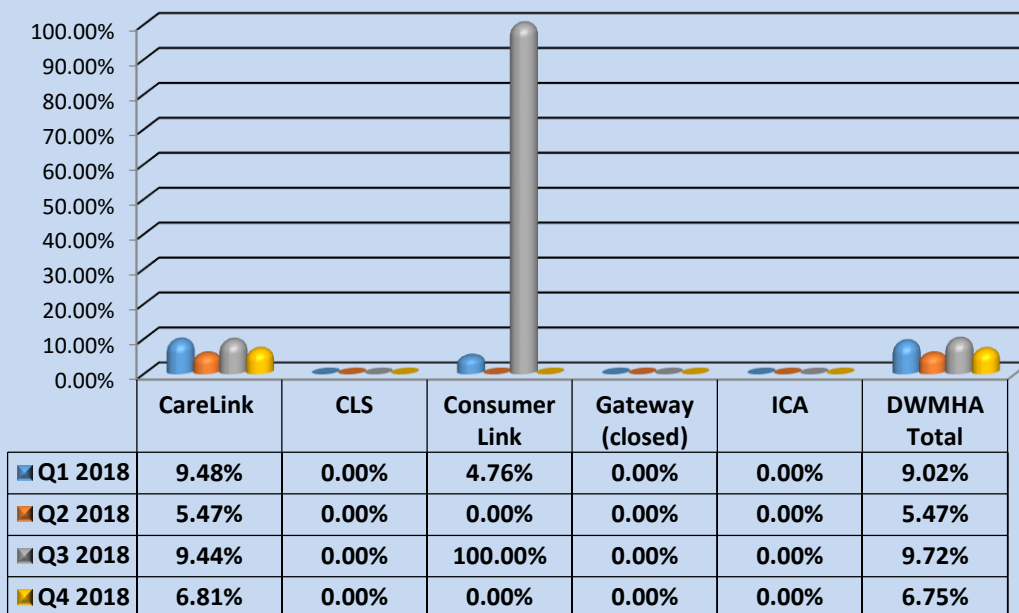


The percentage of readmissions of children and adults during the FY 17-18 to an inpatient psychiatric unit within **30 days** of discharge. **Standard=15% or less**

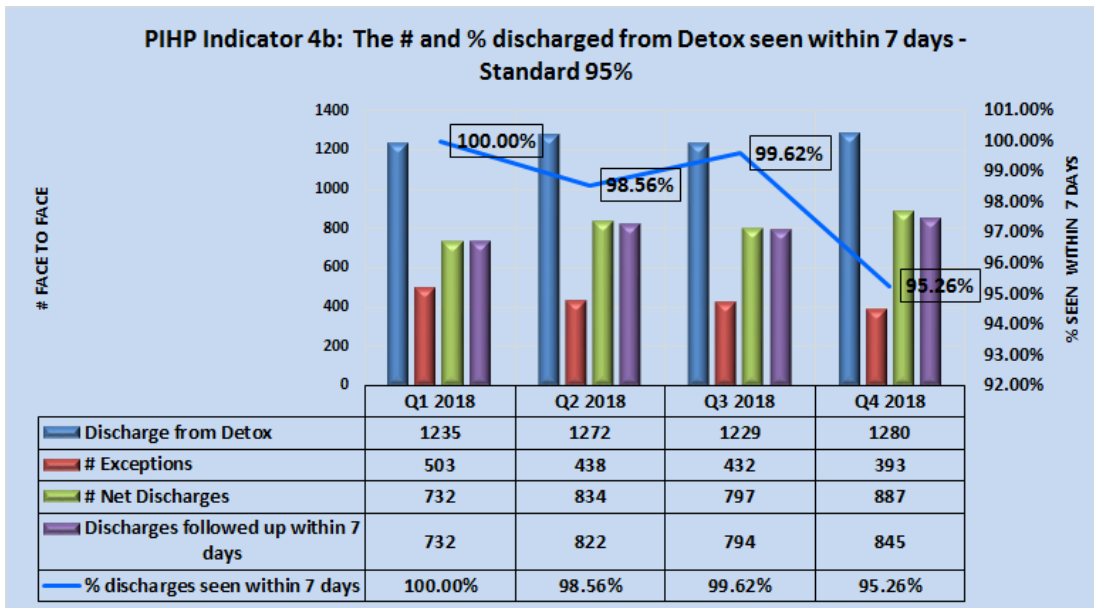
PIHP Adults Inpatient Recidivism - Indicator 10b -Standard 15% or less



PIHP Children Inpatient Recidivism - Indicator 10a (Table 6) - Standard 15% or less



The table below indicates a breakdown by quarters of the percent of discharges from a Substance Abuse Detox Unit who are seen for follow-up care within 7 days.



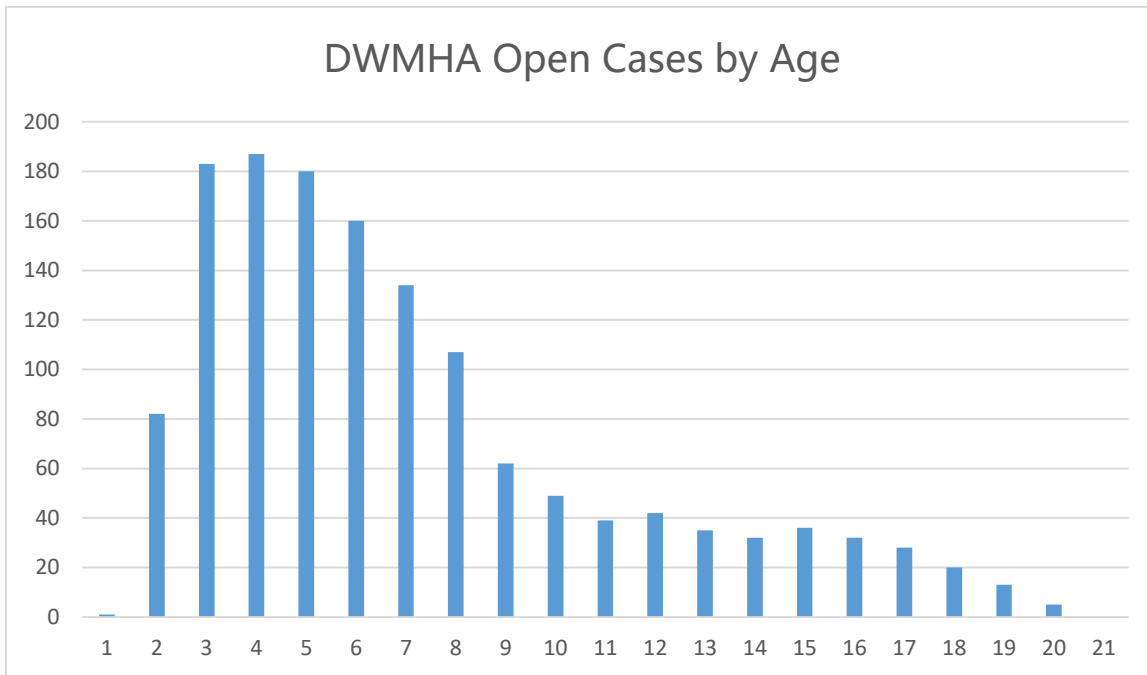
Autism Benefit

During 2018 DWMHA increased the number of Autism providers from 14 to 17. This will accommodate the growing need of children and adolescents eligible and in need of the Autism Benefit. The benefit expansion in 2016 increased the benefit age limit from 6 years of age to 21. Since that time there has been a steady increase in the number of enrollee's age 7 and older – this expansion group currently accounts for 49% of total enrollee's for the Autism Benefit.

There continues to be capacity challenges in the DWMHA ABA Network and State of Michigan overall, however we have seen increases in the number of qualified staff in the network. Since fiscal year 2017 there has been a 24% increase in the number of BCBA's, as well as an 18.5% increase in the number of QBHP's. The number of BCaBA's remained the same. While we continue to recruit qualified staff, there is still a significant demand for services, which is impacting access to care. Masters' Prepared Behaviorist in the ABA Benefit can 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. As a result, 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.

The table below indicates the ABA Workforce and open cases by age during FY 17-18

	FY16 4Q	FY17 4Q	FY18 4Q
BCBA's	40	41	54
BCaBA's	0	2	2
QBHP's/LLP's	46	88	108



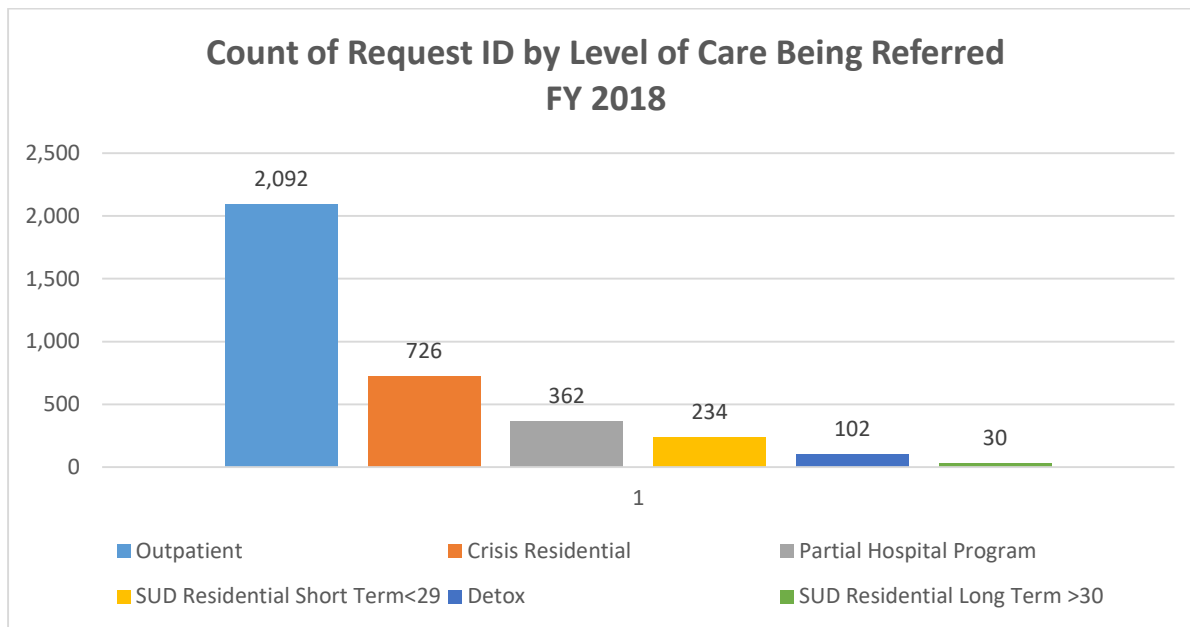
Autism Site Review

In FY 17-18, DWMHA received a site review from the Michigan Department of Health and Human Services (MDHHS) Autism Benefit, under the Michigan Medicaid Managed Specialty Supports and Services 1915(b/c) contract for Applied Behavior Analysis (ABA) services and MDHHS policies and procedures. DWMHA submitted a plan of correction for areas of improvement. DWMHA is committed to ensuring full compliance with the ASD regulatory requirements. The Quality Improvement Unit recognize the need for increased monitoring of the WSA, reviewing all status updates, reporting logs and CAPs.

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 10/01/2017 to 09/30/2018 there was 13,028 PARS, out of them there was 3,546 diversions (2,092 Outpatient, 362 Partial Hospital Program, 726 Crisis Residential, SUD Residential Short Term 234, 102 Detox, and 30 SUD Residential Long Term). There will be continuous quality improvement activity for FY 18 to measure recidivism rates.



Michigan Mission Based Performance Indicators

DWMHA Quality Improvement Unit conducted a training on the Michigan Mission Based Performance Indicators (MMBPI). The PIs data is 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 17-18, 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).

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.

DWMHA's Naloxone Initiative program is reported to have saved **311** lives since its inception in 2016, with 19 unsuccessful saves noted. This activity will continue as a quality improvement activity for FY 19 to measure effectiveness of training and education.

2016 saves	33	2016 unsuccessful saves	1
2017 saves	88	2017 unsuccessful saves	5
2018 saves	172	2018 unsuccessful saves	13
2019 saves	18	2019 unsuccessful saves	0
Total	311	Total	19

DWMHA continues to train first responders, our provider staff and the community on how to reverse an opioid overdose. DWMHA have trainings scheduled up to September 2019.

Prescription Drug and Opioid Overdose Prevention Program

The SUD department has several initiatives in place to combat the opioid crisis.

1. Innovative Strategies Grants:
 - a. Prescription Drug & Opioid Overdose Prevention
 - b. Opioid Overdose Recovery
 - c. Enhancing Treatment Services for Pregnant Women
 - d. Drug Court Recovery Support Program

2. State Target Grants:
 - a. Strengthening Families Program
 - b. Motivational Interviewing in Medication Assisted Treatment (MAT) Programs
 - c. Project Assert
 - d. Enhancement & Implementation in MAT Programs
 - e. Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking – Michigan Reentry Program (MISSION-CJ MI-REP) Project

3. State Opioid Response Grants:
 - a. Youth/Family Oriented Prevention Evidence Base Practices (EBPs)
 - b. Overdose Education and Naloxone Distribution (OEND) with Harm Reduction
 - c. Peers in Federally Qualified Health centers (FQHCs), Urgent Care, and other out-patient settings for (Screening Brief Intervention, Referral to Treatment (SBIRT)
 - d. Opioid Use Disorder (OUD) Treatment Costs
 - e. Jail-Based (Medication Assisted Treatment (MAT) Expansion
 - f. Recovery Housing
 - g. OUD Recovery Services Costs
 - h. Mobile Care Units
 - i. Government Performance and Results Act (GPRA) Incentives

Totals prescriptions collected for DEA National Take back for the Detroit Wayne County area in October 2017, April 2018 and October 2018:

- October 2017= Totals **62 boxes 1023 lbs.**
- April 2018 = Totals **83 boxes 1544 lbs.**
- October 2018 = Totals **98 boxes 1994.4 lbs.**

Critical/Sentinel Event and Death Reporting

The processing of Critical/Sentinel Events is one element for identifying quality improvement activities and risks. On-going training along with the training manual are provided to staff across the provider network. For FY 17-18, the continuous quality improvement activity requires an annual refresher 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. 412 provider staff were trained during FY 17-18. (Training Manual available upon request.)

The purpose of our critical event module is to assist in the identification of patterns and trends. The data reports the number of events rather than the number of members involved. As the data is reviewed, it is important to focus attention on members who have high number of events and work with the staff to address clinical and other concerns, which may be the underlying cause for behavior or health issues. During FY 17-18, the Quality Improvement Unit processed 7,083 critical events for all members.

CRITICAL EVENTS FY 2017-2018
Category
Arrests - 145
Deaths - 447
Environmental Emergencies - 205
Injuries requiring Emergency Room - 674
Injuries requiring Hospitalization - 83
Medication Errors - 172
Other - 359
Physical Illness Requiring Emergency Room - 2191
Physical Illness Requiring Hospitalization - 1108
Serious Challenging Behavior - 1699

Policies and Procedures

Training on Detroit Wayne Mental Health Authority (DWMHA) policies and procedures were conducted at various committee meetings and at provider meetings. 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 website.

Detroit Wayne Connect

In FY 17-18, the Detroit Wayne Mental Health Authority (DWMHA) provided training to approximately 43,000 workforce members using the Detroit Wayne Connect. Those trained included professional healthcare staff comprised of social workers, psychologist, physicians, nurses and counselors. The continuing education credits associated with these trainings accounted for: Child Mental Health Professionals (CMHP), Qualified Mental Health Professionals (QMHP), and Qualified Intellectual Disability (QIDP), and Substance Use Professionals (MCBAP).

Credentialing Process

In FY 17-18, 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.

Finance

Standardized Rates

DWMHA Finance Department continued to demonstrate 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 is to deliver standardized funding and reimbursement models for managed care and fee-for service. The Per Member Per Month (PMPM) rate for all services (except limited codes) will be based on a combination of rates pre/post to standardization and average units served to a unique member count. This funding model would be for the larger providers with various economy of scales and various holistic care models. The smaller providers will continue on fee for service payment. For FY 19 DWMHA will monitor over and underutilization due to the new hybrid funding model, QI and UM will work with IT to develop reporting that monitors the organization's PMPM utilization of the designated funding codes.

Quality

Behavior Treatment Advisory Committee (BTAC)

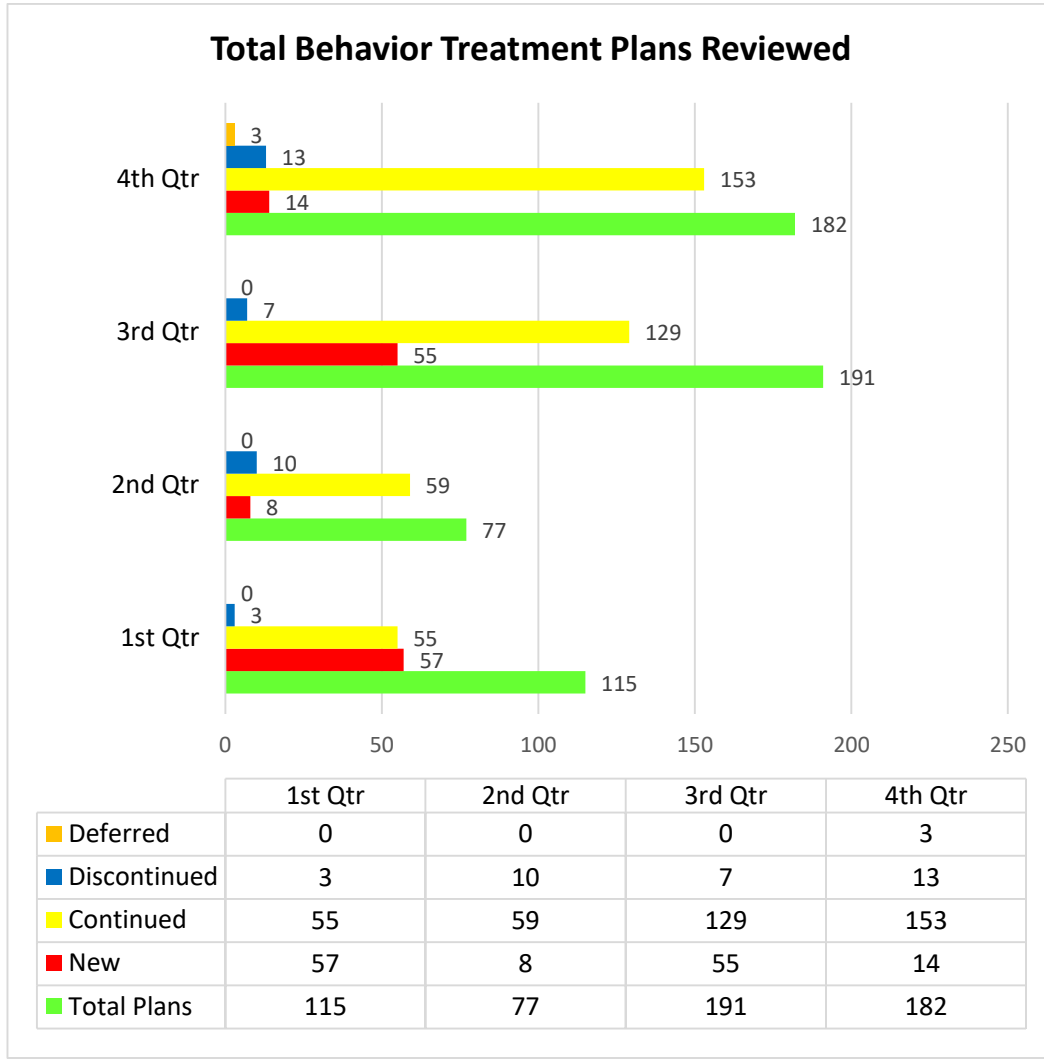
The Detroit Wayne Mental Health Authority (DWMHA) is charged with monitoring and evaluating the integrity of services provided in its direct service provider network. The DWMHA's Behavior Treatment Advisory Committee (BTAC) started in 2017, is a 14-member committee. The Committee is comprised of DWMHA network providers, members, DWMHA staff, including Psychologist, Psychiatrist, and Office of Recipient Rights. The Committee reviews the implementation of Behavior Treatment Plan Review Committees (BTPRC) procedures and evaluate each committee's overall effectiveness and corrective action as necessary. The charge of this Committee includes random sampling of intrusive and restrictive behavior treatment plans; and review for inclusion of the MDHHS Technical Guidelines in the DWMHA Behavior Treatment Policy and Procedures; and training. The Committee reviews system-wide trends, behavior plan approvals, disapprovals and terminations. The Committee compares system-wide key indicators such as psychiatric hospitalization, behavior stabilization, reductions or increases in use of behavior treatment plans.

Accomplishments:

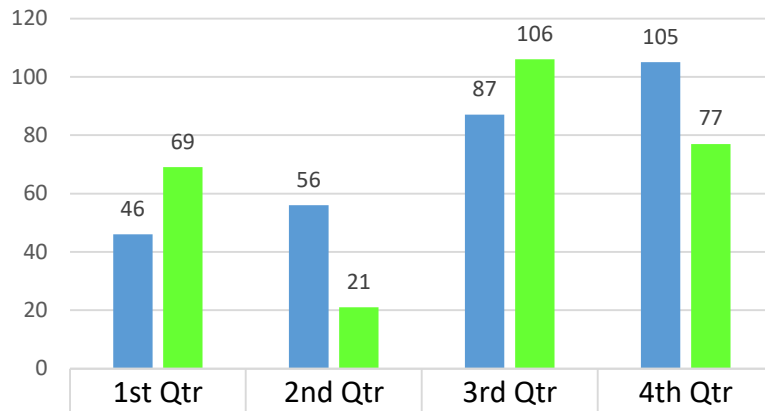
- For the first time DWMHA is in full compliance on Behavior Treatments Plan Reviews based upon the findings of The Michigan Department of Health and Human Services (MDHHS) follow-up site review on DWMHA in October 2018.
- DWMHA BTAC reviewed **565** behavior treatments plans in FY 2017-18.
- MDHHS conducted its first training on Technical Guidelines for DWMHA Behavior Treatment Policy and Procedures for network providers Technical Guidelines and DWMHA Behavior Treatment Policy and Procedures for network providers.
- A full training day (5 CEUs approved) was conducted for Behavior Treatment Plans Review Committee Members in December 2018 by the Chief Psychologist at MDHHS
- Similarly, for the first time DWMHA started submitting quarterly data analysis reports on Behavior Treatment Plans reviewed in each quarter to MDHHS
- Upcoming Training Event by MDHHS exclusively for members of DWMHA's BTAC.
- For emergency reviews of behavior treatment plans, Expedited Procedure and Protocol for Urgent Plans Reviews has been developed and incorporated into DWMHA Policy on Behavior Treatment Plans. There was no formal procedure developed previously for expedited reviews.

Statistical Representation:

565 Behavior Treatment Plans were reviewed in FY 2017-18

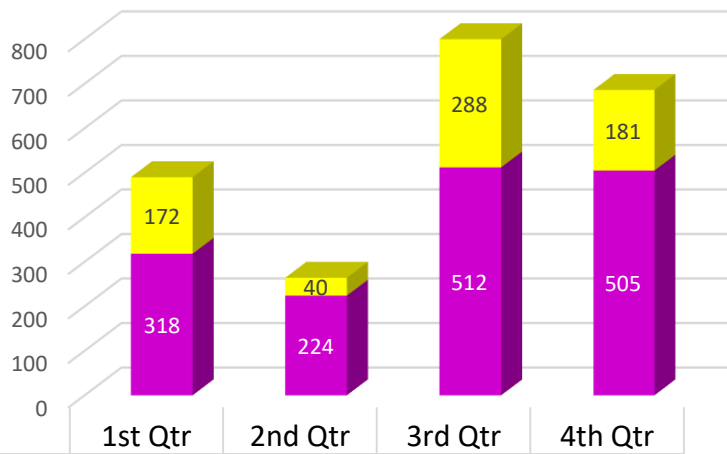


Plans Implementing Restrictive and Intrusive Interventions



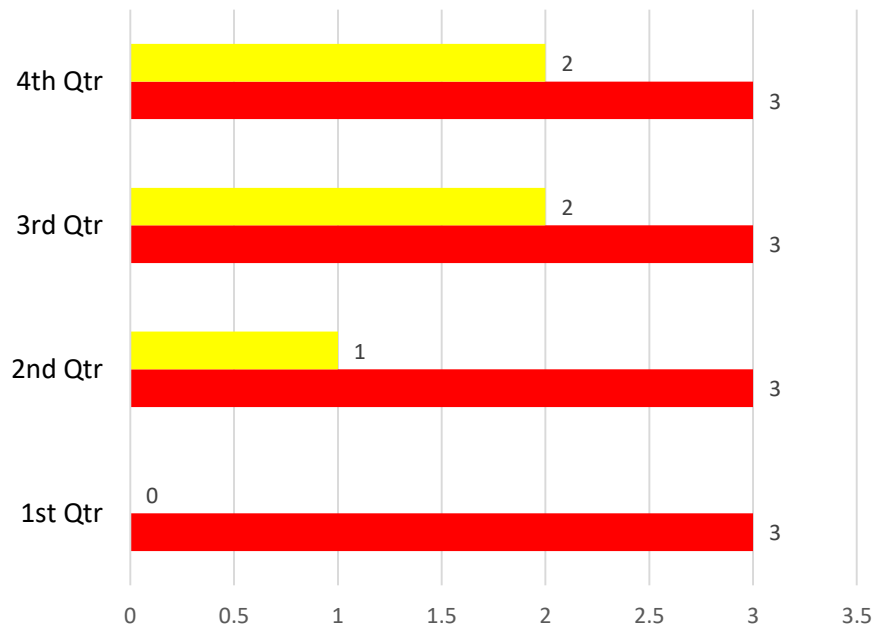
Restrictive Interventions	46	56	87	105
Intrusive Intervention	69	21	106	77

Use of Medication



Antipsychotic Intervention	172	40	288	181
Psychotropic Medication	318	224	512	505

911 Calls and Critical/Sentinel Events



	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
■ Critical/Sentinel Events	0	1	2	2
■ 911 Calls	3	3	3	3

MI Health Link Demonstration Project

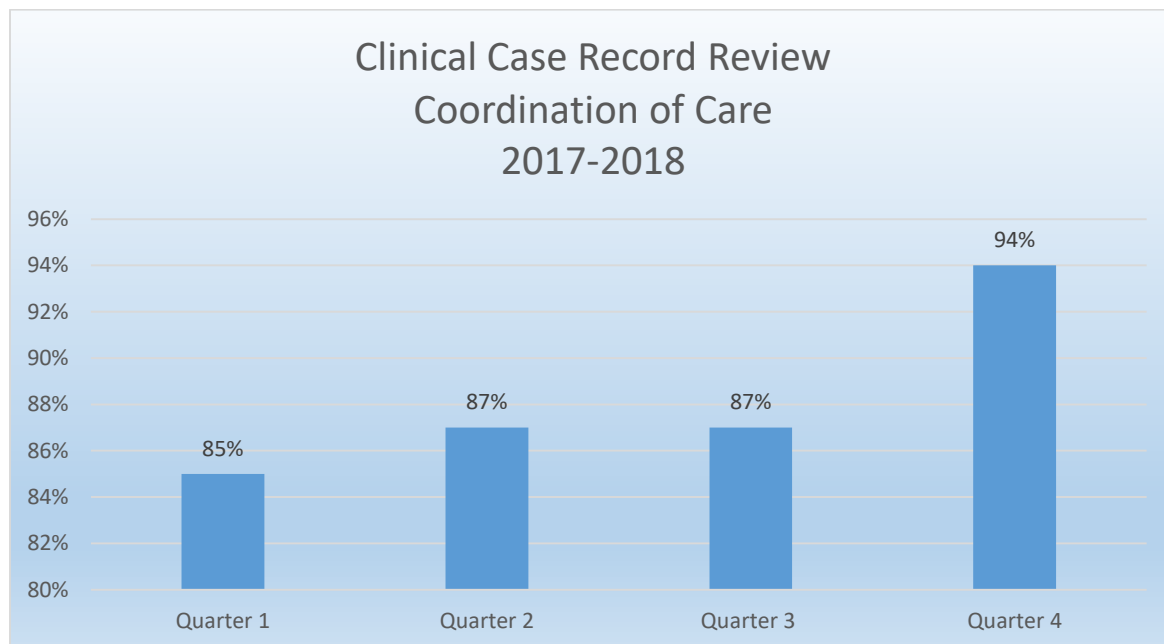
The DWMHA continues to monitor and measure the level of integration throughout the provider network. For FY 17-18, DWMHA was referred 4,769 members for behavioral health services from the Integrated Care Organization (ICO). During FY 17-18, Aetna Better Health of Michigan (ABHM) aka Coventry Cares of Michigan conducted a performance compliance review for claims oversight. DWMHA achieved full compliance in all four categories evaluated. The review for FY 17-18 findings for Michigan Complete Health (MCH) aka Fidelis Care resulted in an overall score of 100% on all standards reviewed.

Performance Measurement Validation

The Quality Improvement (QI) Department has implemented a self-monitoring/self-regulating plan as a component of the Continuous Quality Improvement (CQI) process. The provider self-monitoring review is a multilevel approach, which begins at the service provider level and cascades up to DWMHA's QI Department. During FY17-18, program providers conducted self-monitoring reviews. The review process included a quarterly random selection of clinical case records. For FY 17-18, providers ranged from 88% to 100%, with an overall compliance score of 95%.

Coordination of Care is an area in which our program providers continually score below the required 95% overall compliance. QI has initiated a Quality Improvement Project (QIP) for Coordination of Care. Review of the QIP demonstrates that for FY17-18 there are steady improvements (9%) from Quarter 1 to Quarter 4 of 2018 as demonstrated in the table below.

It has been identified that during DWMHA's QI monthly meetings with program providers a group review to educate and train on the questions outlined in the standardized tools will assist providers with completing interrater reliability for our QI system as well as their individual programs and organizations. Other areas scoring below the 95% compliance score will be reviewed during our Quality Operations Meeting in January 2019. QI's overall goal is to review each section not meeting the 95% benchmark, which will include a drill down to each question and review with providers. It is recommended that a workgroup be developed through the Quality Operations Meeting to review low compliance scores that would allow providers to review/discuss issues and develop best practices for improving overall compliance.



External Quality Review (EQR) Standards

DWMHA was reviewed by the Health Services Advisory Group (HSAG), the External Quality Review Organization for Michigan Department of Health and Human Services (MDHHS) in FY 17-18. DWMHA received an overall compliance score of 89% for the eight standards reviewed. DWMHA’s strongest performances were in Standards VII, X and XV which received compliance scores of 100%. HSAG identified opportunities for improvement for Standards VI, IX, XII, XIV and XVII. DWMHA will continue its effort to improve the overall compliance score which is below 95%. The table below represents the overall findings. The full report including Correction Action Plan is available upon request.

Summary of 2017–2018 Compliance Monitoring Review Results

Standard	Total # of Applicable Elements	Number of Elements			Total Compliance Score
		Met	Not Met	N/A	
Standard VI—Customer Service	39	34	5	0	87%
Standard VII—Grievance Process	26	26	0	0	100%
Standard IX—Subcontracts and Delegation	11	9	2	0	82%
Standard X—Provider Network	12	12	0	1	100%
Standard XII—Access and Availability	19	17	2	0	89%
Standard XIV—Appeals	54	45	9	0	83%
Standard XV—Disclosure of Ownership, Control, and Criminal Convictions	14	14	0	0	100%
Standard XVII—Management Information Systems	12	9	3	2	75%
Total Compliance Score	187	166	21	3	89%

Annual Site Reviews

In FY 17-18, DWMHA received a site review from Michigan Department of Health and Human Services (MDHHS). MDHHS conducted the review of the Waiver Programs Habilitation Supports Waiver (HSW), Children’s Waiver Program (CWP), and the Waiver for Children with Serious Emotional Disturbance (SEDW). DWMHA did require a response to the corrective action plan for deficits in certain areas. During the follow-up review, DWMHA received a full compliance score of 100% of the Waiver Programs. The SUD Unit scored 100% in all categories evaluated.

The HSW enable individuals with developmental disabilities who if not for the availability and provisions of HSW services would otherwise require the level of care services provided in an Intermediate Care Facility. The goal is to empower individuals who have significant needs to live and fully participate in their communities. During FY 17-18. There were 1,164 slots assigned to DWMHA and 1,112 were filled (95%). The threshold for filled slots is 95%.

The Children's Waiver Program (CWP) enables Medicaid to fund necessary home and community based waiver services for children under 18 who have a developmental disability and meet criteria for an Intermediate Care Facility. Services are family centered and supports are focused on developing skills for the child to function with as much independence as possible and/or to prevent the loss of current abilities. During FY 17-18, there were 37 children in the DWMHA Network being serviced in the CWP.

SED Waiver is for youth who meet criteria for admission to a state psychiatric hospital and who are at risk of hospitalization without waiver services. Many live in foster care, but they can also live with family. If they don't currently have Medicaid, the waiver is what enables them to qualify for Medicaid as a family of 1. It's essentially the highest level of SED services aimed at deterring hospitalization.

Claims Verification

DWMHA staff conducted an on-site and remote reviews of provider records to ensure accuracy and completeness of claims data. DWMHA is committed to ensuring that members are receiving services based on medical necessity that is included in the member's individual plan of services (IPOS). The IPOS is the conduit in which the Claims Verification process begins. The verification of the services and billable codes using the member's IPOS and documentation in the case record to support the claims. In FY 17-18, the DWMHA Quality Improvement (QI) Unit conducted a review of 131 providers and conducted a claims verification of 352 claims, with an overall compliance score of 92%. A total of 55 providers scored below 95% and will be required to submit a plan of correction along with the documentation to support the services provided. Failure to submit required documentation will result in full recoupment of funds related to the claim.

Performance Improvement Projects

Diabetes Screening for Schizophrenia and/or Bipolar Members on Antipsychotic Medication

NCQA's HEDIS measure *Diabetes Screening for People with Schizophrenia and/or Bipolar Disorder* measures the percentage of patients 18-64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening during the measurement year.

Data Results/ Measurement – Diabetes Screening for Schizophrenia and Bipolar Members on Antipsychotic Medication

Time period	Measurement	Numerator	Denominator	Rate	Goal	Comparison to Goal and Statistical Significance
1/1-12/31 2016	Baseline	3,574*	4,709*	75.90%	80.10%	
1/1-12/31 2017#	Re-measurement 1	4,076*	5,277*	75.90%	80.10%	Below Not statistically significant improvement
1/1-12/31/ 2018	Re-measurement 2	No new numbers	No new number	No new numbers	80.10%	

*Numerator -Those enrollees /members who had a FBS or HbA1c who have a diagnosis of schizophrenia or bipolar disorder dispensed an antipsychotic medication that had diabetes screening during the measurement year meeting the eligibility criteria for the measure.

*Denominator-All enrollee/members with a diagnosis of schizophrenia or bipolar disorder who have been dispensed an antipsychotic medication meeting the eligibility criteria for the measure.

2017 data with 80% of claims available.

Health Services Advisory Group (HSAG)

MHP and MWA Results for Diabetes Monitoring

HEDIS 2018 69.97%

This activity will continue as a quality improvement project for FY 19 to measure the effectiveness of *Diabetes Screening for People with Schizophrenia and/or Bipolar Disorder* customer satisfaction.

Service Denials

This section is covered under the Utilization Management Evaluation Report.

Advocacy

Home & Community-Based Services Rule (HCBS) Implementation

As part of the transition process, DWMHA must determine whether settings under the waiver programs have “home and community-based” characteristics. For this purpose, the Quality Improvement Department developed a set of “survey tools” to assess individual settings for home and community-based characteristics in residential and nonresidential settings. In FY 2018, DWMHA staff conducted validation/reviews on 55 residential and 26 nonresidential HCBS providers. DWMHA will continue to work with existing providers towards compliance with the federal HCBS Final Rule. Compliance will continue to be monitored through DWMHA’s residential and non-residential program audit reviews.

Enhance Leadership and Collaboration

The DWMHA Customer Services Persons Point of View Newsletter is published each quarter. The member newsletter provides an opportunity and updates on all of the activity within the DWMHA provider system. The newsletter is sent to member and other stakeholders through an email list. There are approximately 650 printed copies distributed to Board members and at outreach events. Copies of the PPV Newsletter are available upon request and DWMHA website.

The DWMHA Quality Improvement Unit has feature articles in the PPV Newsletter. The feature article shares information with the members and community which outlines happenings in the QI Unit.

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.)

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

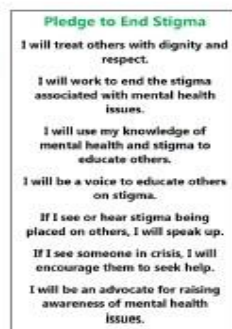
These events are designed to help youth spread anti-stigma messages through discussion and activities regarding stigma. This fiscal year 40 participants attended two workshops at Black Family Development, Inc. and The Children's Center. An additional 639 Stigma Pledges were collected this fiscal year.

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 Gollightly 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 seven 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 members, 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 at an organizational level.

Compliance

In FY 17-18, 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 that may pose an appearance of a conflict.
- All DWMHA staff (part/full-time/volunteers/interns) are required to complete the Fraud Waste and Abuse Training annually.
- Due to the strict enforcement of conflict of interest principles and the Open Meetings Act (OMA), all Board members receive extensive training on the various conflict of interest and OMA rules and regulations to ensure compliance.

During FY 17-18, the QI Unit investigated a total of 22 complaints. Out of the 22 investigated complaints 4 were recommended for additional sanctions and or recoupment. The following 4 providers recommended for recoupment and or sanctions include Care First, Detroit Recovery Project, New Center and Community Care Services. The findings have resulted in policy changes, organization changes, and recoupments.

Substance Use Disorder 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 continue quality improvement activity to review the Opioid epidemic/crisis in Detroit Wayne County.

QI monitored and complete reviews for 100% or 33 Substance Use Disorders (SUD) providers. 19 providers scored between 95 and 100% compliance, 7 scored between 94 and 90%, 5 scored below 89% and 2 providers were referred to Compliance for billing issues. Plans of Correction have been submitted and accepted by those providers who scored below 95%.

Integrated Health Care Efforts FY 2018

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 73,681 enrollee/members, 14,085 or 19 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	2,958	7,319	40.42%	40%	Above

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.

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 patient's 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 17-18 DWMHA continues to have a successful data sharing relationship 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 17-18, the data sharing relationships continue to demonstrate 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 17-18. 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 73,681* during 2018, which represented a decrease of 3,583 during this same period in 2017. Of those served 46,166 received services through Medicaid funding, 19,397 received services through Healthy Michigan Plan funding, 8,886 received services through General Fund, 7,986 through SUD Block Grant, 5,059 through MI Health Link, 1,332 through State Disability Assistance (SDA) 1,141 through Habilitation Supports Waiver and 67 through MI Health link Medicaid HAB.

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 19, the QAPIP Evaluation will be reviewing these areas:

- ECHO Survey for member experience
- Cultural Linguistic
- Advocacy
- Grievances / Appeals
- Autism Benefit
- Crisis Services
- MMPI/Access
- Naloxone, Prescription and Opioid Drug Overdoses
- HEDIS Measures
- Critical/Sentinel Events
- Ensure Consistent and standardized model of care
- Ensure model fidelity to best practices
- Standardized Clinical Guidelines
- Medversant - Impaneling/Credentialing
- Standardized Rates
- Behavior Treatment

Recommendations

It is recommended the Board of Directors approve the following:

1. The Quality Assurance Performance Improvement Program (QAPIP) Evaluation Report FY 17-18
2. The Quality Assurance Performance Improvement Program (QAPIP) Description Report FY 19-21
3. Approve the continuation of the Mission, Vision and Values of the Authority's Strategic Plan.

References

Health Services Advisory Group External Quality Review Report (2017-2018)
ECHO Survey Report (2017-2018)
Michigan Mission Based Performance Indicators (MMBPI) (2017-2018)
Critical Sentinel Event Training Manual

APPENDIX A

QUALITY IMPROVEMENT COMMITTEE STRUCTURE

